2027
Formulario

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE®

Baylor Scott & White Health Plan

Formulario para 2027
(Lista de medicamentos cubiertos
o “Lista de medicamentos”)

BSW SeniorCare Advantage Select Rx (HMO-POS)
BSW SeniorCare Advantage Preferred Rx (HMO-POS)
BSW SeniorCare Advantage Premium Rx (HMO-POS)
BSW SeniorCare Advantage (PPO)
BSW SeniorCare Advantage Basic (PPO)
BSW SeniorCare Advantage Platinum (PPO)

LEA ATENTAMENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID: 27191, Version Number: 8

Este formulario se actualizó el 10/15/2026. Para obtener información más actualizada o si tiene otras preguntas, comuníquese con Servicio al Cliente de Baylor Scott & White Health Plan al 1-866-334-3141 (TTY: 711) del 1 de octubre al 31 de marzo, de 7:00 a. m. a 8:00 p. m., los siete días de la semana (excepto los principales días festivos); y del 1 de abril al 30 de septiembre, de 7:00 a. m. a 8:00 p. m., de lunes a viernes (excepto los principales días festivos); o bien, visite BSWHealthPlan.com/Medicare.

Mensaje importante acerca de lo que usted debe pagar por las vacunas: Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible. Llame a Servicio al Cliente para obtener más información.

Mensaje importante acerca de lo que usted debe pagar por la insulina: Usted no pagará más de $35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido en el que se encuentre, incluso si no ha pagado su deducible.

Nota para los miembros actuales: El formulario se modificó con respecto al del año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted toma.

Cuando esta Lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro/a”, hace referencia a Baylor Scott & White Health Plan. Cuando dice “plan” o “nuestro plan”, hace referencia a BSW SeniorCare Advantage HMO-POS/PPO.

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan, cuya última actualización se realizó el 10/15/2026. Para obtener una Lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparece en la portada y la contraportada.

En general, debe acudir a farmacias de la red para utilizar su beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias, los copagos o el coseguro pueden cambiar el 1 de enero de 2027, así como en algunas otras ocasiones durante el año.

¿Qué es el formulario de Baylor Scott & White Health Plan?

En este documento, utilizamos los términos “Lista de medicamentos” y “formulario” con el mismo significado. Un formulario es una lista de medicamentos cubiertos seleccionados por Baylor Scott & White Health Plan en consulta con un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran necesarios para un programa de tratamiento de calidad. Baylor Scott & White Health Plan generalmente cubrirá los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Baylor Scott & White Health Plan y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de cobertura.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura para medicamentos se producen el 1 de enero, pero podemos agregar o eliminar medicamentos del formulario durante el año, cambiarlos de nivel de costo compartido, o agregar nuevas restricciones. Debemos seguir las normas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web, en: BSWHealthPlan.com/Medicare.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por cambios en la cobertura durante el año:

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo sustituimos por una versión nueva que tenga el mismo nivel de costo compartido o uno menor y las mismas restricciones o menos. Cuando agregamos una versión nueva de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero cambiarlo inmediatamente de nivel de costo compartido o agregar nuevas restricciones.

Podemos realizar estos cambios inmediatos solo cuando agregamos una versión genérica nueva de un medicamento de marca o determinadas versiones biosimilares nuevas de un producto biológico original que ya se encuentra en el formulario (por ejemplo, agregar un biosimilar intercambiable que una farmacia pueda sustituir por un producto biológico original sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos antes de realizar un cambio inmediato, pero posteriormente le proporcionaremos información sobre los cambios específicos que hayamos realizado.

Si realizamos un cambio de este tipo, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y que continuemos cubriendo el medicamento en cuestión. Para obtener más información, consulte más abajo la sección titulada "¿Cómo solicito una excepción al formulario de Baylor Scott & White Health Plan?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte más abajo la sección titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento del mercado o si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) decide retirarlo por motivos de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y, después, enviar un aviso a los miembros que lo toman.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente están tomando un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario cuando agregamos un equivalente genérico o podemos eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, cambiarlo de nivel de costo compartido, o hacer ambas cosas. Podemos realizar cambios en función de nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos requisitos de autorización previa, límites de cantidad o restricciones de tratamiento escalonado para un medicamento, o si lo cambiamos a un nivel de costo compartido superior, debemos avisar a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigor. O bien, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro para 30 días y un aviso del cambio.

  Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y que continuemos cubriendo el medicamento que viene tomando. En el aviso que le enviaremos, también le informaremos cómo solicitar una excepción, y puede obtener información al respecto más abajo, en la sección titulada "¿Cómo solicito una excepción al formulario de Baylor Scott & White Health Plan?"

Cambios que no lo afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento incluido en nuestro formulario de 2027 que estaba cubierto al comienzo del año, no suspenderemos ni reduciremos la cobertura durante el año de cobertura 2027, salvo en los casos indicados arriba.

Esto significa que estos medicamentos seguirán estando disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios lo afectarían, por lo que es importante que consulte el formulario del nuevo año de beneficios para ver si hay cambios en los medicamentos.

La última actualización del formulario adjunto se realizó el 10/15/2026. Para obtener información actualizada sobre los medicamentos cubiertos por Baylor Scott & White Health Plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Las ediciones del formulario se actualizan y publican mensualmente con los cambios aplicables, incluidos los cambios negativos.

¿Cómo utilizo el formulario?

Hay dos formas de buscar su medicamento en el formulario:

Afección

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías en función del tipo de afección para la que se utilizan. Por ejemplo, los medicamentos para tratar una afección cardíaca se incluyen en la categoría “Medicamentos cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 1. A continuación, busque su medicamento en la categoría correspondiente.

Listado alfabético

Si no está seguro de la categoría, debe buscar su medicamento en el Índice que comienza en la página 79. El Índice brinda un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos figuran en el Índice. Consulte el Índice para buscar su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Baylor Scott & White Health Plan cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es un medicamento que está aprobado por la FDA por tener los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan tan bien como los medicamentos de marca y suelen costar menos. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Los medicamentos genéricos suelen poder sustituirse por el medicamento de marca en la farmacia sin necesidad de contar con una receta nueva, según lo que indiquen las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a “medicamentos”, puede tratarse de un medicamento o de un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una versión genérica, tienen alternativas que se denominan “biosimilares”. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Hay alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, según lo que indiquen las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de contar con una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para ver un análisis de los tipos de medicamentos, consulte la Evidencia de cobertura en la Sección 3.1 del Capítulo 5, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

¿Mi cobertura tiene restricciones?

Algunos medicamentos cubiertos pueden tener otros requisitos o límites en la cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** Baylor Scott & White Health Plan exige que usted o la persona autorizada a dar recetas obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Baylor Scott & White Health Plan según criterios específicos antes de surtir sus recetas. Si no obtiene la aprobación, Baylor Scott & White Health Plan podría no cubrir el medicamento.
- **Límites de cantidad:** Para determinados medicamentos, Baylor Scott & White Health Plan limita la cantidad de medicamento que cubrirá. Por ejemplo, Baylor Scott & White Health Plan proporciona 60 comprimidos para 30 días por receta para los comprimidos de losartán de 25 mg. Esto puede ser adicional al suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, Baylor Scott & White Health Plan exige que primero pruebe determinados medicamentos para tratar su afección antes de que cubramos otro medicamento para la misma afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que Baylor Scott & White Health Plan no cubra el medicamento B si usted no prueba primero el medicamento A. Si el medicamento A no funciona para usted, Baylor Scott & White Health Plan cubrirá el medicamento B.

Para saber si su medicamento tiene algún requisito o límite adicional, consulte el formulario que comienza en la página 1. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado.

También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y la contraportada.

Puede solicitar a Baylor Scott & White Health Plan que haga una excepción a estas restricciones o estos límites o que le proporcione una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección titulada "¿Cómo solicito una excepción al formulario de Baylor Scott & White Health Plan?" en la página 1 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicio al Cliente y preguntar si está cubierto.

Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y la contraportada.

Si le informan que Baylor Scott & White Health Plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicio al Cliente una lista de medicamentos similares que estén cubiertos por Baylor Scott & White Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Baylor Scott & White Health Plan.
- Puede solicitar a Baylor Scott & White Health Plan que haga una excepción y que cubra su medicamento. A continuación, encontrará información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Baylor Scott & White Health Plan?

Puede solicitar a Baylor Scott & White Health Plan que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos que hagamos.

- Puede solicitarnos que cubramos un medicamento, aunque no figure en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o un límite de cantidad de su medicamento. Por ejemplo, para determinados medicamentos, Baylor Scott & White Health Plan limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos ese límite y que cubramos una cantidad mayor.

- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que pertenezca al nivel de medicamentos de especialidad. Si se aprueba, se reduciría el monto que debe pagar por su medicamento.

Por lo general, Baylor Scott & White Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o la aplicación de la restricción no fueran tan eficaces para usted o le causaran efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitarnos una excepción al formulario o de nivel, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que usted necesita la excepción.** En general, debemos tomar una decisión en un plazo de 72 horas después de recibir la justificación de la persona autorizada a dar recetas. Puede solicitar una decisión acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada por esperar hasta 72 horas para obtener una decisión. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos comunicarle nuestra decisión en un plazo máximo de 24 horas después de recibir la justificación.

¿Qué puedo hacer si mi medicamento no está en el formulario o si tiene una restricción?

Como miembro nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no figuran en nuestro formulario. O bien, es posible que esté tomando un medicamento que figura en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras determina con su médico el tratamiento adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante sus primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no figure en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos resurtidos para un suministro máximo para 30 días del medicamento. Si no se aprueba la cobertura, después de su primer suministro para 30 días, no pagaremos estos medicamentos, aunque haya sido miembro del plan durante menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no figura en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, pero ya han transcurrido sus primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción al formulario.

Baylor Scott & White Health Plan proporciona surtidos de transición para los miembros que cambian de nivel de atención de un entorno de tratamiento a otro. Visite nuestro sitio web para conocer nuestra Política de transición y obtener más información.

Más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Baylor Scott & White Health Plan, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre Baylor Scott & White Health Plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura para medicamentos con receta de Medicare, llame al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite https://www.medicare.gov.

Formulario de Baylor Scott & White Health Plan

El siguiente formulario proporciona información sobre los medicamentos cubiertos por Baylor Scott & White Health Plan. Si tiene problemas para encontrar su medicamento en la lista, utilice el Índice que comienza en la página 79.

La primera columna de la tabla muestra el nombre del medicamento. Los medicamentos de marca figuran en mayúsculas (por ejemplo, LANTUS) y los medicamentos genéricos figuran en minúsculas y en cursiva (por ejemplo, *metformina*).

La información de la columna Requisitos/Límites indica si Baylor Scott & White Health Plan tiene algún requisito especial para la cobertura de su medicamento.

Abreviaturas de las columnas:

BD	Medicamentos que pueden estar cubiertos por la Parte B y la Parte D de Medicare según determinadas circunstancias. Estos medicamentos requieren autorización previa para determinar la cobertura en virtud de la Parte B o la Parte D. Es posible que sea necesario proporcionar información que describa el uso o el lugar donde se recibirá el medicamento para determinar la cobertura.
PA	Autorización previa (Prior Authorization, PA). Exige que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación según criterios específicos antes de surtir su receta. Si no obtiene la aprobación, podríamos no cubrir el medicamento.
QL	Límites de cantidad (Quantity Limits, QL). Para determinados medicamentos, limitamos la cantidad de medicamento que cubrimos.
ST	Tratamiento escalonado (Step Therapy, ST). En algunos casos, le exigimos que primero pruebe determinados medicamentos para tratar su afección antes de que cubramos otro medicamento para la misma afección.
#	Medicamento de alto riesgo (High Risk Medication, HRM). Medicamentos que pueden ser peligrosos para pacientes mayores de 65 años. Nuestro formulario incluye la cobertura para algunos de estos medicamentos, pero puede haber alternativas con niveles de copago más bajos. Consulte con su médico si existen alternativas a estos medicamentos que sean adecuadas para usted.
*****	Medicamento con distribución limitada. Son medicamentos con receta que pueden estar disponibles solo en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias; los miembros de BSW SeniorCare Advantage pueden comunicarse con Servicio al Cliente de Baylor Scott & White Health Plan al 1-866-334-3141 (TTY: 711) del 1 de octubre al 31 de marzo, de 7:00 a. m. a 8:00 p. m., los siete días de la semana (excepto los principales días festivos); y del 1 de abril al 30 de septiembre, de 7:00 a. m. a 8:00 p. m., de lunes a viernes (excepto los principales días festivos); o bien, visite BSWHealthPlan.com/Medicare.
>	Suministro diario no extendido. Este medicamento con receta está limitado a un suministro para 1 mes por receta.

Para obtener más información sobre las etapas de pago de los medicamentos y los montos de copago o coseguro para cada nivel, consulte su Evidencia de cobertura.

Nivel del medicamento	Descripción
Nivel 1: Medicamentos genéricos preferidos	Medicamentos genéricos de costo más bajo y uso frecuente. La mayoría de los medicamentos están disponibles con un suministro para hasta 90 días.
Nivel 2: Medicamentos genéricos	Muchos medicamentos genéricos. La mayoría de los medicamentos están disponibles con un suministro para hasta 90 días.
Nivel 3: Medicamentos de marca preferida	Medicamentos de marca frecuentes denominados “de marca preferida” y algunos medicamentos genéricos de mayor costo. La mayoría de los medicamentos están disponibles con un suministro para hasta 90 días.
Nivel 4: Medicamentos no preferidos	Medicamentos genéricos no preferidos y de marca no preferida. La mayoría de los medicamentos están disponibles con un suministro para hasta 90 días.
Nivel 5: Medicamentos de especialidad	Medicamentos genéricos y de marca exclusivos o muy costosos. Los medicamentos de Nivel 5 se limitan a un suministro para 30 días.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos analgésicos		
acetaminophen w/ codeine soln 120-12 mg/5ml>	3	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg>	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg>	3	QL (180 tablets/30 days)
bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#>	3	QL (180 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr>	4	PA, QL (4 patches/28 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#>	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#>	3	QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml>	4	QL (48 mls/30 days)
celecoxib cap 50 mg, 100 mg, 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%	3	PA
diclofenac sodium tab delayed release 25 mg	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	2	QL (60 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg>	3	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg>	3	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg>	3	QL (180 tablets/30 days)
etodolac cap 200 mg	2	QL (150 capsules/30 days)
etodolac cap 300 mg	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg, 500 mg	4	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	4	QL (30 tablets/30 days)
etodolac tab 400 mg, 500 mg	2	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr>	4	PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml>	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg>	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg>	3	QL (240 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg>	3	QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml>	4	QL (1440 mls/30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml>	4	BD
hydromorphone hcl tab 2 mg, 4 mg, 8 mg>	3	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	2	QL (240 capsules/30 days)
indomethacin cap 50 mg#	2	QL (120 capsules/30 days)
JOURNAVX - suzetrigine tab 50 mg	3	QL (29 tablets/90 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg>	3	QL (180 tablets/30 days)
methadone hcl tab 10 mg>	3	QL (360 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml>	3	QL (2700 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)>	3	QL (270 mls/30 days)
morphine sulfate oral soln 20 mg/5ml>	3	QL (1350 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg>	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg>	4	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg>	3	QL (360 tablets/30 days)
morphine sulfate tab 30 mg>	3	QL (180 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	2	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	2	QL (90 tablets/30 days)
naproxen tab ec 375 mg	3	QL (120 tablets/30 days)
naproxen tab ec 500 mg	3	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg>	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg>	3	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg>	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg>	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg>	3	QL (180 tablets/30 days)
piroxicam cap 10 mg	3	QL (60 capsules/30 days)
piroxicam cap 20 mg	3	QL (30 capsules/30 days)
sulindac tab 150 mg, 200 mg	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg>	3	PA, QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tramadol hcl tab 50 mg>	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg>	2	QL (240 tablets/30 days)
Medicamentos anestésicos		
lidocaine hcl laryngotracheal soln 4%	4	
lidocaine hcl soln 4%	4	PA, QL (150 mls/30 days)
lidocaine hcl viscous soln 2%	2	
lidocaine oint 5%	3	PA, QL (100 grams/30 days)
lidocaine patch 5%	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
Agentes contra las adicciones y para tratar el abuso de sustancias		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	QL (60 tablets/30 days)
disulfiram tab 250 mg, 500 mg	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	2	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	4	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	3	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
VIVITROL - naltrexone for im extended release susp 380 mg>	5	
Medicamentos antibacteriales		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 10 gm	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)>	5	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	2	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	2	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg, 500 mg, 600 mg	2	
aztreonam for inj 1 gm, 2 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	2	
cefazolin sodium (bulk) for inj 100 gm	4	
cefazolin sodium (bulk) for inj 300 gm	4	
cefazolin sodium for inj 500 mg, 1 gm, 10 gm	4	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3	
cefepime hcl for inj 1 gm	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm	4	
cefepime hcl iv soln 1 gm/50ml	4	
cefepime hcl iv soln 2 gm/100ml	4	
cefixime cap 400 mg	4	
cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm	4	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil tab 100 mg, 200 mg	4	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3	
cefprozil tab 250 mg, 500 mg	3	
ceftaroline fosamil for iv soln 400 mg, 600 mg>	5	
ceftazidime for inj 6 gm	4	
ceftazidime for inj 1 gm	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
ceftriaxone sodium for iv soln 2 gm	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
ceftriaxone sodium in dextrose inj 20 mg/ml	4	
ceftriaxone sodium in dextrose inj 40 mg/ml	4	
cefuroxime axetil tab 250 mg, 500 mg	2	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg, 500 mg	2	
cephalexin cap 750 mg	4	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	2	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
clarithromycin tab er 24hr 500 mg	4	
clarithromycin tab 250 mg, 500 mg	3	
clindacin etz pledgets - clindamycin phosphate swab 1%	4	
clindacin-p - clindamycin phosphate swab 1%	4	
clindamycin hcl cap 75 mg, 150 mg, 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate gel 1% (twice-daily)	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
clindamycin phosphate lotion 1%	3	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	4	
clindamycin phosphate vaginal cream 2%	3	
colistimethate sod for inj 150 mg (colistin base activity)	4	
daptomycin for iv soln 500 mg	4	
demeclocycline hcl tab 150 mg, 300 mg	4	
dicloxacillin sodium cap 250 mg, 500 mg	2	
doxycycline hyclate cap 50 mg, 100 mg	2	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg, 100 mg	2	
doxycycline monohydrate cap 50 mg, 100 mg	2	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	2	
doxy 100 - doxycycline hyclate for inj 100 mg	4	
ertapenem sodium for inj 1 gm (base equivalent)	4	
ERY - erythromycin pads 2%	4	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin soln 2%	2	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin tab 250 mg, 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
fidaxomicin tab 200 mg>	5	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	4	
gentamicin in saline inj 1.2 mg/ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
gentamicin sulfate inj 40 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg>	5	
imipenem-cilastatin intravenous for soln 500 mg	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg>	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg, 500 mg, 750 mg	2	
linezolid for susp 100 mg/5ml>	5	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	4	
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	3	
meropenem iv for soln 500 mg	3	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	3	
metronidazole cap 375 mg	4	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75%	3	
minocycline hcl cap 50 mg, 75 mg, 100 mg	2	
minocycline hcl tab 50 mg, 75 mg, 100 mg	4	
mondoxyne nl - doxycycline monohydrate cap 100 mg	2	
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
moxifloxacin hcl tab 400 mg (base equiv)	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm, 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	
neomycin sulfate tab 500 mg	2	
nitrofurantoin macrocrystalline cap 50 mg, 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	3	
ofloxacin tab 400 mg	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg, 500 mg	1	
pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)	4	
piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml	4	
piperacillin-tazobactam &nacl 0.45% for iv sol 4-0.5gm/100ml	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg>	5	
SIVEXTRO - tedizolid phosphate tab 200 mg>	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm>	5	
sulfadiazine tab 500 mg>	5	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg	1	
tazicef - ceftazidime for inj 1 gm	4	
tazicef - ceftazidime for iv soln 1 gm	4	
tazicef - ceftazidime for iv soln 2 gm	4	
tetracycline hcl cap 250 mg, 500 mg	4	
tigecycline for iv soln 50 mg	4	
tinidazole tab 250 mg, 500 mg	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
tobramycin sulfate for inj 1.2 gm	4	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)	4	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 100 gm (base equivalent)	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
XIFAXAN - rifaximin tab 200 mg	3	PA, QL (9 tablets/30 days)
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
Medicamentos anticonvulsantes		
brivaracetam oral soln 10 mg/ml	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	4	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	3	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3	
carbamazepine tab 200 mg	3	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg, 20 mg	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*>	5	PA, QL (360 capsules/30 days)
DIACOMIT - stiripentol cap 500 mg*>	5	PA, QL (180 capsules/30 days)
DIACOMIT - stiripentol packet 250 mg*>	5	PA, QL (6 boxes/30 days)
DIACOMIT - stiripentol packet 500 mg*>	5	PA, QL (3 boxes/30 days)
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	3	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	2	
divalproex sodium tab er 24 hr 250 mg, 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*>	5	PA
epitol - carbamazepine tab 200 mg	3	
eslicarbazepine acetate tab 200 mg, 400 mg	4	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg, 800 mg	4	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg, 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml>	5	PA, QL (360 mls/30 days)
gabapentin cap 100 mg	2	QL (1080 capsules/30 days)
gabapentin cap 300 mg	2	QL (360 capsules/30 days)
gabapentin cap 400 mg	2	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 mls/30 days)
lacosamide tab 50 mg	4	QL (240 tablets/30 days)
lacosamide tab 100 mg	4	QL (120 tablets/30 days)
lacosamide tab 150 mg, 200 mg	4	QL (60 tablets/30 days)
lamotrigine tab chewable dispersible 5 mg, 25 mg	3	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab er 24hr 500 mg, 750 mg	3	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	2	
methsuximide cap 300 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	PA, QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg, 300 mg, 600 mg	3	
perampanel susp 0.5 mg/ml	4	QL (2 bottles/28 days)
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#	2	
phenytek - phenytoin sodium extended cap 200 mg, 300 mg	2	
phenytoin chew tab 50 mg	2	
phenytoin infatabs - phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg, 200 mg, 300 mg	2	
phenytoin susp 125 mg/5ml	2	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	3	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	3	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg, 250 mg	2	
roweepra - levetiracetam tab 500 mg	2	
rufinamide susp 40 mg/ml>	5	PA, QL (2400 mls/30 days)
rufinamide tab 200 mg	4	PA, QL (480 tablets/30 days)
rufinamide tab 400 mg>	5	PA, QL (240 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	QL (360 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	QL (180 tablets/30 days)
SUBVENITE - lamotrigine oral susp 10 mg/ml>	5	QL (1500 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg>	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg	4	
topiramate oral soln 25 mg/ml	4	QL (480 mls/30 days)
topiramate sprinkle cap 15 mg, 25 mg	3	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	PA, QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	PA, QL (5 twin pack(s)/30 days)
vigabatrin powd pack 500 mg>*	5	QL (180 packets/30 days)
vigabatrin tab 500 mg>*	5	QL (180 tablets/30 days)
vigadrone - vigabatrin powd pack 500 mg>*	5	QL (180 packets/30 days)
vigadrone - vigabatrin tab 500 mg>*	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml>	5	QL (5 bottles/30 days)
vigpoder - vigabatrin powd pack 500 mg>*	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)>	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)>	5	QL (1 pack/28 days)
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	QL (1 box/180 days)
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg>	5	QL (1 box/180 days)
XCOPRI - cenobamate tab 25 mg>	5	QL (480 tablets/30 days)
XCOPRI - cenobamate tab 50 mg>	5	QL (240 tablets/30 days)
XCOPRI - cenobamate tab 100 mg>	5	QL (120 tablets/30 days)
XCOPRI - cenobamate tab 150 mg, 200 mg>	5	QL (60 tablets/30 days)
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	QL (6 bottles/30 days)
zonisamide cap 25 mg, 50 mg, 100 mg	2	
ZTALMY - ganaxolone susp 50 mg/ml*>	5	PA, QL (10 bottles/30 days)
Agentes contra la demencia		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
donepezil hydrochloride tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 23 mg	2	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	2	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	3	PA (<=29 yr), QL (30 capsules/30 days)
memantine hcl oral solution 2 mg/ml	4	PA (<=29 yr), QL (300 mls/30 days)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	PA (<=29 yr), QL (1 pack/28 days)
memantine hcl tab 5 mg, 10 mg	2	PA (<=29 yr), QL (60 tablets/30 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	4	
Medicamentos antidepresivos		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg>	5	QL (60 tablets/30 days)
AUVELITY TITRATION PACK - dextromethorphan-bupropion tab er pack 30-105 & 45-105 mg>	5	QL (1 box/28 days)
bupropion hcl tab er 12hr 100 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	2	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	3	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	4	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
doxepin hcl conc 10 mg/ml#	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr>	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg>	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg>	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	3	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg, 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg#	4	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#	4	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
paroxetine hcl tab er 24hr 12.5 mg#	4	QL (30 tablets/30 days)
paroxetine hcl tab er 24hr 25 mg, 37.5 mg#	4	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
paroxetine hcl tab 10 mg, 40 mg#	2	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg, 10 mg#	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
trazodone hcl tab 300 mg	3	
trimipramine maleate cap 25 mg, 50 mg, 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg, 20 mg, 40 mg	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg>	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg>	5	QL (14 capsules/365 days)
Medicamentos antieméticos		
aprepitant capsule therapy pack 80 & 125 mg	4	BD
aprepitant capsule 40 mg, 80 mg, 125 mg	4	BD
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	4	
dronabinol cap 2.5 mg, 5 mg, 10 mg	4	BD
granisetron hcl tab 1 mg	3	BD
meclizine hcl tab 12.5 mg, 25 mg#	2	
ondansetron hcl oral soln 4 mg/5ml	4	
ondansetron hcl tab 4 mg, 8 mg	2	
ondansetron orally disintegrating tab 4 mg, 8 mg	2	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
prochlorperazine suppos 25 mg	4	
promethazine hcl oral soln 6.25 mg/5ml#	3	
promethazine hcl suppos 12.5 mg, 25 mg#	4	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg#	3	
promethegan - promethazine hcl suppos 12.5 mg, 25 mg#	4	
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr), QL (10 patches/30 days)
Medicamentos antimicóticos		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg>	5	BD
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	
ciclodan - ciclopirox solution 8%	2	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	3	QL (100 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	2	QL (90 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	3	QL (60 mls/30 days)
ciclopirox shampoo 1%	3	QL (120 mls/30 days)
ciclopirox solution 8%	2	QL (6.6 mls/30 days)
clotrimazole cream 1%	2	
clotrimazole soln 1%	2	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg>	5	PA
econazole nitrate cream 1%	4	QL (85 grams/30 days)
fluconazole for susp 10 mg/ml, 40 mg/ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml	4	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	2	
flucytosine cap 250 mg, 500 mg>	5	PA
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg, 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	2	QL (60 grams/30 days)
ketoconazole shampoo 2%	2	QL (120 mls/30 days)
ketoconazole tab 200 mg	2	
klayesta - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
micafungin sodium for iv soln 100 mg	4	
micafungin sodium for iv soln 50 mg	4	
nyamyc - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
nystatin cream 100000 unit/gm	2	QL (60 grams/30 days)
nystatin oint 100000 unit/gm	2	QL (60 grams/30 days)
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	2	
nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
nystop - nystatin topical powder 100000 unit/gm	3	QL (90 grams/30 days)
posaconazole tab delayed release 100 mg	4	PA
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%, 0.8%	2	
terconazole vaginal suppos 80 mg	3	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 mg/ml>	5	PA
voriconazole tab 50 mg, 200 mg	4	PA
Agentes contra la gota		
allopurinol tab 100 mg, 300 mg	1	
colchicine tab 0.6 mg	3	QL (120 tablets/30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid tab 500 mg	3	
Agentes contra las migrañas		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	4	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml>	5	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg>	5	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (10 doses/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg	2	QL (18 tablets/30 days)
Agentes antimiasténicos		
pyridostigmine bromide tab er 180 mg	4	
pyridostigmine bromide tab 60 mg	3	
Medicamentos antimicobacteriales		
CYCLOSERINE - cycloserine cap 250 mg>	5	
dapsone tab 25 mg, 100 mg	3	
ethambutol hcl tab 100 mg, 400 mg	3	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg, 300 mg	1	
PRETOMANID - pretomanid tab 200 mg	4	
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg, 300 mg	3	
rifampin for inj 600 mg	4	
rifapentine tab 150 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*>	5	PA
Medicamentos antineoplásicos		
abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg>	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*>	5	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*>	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*>	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*>	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
AUGTYRO - repotrectinib cap 40 mg>	5	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg>	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack>	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg>	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg>	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg>	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg>	5	PA, QL (30 tablets/30 days)
BEQALZI - sonrotoclax tab 1 mg, 5 mg>	5	PA, QL (11 tablets/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BEQALZI - sonrotoclax tab 20 mg>	5	PA, QL (14 tablets/28 days)
BEQALZI - sonrotoclax tab 80 mg>	5	PA, QL (120 tablets/30 days)
BEQALZI STARTER PACK - sonrotoclax tab therapy starter pack 1 & 5 & 20 & 80 mg>	5	PA, QL (1 pack/28 days)
bexarotene cap 75 mg>	5	PA
bexarotene gel 1%>	5	PA, QL (60 grams/30 days)
bicalutamide tab 50 mg	2	
BOSULIF - bosutinib cap 50 mg>	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg>	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg>	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 500 mg>	5	PA, QL (30 tablets/30 days)
bosutinib tab 100 mg>	5	PA, QL (180 tablets/30 days)
bosutinib tab 400 mg, 500 mg>	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*>	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg>	5	PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg>	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*>	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*>	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*>	5	PA, QL (30 tablets/30 days)
CAVHANZA - nilotinib tab disint 60 mg, 80 mg>	5	PA, QL (112 tablets/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*>	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*>	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*>	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*>	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*>	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	4	BD
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)>	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg>	5	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg>	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)>	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)>	5	PA, QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent)>	5	PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg*>	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*>	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*>	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)	4	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	4	PA, QL (30 tablets/30 days)
ETCAMAH - camizestrant tab 75 mg>	5	PA, QL (28 tablets/28 days)
EULEXIN - flutamide cap 125 mg>	5	
everolimus tab for oral susp 2 mg, 5 mg>	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg>	5	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 7.5 mg, 10 mg>	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg>	5	PA, QL (60 tablets/30 days)
exemestane tab 25 mg	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*>	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg>	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg>	5	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg>	5	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg>	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg>	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg>	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg>	5	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg>	5	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	2	
HYRNUO - sevabertinib tab 10 mg>	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*>	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*>	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg>	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*>	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)	3	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)	3	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*>	5	PA, QL (30 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
IMBRUVICA - ibrutinib cap 140 mg*>	5	PA, QL (90 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*>	5	PA, QL (2 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg*>	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)>	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg>	5	PA, QL (60 tablets/30 days)
INLYTA - axitinib tab 1 mg*>	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*>	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg>	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg>	5	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg>	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg>	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg>	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*>	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg>	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg>	5	PA, QL (60 tablets/30 days)
JIDEYTRO - zidesamtinib tab 25 mg>	5	PA, QL (90 tablets/30 days)
JIDEYTRO - zidesamtinib tab 100 mg>	5	PA, QL (30 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose>	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)>	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)>	5	PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg>	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg>	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg>	5	PA, QL (360 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg>	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg>	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*>	5	PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv)>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg>	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg>	5	PA, QL (30 tablets/30 days)
lederle leucovorin - leucovorin calcium tab 5 mg	2	
lenalidomide caps 2.5 mg>	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg>	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg>	5	PA, QL (21 capsules/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*>	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*>	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*>	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*>	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*>	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*>	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*>	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*>	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	2	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg, 15 mg	3	
leucovorin calcium tab 25 mg	4	
LEUKERAN - chlorambucil tab 2 mg>	5	
lomustine cap 10 mg, 40 mg	4	
lomustine cap 100 mg>	5	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg>	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg>	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg>	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg>	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*>	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*>	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*>	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*>	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg>	5	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*>	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*>	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*>	5	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*>	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)>	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*>	5	PA, QL (90 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*>	5	PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)>	5	
mercaptopurine tab 50 mg	3	
mesna tab 400 mg	4	
MIMRYLO - rusfertide acetate for subcutaneous soln 9.5 mg, 19 mg, 28 mg>	5	PA, QL (4 vials/28 days)
MIMRYLO - rusfertide acetate for subcutaneous soln 41 mg, 54 mg>	5	PA, QL (8 vials/28 days)
MODEYSO - dordaviprone hcl cap 125 mg>	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*>	5	PA, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)>	5	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)>	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg>	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*>	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg>	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml>	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg>	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg>	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg>	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*>	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg>	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg>	5	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%>	5	PA, QL (60 grams/30 days)
pazopanib hcl tab 200 mg (base equiv)>	5	PA, QL (120 tablets/30 days)
PAZOPANIB HYDROCHLORIDE - pazopanib hcl tab 400 mg (base equiv)>	5	PA, QL (60 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg>	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose>	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)>	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)>	5	PA, QL (60 tablets/30 days)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg>	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*>	5	PA, QL (21 capsules/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
QINLOCK - ripretinib tab 50 mg>	5	PA, QL (90 tablets/30 days)
RASONQUE - daraxonrasib tab 100 mg, 150 mg>	5	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg>	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg>	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg>	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg>	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg>	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*>	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg>	5	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg>	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg>	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg>	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*>	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg>	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg>	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg>	5	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg>	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)>	5	
sorafenib tosylate tab 200 mg (base equivalent)>	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*>	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)>	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)>	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg>	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg>	5	PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*>	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)>	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)>	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*>	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	2	
TEPMETKO - tepotinib hcl tab 225 mg*>	5	PA, QL (60 tablets/30 days)

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THALOMID - thalidomide cap 50 mg>	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg>	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*>	5	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	4	
torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg>	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg>	5	PA, QL (60 tablets/30 days)
tretinoin cap 10 mg>	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg>	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg>	5	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg>	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg>	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)>	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*>	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*>	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*>	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*>	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*>	5	PA, QL (1 pack (42 tablets)/28 days)
VEPPANU - vepdegestrant tab 100 mg, 200 mg>	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*>	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*>	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*>	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*>	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*>	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg>	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg>	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*>	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*>	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*>	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)>	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 80 mg (80 mg once weekly)>	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*>	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*>	5	PA, QL (1 box/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*>	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*>	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*>	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*>	5	PA, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg*>	5	PA, QL (120 tablets/30 days)
yulithira - everolimus tab 2.5 mg, 7.5 mg, 10 mg>	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg>	4	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*>	5	PA, QL (240 tablets/30 days)
ZENBEXUS - iberdomide hydrochloride cap 0.75 mg, 1 mg>	5	PA, QL (21 capsules/28 days)
ZOLINZA - vorinostat cap 100 mg>	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*>	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*>	5	PA, QL (90 tablets/30 days)
Medicamentos antiparasitarios		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	4	
chloroquine phosphate tab 250 mg	4	
chloroquine phosphate tab 500 mg	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	2	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
mefloquine hcl tab 250 mg	2	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	4	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg>	5	PA
quinine sulfate cap 324 mg	4	PA
Agentes contra la enfermedad de Parkinson		
amantadine hcl cap 100 mg	3	
amantadine hcl soln 50 mg/5ml	2	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#	3	PA (>=65 yr)
bromocriptine mesylate cap 5 mg (base equivalent)	4	
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa tab 25 mg	4	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg>	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	4	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	4	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
trihexyphenidyl hcl tab 2 mg, 5 mg#	2	PA (>=65 yr)
Medicamentos antipsicóticos		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml>	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg>	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg>	5	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml>	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml>	5	QL (1 syringe/56 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml>	5	QL (1 syringe/42 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg>	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg>	5	QL (30 capsules/30 days)
clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg, 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg, 50 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg>	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg>	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg>	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	4	PA (>=65 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	2	PA (>=65 yr)
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml>	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml>	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml>	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	2	PA (>=65 yr)
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg>	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*>	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*>	5	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg>	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg>	5	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
pimozide tab 1 mg, 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg>	5	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 tablets/30 days)
risperidone tab 4 mg	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr>	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3	PA (>=65 yr)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml>	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg	3	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg, 80 mg	3	QL (60 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
Agentes antiespasmódicos		
baclofen tab 5 mg, 10 mg, 20 mg	2	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	4	
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)	2	
Medicamentos antivirales		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	2	
acyclovir oint 5%	4	PA, QL (30 grams/30 days)
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg, 800 mg	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg>	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg>	5	QL (30 tablets/30 days)
BIXLENVO - bictegravir sodium-lenacapavir sodium tab 75-50 mg>	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg>	5	QL (30 tablets/30 days)
darunavir tab 600 mg	4	QL (60 tablets/30 days)
darunavir tab 800 mg	4	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg>	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg>	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)>	5	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)>	5	QL (180 tablets/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg>	5	QL (30 tablets/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg>	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg>	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg, 1 mg	4	
etravirine tab 100 mg, 200 mg	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)>	5	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3	
fosamprenavir calcium tab 700 mg (base equiv)>	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg>	5	QL (30 tablets/30 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg>	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)>	5	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)>	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)>	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)>	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*>	5	QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg>	5	QL (60 tablets/30 days)
maraviroc tab 300 mg>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg>	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg>	5	PA
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg>	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg>	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg>	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg>	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml>	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg>	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)>	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
rilpivirine hcl tab 25 mg (base equivalent)>	5	QL (30 tablets/30 days)
ritonavir tab 100 mg	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg>	5	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg>	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg>	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg>	5	QL (5 tablets/28 days)
SUNLENCA - lenacapavir sodium tab 300 mg>	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg>	5	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tablets/30 days)

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TIVICAY - dolutegravir sodium tab 50 mg (base equiv)>	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)>	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg>	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm	2	
valganciclovir hcl for soln 50 mg/ml (base equiv)>	5	
valganciclovir hcl tab 450 mg (base equivalent)	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg>	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm>	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg>	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg>	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
zidovudine cap 100 mg	4	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	3	QL (60 tablets/30 days)
Medicamentos ansiolíticos		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	2	PA, QL (120 tablets/30 days)
alprazolam tab 2 mg	2	PA, QL (150 tablets/30 days)
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg, 1 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	4	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	4	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	4	PA, QL (180 tablets/30 days)
diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	4	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg	2	PA, QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#	4	PA (>=65 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
hydroxyzine pamoate cap 25 mg, 50 mg#	4	PA (>=65 yr)
lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	3	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
Agentes bipolares		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab er 300 mg, 450 mg	2	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	4	
Reguladores de la glucosa en sangre		
acarbose tab 25 mg	2	QL (360 tablets/30 days)
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg	2	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FARXIGA - dapagliflozin tab 5 mg, 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	PA
glimepiride tab 1 mg#	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide xl - glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg	1	QL (120 tablets/30 days)
glucagon for inj 1 mg	4	QL (4 kits/30 days)
glucagon hcl for inj 1 mg	4	QL (4 kits/30 days)
glyburide tab 1.25 mg#	2	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	2	QL (240 tablets/30 days)
glyburide tab 5 mg#	2	QL (120 tablets/30 days)
glyburide-metformin tab 1.25-250 mg#	2	QL (240 tablets/30 days)
glyburide-metformin tab 2.5-500 mg, 5-500 mg#	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml>	5	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	PA
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	2	QL (180 tablets/30 days)
nateglinide tab 120 mg	2	QL (90 tablets/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	3	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)	1	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#	3	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg	3	QL (90 tablets/30 days)
repaglinide tab 0.5 mg	1	QL (960 tablets/30 days)
repaglinide tab 1 mg	1	QL (480 tablets/30 days)
repaglinide tab 2 mg	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
Hemoderivados y modificadores		
anagrelide hcl cap 0.5 mg, 1 mg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml>	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml>	5	PA
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
cilostazol tab 50 mg, 100 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	QL (120 capsules/30 days)
dipyridamole tab 25 mg, 50 mg, 75 mg#	4	
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)>	5	PA
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)>	5	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	4	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml>	5	PA
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml>	5	PA
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg>	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)>	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml>	5	PA
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	3	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg, 90 mg	4	
tranexamic acid tab 650 mg	3	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban tab 10 mg, 20 mg	4	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	4	QL (60 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	4	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml>	5	PA
Agentes cardiovasculares		
acebutolol hcl cap 200 mg, 400 mg	2	
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg, 250 mg	2	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	3	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg, 400 mg	4	
amiodarone hcl tab 200 mg	2	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	3	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
betaxolol hcl tab 10 mg, 20 mg	3	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg, 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg, 1 mg, 2 mg	3	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	1	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	
chlorthalidone tab 25 mg, 50 mg	2	
cholestyramine light powder packets 4 gm	3	
cholestyramine light powder 4 gm/dose	3	
cholestyramine powder packets 4 gm	3	
cholestyramine powder 4 gm/dose	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	3	
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	3	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	2	QL (60 tablets/30 days)
droxidopa cap 100 mg, 200 mg, 300 mg	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	1	
eplerenone tab 25 mg, 50 mg	3	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	2	QL (30 tablets/30 days)
FILSPARI - sparsentan tab 200 mg>	5	PA, QL (30 tablets/30 days)
FILSPARI - sparsentan tab 400 mg>	5	PA, QL (60 tablets/30 days)
flecainide acetate tab 50 mg, 100 mg, 150 mg	2	
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	3	QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	3	QL (30 tablets/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg, 2 mg#	3	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	1	
irbesartan tab 75 mg, 150 mg, 300 mg	1	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	3	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	1	
isradipine cap 2.5 mg, 5 mg	4	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1	QL (60 tablets/30 days)
matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
methazolamide tab 25 mg, 50 mg	4	
metolazone tab 2.5 mg, 5 mg, 10 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg	1	
metyrosine cap 250 mg>	5	PA, QL (480 capsules/30 days)
mexiletine hcl cap 150 mg, 200 mg, 250 mg	4	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	4	
minoxidil tab 2.5 mg, 10 mg	2	
moexipril hcl tab 7.5 mg, 15 mg	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
nadolol tab 20 mg, 40 mg, 80 mg	3	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	3	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	2	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
nicardipine hcl cap 20 mg, 30 mg	4	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	2	
nimodipine cap 30 mg	4	
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	4	
nitro-bid - nitroglycerin oint 2%	4	
nitroglycerin oint 2%, 0.4%	4	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
olmesartan medoxomil tab 5 mg	1	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	3	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	3	QL (120 capsules/30 days)
pacerone - amiodarone hcl tab 100 mg, 400 mg	4	
pacerone - amiodarone hcl tab 200 mg	2	
pentoxifylline tab er 400 mg	2	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
phenoxybenzamine hcl cap 10 mg>	5	
pindolol tab 5 mg, 10 mg	3	
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg, 2 mg, 5 mg	2	
prevalite - cholestyramine light powder packets 4 gm	4	
prevalite - cholestyramine light powder 4 gm/dose	4	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	4	
propafenone hcl tab 150 mg, 225 mg, 300 mg	2	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
quinidine gluconate tab er 324 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	4	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	
ranolazine tab er 12hr 500 mg, 1000 mg	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	1	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
simvastatin tab 5 mg, 10 mg, 40 mg	1	QL (45 tablets/30 days)
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	2	
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg, 50 mg, 100 mg	1	
telmisartan tab 20 mg, 40 mg, 80 mg	1	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	3	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	1	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	2	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	2	
timolol maleate tab 5 mg, 10 mg, 20 mg	4	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	2	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg	1	QL (60 tablets/30 days)
valsartan tab 320 mg	1	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 300 mg	4	
verapamil hcl cap er 24hr 360 mg	4	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	3	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml, 1.7 mg/0.75ml, 2.4 mg/0.75ml	3	PA, QL (4 pens/28 days)
Agentes del sistema nervioso central		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	3	QL (60 tablets/30 days)

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*>	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*>	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg*>	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg>	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg>	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml>	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml>	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg>	5	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tablets/30 days)
dalfampridine tab er 12hr 10 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	4	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	4	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg, 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	4	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml>	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml>	5	PA, QL (12 syringes/28 days)
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml>	5	PA, QL (30 syringes/30 days)
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml>	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml>	5	PA, QL (4 pens/28 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (30 capsules/30 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
methylphenidate hcl tab er 10 mg, 20 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg	3	PA, QL (90 tablets/30 days)
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml>	5	PA, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml>	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml>	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack>	5	PA, QL (2 pens/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack>	5	PA, QL (2 syringes/28 days)
riluzole tab 50 mg	4	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	4	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg>	5	PA, QL (120 capsules/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
Agentes dentales y orales		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
kourzeq - triamcinolone acetonide dental paste 0.1%	3	
oralone dental paste - triamcinolone acetonide dental paste0.1%	3	
periogard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	3	
Agentes dermatológicos		
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
acitretin cap 10 mg, 17.5 mg, 25 mg	4	PA
ala-cort - hydrocortisone cream 1%	2	
alclometasone dipropionate cream 0.05%	3	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
azelaic acid gel 15%	4	
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	2	QL (200 grams/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene oint 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
calcitrene - calcipotriene oint 0.005%	4	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate-benzoyl peroxide gel 1-5%	4	
clobetasol propionate cream 0.05%	2	QL (210 grams/28 days)
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	4	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	4	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	4	QL (210 grams/28 days)
clobetasol propionate shampoo 0.05%	4	QL (236 mls/30 days)
clobetasol propionate soln 0.05%	3	QL (200 mls/28 days)
clodan - clobetasol propionate shampoo 0.05%	4	QL (236 mls/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	
clotrimazole w/ betamethasone lotion 1-0.05%	4	
desonide cream 0.05%	4	QL (120 grams/30 days)
desonide oint 0.05%	3	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
desoximetasone oint 0.25%	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	4	PA
EUCRISA - crisaborole oint 2%	4	PA, QL (120 grams/30 days)
fluocinolone acetonide cream 0.01%, 0.025%	4	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)	4	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	4	QL (120 mls/30 days)
fluocinonide cream 0.05%	3	QL (120 grams/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
fluocinonide emulsified base cream 0.05%	3	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)
fluocinonide oint 0.05%	3	QL (120 grams/30 days)
fluocinonide soln 0.05%	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	QL (10 mls/30 days)
fluorouracil cream 5%	3	QL (40 grams/30 days)
fluorouracil soln 5%	3	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	2	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
halobetasol propionate cream 0.05%	4	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	4	QL (200 grams/28 days)
hydrocortisone butyrate cream 0.1%	4	QL (135 grams/30 days)
hydrocortisone butyrate oint 0.1%	4	QL (135 grams/30 days)
hydrocortisone cream 1%	2	
hydrocortisone cream 2.5%	2	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	4	QL (120 grams/30 days)
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	PA
ivermectin cream 1%	4	PA, QL (45 grams/30 days)
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
malathion lotion 0.5%	4	
METHOXSALEN - methoxsalen rapid cap 10 mg>	5	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%, 1%	3	
metronidazole lotion 0.75%	4	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	2	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	4	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	4	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg>	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*>	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg>	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*>	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg>	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg>	5	PA, QL (1 pack/180 days)
permethrin cream 5%	3	
podofilox soln 0.5%	3	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	2	
ssd - silver sulfadiazine cream 1%	2	
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%, 0.1%	4	PA, QL (120 grams/30 days)
tazarotene cream 0.1%	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%, 0.05%, 0.1%	3	PA, QL (45 grams/30 days)
tretinoin gel 0.01%, 0.025%	4	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
Electrolitos/Minerales/Metales/Vitaminas		
calcium acetate (phosphate binder) tab 667 mg	3	
carglumic acid soluble tab 200 mg>	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox tab for oral susp 125 mg, 250 mg	4	PA
deferasirox tab for oral susp 500 mg>	5	PA
deferasirox tab 90 mg	3	PA
deferasirox tab 180 mg, 360 mg	4	PA
dextrose inj 10%	4	
dextrose inj 5%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dextrose 5% w/ sodium chloride 0.9%	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	3	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	2	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	2	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	2	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	2	
klor-con 10 - potassium chloride tab er 10 meq	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3	QL (90 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3	QL (34 packets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq, 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)	3	
sevelamer carbonate tab 800 mg	4	
sodium chloride irrigation soln 0.9%	2	
sodium chloride iv soln 0.45%	4	
sodium chloride iv soln 0.9%	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp 15 gm/60ml	3	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	3	
tolvaptan tab 15 mg, 30 mg>	5	PA, QL (120 tablets/30 days)
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
Agentes gastrointestinales		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	4	PA, QL (60 tablets/30 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg	3	
constulose - lactulose solution 10 gm/15ml	2	
CTEXLI - chenodiol (basds) tab 250 mg>	5	PA, QL (90 tablets/30 days)
dicyclomine hcl cap 10 mg#	4	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	4	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	2	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)	2	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml	4	
famotidine tab 20 mg, 40 mg	1	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	2	
glycopyrrolate tab 1 mg, 2 mg	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg, 30 mg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	3	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	3	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg#	4	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
misoprostol tab 100 mcg, 200 mcg	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
nizatidine cap 150 mg	4	
nizatidine cap 300 mg	4	
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg, 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tablets/30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
rabeprazole sodium ec tab 20 mg	3	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate susp 1 gm/10ml	4	
sucralfate tab 1 gm	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg, 500 mg	4	
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps>	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)>	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Trastorno genético o relacionado con las enzimas o las proteínas: Reemplazo, modificadores,tratamien		
betaine powder for oral solution>	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
cromolyn sodium oral conc 100 mg/5ml	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
glutamine (sickle cell) powd pack 5 gm>	5	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg	4	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg>	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*>	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*>	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*>	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*>	5	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*>	5	PA
REZDIFFRA - resmetirom 60 mg tab>	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab>	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab>	5	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg>	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful>	5	PA, QL (3 bottles/30 days)
sodium phenylbutyrate tab 500 mg>	5	PA, QL (1200 tablets/30 days)
WELIREG - belzutifan tab 40 mg*>	5	PA, QL (90 tablets/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg*>	5	PA, QL (120 capsules/30 days)
Agentes genitourinarios		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3	
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg, 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg>	5	
silodosin cap 4 mg, 8 mg	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg, 10 mg	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg	4	PA, QL (30 tablets/30 days)

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tamsulosin hcl cap 0.4 mg	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg	4	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg	3	QL (60 tablets/30 days)
trospium chloride tab 20 mg	3	QL (60 tablets/30 days)
Agentes hormonales, estimulantes/sustitutos/modificadores (suprarrenal)		
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg, 10 mg, 20 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	2	
prednisone oral soln 5 mg/5ml	4	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	2	
prednisone tab 1 mg, 2.5 mg, 20 mg, 50 mg	1	
prednisone tab 5 mg, 10 mg	2	
TARPEYO - budesonide delayed release cap 4 mg*>	5	PA
Agentes hormonales, estimulantes/sustitutos/modificadores (pituitarios)		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	4	
desmopressin acetate tab 0.1 mg, 0.2 mg	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*>	5	
OMNITROPE - somatropin for inj 5.8 mg>	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml>	5	PA
Agentes hormonales, estimulantes/sustitutos/modificadores (hormonas/modificadores sexuales)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	2	
abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg#	2	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	
ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	2	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	2	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	2	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	2	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	2	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
camila - norethindrone tab 0.35 mg	2	
camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	QL (8 patches/28 days)
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
danazol cap 50 mg, 100 mg, 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7)	2	
deblitane - norethindrone tab 0.35 mg	2	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	3	QL (8 patches/28 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	3	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	2	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
errin - norethindrone tab 0.35 mg	2	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#	2	
estradiol tab 0.5 mg, 1 mg, 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#	3	QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	3	QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	3	QL (4 patches/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
estradiol vaginal cream 0.01%	2	QL (6 tubes/365 days)
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml	3	
estradiol valerate im in oil 40 mg/ml	4	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	QL (1 box/90 days)
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
galbriela - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	2	
gallifrey - norethindrone acetate tab 5 mg	2	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	2	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	2	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
heather - norethindrone tab 0.35 mg	2	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
incassia - norethindrone tab 0.35 mg	2	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	2	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
jencycla - norethindrone tab 0.35 mg	2	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	2	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	2	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	2	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	2	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	2	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
lyleq - norethindrone tab 0.35 mg	2	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	3	QL (8 patches/28 days)
lyza - norethindrone tab 0.35 mg	2	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	1	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg, 40 mg#	3	
meleya - norethindrone tab 0.35 mg	2	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	2	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	2	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
nora-be - norethindrone tab 0.35 mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	2	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
norlyroc - norethindrone tab 0.35 mg	2	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	2	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
orquidea - norethindrone tab 0.35 mg	2	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
progesterone cap 100 mg, 200 mg	2	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
sharobel - norethindrone tab 0.35 mg	2	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	2	
testosterone cypionate im inj in oil 100 mg/ml	3	PA, QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml	3	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (1 vial/28 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
tydemy - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	2	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
yuvafem - estradiol vaginal tab 10 mcg	4	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	2	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
Agentes hormonales, estimulantes/sustitutos/modificadores (tiroides)		
levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	2	
liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	2	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
Agentes hormonales, supresores (suprarrenales o hipofisiarios)		
cabergoline tab 0.5 mg	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)>	5	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA, QL (2 kits/28 days)
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)>	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)>	5	PA, QL (27 capsules/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg>	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg>	5	PA, QL (1 kit/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg>	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg>	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg>	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)	4	PA, QL (90 vials/30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (18 vials/30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)>	5	PA, QL (90 vials/30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (9 vials/30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (90 syringes/30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (90 syringes/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*>	5	PA, QL (60 ampules/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*>	5	PA, QL (30 vials/30 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA, QL (1 vial/28 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA, QL (1 vial/84 days)
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA, QL (1 vial/168 days)
Agentes hormonales, supresores (tiroides)		
methimazole tab 5 mg, 10 mg	1	
propylthiouracil tab 50 mg	2	
Agentes inmunológicos		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/lifetime)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*>	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*>	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/ lifetime; >=18 yr)
azathioprine tab 50 mg	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml>	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml>	5	PA, QL (8 syringes/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml>	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml>	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*>	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml>	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*>	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*>	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*>	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*>	5	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg, 100 mg	4	BD
cyclosporine modified cap 25 mg, 50 mg, 100 mg	4	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml>	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml>	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml>	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml>	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml>	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml>	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml>	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml>	5	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml>	5	PA, QL (8 pens/28 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml>	5	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg>	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
everolimus tab 0.25 mg	4	BD
everolimus tab 0.5 mg, 0.75 mg, 1 mg>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml>	5	BD, PA
GAMMAGARD LIQUID ERC - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml>	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml>	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
gengraf - cyclosporine modified cap 25 mg, 100 mg	4	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	4	PA, QL (6 syringes/28 days)
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*>	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*>	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml>	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
leflunomide tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/ lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	4	BD
mycophenolate mofetil tab 500 mg	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	4	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml>	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml>	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)>	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml>	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
REZUROCK - belumosudil mesylate tab 200 mg*>	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	3	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg>	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg>	5	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml>	5	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	1	QL (2 vaccines/ lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/ lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	4	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml>	5	PA, QL (4 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml>	5	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml>	5	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml>	5	PA, QL (4 pens/28 days)
sirolimus oral soln 1 mg/ml	4	BD
sirolimus tab 0.5 mg, 1 mg, 2 mg	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)>	5	PA, QL (6 vials/180 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml>	5	PA, QL (6 syringes/365 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml>	5	PA, QL (7 cartridges/365 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml>	5	PA, QL (6 pens/365 days)
tacrolimus cap 0.5 mg, 1 mg	2	BD
tacrolimus cap 5 mg	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml>	5	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml>	5	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml>	5	PA, QL (3 syringes/56 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml>	5	PA, QL (1 syringe/28 days)
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ ULCERATIVE COLITIS - guselkumab soln auto-injector 200 mg/2ml>	5	PA, QL (6 pens/180 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml>	5	PA, QL (3 pens/56 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml>	5	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml>	5	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	1	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
VELSIPITY - etrasimod arginine tab 2 mg>	5	PA, QL (30 tablets/30 days)
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml	1	
VIVOTIF - typhoid vaccine cap delayed release	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*>	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*>	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*>	5	PA

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
YESINTEK - ustekinumab-kfce iv soln 130 mg/26ml (5 mg/ml) (for iv inf)>	5	PA, QL (4 vials/180 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml>	5	PA, QL (3 syringes/84 days)
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
YF-VAX - yellow fever vaccine for subcutaneous suspension	1	
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml>	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml>	5	PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml>	5	PA, QL (2 syringes/28 days)
Agentes para tratar la enfermedad inflamatoria intestinal		
balsalazide disodium cap 750 mg	4	
budesonide delayed release particles cap 3 mg	4	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	4	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	2	
Agentes para tratar la enfermedad ósea metabólica		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg, 70 mg	1	QL (4 tablets/28 days)
BILDYOS - denosumab-nxxp inj soln prefilled syringe 60 mg/ml	4	PA, QL (1 syringe/180 days)
BILPREVDA - denosumab-nxxp inj 120 mg/1.7ml>	5	PA, QL (3 vials/28 days)

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml>	5	PA
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg, 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)	4	PA, QL (60 tablets/30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	PA, QL (120 tablets/30 days)
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	4	
risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
risedronate sodium tab 5 mg, 30 mg	3	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	3	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	3	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml>	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml>	5	PA
Agentes oftálmicos		
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
betaxolol hcl ophth soln 0.5%	3	
bimatoprost ophth soln 0.03%	3	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.1%, 0.15%	4	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
brinzolamide ophth susp 1%	4	
bromfenac sodium ophth soln 0.07% (base equivalent), 0.09% (base equiv) (once-daily)	4	
carteolol hcl ophth soln 1%	2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
cromolyn sodium ophth soln 4%	2	
cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*>	5	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	4	
dorzolamide hcl ophth soln 2%	2	

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	3	
erythromycin ophth oint 5 mg/gm	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
fluorometholone ophth susp 0.1%	3	
flurbiprofen sodium ophth soln 0.03%	2	
gatifloxacin ophth soln 0.5%	3	
gentamicin sulfate ophth soln 0.3%	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	2	
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	3	PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	4	
NATACYN - natamycin ophth susp 5%	4	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
pilocarpine hcl ophth soln 1%, 2%, 4%	3	
polycin - bacitracin-polymyxin b ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
sulfacetamide sodium ophth soln 10%	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%, 0.5%	3	
timolol maleate ophth soln 0.25%, 0.5%	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%>	5	PA
XIIDRA - lifitegrast ophth soln 5%	3	PA, QL (60 containers/30 days)
Agentes óticos		
acetic acid otic soln 2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac - fluocinolone acetonide (otic) oil 0.01%	4	
fluocinolone acetonide (otic) oil 0.01%	4	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin otic soln 0.3%	3	
Agentes para el tracto respiratorio/pulmonar		
acetylcysteine inhal soln 10%, 20%	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*>	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	3	QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2	BD
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg, 4 mg	4	
*ambrisentan tab 5 mg, 10 mg**	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*>	5	PA, QL (84 vials/56 days)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	2	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
desloratadine tab 5 mg	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick 0.3 mg/0.3 ml)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	QL (4 pens/28 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)	3	QL (4 pens/28 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml>	5	PA, QL (1 syringe/28 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml>	5	PA, QL (1 pen/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*>	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*>	5	PA, QL (60 tablets/30 days)
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	4	QL (2 inhalers/30 days)
levocetirizine dihydrochloride tab 5 mg	1	
mometasone furoate nasal susp 50 mcg/act	4	QL (2 bottles/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	2	QL (30 tablets/30 days)
montelukast sodium oral granules packet 4 mg (base equiv)	4	QL (30 packets/30 days)
montelukast sodium tab 10 mg (base equiv)	1	QL (30 tablets/30 days)
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)>	5	PA, QL (60 capsules/30 days)
NUCALA - mepolizumab for inj 100 mg*>	5	PA, QL (3 vials/28 days)
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*>	5	PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml*>	5	PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml*>	5	PA, QL (3 syringes/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*>	5	PA, QL (60 capsules/30 days)
olopatadine hcl nasal soln 0.6%	4	QL (1 bottle/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)>	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg>	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg>	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg>	5	PA
pirfenidone cap 267 mg	3	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	3	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml>	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)	4	PA, QL (60 tablets/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	4	
theophylline tab er 12hr 300 mg, 450 mg	4	
theophylline tab er 24hr 400 mg, 600 mg	2	
TOBI PODHALER - tobramycin inhal cap 28 mg>	5	PA, QL (224 capsules/56 days)
tobramycin nebu soln 300 mg/5ml>	5	BD, PA, QL (56 ampules/56 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran>	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran>	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk>	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk>	5	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg>	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
zafirlukast tab 10 mg, 20 mg	4	QL (60 tablets/30 days)
Relajantes de los músculos esqueléticos		
cyclobenzaprine hcl tab 5 mg, 10 mg#	2	
methocarbamol tab 500 mg, 750 mg#	2	
Agentes para tratar los trastornos del sueño		
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	4	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	3	QL (30 tablets/30 days)
eszopiclone tab 1 mg, 2 mg, 3 mg#	3	QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	4	QL (30 tablets/30 days)
sodium oxybate oral solution 500 mg/ml>	5	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg>	5	PA, QL (30 capsules/30 days)
zaleplon cap 5 mg#	3	QL (30 capsules/30 days)
zaleplon cap 10 mg#	3	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg, 10 mg#	2	QL (30 tablets/30 days)

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abacavir sulfate-lamivudine tab 600-300 mg.....30
abacavir sulfate soln 20 mg/ml (base equiv)..... 30
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abigale - estradiol & norethindrone acetate tab 1-0.5 mg.....55
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acarbose tab 25 mg..... 34
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accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....47
acebutolol hcl cap 200 mg, 400 mg..... 39
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acetaminophen w/ codeine tab 300-15 mg, 300-30 mg.....1
acetaminophen w/ codeine tab 300-60 mg.....1
acetazolamide cap er 12hr 500 mg.....39
acetazolamide tab 125 mg, 250 mg..... 39
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acitretin cap 10 mg, 17.5 mg, 25 mg.....47
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albendazole tab 200 mg..... 25
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albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....74
albuterol sulfate syrup 2 mg/5ml.....74
albuterol sulfate tab 2 mg, 4 mg..... 74
alclometasone dipropionate cream 0.05%.....47
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alendronate sodium tab 10 mg..... 71
alendronate sodium tab 35 mg, 70 mg..... 71
alfuzosin hcl tab er 24hr 10 mg..... 54
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....39
allopurinol tab 100 mg, 300 mg..... 16
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)..... 52
alprazolam tab 0.25 mg, 0.5 mg, 1 mg..... 33
alprazolam tab 2 mg.....33
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....55
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Este formulario se actualizó el 10/15/2026. Para obtener información más actualizada o si tiene otras preguntas, comuníquese con Servicio al Cliente de Baylor Scott & White Health Plan al 1-866-334-3141 (TTY: 711). Puede comunicarse del 1 de octubre al 31 de marzo, de 7:00 a. m. a 8:00 p. m., los siete días de la semana (excepto los principales días festivos); y del 1 de abril al 30 de septiembre, de 7:00 a. m. a 8:00 p. m., de lunes a viernes (excepto los principales días festivos); o bien, puede visitar BSWHealthPlan.com/Medicare.

Contratos: H2032, H8142

Baylor Scott & White Health Plan

Aviso de No Discriminación

Baylor Scott & White Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Baylor Scott & White Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Baylor Scott & White Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Información escrita en otros formatos (letra grande y formatos electrónicos accesibles)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con el Oficial de Cumplimiento de Baylor Scott & White Health Plan al 1-214-820-8888 o envíe un correo electrónico a HPCompliance@BSWHealth.org.

Si cree que Baylor Scott & White Health Plan no ha brindado estos servicios o ha sido discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal con:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Línea de ayuda de cumplimiento; 1-888-484-6977 o
https://app.mycompliancereport.com/report?cid=swhp

Puede presentar una queja en persona o por correo, en línea o por correo electrónico. Si necesita ayuda para presentar un reclamo, el Oficial de Cumplimiento está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web https://www.hhs.gov/civil-rights/filing-a-complaint/index.html.

Baylor Scott & White Health Plan

Aviso de disponibilidad de servicios de asistencia lingüística y servicios y ayudas auxiliares (§92.11)

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-334-3141 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-334-3141 (TTY: 711) o hable con su proveedor.

Simplified Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-334-3141（文本电话：711）或咨询您的服务提供商。

Traditional Chinese: 注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-334-3141（TTY：711）或與您的提供者討論。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-334-3141 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-334-3141 (TTY : 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-334-3141 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-334-3141 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean: 주의: 한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-334-3141 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-334-3141 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic (العربية)
تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر مجانا الوسائل والخدمات المساعدة المناسبة لتوفير المعلومات في أشكال يسهل الوصول إليها وفهمها. اتصل بالرقم 1-866-334-3141 (TTY: 711) أو تحدث إلى مقدم الخدمة الخاص بك.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-334-3141 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-866-334-3141 (tty: 711) o parla con il tuo fornitore.

Português: ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-334-3141 (TTY: 711) ou fale com seu provedor.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-866-334-3141 (TTY: 711) oswa pale avèk founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-334-3141 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-334-3141（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください

Nuestra misión

Fundada como un ministerio cristiano de curación, Baylor Scott & White Health promueve el bienestar de todas las personas, familias y comunidades.

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE®