PHP™ PARTNERS HEALTH PLAN

# Su plan, A SU MANERA

PHP Care Complete FIDA-IDD
(Plan Medicare - Medicaid)

# FORMULARIO DE 2022

## (LISTA DE MEDICAMENTOS CUBIERTOS)

Actualizado el 06/24/2022

**Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, o visite www.phpcares.org.**

**H9869_2022 Formulario aprobado**

# Plan PHP Care Complete FIDA-IDD (Plan Medicare-Medicaid) | *Lista de medicamentos cubiertos 2022* (Formulario)

## Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también llamada Lista de medicamentos). Le informa sobre cuáles medicamentos con receta, medicamentos de venta libre y artículos están cubiertos por el Plan PHP Care Complete FIDA-IDD. La Lista de medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por el Plan PHP Care Complete FIDA-IDD. Los términos clave y sus definiciones se encuentran en el último capítulo del *Manual del participante*.

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## A. Renuncia de garantías

Esta es una lista de medicamentos que los participantes pueden obtener en el Plan PHP Care Complete FIDA-IDD.

- Partners Health Plan es un plan de atención administrada que tiene contratos con Medicare y con el Departamento de Salud del Estado de New York (Medicaid) para brindar beneficios a sus participantes a través del Plan piloto de ventaja doble completamente integrado para personas con discapacidades de desarrollo e intelectuales (Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities, FIDA-IDD).

- ATENCIÓN: Si usted habla un idioma que no sea inglés, se encuentran disponibles para usted servicios sin cargo de asistencia con el idioma. Llame al 1-855-747-5483 y al 711 para los usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.

- Si usted habla español, se encuentran disponibles para usted servicios sin cargo de asistencia con el idioma. Llame al 1-855-747-5483 y al 711 para los usuarios de TTY de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.

- Если Вы говорите на русском языке, Вам доступна бесплатная языковая поддержка. Звоните по телефону 1-855-747-5483 и 711 для пользователей линии TTY/TDD с 08:00 до 20:00, без выходных. Звонок бесплатный.

- 如果您說中文，您可以獲得免費的語言協助服務。請致電 1-855-747-5483，TTY 使用者請致電711，服務時間為每週七天，上午 8 時至晚上 8 時。本電話為免付費電話。

- Puede obtener este documento gratis en otros formatos, como letras grandes, braille o audio. Llame al 1-855-747-5483 y al 711 para los usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.

- Si desea realizar o modificar una solicitud permanente de idioma o formato preferido, llame a Servicios al Participante del Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana y la mantendremos en nuestros archivos para futuros envíos y comunicaciones. Si no recibimos una solicitud de idioma o formato preferido, le proporcionaremos sus materiales en inglés.

- El estado de New York creó un Programa de defensoría del participante, llamado Independent Consumer Advocacy Network (ICAN), para dar asistencia gratuita y confidencial a los participantes sobre cualquiera de los servicios ofrecidos por el Plan PHP Care Complete FIDA-IDD Plan. Se puede comunicar con ICAN al teléfono gratuito 1-844-614-8800 (los usuarios de TTY deben llamar al 711 y seguir las indicaciones para llamar al 844-614-8800), o por Internet al icannys.org.

## B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las Preguntas frecuentes (Frequently Asked Questions, FAQ) para saber más o buscar preguntas y respuestas.

### B1. ¿Qué medicamentos con receta se encuentran en la *Lista de medicamentos cubiertos*? (Para abreviar, llamamos "Lista de medicamentos" a la *Lista de medicamentos cubiertos)*

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 1 son los medicamentos cubiertos por el Plan PHP Care Complete FIDA-IDD. Estos medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- El Plan PHP Care Complete FIDA-IDD cubrirá todos los medicamentos de la Lista si:
  - su médico u otro proveedor dice que usted los necesita para mejorar su salud o para seguir sano,
  - el medicamento es médicamente necesario para su afección **y**
  - usted surte la receta en una farmacia de la red del Plan PHP Care Complete FIDA-IDD.
- El Plan PHP Care Complete FIDA-IDD podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (consulte la pregunta B4 más abajo). En algunos casos, es probable que usted tenga que hacer algo antes de obtener un medicamento, por ejemplo, primero probar otros medicamentos.

También puede leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en www.phpcares.org o llamar a Servicios al Participante al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.

## B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, y el plan PHP Care Complete FIDA-IDD debe seguir las reglas de Medicare y Medicaid al realizar los cambios. Es posible que agreguemos medicamentos a la Lista de medicamentos o los eliminemos de ella durante el año.

También podríamos cambiar nuestras reglas sobre medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no una aprobación previa para algún medicamento. (Aprobación previa es el permiso del Plan PHP Care Complete FIDA-IDD o de su equipo interdisciplinario [Interdisciplinary Team, IDT] antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad que puede obtener de un medicamento (llamado límites de cantidad).
- Agregar o cambiar restricciones de terapia escalonada de un medicamento. (Terapia escalonada significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información acerca de estas reglas para los medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que fue cubierto al **principio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- un medicamento nuevo y más económico que sea igual de eficiente que un medicamento que se encuentra actualmente en la Lista de medicamentos llegue al mercado, **o**
- nos demos cuenta de que un medicamento no es seguro, **o**
- un medicamento sea eliminado del mercado.

Las preguntas B3 y B6 de abajo tienen más información sobre lo que sucederá cuando cambie la Lista de medicamentos.

- Usted siempre puede leer la Lista de medicamentos actualizada del Plan PHP Care Complete FIDA-IDD en Internet, en www.phpcares.org.
- También puede llamar a Servicios al Participante para revisar la Lista de medicamentos actual al 1-855-747-5483, o al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.

## B3. ¿Qué sucede si hay un cambio en la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

- **Un medicamento genérico nuevo llega a estar disponible.** A veces, un medicamento genérico nuevo que es igual de eficiente que un medicamento de marca que se encuentra actualmente en la Lista de medicamentos llega al mercado. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero su costo para el medicamento nuevo será el mismo [*insertar si corresponde, por ejemplo, si la Lista de medicamentos del plan tiene costo compartido diferencial para algunos genéricos:* o menor]. Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas o límites de cobertura.
    - Es posible que no le notifiquemos antes de hacer este cambio, pero le mandaremos información sobre el cambio específico que hemos hecho una vez realizado.
    - Usted o su proveedor pueden solicitar una excepción de estos cambios. Le mandaremos una notificación con los pasos que puede tomar para pedir una excepción. Consulte la pregunta B10 para obtener más información sobre excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) dice que algún medicamento que usted toma no es seguro o el fabricante del medicamento lo retira del mercado, lo quitaremos inmediatamente de la Lista de medicamentos. Si usted está tomando el medicamento, también le enviaremos una carta y lo llamaremos para avisarle que el medicamento que no es seguro fue quitado de la Lista de medicamentos. Si un medicamento que usted toma no es seguro y le enviamos una carta o lo llamamos para informarle sobre esto, comuníquese con el médico que se lo haya recetado para elegir un medicamento alternativo.

**Podemos hacer otros cambios que pueden afectar los medicamentos que usted toma.** Le informaremos por adelantado sobre estos cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee una nueva regla o hay una nueva guía clínica sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**
    - Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente **o**
    - Cambiamos las reglas de cobertura o los límites para un medicamento de marca.

Cuando suceden esos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos, **o**
- Le informaremos y le proporcionaremos un suministro para 30 días del medicamento luego de que usted solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Estos pueden ayudarlo a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar **o**
- Si pedir una excepción de estos cambios. Para más información sobre las excepciones, consulte la pregunta B10.

### B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro proveedor tendrán que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico u otro proveedor deben obtener una aprobación del Plan PHP Care Complete FIDA-IDD o de su IDT antes de surtir su receta. El Plan PHP Care Complete FIDA-IDD podría no cubrir el medicamento si usted no consigue la aprobación.
- **Límites de cantidad:** A veces, el Plan PHP Care Complete FIDA-IDD limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** A veces, el Plan PHP Care Complete FIDA-IDD exige que usted siga una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su afección. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Puede verificar si su fármaco tiene requisitos o límites adicionales en los cuadros que comienzan en la página 1. También puede visitar nuestro sitio web para obtener más información en www.phpcares.org. Hemos publicado allí documentos que explican nuestras restricciones de aprobación previa y de terapia escalonada. También puede pedirnos que le enviemos una copia.

Puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

### B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay que hacer algo para obtenerlo?

El cuadro de medicamentos en la página 1 tiene una columna llamada “Acciones necesarias, restricciones o límites en el uso”.

### B6. ¿Qué sucederá si el plan PHP Care Complete FIDA-IDD cambia sus reglas sobre algunos medicamentos (por ejemplo, autorización [aprobación] previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de aprobación previa, límites de cantidad o restricciones de terapia escalonada a un medicamento. Para más información sobre esta notificación por adelantado y situaciones cuando no le notificaremos por adelantado cuando nuestras reglas sobre los medicamentos en la Lista de medicamentos cambian, consulte la pregunta B3.

### B7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético por el nombre del medicamento **o**
- Puede buscar por afección médica.

Para buscar **por orden alfabético**, consulte la sección del Índice de medicamentos cubiertos en la página I-1. Luego busque el nombre en la Lista de medicamentos.

Para buscar **por afección médica**, diríjase a la sección llamada “Lista de medicamentos por afección médica” en la página 1. Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de afecciones para las que se usan como tratamiento. Por ejemplo, si usted tiene una afección del corazón, debe buscar en la categoría Inhibidores de enzima convertidora de angiotensina (Angiotensin-Converting Enzyme, ACE). Allí encontrará los medicamentos que traten afecciones del corazón.

## B8. ¿Qué pasará si el medicamento que quiero tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al Participante al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, y pregunte por él. Si se entera de que el Plan PHP Care Complete FIDA-IDD no cubrirá el medicamento, usted puede hacer una de las siguientes cosas:

- Pida a Servicios al Participante una lista de medicamentos similares al que quiera tomar. Luego, muestre la lista a su médico o a otro proveedor médico. Este podrá recetarle un medicamento de la Lista de medicamentos que sea similar al que usted quiere tomar. **O**
- También puede pedir al plan o a su IDT que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

## B9. ¿Qué pasa si soy un participante nuevo del Plan PHP Care Complete FIDA-IDD y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo problemas para obtener mi medicamento?

Podemos ayudarlo. Debemos cubrir un suministro temporario de 30 días de su medicamento, cuando sea necesario, durante los primeros 90 días desde que usted sea participante del Plan PHP Care Complete FIDA-IDD. Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción.

Si le escriben su receta por menos días, le permitiremos resurtir más de una vez por un máximo de 30 días de medicamentos.

Cubriremos un suministro de 30 días de su medicamento si:

- Usted está tomando algún medicamento que no esté en nuestra Lista de medicamentos, **o**
- Las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor médico, **o**
- El medicamento requiere aprobación previa del Plan PHP Care Complete FIDA-IDD o de su IDT, **o**
- Usted toma algún medicamento que forma parte de una restricción de terapia escalonada.

Si usted está en una institución de atención intermedia (Intermediate Care Facility, ICF) u otra institución de atención a largo plazo (Long-Term Care, LTC) y necesita un medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si usted ha estado en el plan por más de 90 días, vive en una institución de LTC y necesita su suministro de inmediato:

- Le cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), sea o no un nuevo participante del Plan PHP Care Complete FIDA-IDD.
- Esto es adicional al suministro temporario durante los primeros 90 días de ser participante del Plan PHP Care Complete FIDA-IDD.
- Si usted ha estado dentro del Plan PHP Care Complete FIDA-IDD durante más de 90 días y realiza un cambio en su nivel de atención, cubriremos un suministro de hasta 31 días de sus medicamentos con receta.

## B10. ¿Puedo pedir una excepción para cubrir mi medicamento?

Sí. Puede pedirle al Plan PHP Care Complete FIDA-IDD o a su IDT que haga una excepción para cubrir su medicamento si este no está en la Lista de medicamentos.

También puede pedirle al Plan PHP Care Complete FIDA-IDD o a su IDT un cambio a las reglas de su medicamento.

- Por ejemplo, el Plan PHP Care Complete FIDA-IDD podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos a nosotros o a su IDT que cambiemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos a nosotros o a su IDT que quitemos las restricciones de terapia escalonada o los requisitos de aprobación previa.

## B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a su Administrador de atención. Su Administrador de atención trabajará con usted y su proveedor para ayudarlo a pedir una excepción. Usted también puede leer el Capítulo 9, Sección F del *Manual del participante* para obtener más información sobre excepciones.

## B12. ¿Cuánto tiempo toma obtener una excepción?

Después de que obtengamos una declaración de su proveedor médico que apoya su pedido de una excepción, le daremos una decisión dentro de las 72 horas. Para presentar una excepción, comuníquese con nosotros por correo en: 10181 SCRIPPS GATEWAY COURT, SAN DIEGO, CA 92131; por teléfono llamando al 1-888-648-6759; o por fax al 1-858-790-7100.

Si usted o su proveedor médico piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada. Esta es una decisión más rápida. Si su proveedor médico apoya su pedido, le daremos una decisión dentro de las 24 horas después de recibir la declaración de apoyo de su proveedor médico.

## B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidas. Los medicamentos genéricos son aprobados por la Administración de Alimentos y Medicamentos (FDA).

El Plan PHP Care Complete FIDA-IDD cubre tanto medicamentos de marca como medicamentos genéricos.

## B14. ¿Qué son los medicamentos de venta libre (OTC?

OTC quiere decir “over-the-counter” (“de venta libre”). El Plan PHP Care Complete FIDA-IDD cubre algunos medicamentos de venta libre cuando su proveedor escribe una receta para ellos.

Usted puede leer la Lista de medicamentos del Plan PHP Care Complete FIDA-IDD para ver qué medicamentos de venta libre están cubiertos.

## B15. ¿El Plan PHP Care Complete FIDA-IDD cubre algún producto de venta libre que no sea un medicamento?

El Plan PHP Care Complete FIDA-IDD cubre algunos productos de venta libre que no son medicamentos cuando su proveedor escribe una receta para ellos.

Algunos ejemplos de productos de venta libre que no son medicamentos incluyen los comprimidos orales de Bufferin Extra-Strength y las cremas tópicas de hidrocortisona.

Puede leer la Lista de medicamentos del Plan PHP Care Complete FIDA-IDD para ver qué productos de venta libre que no son medicamentos están cubiertos.

## B16. ¿Cuánto es mi copago?

Como participante del Plan PHP Care Complete FIDA-IDD, usted no tiene copagos por medicamentos con receta y de venta libre (OTC), siempre y cuando siga las reglas del Plan PHP Care Complete FIDA-IDD.

## B17. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos. A ningún nivel le corresponde un copago.

- Los medicamentos de Nivel 1 son medicamentos genéricos cubiertos por Medicare Parte D.
- Los medicamentos de Nivel 2 son medicamentos de marca cubiertos por Medicare Parte D.
- Los medicamentos de Nivel 3 son medicamentos cubiertos por Medicaid y medicamentos de venta libre cubiertos por Medicaid (tanto genéricos como de marca).

## C. Resumen de la Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por el Plan PHP Care Complete FIDA-IDD. Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página I-1. El índice en orden alfabético nombra todos los medicamentos cubiertos por el Plan PHP Care Complete FIDA-IDD.

La primera columna de la tabla tiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (por ejemplo, PAXIL o LAMISIL) y los medicamentos genéricos están escritos en cursivas minúsculas (por ejemplo, *ibuprofeno*).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si el Plan PHP Care Complete FIDA-IDD tiene alguna regla para cubrir su medicamento.

**Nota:** El ***** junto a un medicamento significa que este no es un “medicamento de la Parte D”. Estos medicamentos tienen reglas diferentes para las apelaciones.

- Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, el Plan PHP Care Complete FIDA-IDD o su IDT podrían decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid.
- Si usted, su médico u otro proveedor no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar:
    - Llame a Servicios al Participante al 1-855-747-5483 y al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.
    - Comuníquese con ICAN llamando sin costo al 1-844-614-8800 (los usuarios de TTY deben llamar al 711 y luego seguir las indicaciones para llamar al 844-614-8800) o por Internet en icannys.org.
    - Lea el Capítulo 9, Sección F del *Manual del participante* para aprender cómo apelar una decisión.

## C1. Medicamentos agrupados por afección médica

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de afecciones para las que se usan como tratamiento. Por ejemplo, si usted tiene una afección del corazón, debe buscar en la categoría Inhibidores de enzima convertidora de angiotensina (ACE). Allí encontrará los medicamentos que traten afecciones del corazón.

Estos son los significados de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

*cursiva minúscula* = Medicamentos genéricos. Los medicamentos genéricos están en el Nivel 1 de nuestro Formulario.

MAYÚSCULA = Medicamentos de marca. Los medicamentos de marca están en el Nivel 2 de nuestro Formulario.

PA=Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento.

PA NSO=Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento - Solo para nuevos participantes.

PA BvD = Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento - Se aplica la determinación de cobertura de la Parte D frente a la Parte B.

ST=Terapia escalonada: usted debe probar otro medicamento antes de poder obtener este.

QL = Límite de cantidad: límite a la cantidad de medicamento que puede obtener.

NM = No disponible mediante pedido por correo.

***** = No es un medicamento de Parte D.

PA-HRM = Los CMS han considerado que este medicamento es potencialmente dañino y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o más. Los miembros de 65 años o más deben obtener una autorización previa del plan antes de surtir su receta para este medicamento. Sin autorización previa, es posible que el plan no cubra este fármaco.

NDS = Aquellos medicamentos que están limitados a un suministro de 30 días.

LA = Este medicamento con receta puede estar disponible solo en ciertas farmacias.

Edad: EDAD (Máx. 64 años), la edad es mayor que X

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| **Agentes Anti Cáncer** | | | | |
| **Agentes Anti Cáncer** | | | | |
| *abiraterone oral tablet 250 mg, 500 mg* | (Zytiga) | 1 | $0 | PA NSO; QL (120 per 30 days); NDS |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | (paclitaxel protein-bound) | 2 | $0 | PA BvD; NDS |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG | | 2 | $0 | PA NSO; NDS |
| *adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml* | (doxorubicin) | 1 | $0 | PA BvD |
| *adrucil intravenous solution 2.5 gram/50 ml* | (fluorouracil) | 1 | $0 | PA BvD |
| ALECENSA ORAL CAPSULE 150 MG | | 2 | $0 | PA NSO; QL (240 per 30 days); NDS |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG | (pemetrexed disodium) | 2 | $0 | NDS |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | | 2 | $0 | PA NSO; QL (3 per 28 days); NDS |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| ALUNBRIG ORAL TABLET 30 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | | 2 | $0 | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* | (Arimidex) | 1 | $0 | |
| *arsenic trioxide intravenous solution 1 mg/ml* | | 1 | $0 | NDS |
| *arsenic trioxide intravenous solution 2 mg/ml* | (Trisenox) | 1 | $0 | NDS |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML | | 2 | $0 | PA NSO; NDS |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML | | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *azacitidine injection recon soln 100 mg* | (Vidaza) | 1 | $0 | NDS |
| BALVERSA ORAL TABLET 3 MG | | 2 | $0 | PA NSO; QL (84 per 28 days); NDS |
| BALVERSA ORAL TABLET 4 MG | | 2 | $0 | PA NSO; QL (56 per 28 days); NDS |
| BALVERSA ORAL TABLET 5 MG | | 2 | $0 | PA NSO; QL (28 per 28 days); NDS |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | | 2 | $0 | PA NSO; NDS |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | | 2 | $0 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | (bendamustine) | 2 | $0 | PA NSO; NDS |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | | 2 | $0 | PA NSO; NDS |
| *bexarotene oral capsule 75 mg* | (Targretin) | 1 | $0 | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 1 | $0 | |
| BLENREP INTRAVENOUS RECON SOLN 100 MG | | 2 | $0 | PA NSO; NDS |
| *bleomycin injection recon soln 15 unit, 30 unit* | | 1 | $0 | |
| BLINCYTO INTRAVENOUS KIT 35 MCG | | 2 | $0 | PA NSO; NDS |
| *bortezomib injection recon soln 1 mg* | | 2 | $0 | PA NSO |
| *bortezomib injection recon soln 2.5 mg* | | 2 | $0 | PA NSO; NDS |
| BORTEZOMIB INJECTION RECON SOLN 3.5 MG | (Velcade) | 2 | $0 | PA NSO; NDS |
| BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG | | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| BOSULIF ORAL TABLET 100 MG | | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| BOSULIF ORAL TABLET 400 MG, 500 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| BRAFTOVI ORAL CAPSULE 75 MG | | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| BRUKINSA ORAL CAPSULE 80 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| CABOMETYX ORAL TABLET 40 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| CALQUENCE ORAL CAPSULE 100 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| CAPRELSA ORAL TABLET 100 MG | (vandetanib) | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| CAPRELSA ORAL TABLET 300 MG | (vandetanib) | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *carboplatin intravenous solution 10 mg/ml* | (Paraplatin) | 1 | $0 | |
| *cladribine intravenous solution 10 mg/10 ml* | | 1 | $0 | PA BvD |
| *clofarabine intravenous solution 1 mg/ml* | (Clolar) | 1 | $0 | NDS |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | | 2 | $0 | PA NSO; QL (112 per 28 days); NDS |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | | 2 | $0 | PA NSO; QL (56 per 28 days); NDS |
| COTELLIC ORAL TABLET 20 MG | | 2 | $0 | PA NSO; LA; QL (63 per 28 days); NDS |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | | 1 | $0 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 200 mg/ml* | | 1 | $0 | PA BvD; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG | 2 | $0 | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | 2 | $0 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | PA NSO; NDS |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 2 | $0 | PA NSO; QL (120 per 28 days); NDS |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 2 | $0 | PA NSO; NDS |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 2 | $0 | PA NSO; LA; NDS |
| DAURISMO ORAL TABLET 100 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| DAURISMO ORAL TABLET 25 MG | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| *decitabine intravenous recon soln 50 mg* (Dacogen) | 1 | $0 | NDS |
| *docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)* | 1 | $0 | NDS |
| *docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)* | 1 | $0 | |
| *doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml* | 1 | $0 | PA BvD |
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* (Doxil) | 1 | $0 | PA BvD; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 2 | $0 | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 2 | $0 | |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | | 2 | $0 | |
| EMCYT ORAL CAPSULE 140 MG | | 2 | $0 | NDS |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | | 2 | $0 | PA NSO; NDS |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG | | 2 | $0 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | | 2 | $0 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| ERLEADA ORAL TABLET 60 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| *erlotinib oral tablet 100 mg, 25 mg* | (Tarceva) | 1 | $0 | PA NSO; QL (60 per 30 days); NDS |
| *erlotinib oral tablet 150 mg* | (Tarceva) | 1 | $0 | PA NSO; QL (90 per 30 days); NDS |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | | 2 | $0 | |
| *etoposide intravenous solution 20 mg/ml* | (Toposar) | 1 | $0 | |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Afinitor) | 1 | $0 | PA NSO; QL (56 per 28 days); NDS |
| *everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg* | (Afinitor) | 1 | $0 | PA NSO; QL (28 per 28 days); NDS |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 1 | $0 | PA NSO; QL (112 per 28 days); NDS |
| *exemestane oral tablet 25 mg* | (Aromasin) | 1 | $0 | |
| EXKIVITY ORAL CAPSULE 40 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | | 2 | $0 | PA NSO; NDS |
| *floxuridine injection recon soln 0.5 gram* | | 1 | $0 | PA BvD |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml* | | 1 | $0 | PA BvD |
| *flutamide 125 mg capsule 125 mg* | (Eulexin) | 1 | $0 | |
| *flutamide oral capsule 125 mg* | (Eulexin) | 1 | $0 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | | 2 | $0 | PA NSO; QL (21 per 28 days); NDS |
| *fulvestrant intramuscular syringe 250 mg/5 ml* | (Faslodex) | 1 | $0 | NDS |
| GAVRETO ORAL CAPSULE 100 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | | 2 | $0 | PA NSO; NDS |
| *gemcitabine intravenous recon soln 1 gram, 200 mg* | | 1 | $0 | PA BvD |
| *gemcitabine intravenous recon soln 2 gram* | | 1 | $0 | PA BvD; NDS |
| *gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)* | | 1 | $0 | PA BvD; NDS |
| *gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)* | | 1 | $0 | PA BvD |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | | 2 | $0 | PA NSO; QL (5 per 21 days); NDS |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG | | 2 | $0 | PA NSO; NDS |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | | 2 | $0 | PA NSO; NDS |
| *hydroxyurea oral capsule 500 mg* | (Hydrea) | 1 | $0 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | | 2 | $0 | PA NSO; QL (21 per 28 days); NDS |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | | 2 | $0 | PA NSO; QL (21 per 28 days); NDS |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| IDHIFA ORAL TABLET 100 MG, 50 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *ifosfamide intravenous recon soln 1 gram* (Ifex) | 1 | $0 | |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | 1 | $0 | |
| *imatinib oral tablet 100 mg* (Gleevec) | 1 | $0 | PA NSO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* (Gleevec) | 1 | $0 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| IMBRUVICA ORAL CAPSULE 70 MG | 2 | $0 | PA NSO; QL (28 per 28 days); NDS |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 2 | $0 | PA NSO; QL (28 per 28 days); NDS |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | 2 | $0 | PA NSO; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 2 | $0 | PA NSO; QL (4 per 365 days) |
| IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML | 2 | $0 | PA NSO; QL (8 per 28 days); NDS |
| INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) | 2 | $0 | PA BvD; NDS |
| INLYTA ORAL TABLET 1 MG | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| INLYTA ORAL TABLET 5 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| INQOVI ORAL TABLET 35-100 MG | 2 | $0 | PA NSO; QL (5 per 28 days); NDS |
| INREBIC ORAL CAPSULE 100 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| IRESSA ORAL TABLET 250 MG | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| *irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml* (Camptosar) | 1 | $0 | |
| *irinotecan intravenous solution 500 mg/25 ml* | 1 | $0 | |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | 2 | $0 | NDS |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 2 | $0 | PA NSO; NDS |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 2 | $0 | PA NSO; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 2 | $0 | PA NSO; QL (8 per 21 days); NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 2 | $0 | PA NSO; QL (2 per 28 days); NDS |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 2 | $0 | PA NSO; QL (49 per 28 days); NDS |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 2 | $0 | PA NSO; QL (70 per 28 days); NDS |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 2 | $0 | PA NSO; QL (91 per 28 days); NDS |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 2 | $0 | PA NSO; QL (21 per 28 days); NDS |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 2 | $0 | PA NSO; QL (42 per 28 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | | 2 | $0 | PA NSO; QL (63 per 28 days); NDS |
| KOSELUGO ORAL CAPSULE 10 MG | | 2 | $0 | PA NSO; QL (300 per 30 days); NDS |
| KOSELUGO ORAL CAPSULE 25 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG | | 2 | $0 | PA NSO; NDS |
| *lapatinib oral tablet 250 mg* | (Tykerb) | 1 | $0 | PA NSO; NDS |
| *lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg* | (Revlimid) | 1 | $0 | PA NSO; QL (28 per 28 days); NDS |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | | 2 | $0 | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* | (Femara) | 1 | $0 | |
| LEUKERAN ORAL TABLET 2 MG | | 2 | $0 | NDS |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | | 1 | $0 | NDS |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML | | 2 | $0 | PA NSO; QL (7 per 21 days); NDS |
| LONSURF ORAL TABLET 15-6.14 MG | | 2 | $0 | PA NSO; QL (100 per 28 days); NDS |
| LONSURF ORAL TABLET 20-8.19 MG | | 2 | $0 | PA NSO; QL (80 per 28 days); NDS |
| LORBRENA ORAL TABLET 100 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| LORBRENA ORAL TABLET 25 MG | | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| LUMAKRAS ORAL TABLET 120 MG | | 2 | $0 | PA NSO; QL (240 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| LUMOXITI INTRAVENOUS RECON SOLN 1 MG | 2 | $0 | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 2 | $0 | NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 2 | $0 | NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 2 | $0 | NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| LYSODREN ORAL TABLET 500 MG | 2 | $0 | NDS |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 2 | $0 | PA NSO; NDS |
| MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL | 2 | $0 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 2 | $0 | NDS |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL TABLET 0.5 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| MEKINIST ORAL TABLET 2 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| MEKTOVI ORAL TABLET 15 MG | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| *melphalan hcl intravenous recon soln 50 mg* (Alkeran (as HCl)) | 1 | $0 | NDS |
| *mercaptopurine oral tablet 50 mg* | 1 | $0 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 1 | $0 | PA BvD |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | $0 | PA BvD |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *methotrexate sodium injection solution 25 mg/ml* | 1 | $0 | PA BvD |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | $0 | PA BvD; ST |
| *mitoxantrone intravenous concentrate 2 mg/ml* | 1 | $0 | |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG | 2 | $0 | PA NSO; NDS |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 2 | $0 | PA NSO; NDS |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | 2 | $0 | PA NSO; NDS |
| NERLYNX ORAL TABLET 40 MG | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| NEXAVAR ORAL TABLET 200 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| *nilutamide oral tablet 150 mg* (Nilandron) | 1 | $0 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 2 | $0 | PA NSO; QL (3 per 28 days); NDS |
| NUBEQA ORAL TABLET 300 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| ODOMZO ORAL CAPSULE 200 MG | 2 | $0 | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 2 | $0 | PA NSO; NDS |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | 2 | $0 | PA NSO; NDS |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML | 2 | $0 | NDS |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 2 | $0 | PA NSO; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 2 | $0 | PA NSO; QL (14 per 28 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 2 | $0 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 2 | $0 | PA NSO; NDS |
| *oxaliplatin intravenous recon soln 100 mg, 50 mg* | 1 | $0 | |
| *oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)* | 1 | $0 | |
| *paclitaxel intravenous concentrate 6 mg/ml* | 1 | $0 | PA BvD |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* (Abraxane) | 2 | $0 | PA BvD; NDS |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG | 2 | $0 | PA NSO; NDS |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 2 | $0 | PA NSO; QL (14 per 21 days); NDS |
| PEPAXTO INTRAVENOUS RECON SOLN 20 MG | 2 | $0 | PA NSO; QL (2 per 28 days); NDS |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | 2 | $0 | PA NSO; NDS |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML | 2 | $0 | PA NSO; QL (15 per 21 days); NDS |
| PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML | 2 | $0 | PA NSO; QL (10 per 21 days); NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 2 | $0 | PA NSO; QL (28 per 28 days); NDS |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 2 | $0 | PA NSO; QL (56 per 28 days); NDS |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 2 | $0 | PA NSO; QL (21 per 28 days); NDS |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) | 2 | $0 | PA NSO; QL (100 per 21 days); NDS |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | 2 | $0 | NDS |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 2 | $0 | NDS |
| QINLOCK ORAL TABLET 50 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| RETEVMO ORAL CAPSULE 40 MG | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| RETEVMO ORAL CAPSULE 80 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| REVLIMID ORAL CAPSULE 2.5 MG, 20 MG | 2 | $0 | PA NSO; LA; QL (28 per 28 days); NDS |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | PA NSO; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 2 | $0 | PA NSO; NDS |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | 2 | $0 | PA NSO; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| ROZLYTREK ORAL CAPSULE 200 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| RYDAPT ORAL CAPSULE 25 MG | 2 | $0 | PA NSO; QL (224 per 28 days); NDS |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | 2 | $0 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | 2 | $0 | PA NSO; NDS |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 2 | $0 | NDS |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| SPRYCEL ORAL TABLET 20 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| STIVARGA ORAL TABLET 40 MG | 2 | $0 | PA NSO; QL (84 per 28 days); NDS |
| *sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* (Sutent) | 1 | $0 | PA NSO; QL (30 per 30 days); NDS |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | 2 | $0 | PA NSO; NDS |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 2 | $0 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 2 | $0 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 2 | $0 | PA NSO; LA; QL (30 per 30 days); NDS |
| TALZENNA ORAL CAPSULE 0.25 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | $0 | |
| TARGRETIN TOPICAL GEL 1 % (bexarotene) | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | | 2 | $0 | PA NSO; QL (112 per 28 days); NDS |
| TASIGNA ORAL CAPSULE 50 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| TAZVERIK ORAL TABLET 200 MG | | 2 | $0 | PA NSO; QL (240 per 30 days); NDS |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | | 2 | $0 | PA NSO; NDS |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG | | 2 | $0 | PA NSO; NDS |
| *temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)* | (Torisel) | 1 | $0 | PA BvD; QL (4 per 28 days); NDS |
| TEPMETKO ORAL TABLET 225 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| *thiotepa injection recon soln 100 mg, 15 mg* | (Tepadina) | 1 | $0 | NDS |
| TIBSOVO ORAL TABLET 250 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | | 2 | $0 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | | 2 | $0 | PA NSO; QL (5 per 21 days); NDS |
| *toposar intravenous solution 20 mg/ml* | (etoposide) | 1 | $0 | |
| *topotecan intravenous recon soln 4 mg* | (Hycamtin) | 1 | $0 | NDS |
| *topotecan intravenous solution 4 mg/4 ml (1 mg/ml)* | | 1 | $0 | NDS |
| *toremifene oral tablet 60 mg* | (Fareston) | 1 | $0 | NDS |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | | 2 | $0 | PA NSO; NDS |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG | | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 2 | $0 | QL (1 per 84 days); NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 2 | $0 | QL (1 per 168 days); NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG | 2 | $0 | QL (1 per 28 days) |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 1 | $0 | NDS |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG | 2 | $0 | PA NSO; NDS |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | 2 | $0 | PA NSO; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| TUKYSA ORAL TABLET 50 MG | 2 | $0 | PA NSO; QL (300 per 30 days); NDS |
| TURALIO ORAL CAPSULE 200 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| UKONIQ ORAL TABLET 200 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | 2 | $0 | PA NSO; NDS |
| *valrubicin intravesical solution 40 mg/ml* (Valstar) | 1 | $0 | NDS |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 2 | $0 | PA NSO; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| VELCADE INJECTION RECON SOLN 3.5 MG | (bortezomib) | 2 | $0 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | | 2 | $0 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | | 2 | $0 | PA NSO; LA; QL (180 per 30 days); NDS |
| VENCLEXTA ORAL TABLET 50 MG | | 2 | $0 | PA NSO; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | | 2 | $0 | PA NSO; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | | 2 | $0 | PA NSO; QL (56 per 28 days); NDS |
| *vinblastine intravenous solution 1 mg/ml* | | 1 | $0 | PA BvD |
| *vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml* | (vincristine) | 1 | $0 | PA BvD |
| *vincristine intravenous solution 1 mg/ml, 2 mg/2 ml* | (Vincasar PFS) | 1 | $0 | PA BvD |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | (Navelbine) | 1 | $0 | |
| VITRAKVI ORAL CAPSULE 100 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| VITRAKVI ORAL CAPSULE 25 MG | | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| VITRAKVI ORAL SOLUTION 20 MG/ML | | 2 | $0 | PA NSO; QL (300 per 30 days); NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| VONJO ORAL CAPSULE 100 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| VOTRIENT ORAL TABLET 200 MG | | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | | 2 | $0 | PA BvD; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| WELIREG ORAL TABLET 40 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 2 | $0 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5) | 2 | $0 | PA NSO; QL (20 per 28 days); NDS |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 2 | $0 | PA NSO; QL (8 per 28 days); NDS |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 2 | $0 | PA NSO; QL (4 per 28 days); NDS |
| XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) | 2 | $0 | PA NSO; QL (16 per 28 days); NDS |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3) | 2 | $0 | PA NSO; QL (12 per 28 days); NDS |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 2 | $0 | PA NSO; QL (24 per 28 days); NDS |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 2 | $0 | PA NSO; QL (32 per 28 days); NDS |
| XTANDI ORAL CAPSULE 40 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| XTANDI ORAL TABLET 40 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| XTANDI ORAL TABLET 80 MG | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 2 | $0 | PA NSO; NDS |

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|---|---|---|---|
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | 2 | $0 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 2 | $0 | PA NSO; QL (120 per 30 days); NDS |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 2 | $0 | PA NSO; NDS |
| ZEJULA ORAL CAPSULE 100 MG | 2 | $0 | PA NSO; QL (90 per 30 days); NDS |
| ZELBORAF ORAL TABLET 240 MG | 2 | $0 | PA NSO; QL (240 per 30 days); NDS |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | 2 | $0 | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 2 | $0 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 2 | $0 | QL (1 per 84 days) |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 2 | $0 | QL (1 per 28 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 2 | $0 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| ZYKADIA ORAL TABLET 150 MG | 2 | $0 | PA NSO; QL (84 per 28 days); NDS |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 2 | $0 | PA NSO; NDS |
| **Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias** | | | |
| **Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | 1 | $0 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | 1 | $0 | QL (90 per 30 days) |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *buprenorphine-naloxone sublingual film 12-3 mg* | (Suboxone) | 1 | $0 | QL (60 per 30 days) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg* | (Suboxone) | 1 | $0 | QL (90 per 30 days) |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | 1 | $0 | QL (90 per 30 days) |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | 1 | $0 | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | (varenicline) | 2 | $0 | QL (336 per 365 days) |
| *disulfiram oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| *gs nicotine 2 mg chewing gum 2 mg* * | (Nicorette) | 3 | $0 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | | 2 | $0 | QL (4 per 30 days) |
| LUCEMYRA ORAL TABLET 0.18 MG | | 2 | $0 | QL (228 per 14 days); NDS |
| *naloxone injection solution 0.4 mg/ml* | | 1 | $0 | |
| *naloxone injection syringe 0.4 mg/ml, 1 mg/ml* | | 1 | $0 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 2 | $0 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | 1 | $0 | |
| NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION | (naloxone) | 2 | $0 | QL (4 per 30 days) |
| *nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr* * | (Nicoderm CQ) | 3 | $0 | |
| *nicotine 2 mg lozenge mint, 3 quittube 2 mg* * | (Stop Smoking Aid) | 3 | $0 | |
| *nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr* * | (Nicoderm CQ) | 3 | $0 | |

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|---|---|---|---|---|
| *nicotine 4 mg chewing gum refill kit 4 mg ** | (Nicorette) | 3 | $0 | |
| *nicotine 4 mg lozenge mint, 3 quittube 4 mg ** | (Stop Smoking Aid) | 3 | $0 | |
| *nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr ** | (Nicoderm CQ) | 3 | $0 | |
| NICOTROL INHALATION CARTRIDGE 10 MG | | 2 | $0 | QL (1008 per 90 days) |
| *pub stop smoking aid 2 mg lozg 2 mg ** | (nicotine (polacrilex)) | 3 | $0 | |
| *pub stop smoking aid 4 mg lozg 4 mg ** | (nicotine (polacrilex)) | 3 | $0 | |
| *ra nicotine 2 mg lozenge 2 mg ** | (Stop Smoking Aid) | 3 | $0 | |
| *ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr ** | (Nicoderm CQ) | 3 | $0 | |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | | 2 | $0 | QL (0.5 per 30 days); NDS |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | | 2 | $0 | QL (1.5 per 30 days); NDS |
| *varenicline oral tablet 0.5 mg* | | 1 | $0 | QL (336 per 365 days) |
| *varenicline oral tablet 1 mg* | (Chantix Continuing Month Box) | 1 | $0 | QL (336 per 365 days) |
| *varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | (Chantix Starting Month Box) | 1 | $0 | |
| **Agentes Antiansiedad** | | | | |
| **Benzodiacepinas** | | | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | (Xanax) | 1 | $0 | QL (120 per 30 days); NDS |
| *alprazolam oral tablet 2 mg* | (Xanax) | 1 | $0 | QL (150 per 30 days); NDS |

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|---|---|---|---|---|
| *alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg* | (Xanax XR) | 1 | $0 | QL (120 per 30 days); NDS |
| *alprazolam oral tablet extended release 24 hr 3 mg* | (Xanax XR) | 1 | $0 | QL (90 per 30 days); NDS |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *clonazepam oral tablet 0.5 mg, 1 mg* | (Klonopin) | 1 | $0 | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | (Klonopin) | 1 | $0 | QL (300 per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | | 1 | $0 | QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | | 1 | $0 | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg* | | 1 | $0 | QL (180 per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | (Tranxene T-Tab) | 1 | $0 | QL (180 per 30 days) |
| *diazepam 5 mg/ml oral conc 5 mg/ml* | (Diazepam Intensol) | 1 | $0 | QL (1200 per 30 days) |
| *diazepam injection solution 5 mg/ml* | | 1 | $0 | QL (10 per 28 days) |
| *diazepam injection syringe 5 mg/ml* | | 1 | $0 | QL (10 per 28 days) |
| *diazepam intensol oral concentrate 5 mg/ml* | (diazepam) | 1 | $0 | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | | 1 | $0 | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | (Valium) | 1 | $0 | QL (120 per 30 days) |
| *estazolam oral tablet 1 mg* | | 1 | $0 | QL (60 per 30 days); NDS |
| *estazolam oral tablet 2 mg* | | 1 | $0 | QL (30 per 30 days); NDS |
| *flurazepam oral capsule 15 mg* | | 1 | $0 | QL (60 per 30 days); NDS |
| *flurazepam oral capsule 30 mg* | | 1 | $0 | QL (30 per 30 days); NDS |

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|---|---|---|---|---|
| *lorazepam 2 mg/ml oral concent 2 mg/ml* | (Lorazepam Intensol) | 1 | $0 | QL (150 per 30 days); NDS |
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | (Ativan) | 1 | $0 | QL (2 per 30 days) |
| *lorazepam injection syringe 2 mg/ml, 4 mg/ml* | | 1 | $0 | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | (lorazepam) | 1 | $0 | QL (150 per 30 days); NDS |
| *lorazepam oral tablet 0.5 mg, 1 mg* | (Ativan) | 1 | $0 | QL (90 per 30 days); NDS |
| *lorazepam oral tablet 2 mg* | (Ativan) | 1 | $0 | QL (150 per 30 days); NDS |
| *midazolam oral syrup 2 mg/ml* | | 1 | $0 | QL (10 per 30 days); NDS |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *temazepam oral capsule 15 mg, 30 mg* | (Restoril) | 1 | $0 | QL (30 per 30 days); NDS |
| *triazolam oral tablet 0.125 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *triazolam oral tablet 0.25 mg* | (Halcion) | 1 | $0 | QL (60 per 30 days); NDS |
| **Agentes Antidemencia** | | | | |
| **Agentes Antidemencia** | | | | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | (Aricept) | 1 | $0 | QL (30 per 30 days) |
| *donepezil oral tablet,disintegrating 10 mg, 5 mg* | | 1 | $0 | QL (30 per 30 days) |
| *ergoloid oral tablet 1 mg* | | 1 | $0 | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | (Razadyne ER) | 1 | $0 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | | 1 | $0 | QL (200 per 30 days) |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | | 1 | $0 | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | (Namenda XR) | 1 | $0 | ST; QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | | 1 | $0 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | (Namenda) | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 2 | $0 | ST |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 2 | $0 | ST; QL (30 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | $0 | QL (60 per 30 days) |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* (Exelon Patch) | 1 | $0 | QL (30 per 30 days) |
| **Agentes Antidiabetico** | | | |
| **Agentes Antidiabeticos, Varios** | | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* (Precose) | 1 | $0 | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 2 | $0 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | $0 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 2 | $0 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 2 | $0 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 2 | $0 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 2 | $0 | QL (30 per 30 days) |
| KORLYM ORAL TABLET 300 MG | 2 | $0 | PA; QL (112 per 28 days); NDS |
| *metformin oral solution 500 mg/5 ml* (Riomet) | 1 | $0 | QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | 1 | $0 | QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | 1 | $0 | QL (150 per 30 days) |

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|---|---|---|---|
| *metformin oral tablet 850 mg* | 1 | $0 | QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | $0 | QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | $0 | QL (60 per 30 days) |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 1 | $0 | QL (90 per 30 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 1 | $0 | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 2 | $0 | QL (1.5 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | $0 | QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* (Actos) | 1 | $0 | QL (30 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | 1 | $0 | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | 1 | $0 | QL (240 per 30 days) |
| *repaglinide-metformin oral tablet 1-500 mg, 2-500 mg* | 1 | $0 | QL (150 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | $0 | QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 2 | $0 | PA; QL (10.8 per 28 days); NDS |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 2 | $0 | PA; QL (10.8 per 28 days); NDS |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 2 | $0 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 2 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 2 | $0 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 2 | $0 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 2 | $0 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 2 | $0 | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 2 | $0 | QL (2 per 28 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 2 | $0 | QL (9 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 2 | $0 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 2 | $0 | QL (60 per 30 days) |
| **Insulinas** | | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | $0 | QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 2 | $0 | QL (30 per 28 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | $0 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 2 | $0 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 2 | $0 | QL (24 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine) | 2 | $0 | QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine) | 2 | $0 | QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 2 | $0 | QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 2 | $0 | QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | $0 | QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 2 | $0 | QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | $0 | QL (30 per 28 days) |
| NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 2 | $0 | QL (40 per 28 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin aspart u-100) | 1 | $0 | QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | $0 | QL (40 per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | $0 | QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | (insulin aspart u-100) | 1 | $0 | QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin aspart u-100) | 1 | $0 | QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 2 | $0 | QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | | 2 | $0 | QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | | 2 | $0 | QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 2 | $0 | QL (15 per 28 days) |
| **Sulfonilureas** | | | | |
| *glimepiride oral tablet 1 mg, 2 mg* | (Amaryl) | 1 | $0 | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | (Amaryl) | 1 | $0 | QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | | 1 | $0 | QL (120 per 30 days) |
| *glipizide oral tablet 5 mg* | | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *glipizide oral tablet extended release 24hr 10 mg* | (Glucotrol XL) | 1 | $0 | QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | (Glucotrol XL) | 1 | $0 | QL (30 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | | 1 | $0 | QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | | 1 | $0 | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | (Glynase) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| **Agentes Antigota** | | | | |
| **Agentes Antigota, Otros** | | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 1 | $0 | |
| *allopurinol oral tablet 300 mg* | | 1 | $0 | |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 2 | $0 | PA; QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 1 | $0 | ST; QL (30 per 30 days) |
| MITIGARE ORAL CAPSULE 0.6 MG | (colchicine) | 1 | $0 | QL (60 per 30 days) |
| *probenecid oral tablet 500 mg* | | 1 | $0 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | | 1 | $0 | |
| **Agentes Antimigraña** | | | | |
| **Agentes Antimigraña** | | | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 2 | $0 | PA; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | | 2 | $0 | PA; QL (1.5 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | | 2 | $0 | PA; QL (1.5 per 30 days) |
| *dihydroergotamine injection solution 1 mg/ml* | (D.H.E.45) | 1 | $0 | QL (24 per 28 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 1 | $0 | QL (8 per 28 days); NDS |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 2 | $0 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | | 2 | $0 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | | 2 | $0 | PA; QL (3 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | (Amerge) | 1 | $0 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | | 2 | $0 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | | 2 | $0 | PA; QL (30 per 30 days) |
| *rizatriptan oral tablet 10 mg* | (Maxalt) | 1 | $0 | QL (12 per 30 days) |
| *rizatriptan oral tablet 5 mg* | | 1 | $0 | QL (12 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* | (Maxalt-MLT) | 1 | $0 | QL (12 per 30 days) |
| *rizatriptan oral tablet,disintegrating 5 mg* | | 1 | $0 | QL (12 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation* | (Imitrex) | 1 | $0 | QL (12 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 5 mg/actuation* | (Imitrex) | 1 | $0 | QL (18 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | (Imitrex) | 1 | $0 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | (Imitrex) | 1 | $0 | QL (18 per 30 days) |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml* | (Imitrex STATdose Refill) | 2 | $0 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml* | (Imitrex STATdose Refill) | 1 | $0 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml* | (Imitrex STATdose Pen) | 1 | $0 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | (Imitrex) | 1 | $0 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml* | | 1 | $0 | QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | 2 | $0 | PA; QL (16 per 30 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | (Zomig) | 1 | $0 | QL (6 per 30 days) |
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | | 1 | $0 | QL (6 per 30 days) |
| **Agentes Antinausea** | | | | |
| **Agentes Antinausea** | | | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | | 2 | $0 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | | 2 | $0 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | | 2 | $0 | PA BvD |
| *aprepitant oral capsule 125 mg* | | 1 | $0 | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | | 1 | $0 | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | 1 | $0 | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 1 | $0 | PA BvD; QL (6 per 28 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *compro rectal suppository 25 mg* | (prochlorperazine ) | 1 | $0 | |
| *cvs motion sickness 25 mg chwtb 25 mg ** | (meclizine) | 3 | $0 | |
| *cvs motion sickness 50 mg tab 50 mg ** | (dimenhydrinate) | 3 | $0 | |
| *cvs motion sickness ii tablet 25 mg ** | (meclizine) | 3 | $0 | |
| *dimenhydrinate injection solution 50 mg/ml* | | 1 | $0 | |
| *dramamine 50 mg tablet 50 mg ** | (dimenhydrinate) | 3 | $0 | |
| *dramamine less drowsy 25 mg tb 25 mg ** | (meclizine) | 3 | $0 | |
| *driminate 50 mg tablet 50 mg ** | (dimenhydrinate) | 3 | $0 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | 1 | $0 | PA; QL (60 per 30 days) |
| *droperidol injection solution 2.5 mg/ml* | | 1 | $0 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | | 2 | $0 | PA BvD; QL (6 per 28 days) |
| *eql motion sickness 25 mg tab 25 mg ** | (meclizine) | 3 | $0 | |
| *fosaprepitant intravenous recon soln 150 mg* | (Emend (fosaprepitant)) | 1 | $0 | QL (2 per 28 days) |
| *granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml* | | 1 | $0 | |
| *granisetron hcl intravenous solution 1 mg/ml* | | 1 | $0 | |
| *granisetron hcl oral tablet 1 mg* | | 1 | $0 | PA BvD |
| *hm motion relief 25 mg tablet 25 mg ** | (meclizine) | 3 | $0 | |
| *meclizine 12.5 mg caplet (otc) 12.5 mg ** | | 3 | $0 | |
| *meclizine 12.5 mg caplet caplet (otc) 12.5 mg ** | | 3 | $0 | |

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|---|---|---|---|---|
| *meclizine 25 mg tablet (otc) 25 mg* * | (Dramamine Less Drowsy) | 3 | $0 | |
| *meclizine 25 mg tablet chew 25 mg* * | (Motion Sickness Relief(mecliz)) | 3 | $0 | |
| *meclizine oral tablet 12.5 mg* | | 1 | $0 | |
| *meclizine oral tablet 25 mg* | (Dramamine Less Drowsy) | 1 | $0 | |
| *medi-meclizine 25 mg tablet outer, f/c 25 mg* * | (meclizine) | 3 | $0 | |
| *motion sickness rlf 25 mg tab 25 mg* * | (meclizine) | 3 | $0 | |
| *ondansetron hcl (pf) injection solution 4 mg/2 ml* | | 1 | $0 | |
| *ondansetron hcl (pf) injection syringe 4 mg/2 ml* | | 1 | $0 | |
| *ondansetron hcl intravenous solution 2 mg/ml* | | 1 | $0 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | | 1 | $0 | PA BvD |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | | 1 | $0 | PA BvD |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | | 1 | $0 | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml* | | 1 | $0 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | 1 | $0 | |
| *prochlorperazine rectal suppository 25 mg* | (Compro) | 1 | $0 | |
| *promethazine injection solution 25 mg/ml, 50 mg/ml* | (Phenergan) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *promethazine rectal suppository 12.5 mg, 25 mg, 50 mg* | (Promethegan) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *promethegan rectal suppository 12.5 mg, 25 mg, 50 mg* | (promethazine) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ra motion sickness 25 mg chwtb raspberry flavor 25 mg ** | (meclizine) | 3 | $0 | |
| *ra motion sickness 50 mg tab 50 mg ** | (dimenhydrinate) | 3 | $0 | |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | 1 | $0 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| *sm motion sickness 25 mg tab 25 mg ** | (meclizine) | 3 | $0 | |
| SYNDROS ORAL SOLUTION 5 MG/ML | | 2 | $0 | PA; QL (120 per 30 days); NDS |
| *travel-ease 25 mg tablet 25 mg ** | (meclizine) | 3 | $0 | |
| *verticalm 25 mg tablet 25 mg ** | (meclizine) | 3 | $0 | |
| *wal-dram 50 mg tablet 50 mg ** | (dimenhydrinate) | 3 | $0 | |
| *wal-dram-2 25 mg tablet 25 mg ** | (meclizine) | 3 | $0 | |
| **Agentes Antiparasitarios** | | | | |
| **Agentes Antiparasitarios** | | | | |
| *albendazole oral tablet 200 mg* | | 1 | $0 | NDS |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 1 | $0 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 1 | $0 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | 1 | $0 | |
| *chloroquine phosphate oral tablet 250 mg* | | 1 | $0 | QL (50 per 30 days) |
| *chloroquine phosphate oral tablet 500 mg* | | 1 | $0 | QL (25 per 30 days) |
| COARTEM ORAL TABLET 20-120 MG | | 2 | $0 | |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 1 | $0 | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | | 2 | $0 | PA; QL (84 per 28 days); NDS |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 1 | $0 | |
| KRINTAFEL ORAL TABLET 150 MG | | 2 | $0 | |
| *mefloquine oral tablet 250 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *nitazoxanide oral tablet 500 mg* | (Alinia) | 1 | $0 | NDS |
| *paromomycin oral capsule 250 mg* | (Humatin) | 1 | $0 | |
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | 1 | $0 | PA BvD |
| *pentamidine injection recon soln 300 mg* | (Pentam) | 1 | $0 | |
| PRIMAQUINE ORAL TABLET 26.3 MG | | 2 | $0 | |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 1 | $0 | PA; NDS |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 1 | $0 | PA; QL (42 per 7 days) |
| *tinidazole oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| **Agentes Antiparkinson** | | | | |
| **Agentes Antiparkinson** | | | | |
| *amantadine hcl oral capsule 100 mg* | | 1 | $0 | |
| *amantadine hcl oral solution 50 mg/5 ml* | | 1 | $0 | |
| *amantadine hcl oral tablet 100 mg* | | 1 | $0 | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | (APOKYN) | 1 | $0 | PA; QL (60 per 30 days); NDS |
| *benztropine injection solution 1 mg/ml* | | 1 | $0 | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | $0 | |
| *bromocriptine oral capsule 5 mg* | (Parlodel) | 1 | $0 | |
| *bromocriptine oral tablet 2.5 mg* | (Parlodel) | 1 | $0 | |
| *cabergoline oral tablet 0.5 mg* | | 1 | $0 | |
| *carbidopa oral tablet 25 mg* | (Lodosyn) | 1 | $0 | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Sinemet) | 1 | $0 | |
| *carbidopa-levodopa oral tablet 25-100 mg* | (Dhivy) | 1 | $0 | |
| *carbidopa-levodopa oral tablet 25-250 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | | 1 | $0 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | | 1 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg* | (Stalevo 50) | 2 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg* | (Stalevo 75) | 2 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 25-100-200 mg* | (Stalevo 100) | 2 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg* | (Stalevo 125) | 2 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg* | (Stalevo 150) | 2 | $0 | |
| *carbidopa-levodopa-entacapone oral tablet 50-200-200 mg* | (Stalevo 200) | 2 | $0 | |
| *entacapone oral tablet 200 mg* | (Comtan) | 1 | $0 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | | 2 | $0 | PA; QL (300 per 30 days); NDS |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | 2 | $0 | PA; QL (150 per 30 days); NDS |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | | 2 | $0 | PA; NDS |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | | 2 | $0 | QL (30 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | | 2 | $0 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | | 2 | $0 | ST; QL (30 per 30 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 2 | $0 | ST; QL (60 per 30 days) |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* (Mirapex) | 1 | $0 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* (Azilect) | 1 | $0 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | $0 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | $0 | |
| *selegiline hcl oral capsule 5 mg* | 1 | $0 | |
| *selegiline hcl oral tablet 5 mg* | 1 | $0 | |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 1 | $0 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 1 | $0 | |
| XADAGO ORAL TABLET 100 MG | 2 | $0 | PA; QL (30 per 30 days) |
| XADAGO ORAL TABLET 50 MG | 2 | $0 | PA; QL (30 per 30 days); NDS |
| **Agentes Antipsicóticos** | | | |
| **Agentes Antipsicóticos** | | | |
| *aripiprazole oral solution 1 mg/ml* | 1 | $0 | QL (900 per 30 days) |
| *aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* (Abilify) | 1 | $0 | QL (30 per 30 days) |
| *aripiprazole oral tablet 2 mg* (Abilify) | 1 | $0 | QL (60 per 30 days) |
| *aripiprazole oral tablet,disintegrating 10 mg* | 1 | $0 | ST; QL (90 per 30 days) |
| *aripiprazole oral tablet,disintegrating 15 mg* | 1 | $0 | ST; QL (60 per 30 days); NDS |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 2 | $0 | QL (4.8 per 365 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 2 | $0 | QL (3.9 per 56 days); NDS |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 2 | $0 | QL (1.6 per 28 days); NDS |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 2 | $0 | QL (2.4 per 28 days); NDS |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 2 | $0 | QL (3.2 per 28 days); NDS |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* (Saphris) | 1 | $0 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 42 MG | 2 | $0 | ST; QL (30 per 30 days); NDS |
| *chlorpromazine injection solution 25 mg/ml* | 1 | $0 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 1 | $0 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | $0 | |
| *clozapine oral tablet 100 mg* (Clozaril) | 1 | $0 | QL (270 per 30 days) |
| *clozapine oral tablet 200 mg* (Clozaril) | 1 | $0 | QL (135 per 30 days) |
| *clozapine oral tablet 25 mg, 50 mg* (Clozaril) | 1 | $0 | QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | 1 | $0 | ST; QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 150 mg* | 1 | $0 | ST; QL (180 per 30 days) |
| *clozapine oral tablet,disintegrating 200 mg* | 1 | $0 | ST; QL (120 per 30 days); NDS |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 2 | $0 | ST; QL (60 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 2 | $0 | ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | 1 | $0 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 1 | $0 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 1 | $0 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 1 | $0 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | $0 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml* (Haldol Decanoate) | 1 | $0 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)* | 1 | $0 | |
| *haloperidol decanoate intramuscular solution 50 mg/ml* (Haldol Decanoate) | 1 | $0 | |
| *haloperidol decanoate intramuscular solution 50 mg/ml(1ml)* | 1 | $0 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | $0 | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | 1 | $0 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | $0 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | $0 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 2 | $0 | QL (3.5 per 180 days); NDS |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 2 | $0 | QL (5 per 180 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 2 | $0 | QL (0.75 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 2 | $0 | QL (1 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 2 | $0 | QL (1.5 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 2 | $0 | QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 2 | $0 | QL (0.5 per 28 days); NDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 2 | $0 | QL (0.88 per 84 days); NDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 2 | $0 | QL (1.32 per 84 days); NDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 2 | $0 | QL (1.75 per 84 days); NDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 2 | $0 | QL (2.63 per 84 days); NDS |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 2 | $0 | QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 2 | $0 | QL (60 per 30 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 1 | $0 | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *molindone oral tablet 10 mg* | 1 | $0 | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | 1 | $0 | QL (270 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *molindone oral tablet 5 mg* | | 1 | $0 | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| NUPLAZID ORAL TABLET 10 MG | | 2 | $0 | PA NSO; QL (30 per 30 days); NDS |
| *olanzapine intramuscular recon soln 10 mg* | (Zyprexa) | 1 | $0 | QL (30 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | (Zyprexa) | 1 | $0 | QL (30 per 30 days) |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | (Zyprexa Zydis) | 1 | $0 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | (Invega) | 1 | $0 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | 1 | $0 | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | | 1 | $0 | |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | | 2 | $0 | QL (1 per 30 days); NDS |
| *pimozide oral tablet 1 mg, 2 mg* | | 1 | $0 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Seroquel) | 1 | $0 | QL (90 per 30 days) |
| *quetiapine oral tablet 300 mg, 400 mg* | (Seroquel) | 1 | $0 | QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg* | (Seroquel XR) | 1 | $0 | QL (30 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg* | (Seroquel XR) | 1 | $0 | QL (60 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG | | 2 | $0 | ST; QL (120 per 30 days); NDS |
| REXULTI ORAL TABLET 0.5 MG | | 2 | $0 | ST; QL (60 per 30 days); NDS |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | | 2 | $0 | ST; QL (30 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 2 | $0 | QL (2 per 28 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 2 | $0 | QL (2 per 28 days); NDS |
| *risperidone oral solution 1 mg/ml* (Risperdal) | 1 | $0 | QL (480 per 30 days) |
| *risperidone oral tablet 0.25 mg* | 1 | $0 | QL (60 per 30 days) |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg* (Risperdal) | 1 | $0 | QL (60 per 30 days) |
| *risperidone oral tablet 4 mg* (Risperdal) | 1 | $0 | QL (120 per 30 days) |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 | $0 | QL (60 per 30 days) |
| *risperidone oral tablet,disintegrating 3 mg, 4 mg* | 1 | $0 | QL (120 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 2 | $0 | ST; QL (30 per 30 days); NDS |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | $0 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | $0 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 1 | $0 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 2 | $0 | ST; QL (540 per 30 days); NDS |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 2 | $0 | ST; QL (30 per 30 days); NDS |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 2 | $0 | ST |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* (Geodon) | 1 | $0 | QL (60 per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* (Geodon) | 1 | $0 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 2 | $0 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 2 | $0 | QL (2 per 28 days); NDS |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 2 | $0 | QL (1 per 28 days); NDS |
| **Agentes Calóricos** | | | |
| **Agentes Calóricos** | | | |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 2 | $0 | PA BvD |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % | 2 | $0 | PA BvD |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 2 | $0 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 2 | $0 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 2 | $0 | PA BvD |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 2 | $0 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 2 | $0 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 2 | $0 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 2 | $0 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 2 | $0 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 2 | $0 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 2 | $0 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 2 | $0 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 2 | $0 | PA BvD |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 2 | $0 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 2 | $0 | PA BvD |
| *dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram ** (glucose) | 3 | $0 | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution 10 %* | 1 | $0 | PA BvD |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 2 | $0 | |
| *dextrose 5 % in water (d5w) intravenous piggyback 5 %* | 1 | $0 | |
| *dextrose 5%-water iv soln single use* | 1 | $0 | |
| *gnp glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram ** (Dex4 Glucose) | 3 | $0 | |
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 % | 2 | $0 | PA BvD |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 2 | $0 | PA BvD |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 % | 2 | $0 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 2 | $0 | PA BvD |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 % | 2 | $0 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 2 | $0 | PA BvD |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sm glucose 4 gram tab chew 12's (rx) 4 gram ** | (Dex4 Glucose) | 3 | $0 | |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | | 2 | $0 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | | 2 | $0 | PA BvD |
| **Agentes Cardiovasculares** | | | | |
| **Agentes Alfa-Adrenérgicos** | | | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | | 1 | $0 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | (Catapres-TTS-1) | 1 | $0 | QL (4 per 28 days) |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* | (Catapres-TTS-2) | 1 | $0 | QL (4 per 28 days) |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* | (Catapres-TTS-3) | 1 | $0 | QL (8 per 28 days) |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | (Cardura) | 1 | $0 | |
| *droxidopa oral capsule 100 mg, 200 mg, 300 mg* | (Northera) | 1 | $0 | PA; QL (180 per 30 days); NDS |
| *gs nasal decong pe 10 mg tab 10 mg ** | (phenylephrine hcl) | 3 | $0 | |
| *guanfacine oral tablet 1 mg, 2 mg* | | 1 | $0 | |
| *methyldopa oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | $0 | |
| *phenylephrine hcl injection solution 10 mg/ml* | (Vazculep) | 1 | $0 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | (Minipress) | 1 | $0 | |
| *ra sinus pres-cng rlf pe 10 mg 10 mg ** | (phenylephrine hcl) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sudogest pe 10 mg tablet 10 mg ** | (phenylephrine hcl) | 3 | $0 | |
| *wal-phed pe 10 mg tablet non-drowsy 10 mg ** | (phenylephrine hcl) | 3 | $0 | |
| **Agentes Antiarritmicos** | | | | |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | (Pacerone) | 1 | $0 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | (Norpace) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | 1 | $0 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | | 1 | $0 | |
| *lidocaine (pf) injection solution 10 mg/ml (1 %)* | (Xylocaine-MPF) | 1 | $0 | |
| *lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)* | | 1 | $0 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | | 1 | $0 | |
| MULTAQ ORAL TABLET 400 MG | | 2 | $0 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | (amiodarone) | 1 | $0 | |
| *procainamide injection solution 100 mg/ml, 500 mg/ml* | | 1 | $0 | |
| *procainamide intravenous syringe 100 mg/ml* | | 1 | $0 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | (Rythmol SR) | 1 | $0 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | | 1 | $0 | |
| *quinidine gluconate oral tablet extended release 324 mg* | | 1 | $0 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| **Agentes Bloqueadores Beta-Adrenérgicos** | | | | |
| *acebutolol oral capsule 200 mg, 400 mg* | | 1 | $0 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | (Tenormin) | 1 | $0 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg* | (Tenoretic 100) | 1 | $0 | |
| *atenolol-chlorthalidone oral tablet 50-25 mg* | (Tenoretic 50) | 1 | $0 | |
| *betaxolol oral tablet 10 mg, 20 mg* | | 1 | $0 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | | 1 | $0 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | (Ziac) | 1 | $0 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | (Coreg) | 1 | $0 | |
| *labetalol intravenous solution 5 mg/ml* | | 1 | $0 | |
| *labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)* | | 1 | $0 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | | 1 | $0 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | (Toprol XL) | 1 | $0 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | | 1 | $0 | |
| *metoprolol tartrate intravenous solution 5 mg/5 ml* | | 1 | $0 | |
| *metoprolol tartrate oral tablet 100 mg, 50 mg* | (Lopressor) | 1 | $0 | |
| *metoprolol tartrate oral tablet 25 mg* | | 1 | $0 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | (Corgard) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | 1 | $0 | |
| *pindolol oral tablet 10 mg, 5 mg* | | 1 | $0 | |
| *propranolol intravenous solution 1 mg/ml* | | 1 | $0 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | 1 | $0 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | | 1 | $0 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | | 1 | $0 | |
| *propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg* | | 1 | $0 | |
| *sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | (sotalol) | 1 | $0 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (sotalol) | 1 | $0 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | (Sorine) | 1 | $0 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | | 1 | $0 | |
| **Agentes Bloqueadores Da Canal De Calcio** | | | | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (diltiazem hcl) | 1 | $0 | |
| *diltiazem 24h er(cd) 300 mg cp 300 mg* | (Cartia XT) | 1 | $0 | |
| *diltiazem hcl intravenous solution 5 mg/ml* | | 1 | $0 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | | 1 | $0 | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg* | (Taztia XT) | 1 | $0 | |
| *diltiazem hcl oral capsule,extended release 24 hr 420 mg* | (Tiadylt ER) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cartia XT) | 1 | $0 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg* | (Cardizem) | 1 | $0 | |
| *diltiazem hcl oral tablet 90 mg* | | 1 | $0 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | (diltiazem hcl) | 1 | $0 | |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | 1 | $0 | |
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | (diltiazem hcl) | 1 | $0 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | 1 | $0 | |
| *verapamil intravenous syringe 2.5 mg/ml* | | 1 | $0 | |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | (Verelan PM) | 1 | $0 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg* | (Verelan) | 1 | $0 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 360 mg* | (Verelan) | 2 | $0 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | 1 | $0 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | (Calan SR) | 1 | $0 | |
| **Agentes Cardiovasculares, Varios** | | | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | 2 | $0 | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | | 2 | $0 | QL (60 per 30 days) |
| *digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (digoxin) | 1 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (digoxin) | 1 | $0 | |
| *digoxin 250 mcg tablet 250 mcg (0.25 mg)* | (Digitek) | 1 | $0 | |
| *digoxin injection syringe 250 mcg/ml (0.25 mg/ml)* | | 1 | $0 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Digitek) | 1 | $0 | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (EpiPen Jr) | 1 | $0 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.3 mg/0.3 ml* | (Auvi-Q) | 1 | $0 | QL (4 per 30 days) |
| *epinephrine injection solution 1 mg/ml* | (Adrenalin) | 1 | $0 | |
| *hydralazine injection solution 20 mg/ml* | | 1 | $0 | |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Sajazir) | 1 | $0 | PA; QL (18 per 30 days); NDS |
| *metyrosine oral capsule 250 mg* | (Demser) | 1 | $0 | NDS |
| *ranolazine oral tablet extended release 12 hr 1,000 mg* | (Ranexa) | 1 | $0 | QL (60 per 30 days) |
| *ranolazine oral tablet extended release 12 hr 500 mg* | (Ranexa) | 1 | $0 | QL (120 per 30 days) |
| *sajazir subcutaneous syringe 30 mg/3 ml* | (icatibant) | 1 | $0 | PA; QL (18 per 30 days); NDS |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML | | 2 | $0 | QL (4 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML | (epinephrine) | 2 | $0 | QL (4 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| VYNDAQEL ORAL CAPSULE 20 MG | | 2 | $0 | PA; QL (120 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| **Antagonistas De Receptores De Angiotensina Ii** | | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 1 | $0 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 1 | $0 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | | 2 | $0 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | | 2 | $0 | |
| ENTRESTO ORAL TABLET 24-26 MG | | 2 | $0 | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | | 2 | $0 | QL (60 per 30 days) |
| *eprosartan oral tablet 600 mg* | | 1 | $0 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | (Avapro) | 1 | $0 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | 1 | $0 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | (Cozaar) | 1 | $0 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | (Hyzaar) | 1 | $0 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | (Benicar) | 1 | $0 | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | (Tribenzor) | 1 | $0 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 1 | $0 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | (Micardis) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | (Twynsta) | 1 | $0 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 1 | $0 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | 1 | $0 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | 1 | $0 | |
| **Dihidropiridinas** | | | | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | (Norvasc) | 1 | $0 | |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg* | (Lotrel) | 1 | $0 | |
| *amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg* | | 1 | $0 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | (Azor) | 1 | $0 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | 1 | $0 | |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | (Exforge HCT) | 1 | $0 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | | 1 | $0 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | | 1 | $0 | |
| KATERZIA ORAL SUSPENSION 1 MG/ML | | 2 | $0 | ST; QL (300 per 30 days) |
| *nicardipine oral capsule 20 mg, 30 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *nifedipine oral capsule 10 mg, 20 mg* | | 1 | $0 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | (Procardia XL) | 1 | $0 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | (Adalat CC) | 1 | $0 | |
| **Dislipidémicos** | | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg* | (Caduet) | 1 | $0 | |
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | 1 | $0 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | 1 | $0 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 1 | $0 | QL (30 per 30 days) |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | 1 | $0 | |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine-aspartame) | 1 | $0 | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | 1 | $0 | |
| *colesevelam oral tablet 625 mg* | (WelChol) | 1 | $0 | |
| *colestipol oral packet 5 gram* | (Colestid) | 1 | $0 | |
| *colestipol oral tablet 1 gram* | (Colestid) | 1 | $0 | |
| *endur-acin er 500 mg tablet 500 mg* * | (niacin) | 3 | $0 | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | | 2 | $0 | ST; QL (30 per 30 days) |
| *ezetimibe oral tablet 10 mg* | (Zetia) | 1 | $0 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin 10-10) | 1 | $0 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | 1 | $0 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | 1 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | 1 | $0 | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | | 1 | $0 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | (Tricor) | 1 | $0 | |
| *fenofibrate nanocrystallized oral tablet 160 mg* | | 1 | $0 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | | 1 | $0 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | (Trilipix) | 1 | $0 | |
| *fluvastatin oral capsule 20 mg, 40 mg* | | 1 | $0 | QL (60 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 1 | $0 | |
| JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| JUXTAPID ORAL CAPSULE 20 MG | | 2 | $0 | PA; QL (90 per 30 days); NDS |
| JUXTAPID ORAL CAPSULE 5 MG | | 2 | $0 | PA; QL (45 per 30 days); NDS |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | | 2 | $0 | QL (30 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | 1 | $0 | |
| NEXLETOL ORAL TABLET 180 MG | | 2 | $0 | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | | 2 | $0 | QL (30 per 30 days) |
| *niacin 500 mg capsule sa (rx) 500 mg ** | | 3 | $0 | |
| *niacin 500 mg tablet (rx) 500 mg ** | (Niacor) | 3 | $0 | |
| *niacin 500 mg tablet 500 mg ** | (niacinamide) | 3 | $0 | |
| *niacin oral tablet 500 mg* | (Niacor) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | (Niaspan Extended-Release) | 1 | $0 | |
| *niacin tr 500 mg capsule (rx) 500 mg ** | | 3 | $0 | |
| *niacin tr 500 mg tablet (rx) 500 mg ** | (Endur-Acin) | 3 | $0 | |
| *niacor oral tablet 500 mg* | (niacin) | 1 | $0 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 1 | $0 | QL (120 per 30 days) |
| *plain niacin 500 mg tablet (rx) 500 mg ** | (Niacor) | 3 | $0 | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | | 2 | $0 | QL (2 per 28 days) |
| *pravastatin oral tablet 10 mg, 80 mg* | | 1 | $0 | |
| *pravastatin oral tablet 20 mg, 40 mg* | | 1 | $0 | QL (30 per 30 days) |
| *prevalite oral powder in packet 4 gram* | (cholestyramine-aspartame) | 1 | $0 | |
| *ra niacin 500 mg tablet (rx) 500 mg ** | (Niacor) | 3 | $0 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 2 | $0 | QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 2 | $0 | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 2 | $0 | QL (6 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 1 | $0 | QL (30 per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Zocor) | 1 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *simvastatin oral tablet 5 mg* | 1 | $0 | QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM | 1 | $0 | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | 1 | $0 | QL (120 per 30 days) |
| **Diuréticos** | | | |
| *amiloride oral tablet 5 mg* | 1 | $0 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 1 | $0 | |
| *bumetanide injection solution 0.25 mg/ml* | 1 | $0 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | $0 | |
| *chlorothiazide sodium intravenous recon soln 500 mg* (Diuril IV) | 1 | $0 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | $0 | |
| *furosemide injection solution 10 mg/ml* | 1 | $0 | |
| *furosemide injection syringe 10 mg/ml* | 1 | $0 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | $0 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* (Lasix) | 1 | $0 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | $0 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | $0 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | $0 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 2 | $0 | PA; QL (120 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | | 2 | $0 | PA; QL (56 per 28 days); NDS |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | $0 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | 1 | $0 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | (Aldactazide) | 1 | $0 | |
| *torsemide oral tablet 10 mg, 100 mg, 5 mg* | | 1 | $0 | |
| *torsemide oral tablet 20 mg* | (Soaanz) | 1 | $0 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | | 1 | $0 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | (Maxzide-25mg) | 1 | $0 | |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | (Maxzide) | 1 | $0 | |
| **Inhibidores De Enzima Convertidoras De Angiotensina** | | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | 1 | $0 | |
| *benazepril oral tablet 5 mg* | | 1 | $0 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | 1 | $0 | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | | 1 | $0 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | | 1 | $0 | |
| *enalapril maleate oral solution 1 mg/ml* | (Epaned) | 1 | $0 | ST; QL (1200 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | 1 | $0 | |
| *enalaprilat intravenous solution 1.25 mg/ml* | | 1 | $0 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | 1 | $0 | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | | 1 | $0 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | | 1 | $0 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | | 1 | $0 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | (Zestril) | 1 | $0 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Zestoretic) | 1 | $0 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | | 1 | $0 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | | 1 | $0 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | | 2 | $0 | ST; QL (1200 per 30 days); NDS |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Accupril) | 1 | $0 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Accuretic) | 1 | $0 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | (Altace) | 1 | $0 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | | 1 | $0 | |
| **Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona** | | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | 1 | $0 | |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML | | 2 | $0 | ST; QL (600 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *eplerenone oral tablet 25 mg, 50 mg* | (Inspra) | 1 | $0 | |
| **Vasodilatadores** | | | | |
| BIDIL ORAL TABLET 20-37.5 MG | (isosorbide-hydralazine) | 2 | $0 | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | | 1 | $0 | |
| *isosorbide dinitrate oral tablet 5 mg* | (Isordil Titradose) | 1 | $0 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | | 1 | $0 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | | 1 | $0 | |
| *isosorbide-hydralazine oral tablet 20-37.5 mg* | (BiDil) | 1 | $0 | |
| *minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (nitroglycerin) | 1 | $0 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | | 1 | $0 | |
| *nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)* | | 1 | $0 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | (Nitrostat) | 1 | $0 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (Nitro-Dur) | 1 | $0 | |
| **Agentes De Enfermedad Intestinal Inflamatoria** | | | | |
| **Agentes De Enfermedad Intestinal Inflamatoria** | | | | |
| *alosetron oral tablet 0.5 mg* | (Lotronex) | 1 | $0 | |
| *alosetron oral tablet 1 mg* | (Lotronex) | 1 | $0 | NDS |
| *balsalazide oral capsule 750 mg* | (Colazal) | 1 | $0 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | | 1 | $0 | |
| DIPENTUM ORAL CAPSULE 250 MG | | 2 | $0 | ST; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | 2 | $0 | |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | (Delzicol) | 1 | $0 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | 1 | $0 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | (Lialda) | 1 | $0 | |
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | (Asacol HD) | 1 | $0 | |
| *mesalamine rectal suppository 1,000 mg* | (Canasa) | 1 | $0 | |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | 1 | $0 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine EN-tabs) | 2 | $0 | |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | | 2 | $0 | |
| **Agentes De Enfermedad Ósea Metabólica** | | | | |
| **Agentes De Enfermedad Ósea Metabólica** | | | | |
| *alendronate oral solution 70 mg/75 ml* | | 1 | $0 | QL (300 per 28 days) |
| *alendronate oral tablet 10 mg, 5 mg* | | 1 | $0 | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg* | | 1 | $0 | QL (4 per 28 days) |
| *alendronate oral tablet 70 mg* | (Fosamax) | 1 | $0 | QL (4 per 28 days) |
| *calcitonin (salmon) injection solution 200 unit/ml* | (Miacalcin) | 1 | $0 | NDS |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | | 1 | $0 | QL (3.7 per 28 days) |
| *calcitriol intravenous solution 1 mcg/ml* | | 1 | $0 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | (Rocaltrol) | 1 | $0 | |
| *calcitriol oral solution 1 mcg/ml* | (Rocaltrol) | 1 | $0 | |
| *cinacalcet oral tablet 30 mg* | (Sensipar) | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *cinacalcet oral tablet 60 mg* | (Sensipar) | 1 | $0 | QL (60 per 30 days); NDS |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | 1 | $0 | QL (120 per 30 days); NDS |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | | 1 | $0 | |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) | | 2 | $0 | PA; QL (2.34 per 30 days); NDS |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | | 2 | $0 | PA; QL (2.4 per 28 days) |
| *ibandronate intravenous solution 3 mg/3 ml* | | 1 | $0 | QL (3 per 84 days) |
| *ibandronate intravenous syringe 3 mg/3 ml* | | 1 | $0 | QL (3 per 84 days) |
| *ibandronate oral tablet 150 mg* | (Boniva) | 1 | $0 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | | 2 | $0 | PA; QL (2 per 28 days); NDS |
| *pamidronate intravenous recon soln 30 mg, 90 mg* | | 1 | $0 | |
| *pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)* | | 1 | $0 | |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 1 | $0 | |
| *paricalcitol oral capsule 4 mcg* | | 1 | $0 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | | 2 | $0 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | | 2 | $0 | QL (60 per 30 days) |
| *risedronate oral tablet 150 mg* | (Actonel) | 1 | $0 | QL (1 per 28 days) |
| *risedronate oral tablet 30 mg, 5 mg* | | 1 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *risedronate oral tablet 35 mg* | (Actonel) | 1 | $0 | QL (4 per 28 days) |
| *risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)* | | 1 | $0 | QL (4 per 28 days) |
| *risedronate oral tablet,delayed release (dr/ec) 35 mg* | (Atelvia) | 1 | $0 | QL (4 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | | 2 | $0 | PA; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | | 2 | $0 | PA; NDS |
| *zoledronic acid intravenous recon soln 4 mg* | | 1 | $0 | |
| *zoledronic acid intravenous solution 4 mg/5 ml* | | 1 | $0 | |
| *zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml* | (Reclast) | 1 | $0 | QL (100 per 300 days) |
| **Agentes De Trastorno De Sueño** | | | | |
| **Agentes De Trastorno De Sueño** | | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | (Nuvigil) | 1 | $0 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 2 | $0 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | 1 | $0 | QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | | 2 | $0 | PA; QL (150 per 30 days); NDS |
| HETLIOZ ORAL CAPSULE 20 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *modafinil oral tablet 100 mg* | (Provigil) | 1 | $0 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | (Provigil) | 1 | $0 | PA; QL (60 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | | 2 | $0 | PA; QL (30 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | | 2 | $0 | PA; LA; QL (540 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *zaleplon oral capsule 10 mg, 5 mg* | | 1 | $0 | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | 1 | $0 | QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | (Ambien CR) | 1 | $0 | QL (30 per 30 days) |
| **Agentes Del Sistema Nervioso Central** | | | | |
| **Agentes Del Sistema Nervioso Central** | | | | |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | (Strattera) | 1 | $0 | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | (Strattera) | 1 | $0 | QL (30 per 30 days) |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | | 2 | $0 | PA; QL (120 per 30 days); NDS |
| AUSTEDO ORAL TABLET 6 MG | | 2 | $0 | PA; QL (60 per 30 days); NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 2 | $0 | PA; QL (1 per 28 days); NDS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 2 | $0 | PA; QL (1 per 28 days); NDS |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 2 | $0 | PA; QL (15 per 30 days); NDS |
| *caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)* | (Cafcit) | 1 | $0 | PA BvD |
| *caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)* | | 1 | $0 | |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | (Kapvay) | 1 | $0 | QL (120 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | (glatiramer) | 2 | $0 | PA; QL (30 per 30 days); NDS |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | (glatiramer) | 2 | $0 | PA; QL (12 per 28 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 1 | $0 | PA; QL (60 per 30 days) |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | (Focalin) | 1 | $0 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg* | (Dexedrine Spansule) | 1 | $0 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5 mg* | | 1 | $0 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | (Zenzedi) | 1 | $0 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 15 mg, 5 mg* | (Zenzedi) | 1 | $0 | QL (90 per 30 days) |
| *dextroamphetamine sulfate oral tablet 20 mg, 30 mg* | (Zenzedi) | 1 | $0 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | 1 | $0 | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | 1 | $0 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | 1 | $0 | QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | (Tecfidera) | 1 | $0 | PA; QL (14 per 7 days); NDS |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | (Tecfidera) | 1 | $0 | PA; NDS |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | (Tecfidera) | 1 | $0 | PA; QL (60 per 30 days); NDS |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | | 2 | $0 | PA; NDS |
| *flumazenil intravenous solution 0.1 mg/ml* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Copaxone) | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Copaxone) | 2 | $0 | PA; QL (12 per 28 days); NDS |
| *glatopa subcutaneous syringe 20 mg/ml* | (glatiramer) | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *glatopa subcutaneous syringe 40 mg/ml* | (glatiramer) | 2 | $0 | PA; QL (12 per 28 days); NDS |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv ER) | 1 | $0 | QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | | 2 | $0 | PA; QL (1.2 per 28 days); NDS |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | | 1 | $0 | |
| *lithium carbonate oral tablet 300 mg* | | 1 | $0 | |
| *lithium carbonate oral tablet extended release 300 mg* | (Lithobid) | 1 | $0 | |
| *lithium carbonate oral tablet extended release 450 mg* | | 1 | $0 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| MAYZENT ORAL TABLET 0.25 MG | | 2 | $0 | PA; QL (112 per 28 days); NDS |
| MAYZENT ORAL TABLET 1 MG, 2 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | | 2 | $0 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | | 2 | $0 | PA; NDS |
| *metadate er oral tablet extended release 20 mg* | (methylphenidate hcl) | 1 | $0 | QL (90 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg* | | 1 | $0 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 30 mg* | | 1 | $0 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg* | (Ritalin LA) | 1 | $0 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 30 mg* | (Ritalin LA) | 1 | $0 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 60 mg* | | 1 | $0 | QL (30 per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | (Methylin) | 1 | $0 | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | (Ritalin) | 1 | $0 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 10 mg* | | 1 | $0 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 20 mg* | (Metadate ER) | 1 | $0 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)* | | 1 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg* | (Concerta) | 1 | $0 | QL (30 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 36 mg* | (Concerta) | 1 | $0 | QL (60 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)* | | 1 | $0 | QL (60 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | | 2 | $0 | PA; QL (1 per 28 days); NDS |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 2 | $0 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | | 2 | $0 | PA; QL (1 per 28 days); NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 2 | $0 | PA; NDS |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | | 2 | $0 | PA; QL (2800 per 28 days); NDS |
| *riluzole oral tablet 50 mg* | (Rilutek) | 1 | $0 | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | | 2 | $0 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | | 2 | $0 | |
| *tetrabenazine oral tablet 12.5 mg, 25 mg* | (Xenazine) | 1 | $0 | PA; QL (112 per 28 days); NDS |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | | 2 | $0 | PA; QL (120 per 30 days); NDS |
| **Agentes Del Tracto Respiratorio** | | | | |
| **Agentes Del Tracto Respiratorio, Otros** | | | | |
| *acetylcysteine intravenous solution 200 mg/ml (20%)* | (Acetadote) | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | $0 | PA BvD |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 2 | $0 | QL (560 per 28 days); NDS |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | PA; NDS |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | $0 | PA BvD |
| *cromolyn sodium nasal spray 5.2 mg/spray (4 %) ** (Nasalcrom) | 3 | $0 | |
| DALIRESP ORAL TABLET 250 MCG | 2 | $0 | QL (28 per 28 days) |
| DALIRESP ORAL TABLET 500 MCG | 2 | $0 | QL (30 per 30 days) |
| ESBRIET ORAL CAPSULE 267 MG | 2 | $0 | PA; QL (270 per 30 days); NDS |
| ESBRIET ORAL TABLET 267 MG (pirfenidone) | 2 | $0 | PA; QL (270 per 30 days); NDS |
| ESBRIET ORAL TABLET 801 MG (pirfenidone) | 2 | $0 | PA; QL (90 per 30 days); NDS |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 2 | $0 | PA; QL (1 per 28 days); NDS |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 2 | $0 | PA; QL (1 per 28 days); NDS |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |
| KALYDECO ORAL TABLET 150 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | $0 | PA; LA; QL (3 per 28 days); NDS |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 2 | $0 | PA; LA; QL (3 per 28 days); NDS |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | $0 | PA; LA; QL (3 per 28 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| OFEV ORAL CAPSULE 100 MG, 150 MG | 2 | $0 | PA; QL (60 per 30 days); NDS |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 2 | $0 | PA; QL (120 per 30 days); NDS |
| *pirfenidone oral tablet 267 mg* (Esbriet) | 1 | $0 | PA; QL (270 per 30 days); NDS |
| *pirfenidone oral tablet 801 mg* (Esbriet) | 1 | $0 | PA; QL (90 per 30 days); NDS |
| PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML | 2 | $0 | PA BvD; NDS |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | 2 | $0 | PA BvD; NDS |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 2 | $0 | PA; QL (56 per 28 days); NDS |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 2 | $0 | PA; QL (84 per 28 days); NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 2 | $0 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | 2 | $0 | PA; NDS |
| **Antiinflamatorios, Corticoesteroides Inhalados** | | | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol) | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | | 2 | $0 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | | 2 | $0 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 2 | $0 | QL (60 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | (Pulmicort) | 1 | $0 | PA BvD; QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | (Pulmicort) | 1 | $0 | PA BvD; QL (60 per 30 days) |
| FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION | | 2 | $0 | QL (60 per 30 days) |
| FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION | | 2 | $0 | QL (120 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | | 2 | $0 | QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | | 2 | $0 | QL (120 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | (fluticasone propionate) | 2 | $0 | QL (12 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | (fluticasone propionate) | 2 | $0 | QL (24 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | (fluticasone propionate) | 2 | $0 | QL (21.2 per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | (budesonide-formoterol) | 2 | $0 | QL (30.6 per 30 days) |
| **Antileucotrinos** | | | | |
| *montelukast oral tablet 10 mg* | (Singulair) | 1 | $0 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 1 | $0 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | (Accolate) | 1 | $0 | |
| **Broncodilatadores** | | | | |
| *albuterol 5 mg/ml solution 5 mg/ml* | | 1 | $0 | PA BvD; QL (120 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (ProAir HFA) | 1 | $0 | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | | 1 | $0 | QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)* | | 1 | $0 | QL (36 per 30 days) |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)* | | 1 | $0 | PA BvD; QL (360 per 30 days) |
| *albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml* | | 1 | $0 | PA BvD; QL (120 per 30 days) |
| *albuterol sulfate oral syrup 2 mg/5 ml* | | 1 | $0 | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | | 1 | $0 | |
| *albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg* | | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | $0 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 2 | $0 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 2 | $0 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | $0 | QL (8 per 30 days) |
| *elixophyllin oral elixir 80 mg/15 ml* (theophylline) | 1 | $0 | |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | $0 | PA BvD; QL (312.5 per 30 days) |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | $0 | PA BvD; QL (540 per 30 days) |
| *metaproterenol oral syrup 10 mg/5 ml* | 1 | $0 | |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 2 | $0 | QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 2 | $0 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 2 | $0 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | | 2 | $0 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | | 2 | $0 | QL (4 per 28 days) |
| *terbutaline oral tablet 2.5 mg, 5 mg* | | 1 | $0 | |
| *terbutaline subcutaneous solution 1 mg/ml* | | 1 | $0 | NDS |
| *theophylline oral solution 80 mg/15 ml* | | 1 | $0 | |
| *theophylline oral tablet extended release 12 hr 300 mg, 450 mg* | | 1 | $0 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | | 1 | $0 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | | 2 | $0 | QL (60 per 30 days) |
| **Agentes Dentales Y Orales** | | | | |
| **Agentes Dentales Y Orales** | | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 1 | $0 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Paroex Oral Rinse) | 1 | $0 | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 1 | $0 | |
| *dentagel dental gel 1.1 %* | (fluoride (sodium)) | 1 | $0 | |
| *oralone dental paste 0.1 %* | (triamcinolone acetonide) | 1 | $0 | |
| *paroex oral rinse mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | 1 | $0 | |
| *periogard mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | 1 | $0 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | (Salagen (pilocarpine)) | 1 | $0 | |
| *sf 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sodium fluoride dental solution 0.2 %* | (PreviDent) | 1 | $0 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Fluoridex Sensitivity Relief) | 1 | $0 | |
| *triamcinolone acetonide dental paste 0.1 %* | (Oralone) | 1 | $0 | |
| **Agentes Dermatológicos** | | | | |
| **Agentes Antiinflamatorios Dermatológicos** | | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | 1 | $0 | |
| *ala-scalp topical lotion 2 %* | | 1 | $0 | |
| *alclometasone topical cream 0.05 %* | | 1 | $0 | |
| *alclometasone topical ointment 0.05 %* | | 1 | $0 | |
| *aquaphor itch relief 1% oint 1 %* * | (hydrocortisone) | 3 | $0 | |
| *betamethasone dipropionate topical cream 0.05 %* | | 1 | $0 | |
| *betamethasone dipropionate topical lotion 0.05 %* | | 1 | $0 | |
| *betamethasone dipropionate topical ointment 0.05 %* | | 1 | $0 | |
| *betamethasone valerate topical cream 0.1 %* | | 1 | $0 | |
| *betamethasone valerate topical foam 0.12 %* | (Luxiq) | 1 | $0 | |
| *betamethasone valerate topical lotion 0.1 %* | | 1 | $0 | |
| *betamethasone valerate topical ointment 0.1 %* | | 1 | $0 | |
| *betamethasone, augmented topical cream 0.05 %* | | 1 | $0 | |
| *betamethasone, augmented topical gel 0.05 %* | | 1 | $0 | |
| *betamethasone, augmented topical lotion 0.05 %* | | 1 | $0 | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene (augmented)) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *clobetasol scalp solution 0.05 %* | | 1 | $0 | |
| *clobetasol topical cream 0.05 %* | | 1 | $0 | |
| *clobetasol topical foam 0.05 %* | (Olux) | 1 | $0 | |
| *clobetasol topical gel 0.05 %* | | 1 | $0 | |
| *clobetasol topical lotion 0.05 %* | (Clobex) | 1 | $0 | |
| *clobetasol topical ointment 0.05 %* | (Temovate) | 1 | $0 | |
| *clobetasol topical shampoo 0.05 %* | (Clobex) | 1 | $0 | |
| *clobetasol-emollient topical cream 0.05 %* | | 1 | $0 | |
| *clobetasol-emollient topical foam 0.05 %* | (Olux-E) | 1 | $0 | |
| *cortaid 1% cream 12 hr, anti-itch 1 % ** | (hydrocortisone) | 3 | $0 | |
| *cortizone-10 1% creme maximum strength 1 % ** | (hydrocortisone) | 3 | $0 | |
| *cortizone-10 1% ointment 1 % ** | (hydrocortisone) | 3 | $0 | |
| *cvs cortisone 1% cream 1 % ** | (hydrocortisone) | 3 | $0 | |
| *cvs cortisone with aloe 1% crm 1 % ** | (hydrocortisone-aloe vera) | 3 | $0 | |
| *desonide topical cream 0.05 %* | (DesOwen) | 1 | $0 | |
| *desonide topical lotion 0.05 %* | | 1 | $0 | |
| *desonide topical ointment 0.05 %* | | 1 | $0 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | (Topicort) | 1 | $0 | QL (120 per 30 days) |
| *desoximetasone topical gel 0.05 %* | (Topicort) | 1 | $0 | QL (120 per 30 days) |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | (Topicort) | 1 | $0 | QL (120 per 30 days) |
| *diflorasone topical ointment 0.05 %* | | 1 | $0 | QL (180 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | | 2 | $0 | |
| *fluocinolone topical cream 0.01 %* | | 1 | $0 | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | 1 | $0 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 1 | $0 | |
| *fluocinonide topical cream 0.05 %* | | 1 | $0 | |
| *fluocinonide topical gel 0.05 %* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *fluocinonide topical ointment 0.05 %* | | 1 | $0 | |
| *fluocinonide topical solution 0.05 %* | | 1 | $0 | |
| *fluocinonide-e topical cream 0.05 %* | (fluocinonide-emollient) | 1 | $0 | |
| *fluticasone propionate topical cream 0.05 %* | | 1 | $0 | |
| *fluticasone propionate topical ointment 0.005 %* | | 1 | $0 | |
| *halobetasol propionate topical cream 0.05 %* | | 1 | $0 | |
| *halobetasol propionate topical ointment 0.05 %* | | 1 | $0 | |
| *hydrocortisone 1% cream 1 %* * | (Vanicream HC) | 3 | $0 | |
| *hydrocortisone 1% cream maximum strength (otc) 1 %* * | (Ala-Cort) | 3 | $0 | |
| *hydrocortisone 1% cream maximum strength 1 %* * | (Vanicream HC) | 3 | $0 | |
| *hydrocortisone 1% ointment (otc) 1 %* * | (Anti-Itch (HC)) | 3 | $0 | |
| *hydrocortisone 1% ointment maximum strength (otc) 1 %* * | (Anti-Itch (HC)) | 3 | $0 | |
| *hydrocortisone 2.5% cream 2.5 %* | | 1 | $0 | |
| *hydrocortisone butyrate topical cream 0.1 %* | | 1 | $0 | QL (120 per 30 days) |
| *hydrocortisone butyrate topical lotion 0.1 %* | (Locoid) | 1 | $0 | QL (236 per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | | 1 | $0 | QL (120 per 30 days) |
| *hydrocortisone butyrate topical solution 0.1 %* | | 1 | $0 | QL (120 per 30 days) |
| *hydrocortisone topical cream 1 %* | (Ala-Cort) | 1 | $0 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | (Procto-Med HC) | 1 | $0 | |
| *hydrocortisone topical lotion 2.5 %* | | 1 | $0 | |
| *hydrocortisone topical ointment 1 %* | (Anti-Itch (HC)) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *hydrocortisone topical ointment 2.5 %* | | 1 | $0 | |
| *hydrocortisone valerate topical cream 0.2 %* | | 1 | $0 | |
| *hydrocortisone valerate topical ointment 0.2 %* | | 1 | $0 | |
| *hydrocortisone-aloe 1% cream 1 % ** | (Anti-Itch(hydrocortisone)-Aloe) | 3 | $0 | |
| *mometasone topical cream 0.1 %* | | 1 | $0 | |
| *mometasone topical ointment 0.1 %* | | 1 | $0 | |
| *mometasone topical solution 0.1 %* | | 1 | $0 | |
| *pimecrolimus topical cream 1 %* | (Elidel) | 1 | $0 | QL (100 per 30 days) |
| *prednicarbate topical ointment 0.1 %* | | 1 | $0 | |
| *preparation h hc 1% cream 1 % ** | (hydrocortisone) | 3 | $0 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | $0 | |
| *procto-pak topical cream with perineal applicator 1 %* | (hydrocortisone) | 1 | $0 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | $0 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | $0 | |
| *pub hydrocream 1% 1 % ** | (hydrocortisone) | 3 | $0 | |
| *qc anti-itch with aloe 1% crm 1 % ** | (hydrocortisone-aloe vera) | 3 | $0 | |
| *ra anti-itch 1% cream maximum strength 1 % ** | (hydrocortisone) | 3 | $0 | |
| *ra anti-itch 1% ointment maximum strength 1 % ** | (hydrocortisone) | 3 | $0 | |
| *sm hydrocortisone 1% ointment maximum strength (otc) 1 % ** | (Anti-Itch (HC)) | 3 | $0 | |
| *sm hydrocortisone plus 1% crm 1 % ** | (hydrocortisone-aloe vera) | 3 | $0 | |
| *sm hydrocortisone-aloe 1% crm 1 % ** | (Anti-Itch(hydrocortisone)-Aloe) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *soothing care 1% cream 1 % ** | (hydrocortisone) | 3 | $0 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | (Protopic) | 1 | $0 | QL (100 per 30 days) |
| *triamcinolone acetonide topical cream 0.025 %* | | 1 | $0 | |
| *triamcinolone acetonide topical cream 0.1 %, 0.5 %* | (Triderm) | 1 | $0 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | | 1 | $0 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | | 1 | $0 | |
| *triamcinolone acetonide topical ointment 0.05 %* | (Trianex) | 1 | $0 | |
| *vanicream hc 1% cream 1 % ** | (hydrocortisone acetate) | 3 | $0 | |
| **Agentes Dermatológicos, Otros** | | | | |
| *accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 1 | $0 | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | | 1 | $0 | |
| *acne medication 10% gel 10 % ** | (benzoyl peroxide) | 3 | $0 | |
| *acne medication 5% gel 5 % ** | (benzoyl peroxide) | 3 | $0 | |
| *acneclear gel 10 % ** | (benzoyl peroxide) | 3 | $0 | |
| *acyclovir topical cream 5 %* | (Zovirax) | 1 | $0 | QL (5 per 4 days) |
| *acyclovir topical ointment 5 %* | (Zovirax) | 1 | $0 | QL (30 per 30 days) |
| ALCOHOL 70% SWABS | (Alcohol Pads) | 1 | $0 | |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | $0 | |
| *ammonium lactate topical cream 12 %* | | 1 | $0 | |
| *ammonium lactate topical lotion 12 %* | (Skin Treatment) | 1 | $0 | |
| *arthritis pain relief 0.1% crm high potency str 0.1 % ** | (capsaicin) | 3 | $0 | |
| *arthritis pain rlf 0.075% crm 0.075 % ** | (capsaicin) | 3 | $0 | |
| BD SINGLE USE SWAB | (alcohol swabs) | 1 | $0 | |
| *calcipotriene scalp solution 0.005 %* | | 1 | $0 | QL (120 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *calcipotriene topical cream 0.005 %* | (Dovonex) | 1 | $0 | QL (120 per 30 days) |
| *calcipotriene topical ointment 0.005 %* | | 1 | $0 | QL (120 per 30 days) |
| *capsaicin 0.15% liquid 0.15 % ** | (Capzasin) | 3 | $0 | |
| CARETOUCH ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | $0 | |
| CASTELLANI PAINT 1.5% COLORLESS 1.5 % * | | 3 | $0 | |
| COLEMAN SKINSMART INSECT REP TOPICAL SPRAY,NON-AEROSOL 20 % * | | 3 | $0 | |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM | (alcohol swabs) | 1 | $0 | |
| *cutter backwoods 25% spray 25 % ** | | 3 | $0 | |
| *cutter backwoods dry 25% spray 25 % ** | | 3 | $0 | |
| *cutter lemon eucalyptus spray 30 % ** | | 3 | $0 | |
| *cutter skinsations 7% spray 7 % ** | | 3 | $0 | |
| *cvs capsaicin 0.1% cream 0.1 % ** | (Arthritis Pain Relief(capsaic)) | 3 | $0 | |
| *cvs insect repellent 15% spray 15 % ** | | 3 | $0 | |
| *cvs total home insect 30% spr 30 % ** | | 3 | $0 | |
| *daylogic acne treatmnt 10% gel 10 % ** | (benzoyl peroxide) | 3 | $0 | |
| DENAVIR TOPICAL CREAM 1 % | | 2 | $0 | NDS |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | $0 | |
| EASY COMFORT ALCOHOL 70% PAD | (alcohol swabs) | 1 | $0 | |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | 1 | $0 | |
| *fluorouracil topical cream 0.5 %* | (Carac) | 2 | $0 | NDS |
| *fluorouracil topical cream 5 %* | (Efudex) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *fluorouracil topical solution 2 %, 5 %* | | 1 | $0 | |
| HEB INCONTROL ALCOHOL 70% PADS | (alcohol swabs) | 1 | $0 | |
| *imiquimod topical cream in packet 5 %* | | 1 | $0 | QL (24 per 30 days) |
| ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | $0 | |
| IV ANTISEPTIC WIPES | (alcohol swabs) | 1 | $0 | |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | $0 | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | | 2 | $0 | QL (5 per 5 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | | 1 | $0 | NDS |
| NATRAPEL 20% SPRAY 20 % * | | 3 | $0 | |
| *off active 15% spray 15 % ** | | 3 | $0 | |
| *off deep woods 25% spray 25 % ** | | 3 | $0 | |
| *off deep woods sportmn 25% spr 25 % ** | | 3 | $0 | |
| *off deep woods sportmn 98.25% 98.25 % ** | | 3 | $0 | |
| *off familycare 15% rplnt i spr 15 % ** | | 3 | $0 | |
| *off familycare 7% rplnt spray 7 % ** | | 3 | $0 | |
| PANRETIN TOPICAL GEL 0.1 % | | 2 | $0 | QL (180 per 30 days); NDS |
| *persa-gel 10% 12's,max-strength 10 % ** | (benzoyl peroxide) | 3 | $0 | |
| *podofilox topical solution 0.5 %* | | 1 | $0 | |
| PRO COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | $0 | |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | $0 | |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | 1 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| REGRANEX TOPICAL GEL 0.01 % | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *repel 100 98.11% spray 98.11 % ** | | 3 | $0 | |
| *repel family 15% spray 15 % ** | | 3 | $0 | |
| *repel hunter's 25% spray 25 % ** | | 3 | $0 | |
| *repel lemon eucalyptus 30% spr 30 % ** | | 3 | $0 | |
| *repel sportsmen 25% spray 25 % ** | | 3 | $0 | |
| *repel sportsmen dry 25% spray 25 % ** | | 3 | $0 | |
| *repel sportsmen max 40% lotion 40 % ** | | 3 | $0 | |
| *repel sportsmen max 40% spray 40 % ** | | 3 | $0 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | | 2 | $0 | QL (180 per 30 days) |
| SURE COMFORT ALCOHOL PREP PADS | (alcohol swabs) | 1 | $0 | |
| SURE-PREP ALCOHOL PREP PADS | (alcohol swabs) | 1 | $0 | |
| TRUE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | $0 | |
| TRUE COMFORT PRO ALCOHOL PADS | (alcohol swabs) | 1 | $0 | |
| ULTILET ALCOHOL STERL SWAB | (alcohol swabs) | 1 | $0 | |
| *ultrathon 25% repellent spray (rx) 25 % ** | | 3 | $0 | |
| ULTRATHON 34.34% REPEL LOTION 34.34 % * | | 3 | $0 | |
| VALCHLOR TOPICAL GEL 0.016 % | | 2 | $0 | NDS |
| VEREGEN TOPICAL OINTMENT 15 % | | 2 | $0 | NDS |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | (alcohol swabs) | 1 | $0 | |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 1 | $0 | |

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|---|---|---|---|---|
| *zinc oxide 20% ointment (otc) 20 % ** | | 3 | $0 | |
| *zostrix hp 0.1% cream 0.1 % ** | (capsaicin) | 3 | $0 | |
| *zostrix hp 0.1% foot cream 0.1 % ** | (capsaicin) | 3 | $0 | |
| **Antibacterianos Dermatológicos** | | | | |
| *bacitracin 500 unit/gm ointmnt 500 unit/gram ** | (Bacitraycin Plus) | 3 | $0 | |
| *bacitracin zn 500 unit/gm oint 500 unit/gram ** | (Antibiotic (bacitracin zinc)) | 3 | $0 | |
| *bacitraycin plus 500 unit/gm 500 unit/gram ** | (bacitracin) | 3 | $0 | |
| *clindamycin phosphate topical foam 1 %* | (Evoclin) | 1 | $0 | QL (100 per 30 days) |
| *clindamycin phosphate topical solution 1 %* | (Cleocin T) | 1 | $0 | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* | (Clindacin ETZ) | 1 | $0 | |
| *clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %* | (Neuac) | 1 | $0 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | | 1 | $0 | |
| *ery pads topical swab 2 %* | (erythromycin with ethanol) | 1 | $0 | |
| *erythromycin with ethanol topical gel 2 %* | (Erygel) | 1 | $0 | QL (180 per 30 days) |
| *erythromycin with ethanol topical solution 2 %* | | 1 | $0 | QL (180 per 30 days) |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | (Benzamycin) | 1 | $0 | |
| *gentamicin topical cream 0.1 %* | | 1 | $0 | QL (120 per 30 days) |
| *gentamicin topical ointment 0.1 %* | | 1 | $0 | QL (120 per 30 days) |
| *metronidazole topical cream 0.75 %* | (Rosadan) | 1 | $0 | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | 1 | $0 | |
| *metronidazole topical gel 1 %* | (Metrogel) | 1 | $0 | |
| *metronidazole topical lotion 0.75 %* | (MetroLotion) | 1 | $0 | |
| *mupirocin topical ointment 2 %* | (Centany) | 1 | $0 | QL (220 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml* | | 1 | $0 | |
| *rosadan topical cream 0.75 %* | (metronidazole) | 1 | $0 | |
| *selenium sulfide topical lotion 2.5 %* | | 1 | $0 | |
| *silver sulfadiazine topical cream 1 %* | (SSD) | 1 | $0 | |
| *ssd topical cream 1 %* | (silver sulfadiazine) | 2 | $0 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | (Klaron) | 1 | $0 | |
| **Escabicidas Y Pediculicidas** | | | | |
| *lice killing shampoo w/nit comb 0.33-4 % ** | | 3 | $0 | |
| *malathion topical lotion 0.5 %* | (Ovide) | 1 | $0 | |
| *permethrin topical cream 5 %* | (Elimite) | 1 | $0 | |
| *ra lice pyrinyl shampoo 0.33-4 % ** | | 3 | $0 | |
| *rid lice killing shampoo 0.33-4 % ** | | 3 | $0 | |
| *sm lice treatment 1% crm rinse 1 % ** | (permethrin) | 3 | $0 | |
| **Retinoides Dermatológicos** | | | | |
| *adapalene topical cream 0.1 %* | (Differin) | 1 | $0 | |
| *adapalene topical gel 0.1 %* | (Differin) | 1 | $0 | |
| ALTRENO TOPICAL LOTION 0.05 % | | 2 | $0 | PA |
| *tazarotene topical cream 0.1 %* | (Tazorac) | 1 | $0 | |
| TAZORAC TOPICAL CREAM 0.05 % | | 2 | $0 | |
| *tretinoin topical cream 0.025 %* | (Avita) | 1 | $0 | PA |
| *tretinoin topical cream 0.05 %, 0.1 %* | (Retin-A) | 1 | $0 | PA |
| *tretinoin topical gel 0.01 %* | (Retin-A) | 1 | $0 | PA |
| *tretinoin topical gel 0.025 %* | (Avita) | 1 | $0 | PA |
| *tretinoin topical gel 0.05 %* | (Atralin) | 1 | $0 | PA |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| **Agentes Gastrointestinales** | | | | |
| **Agentes Antiúlceras Y Supresores De Ácidos** | | | | |
| *acid reducer dr 20 mg cap 20 mg ** | (omeprazole magnesium) | 3 | $0 | |
| *acid-pep 20 mg tablet 20 mg ** | (famotidine) | 3 | $0 | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | 1 | $0 | |
| *cimetidine 200 mg tablet (otc) 200 mg ** | (Acid Reducer (cimetidine)) | 3 | $0 | |
| *cimetidine hcl oral solution 300 mg/5 ml* | | 1 | $0 | |
| *cimetidine oral tablet 200 mg* | (Acid Reducer (cimetidine)) | 1 | $0 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | | 1 | $0 | |
| *cvs acid controller 20 mg tab 20 mg ** | (famotidine) | 3 | $0 | |
| *cvs heartburn relief 200 mg tb 200 mg ** | (cimetidine) | 3 | $0 | |
| *cvs lansoprazole dr 15 mg cap (otc) 15 mg ** | (Prevacid 24Hr) | 3 | $0 | |
| *eq acid reducer 200 mg tablet 200 mg ** | (cimetidine) | 3 | $0 | |
| *eq famotidine 20 mg tablet (otc) 20 mg ** | (Acid Controller) | 3 | $0 | |
| *eq lansoprazole dr 15 mg cap inner (otc) 15 mg ** | (Prevacid 24Hr) | 3 | $0 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | (Nexium) | 1 | $0 | QL (30 per 30 days) |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | (Nexium) | 1 | $0 | QL (60 per 30 days) |
| *esomeprazole sodium intravenous recon soln 20 mg* | | 1 | $0 | |
| *esomeprazole sodium intravenous recon soln 40 mg* | (Nexium IV) | 1 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *famotidine (pf) intravenous solution 20 mg/2 ml* | | 1 | $0 | |
| *famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml* | | 1 | $0 | |
| *famotidine intravenous solution 10 mg/ml* | | 1 | $0 | |
| *famotidine oral suspension 40 mg/5 ml (8 mg/ml)* | | 1 | $0 | |
| *famotidine oral tablet 20 mg* | (Acid Controller) | 1 | $0 | |
| *famotidine oral tablet 40 mg* | (Pepcid) | 1 | $0 | |
| *gnp omeprazole mag dr 20 mg cp 20 mg ** | (Acid Reducer (omeprazole)) | 3 | $0 | |
| *heartburn relief 10 mg tablet 10 mg ** | (famotidine) | 3 | $0 | |
| *heartburn relief 20 mg tablet 20 mg ** | (famotidine) | 3 | $0 | |
| *heartburn relief 200 mg tablet 200 mg ** | (cimetidine) | 3 | $0 | |
| *hm famotidine 20 mg tablet maximum strength (otc) 20 mg ** | (Acid Controller) | 3 | $0 | |
| *kro heartburn preven 20 mg tab 20 mg ** | (famotidine) | 3 | $0 | |
| *lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg ** | (Prevacid 24Hr) | 3 | $0 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Prevacid 24Hr) | 1 | $0 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | 1 | $0 | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | (Cytotec) | 1 | $0 | |
| *nizatidine oral capsule 150 mg, 300 mg* | | 1 | $0 | |
| *nizatidine oral solution 150 mg/10 ml* | | 1 | $0 | |
| *omeprazole dr 20 mg tablet 20 mg ** | | 3 | $0 | |
| *omeprazole mag dr 20.6 mg cap two 14-day course 20 mg ** | (Acid Reducer (omeprazole)) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg* | | 1 | $0 | |
| *omeprazole oral capsule,delayed release(dr/ec) 20 mg* | | 1 | $0 | |
| *omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram* | (Zegerid) | 1 | $0 | ST; QL (30 per 30 days) |
| *pantoprazole intravenous recon soln 40 mg* | (Protonix) | 1 | $0 | |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | (Protonix) | 1 | $0 | QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | (Protonix) | 1 | $0 | QL (60 per 30 days) |
| *pub famotidine 20 mg tablet max strength (otc) 20 mg ** | (Acid Controller) | 3 | $0 | |
| *ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) 15 mg ** | (Prevacid 24Hr) | 3 | $0 | |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (AcipHex) | 1 | $0 | QL (30 per 30 days) |
| *sm acid reducer 20 mg tablet 20 mg ** | (famotidine) | 3 | $0 | |
| *sm acid reducer 20 mg tablet maximum strength 20 mg ** | (famotidine) | 3 | $0 | |
| *sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) 15 mg ** | (Prevacid 24Hr) | 3 | $0 | |
| *sucralfate oral tablet 1 gram* | (Carafate) | 1 | $0 | |
| ZANTAC 75 MG TABLET 75 MG * | | 3 | $0 | |
| *zantac-360(famotidine) 20 mg tb 20 mg ** | (famotidine) | 3 | $0 | |
| **Agentes Gastrointestinales, Otros** | | | | |
| *acid gone antacid liquid 95-358 mg/15 ml ** | | 3 | $0 | |
| *almacone-2 liquid 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *aluminum hydroxide gel 320 mg/5 ml ** | | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *antacid anti-gas liquid 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *antacid ultra tablet chew 400 mg calcium (1,000 mg) ** | (calcium carbonate) | 3 | $0 | |
| *anti-diarrheal 2 mg caplet caplet 2 mg ** | (loperamide) | 3 | $0 | |
| *bismatrol tablet chew 262 mg ** | (bismuth subsalicylate) | 3 | $0 | |
| *bismuth oral suspension 262 mg/15 ml ** | (bismuth subsalicylate) | 3 | $0 | |
| *calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg) ** | (Calcium 500) | 3 | $0 | |
| *calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg) ** | (calcium carbonate) | 3 | $0 | |
| *calcium antacid 750 mg tb chew 300 mg (750 mg) ** | (calcium carbonate) | 3 | $0 | |
| *cal-gest 500 mg tablet chew 200 mg calcium (500 mg) ** | (calcium carbonate) | 3 | $0 | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | 1 | $0 | NDS |
| *comfort gel max str susp max-str 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *comfort gel suspension regular str, cherry 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *constulose oral solution 10 gram/15 ml* | (lactulose) | 1 | $0 | |
| *cromolyn oral concentrate 100 mg/5 ml* | (Gastrocrom) | 1 | $0 | |
| *cvs antacid ultra str tab chew 400 mg calcium (1,000 mg) ** | (calcium carbonate) | 3 | $0 | |
| *cvs antacid xtra str chew tab extra-strength 300 mg (750 mg) ** | (calcium carbonate) | 3 | $0 | |
| *cvs anti-diarrheal suspension 262 mg/15 ml ** | (bismuth subsalicylate) | 3 | $0 | |
| *cvs flavor chew antacid 750 mg 300 mg (750 mg) ** | (calcium carbonate) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *cvs heartburn relief liquid 254-237.5 mg/5 ml ** | | 3 | $0 | |
| *diamode 2 mg tablet outer, f/c 2 mg ** | (loperamide) | 3 | $0 | |
| *dicyclomine oral capsule 10 mg* | | 1 | $0 | |
| *dicyclomine oral solution 10 mg/5 ml* | | 1 | $0 | |
| *dicyclomine oral tablet 20 mg* | | 1 | $0 | |
| *digestive relief oral tablet,chewable 262 mg ** | (bismuth subsalicylate) | 3 | $0 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *enulose oral solution 10 gram/15 ml* | (lactulose) | 1 | $0 | |
| *eq liquid antacid susp maximum strength 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *foaming antacid liquid 95-358 mg/15 ml ** | | 3 | $0 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | | 2 | $0 | PA; NDS |
| *gelusil 200-200-25 mg chew tab cool mint 200-200-25 mg ** | | 3 | $0 | |
| *generlac oral solution 10 gram/15 ml* | (lactulose) | 1 | $0 | |
| *geri-lanta liquid 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | 1 | $0 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | 1 | $0 | |
| *hm loperamide 2 mg softgel softgel (otc) 2 mg ** | (Anti-Diarrheal (loperamide)) | 3 | $0 | |
| *imodium a-d 2 mg softgel 2 mg ** | (loperamide) | 3 | $0 | |
| *kaopectate 262 mg/15 ml susp 262 mg/15 ml ** | (bismuth subsalicylate) | 3 | $0 | |
| *kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml* | | 1 | $0 | |
| *lactulose oral solution 10 gram/15 ml* | (Constulose) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | 2 | $0 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | | 2 | $0 | QL (34 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | | 2 | $0 | QL (30 per 30 days) |
| *loperamide 1 mg/7.5 ml soln 1 mg/7.5 ml ** | (Anti-Diarrheal (loperamide)) | 3 | $0 | |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | 1 | $0 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | (Amitiza) | 2 | $0 | QL (60 per 30 days) |
| *maalox advanced suspension regular strength 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *maglox oral suspension 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *magnesium 400 mg tablet gluten-free 400 mg magnesium ** | | 3 | $0 | |
| *magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) ** | (MgO) | 3 | $0 | |
| *magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg ** | (Phillips) | 3 | $0 | |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | | 1 | $0 | |
| *metoclopramide hcl injection solution 5 mg/ml* | | 1 | $0 | |
| *metoclopramide hcl injection syringe 5 mg/ml* | | 1 | $0 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | | 1 | $0 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | (Reglan) | 1 | $0 | |
| *mgo 400 mg tablet 400 mg (241.3 mg magnesium) ** | (magnesium oxide) | 3 | $0 | |
| *mi-acid 400-400-40 mg/10 ml lq 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *mintox plus tablet chewable 200-200-25 mg ** | | 3 | $0 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | 2 | $0 | QL (30 per 30 days) |
| OCALIVA ORAL TABLET 10 MG, 5 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *phillips 500 mg caplet 500 mg ** | (magnesium oxide) | 3 | $0 | |
| *propantheline oral tablet 15 mg* | | 1 | $0 | |
| *pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg) ** | (Antacid Ultra Strength) | 3 | $0 | |
| *ra anti-diarrheal 2 mg softgel 2 mg ** | (loperamide) | 3 | $0 | |
| *ra pink bismuth 262 mg/15 ml 262 mg/15 ml ** | (bismuth subsalicylate) | 3 | $0 | |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | | 2 | $0 | PA; NDS |
| RELISTOR ORAL TABLET 150 MG | | 2 | $0 | PA; QL (90 per 30 days); NDS |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | | 2 | $0 | PA; QL (16.8 per 28 days); NDS |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | | 2 | $0 | PA; QL (16.8 per 28 days); NDS |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | | 2 | $0 | PA; QL (11.2 per 28 days); NDS |
| *ri-gel ii oral suspension 400-400-40 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *ri-gel oral suspension 200-200-20 mg/5 ml ** | (alum-mag hydroxide-simeth) | 3 | $0 | |
| *riginic oral suspension 131-31.7 mg/5 ml ** | | 3 | $0 | |
| *sodium bicarb 650 mg tablet 650 mg ** | | 3 | $0 | |
| *sodium phenylbutyrate oral tablet 500 mg* | (Buphenyl) | 1 | $0 | NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sodium polystyrene (sorb free) oral suspension 15 gram/60 ml* | | 1 | $0 | |
| *sodium polystyrene sulfonate oral powder* | | 1 | $0 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | 1 | $0 | |
| *stomach rlf 525 mg/30 ml susp 262 mg/15 ml ** | (bismuth subsalicylate) | 3 | $0 | |
| *ursodiol oral capsule 300 mg* | | 1 | $0 | |
| *ursodiol oral tablet 250 mg* | (URSO 250) | 1 | $0 | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | 1 | $0 | |
| XERMELO ORAL TABLET 250 MG | | 2 | $0 | PA; QL (90 per 30 days); NDS |
| **Antiflatulientes** | | | | |
| *cvs anti-gas 180 mg softgel ultra str, softgel 180 mg ** | (simethicone) | 3 | $0 | |
| *cvs gas relf(simeth) 80 mg chw 80 mg ** | (simethicone) | 3 | $0 | |
| *cvs gas relief 125 mg softgel extra strength 125 mg ** | (simethicone) | 3 | $0 | |
| *gas relief 125 mg softgel 125 mg ** | (simethicone) | 3 | $0 | |
| *gas-x extra strength softgel softgel, ex-strength 125 mg ** | (simethicone) | 3 | $0 | |
| *gnp gas rlf(simeth) 80 mg chew 80 mg ** | (simethicone) | 3 | $0 | |
| *little remedies gas relief drp 40 mg/0.6 ml ** | (simethicone) | 3 | $0 | |
| *mi-acid gas 80 mg tab chew 80 mg ** | (simethicone) | 3 | $0 | |
| *simethicone 125 mg tab chew 125 mg ** | (Gas Relief (simethicone)) | 3 | $0 | |
| *sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml ** | (simethicone) | 3 | $0 | |
| **Enlaces De Fosfato** | | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | 1 | $0 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg* | (Fosrenol) | 1 | $0 | NDS |
| MAGNEBIND 300 TABLET 250-300 MG * | | 3 | $0 | |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | | 2 | $0 | |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 1 | $0 | NDS |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 1 | $0 | |
| *sevelamer hcl oral tablet 400 mg* | | 1 | $0 | |
| *sevelamer hcl oral tablet 800 mg* | (Renagel) | 1 | $0 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | | 2 | $0 | |
| **Laxantes** | | | | |
| *alophen pills 5 mg* * | (bisacodyl) | 3 | $0 | |
| *bisacodyl 10 mg suppository 10 mg* * | (Laxative (bisacodyl)) | 3 | $0 | |
| *bisacodyl ec 5 mg tablet 5 mg* * | (Alophen (bisacodyl)) | 3 | $0 | |
| *citroma solution* * | (magnesium citrate) | 3 | $0 | |
| *clearlax powder packet 17 gram* * | (polyethylene glycol 3350) | 3 | $0 | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | | 2 | $0 | |
| *cvs citrate of magnesia soln* * | (Citrate of Magnesia) | 3 | $0 | |
| *cvs enema disposable 19-7 gram/118 ml* * | | 3 | $0 | |
| *cvs fiber laxative 625 mg cplt caplet 625 mg* * | (calcium polycarbophil) | 3 | $0 | |
| *cvs fiber therapy 500 mg caplt soluble, caplet 500 mg* * | | 3 | $0 | |
| *cvs glycerin suppository child size* * | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *cvs magnesium citrate soln * | (Citrate of Magnesia) | 3 | $0 | |
| *cvs milk of magnesia susp 400 mg/5 ml ** | (magnesium hydroxide) | 3 | $0 | |
| *cvs natural daily fiber powder 3.4 gram/7 gram ** | | 3 | $0 | |
| *cvs purelax powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *cvs purelax powder packet 10 daily doses 17 gram ** | (polyethylene glycol 3350) | 3 | $0 | |
| *daily fiber powder 3 gram/7 gram ** | | 3 | $0 | |
| *dioctyl oral syrup 60 mg/15 ml ** | (docusate sodium) | 3 | $0 | |
| *docu liquid 50 mg/5 ml 50 mg/5 ml ** | (docusate sodium) | 3 | $0 | |
| *docusate cal 240 mg softgel 240 mg ** | (Kaopectate (docusate calcium)) | 3 | $0 | |
| *docusate sodium 100 mg softgel softgel 100 mg ** | (DulcoEase) | 3 | $0 | |
| *docusate sodium 250 mg softgel 250 mg ** | (Col-Rite) | 3 | $0 | |
| *docusol mini-enema outer 283 mg ** | | 3 | $0 | |
| *dok 100 mg softgel softgel 100 mg ** | (docusate sodium) | 3 | $0 | |
| *dok 100 mg tablet 100 mg ** | (docusate sodium) | 3 | $0 | |
| *dulcoease 100 mg softgel 100 mg ** | (docusate sodium) | 3 | $0 | |
| *dulcolax 1,200 mg/15 ml liquid 400 mg/5 ml ** | (magnesium hydroxide) | 3 | $0 | |
| *dulcolax ss 100 mg softgel 100 mg ** | (docusate sodium) | 3 | $0 | |
| *enema disposable 19-7 gram/118 ml ** | | 3 | $0 | |
| *enemeez mini enema 5cc tubes, outer 283 mg/5 ml ** | (docusate sodium) | 3 | $0 | |
| *enemeez plus mini enema outer 283-20 mg/5 ml ** | | 3 | $0 | |
| *eq magnesium citrate solution cherry * | (Citrate of Magnesia) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *eql fiber therapy powder 3.4 gram/7 gram ** | | 3 | $0 | |
| *evac-u-gen 8.6 mg tablet 8.6 mg ** | (sennosides) | 3 | $0 | |
| *fiber tablet unboxed 625 mg ** | (calcium polycarbophil) | 3 | $0 | |
| *fiber therapy powder 2 gram/19 gram ** | | 3 | $0 | |
| *fiber-lax captabs 500mg polycarbophil 625 mg ** | (calcium polycarbophil) | 3 | $0 | |
| FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML * | | 3 | $0 | |
| *fleet pedia-lax suppositories ** | (glycerin (child)) | 3 | $0 | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (peg 3350-electrolytes) | 1 | $0 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (peg 3350-electrolytes) | 1 | $0 | |
| *gavilyte-n oral recon soln 420 gram* | (peg-electrolyte soln) | 1 | $0 | |
| *glycerin pediatric suppository infants & children ** | | 3 | $0 | |
| *glycerin suppository child size ** | | 3 | $0 | |
| *glycolax oral powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *healthylax powder packet outer 17 gram ** | (polyethylene glycol 3350) | 3 | $0 | |
| KONSYL 6 GM PACKET GLUTEN-F, OUTER (OTC) 6 GRAM * | | 3 | $0 | |
| *kro gentlelax 17 gram powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *laxacin tablet 8.6-50 mg ** | (sennosides-docusate sodium) | 3 | $0 | |
| *laxaclear powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *magic bullet 10 mg suppos 10 mg ** | (bisacodyl) | 3 | $0 | |
| *magnesium citrate solution ** | (Citrate of Magnesia) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *milk of magnesia suspension 400 mg/5 ml ** | (magnesium hydroxide) | 3 | $0 | |
| *mineral oil ** | (Mineral Oil Extra Heavy) | 3 | $0 | |
| *mineral oil heavy heavy (otc) ** | (mineral oil) | 3 | $0 | |
| *mineral oil laxative oral oil ** | (mineral oil) | 3 | $0 | |
| *mineral oil usp ** | (Mineral Oil Extra Heavy) | 3 | $0 | |
| *mineral oil, heavy usp, heavy (rx) ** | (mineral oil) | 3 | $0 | |
| *natural fiber powder regular 3.4 gram/7 gram ** | | 3 | $0 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | 1 | $0 | |
| *peg-electrolyte soln oral recon soln 420 gram* | (GaviLyte-N) | 1 | $0 | |
| *phillips' lax liqui-gels 100 mg ** | (docusate sodium) | 3 | $0 | |
| *polyethylene glycol 3350 powd (otc) 17 gram/dose ** | (GentleLax) | 3 | $0 | |
| *polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram ** | (ClearLax) | 3 | $0 | |
| *polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose ** | (GentleLax) | 3 | $0 | |
| *polyethylene glycol 3350 powd outer (otc) 17 gram ** | (ClearLax) | 3 | $0 | |
| *powderlax 17 g powder packet 17 gram ** | (polyethylene glycol 3350) | 3 | $0 | |
| *powderlax powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *promolaxin 100 mg tablet 100 mg ** | (docusate sodium) | 3 | $0 | |
| *qc mineral oil heavy ** | (Mineral Oil Extra Heavy) | 3 | $0 | |
| *qc natura-lax 17 gm powder 17 gram/dose ** | (polyethylene glycol 3350) | 3 | $0 | |
| *ra citrate of magnesia soln ** | (magnesium citrate) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ra fast relief lax 10 mg supp 10 mg* * | (bisacodyl) | 3 | $0 | |
| *ra laxative 25 mg pill 25 mg* * | | 3 | $0 | |
| *ra laxative peg 3350 powder 30 once-daily doses 17 gram/dose* * | (polyethylene glycol 3350) | 3 | $0 | |
| *ra mineral oil extra-heavy extra-heavy* * | (mineral oil) | 3 | $0 | |
| *ra p-col rite tablet 8.6-50 mg* * | (sennosides-docusate sodium) | 3 | $0 | |
| *ra saline enema 19-7 gram/118 ml* * | | 3 | $0 | |
| *ra senna 8.6 mg tablet 8.6 mg* * | (sennosides) | 3 | $0 | |
| *reguloid powder 3 gram/7 gram* * | | 3 | $0 | |
| *senexon-s 50-8.6 mg tablet 8.6-50 mg* * | (sennosides-docusate sodium) | 3 | $0 | |
| *senna 8.6 mg tablet 8.6 mg* * | (sennosides) | 3 | $0 | |
| *senna-time 8.6 mg tablet 8.6 mg* * | (sennosides) | 3 | $0 | |
| *sennosides-docusate sodium tab 8.6-50 mg* * | (Laxacin) | 3 | $0 | |
| *senokot-s tablet 8.6-50 mg* * | (sennosides-docusate sodium) | 3 | $0 | |
| *silace 50 mg/5 ml liquid 50 mg/5 ml* * | (docusate sodium) | 3 | $0 | |
| *silace 60 mg/15 ml syrup 60 mg/15 ml* * | (docusate sodium) | 3 | $0 | |
| *sm fiber laxative 500 mg cplt 500 mg* * | | 3 | $0 | |
| *sm fiber powder 3 gram/7 gram* * | | 3 | $0 | |
| *sm laxative pediatric suppos* * | (glycerin (child)) | 3 | $0 | |
| *smoothlax powder 30 once-daily doses 17 gram/dose* * | (polyethylene glycol 3350) | 3 | $0 | |
| *smoothlax powder packet 17 gram* * | (polyethylene glycol 3350) | 3 | $0 | |
| *stimulant laxative plus tablet 8.6-50 mg* * | (sennosides-docusate sodium) | 3 | $0 | |
| *stool softener 100 mg tablet 100 mg* * | (docusate sodium) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | | 2 | $0 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | | 2 | $0 | |
| *trilyte with flavor packets oral recon soln 420 gram* | (peg-electrolyte soln) | 1 | $0 | |
| WAL-MUCIL 100% NATURAL FIBER 114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM * | | 3 | $0 | |
| **Agentes Genitourinarios** | | | | |
| **Agentes Genitourinarios, Varios** | | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 1 | $0 | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 1 | $0 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | (Jalyn) | 1 | $0 | |
| *finasteride oral tablet 5 mg* | (Proscar) | 1 | $0 | |
| *tamsulosin oral capsule 0.4 mg* | (Flomax) | 1 | $0 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 1 | $0 | |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG | | 2 | $0 | PA; NDS |
| *tiopronin oral tablet 100 mg* | (Thiola) | 1 | $0 | NDS |
| **Antiespasmódicos, Urinario** | | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | | 1 | $0 | |
| *flavoxate oral tablet 100 mg* | | 1 | $0 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | | 2 | $0 | |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | | 1 | $0 | |
| *oxybutynin chloride oral tablet 5 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg* | (Ditropan XL) | 1 | $0 | |
| *oxybutynin chloride oral tablet extended release 24hr 15 mg* | | 1 | $0 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | (Detrol LA) | 1 | $0 | |
| *tolterodine oral tablet 1 mg, 2 mg* | (Detrol) | 1 | $0 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | | 2 | $0 | |
| *trospium oral capsule,extended release 24hr 60 mg* | | 1 | $0 | |
| *trospium oral tablet 20 mg* | | 1 | $0 | |
| **Agentes Hormonales, Estimulante/Reemplazo/Modificador** | | | | |
| **Agentes Tiroideos Y Antitiroideos** | | | | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | (Euthyrox) | 1 | $0 | |
| *levothyroxine oral tablet 300 mcg* | (Levo-T) | 1 | $0 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Cytomel) | 1 | $0 | |
| *methimazole oral tablet 10 mg, 5 mg* | | 1 | $0 | |
| *propylthiouracil oral tablet 50 mg* | | 1 | $0 | |
| **Andrógenos** | | | | |
| ANADROL-50 ORAL TABLET 50 MG | | 2 | $0 | PA; NDS |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | | 1 | $0 | |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | (Oxandrin) | 1 | $0 | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | 1 | $0 | PA |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | | 1 | $0 | PA |
| *testosterone enanthate intramuscular oil 200 mg/ml* | | 1 | $0 | PA; QL (5 per 28 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | (Vogelxo) | 1 | $0 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | (AndroGel) | 1 | $0 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)* | (AndroGel) | 1 | $0 | PA; QL (300 per 30 days) |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | | 1 | $0 | PA; QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | | 2 | $0 | PA; QL (2 per 28 days) |
| **Estrógenos Y Antiestrógenos** | | | | |
| *amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | 1 | $0 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG | | 2 | $0 | PA-HRM; AGE (Max 64 Years) |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | (Estrace) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Dotti) | 1 | $0 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Climara) | 1 | $0 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | 1 | $0 | |
| *estradiol vaginal tablet 10 mcg* | (Yuvafem) | 1 | $0 | QL (18 per 28 days) |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | (Delestrogen) | 1 | $0 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg* | (Amabelz) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | | 2 | $0 | QL (1 per 84 days) |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *jinteli oral tablet 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | 1 | $0 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| *mimvey oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (Fyavolv) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN INJECTION RECON SOLN 25 MG | | 2 | $0 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | | 2 | $0 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG | (conjugated estrogens) | 2 | $0 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 2 | $0 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 2 | $0 | PA-HRM; AGE (Max 64 Years) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | | 2 | $0 | PA-HRM; AGE (Max 64 Years) |
| *raloxifene oral tablet 60 mg* | (Evista) | 1 | $0 | |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | 1 | $0 | QL (18 per 28 days) |
| **Glucocorticoides/Mineralocorticoides** | | | | |
| *a-hydrocort injection recon soln 100 mg* | | 1 | $0 | |
| *betamethasone acet,sod phos injection suspension 6 mg/ml* | (Celestone Soluspan) | 1 | $0 | |
| *dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml* | | 1 | $0 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | | 1 | $0 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg* | (Decadron) | 1 | $0 | |
| *dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg* | | 1 | $0 | |
| *dexamethasone sodium phos (pf) injection solution 10 mg/ml* | | 1 | $0 | |
| *dexamethasone sodium phos (pf) injection syringe 10 mg/ml* | | 1 | $0 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | | 1 | $0 | |
| *dexamethasone sodium phosphate injection syringe 4 mg/ml* | | 1 | $0 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | | 2 | $0 | PA; QL (91 per 28 days); NDS |
| EMFLAZA ORAL TABLET 18 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG | | 2 | $0 | PA; QL (60 per 30 days); NDS |
| *fludrocortisone oral tablet 0.1 mg* | | 1 | $0 | |
| HEMADY ORAL TABLET 20 MG | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 1 | $0 | |
| *methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml* | (Depo-Medrol) | 1 | $0 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Medrol) | 1 | $0 | |
| *methylprednisolone oral tablets,dose pack 4 mg* | (Medrol (Pak)) | 1 | $0 | |
| *methylprednisolone sodium succ injection recon soln 125 mg, 40 mg* | | 1 | $0 | |
| *methylprednisolone sodium succ intravenous recon soln 1,000 mg* | (Solu-Medrol) | 1 | $0 | |
| *prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)* | | 1 | $0 | PA BvD |
| *prednisolone oral solution 15 mg/5 ml* | | 1 | $0 | PA BvD |
| *prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)* | | 1 | $0 | PA BvD |
| *prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)* | (Pediapred) | 1 | $0 | PA BvD |
| *prednisone oral solution 5 mg/5 ml* | | 1 | $0 | PA BvD |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | | 1 | $0 | PA BvD |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | | 1 | $0 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | | 2 | $0 | |
| *triamcinolone acetonide injection suspension 40 mg/ml* | (Kenalog) | 1 | $0 | |
| **Pituitario** | | | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | | 2 | $0 | PA; QL (35 per 28 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML | 2 | $0 | NDS |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 2 | $0 | PA; QL (35 per 28 days); NDS |
| *desmopressin injection solution 4 mcg/ml* (DDAVP) | 1 | $0 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 1 | $0 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | 1 | $0 | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 2 | $0 | PA; QL (30 per 30 days); NDS |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 2 | $0 | NDS |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* (Somatuline Depot) | 2 | $0 | PA; QL (0.5 per 28 days); NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 2 | $0 | NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 2 | $0 | NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 2 | $0 | NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG | 2 | $0 | NDS |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | 2 | $0 | PA; QL (120 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 2 | $0 | PA; NDS |
| *octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml* | 1 | $0 | |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* (Sandostatin) | 1 | $0 | |
| *octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)* | 1 | $0 | |
| ORGOVYX ORAL TABLET 120 MG | 2 | $0 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 2 | $0 | PA; QL (28 per 28 days); NDS |
| ORILISSA ORAL TABLET 200 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG | 2 | $0 | NDS |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 2 | $0 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 2 | $0 | PA; QL (60 per 30 days); NDS |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML (lanreotide) | 2 | $0 | PA NSO; QL (0.5 per 28 days); NDS |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 2 | $0 | PA NSO; QL (0.2 per 28 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | | 2 | $0 | PA NSO; QL (0.3 per 28 days); NDS |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | 2 | $0 | PA; NDS |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | | 2 | $0 | QL (1 per 360 days); NDS |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | | 2 | $0 | NDS |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | | 2 | $0 | QL (1 per 168 days); NDS |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG | | 2 | $0 | PA; NDS |
| **Progestinas** | | | | |
| *hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml* | (Makena) | 1 | $0 | NDS |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | (Depo-Provera) | 1 | $0 | QL (1 per 84 days) |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | (Depo-Provera) | 1 | $0 | QL (1 per 84 days) |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | (Provera) | 1 | $0 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml)* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *norethindrone acetate oral tablet 5 mg* | (Aygestin) | 1 | $0 | |
| *progesterone intramuscular oil 50 mg/ml* | | 1 | $0 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| **Agentes Inmunológicos** | | | |
| **Agentes Inmunológicos** | | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 2 | $0 | PA; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 2 | $0 | PA; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 2 | $0 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 2 | $0 | NDS |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG | 2 | $0 | PA; NDS |
| *azathioprine oral tablet 50 mg* (Imuran) | 1 | $0 | PA BvD |
| *azathioprine sodium injection recon soln 100 mg* | 1 | $0 | PA BvD |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 2 | $0 | PA; NDS |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 2 | $0 | PA; QL (8 per 28 days); NDS |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 2 | $0 | PA; QL (8 per 28 days); NDS |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 2 | $0 | PA NSO; QL (2 per 28 days); NDS |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 2 | $0 | PA; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 2 | $0 | PA; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | $0 | PA; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | | 2 | $0 | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | | 2 | $0 | PA; NDS |
| *cyclosporine intravenous solution 250 mg/5 ml* | (Sandimmune) | 1 | $0 | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg* | (Gengraf) | 1 | $0 | PA BvD |
| *cyclosporine modified oral capsule 50 mg* | | 1 | $0 | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* | (Gengraf) | 1 | $0 | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* | (Sandimmune) | 1 | $0 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | | 2 | $0 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | | 2 | $0 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | | 2 | $0 | PA; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | | 2 | $0 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | | 2 | $0 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | | 2 | $0 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *everolimus (immunosuppressive) oral tablet 0.25 mg* | (Zortress) | 1 | $0 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* | (Zortress) | 1 | $0 | PA BvD; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | | 2 | $0 | PA BvD; NDS |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | | 2 | $0 | PA; NDS |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | | 2 | $0 | PA BvD; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | | 2 | $0 | PA BvD; NDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | | 2 | $0 | PA BvD; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | | 2 | $0 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | | 2 | $0 | PA BvD; NDS |
| *gengraf oral capsule 100 mg, 25 mg* | (cyclosporine modified) | 1 | $0 | PA BvD |
| *gengraf oral solution 100 mg/ml* | (cyclosporine modified) | 1 | $0 | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | $0 | PA; NDS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | $0 | PA; NDS |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 2 | $0 | PA BvD; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML | | 2 | $0 | PA; NDS |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | | 2 | $0 | PA; NDS |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | | 2 | $0 | PA; NDS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | | 2 | $0 | PA; NDS |
| *infliximab intravenous recon soln 100 mg* | (Remicade) | 1 | $0 | PA; NDS |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | | 2 | $0 | PA; NDS |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | | 2 | $0 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | | 2 | $0 | PA; NDS |
| *leflunomide oral tablet 10 mg, 20 mg* | (Arava) | 1 | $0 | |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* | (CellCept Intravenous) | 1 | $0 | PA BvD |
| *mycophenolate mofetil oral capsule 250 mg* | (CellCept) | 1 | $0 | PA BvD |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | (CellCept) | 1 | $0 | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | (CellCept) | 1 | $0 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | | 2 | $0 | PA BvD; NDS |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | | 2 | $0 | PA BvD; NDS |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | | 2 | $0 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 2 | $0 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 2 | $0 | PA; NDS |
| OTEZLA ORAL TABLET 30 MG | 2 | $0 | PA; NDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 2 | $0 | PA; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 2 | $0 | PA BvD; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 2 | $0 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 2 | $0 | PA BvD; ST |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 2 | $0 | |
| REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab) | 2 | $0 | PA; NDS |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG | 2 | $0 | PA; NDS |
| REZUROCK ORAL TABLET 200 MG | 2 | $0 | PA NSO; NDS |
| RIDAURA ORAL CAPSULE 3 MG | 2 | $0 | NDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 2 | $0 | PA; NDS |
| *sirolimus oral solution 1 mg/ml* (Rapamune) | 1 | $0 | PA BvD; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sirolimus oral tablet 0.5 mg, 1 mg* | (Rapamune) | 1 | $0 | PA BvD |
| *sirolimus oral tablet 2 mg* | (Rapamune) | 1 | $0 | PA BvD; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | | 2 | $0 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | | 2 | $0 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | | 2 | $0 | PA; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | | 2 | $0 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | | 2 | $0 | PA; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | | 2 | $0 | PA; NDS |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | (Prograf) | 1 | $0 | PA BvD |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | | 2 | $0 | PA; NDS |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | | 2 | $0 | PA; NDS |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | 2 | $0 | PA; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | | 2 | $0 | PA; NDS |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | | 2 | $0 | PA; LA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | | 2 | $0 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 2 | $0 | PA; NDS |
| **Vacunas** | | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | $0 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | $0 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | $0 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | $0 | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 2 | $0 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 2 | $0 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 2 | $0 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 2 | $0 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 2 | $0 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 2 | $0 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 2 | $0 | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 2 | $0 | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | $0 | QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 2 | $0 | |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | $0 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 2 | $0 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML | 2 | $0 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 2 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 2 | $0 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 2 | $0 | |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML | 2 | $0 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 2 | $0 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 2 | $0 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 2 | $0 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 2 | $0 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 2 | $0 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 2 | $0 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 2 | $0 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML | 2 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 2 | $0 | PA BvD |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 2 | $0 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML) | 2 | $0 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | $0 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 2 | $0 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 2 | $0 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 2 | $0 | PA BvD |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 2 | $0 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | | 2 | $0 | QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | (tetanus-diphtheria toxoids-td) | 2 | $0 | |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | | 2 | $0 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | | 2 | $0 | |
| TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | | 2 | $0 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | | 2 | $0 | QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | | 2 | $0 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | | 2 | $0 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | | 2 | $0 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | (typhoid vi polysacch vaccine) | 2 | $0 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | | 2 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | $0 | |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 2 | $0 | QL (2 per 365 days) |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 2 | $0 | |
| **Agentes Oftálmicos** | | | |
| **Agentes Antiglaucoma** | | | |
| *acetazolamide oral capsule, extended release 500 mg* | 1 | $0 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 1 | $0 | |
| *acetazolamide sodium injection recon soln 500 mg* | 1 | $0 | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 2 | $0 | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide) | 1 | $0 | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | 1 | $0 | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 1 | $0 | QL (2.5 per 25 days) |
| *brimonidine ophthalmic (eye) drops 0.15 %* (Alphagan P) | 2 | $0 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | 1 | $0 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* (Combigan) | 2 | $0 | |
| *carteolol ophthalmic (eye) drops 1 %* | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | (brimonidine-timolol) | 2 | $0 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | (Trusopt) | 1 | $0 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | 1 | $0 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | 1 | $0 | QL (2.5 per 25 days) |
| *levobunolol ophthalmic (eye) drops 0.5 %* | | 1 | $0 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | | 2 | $0 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | 1 | $0 | |
| *metipranolol ophthalmic (eye) drops 0.3 %* | | 1 | $0 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %* | (Isopto Carpine) | 1 | $0 | |
| *pilocarpine hcl ophthalmic (eye) drops 4 %* | | 1 | $0 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | | 2 | $0 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | | 2 | $0 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 2 | $0 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | (Timoptic) | 1 | $0 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | (Timoptic-XE) | 2 | $0 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 1 | $0 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | | 2 | $0 | QL (5 per 30 days) |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % | | 2 | $0 | ST; QL (2.5 per 25 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | | 2 | $0 | QL (30 per 30 days) |
| **Agentes Para Los Ojos, Oídos, Nariz, Garganta** | | | | |
| **Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta** | | | | |
| *acetic acid otic (ear) solution 2 %* | | 1 | $0 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | 1 | $0 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | (Polycin) | 1 | $0 | |
| *bleph-10 ophthalmic (eye) drops 10 %* | (sulfacetamide sodium) | 1 | $0 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | (Ciloxan) | 1 | $0 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | (Ciprodex) | 1 | $0 | QL (7.5 per 7 days) |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | | 1 | $0 | QL (3.5 per 4 days) |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | (Zymaxid) | 1 | $0 | |
| *gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | (gentamicin) | 1 | $0 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | | 1 | $0 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | | 1 | $0 | |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | | 1 | $0 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | 1 | $0 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (Neo-Polycin HC) | 1 | $0 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (Neo-Polycin) | 1 | $0 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | (Maxitrol) | 1 | $0 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | (Maxitrol) | 1 | $0 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | | 1 | $0 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | | 1 | $0 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | | 1 | $0 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | | 1 | $0 | |
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (neomycin-bacitracin-poly-hc) | 1 | $0 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (neomycin-bacitracin-polymyxin) | 1 | $0 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | 1 | $0 | |
| *ofloxacin otic (ear) drops 0.3 %* | | 1 | $0 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (bacitracin-polymyxin b) | 1 | $0 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | (Polytrim) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 % * | | 3 | $0 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | (Bleph-10) | 1 | $0 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | | 1 | $0 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | | 1 | $0 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | (Tobrex) | 1 | $0 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | (TobraDex) | 1 | $0 | |
| *trifluridine ophthalmic (eye) drops 1 %* | | 1 | $0 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | | 2 | $0 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | | 2 | $0 | |
| **Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta** | | | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | | 2 | $0 | ST |
| *bromfenac ophthalmic (eye) drops 0.09 %* | | 1 | $0 | |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | | 2 | $0 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | (Restasis) | 1 | $0 | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | | 1 | $0 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | | 1 | $0 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | (Durezol) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | 2 | $0 | QL (8.3 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | | 1 | $0 | QL (50 per 25 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | 1 | $0 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML Liquifilm) | 2 | $0 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | | 1 | $0 | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (24 Hour Allergy Relief) | 1 | $0 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 2 | $0 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | 2 | $0 | |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | 1 | $0 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | 2 | $0 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 2 | $0 | |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 1 | $0 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | (Lotemax) | 1 | $0 | |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | | 1 | $0 | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | (Pred Forte) | 2 | $0 | |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | | 1 | $0 | |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | | 2 | $0 | QL (60 per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | (cyclosporine) | 2 | $0 | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | | 2 | $0 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 2 | $0 | QL (60 per 30 days) |
| **Agentes De Ojos, Oídos, Nariz Y Garganta, Varios** | | | | |
| *alaway 0.025% eye drops 0.025 % (0.035 %) ** | (ketotifen fumarate) | 3 | $0 | |
| *alcaine ophthalmic (eye) drops 0.5 %* | (proparacaine) | 1 | $0 | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | | 1 | $0 | |
| *artificial tears ** | | 3 | $0 | |
| *artificial tears 1.4% drops 1.4 % ** | (polyvinyl alcohol) | 3 | $0 | |
| *artificial tears drops 0.5-0.6 % ** | | 3 | $0 | |
| *artificial tears drops 1-0.2-0.2 % ** | | 3 | $0 | |
| *artificial tears eye drops ** | | 3 | $0 | |
| *artificial tears eye drops strl 0.1-0.3 % ** | | 3 | $0 | |
| *artificial tears eye ointment 83-15 % ** | | 3 | $0 | |
| ARTIFICIAL TEARS EYE OINTMENT 83-15 % * | | 3 | $0 | |
| *atropine ophthalmic (eye) drops 1 %* | (Isopto Atropine) | 2 | $0 | |
| *azelastine nasal aerosol,spray 137 mcg (0.1 %)* | | 1 | $0 | QL (30 per 25 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | | 1 | $0 | QL (30 per 25 days) |
| *azelastine ophthalmic (eye) drops 0.05 %* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | (Bepreve) | 1 | $0 | ST |
| *clear eyes natural tears drop 0.5-0.6 % ** | | 3 | $0 | |
| *cromolyn ophthalmic (eye) drops 4 %* | | 1 | $0 | |
| *cvs lubricant 0.5% eye drop 0.5 % ** | (carboxymethylcellulose sodium) | 3 | $0 | |
| *cvs overnight lubricating eye 94-3 % ** | | 3 | $0 | |
| *cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %* | (Cyclogyl) | 1 | $0 | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | | 2 | $0 | PA; QL (20 per 28 days); NDS |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | | 2 | $0 | PA; QL (60 per 28 days); NDS |
| *dristan 0.05% nasal spray 0.05 % ** | (oxymetazoline) | 3 | $0 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | | 1 | $0 | |
| *eq restore tears 0.5% eye drop 0.5 % ** | (carboxymethylcellulose sodium) | 3 | $0 | |
| *eye allergy itch rlf 0.2% drop 0.2 % ** | (olopatadine) | 3 | $0 | |
| *eye allergy itch-red 0.1% drop 0.1 % ** | (olopatadine) | 3 | $0 | |
| *for sty relief eye ointment * | | 3 | $0 | |
| GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % * | (artificial tear(dxtrn-hpm-gly)) | 3 | $0 | |
| *genteal tears 0.1%-0.3% drop 0.1-0.3 % ** | | 3 | $0 | |
| GENTEAL TEARS SEVERE 0.3% GEL 0.3 % * | | 3 | $0 | |
| GENTEAL TEARS SEVERE 3-94% OIN 94-3 % * | | 3 | $0 | |
| *gnp olopatadine 0.1% eye drops (otc) 0.1 % ** | (Eye Allergy Itch-Redness Rlf) | 3 | $0 | |
| *gs nasal spray 0.05% 0.05 % ** | (oxymetazoline) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | | 1 | $0 | QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | | 1 | $0 | QL (15 per 10 days) |
| *ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %) ** | (Alaway) | 3 | $0 | |
| *levofloxacin ophthalmic (eye) drops 1.5 %* | | 1 | $0 | |
| *liquitears ophthalmic (eye) drops 1.4 % ** | (polyvinyl alcohol) | 3 | $0 | |
| *lubricating eye drop 0.4-0.3 % ** | | 3 | $0 | |
| *lubrifresh pm eye ointment 83-15 % ** | | 3 | $0 | |
| *muro-128 2% eye drops 2 % ** | | 3 | $0 | |
| *muro-128 5% eye drops 5 % ** | (sodium chloride) | 3 | $0 | |
| *muro-128 5% eye ointment 5 % ** | (sodium chloride) | 3 | $0 | |
| *olopatadine hcl 0.2% eye drop (otc) 0.2 % ** | (Eye Allergy Itch Relief) | 3 | $0 | |
| *olopatadine nasal spray,non-aerosol 0.6 %* | (Patanase) | 1 | $0 | QL (30.5 per 30 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | 1 | $0 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Eye Allergy Itch Relief) | 1 | $0 | |
| PATADAY ONCE DAILY 0.2% DROPS 0.2 % * | (olopatadine) | 3 | $0 | |
| PATADAY TWICE DAILY 0.1% DROPS 0.1 % * | (olopatadine) | 3 | $0 | |
| *proparacaine ophthalmic (eye) drops 0.5 %* | (Alcaine) | 1 | $0 | |
| *puralube ophthalmic (eye) ointment 85-15 % ** | | 3 | $0 | |
| *ra lubricant 0.6% eye drop 0.6 % ** | | 3 | $0 | |
| REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML 1.4-0.6 % * | | 3 | $0 | |
| REFRESH LACRI-LUBE OINTMENT 56.8-42.5 % * | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| REFRESH LIQUIGEL 1% EYE DROP 1 % * | (carboxymethylcellulose sodium) | 3 | $0 | |
| REFRESH OPTIVE EYE DROPS 0.5-0.9 % * | | 3 | $0 | |
| *sinus relief nasal spray 0.05% 0.05 % ** | (oxymetazoline) | 3 | $0 | |
| *sm nasal spray sinus 0.05 % ** | (oxymetazoline) | 3 | $0 | |
| *sodium chloride 5% eye drop 5 % ** | (Muro 128) | 3 | $0 | |
| *sodium chloride 5% eye oint 5 % ** | (Muro 128) | 3 | $0 | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | | 2 | $0 | PA; NDS |
| THERA TEARS 0.25% EYE DROPS 0.25 % * | | 3 | $0 | |
| *vicks sinex 12 hour spray 0.05 % ** | (oxymetazoline) | 3 | $0 | |
| VISINE DRY EYE RELIEF 1% DROP 1 % * | | 3 | $0 | |
| *vista gel 0.3% eye gel 0.3 % ** | | 3 | $0 | |
| *vista meibo tears 0.6% eye drp 0.6 % ** | | 3 | $0 | |
| **Agentes Terapeuticos Misceláneos** | | | | |
| **Agentes Terapeuticos Misceláneos** | | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | | 2 | $0 | PA; NDS |
| *betaine oral powder 1 gram/scoop* | (Cystadane) | 1 | $0 | NDS |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | | 1 | $0 | |
| *dexrazoxane hcl intravenous recon soln 250 mg, 500 mg* | | 1 | $0 | NDS |
| *diazoxide oral suspension 50 mg/ml* | (Proglycem) | 1 | $0 | |
| ELMIRON ORAL CAPSULE 100 MG | | 2 | $0 | QL (90 per 30 days) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | | 2 | $0 | PA; QL (180 per 30 days); NDS |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | | 2 | $0 | PA; NDS |

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|---|---|---|---|---|
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | | 2 | $0 | PA; LA; NDS |
| *fomepizole intravenous solution 1 gram/ml* | | 1 | $0 | NDS |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | | 2 | $0 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | | 2 | $0 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | | 2 | $0 | |
| *hydroxyzine pamoate oral capsule 100 mg* | | 1 | $0 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | (Vistaril) | 1 | $0 | |
| KEVEYIS ORAL TABLET 50 MG | | 2 | $0 | PA; QL (120 per 30 days); NDS |
| *leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg* | | 1 | $0 | |
| *leucovorin calcium injection solution 10 mg/ml* | | 1 | $0 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | | 1 | $0 | |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | (Carnitor) | 1 | $0 | |
| *levocarnitine oral tablet 330 mg* | (Carnitor) | 2 | $0 | |
| *levoleucovorin calcium intravenous recon soln 50 mg* | (Fusilev) | 1 | $0 | NDS |
| *mesna intravenous solution 100 mg/ml* | (Mesnex) | 1 | $0 | |
| MESNEX ORAL TABLET 400 MG | | 2 | $0 | NDS |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | | 2 | $0 | PA; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | (Mestinon) | 1 | $0 | |
| *pyridostigmine bromide oral tablet 30 mg* | | 1 | $0 | |
| *pyridostigmine bromide oral tablet 60 mg* | (Mestinon) | 1 | $0 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | (Mestinon Timespan) | 1 | $0 | |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | | 2 | $0 | QL (30 per 30 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | | 2 | $0 | PA; QL (4 per 28 days); NDS |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | | 2 | $0 | PA; QL (4 per 28 days); NDS |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | | 2 | $0 | NDS |
| TYBOST ORAL TABLET 150 MG | | 2 | $0 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | | 2 | $0 | QL (24 per 14 days); NDS |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | | 2 | $0 | PA; QL (120 per 30 days); NDS |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | | 2 | $0 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| **Agentes Vasodilatadores** | | | | |
| **Agentes Vasodilatadores** | | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | | 2 | $0 | PA; QL (90 per 30 days); NDS |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | 1 | $0 | PA; QL (60 per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | (Letairis) | 1 | $0 | PA; QL (30 per 30 days); NDS |
| *epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg* | (Flolan) | 1 | $0 | PA; NDS |
| OPSUMIT ORAL TABLET 10 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml* | (Revatio) | 1 | $0 | PA; QL (37.5 per 1 day); NDS |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | 1 | $0 | PA; QL (90 per 30 days) |
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | (Alyq) | 1 | $0 | PA; QL (60 per 30 days) |
| *tadalafil oral tablet 2.5 mg, 5 mg* | (Cialis) | 1 | $0 | PA; QL (30 per 30 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | (bosentan) | 1 | $0 | PA; LA; QL (60 per 30 days); NDS |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | | 2 | $0 | PA; QL (112 per 28 days); NDS |
| *treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml* | (Remodulin) | 1 | $0 | PA; NDS |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | | 2 | $0 | PA; NDS |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | | 2 | $0 | PA; QL (60 per 30 days); NDS |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | | 2 | $0 | PA; QL (60 per 30 days); NDS |

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|---|---|---|---|---|
| UPTRAVI ORAL TABLET 200 MCG | | 2 | $0 | PA; QL (240 per 30 days); NDS |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 2 | $0 | PA; NDS |
| **Analgésicos** | | | | |
| **Agentes Antiinflamatorios No Esteroideos** | | | | |
| *addaprin 200 mg tablet 200 mg ** | (ibuprofen) | 3 | $0 | |
| *aspirin 300 mg suppository 300 mg ** | | 3 | $0 | |
| *aspirin 325 mg tablet 325 mg ** | (Bayer Aspirin) | 3 | $0 | |
| *aspirin 600 mg suppository 600 mg ** | | 3 | $0 | |
| *aspirin 81 mg chewable tablet 81 mg ** | (St Joseph Aspirin) | 3 | $0 | |
| *aspirin ec 325 mg tablet 325 mg ** | (Aspir-Trin) | 3 | $0 | |
| *aspirin ec 81 mg tablet 81 mg ** | (Bayer Low Dose Aspirin) | 3 | $0 | |
| *aspirin ec 81 mg tablet safety coated 81 mg ** | (Bayer Low Dose Aspirin) | 3 | $0 | |
| *aspir-trin ec 325 mg tablet 325 mg ** | (aspirin) | 3 | $0 | |
| *bayer low dose ec 81 mg tab 81 mg ** | (aspirin) | 3 | $0 | |
| *bayer migraine formula caplet caplet 250-250-65 mg ** | (aspirin-acetaminophen-caffeine) | 3 | $0 | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | (Celebrex) | 1 | $0 | QL (60 per 30 days) |
| *children ibuprofen 100 mg/5 ml berry flavor 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *cvs aspirin ec 81 mg tablet 81 mg ** | (Bayer Low Dose Aspirin) | 3 | $0 | |
| *cvs chld ibuprofen 100 mg/5 ml 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *diclofenac epolamine transdermal patch 12 hour 1.3 %* | (Flector) | 2 | $0 | PA; QL (60 per 30 days) |

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|---|---|---|---|---|
| *diclofenac potassium oral tablet 50 mg* | (Cataflam) | 1 | $0 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | | 1 | $0 | QL (60 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | | 1 | $0 | QL (150 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | | 1 | $0 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | | 1 | $0 | QL (60 per 30 days) |
| *diclofenac sodium topical drops 1.5 %* | | 1 | $0 | QL (300 per 30 days) |
| *diclofenac sodium topical gel 1 %* | (Arthritis Pain (diclofenac)) | 1 | $0 | QL (1000 per 30 days) |
| *diclofenac sodium topical gel 3 %* | | 1 | $0 | PA; QL (100 per 28 days) |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | (Pennsaid) | 1 | $0 | PA; QL (224 per 28 days); NDS |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 1 | $0 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | 1 | $0 | |
| *diflunisal oral tablet 500 mg* | | 1 | $0 | |
| *ecotrin ec 325 mg tablet saftey coated 325 mg ** | (aspirin) | 3 | $0 | |
| *eql chld ibuprofen 100 mg/5 ml 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *etodolac oral capsule 200 mg, 300 mg* | | 1 | $0 | |
| *etodolac oral tablet 400 mg* | (Lodine) | 1 | $0 | |
| *etodolac oral tablet 500 mg* | | 1 | $0 | |
| *fenoprofen oral tablet 600 mg* | (Nalfon) | 1 | $0 | |

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|---|---|---|---|---|
| *flurbiprofen oral tablet 100 mg* | | 1 | $0 | |
| *goody's migraine relief oral tablet 250-250-65 mg ** | (aspirin-acetaminophen-caffeine) | 3 | $0 | |
| *gs child ibuprofen 100 mg/5 ml 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | (ibuprofen) | 1 | $0 | |
| *ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml ** | (Children's Ibuprofen) | 3 | $0 | |
| *ibuprofen 200 mg softgel 200 mg ** | (Wal-Profen) | 3 | $0 | |
| *ibuprofen 200 mg tablet 200 mg ** | (Addaprin) | 3 | $0 | |
| *ibuprofen oral suspension 100 mg/5 ml* | (Children's Ibuprofen) | 1 | $0 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | (IBU) | 1 | $0 | |
| *ibuprofen-famotidine oral tablet 800-26.6 mg* | (Duexis) | 1 | $0 | PA; QL (90 per 30 days) |
| *indomethacin oral capsule 25 mg* | | 1 | $0 | PA-HRM; QL (240 per 30 days); AGE (Max 64 Years) |
| *indomethacin oral capsule 50 mg* | | 1 | $0 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| *indomethacin oral capsule, extended release 75 mg* | | 1 | $0 | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years) |
| *infant ibuprofen 50 mg/1.25 ml berry 50 mg/1.25 ml ** | (ibuprofen) | 3 | $0 | |
| *ketoprofen oral capsule 50 mg, 75 mg* | | 1 | $0 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | | 1 | $0 | |
| *ketorolac injection cartridge 15 mg/ml* | | 1 | $0 | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |

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|---|---|---|---|---|
| *ketorolac injection cartridge 30 mg/ml* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac injection solution 15 mg/ml* | | 1 | $0 | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| *ketorolac injection solution 30 mg/ml (1 ml)* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac injection syringe 15 mg/ml* | | 1 | $0 | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| *ketorolac injection syringe 30 mg/ml* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac intramuscular cartridge 60 mg/2 ml* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac intramuscular solution 60 mg/2 ml* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac intramuscular syringe 60 mg/2 ml* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *ketorolac oral tablet 10 mg* | | 1 | $0 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *mefenamic acid oral capsule 250 mg* | | 1 | $0 | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | | 1 | $0 | |
| *nabumetone oral tablet 500 mg, 750 mg* | (Relafen) | 1 | $0 | |
| *naproxen oral tablet 250 mg, 375 mg* | | 1 | $0 | |
| *naproxen oral tablet 500 mg* | (Naprosyn) | 1 | $0 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | (EC-Naprosyn) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg* | (Vimovo) | 1 | $0 | PA; QL (60 per 30 days); NDS |
| *pain reliever pls 250-250-65 mg 250-250-65 mg ** | (aspirin-acetaminophen-caffeine) | 3 | $0 | |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) | (diclofenac sodium) | 2 | $0 | PA; QL (224 per 28 days); NDS |
| *piroxicam oral capsule 10 mg, 20 mg* | (Feldene) | 1 | $0 | |
| *pub children's profen ib susp berry flavor 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *pub children's profenib susp bubble gum flavor 100 mg/5 ml ** | (ibuprofen) | 3 | $0 | |
| *qc lo-dose aspirin ec 81 mg tb 81 mg ** | (aspirin) | 3 | $0 | |
| *ra aspirin 325 mg tablet 325 mg ** | (Bayer Aspirin) | 3 | $0 | |
| *ra aspirin ec 325 mg tablet regular strength 325 mg ** | (Aspir-Trin) | 3 | $0 | |
| *st. joseph aspirin 81 mg chew 81 mg ** | (aspirin) | 3 | $0 | |
| *st. joseph aspirin ec 81 mg tb 81 mg ** | (aspirin) | 3 | $0 | |
| *sulindac oral tablet 150 mg, 200 mg* | | 1 | $0 | |
| *tolmetin oral capsule 400 mg* | | 1 | $0 | |
| *tolmetin oral tablet 200 mg, 600 mg* | | 1 | $0 | |
| *wal-profen 200 mg caplet flc,caplet 200 mg ** | (ibuprofen) | 3 | $0 | |
| *wal-profen 200 mg softgel softgel 200 mg ** | (ibuprofen) | 3 | $0 | |
| **Analgésicos, Varios** | | | | |
| *acetaminophen 120 mg suppos outer 120 mg ** | (Feverall) | 3 | $0 | |
| *acetaminophen 325 mg tablet 325 mg ** | (Athenol) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *acetaminophen 500 mg softgel 500 mg ** | (Mapap (acetaminophen)) | 3 | $0 | |
| *acetaminophen 500 mg tablet 500 mg ** | (Masophen) | 3 | $0 | |
| *acetaminophen 650 mg suppos 650 mg ** | (Feverall) | 3 | $0 | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | | 1 | $0 | QL (4500 per 30 days); NDS |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | | 1 | $0 | QL (360 per 30 days); NDS |
| *acetaminophen-codeine oral tablet 300-60 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *ascomp with codeine oral capsule 30-50-325-40 mg* | (codeine-butalbital-asa-caff) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS |
| *betatemp 160 mg/5 ml susp 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *buprenorphine hcl injection solution 0.3 mg/ml* | (Buprenex) | 1 | $0 | |
| *buprenorphine hcl injection syringe 0.3 mg/ml* | | 1 | $0 | |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | 1 | $0 | QL (4 per 28 days); NDS |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg* | (Fioricet with Codeine) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS |
| *butalbital-acetaminophen oral tablet 50-325 mg* | (Tencon) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | (Zebutal) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | (Esgic) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-aspirin-caffeine oral tablet 50-325-40 mg* | | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | | 1 | $0 | QL (5 per 28 days); NDS |
| *child pain-fever 80 mg tab chw 80 mg ** | (acetaminophen) | 3 | $0 | |
| *child tylenol 160 mg tab chew 160 mg ** | (acetaminophen) | 3 | $0 | |
| *children's mapap 80 mg tab chw 80 mg ** | (acetaminophen) | 3 | $0 | |
| *child's mapap 160 mg tab chew 160 mg ** | (acetaminophen) | 3 | $0 | |
| *chld acetaminophen 160 mg/5 ml gluten/f,cherry 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *codeine sulfate oral tablet 30 mg, 60 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg* | (Ascomp with Codeine) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS |
| *cvs child pain relief 160 mg 160 mg ** | (acetaminophen) | 3 | $0 | |
| *cvs child pain rlf 160 mg/5 ml children's 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *cvs non-aspirin 500 mg geltab extra strength 500 mg ** | (acetaminophen) | 3 | $0 | |
| *cvs tension headache gelcap 500-65 mg ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *endocet oral tablet 10-325 mg* | (oxycodone-acetaminophen) | 1 | $0 | QL (180 per 30 days); NDS |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | (oxycodone-acetaminophen) | 1 | $0 | QL (360 per 30 days); NDS |
| *endocet oral tablet 7.5-325 mg* | (oxycodone-acetaminophen) | 1 | $0 | QL (240 per 30 days); NDS |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | (Actiq) | 1 | $0 | PA; QL (120 per 30 days); NDS |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | | 1 | $0 | QL (10 per 30 days); NDS |
| *feverall 120 mg suppository children's, outer 120 mg ** | (acetaminophen) | 3 | $0 | |
| *feverall 325 mg suppository junior str, outer 325 mg ** | (acetaminophen) | 3 | $0 | |
| *feverall 650 mg suppository adult, inner 650 mg ** | (acetaminophen) | 3 | $0 | |
| FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG * | | 3 | $0 | |
| *gs arthritis pain er 650 mg 650 mg ** | (acetaminophen) | 3 | $0 | |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | | 1 | $0 | QL (2700 per 30 days); NDS |
| *hydrocodone-acetaminophen oral tablet 10-300 mg* | (Vicodin HP) | 1 | $0 | QL (180 per 30 days); NDS |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-300 mg, 7.5-325 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg* | | 1 | $0 | QL (240 per 30 days); NDS |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | | 1 | $0 | QL (150 per 30 days); NDS |
| *hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *hydromorphone oral liquid 1 mg/ml* | (Dilaudid) | 1 | $0 | QL (1200 per 30 days); NDS |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | (Dilaudid) | 1 | $0 | QL (180 per 30 days); NDS |
| *infant pain rlf 80 mg/0.8 ml cherry, d/f 80 mg/0.8 ml ** | | 3 | $0 | |
| LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| *mapap 500 mg caplet caplet 500 mg ** | (acetaminophen) | 3 | $0 | |
| *mapap 500 mg capsule 500 mg ** | (acetaminophen) | 3 | $0 | |
| *mapap arthritis er 650 mg cplt 650 mg ** | (acetaminophen) | 3 | $0 | |
| *masophen 325 mg tablet 325 mg ** | (acetaminophen) | 3 | $0 | |
| *masophen 500 mg tablet 500 mg ** | (acetaminophen) | 3 | $0 | |
| *methadone injection solution 10 mg/ml* | | 1 | $0 | QL (120 per 30 days) |
| *methadone oral solution 10 mg/5 ml* | | 1 | $0 | QL (600 per 30 days); NDS |
| *methadone oral solution 5 mg/5 ml* | | 1 | $0 | QL (1200 per 30 days); NDS |
| *methadone oral tablet 10 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *methadone oral tablet 5 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *methadose oral tablet,soluble 40 mg* | (methadone) | 1 | $0 | QL (30 per 30 days); NDS |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | | 1 | $0 | PA; QL (180 per 30 days); NDS |
| *morphine oral solution 10 mg/5 ml* | | 1 | $0 | QL (700 per 30 days); NDS |
| *morphine oral solution 20 mg/5 ml (4 mg/ml)* | | 1 | $0 | QL (300 per 30 days); NDS |
| MORPHINE ORAL TABLET 15 MG | | 2 | $0 | QL (180 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| MORPHINE ORAL TABLET 30 MG | | 2 | $0 | QL (120 per 30 days); NDS |
| *morphine oral tablet extended release 100 mg, 200 mg, 60 mg* | (MS Contin) | 1 | $0 | QL (60 per 30 days); NDS |
| *morphine oral tablet extended release 15 mg, 30 mg* | (MS Contin) | 1 | $0 | QL (90 per 30 days); NDS |
| *non-aspirin 80 mg tab chew children's 80 mg ** | (acetaminophen) | 3 | $0 | |
| *non-aspirin oral elixir 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *oxycodone oral capsule 5 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *oxycodone oral concentrate 20 mg/ml* | | 1 | $0 | PA; QL (120 per 30 days); NDS |
| *oxycodone oral solution 5 mg/5 ml* | | 1 | $0 | QL (1300 per 30 days); NDS |
| *oxycodone oral tablet 10 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *oxycodone oral tablet 15 mg, 30 mg* | (Roxicodone) | 1 | $0 | QL (120 per 30 days); NDS |
| *oxycodone oral tablet 20 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *oxycodone oral tablet 5 mg* | (Roxicodone) | 1 | $0 | QL (180 per 30 days); NDS |
| *oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | (OxyContin) | 2 | $0 | QL (60 per 30 days); NDS |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | (Endocet) | 1 | $0 | QL (180 per 30 days); NDS |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | (Endocet) | 1 | $0 | QL (360 per 30 days); NDS |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | (Endocet) | 1 | $0 | QL (240 per 30 days); NDS |
| *oxycodone-aspirin oral tablet 4.8355-325 mg* | | 1 | $0 | QL (360 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | (oxycodone) | 2 | $0 | QL (60 per 30 days); NDS |
| *oxymorphone oral tablet 10 mg* | | 1 | $0 | QL (120 per 30 days); NDS |
| *oxymorphone oral tablet 5 mg* | | 1 | $0 | QL (180 per 30 days); NDS |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | | 1 | $0 | QL (60 per 30 days); NDS |
| *pediacare fever reducer susp 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *pharbetol 325 mg tablet regular strength 325 mg ** | (acetaminophen) | 3 | $0 | |
| *pharbetol 500 mg tablet extra strength 500 mg ** | (acetaminophen) | 3 | $0 | |
| *qc non-aspirin 500 mg caplet caplet,ex-strength 500 mg ** | (acetaminophen) | 3 | $0 | |
| *ra athenol 325 mg tablet 325 mg ** | (acetaminophen) | 3 | $0 | |
| *ra tension headache pain cplt 500-65 mg ** | | 3 | $0 | |
| *silapap 160 mg/5 ml liquid 160 mg/5 ml ** | (acetaminophen) | 3 | $0 | |
| *sm inf pain relv 80 mg/0.8 ml 80 mg/0.8 ml ** | | 3 | $0 | |
| *tencon oral tablet 50-325 mg* | (butalbital-acetaminophen) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *tramadol oral tablet 50 mg* | (Ultram) | 1 | $0 | QL (240 per 30 days); NDS |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | (Ultracet) | 1 | $0 | QL (300 per 30 days); NDS |
| *tylophen 500 mg capsule 500 mg ** | (acetaminophen) | 3 | $0 | |
| *vicodin hp oral tablet 10-300 mg* | (hydrocodone-acetaminophen) | 1 | $0 | QL (180 per 30 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | | 2 | $0 | QL (60 per 30 days); NDS |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | | 2 | $0 | QL (120 per 30 days); NDS |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | | 2 | $0 | QL (240 per 30 days); NDS |
| *zebutal oral capsule 50-325-40 mg* | (butalbital-acetaminophen-caff) | 1 | $0 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| **Anestésicos** | | | | |
| **Anestesia Local** | | | | |
| *aloe-lidocaine 0.5% gel 0.5 % ** | (Burn Relief with Aloe) | 3 | $0 | |
| *anecream 4% cream 4 % ** | (lidocaine) | 3 | $0 | |
| *aspercreme lidocaine 4% patch 4 % ** | (lidocaine) | 3 | $0 | |
| *burn relief 0.5% gel with aloe 0.5 % ** | (lidocaine-aloe vera) | 3 | $0 | |
| *cvs aloe vera-lidocaine gel 0.5 % ** | (Burn Relief with Aloe) | 3 | $0 | |
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | 1 | $0 | QL (30 per 30 days) |
| *lido king 4% patch 4 % ** | (lidocaine) | 3 | $0 | |
| *lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)* | (Xylocaine-MPF) | 1 | $0 | |
| *lidocaine (pf) injection solution 40 mg/ml (4 %)* | | 1 | $0 | |
| *lidocaine 4% cream 4 % ** | (Anecream) | 3 | $0 | |
| *lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)* | (Xylocaine-MPF) | 1 | $0 | |
| *lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)* | (Xylocaine) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *lidocaine hcl mucous membrane jelly 2 %* | | 1 | $0 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | | 1 | $0 | PA |
| *lidocaine topical adhesive patch,medicated 5 %* | (Lidoderm) | 1 | $0 | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | | 1 | $0 | PA; QL (90 per 30 days) |
| *lidocaine viscous mucous membrane solution 2 %* | (lidocaine hcl) | 1 | $0 | |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | | 1 | $0 | PA; QL (30 per 30 days) |
| *sm aloe vera-lidocaine gel 0.5 % ** | (Burn Relief with Aloe) | 3 | $0 | |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | 2 | $0 | PA; QL (90 per 30 days) |
| **Antagonistas De Metales Pesados** | | | | |
| **Antagonistas De Metales Pesados** | | | | |
| *clovique oral capsule 250 mg* | (trientine) | 1 | $0 | PA; QL (240 per 30 days); NDS |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 1 | $0 | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg* | (Jadenu) | 1 | $0 | PA; NDS |
| *deferasirox oral tablet 90 mg* | (Jadenu) | 1 | $0 | PA |
| *deferasirox oral tablet, dispersible 125 mg* | (Exjade) | 1 | $0 | PA |
| *deferasirox oral tablet, dispersible 250 mg, 500 mg* | (Exjade) | 1 | $0 | PA; NDS |
| *deferiprone oral tablet 1,000 mg, 500 mg* | (Ferriprox) | 1 | $0 | PA; NDS |
| *deferoxamine injection recon soln 2 gram* | | 1 | $0 | PA |
| *deferoxamine injection recon soln 500 mg* | (Desferal) | 1 | $0 | PA |
| FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG | (deferiprone) | 2 | $0 | PA; NDS |

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|---|---|---|---|---|
| FERRIPROX ORAL SOLUTION 100 MG/ML | | 2 | $0 | PA; NDS |
| FERRIPROX ORAL TABLET 1,000 MG | (deferiprone) | 2 | $0 | PA; NDS |
| *penicillamine oral capsule 250 mg* | (Cuprimine) | 1 | $0 | PA; NDS |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | 1 | $0 | PA; NDS |
| *trientine oral capsule 250 mg* | (Syprine) | 1 | $0 | PA; QL (240 per 30 days); NDS |
| **Anti Infecciosos (Membrana Cutánea Y Mucosa)** | | | | |
| **Anti Infecciosos (Membrana Cutánea Y Mucosa)** | | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 1 | $0 | |
| *metronidazole vaginal gel 0.75 %* | (Vandazole) | 1 | $0 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | | 1 | $0 | |
| *terconazole vaginal suppository 80 mg* | | 1 | $0 | |
| **Antivirales (Membrana Cutánea Y Mucosa)** | | | | |
| ABREVA 10% CREAM 10 % * | (docosanol) | 3 | $0 | |
| *docosanol 10% cream 10 %* * | (Abreva) | 3 | $0 | |
| **Antibacterianos** | | | | |
| **Aminoglicósidos** | | | | |
| *gentamicin injection solution 20 mg/2 ml, 40 mg/ml* | | 1 | $0 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | | 1 | $0 | |
| *gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml* | | 1 | $0 | |
| *neomycin oral tablet 500 mg* | | 1 | $0 | |
| *streptomycin intramuscular recon soln 1 gram* | | 1 | $0 | NDS |

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|---|---|---|---|---|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | | 2 | $0 | QL (224 per 28 days); NDS |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | (Tobi) | 1 | $0 | PA BvD; NDS |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | (Bethkis) | 1 | $0 | PA BvD; NDS |
| *tobramycin sulfate injection solution 40 mg/ml* | | 1 | $0 | |
| **Antibacteriales, Misceláneos** | | | | |
| *bacitracin intramuscular recon soln 50,000 unit* | | 1 | $0 | |
| *chloramphenicol sod succinate intravenous recon soln 1 gram* | | 1 | $0 | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | (Cleocin HCl) | 1 | $0 | |
| *clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml* | | 1 | $0 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | (clindamycin palmitate hcl) | 1 | $0 | |
| *clindamycin phosphate injection solution 150 (mg/ml) (6 ml)* | | 1 | $0 | |
| *clindamycin phosphate injection solution 150 mg/ml* | (Cleocin) | 1 | $0 | |
| *clindamycin phosphate intravenous solution 600 mg/4 ml* | | 1 | $0 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | (Coly-Mycin M Parenteral) | 1 | $0 | NDS |
| *daptomycin intravenous recon soln 500 mg* | (Cubicin) | 1 | $0 | NDS |
| FIRVANQ ORAL RECON SOLN 25 MG/ML | | 2 | $0 | |
| *linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | (Zyvox) | 1 | $0 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 1 | $0 | NDS |
| *linezolid oral tablet 600 mg* | (Zyvox) | 1 | $0 | |
| *methenamine hippurate oral tablet 1 gram* | (Hiprex) | 1 | $0 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | (Metro I.V.) | 1 | $0 | |
| *metronidazole oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | (Macrodantin) | 1 | $0 | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | 1 | $0 | QL (60 per 30 days) |
| *polymyxin b sulfate injection recon soln 500,000 unit* | | 1 | $0 | |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG | | 2 | $0 | NDS |
| *trimethoprim oral tablet 100 mg* | | 1 | $0 | |
| *vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg* | | 1 | $0 | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | 1 | $0 | QL (56 per 14 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | 1 | $0 | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | | 2 | $0 | PA; QL (9 per 30 days); NDS |
| XIFAXAN ORAL TABLET 550 MG | | 2 | $0 | PA; QL (90 per 30 days); NDS |
| **Antibióticos B-Lactam Misceláneos** | | | | |
| *aztreonam injection recon soln 1 gram, 2 gram* | (Azactam) | 1 | $0 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | 2 | $0 | PA; LA; NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ertapenem injection recon soln 1 gram* | (Invanz) | 1 | $0 | |
| *imipenem-cilastatin intravenous recon soln 250 mg* | | 1 | $0 | |
| *imipenem-cilastatin intravenous recon soln 500 mg* | (Primaxin IV) | 1 | $0 | |
| *meropenem intravenous recon soln 1 gram* | | 1 | $0 | |
| *meropenem intravenous recon soln 500 mg* | | 1 | $0 | |
| *meropenem-0.9% nacl 500 mg/50 500 mg/50 ml* | | 1 | $0 | |
| **Cefalosporinas** | | | | |
| *cefaclor oral capsule 250 mg, 500 mg* | | 1 | $0 | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | | 1 | $0 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | | 1 | $0 | |
| *cefadroxil oral capsule 500 mg* | | 1 | $0 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | | 1 | $0 | |
| *cefadroxil oral tablet 1 gram* | | 1 | $0 | |
| *cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml* | | 1 | $0 | |
| *cefazolin injection recon soln 1 gram, 10 gram, 500 mg* | | 1 | $0 | |
| *cefdinir oral capsule 300 mg* | | 1 | $0 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 1 | $0 | |
| *cefepime injection recon soln 1 gram, 2 gram* | | 1 | $0 | |
| *cefixime oral capsule 400 mg* | (Suprax) | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* (Suprax) | 1 | $0 | |
| *cefotaxime injection recon soln 1 gram* | 1 | $0 | |
| *cefoxitin 1 gm piggyback bag 1 gram/50 ml* | 1 | $0 | |
| *cefoxitin intravenous recon soln 1 gram* | 1 | $0 | |
| *cefoxitin intravenous recon soln 10 gram, 2 gram* | 1 | $0 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 1 | $0 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | $0 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | $0 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | $0 | |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* (Tazicef) | 1 | $0 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 1 | $0 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | $0 | |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | $0 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 1 | $0 | |
| *cephalexin oral capsule 250 mg, 500 mg, 750 mg* | 1 | $0 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *cephalexin oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | | 2 | $0 | NDS |
| **Macrólidos** | | | | |
| *azithromycin intravenous recon soln 500 mg* | (Zithromax) | 1 | $0 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | (Zithromax) | 1 | $0 | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg* | | 1 | $0 | |
| *azithromycin oral tablet 250 mg, 500 mg* | (Zithromax) | 1 | $0 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 1 | $0 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | | 1 | $0 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | | 2 | $0 | QL (136 per 10 days); NDS |
| DIFICID ORAL TABLET 200 MG | | 2 | $0 | QL (20 per 10 days); NDS |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (E.E.S. Granules) | 1 | $0 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (EryPed 400) | 1 | $0 | |
| *erythromycin oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| **Penicilinas** | | | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | | 1 | $0 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | | 1 | $0 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | | 1 | $0 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml* | | 1 | $0 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml* | (Augmentin) | 1 | $0 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml* | (Augmentin ES-600) | 1 | $0 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg* | | 1 | $0 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg* | (Augmentin) | 1 | $0 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | (Augmentin XR) | 1 | $0 | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | | 1 | $0 | |
| *ampicillin oral capsule 250 mg, 500 mg* | | 1 | $0 | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg* | | 1 | $0 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | (Unasyn) | 1 | $0 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *dicloxacillin oral capsule 250 mg, 500 mg* | | 1 | $0 | |
| *nafcillin 1 gm/ 50 ml inj 1 gram/50 ml* | | 1 | $0 | |
| *nafcillin 2 gm/ 100 ml inj 2 gram/100 ml* | | 1 | $0 | |
| *nafcillin injection recon soln 1 gram, 2 gram* | | 1 | $0 | |
| *nafcillin injection recon soln 10 gram* | | 1 | $0 | NDS |
| *penicillin g potassium injection recon soln 20 million unit* | (Pfizerpen-G) | 1 | $0 | |
| *penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml* | | 1 | $0 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | | 1 | $0 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | | 1 | $0 | |
| *pfizerpen-g injection recon soln 20 million unit* | (penicillin g potassium) | 1 | $0 | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | | 1 | $0 | |
| **Quinolonas** | | | | |
| BAXDELA ORAL TABLET 450 MG | | 2 | $0 | PA; QL (28 per 14 days); NDS |
| *ciprofloxacin hcl oral tablet 100 mg, 750 mg* | | 1 | $0 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | (Cipro) | 1 | $0 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | | 1 | $0 | |
| *ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml* | (Cipro) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | | 1 | $0 | |
| *levofloxacin intravenous solution 25 mg/ml* | | 1 | $0 | |
| *levofloxacin oral solution 250 mg/10 ml* | | 1 | $0 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | | 1 | $0 | |
| *moxifloxacin oral tablet 400 mg* | | 1 | $0 | |
| **Sulfonamidas** | | | | |
| *sulfadiazine oral tablet 500 mg* | | 1 | $0 | |
| *sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml* | | 1 | $0 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | (Sulfatrim) | 1 | $0 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* | (Bactrim) | 1 | $0 | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | (Bactrim DS) | 1 | $0 | |
| **Tetraciclinas** | | | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | | 1 | $0 | |
| *doxy-100 intravenous recon soln 100 mg* | (doxycycline hyclate) | 1 | $0 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | (Doxy-100) | 1 | $0 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | (Morgidox) | 1 | $0 | |
| *doxycycline hyclate oral tablet 100 mg* | (LymePak) | 1 | $0 | |
| *doxycycline hyclate oral tablet 20 mg* | | 1 | $0 | |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg* | (Doryx) | 1 | $0 | |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | 1 | $0 | QL (60 per 30 days) |
| *doxycycline monohydrate oral capsule 50 mg* | (Monodox) | 1 | $0 | QL (60 per 30 days) |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | (Vibramycin (mono)) | 1 | $0 | |
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | 1 | $0 | QL (60 per 30 days) |
| *doxycycline monohydrate oral tablet 150 mg* | | 1 | $0 | |
| *doxycycline monohydrate oral tablet 50 mg, 75 mg* | | 1 | $0 | QL (60 per 30 days) |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *mondoxyne nl oral capsule 100 mg, 75 mg* | (doxycycline monohydrate) | 1 | $0 | QL (60 per 30 days) |
| *tetracycline oral capsule 250 mg, 500 mg* | | 1 | $0 | |
| *tigecycline intravenous recon soln 50 mg* | (Tygacil) | 1 | $0 | NDS |
| **Anticonceptivos** | | | | |
| **Anticonceptivos** | | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *after pill 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *aftera 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| *apri oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | | 1 | $0 | |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| *aubra eq oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *aviane oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *ayuna oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estra diol) | 1 | $0 | |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | | 1 | $0 | |
| *bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estra diol) | 1 | $0 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *briellyn oral tablet 0.4-35 mg-mcg* | | 1 | $0 | |
| *camila oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg* | | 1 | $0 | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | $0 | |
| *cyclafem 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | $0 | |
| *cyred eq oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | $0 | |
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| *deblitane oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Azurette (28)) | 1 | $0 | |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg* | (Apri) | 1 | $0 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | (Jasmiel (28)) | 1 | $0 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | (Syeda) | 1 | $0 | |
| *econtra one-step 1.5 mg tablet outer 1.5 mg ** | (levonorgestrel) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *elinest oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | $0 | |
| ELLA ORAL TABLET 30 MG | | 2 | $0 | QL (6 per 365 days) |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | $0 | QL (1 per 28 days) |
| *emoquette oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | $0 | |
| *enskyce oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *errin oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *estarylla oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | 1 | $0 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Kelnor 1-50 (28)) | 1 | $0 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (EluRyng) | 2 | $0 | QL (1 per 28 days) |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *femynor oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| GYNOL II 3% GEL 3 % * | | 3 | $0 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *hailey oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | $0 | QL (91 per 84 days) |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *incassia oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | $0 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| *jasmiel (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *jencycla oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *juleber oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *kalliga oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estra diol) | 1 | $0 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | $0 | |
| *kelnor 1-50 (28) oral tablet 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | $0 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *l norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (LoJaimiess) | 1 | $0 | QL (91 per 84 days) |
| *l norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (Amethia) | 1 | $0 | QL (91 per 84 days) |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | $0 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *larissia oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *lessina oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | $0 | |
| *levonorgestrel 1.5 mg tablet (otc) 1.5 mg ** | (After Pill) | 3 | $0 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Afirmelle) | 1 | $0 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Altavera (28)) | 1 | $0 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | 1 | $0 | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Enpresse) | 1 | $0 | |
| *levora-28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *lillow (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| *loryna (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | $0 | |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *lyleq oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *lyza oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *mili oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *mono-linyah oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *my choice 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *my way 1.5 mg tablet (otc) 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | | 1 | $0 | |
| *new day 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *nikki (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Camila) | 1 | $0 | |
| *norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg* | (Aurovela 1.5/30 (21)) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | (Aurovela 1/20 (21)) | 1 | $0 | |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (Merzee) | 1 | $0 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Aurovela Fe 1-20 (28)) | 1 | $0 | |
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Aurovela Fe 1.5/30 (28)) | 1 | $0 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg* | (Tri-Lo-Estarylla) | 1 | $0 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (Tri Femynor) | 1 | $0 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg* | (Estarylla) | 1 | $0 | |
| *norlyda oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | | 1 | $0 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | | 1 | $0 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | $0 | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | $0 | |
| *nymyo oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *opcicon one-step 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *option 2 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *orsythia oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *philith oral tablet 0.4-35 mg-mcg* | | 1 | $0 | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | $0 | |
| *pirmella oral tablet 0.5/0.75/1 mg-35 mcg* | | 1 | $0 | |
| *pirmella oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | $0 | |
| *portia 28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *previfem oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | $0 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | $0 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | $0 | |
| *simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol -e.estrad) | 1 | $0 | QL (91 per 84 days) |
| SLYND ORAL TABLET 4 MG (28) | | 2 | $0 | |
| *sprintec (28) oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *sronyx oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *syeda oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *take action 1.5 mg tablet 1.5 mg ** | (levonorgestrel) | 3 | $0 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | | 1 | $0 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | $0 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *tulana oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | $0 | |
| *tyblume oral tablet,chewable 0.1 mg- 20 mcg* | | 1 | $0 | |
| VCF CONTRACEPTIVE FILM 28 % * | | 3 | $0 | |
| *vcf contraceptive foam 12.5 % ** | | 3 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | | 1 | $0 | |
| *vestura (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *vienva oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | $0 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | $0 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | $0 | |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | | 1 | $0 | |
| *vylibra oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | $0 | |
| *wera (28) oral tablet 0.5-35 mg-mcg* | | 1 | $0 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | | 1 | $0 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | | 1 | $0 | QL (3 per 28 days) |
| *zarah oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | $0 | |
| *zumandimine (28) oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | $0 | |
| **Anticonvulsivos** | | | | |
| **Anticonvulsivos** | | | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | | 2 | $0 | QL (30 per 30 days); NDS |
| APTIOM ORAL TABLET 600 MG, 800 MG | | 2 | $0 | QL (60 per 30 days); NDS |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | | 2 | $0 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | | 2 | $0 | QL (600 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | | 2 | $0 | QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | 1 | $0 | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | 1 | $0 | |
| *carbamazepine oral tablet 200 mg* | (Epitol) | 1 | $0 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 1 | $0 | |
| *carbamazepine oral tablet,chewable 100 mg* | | 1 | $0 | |
| CELONTIN ORAL CAPSULE 300 MG | | 2 | $0 | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | 1 | $0 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 1 | $0 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | | 2 | $0 | PA NSO; QL (360 per 30 days); NDS |
| DIACOMIT ORAL CAPSULE 500 MG | | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | | 2 | $0 | PA NSO; QL (360 per 30 days); NDS |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | | 2 | $0 | PA NSO; QL (180 per 30 days); NDS |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg* | (Diastat AcuDial) | 2 | $0 | |
| *diazepam rectal kit 2.5 mg* | (Diastat) | 2 | $0 | |
| DILANTIN ORAL CAPSULE 30 MG | | 2 | $0 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | 1 | $0 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 1 | $0 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | 2 | $0 | PA NSO; NDS |
| *epitol oral tablet 200 mg* | (carbamazepine) | 1 | $0 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | | 2 | $0 | QL (480 per 30 days) |
| *ethosuximide oral capsule 250 mg* | (Zarontin) | 1 | $0 | |
| *ethosuximide oral solution 250 mg/5 ml* | (Zarontin) | 1 | $0 | |
| *felbamate oral suspension 600 mg/5 ml* | (Felbatol) | 1 | $0 | |
| *felbamate oral tablet 400 mg, 600 mg* | (Felbatol) | 1 | $0 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | | 2 | $0 | PA NSO; NDS |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | (Cerebyx) | 1 | $0 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | | 2 | $0 | QL (720 per 30 days); NDS |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | | 2 | $0 | QL (30 per 30 days); NDS |
| FYCOMPA ORAL TABLET 2 MG | | 2 | $0 | QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | | 2 | $0 | QL (60 per 30 days); NDS |
| *gabapentin oral capsule 100 mg, 300 mg* | (Neurontin) | 1 | $0 | QL (360 per 30 days) |
| *gabapentin oral capsule 400 mg* | (Neurontin) | 1 | $0 | QL (270 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | (Neurontin) | 1 | $0 | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | (Neurontin) | 1 | $0 | QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | (Neurontin) | 1 | $0 | QL (120 per 30 days) |
| *lacosamide intravenous solution 200 mg/20 ml* | (Vimpat) | 1 | $0 | QL (200 per 5 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Subvenite) | 1 | $0 | |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)* | (Lamictal ODT Starter (Blue)) | 1 | $0 | |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)* | (Lamictal ODT Starter (Orange)) | 1 | $0 | |
| *lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)* | (Lamictal ODT Starter (Green)) | 1 | $0 | |
| *lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | (Lamictal XR) | 1 | $0 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 1 | $0 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | (Lamictal ODT) | 1 | $0 | |
| *levetiracetam intravenous solution 500 mg/5 ml* | (Keppra) | 1 | $0 | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | 1 | $0 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | 1 | $0 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | 1 | $0 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 2 | $0 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 1 | $0 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 1 | $0 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | | 2 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | | 2 | $0 | NDS |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | 1 | $0 | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin Infatabs) | 1 | $0 | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin Extended) | 1 | $0 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Phenytek) | 1 | $0 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | | 1 | $0 | |
| *phenytoin sodium intravenous syringe 50 mg/ml* | | 1 | $0 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | (Lyrica) | 1 | $0 | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | (Lyrica) | 1 | $0 | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | 1 | $0 | QL (900 per 30 days) |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 1 | $0 | |
| *rufinamide oral suspension 40 mg/ml* | (Banzel) | 1 | $0 | NDS |
| *rufinamide oral tablet 200 mg, 400 mg* | (Banzel) | 1 | $0 | NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | | 2 | $0 | ST; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | | 2 | $0 | ST; QL (120 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (lamotrigine) | 1 | $0 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | | 2 | $0 | PA NSO; QL (60 per 30 days); NDS |
| SYMPAZAN ORAL FILM 5 MG | | 2 | $0 | PA NSO; QL (60 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | (Gabitril) | 1 | $0 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | 1 | $0 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Topamax) | 1 | $0 | |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | | 1 | $0 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | | 1 | $0 | |
| *valproic acid oral capsule 250 mg* | | 1 | $0 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | | 2 | $0 | |
| *vigabatrin oral powder in packet 500 mg* | (Vigadrone) | 1 | $0 | PA NSO; QL (180 per 30 days); NDS |
| *vigabatrin oral tablet 500 mg* | (Sabril) | 1 | $0 | PA NSO; QL (180 per 30 days); NDS |
| *vigadrone oral powder in packet 500 mg* | (vigabatrin) | 1 | $0 | PA NSO; QL (180 per 30 days); NDS |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML | (lacosamide) | 2 | $0 | QL (200 per 5 days) |
| VIMPAT ORAL SOLUTION 10 MG/ML | (lacosamide) | 2 | $0 | QL (1200 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | | 2 | $0 | QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 50 MG | | 2 | $0 | QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | | 2 | $0 | QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | | 2 | $0 | |
| *zonisamide oral capsule 100 mg, 25 mg* | (Zonegran) | 1 | $0 | |
| *zonisamide oral capsule 50 mg* | | 1 | $0 | |
| **Antidepresivos** | | | | |
| **Antidepresivos** | | | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg* | | 1 | $0 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | | 1 | $0 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | (Wellbutrin XL) | 1 | $0 | |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | (Wellbutrin SR) | 1 | $0 | |
| *citalopram oral solution 10 mg/5 ml* | | 1 | $0 | QL (600 per 30 days) |
| *citalopram oral tablet 10 mg* | (Celexa) | 1 | $0 | QL (120 per 30 days) |
| *citalopram oral tablet 20 mg, 40 mg* | (Celexa) | 1 | $0 | QL (30 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | (Anafranil) | 1 | $0 | |
| *desipramine oral tablet 10 mg, 25 mg* | (Norpramin) | 1 | $0 | |
| *desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | 1 | $0 | QL (30 per 30 days) |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *doxepin oral concentrate 10 mg/ml* | | 1 | $0 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | | 2 | $0 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | | 2 | $0 | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | (Cymbalta) | 1 | $0 | QL (60 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | | 1 | $0 | QL (30 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | | 2 | $0 | ST; QL (30 per 30 days); NDS |
| *escitalopram oxalate oral solution 5 mg/5 ml* | | 1 | $0 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | (Lexapro) | 1 | $0 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | | 2 | $0 | ST |

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|---|---|---|---|---|
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | | 2 | $0 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg, 40 mg* | (Prozac) | 1 | $0 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | | 1 | $0 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | | 1 | $0 | |
| *maprotiline oral tablet 25 mg, 50 mg, 75 mg* | | 1 | $0 | |
| MARPLAN ORAL TABLET 10 MG | | 2 | $0 | |
| *mirtazapine oral tablet 15 mg, 30 mg* | (Remeron) | 1 | $0 | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | | 1 | $0 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | (Remeron SolTab) | 1 | $0 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | | 1 | $0 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | (Pamelor) | 1 | $0 | |
| *nortriptyline oral solution 10 mg/5 ml* | | 1 | $0 | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | (Paxil) | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | (Paxil) | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |

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|---|---|---|---|---|
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | (Paxil CR) | 1 | $0 | PA NSO-HRM; AGE (Max 64 Years) |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | | 1 | $0 | |
| *phenelzine oral tablet 15 mg* | (Nardil) | 1 | $0 | |
| *protriptyline oral tablet 10 mg, 5 mg* | | 1 | $0 | |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | 1 | $0 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | (Zoloft) | 1 | $0 | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG | | 2 | $0 | PA NSO |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | | 2 | $0 | PA NSO; NDS |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | 1 | $0 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | | 1 | $0 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | | 1 | $0 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | 2 | $0 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg* | (Effexor XR) | 1 | $0 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg* | (Effexor XR) | 1 | $0 | QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | | 1 | $0 | |
| *venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg* | | 1 | $0 | QL (30 per 30 days) |
| *venlafaxine oral tablet extended release 24hr 75 mg* | | 1 | $0 | QL (90 per 30 days) |

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|---|---|---|---|---|
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | (vilazodone) | 2 | $0 | QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) | | 2 | $0 | |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML | | 2 | $0 | NDS |
| **Antifúngicos** | | | | |
| **Antifúngicos** | | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | | 2 | $0 | PA BvD |
| ALEVAZOL 1% OINTMENT 1 % * | | 3 | $0 | |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | (amphotericin b liposome) | 2 | $0 | PA BvD; NDS |
| *amphotericin b injection recon soln 50 mg* | | 1 | $0 | PA BvD |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | (AmBisome) | 1 | $0 | PA BvD; NDS |
| *anti-fungal 1% powder 1 % ** | (tolnaftate) | 3 | $0 | |
| *antifungal 1% topical cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *baza antifungal 2% cream 2 % ** | (miconazole nitrate) | 3 | $0 | |
| *caspofungin intravenous recon soln 50 mg* | (Cancidas) | 1 | $0 | NDS |
| *caspofungin intravenous recon soln 70 mg* | (Cancidas) | 1 | $0 | |
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | 1 | $0 | QL (180 per 30 days) |
| *ciclopirox topical gel 0.77 %* | | 1 | $0 | QL (300 per 30 days) |
| *ciclopirox topical shampoo 1 %* | (Loprox) | 1 | $0 | |
| *ciclopirox topical solution 8 %* | (Ciclodan) | 1 | $0 | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox (as olamine)) | 1 | $0 | QL (180 per 30 days) |
| *clotrimazole 1% solution (otc) 1 % ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *clotrimazole 1% topical cream (otc) 1 % ** | (Antifungal (clotrimazole)) | 3 | $0 | |
| *clotrimazole 1% topical cream foot care (otc) 1 % ** | (Antifungal (clotrimazole)) | 3 | $0 | |
| *clotrimazole 1% vaginal cream 1 % ** | (Clotrimazole-7) | 3 | $0 | |
| *clotrimazole mucous membrane troche 10 mg* | | 1 | $0 | |
| *clotrimazole topical cream 1 %* | (Antifungal (clotrimazole)) | 1 | $0 | |
| *clotrimazole topical solution 1 %* | | 1 | $0 | |
| *clotrimazole-7 vaginal cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | 1 | $0 | QL (90 per 30 days) |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | | 1 | $0 | QL (90 per 30 days) |
| *cvs clotrimazole 1% top cream (otc) 1 % ** | (Antifungal (clotrimazole)) | 3 | $0 | |
| *dermafungal 2% cream 2 % ** | (miconazole nitrate) | 3 | $0 | |
| *econazole topical cream 1 %* | | 1 | $0 | QL (170 per 30 days) |
| *eq athlete's foot 1% cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *eq jock itch 1% cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml* | | 1 | $0 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | (Diflucan) | 1 | $0 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Diflucan) | 1 | $0 | |
| *flucytosine oral capsule 250 mg, 500 mg* | (Ancobon) | 1 | $0 | NDS |
| *fungoid-d 1% cream 1 % ** | (tolnaftate) | 3 | $0 | |
| *gnp athlete's foot 1% cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | | 1 | $0 | |
| *griseofulvin microsize oral tablet 500 mg* | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | | 1 | $0 | |
| *inzo antifungal 2% cream 2 % ** | (miconazole nitrate) | 3 | $0 | |
| *itraconazole oral capsule 100 mg* | (Sporanox) | 1 | $0 | |
| *itraconazole oral solution 10 mg/ml* | (Sporanox) | 1 | $0 | PA |
| *jock itch relief 1% cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *ketoconazole oral tablet 200 mg* | | 1 | $0 | |
| *ketoconazole topical cream 2 %* | | 1 | $0 | QL (180 per 30 days) |
| *ketoconazole topical shampoo 2 %* | | 1 | $0 | QL (360 per 30 days) |
| *lamisil af defens 1% spray pwd 1 % ** | (tolnaftate) | 3 | $0 | |
| *micatin 2% antifungal cream 2 % ** | (miconazole nitrate) | 3 | $0 | |
| *miconazole 2% topical cream 2 % ** | (Baza Antifungal) | 3 | $0 | |
| *miconazole 2% vaginal cream 2 % ** | (Monistat 7) | 3 | $0 | |
| *miconazole-3 vaginal suppository 200 mg* | | 1 | $0 | |
| *micotrin ac 1% topical cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *monistat 7 cream 7 applicators 2 % ** | (miconazole nitrate) | 3 | $0 | |
| *mycozyl ac 1% topical cream 1 % ** | (clotrimazole) | 3 | $0 | |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML | | 2 | $0 | NDS |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | (posaconazole) | 2 | $0 | PA; NDS |
| *nyamyc topical powder 100,000 unit/gram* | (nystatin) | 1 | $0 | QL (60 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | | 1 | $0 | QL (900 per 30 days) |
| *nystatin oral tablet 500,000 unit* | | 1 | $0 | |
| *nystatin topical cream 100,000 unit/gram* | | 1 | $0 | QL (60 per 30 days) |
| *nystatin topical ointment 100,000 unit/gram* | | 1 | $0 | QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *nystatin topical powder 100,000 unit/gram* | (Nyamyc) | 1 | $0 | QL (60 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | | 1 | $0 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | | 1 | $0 | |
| *nystop topical powder 100,000 unit/gram* | (nystatin) | 1 | $0 | QL (60 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | (Noxafil) | 1 | $0 | PA; NDS |
| *pub athletic foot 1% cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *ra antifungal 1% cream 1 % ** | (terbinafine hcl) | 3 | $0 | |
| *ra antifungal ringworm 1% crm 1 % ** | (clotrimazole) | 3 | $0 | |
| *ra clotrimazole 1% top cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *ra jock itch 1% powder spray powder spray 1 % ** | (tolnaftate) | 3 | $0 | |
| *ra jock itch cream 1 % ** | (clotrimazole) | 3 | $0 | |
| *sm miconazole 7 100 mg vag sup 100 mg ** | (miconazole nitrate) | 3 | $0 | |
| *terbinafine 1% cream 1 % ** | (Antifungal (terbinafine)) | 3 | $0 | |
| *terbinafine hcl oral tablet 250 mg* | | 1 | $0 | |
| *tolnaftate 1% cream 1 % ** | (Fungoid-D) | 3 | $0 | |
| *voriconazole intravenous recon soln 200 mg* | (Vfend IV) | 1 | $0 | PA BvD; NDS |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 1 | $0 | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | (Vfend) | 1 | $0 | |
| **Antihistamínicos** | | | | |
| **Antihistamínicos** | | | | |
| *24hr allergy(levocetirzn) 5 mg 5 mg ** | (levocetirizine) | 3 | $0 | |
| *alavert d-12 allergy-sinus tab 5-120 mg ** | | 3 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *aler-caps 25 mg capsule 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *aller-chlor 4 mg tablet 4 mg ** | (chlorpheniramine maleate) | 3 | $0 | |
| *allerclear d-12hr tablet 5-120 mg ** | | 3 | $0 | |
| *allerclear d-24hr er tablet 10-240 mg ** | (loratadine-pseudoephedrine) | 3 | $0 | |
| *allergy 4 mg tablet 4 mg ** | (chlorpheniramine maleate) | 3 | $0 | |
| *allergy relief-nasal decong tb 10-240 mg ** | (loratadine-pseudoephedrine) | 3 | $0 | |
| *allergy-congestion relief-d oral tablet extended release 12 hr 5-120 mg ** | | 3 | $0 | |
| *aller-tec 10 mg tablet 10 mg ** | (cetirizine) | 3 | $0 | |
| *aller-tec d 5-120 mg tablet 5-120 mg ** | (cetirizine-pseudoephedrine) | 3 | $0 | |
| *aprodine tablet 2.5-60 mg ** | (triprolidine-pseudoephedrine) | 3 | $0 | |
| *banophen 25 mg capsule 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *banophen 25 mg tablet 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *banophen 50 mg capsule 50 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *benadryl allergy 25 mg ultratb 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *carbinoxamine maleate oral liquid 4 mg/5 ml* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *carbinoxamine maleate oral tablet 4 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml ** | (Allergy Relief (cetirizine)) | 3 | $0 | |
| *cetirizine hcl 10 mg tablet 10 mg ** | (Aller-Tec) | 3 | $0 | |
| *cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg ** | (Children's Cetirizine) | 3 | $0 | |
| *cetirizine hcl 5 mg tablet indoor & outdoor 5 mg ** | | 3 | $0 | |

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|---|---|---|---|---|
| *cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml ** | | 3 | $0 | |
| *cetirizine-pse er 5-120 mg tab 5-120 mg ** | (Aller-Tec D) | 3 | $0 | |
| *child allergy rlf 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *child aurodryl 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *child cetirizine 10 mg chew tb chewable, allergy 10 mg ** | (cetirizine) | 3 | $0 | |
| *child cetirizine hcl 1 mg/ml children's 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *child loratadine 5 mg/5 ml sol 5 mg/5 ml ** | (Wal-itin) | 3 | $0 | |
| *child wal-itin 5 mg/5 ml soln 5 mg/5 ml ** | (loratadine) | 3 | $0 | |
| *child wal-zyr 1 mg/ml solution 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *child's allergy 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *child's wal-dryl 12.5 mg/5 ml children,cherry 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *child's wal-zyr 10 mg chew tab 10 mg ** | (cetirizine) | 3 | $0 | |
| *chlorhist 4 mg tablet 4 mg ** | (chlorpheniramine maleate) | 3 | $0 | |
| *clemastine oral tablet 2.68 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *cold-allergy-sinus oral tablet 2.5-60 mg ** | (triprolidine-pseudoephedrine) | 3 | $0 | |
| *cvs allergy relief 5 mg tablet 5 mg ** | (levocetirizine) | 3 | $0 | |
| *cyproheptadine oral syrup 2 mg/5 ml* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *cyproheptadine oral tablet 4 mg* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *diphedryl 12.5 mg/5 ml elixir 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *diphenhist 25 mg capsule 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml ** | (Allergy (diphenhydramine )) | 3 | $0 | |
| *diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg ** | (Aler-Cap) | 3 | $0 | |
| *diphenhydramine 25 mg tablet 25 mg ** | (Allergy Medicine) | 3 | $0 | |
| *diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg ** | (Banophen) | 3 | $0 | |
| *diphenhydramine 6.25 mg/ml drp 6.25 mg/ml ** | | 3 | $0 | |
| *diphenhydramine hcl injection solution 50 mg/ml* | | 1 | $0 | |
| *diphenhydramine hcl injection syringe 50 mg/ml* | | 1 | $0 | |
| *diphenhydramine hcl oral elixir 12.5 mg/5 ml* | (Diphen) | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *ed-a-hist 4 mg-10 mg tablet 4-10 mg ** | | 3 | $0 | |
| *eq allergy relief 1 mg/ml soln 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *fexofenadine hcl 180 mg tablet 24hr,original str (otc) 180 mg ** | (Wal-Fex Allergy) | 3 | $0 | |
| *fexofenadine hcl 60 mg tablet indoor/outdoor (otc) 60 mg ** | (Wal-Fex Allergy) | 3 | $0 | |
| *geri-dryl 12.5 mg/5 ml liquid 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *gnp child allergy 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *gs child all day aller 1 mg/ml 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *gs child allergy 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *gs sleep aid 25 mg tablet 25 mg ** | | 3 | $0 | |
| *hm child's dibromm cold-allgy 1-2.5 mg/5 ml ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *hm z-sleep 25 mg softgel 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml* | | 1 | $0 | |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | | 1 | $0 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | | 1 | $0 | |
| *levocetirizine 5 mg tablet (otc) 5 mg ** | (24HR Allergy Relief) | 3 | $0 | |
| *levocetirizine oral solution 2.5 mg/5 ml* | (Xyzal) | 1 | $0 | |
| *levocetirizine oral tablet 5 mg* | (24HR Allergy Relief) | 1 | $0 | |
| *loradamed 10 mg tablet outer 10 mg ** | (loratadine) | 3 | $0 | |
| *loratadine 10 mg tablet non-drowsy 10 mg ** | (Loradamed) | 3 | $0 | |
| *loratadine-d 12 hour tablet 5-120 mg ** | | 3 | $0 | |
| *m-dryl 12.5 mg/5 ml solution 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *promethazine oral syrup 6.25 mg/5 ml* | | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *pub allergy 12.5 mg/5 ml liq cherry flavor 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *pub children's allergy 1 mg/ml 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *ra allergy med 25 mg capsule 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *ra allergy med 25 mg tablet 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *ra child allergy relf 1 mg/ml 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *ra diphedryl 12.5 mg/5 ml elix 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *ra sleep-aid 25 mg softgel 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |

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|---|---|---|---|---|
| *ra suphedrine pe cold 4-10 mg 4-10 mg ** | | 3 | $0 | |
| *rynex pe liquid 1-2.5 mg/5 ml ** | | 3 | $0 | |
| *sb sinus-allergy tablet pse free, max str 4-10 mg ** | | 3 | $0 | |
| *siladryl 12.5 mg/5 ml liquid 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *sm allergy relief 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *sm child all day aller 1 mg/ml 1 mg/ml ** | (cetirizine) | 3 | $0 | |
| *sudogest cold and allergy tab 4-60 mg ** | | 3 | $0 | |
| *total allergy 25 mg tablet 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *wal-act d cold & allergy tab 2.5-60 mg ** | (triprolidine-pseudoephedrine) | 3 | $0 | |
| *wal-dryl allergy 12.5 mg/5 ml 12.5 mg/5 ml ** | (diphenhydramine hcl) | 3 | $0 | |
| *wal-dryl allergy 25 mg capsule 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *wal-dryl allergy 25 mg minitab minitab, coated 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *wal-fex allergy 180 mg tablet 180 mg ** | (fexofenadine) | 3 | $0 | |
| *wal-fex allergy 60 mg tablet 60 mg ** | (fexofenadine) | 3 | $0 | |
| *wal-finate 4 mg tablet 4 mg ** | (chlorpheniramine maleate) | 3 | $0 | |
| *wal-itin 10 mg tablet non-drowsy,24 hr rlf 10 mg ** | (loratadine) | 3 | $0 | |
| *wal-itin d 12 hour tablet 5-120 mg ** | | 3 | $0 | |
| *wal-itin d 24 hour tablet 10-240 mg ** | (loratadine-pseudoephedrine) | 3 | $0 | |
| *wal-sleep z 25 mg softgel 25 mg ** | (diphenhydramine hcl) | 3 | $0 | |
| *wal-som 25 mg tablet 25 mg ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *wal-tap elixir 1-2.5 mg/5 ml* * | | 3 | $0 | |
| *wal-zyr 10 mg tablet 10 mg* * | (cetirizine) | 3 | $0 | |
| *wal-zyr d tablet 5-120 mg* * | (cetirizine-pseudoephedrine) | 3 | $0 | |
| **Antimicobacteriales** | | | | |
| **Antimicobacteriales** | | | | |
| *dapsone oral tablet 100 mg, 25 mg* | | 1 | $0 | |
| *ethambutol oral tablet 100 mg* | | 1 | $0 | |
| *ethambutol oral tablet 400 mg* | (Myambutol) | 1 | $0 | |
| *isoniazid oral solution 50 mg/5 ml* | | 1 | $0 | |
| *isoniazid oral tablet 100 mg, 300 mg* | | 1 | $0 | |
| PRETOMANID ORAL TABLET 200 MG | | 2 | $0 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | | 2 | $0 | |
| *pyrazinamide oral tablet 500 mg* | | 1 | $0 | |
| *rifabutin oral capsule 150 mg* | (Mycobutin) | 1 | $0 | |
| *rifampin intravenous recon soln 600 mg* | (Rifadin) | 1 | $0 | |
| *rifampin oral capsule 150 mg, 300 mg* | | 1 | $0 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | | 2 | $0 | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | | 2 | $0 | |
| **Antivirales (Sitémico)** | | | | |
| **Antirretrovirales** | | | | |
| *abacavir oral solution 20 mg/ml* | (Ziagen) | 1 | $0 | |
| *abacavir oral tablet 300 mg* | (Ziagen) | 1 | $0 | |
| *abacavir-lamivudine oral tablet 600-300 mg* | (Epzicom) | 1 | $0 | |
| *abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg* | (Trizivir) | 1 | $0 | NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir) | 2 | $0 | QL (24 per 365 days); NDS |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML | 2 | $0 | NDS |
| APTIVUS ORAL CAPSULE 250 MG | 2 | $0 | NDS |
| *atazanavir oral capsule 150 mg* | 1 | $0 | |
| *atazanavir oral capsule 200 mg, 300 mg* (Reyataz) | 1 | $0 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 2 | $0 | NDS |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 2 | $0 | NDS |
| *cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)* | 2 | $0 | QL (24 per 365 days); NDS |
| *cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)* (Apretude) | 2 | $0 | QL (24 per 365 days); NDS |
| CIMDUO ORAL TABLET 300-300 MG | 2 | $0 | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 2 | $0 | NDS |
| CRIXIVAN ORAL CAPSULE 200 MG | 2 | $0 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 2 | $0 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 2 | $0 | NDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| DOVATO ORAL TABLET 50-300 MG | | 2 | $0 | NDS |
| EDURANT ORAL TABLET 25 MG | | 2 | $0 | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | (Sustiva) | 1 | $0 | |
| *efavirenz oral tablet 600 mg* | (Sustiva) | 1 | $0 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | (Atripla) | 1 | $0 | NDS |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | (Symfi Lo) | 1 | $0 | NDS |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 1 | $0 | NDS |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 1 | $0 | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | (Truvada) | 1 | $0 | NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | | 2 | $0 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | | 2 | $0 | |
| *etravirine oral tablet 100 mg, 200 mg* | (Intelence) | 1 | $0 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | | 2 | $0 | NDS |
| *fosamprenavir oral tablet 700 mg* | (Lexiva) | 1 | $0 | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | | 2 | $0 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | 2 | $0 | NDS |
| INTELENCE ORAL TABLET 25 MG | | 2 | $0 | |
| INVIRASE ORAL TABLET 500 MG | | 2 | $0 | NDS |
| ISENTRESS HD ORAL TABLET 600 MG | | 2 | $0 | NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | 2 | $0 | |
| ISENTRESS ORAL TABLET 400 MG | | 2 | $0 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | | 2 | $0 | |
| JULUCA ORAL TABLET 50-25 MG | | 2 | $0 | NDS |
| *lamivudine oral solution 10 mg/ml* | (Epivir) | 1 | $0 | |
| *lamivudine oral tablet 100 mg* | (Epivir HBV) | 1 | $0 | |
| *lamivudine oral tablet 150 mg, 300 mg* | (Epivir) | 1 | $0 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | (Combivir) | 1 | $0 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | | 2 | $0 | |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* | (Kaletra) | 1 | $0 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | (Kaletra) | 1 | $0 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | (Kaletra) | 1 | $0 | QL (120 per 30 days); NDS |
| *maraviroc oral tablet 150 mg, 300 mg* | (Selzentry) | 1 | $0 | NDS |
| *nevirapine oral suspension 50 mg/5 ml* | | 1 | $0 | |
| *nevirapine oral tablet 200 mg* | | 1 | $0 | |
| *nevirapine oral tablet extended release 24 hr 100 mg, 400 mg* | | 1 | $0 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | | 2 | $0 | |
| NORVIR ORAL SOLUTION 80 MG/ML | | 2 | $0 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | | 2 | $0 | NDS |
| PIFELTRO ORAL TABLET 100 MG | | 2 | $0 | NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 2 | $0 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 2 | $0 | NDS |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG | 2 | $0 | NDS |
| PREZISTA ORAL TABLET 75 MG | 2 | $0 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 2 | $0 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 2 | $0 | NDS |
| *rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)* | 2 | $0 | NDS |
| *ritonavir oral tablet 100 mg* (Norvir) | 1 | $0 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 2 | $0 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 2 | $0 | |
| SELZENTRY ORAL TABLET 25 MG | 2 | $0 | |
| SELZENTRY ORAL TABLET 75 MG | 2 | $0 | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | 1 | $0 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 2 | $0 | NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 2 | $0 | NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 2 | $0 | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | 1 | $0 | |
| TIVICAY ORAL TABLET 10 MG | 2 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| TIVICAY ORAL TABLET 25 MG, 50 MG | 2 | $0 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 2 | $0 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 2 | $0 | NDS |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 2 | $0 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 2 | $0 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 2 | $0 | QL (30 per 30 days); NDS |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 2 | $0 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 2 | $0 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | $0 | NDS |
| VOCABRIA ORAL TABLET 30 MG | 2 | $0 | |
| *zidovudine oral capsule 100 mg* (Retrovir) | 1 | $0 | |
| *zidovudine oral syrup 10 mg/ml* (Retrovir) | 1 | $0 | |
| *zidovudine oral tablet 300 mg* | 1 | $0 | |
| **Antivirales Hcv** | | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 2 | $0 | PA; QL (28 per 28 days); NDS |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | $0 | PA; QL (28 per 28 days); NDS |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 2 | $0 | PA; QL (28 per 28 days); NDS |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 2 | $0 | PA; QL (28 per 28 days); NDS |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 2 | $0 | PA; QL (56 per 28 days); NDS |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| HARVONI ORAL TABLET 45-200 MG | | 2 | $0 | PA; QL (28 per 28 days); NDS |
| HARVONI ORAL TABLET 90-400 MG | (ledipasvir-sofosbuvir) | 2 | $0 | PA; QL (28 per 28 days); NDS |
| MAVYRET ORAL TABLET 100-40 MG | | 2 | $0 | PA; QL (84 per 28 days); NDS |
| VOSEVI ORAL TABLET 400-100-100 MG | | 2 | $0 | PA; QL (28 per 28 days); NDS |
| **Antivirales, Varios** | | | | |
| *foscarnet intravenous solution 24 mg/ml* | (Foscavir) | 1 | $0 | PA BvD |
| *oseltamivir oral capsule 30 mg* | (Tamiflu) | 1 | $0 | QL (84 per 180 days) |
| *oseltamivir oral capsule 45 mg* | (Tamiflu) | 1 | $0 | QL (48 per 180 days) |
| *oseltamivir oral capsule 75 mg* | (Tamiflu) | 1 | $0 | QL (42 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | (Tamiflu) | 1 | $0 | QL (540 per 180 days) |
| PAXLOVID (EUA) ORAL TABLET 150 MG X 2- 100 MG | | 2 | $0 | QL (30 per 5 days) |
| PAXLOVID (EUA) ORAL TABLET 150-100 MG | | 2 | $0 | QL (20 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | | 2 | $0 | PA; QL (336 per 28 days); NDS |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | | 2 | $0 | PA; QL (672 per 28 days); NDS |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | | 2 | $0 | PA; QL (28 per 28 days); NDS |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | | 2 | $0 | QL (60 per 180 days) |
| *rimantadine oral tablet 100 mg* | (Flumadine) | 1 | $0 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | | 2 | $0 | PA; NDS |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | | 2 | $0 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | | 2 | $0 | QL (2 per 180 days) |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| **Interferones** | | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 2 | $0 | PA NSO; NDS |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | 2 | $0 | PA NSO; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 2 | $0 | NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 2 | $0 | NDS |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML | 2 | $0 | NDS |
| **Nucleósidos Y Nucleótidos** | | | |
| *acyclovir oral capsule 200 mg* | 1 | $0 | |
| *acyclovir oral suspension 200 mg/5 ml* (Zovirax) | 1 | $0 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | $0 | |
| *acyclovir sodium intravenous recon soln 1,000 mg, 500 mg* | 1 | $0 | PA BvD |
| *acyclovir sodium intravenous solution 50 mg/ml* | 1 | $0 | PA BvD |
| *adefovir oral tablet 10 mg* (Hepsera) | 1 | $0 | |
| *cidofovir intravenous solution 75 mg/ml* | 1 | $0 | NDS |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | 1 | $0 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | $0 | |
| *ganciclovir sodium intravenous recon soln 500 mg* | 1 | $0 | PA BvD; NDS |
| *ganciclovir sodium intravenous solution 50 mg/ml* | 1 | $0 | PA BvD; NDS |
| *molnupiravir oral capsule 200 mg* | 2 | $0 | QL (40 per 5 days) |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ribavirin inhalation recon soln 6 gram* | (Virazole) | 1 | $0 | PA BvD; NDS |
| *ribavirin oral capsule 200 mg* | | 1 | $0 | |
| *ribavirin oral tablet 200 mg* | | 1 | $0 | |
| *valacyclovir oral tablet 1 gram, 500 mg* | (Valtrex) | 1 | $0 | |
| *valganciclovir oral recon soln 50 mg/ml* | (Valcyte) | 1 | $0 | NDS |
| *valganciclovir oral tablet 450 mg* | (Valcyte) | 1 | $0 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | (remdesivir) | 2 | $0 | PA BvD; NDS |
| **Dispositivos** | | | | |
| **Dispositivos** | | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 1 | $0 | |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 1 | $0 | |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 1 | $0 | |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 1 | $0 | |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 1 | $0 | |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 1 | $0 | |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 1 | $0 | |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 1 | $0 | |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 1 | $0 | |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | $0 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | $0 | |
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 1 | $0 | |
| BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | $0 | |
| BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | $0 | |

Si tiene preguntas, por favor llame al Plan PHP Care Complete FIDA-IDD al 1-855-747-5483 y 711 para usuarios TTY, de 8AM a 8PM, siete días a la semana. La llamada es libre de cargos. Para mayor información, visite www.phpcares.org.

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | | 1 | $0 | |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | | 1 | $0 | |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | | 1 | $0 | |
| BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | $0 | |
| BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML | (insulin syringe needleless) | 1 | $0 | |
| BD LUER-LOK SYRINGE 1 ML 1 ML | (BD Insulin Syringe Slip Tip) | 1 | $0 | |
| BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 " | | 1 | $0 | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | | 1 | $0 | |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| BORDERED GAUZE 2"X2" 2 X 2 " | (gauze bandage) | 1 | $0 | |
| CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | | 1 | $0 | |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | | 1 | $0 | |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | 1 | $0 | |
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | | 1 | $0 | |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | | 1 | $0 | |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | | 1 | $0 | |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | | 1 | $0 | |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | | 1 | $0 | |
| COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| CURAD GAUZE PADS 2" X 2" 2 X 2 " | (gauze bandage) | 1 | $0 | |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | 1 | $0 | |
| CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " | (gauze bandage) | 1 | $0 | |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | 1 | $0 | |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | 1 | $0 | |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | 1 | $0 | |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | $0 | |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | | 1 | $0 | |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | | 1 | $0 | |
| DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | $0 | |
| DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | $0 | |
| DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | | 1 | $0 | |
| DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | $0 | |
| DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | | 1 | $0 | |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | $0 | |
| DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | | 1 | $0 | |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | | 1 | $0 | |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | | 1 | $0 | |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | | 1 | $0 | |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH LUER LOK INSUL 1 ML 1 ML | (insulin syringe needleless) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | | 1 | $0 | |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | $0 | |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | $0 | |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | | 1 | $0 | |
| EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| EASY TOUCH UNI-SLIP SYR 1 ML 1 ML | (insulin syringe needleless) | 1 | $0 | |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 | (Ultra Comfort Insulin Syringe) | 1 | $0 | |
| EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE | (Lite Touch Insulin Syringe) | 1 | $0 | |
| EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16" | (Lite Touch Insulin Syringe) | 1 | $0 | |
| EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | $0 | |
| FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16 | (Advocate Syringes) | 1 | $0 | |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| FIFTY50 PEN NEEDLE 32G X 1/4" 32 GAUGE X 1/4" | (BD Ultra-Fine Micro Pen Needle) | 1 | $0 | |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE | (Lite Touch Insulin Syringe) | 1 | $0 | |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| GAUZE PADS & DRESSINGS - PADS 2 X 2 TOPICAL BANDAGE 2 X 2 " | (gauze bandage) | 1 | $0 | |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | $0 | |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE | | 1 | $0 | |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | 1 | $0 | |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | 2 | $0 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | 2 | $0 | |
| INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | $0 | |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (UltiCare Insuln Syr(half unit)) | 1 | $0 | |
| INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | $0 | |
| INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | $0 | |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | $0 | |
| INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin Syringe) | 1 | $0 | |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | (insulin syringe-needle u-100) | 1 | $0 | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | $0 | |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | $0 | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | $0 | |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | | 1 | $0 | |
| INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" | (BD Eclipse Luer-Lok) | 1 | $0 | |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | (Advocate Syringes) | 1 | $0 | |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | $0 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE | (Ultilet Insulin Syringe) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | (Advocate Syringes) | 1 | $0 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE | (Lite Touch Insulin Syringe) | 1 | $0 | |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" | | 1 | $0 | |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| KRO PEN NEEDLE 4MM X 33G 33 GAUGE X 5/32" | (Advocate Pen Needle) | 1 | $0 | |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | $0 | |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | $0 | |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2" | | 1 | $0 | |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 1 | $0 | |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 1 | $0 | |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML | (insulin syringes (disposable)) | 1 | $0 | |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2" | | 1 | $0 | |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| NOVOFINE 30 NEEDLE | | 1 | $0 | |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 1 | $0 | |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | | 1 | $0 | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | | 2 | $0 | QL (1 per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 2 | $0 | |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | | 2 | $0 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 2 | $0 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | 2 | $0 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | 2 | $0 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | 2 | $0 | |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" | (AboutTime Pen Needle) | 1 | $0 | |
| PEN NEEDLE 32G X 3/16" 32 GAUGE X 3/16" | (CareFine Pen Needle) | 1 | $0 | |
| PEN NEEDLE 32G X 5/32" 4MM 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 1 | $0 | |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | $0 | |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | $0 | |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | $0 | |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | $0 | |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | | 1 | $0 | |
| RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | $0 | |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | $0 | |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | $0 | |
| RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 | (Lite Touch Insulin Syringe) | 1 | $0 | |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | | 1 | $0 | |
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | | 1 | $0 | |
| RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | | 1 | $0 | |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | | 1 | $0 | |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | $0 | |
| SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 " | (gauze bandage) | 1 | $0 | |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | $0 | |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | $0 | |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |

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|---|---|---|---|---|
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2" | | 1 | $0 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | $0 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | $0 | |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | $0 | |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | | 1 | $0 | |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (Advocate Syringes) | 1 | $0 | |
| TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | $0 | |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | $0 | |

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|---|---|---|---|---|
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | | 1 | $0 | |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8" | | 1 | $0 | |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" | (insulin syringe-needle u-100) | 1 | $0 | |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | | 1 | $0 | |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |

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|---|---|---|---|---|
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | | 1 | $0 | |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | $0 | |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

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|---|---|---|---|---|
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | $0 | |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | | 1 | $0 | |

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|---|---|---|---|---|
| ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16" | | 1 | $0 | |
| ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2" | (Advocate Syringes) | 1 | $0 | |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | | 1 | $0 | |
| ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2" | | 1 | $0 | |
| ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32" | | 1 | $0 | |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | | 1 | $0 | |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | | 1 | $0 | |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | | 1 | $0 | |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | 1 | $0 | |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | 1 | $0 | |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | 1 | $0 | |

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|---|---|---|---|---|
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | | 1 | $0 | |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | | 1 | $0 | |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | | 1 | $0 | |
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTILET PEN NEEDLE 29 GAUGE | | 1 | $0 | |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

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| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | | 1 | $0 | |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | $0 | |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | $0 | |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |

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|---|---|---|---|---|
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | $0 | |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | | 1 | $0 | |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | | 1 | $0 | |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16" | | 1 | $0 | |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16" | | 1 | $0 | |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | | 1 | $0 | |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | $0 | |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | $0 | |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | $0 | |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | $0 | |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | | 1 | $0 | |
| V-GO 20 DEVICE | | 2 | $0 | |
| V-GO 30 DEVICE | | 2 | $0 | |
| V-GO 40 DEVICE | | 2 | $0 | |
| **Preparaciones De Reemplazo** | | | | |
| **Preparaciones De Reemplazo** | | | | |
| *calcium 500 mg chewable tablet p/f,gluten-f (rx) 500 mg-2.5 mcg (100 unit) ** | | 3 | $0 | |
| *calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg) ** | (Natural Calcium) | 3 | $0 | |
| *calcium 500+d tablet chew 500 mg-10 mcg (400 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit) ** | (Calcium 500 + D) | 3 | $0 | |
| *calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg) ** | (Calcium 600) | 3 | $0 | |
| *calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml) ** | | 3 | $0 | |
| *calcium carbonate 648 mg tab 260 mg calcium (648 mg) ** | | 3 | $0 | |
| *calcium chloride intravenous syringe 100 mg/ml (10 %)* | | 1 | $0 | |
| *calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) ** | (Calcium Citrate + D) | 3 | $0 | |
| *calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg) ** | | 3 | $0 | |
| *calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |
| *citracal + d maximum caplet (rx) 315 mg-6.25 mcg (250 unit) ** | (calcium citrate-vitamin d3) | 3 | $0 | |
| *citrus calcium + d tablet 315 mg-6.25 mcg (250 unit) ** | (calcium citrate-vitamin d3) | 3 | $0 | |
| *cvs cal cit 315 mg-d3 6.25 mcg (rx) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |
| *cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit) ** | | 3 | $0 | |
| *cvs pediatric electrolyte soln (rx) ** | (electrolytes-dextrose) | 3 | $0 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | | 2 | $0 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | | 2 | $0 | |
| *electrolyte solution (rx) ** | (electrolytes-dextrose) | 3 | $0 | |
| *eq calcium citrate-d tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |
| *hm calcium citrate-vit d cplt caplet, gluten-free (otc) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |
| *hydralyte electrolyte soln ** | (electrolytes-dextrose) | 3 | $0 | |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | | 2 | $0 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | | 2 | $0 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | | 2 | $0 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (potassium chloride) | 1 | $0 | |

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|---|---|---|---|---|
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (potassium chloride) | 1 | $0 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | 1 | $0 | |
| *mag64 dr 64 mg tablet (rx) 64 mg ** | (magnesium chloride) | 3 | $0 | |
| *magnesium chloride 64 mg tab 64 mg magnesium ** | | 3 | $0 | |
| *magnesium chloride ec 70 mg tb 70 mg ** | | 3 | $0 | |
| *magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml* | | 1 | $0 | |
| *magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)* | | 1 | $0 | PA BvD |
| *magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)* | | 1 | $0 | PA BvD |
| *magnesium sulfate injection syringe 4 meq/ml* | | 1 | $0 | PA BvD |
| *natural calcium 500 mg tablet 500 mg calcium (1,250 mg) ** | (calcium carbonate) | 3 | $0 | |
| NORMOSOL-M IN 5% DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | | 2 | $0 | |
| *nu-mag 71.5 mg tablet 71.5 mg ** | | 3 | $0 | |
| *oralyte freezer pops* * | (electrolytes-dextrose) | 3 | $0 | |
| *oralyte solution* * | (electrolytes-dextrose) | 3 | $0 | |
| *oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) ** | (Natural Calcium) | 3 | $0 | |
| *pediatric electrolyte solution (rx) ** | (electrolytes-dextrose) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *phospha 250 neutral tablet 250 mg* * | (sod phos di, mono-k phos mono) | 3 | $0 | |
| *phospho-trin 250 neutral tab 250 mg* * | (sod phos di, mono-k phos mono) | 3 | $0 | |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | | 2 | $0 | |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | | 2 | $0 | |
| *potass cit-sod cit-citric soln (rx) 550-500-334 mg/5 ml* * | (Tricitrates) | 3 | $0 | |
| *potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)* | | 1 | $0 | PA BvD |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 1 | $0 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | | 1 | $0 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq* | (K-Tab) | 1 | $0 | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | $0 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Klor-Con M10) | 1 | $0 | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Klor-Con M15) | 1 | $0 | |
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Klor-Con M20) | 1 | $0 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l* | | 1 | $0 | |
| *potassium cit-citric acid soln (rx) 1,100-334 mg/5 ml* * | (Virtrate-K) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K 10) | 1 | $0 | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 1 | $0 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | (Urocit-K 5) | 1 | $0 | |
| *ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg) ** | (calcium carbonate) | 3 | $0 | |
| *ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit) ** | (Citracal + D Maximum) | 3 | $0 | |
| *ra magnesium 250 mg tablet (rx) 250 mg ** | | 3 | $0 | |
| *ra pediatric electrolyte soln (rx) ** | (electrolytes-dextrose) | 3 | $0 | |
| *ra pediatric freezer pops ** | (electrolytes-dextrose) | 3 | $0 | |
| *sm magnesium 250 mg tablet (rx) 250 mg ** | | 3 | $0 | |
| *sm pediatric electrolyte soln (rx) ** | (electrolytes-dextrose) | 3 | $0 | |
| *sod citrate-citric acid soln (rx) 500-334 mg/5 ml ** | (Virtrate-2) | 3 | $0 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | | 1 | $0 | |
| *sodium chloride 0.9 % intravenous parenteral solution* | | 1 | $0 | |
| *sodium chloride 0.9 % intravenous piggyback* | | 1 | $0 | |
| *sodium chloride 0.9% solution viaflex, single use* | | 2 | $0 | |
| *sodium chloride 1 gm tablet (rx) 1,000 mg ** | | 3 | $0 | |
| *super calcium 600 mg tablet 600 mg calcium (1,500 mg) ** | (calcium carbonate) | 3 | $0 | |
| *tricitrates oral solution 550-500-334 mg/5 ml ** | (pot,sodium citrate-citric acid) | 3 | $0 | |

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|---|---|---|---|---|
| *virt-phos 250 neutral tablet (rx) 250 mg ** | (sod phos di, mono-k phos mono) | 3 | $0 | |
| *virtrate-2 solution (rx) 500-334 mg/5 ml ** | (sodium citrate-citric acid) | 3 | $0 | |
| *virtrate-3 solution (rx) 550-500-334 mg/5 ml ** | (pot,sodium citrate-citric acid) | 3 | $0 | |
| *virtrate-k solution (rx) 1,100-334 mg/5 ml ** | (potassium citrate-citric acid) | 3 | $0 | |
| **Productos Para La Tos Y Resfriado** | | | | |
| **Productos Para La Tos Y Resfriado** | | | | |
| *adult wal-tussin dm max liq cherry menthol 10-200 mg/5 ml ** | | 3 | $0 | |
| *alka-seltzer plus day cap 5-10-325 mg ** | | 3 | $0 | |
| *alka-seltzer plus sinus-cough 5-10-325 mg ** | | 3 | $0 | |
| *benzonatate 100 mg capsule 100 mg ** | | 3 | $0 | |
| *benzonatate 150 mg capsule 150 mg ** | | 3 | $0 | |
| *benzonatate 200 mg capsule 200 mg ** | | 3 | $0 | |
| *brotapp dm 1-15-5 mg/5 ml liq 1-15-5 mg/5 ml ** | (brompheniramine-pseudoeph-dm) | 3 | $0 | |
| *child mucinex chest congestion oral liquid 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *children's silfedrine liq 15 mg/5 ml ** | | 3 | $0 | |
| *cough dm er 30 mg/5 ml susp 12 hour 30 mg/5 ml ** | (dextromethorphan polistirex) | 3 | $0 | |
| *cough syrup dm 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *cvs chest congest relief dm tb 20-400 mg ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *cvs mucus er 1,200 mg tablet 1,200 mg ** | (guaifenesin) | 3 | $0 | |

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|---|---|---|---|---|
| *cvs tussin 100 mg/5 ml liquid 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *diabetic tussin 200 mg/10 ml 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *diabetic tussin dm max-str liq 10-200 mg/5 ml ** | | 3 | $0 | |
| *diabetic tussin ex liquid d/f,n 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *expectorant 100 mg/5 ml syrup 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *expectorant 200 mg tablet 200 mg ** | (guaifenesin) | 3 | $0 | |
| *guaifenesin 200 mg tablet (otc) 200 mg ** | (Expectorant) | 3 | $0 | |
| *kidkare cough/cold oral liquid 1-15-5 mg/5 ml ** | | 3 | $0 | |
| MUCINEX D ER 600-60 MG TABLET 60-600 MG * | (pseudoephedrine-guaifenesin) | 3 | $0 | |
| MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR 60-1,200 MG * | (dextromethorphan-guaifenesin) | 3 | $0 | |
| MUCINEX DM ER 600-30 MG TABLET 30-600 MG * | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *mucinex fast-max chest-congest 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *mucus relief 400 mg tablet 400 mg ** | (guaifenesin) | 3 | $0 | |
| *mucus relief er 600 mg tablet 600 mg ** | (guaifenesin) | 3 | $0 | |
| *mucus relief pe tablet 10-400 mg ** | (phenylephrine-guaifenesin) | 3 | $0 | |
| *neo-tuss liquid 30-200 mg/5 ml ** | | 3 | $0 | |
| *pedia relief cough-cold oral liquid 1-15-5 mg/5 ml ** | | 3 | $0 | |
| *pediatric cough-cold liquid 1-15-5 mg/5 ml ** | | 3 | $0 | |
| *pseudoephedrine 30 mg tablet 30 mg ** | (Sudogest) | 3 | $0 | |

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|---|---|---|---|---|
| *ra day cold-flu relief softgel multi-symptom 5-10-325 mg ** | | 3 | $0 | |
| *ra expectorant cough syrup 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *ra night cold-flu relief sftgl multi-symptom 6.25-15-325 mg ** | | 3 | $0 | |
| *ra tussin chest congestion syr non-drowsy 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *ra tussin cough liquid d/f 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *ra tussin dm max liquid 10-200 mg/5 ml ** | | 3 | $0 | |
| *ra tussin dm syrup 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *refenesen 400 mg tablet 400 mg ** | (guaifenesin) | 3 | $0 | |
| *ri-tussin dm oral syrup 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *ri-tussin oral liquid 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *robafen 200 mg/10 ml syrup 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml ** | | 3 | $0 | |
| *robafen dm cough liquid 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *robitussin cough-chest dm liq 5-100 mg/5 ml ** | | 3 | $0 | |
| *rynex dm liquid prof use only 1-2.5-5 mg/5 ml ** | | 3 | $0 | |
| *scot-tussin expectorant liquid 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *siltussin sa 100 mg/5 ml syr 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| *sudogest 30 mg tablet boxed 30 mg ** | (pseudoephedrine hcl) | 3 | $0 | |
| TESSALON PERLE 100 MG CAP 100 MG * | (benzonatate) | 3 | $0 | |
| THERAFLU MS SEVERE COLD PCKT 10-20-500 MG * | | 3 | $0 | |

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|---|---|---|---|---|
| VANATAB DM CAPLET 5-9-198 MG * | | 3 | $0 | |
| *vicks dayquil liquicaps cold & flu 5-10-325 mg ** | | 3 | $0 | |
| *vicks nyquil liquicaps cold & flu 6.25-15-325 mg ** | | 3 | $0 | |
| *wal-phed 30 mg tablet maxium strength 30 mg ** | (pseudoephedrine hcl) | 3 | $0 | |
| *wal-tussin cough-cold cf liq pseudoephedrine free 5-10-100 mg/5 ml ** | | 3 | $0 | |
| *wal-tussin dm clear syrup 10-100 mg/5 ml ** | (dextromethorphan-guaifenesin) | 3 | $0 | |
| *wal-tussin syrup 100 mg/5 ml ** | (guaifenesin) | 3 | $0 | |
| **Productos Sanguíneos/Modificadores/Expansores De Volumen** | | | | |
| **Agentes Hematológicos, Varios** | | | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | | 2 | $0 | PA; NDS |
| *anagrelide oral capsule 0.5 mg* | (Agrylin) | 1 | $0 | |
| *anagrelide oral capsule 1 mg* | | 1 | $0 | |
| CABLIVI INJECTION KIT 11 MG | | 2 | $0 | PA; QL (30 per 30 days); NDS |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | | 2 | $0 | |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | | 2 | $0 | PA; NDS |
| *protamine intravenous solution 10 mg/ml* | | 1 | $0 | |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG | | 2 | $0 | PA |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | | 2 | $0 | PA; QL (60 per 30 days); NDS |
| *tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)* | (Cyklokapron) | 1 | $0 | |

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|---|---|---|---|---|
| *tranexamic acid oral tablet 650 mg* | (Lysteda) | 1 | $0 | |
| **Anticoagulantes** | | | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | | 2 | $0 | |
| ELIQUIS ORAL TABLET 2.5 MG | | 2 | $0 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | | 2 | $0 | QL (74 per 30 days) |
| *enoxaparin subcutaneous solution 300 mg/3 ml* | (Lovenox) | 1 | $0 | QL (30 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | (Lovenox) | 1 | $0 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | (Lovenox) | 1 | $0 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* | (Lovenox) | 1 | $0 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | (Lovenox) | 1 | $0 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* | (Lovenox) | 1 | $0 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* | (Arixtra) | 1 | $0 | QL (24 per 30 days); NDS |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | (Arixtra) | 1 | $0 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* | (Arixtra) | 1 | $0 | QL (12 per 30 days); NDS |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* | (Arixtra) | 1 | $0 | QL (18 per 30 days); NDS |
| *heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)* | | 1 | $0 | |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | | 1 | $0 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | | 1 | $0 | |
| *heparin, porcine (pf) injection solution 1,000 unit/ml* | | 1 | $0 | |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| *heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml* | 1 | $0 | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* (warfarin) | 1 | $0 | |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* (Jantoven) | 1 | $0 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 2 | $0 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 2 | $0 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 2 | $0 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 2 | $0 | QL (60 per 30 days) |
| **Inhibidores De Agregación De Plaquetas** | | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 1 | $0 | QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 2 | $0 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | $0 | |
| *clopidogrel oral tablet 75 mg* (Plavix) | 1 | $0 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | $0 | |
| *prasugrel oral tablet 10 mg, 5 mg* (Effient) | 1 | $0 | QL (30 per 30 days) |
| **Modificadores De Formación De Sangre** | | | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 2 | $0 | PA; QL (20 per 30 days); NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 2 | $0 | PA; QL (60 per 30 days); NDS |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 2 | $0 | PA; QL (60 per 30 days); NDS |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 2 | $0 | PA; QL (60 per 30 days); NDS |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | $0 | PA; NDS |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | $0 | PA; NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 2 | $0 | PA; QL (30 per 30 days); NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 2 | $0 | PA; QL (20 per 30 days); NDS |
| LEUKINE INJECTION RECON SOLN 250 MCG | 2 | $0 | NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | 2 | $0 | NDS |
| MULPLETA ORAL TABLET 3 MG | 2 | $0 | PA; QL (7 per 7 days); NDS |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | $0 | PA; NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | $0 | PA; NDS |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | 2 | $0 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 2 | $0 | PA; QL (30 per 30 days); NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 2 | $0 | PA; QL (90 per 30 days); NDS |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 2 | $0 | PA; QL (180 per 30 days); NDS |
| PROMACTA ORAL TABLET 12.5 MG | 2 | $0 | PA; QL (90 per 30 days); NDS |
| PROMACTA ORAL TABLET 25 MG | 2 | $0 | PA; QL (30 per 30 days); NDS |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 2 | $0 | PA; QL (60 per 30 days); NDS |
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | $0 | PA; NDS |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | $0 | PA; NDS |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 2 | $0 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 2 | $0 | PA; QL (4 per 28 days) |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | $0 | PA; NDS |

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|---|---|---|---|
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | $0 | PA; NDS |
| **Reemplazo/Modificadores De Enzima** | | | |
| **Reemplazo/Modificadores De Enzima** | | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 2 | $0 | NDS |
| CERDELGA ORAL CAPSULE 84 MG | 2 | $0 | PA; NDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 2 | $0 | NDS |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2 | $0 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 2 | $0 | NDS |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 2 | $0 | NDS |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 2 | $0 | PA; NDS |
| GALAFOLD ORAL CAPSULE 123 MG | 2 | $0 | PA; QL (14 per 28 days); NDS |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 2 | $0 | PA; NDS |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 2 | $0 | PA BvD; NDS |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 2 | $0 | PA; NDS |

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|---|---|---|---|
| *miglustat oral capsule 100 mg* (Zavesca) | 1 | $0 | PA; QL (90 per 30 days); NDS |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 2 | $0 | NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* (Orfadin) | 1 | $0 | PA; NDS |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | 2 | $0 | PA; NDS |
| ORFADIN ORAL CAPSULE 20 MG | 2 | $0 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 2 | $0 | PA; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 2 | $0 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 2 | $0 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 2 | $0 | PA; NDS |
| *sapropterin oral tablet,soluble 100 mg* (Kuvan) | 1 | $0 | NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 2 | $0 | PA; LA; NDS |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 2 | $0 | PA; NDS |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 2 | $0 | NDS |

| Nombre del Medicamento | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | 2 | $0 | |
| **Relajantes Musculares Esqueléticos** | | | |
| **Relajantes Musculares Esqueléticos** | | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | $0 | |
| *chlorzoxazone oral tablet 250 mg* | 1 | $0 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years); NDS |
| *chlorzoxazone oral tablet 500 mg* | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *dantrolene oral capsule 100 mg, 50 mg* | 1 | $0 | |
| *dantrolene oral capsule 25 mg* (Dantrium) | 1 | $0 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | $0 | PA-HRM; AGE (Max 64 Years) |
| *revonto intravenous recon soln 20 mg* (dantrolene) | 1 | $0 | |
| *tizanidine oral tablet 2 mg* | 1 | $0 | |
| *tizanidine oral tablet 4 mg* (Zanaflex) | 1 | $0 | |
| **Vitaminas Y Minerales** | | | |
| **Vitaminas Y Minerales** | | | |
| *a thru z advanced formula tab new formula (rx)* * | 3 | $0 | |
| *a thru z select tablet new formulation (rx)* * | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *acerola c 500 mg tablet chew 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| AMLADEX TABLET 1-5-50 MG * | | 3 | $0 | |
| *animal chews tablet ** | (pediatric multivitamin) | 3 | $0 | |
| *animal shapes chewable tablet ** | | 3 | $0 | |
| AQUADEKS PEDIATRIC LIQUID 400 MCG/ML * | | 3 | $0 | |
| AQUA-E CONCENTRATE 75 UNIT/ML 75 UNIT/ML * | | 3 | $0 | |
| *b complex capsule (rx) ** | (Vitamins B Complex) | 3 | $0 | |
| *b complex number 1 tablet 0.4 mg ** | (vitamin b complex-folic acid) | 3 | $0 | |
| *b complex tablet ** | (vitamin b complex) | 3 | $0 | |
| *b-12 500 mcg tablet (rx) 500 mcg ** | (cyanocobalamin (vitamin b-12)) | 3 | $0 | |
| *b-12 dots 500 mcg tablet 500 mcg ** | (cyanocobalamin (vitamin b-12)) | 3 | $0 | |
| *balance b-100 tablet 0.4 mg ** | (vitamin b complex-folic acid) | 3 | $0 | |
| *balance b-50 tablet 0.4 mg ** | (vitamin b complex-folic acid) | 3 | $0 | |
| *balance b-50 tablet outer,p\|f,gluten\|f 0.4 mg ** | (vitamin b complex-folic acid) | 3 | $0 | |
| *balanced b-complex caplet p\|f,no-lactose (rx) 400 mcg ** | | 3 | $0 | |
| *b-complex plus vitamin c cplt (rx) 400 mcg ** | | 3 | $0 | |
| *b-complex plus vitamin c cplt caplet (rx) ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *b-complex with b12 tablet (rx) ** | (vitamin b complex) | 3 | $0 | |
| *b-complex with c tablet (rx) ** | | 3 | $0 | |
| *b-complex with vit c caplet p/f,gluten-free (rx) 400 mcg ** | | 3 | $0 | |
| *b-complex w-vitamin c caplet caplet,p/f (rx) ** | | 3 | $0 | |
| *biotin 5 mg tablet 5 mg ** | | 3 | $0 | |
| *biotin 5,000 mcg capsule mx-str (rx) 5 mg ** | (Meribin) | 3 | $0 | |
| *c-500 mg tablet (rx) 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *c-500 mg tablet chewable (rx) 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *calcidol drops 200 mcg/ml (8,000 unit/ml) ** | (ergocalciferol (vitamin d2)) | 3 | $0 | |
| *calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit) ** | (Os-Cal 500 + D3) | 3 | $0 | |
| *calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit) ** | (Calcium 600 + D(3)) | 3 | $0 | |
| *calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit) ** | (Calcium 600 + D(3)) | 3 | $0 | |
| *calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit) ** | (Caltrate with Vitamin D3) | 3 | $0 | |
| CALTRATE 600 PLUS D3 TABLET 600 MG-20 MCG (800 UNIT) * | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *cerovite advanced form tab 18-400 mg-mcg ** | | 3 | $0 | |
| *certavite senior tablet 0.4 mg-300 mcg- 250 mcg ** | | 3 | $0 | |
| *certavite-antioxidant tablet (rx) 18-400 mg-mcg ** | | 3 | $0 | |
| *child chew + iron tab chew ** | (pediatric multivitamin-iron) | 3 | $0 | |
| *child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)/ml ** | (Pediatric Fe-Vite) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *children's chewable oral tablet,chewable* * | (pediatric multivitamin) | 3 | $0 | |
| *cvs b-1 100 mg tablet p/f,gluten-free (rx) 100 mg* * | (thiamine hcl (vitamin b1)) | 3 | $0 | |
| *cvs b-complex-vit c caplet caplet (rx)* * | | 3 | $0 | |
| *cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)* * | (Caltrate with Vitamin D3) | 3 | $0 | |
| *cvs daily multiple tablet (rx)* * | (multivitamin) | 3 | $0 | |
| *cvs hair, skin and nails cplt (rx)* * | (multivitamin with minerals) | 3 | $0 | |
| *cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)* * | (Ferate) | 3 | $0 | |
| *cvs vit c-rose hip 500 mg chew 500 mg* * | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)* * | (Vitamin D3) | 3 | $0 | |
| *cyanocobalamin 1,000 mcg/ml vl outer 1,000 mcg/ml* * | (Dodex) | 3 | $0 | |
| *d3 dots 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit)* * | (cholecalciferol (vitamin d3)) | 3 | $0 | |
| *daily multivit-minerals tab (rx)* * | (multivitamin with minerals) | 3 | $0 | |
| *daily value multivitamin tab* * | (multivitamin) | 3 | $0 | |
| *daily vitamin + iron tablet (rx)* * | (multivitamin with iron) | 3 | $0 | |
| *daily vitamin formula tablet* * | (multivitamin) | 3 | $0 | |
| *daily vitamin formula tablet* * | (multivitamin with minerals) | 3 | $0 | |
| *daily vite tablet (rx)* * | (multivitamin) | 3 | $0 | |
| *daily vite with iron tablet* * | (multivitamin with iron) | 3 | $0 | |
| *daily-vite tablet 400 mcg* * | (multivitamin with folic acid) | 3 | $0 | |
| *dekas essential capsule 2,000 unit-2000 unit-1,000 mcg* * | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML * | | 3 | $0 | |
| DEKAS PLUS CHEWABLE TABLET 200 MCG-1,000 MCG-10 MG * | | 3 | $0 | |
| DEKAS PLUS LIQUID 500 MCG/ML * | | 3 | $0 | |
| DEKAS PLUS SOFTGEL 200 MCG-1,000 MCG-10 MG * | | 3 | $0 | |
| *dino-life chewable tablet* * | | 3 | $0 | |
| *dino-life extra c chew tablet* * | | 3 | $0 | |
| DRISDOL 1.25 MG (50,000 UNIT) 1,250 MCG (50,000 UNIT) * | (ergocalciferol (vitamin d2)) | 3 | $0 | |
| *d-vi-sol 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)* * | (cholecalciferol (vitamin d3)) | 3 | $0 | |
| *eldertonic elixir 0.5-0.6-7-0.7 mg* * | | 3 | $0 | |
| *eql eye health plus lutein tab 300 mcg-200 mg-27 mg-2 mg* * | | 3 | $0 | |
| *eql one daily men's tablet (rx)* * | (multivitamin with minerals) | 3 | $0 | |
| *ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)* * | (Calcidol) | 3 | $0 | |
| *feosol 65 mg tablet (rx) 325 mg (65 mg iron)* * | (ferrous sulfate) | 3 | $0 | |
| *ferate 27 mg tablet 240 mg (27 mg iron)* * | (ferrous gluconate) | 3 | $0 | |
| *fergon 27 mg tablet 225 mg (27 mg iron)* * | (ferrous gluconate) | 3 | $0 | |
| *ferosul 325 mg tablet (rx) 325 mg (65 mg iron)* * | (ferrous sulfate) | 3 | $0 | |
| *ferretts 325 mg tablet 325 mg (106 mg iron)* * | | 3 | $0 | |
| *ferrex 150 capsule outer, u-d 150 mg iron* * | (polysaccharide iron complex) | 3 | $0 | |
| *ferrocite tablet 324 mg (106 mg iron)* * | (ferrous fumarate) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *ferrous fumarate 324 mg tab 324 mg (106 mg iron) ** | (Ferrocite) | 3 | $0 | |
| *ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) ** | (Ferate) | 3 | $0 | |
| *ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron) ** | | 3 | $0 | |
| *ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml ** | | 3 | $0 | |
| *ferrous sulf 300 mg/5 ml liq 100's, u-d 300 mg (60 mg iron)/5 ml ** | | 3 | $0 | |
| *ferrous sulf ec 324 mg tablet 324 mg (65 mg iron) ** | | 3 | $0 | |
| *ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron) ** | | 3 | $0 | |
| *ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) ** | (Feosol) | 3 | $0 | |
| *flintstones extra c tab chew (rx) ** | (pediatric multivitamin) | 3 | $0 | |
| *flintstones tablet chewable ** | (pediatric multivitamin) | 3 | $0 | |
| FLINTSTONES WITH IRON TAB CHEW 18 MG IRON * | | 3 | $0 | |
| *folic acid 1 mg tablet (rx) 1 mg ** | | 3 | $0 | |
| *folic acid 400 mcg tablet (rx) 400 mcg ** | | 3 | $0 | |
| *folic acid 5 mg/ml vial mdv 5 mg/ml ** | | 3 | $0 | |
| *fruit c-500 tablet chewable 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *gnp one daily essential tablet (rx) ** | (multivitamin) | 3 | $0 | |
| *gnp vit c-rose hip 500 mg capl caplet,natural 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *gummi bear multivit tab chew multivit & minerals (rx) ** | (pediatric multivitamin) | 3 | $0 | |
| *hair vitamins ** | (multivitamin with iron) | 3 | $0 | |

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|---|---|---|---|---|
| *hair,skin & nails caplet caplet* * | (multivitamin with minerals) | 3 | $0 | |
| *hemocyte tablet 324 mg (106 mg iron)* * | (ferrous fumarate) | 3 | $0 | |
| *high potency multivitamin tab 400 mcg* * | (multivitamin with folic acid) | 3 | $0 | |
| *high potency multivitamin tab 9 mg iron-400 mcg* * | | 3 | $0 | |
| *hm super vitamin b complex gluten-free (rx) 400 mcg* * | | 3 | $0 | |
| *honey bears chewable tablet* * | | 3 | $0 | |
| *hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml* * | | 3 | $0 | |
| ICAPS MV TABLET (RX) 100-1.66-0.83 MCG-MG-MG * | | 3 | $0 | |
| *iferex 150 capsule 150 mg iron* * | (polysaccharide iron complex) | 3 | $0 | |
| *iron 27 mg tablet (rx) 236 mg (27 mg iron)* * | | 3 | $0 | |
| *iron 28 mg tablet 256 mg (28 mg iron)* * | | 3 | $0 | |
| *little animals child tb chw* * | (pediatric multivitamin) | 3 | $0 | |
| *little animals-iron tab chew* * | (pediatric multivitamin-iron) | 3 | $0 | |
| *mega multivit-chelated min tab* * | (multivitamin with minerals) | 3 | $0 | |
| MEPHYTON 5 MG TABLET 5 MG * | (phytonadione (vitamin k1)) | 3 | $0 | |
| *milltrium senior multivit tab* * | | 3 | $0 | |
| *multi-day plus iron tablet 18-400 mg-mcg* * | | 3 | $0 | |
| *multiple vitamin with iron tab (rx)* * | (Daily Vitamin with Iron) | 3 | $0 | |
| *multiple vitamin w-minerals tb* * | (multivitamin with minerals) | 3 | $0 | |

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|---|---|---|---|---|
| *multiple vitamins tablet one daily* * | (multivitamin) | 3 | $0 | |
| *multi-vitamin daily tablet (rx)* * | (multivitamin) | 3 | $0 | |
| *multivitamin tablet (rx)* * | (Daily Multi-Vitamin) | 3 | $0 | |
| *multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg* * | | 3 | $0 | |
| *multivitamins tablet (rx)* * | (Daily Multi-Vitamin) | 3 | $0 | |
| *myferon 150 capsule 150 mg iron* * | (polysaccharide iron complex) | 3 | $0 | |
| NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY * | | 3 | $0 | |
| *nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg* * | | 3 | $0 | |
| NEPHRON FA TABLET 66 MG IRON- 1,000 MCG * | | 3 | $0 | |
| *niacinamide 500 mg tablet (rx) 500 mg* * | (Niacin (niacinamide)) | 3 | $0 | |
| *nu-iron 150 capsule 150 mg iron* * | (polysaccharide iron complex) | 3 | $0 | |
| *ocutabs tablet (rx)* * | | 3 | $0 | |
| *omnivex tablet 1-5-50 mg* * | | 3 | $0 | |
| *onccor tablet 200-10-10 mcg* * | | 3 | $0 | |
| *oncovite tablet* * | (therapeutic multivitamin) | 3 | $0 | |
| *one daily complete tablet* * | (multivitamin with minerals) | 3 | $0 | |
| *one daily complete tablet 18-0.4 mg* * | | 3 | $0 | |
| *one daily essential tablet (rx)* * | (multivitamin) | 3 | $0 | |
| *one daily for women tablet 18-0.4 mg* * | | 3 | $0 | |
| *one daily maximum tablet (rx) 18-0.4 mg* * | | 3 | $0 | |
| *one daily multivitamin tablet 400 mcg* * | (multivitamin with folic acid) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *one daily with minerals tablet (rx) ** | (multivitamin with minerals) | 3 | $0 | |
| *one-a-day essential tablet (rx) ** | (multivitamin) | 3 | $0 | |
| *one-a-day max formula tab ** | (multivitamin with minerals) | 3 | $0 | |
| *one-a-day men's tablet 400-20-300 mcg ** | | 3 | $0 | |
| *one-a-day teen advantage tab 9 mg iron-400 mcg ** | | 3 | $0 | |
| *one-daily multi-vitamin tab (rx) ** | (multivitamin) | 3 | $0 | |
| *oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *pedia tri-vite drop 750 unit-35 mg -400 unit/ml ** | (vit a palmitate-vit c-vit d3) | 3 | $0 | |
| *pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml ** | (ferrous sulfate) | 3 | $0 | |
| *pediatric tri-vit drops 750 unit-35 mg -400 unit/ml ** | (vit a palmitate-vit c-vit d3) | 3 | $0 | |
| *pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml) ** | (D-Vi-Sol) | 3 | $0 | |
| *pharmacist choice ped tri-vit 750 unit-35 mg -400 unit/ml ** | (Pedia Tri-Vite) | 3 | $0 | |
| *phytonadione 5 mg tablet 5 mg ** | (Mephyton) | 3 | $0 | |
| *poly-iron 150 mg capsule 150 mg iron ** | (polysaccharide iron complex) | 3 | $0 | |
| POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG-10 MCG/ML * | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML * | | 3 | $0 | |
| *prenatal tablet (rx) 28 mg iron- 800 mcg ** | (pnv cmb#95- ferrous fumarate- fa) | 3 | $0 | |
| *prenatal tablet 27 mg iron- 800 mcg ** | | 3 | $0 | |
| *prenatal tablet 28 mg iron- 800 mcg ** | | 3 | $0 | |
| *prenatal tablet 28 mg iron- 800 mcg ** | (Prenatal) | 3 | $0 | |
| *prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg ** | (pnv cmb#95- ferrous fumarate- fa) | 3 | $0 | |
| *prosight tablet 5,000-60-30 unit- mg-unit ** | | 3 | $0 | |
| *pub multivitamin 50 plus tab * * | | 3 | $0 | |
| *ra balanced b-50 tablet natural,p/f (rx) * * | (vitamin b complex) | 3 | $0 | |
| *ra b-complex tablet p/f (rx) * * | (vitamin b complex) | 3 | $0 | |
| *ra b-complex tablet p/f (rx) * * | (B Complex- Vitamin B12) | 3 | $0 | |
| *ra one daily energy tablet * * | (multivitamin with minerals) | 3 | $0 | |
| *ra one daily maximum tablet (rx) 18-0.4 mg ** | | 3 | $0 | |
| *ra oyster shell 500-vit d3 200 natural,p/f (rx) 500 mg-5 mcg (200 unit) ** | (calcium carbonate-vitamin d3) | 3 | $0 | |
| *ra vitamin a 10,000 unit sftgl p/f,softgel (rx) 10,000 unit ** | | 3 | $0 | |
| *ra vitamin c 500 mg tab chew p/f (rx) 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *ra vitamin d3 1,000 unit tab gluten/f,yeast/f (rx) 25 mcg (1,000 unit) ** | (cholecalciferol (vitamin d3)) | 3 | $0 | |

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| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *sm animal shapes w-iron tab chewable (rx) ** | (pediatric multivitamin-iron) | 3 | $0 | |
| *sm b complex with vit c tablet (rx) ** | | 3 | $0 | |
| *sm balanced b-50 tablet (otc) ** | (vitamin b complex) | 3 | $0 | |
| *sm multivitamin w-iron tab (rx) ** | (Daily Vitamin with Iron) | 3 | $0 | |
| *sm multivitamins tablet (rx) ** | (Daily Multi-Vitamin) | 3 | $0 | |
| *sm prenatal vitamins tablet (rx) 28 mg iron- 800 mcg ** | (pnv cmb#95-ferrous fumarate-fa) | 3 | $0 | |
| *sm super b complex-c caplet (rx) ** | (b-complex with vitamin c) | 3 | $0 | |
| *sm vitamin c 500 mg tablet 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *sod fer gluc cplx 62.5 mg/5 ml sdv,outer 62.5 mg/5 ml ** | (Ferrlecit) | 3 | $0 | |
| *soothing pureway-c 500 mg tab 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *stress formula tablet (rx) ** | | 3 | $0 | |
| *stress formula with iron tab 500 mg-400 mcg- 27 mg iron ** | | 3 | $0 | |
| *stress-c tablet ** | | 3 | $0 | |
| *stress-c with iron tablet 500 mg-400 mcg- 18 mg iron ** | | 3 | $0 | |
| *stress-c with zinc tablet 600mg (rx) ** | | 3 | $0 | |
| *super b complex tablet p/f (rx) 400 mcg ** | | 3 | $0 | |
| *super b-50 complex capsule (rx) ** | (vitamin b complex) | 3 | $0 | |
| *super multivitamin tablet ** | (multivitamin) | 3 | $0 | |
| *super quints b-50 tablets ** | (vitamin b complex) | 3 | $0 | |
| *super thera vite m tablet (rx) ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *tab-a-vite multivit with iron 15 mg iron- 400 mcg ** | | 3 | $0 | |
| *tab-a-vite tablet 400 mcg ** | (multivitamin with folic acid) | 3 | $0 | |
| *thera m plus tablet 9 mg iron-400 mcg ** | | 3 | $0 | |
| *thera tablet 400 mcg ** | (multivitamin with folic acid) | 3 | $0 | |
| *thera-d 2000 tablet 50 mcg (2,000 unit) ** | (cholecalciferol (vitamin d3)) | 3 | $0 | |
| *theradex m tablet 27-0.4 mg ** | | 3 | $0 | |
| *thera-m caplet caplet (rx) 27-0.4 mg ** | | 3 | $0 | |
| *thera-m tablet w/beta carotene 9 mg iron-400 mcg ** | | 3 | $0 | |
| *thera-tabs caplet ** | (therapeutic multivitamin) | 3 | $0 | |
| *therems multivitamin tablet 400 mcg ** | (multivitamin with folic acid) | 3 | $0 | |
| TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML * | | 3 | $0 | |
| *vision plus lutein vitamin tab ** | | 3 | $0 | |
| *vision vitamins (rx) ** | | 3 | $0 | |
| *vit c-rose hips 500 mg caplet caplet,natural 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *vitafol caplet 65-1 mg ** | | 3 | $0 | |
| *vitalets tablet chewable child, orange (rx) ** | (pediatric multivitamin-iron) | 3 | $0 | |
| *vitamin a 8,000 unit capsule (rx) 2,400 mcg ** | | 3 | $0 | |
| *vitamin and minerals tablet ** | | 3 | $0 | |
| *vitamin b complex capsule (rx) ** | (vitamin b complex) | 3 | $0 | |
| *vitamin b complex tablet n,p/f (rx) 0.4 mg ** | (B Complex 1 (with folic acid)) | 3 | $0 | |
| *vitamin b complex-vit c caplet (rx) ** | | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *vitamin b complex-vitamin c tb (rx) 400 mcg ** | | 3 | $0 | |
| *vitamin b-1 100 mg tablet (rx) 100 mg ** | (thiamine mononitrate (vit b1)) | 3 | $0 | |
| *vitamin b-12 1,000 mcg tablet (rx) 1,000 mcg ** | (Vitamin B-12) | 3 | $0 | |
| *vitamin b-12 100 mcg tablet (rx) 100 mcg ** | (Vitamin B-12) | 3 | $0 | |
| *vitamin b12 500 mcg tablet (rx) 500 mcg ** | (cyanocobalamin (vitamin b-12)) | 3 | $0 | |
| *vitamin b-12 500 mcg tablet (rx) 500 mcg ** | (cyanocobalamin (vitamin b-12)) | 3 | $0 | |
| *vitamin b-6 100 mg tablet (rx) 100 mg ** | (Vitamin B-6) | 3 | $0 | |
| *vitamin b-6 25 mg tablet (rx) 25 mg ** | (pyridoxine (vitamin b6)) | 3 | $0 | |
| *vitamin b-6 50 mg tablet (rx) 50 mg ** | (Vitamin B-6) | 3 | $0 | |
| *vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg ** | | 3 | $0 | |
| *vitamin c 250 mg tablet (rx) 250 mg ** | (Vitamin C) | 3 | $0 | |
| *vitamin c 250 mg tablet chew p/f (rx) 250 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *vitamin c 500 mg tablet (rx) 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *vitamin c 500 mg tablet chew p/f (rx) 500 mg ** | (ascorbic acid (vitamin c)) | 3 | $0 | |
| *vitamin c 500 mg wafer 500 mg ** | (Acerola C-500) | 3 | $0 | |
| *vitamin d 1,000 unit tablet 25 mcg (1,000 unit) ** | (cholecalciferol (vitamin d3)) | 3 | $0 | |
| *vitamin d2 1.25 mg(50,000 unit) softgel 1,250 mcg (50,000 unit) ** | (Drisdol) | 3 | $0 | |
| *vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml) ** | (D-Vi-Sol) | 3 | $0 | |

| Nombre del Medicamento | | Nivel | Cuanto le costará el medicamento | Acciones necesarias, restricciones o límites de us |
|---|---|---|---|---|
| *vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) ** | (Vitamin D3) | 3 | $0 | |
| *vitamin d3 50 mcg (2,000 unit) 50 mcg (2,000 unit) ** | (D3-2000) | 3 | $0 | |
| *vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) ** | (D3 DOTS) | 3 | $0 | |
| *vitamin k-1 1 mg/0.5 ml ampul suv, outer 1 mg/0.5 ml ** | (phytonadione (vitamin k1)) | 3 | $0 | |
| *vitamin k-1 10 mg/ml ampul suv, outer 10 mg/ml ** | (phytonadione (vitamin k1)) | 3 | $0 | |
| *vitamins for hair capsule 400-400 mcg ** | | 3 | $0 | |
| *vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg ** | | 3 | $0 | |
| *vitrum 50 plus senior tablet 500-300-250 mcg ** | | 3 | $0 | |
| *vitrum senior tablet f/f,p/f (rx) ** | | 3 | $0 | |
| *xyzbac tablet 1-5-50 mg ** | | 3 | $0 | |
| *zyvit tablet 1-5-50 mg ** | | 3 | $0 | |

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