Neighborhood Health Plan OF RHODE ISLAND™

# Neighborhood INTEGRITY (plan de Medicare-Medicaid)

# 2023 Formulario: Lista de medicamentos cubiertos

Para pedirnos información más reciente o hacernos alguna pregunta, puede llamarnos al 1-844-812-6896 o al 711 para TTY de lunes a viernes de 8 a.m. a 8 p.m., y sábados de 8 a.m. a 12 m., o visitar www.nhpri.org/INTEGRITY. No hemos hecho cambios a esta lista de medicamentos desde el 21 de septiembre de 2022.

**Mensaje importante sobre el pago de vacunas:** Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a Servicios para Miembros para más información.

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# Neighborhood INTEGRITY| *Lista de Medicamentos Cubiertos* 2023 (Formulario)

## Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como la Lista de medicamentos). Aquí se le informa qué medicamentos recetados y de venta libre e insumos están cubiertos por Neighborhood INTEGRITY. La Lista de medicamentos también le informa si algún medicamento cubierto por Neighborhood INTEGRITY tiene reglas o restricciones especiales. Las palabras importantes y sus definiciones se encuentran en el último capítulo del *Manual del miembro.*

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## A. Renuncias de garantías

Esta es la lista de medicamentos que los miembros pueden obtener en Neighborhood INTEGRITY.

- Neighborhood INTEGRITY es un plan de salud que posee un contrato tanto con Medicare como con Medicaid de Rhode Island para brindar beneficios de ambos programas a los inscritos.

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call 711. The call is free.

- ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.

- ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 TTY (711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.

- សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
  មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។
  សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។
  នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។
  ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។
  ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

- Siempre puede revisar la *Lista de Medicamentos Cubiertos* actualizada de Neighborhood INTEGRITY en línea en www.nhpri.org/INTEGRITY.

- Puede obtener este documento gratis en otros formatos, por ejemplo, letras grandes, Braille o audio. Comuníquese con el Servicio de atención a los miembros llamando al 1-844-812-6896, de lunes a viernes de 8 a. m. a 8 p. m. y los sábados de 8 a. m. a 12 p. m. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.

- Puede solicitar este documento y los materiales que se publiquen en el futuro en su idioma de preferencia y/o en un formato alternativo, comunicándose con el Servicio de atención a los miembros. Esto se denomina “solicitud vigente”. El Servicio de atención

a los miembros registrará su solicitud vigente en el expediente de miembro para que pueda recibir materiales ahora y en el futuro en su idioma y/o formato de preferencia. Puede modificar o cancelar su solicitud vigente en cualquier momento comunicándose con el Servicio de atención a los miembros.

## B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de Medicamentos Cubiertos*. Puede leer todas las Preguntas frecuentes para tener más información o buscar una pregunta y su respuesta.

### B1. ¿Qué medicamentos recetados están en la *Lista de medicamentos cubiertos*? (Para abreviar, también llamamos "Lista de medicamentos" a la *Lista de medicamentos cubiertos*.)

Los medicamentos que figuran en la *Lista de Medicamentos Cubiertos* que comienza en la página **15** son los medicamentos cubiertos por Neighborhood INTEGRITY. Estos medicamentos se pueden adquirir en las farmacias de nuestra red. Una farmacia pertenece a nuestra red cuando tenemos un contrato con el establecimiento para que trabaje con nosotros y les provea servicios a los miembros. Nos referiremos a estos establecimientos como "farmacias de la red".

- Neighborhood INTEGRITY cubrirá todos los medicamentos necesarios desde el punto de vista médico que estén en la Lista de medicamentos si:
  - su médico u otro profesional de la salud dice que los necesita para mejorarse o para mantener la salud, **y además**
  - usted adquiere el medicamento recetado en una farmacia de la red Neighborhood INTEGRITY.
- Neighborhood INTEGRITY puede añadir otros requisitos para acceder a ciertos medicamentos (ver pregunta B4 a continuación).

También puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web, www.nhpri.org/INTEGRITY, o llamando al Servicio de atención a los miembros al 1-844-812-6896 (TTY 711).

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

Sí, y Neighborhood INTEGRITY debe seguir las normas de Medicare y Medicaid de Rhode Island al realizar modificaciones. Podemos incorporar o eliminar medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas con relación a los medicamentos. Por ejemplo, podemos:

- decidir que pediremos o no pediremos autorización previa (PA) o aprobación para un medicamento. (PA es el permiso de Neighborhood INTEGRITY para que usted pueda obtener un medicamento).
- Agregar o modificar la cantidad de un medicamento que usted puede obtener (se denomina “límite de cantidad”).
- agregar o modificar las restricciones de tratamiento escalonado de un medicamento. (Tratamiento escalonado significa que usted debe probar un medicamento antes de que le cubramos otro medicamento).

Para obtener más información sobre estas normas que regulan el uso de medicamentos, consulte la pregunta B4.

Si usted está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni modificaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- aparezca en el mercado un nuevo medicamento más económico que funciona igual de bien que un medicamento que está actualmente en la Lista de medicamentos, **o**
- nos enteremos de que el medicamento no es seguro, **o**
- el medicamento sea retirado del mercado.

Las preguntas B3 y B6 que figuran a continuación aportan más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Usted siempre puede consultar la Lista actualizada de medicamentos de Neighborhood INTEGRITY en línea en www.nhpri.org/INTEGRITY.
- También puede llamar al Servicio de atención a los miembros al 1-844-812-6896 (TTY 711) para consultar la Lista de medicamentos vigente.

## B3. ¿Qué sucede si hay una modificación en la Lista de medicamentos?

Algunas modificaciones de la Lista de medicamentos se producen **inmediatamente.** Por ejemplo:

- **Aparición de un nuevo medicamento genérico.** A veces, aparece en el mercado un nuevo medicamento que funciona igual de bien que un medicamento de marca que está incluido en la Lista de medicamentos. Si eso sucede, es posible que eliminemos el medicamento de marca e incorporemos el nuevo medicamento genérico, pero el costo que usted pagará por el nuevo medicamento será el mismo. Cuando incorporemos el nuevo medicamento genérico, también es posible que decidamos conservar el medicamento de marca en la lista pero modifiquemos sus reglas o límites de cobertura.

- Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico una vez que lo hayamos realizado.
- Usted o su proveedor pueden solicitar una excepción a estos límites. Le enviaremos una notificación con los pasos a seguir para solicitar una excepción. Para obtener más información sobre las excepciones, lea la pregunta B10.

- **Un medicamento es retirado del mercado**. Si la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) considera que algún medicamento que usted está tomando no es seguro o el fabricante de un medicamento decide retirarlo del mercado, lo eliminaremos de la Lista de medicamentos. Si usted está tomando dicho medicamento, recibirá una notificación. Le enviaremos una carta donde le aconsejaremos cómo proceder con su proveedor y su farmacéutico.

**Es posible que realicemos otros cambios relativos a los medicamentos que usted toma.** En caso de realizar otros cambios a la Lista de medicamentos, se lo notificaremos con anticipación. Estos cambios pueden producirse si:

- la FDA proporciona nuevas pautas o se publican nuevas directrices clínicas sobre un medicamento,
- Incorporamos un medicamento genérico que no es nuevo en el mercado **y**
  - Reemplazamos un medicamento de marca que se encuentra actualmente en la Lista de medicamentos **o**
  - Modificamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios:

- se lo informaremos por lo menos 30 días antes de modificar la Lista de medicamentos **o**
- se lo informaremos y le proporcionaremos un suministro del medicamento para 30 días cuando usted solicite la reposición.

Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. Este podrá ayudarle a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar **o**
- si es conveniente solicitar una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

## B4. ¿Existen restricciones o limitaciones para la cobertura de medicamentos o requisitos que se deban cumplir para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen requisitos de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted o su médico u otro profesional que recete el medicamento deberán cumplir con ciertos requisitos antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa (PA) o aprobación:** Para ciertos medicamentos, usted o su médico u otro profesional que recete el medicamento deberán obtener la PA de Neighborhood INTEGRITY antes de que usted pueda obtener el medicamento. Neighborhood INTEGRITY podría no cubrir el medicamento si usted no obtiene autorización.
- **Límites de cantidad:** A veces, Neighborhood INTEGRITY limita la cantidad de medicamento que usted puede obtener.
- **Tratamiento escalonado:** A veces, Neighborhood INTEGRITY requiere que usted realice un tratamiento escalonado. Es decir, para el tratamiento de su enfermedad, tendrá que probar medicamentos en un determinado orden. Es posible que tenga que probar un medicamento antes de que le cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, le cubriremos el segundo.

Usted puede averiguar si su medicamento tiene algún otro requisito o límite consultando las tablas que figuran en las páginas **15-166**. También puede obtener información adicional visitando nuestro sitio web, www.nhpri.org/INTEGRITY. Hemos publicado documentos en línea en los cuales se explican nuestras restricciones en virtud de la PA y el tratamiento escalonado. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. El médico le ayudará a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si debe pedir una excepción. Para obtener más información sobre las excepciones, lea las preguntas B10-B12.

## B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay requisitos que debo cumplir para obtener el medicamento?

La tabla de medicamentos de la página **15** incluye una columna rotulada “Necessary actions, restrictions, or limits on use” (“Acciones necesarias, restricciones o límites de uso”).

## B6. ¿Qué sucede si Neighborhood INTEGRITY modifica sus normas sobre algunos medicamentos (por ejemplo, PA (aprobación), límites de

**cantidad y/o restricciones de tratamiento escalonado sobre un medicamento**)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos requisitos de PA, límites de cantidad y/o restricciones de tratamiento escalonado sobre un medicamento. Lea la pregunta B3 para obtener más información sobre esta notificación anticipada y las situaciones en las que quizás no podamos notificarle anticipadamente que se modificarán las reglas sobre los medicamentos que figuran en la Lista de medicamentos.

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

Hay dos formas de encontrar un medicamento:

- Puede buscar en orden alfabético (si sabe cómo se escribe el nombre del medicamento) por el nombre del medicamento, **o**
- puede buscar por la enfermedad.

Para buscar **por orden alfabético**, consulte la sección Índice de medicamentos cubiertos. Puede encontrarla en la página **167**.

Para buscar **por enfermedad**, busque la sección denominada “Drugs Grouped by Medical Condition” (“Medicamentos agrupados por enfermedad”) en la página **15**. En esta sección, los medicamentos están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría **Cardiovascular**. Allí encontrará los medicamentos para tratar las enfermedades del corazón.

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

Si no encuentra su medicamento en la Lista de medicamentos, llame al Servicio de atención a los miembros, al 1-844-812-6896 (TTY 711) y pregunte por el medicamento. Si averigua que Neighborhood INTEGRITY no cubre ese medicamento, tiene las siguientes opciones:

- Pedir al Servicio de atención a los miembros una lista de medicamentos similares al que quiere tomar. Después mostrarle la lista a su médico o el profesional que le receta el medicamento. El médico puede recetarle un medicamento de la Lista de medicamentos que sea similar al que usted quiere tomar. **O**
- pedirle al plan de salud que haga una excepción y cubra el medicamento. Para obtener más información sobre las excepciones, lea las preguntas B10-B12.

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## B9. ¿Qué sucede si soy un nuevo miembro de Neighborhood INTEGRITY y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo problemas para obtener mi medicamento?

Nosotros podemos ayudar. Podemos cubrir un suministro temporal para 30 días de su medicamento de la Parte D o un suministro para 90 días de su medicamento cubierto por Rhode

Island Medicaid durante los primeros 90 días que usted sea Miembro de Neighborhood INTEGRITY. Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. El médico le ayudará a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si debe pedir una excepción.

Si se entrega una receta por menos días, autorizaremos múltiples reposiciones para proveer hasta un máximo de medicamento para 30 días.

Cubriremos un suministro para 30 días de su medicamento Parte D o un suministro para 90 días de su medicamento cubierto por Rhode Island Medicaid si:

- usted está tomando un medicamento que no está en la Lista de medicamentos, **o**
- las reglas del plan de salud no le permiten obtener la cantidad indicada por el médico que le extendió la receta, **o**
- el medicamento requiere PA de Neighborhood INTEGRITY, **o**
- usted está tomando un medicamento que tiene una restricción de tratamiento escalonado.

Si usted está en un hogar para personas de edad avanzada o en otro establecimiento de cuidados por tiempo prolongado y necesita un medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan durante más de 90 días, vive en un establecimiento de cuidados a largo plazo, y necesita un suministro inmediatamente:

- Cubriremos un suministro para 31 días del medicamento que necesita (salvo que tenga una receta para menos días), independientemente de que usted sea o no sea un miembro nuevo de Neighborhood INTEGRITY.
- Esto es adicional al suministro temporal durante los primeros *90* días en que usted es Miembro de Neighborhood INTEGRITY.

Las transiciones del Nivel de atención se permiten para los miembros que recibieron el alta de una institución de atención a largo plazo en los últimos 30 días. Cubriremos un suministro acumulativo para 30 días del medicamento que necesita, independientemente de si es un miembro nuevo de Neighborhood INTEGRITY.

Las transiciones del Nivel de atención también se admiten en el caso de los miembros que fueron internados en una institución de atención a largo plazo durante los últimos 30 días. Cubriremos un suministro acumulativo para 31 días del medicamento que necesita (los límites de reposiciones son válidos para ciertos medicamentos de marca), independientemente de si es un miembro nuevo de Neighborhood INTEGRITY.

## B10. ¿Puedo solicitar una excepción que cubra mi medicamento?

Sí. Puede pedirle a Neighborhood INTEGRITY que haga una excepción y cubra el medicamento que no está en la Lista de medicamentos.

También puede pedirnos que modifiquemos las reglas que se aplican a su medicamento.

- Por ejemplo, Neighborhood INTEGRITY puede limitar la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite, puede pedirnos que modifiquemos el límite para que cubramos más cantidad.
- Otros ejemplos: Puede solicitarnos que no se apliquen las restricciones de tratamiento escalonado o PA.

## B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, comuníquese con el Servicio de atención a los miembros. El Servicio de atención a los miembros trabajará con usted y su proveedor para ayudarle a solicitar una excepción. También puede leer el Capítulo 9 del *Manual del miembro* para obtener más información sobre las excepciones.

## B12. ¿Cuánto demora obtener una excepción?

Después de recibir una declaración del médico que le da la receta en la que respalde su pedido de excepción, tomaremos nuestra determinación sobre su pedido de excepción y le informaremos en un plazo de 72 horas. El médico que le da la receta debe enviar la declaración por fax al 1-855-829-2875.

Si usted o su médico consideran que su salud se puede perjudicar si tiene que esperar 72 horas para obtener nuestra decisión puede solicitar una excepción acelerada. Se trata de una decisión más rápida. Si su médico respalda su pedido, le informaremos nuestra decisión dentro de las 24 horas de recibida la declaración de respaldo de su médico.

## B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están preparados con los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y por lo general no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA).

Neighborhood INTEGRITY cubre medicamentos de marca y medicamentos genéricos.

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

OTC es la sigla de “over-the-counter”, que significa “de venta libre”. Neighborhood INTEGRITY cubre algunos medicamentos OTC cuando están recetados por su proveedor médico.

Puede consultar la Lista de medicamentos de Neighborhood INTEGRITY para averiguar qué medicamentos OTC están cubiertos.

### B15. ¿Neighborhood INTEGRITY cubre productos de venta libre (OTC) que no sean medicamentos?

Neighborhood INTEGRITY cubre algunos productos de venta libre (OTC) cuando su proveedor se los receta.

Algunos ejemplos de los productos de venta libre (OTC) que no son medicamentos incluyen a determinados insumos para análisis de orina y sangre, como también a ciertos agentes saborizantes o tintes que pueden agregarse a los medicamentos líquidos.

Puede leer la Lista de medicamentos de Neighborhood INTEGRITY para averiguar qué productos de venta libre (OTC) se encuentran cubiertos.

### B16. ¿Cuál es mi copago?

Como miembro del plan Neighborhood INTEGRITY, usted no tiene que pagar copagos para los medicamentos recetados y OTC siempre y cuando usted cumpla con las reglas de Neighborhood INTEGRITY.

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

Los niveles son grupos de medicamentos incluidos en la Lista de medicamentos.

- Los medicamentos del Nivel 1 son los genéricos.
- Los medicamentos del Nivel 2 son los de marca.
- Los medicamentos del Nivel 3 son los medicamentos recetados ajenos a Medicare y los medicamentos de venta libre (OTC) o artículos.

## C. Breve resumen de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le proporciona información sobre los medicamentos que cubre Neighborhood INTEGRITY. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página **167**. En el índice encontrará una lista de todos los medicamentos cubiertos por Neighborhood INTEGRITY en orden alfabético.

**Nota:** La inscripción **DP** al lado de un medicamento significa que el medicamento no es un “medicamento de la Parte D”. El monto que usted paga cuando adquiere este medicamento bajo receta no se tiene en consideración para calcular sus costos totales de medicamentos (es decir que el monto que paga no lo ayuda a calificar para cobertura catastrófica).

Además, si está recibiendo Ayuda Adicional para pagar por sus recetas, no recibirá Ayuda Adicional para pagar estos medicamentos. Para obtener más información sobre Ayuda Adicional, consulte el recuadro que aparece a continuación.

> **Ayuda Adicional** es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de medicamentos recetados de Medicare Parte D, como primas, deducibles y copagos. La Ayuda adicional también se llama "Subsidio por bajos ingresos" o "LIS."

- Estos medicamentos también tienen diferentes reglas para las apelaciones. Una apelación es un recurso formal para pedir una revisión de la decisión de cobertura y modificarla si cree que hemos cometido un error. Por ejemplo, nosotros podríamos decidir que un medicamento que usted quiere no está cubierto o ha dejado de estar cubierto por Medicare o Rhode Island Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, puede presentar una apelación. Para pedir instrucciones sobre la forma de apelar, comuníquese con el Servicio de atención a los miembros llamando al 1-844-812-6896 (TTY 711). También puede leer el Capítulo 9 del *Manual del miembro* para saber cómo apelar una decisión.

## C1. Medicamentos agrupados por condición médica

En esta sección, los medicamentos están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría **Cardiovascular**. Allí encontrará los medicamentos para tratar las enfermedades del corazón.

Significado de los códigos usados en la columna "Necessary actions, restrictions, or limits on use" ("Acciones necesarias, restricciones o límites de uso"):

PA = Autorización previa (aprobación): debe contar con la aprobación previa del plan antes de poder obtener este medicamento

ST = Tratamiento escalonado: debe probar otro medicamento antes de poder recibir este.

QL = Límite de cantidad: Neighborhood INTEGRITY limita la cantidad de medicamento que puede obtener.

B/D = Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare. Según las circunstancias, es posible que se solicite una autorización previa (aprobación). Quizás resulte

necesario presentar información en la cual se describa por qué y dónde (en qué entorno) utiliza este medicamento.

DP = Este medicamento no corresponde a la Parte D.

NDS = Suministro por tiempo no extendido. Este medicamento no está disponible para un suministro mayor a 30 días.

LA = Acceso limitado. Este medicamento solo está disponible a través de ciertas farmacias especializadas.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, SYNTHROID), y los medicamentos genéricos están en minúscula y cursiva (por ejemplo, *levothyroxine*). La información en la columna “Medidas necesarias, restricciones o límites en uso” le indica si Neighborhood INTEGRITY tiene alguna regla para cubrir su medicamento.

# Lista de Medicamentos Agrupados por Enfermedad

**FECHA EFECTIVA: 1/1/2023**

| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| **AGENTES ANTINEOPLÁSTICOS** | | |
| **Agentes Alquilantes** | | |
| BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML | $0 (Nivel 2) | B/D; LA; NDS |
| *carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml* | $0 (Nivel 1) | B/D |
| *cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml* | $0 (Nivel 1) | B/D |
| *cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg* | $0 (Nivel 2) | B/D; NDS |
| *cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml* | $0 (Nivel 2) | B/D; NDS |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | $0 (Nivel 1) | B/D |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | $0 (Nivel 2) | B/D |
| LEUKERAN ORAL TABLET 2 MG | $0 (Nivel 2) | |
| *oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml* | $0 (Nivel 1) | B/D |
| *oxaliplatin intravenous solution reconstituted 100 mg, 50 mg* | $0 (Nivel 2) | B/D; NDS |
| PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML | $0 (Nivel 1) | B/D |
| **Agentes Antineoplásticos Hormonales** | | |
| *abiraterone acetate oral tablet 250 mg, 500 mg* | $0 (Nivel 2) | PA; NDS |
| *anastrozole oral tablet 1 mg* | $0 (Nivel 1) | |
| *bicalutamide oral tablet 50 mg* | $0 (Nivel 1) | |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | $0 (Nivel 2) | PA |
| EMCYT ORAL CAPSULE 140 MG | $0 (Nivel 2) | NDS |
| ERLEADA ORAL TABLET 60 MG | $0 (Nivel 2) | PA; LA; NDS |
| EULEXIN ORAL CAPSULE 125 MG | $0 (Nivel 2) | NDS |
| *exemestane oral tablet 25 mg* | $0 (Nivel 1) | |
| *fulvestrant intramuscular solution 250 mg/5ml* | $0 (Nivel 2) | B/D; NDS |
| *letrozole oral tablet 2.5 mg* | $0 (Nivel 1) | |
| *leuprolide acetate injection kit 1 mg/0.2ml* | $0 (Nivel 1) | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | $0 (Nivel 2) | PA; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | $0 (Nivel 2) | PA; NDS |
| LYSODREN ORAL TABLET 500 MG | $0 (Nivel 2) | NDS |
| *megestrol acetate oral tablet 20 mg, 40 mg* | $0 (Nivel 2) | |

**LEYENDA**

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *nilutamide oral tablet 150 mg* | $0 (Nivel 2) | NDS |
| NUBEQA ORAL TABLET 300 MG | $0 (Nivel 2) | PA; LA; NDS |
| ORGOVYX ORAL TABLET 120 MG | $0 (Nivel 2) | PA; LA; NDS |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | $0 (Nivel 2) | NDS |
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | |
| *toremifene citrate oral tablet 60 mg* | $0 (Nivel 2) | NDS |
| XTANDI ORAL CAPSULE 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| XTANDI ORAL TABLET 40 MG, 80 MG | $0 (Nivel 2) | PA; LA; NDS |
| **Agentes Moleculares Dirigidos** | | |
| ALECENSA ORAL CAPSULE 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | $0 (Nivel 2) | PA; LA; NDS |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | $0 (Nivel 2) | PA; LA; NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | $0 (Nivel 2) | PA; LA; NDS |
| *bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg* | $0 (Nivel 2) | PA; NDS |
| *bortezomib intravenous solution reconstituted 3.5 mg* | $0 (Nivel 2) | PA; NDS |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | $0 (Nivel 2) | PA; NDS |
| BRAFTOVI ORAL CAPSULE 75 MG | $0 (Nivel 2) | PA; LA; NDS |
| BRUKINSA ORAL CAPSULE 80 MG | $0 (Nivel 2) | PA; LA; NDS |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| CALQUENCE ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| CALQUENCE ORAL TABLET 100 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | $0 (Nivel 2) | PA; LA; NDS |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | $0 (Nivel 2) | PA; LA; NDS |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | $0 (Nivel 2) | PA; LA; NDS |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | $0 (Nivel 2) | PA; LA; NDS |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| COTELLIC ORAL TABLET 20 MG | $0 (Nivel 2) | PA; LA; NDS |
| DAURISMO ORAL TABLET 100 MG, 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| *erlotinib hcl oral tablet 25 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| *everolimus oral tablet soluble 2 mg* | $0 (Nivel 2) | PA; QL (150 per 30 days); NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *everolimus oral tablet soluble 3 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| *everolimus oral tablet soluble 5 mg* | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| EXKIVITY ORAL CAPSULE 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| GAVRETO ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; LA; NDS |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | $0 (Nivel 2) | PA; LA; NDS |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | $0 (Nivel 2) | PA; LA; NDS |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| IDHIFA ORAL TABLET 100 MG, 50 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| *imatinib mesylate oral tablet 100 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| *imatinib mesylate oral tablet 400 mg* | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| IMBRUVICA ORAL CAPSULE 140 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| IMBRUVICA ORAL CAPSULE 70 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| INLYTA ORAL TABLET 1 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| INLYTA ORAL TABLET 5 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| INREBIC ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; LA; NDS |
| IRESSA ORAL TABLET 250 MG | $0 (Nivel 2) | PA; LA; NDS |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG | $0 (Nivel 2) | B/D; LA; NDS |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | $0 (Nivel 2) | PA; LA; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML | $0 (Nivel 2) | PA; LA; NDS |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | $0 (Nivel 2) | PA; QL (21 per 28 days); NDS |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | $0 (Nivel 2) | PA; QL (42 per 28 days); NDS |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | $0 (Nivel 2) | PA; QL (63 per 28 days); NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *lapatinib ditosylate oral tablet 250 mg* | $0 (Nivel 2) | PA; NDS |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| LORBRENA ORAL TABLET 100 MG, 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| LUMAKRAS ORAL TABLET 120 MG | $0 (Nivel 2) | PA; LA; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | $0 (Nivel 2) | PA; LA; NDS |
| MEKTOVI ORAL TABLET 15 MG | $0 (Nivel 2) | PA; LA; NDS |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | $0 (Nivel 2) | PA; LA; NDS |
| NERLYNX ORAL TABLET 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| NEXAVAR ORAL TABLET 200 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | $0 (Nivel 2) | PA; QL (3 per 28 days); NDS |
| ODOMZO ORAL CAPSULE 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | $0 (Nivel 2) | PA; LA; NDS |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | $0 (Nivel 2) | PA; LA; NDS |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | $0 (Nivel 2) | PA; LA; NDS |
| PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML | $0 (Nivel 2) | PA; LA; NDS |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | $0 (Nivel 2) | PA; NDS |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | $0 (Nivel 2) | PA; NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | $0 (Nivel 2) | PA; NDS |
| QINLOCK ORAL TABLET 50 MG | $0 (Nivel 2) | PA; LA; NDS |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG | $0 (Nivel 2) | PA; LA; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| RYDAPT ORAL CAPSULE 25 MG | $0 (Nivel 2) | PA; NDS |
| SCEMBLIX ORAL TABLET 20 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| SCEMBLIX ORAL TABLET 40 MG | $0 (Nivel 2) | PA; QL (300 per 30 days); NDS |
| *sorafenib tosylate oral tablet 200 mg* | $0 (Nivel 2) | PA; QL (120 per 30 days); NDS |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | $0 (Nivel 2) | PA; NDS |
| STIVARGA ORAL TABLET 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | $0 (Nivel 2) | PA; NDS |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | $0 (Nivel 2) | PA; LA; NDS |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| TALZENNA ORAL CAPSULE 0.25 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | $0 (Nivel 2) | PA; NDS |
| TAZVERIK ORAL TABLET 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML | $0 (Nivel 2) | PA; LA; NDS |
| TEPMETKO ORAL TABLET 225 MG | $0 (Nivel 2) | PA; LA; NDS |
| TIBSOVO ORAL TABLET 250 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | $0 (Nivel 2) | PA; NDS |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | $0 (Nivel 2) | PA; NDS |
| TUKYSA ORAL TABLET 150 MG, 50 MG | $0 (Nivel 2) | PA; LA; NDS |
| TURALIO ORAL CAPSULE 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| VENCLEXTA ORAL TABLET 10 MG | $0 (Nivel 2) | PA; LA; QL (112 per 28 days) |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| VENCLEXTA ORAL TABLET 100 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| VENCLEXTA ORAL TABLET 50 MG | $0 (Nivel 2) | PA; LA; QL (112 per 28 days); NDS |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | $0 (Nivel 2) | PA; LA; QL (42 per 28 days); NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | $0 (Nivel 2) | PA; LA; QL (56 per 28 days); NDS |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | $0 (Nivel 2) | PA; LA; NDS |
| VITRAKVI ORAL SOLUTION 20 MG/ML | $0 (Nivel 2) | PA; LA; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | $0 (Nivel 2) | PA; LA; NDS |
| VONJO ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| VOTRIENT ORAL TABLET 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | $0 (Nivel 2) | PA; LA; NDS |
| XOSPATA ORAL TABLET 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | $0 (Nivel 2) | PA; LA; QL (8 per 28 days); NDS |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | $0 (Nivel 2) | PA; LA; QL (4 per 28 days); NDS |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | $0 (Nivel 2) | PA; LA; QL (8 per 28 days); NDS |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | $0 (Nivel 2) | PA; LA; QL (4 per 28 days); NDS |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | $0 (Nivel 2) | PA; LA; QL (24 per 28 days); NDS |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | $0 (Nivel 2) | PA; LA; QL (8 per 28 days); NDS |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | $0 (Nivel 2) | PA; LA; QL (32 per 28 days); NDS |
| ZEJULA ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| ZELBORAF ORAL TABLET 240 MG | $0 (Nivel 2) | PA; LA; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | $0 (Nivel 2) | PA; LA; NDS |
| ZOLINZA ORAL CAPSULE 100 MG | $0 (Nivel 2) | PA; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| ZYKADIA ORAL TABLET 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| **Agentes Protectores** | | |
| *leucovorin calcium injection solution 500 mg/50ml* | $0 (Nivel 1) | B/D |
| *leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg* | $0 (Nivel 1) | B/D |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | $0 (Nivel 1) | |
| MESNEX ORAL TABLET 400 MG | $0 (Nivel 2) | NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| **Antibióticos** | | |
| *doxorubicin hcl intravenous solution 2 mg/ml* | $0 (Nivel 1) | B/D |
| *doxorubicin hcl liposomal intravenous injectable 2 mg/ml* | $0 (Nivel 2) | B/D; NDS |
| ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML | $0 (Nivel 2) | B/D |
| **Antimetabolitos** | | |
| *azacitidine injection suspension reconstituted 100 mg* | $0 (Nivel 2) | B/D; NDS |
| *cytarabine injection solution 20 mg/ml* | $0 (Nivel 1) | B/D |
| *fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml* | $0 (Nivel 1) | B/D |
| *gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml* | $0 (Nivel 1) | B/D |
| *gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg* | $0 (Nivel 1) | B/D |
| INQOVI ORAL TABLET 35-100 MG | $0 (Nivel 2) | PA; LA; NDS |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | $0 (Nivel 2) | PA; LA; NDS |
| *mercaptopurine oral tablet 50 mg* | $0 (Nivel 1) | |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | $0 (Nivel 1) | B/D |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | $0 (Nivel 1) | B/D |
| *methotrexate sodium injection solution reconstituted 1 gm* | $0 (Nivel 1) | B/D |
| ONUREG ORAL TABLET 200 MG, 300 MG | $0 (Nivel 2) | PA; LA; NDS |
| *pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg* | $0 (Nivel 2) | B/D; NDS |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | $0 (Nivel 2) | NDS |
| TABLOID ORAL TABLET 40 MG | $0 (Nivel 2) | |
| **Diversos** | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | $0 (Nivel 2) | PA; LA; NDS |
| *bexarotene oral capsule 75 mg* | $0 (Nivel 2) | PA; NDS |
| *hydroxyurea oral capsule 500 mg* | $0 (Nivel 1) | |
| *irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml* | $0 (Nivel 1) | B/D |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | $0 (Nivel 2) | PA; QL (70 per 28 days); NDS |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | $0 (Nivel 2) | PA; QL (91 per 28 days); NDS |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | $0 (Nivel 2) | PA; QL (49 per 28 days); NDS |

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|---|---|---|
| MATULANE ORAL CAPSULE 50 MG | $0 (Nivel 2) | LA; NDS |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | $0 (Nivel 2) | PA; NDS |
| *tretinoin oral capsule 10 mg* | $0 (Nivel 2) | NDS |
| WELIREG ORAL TABLET 40 MG | $0 (Nivel 2) | PA; LA; NDS |
| **Inhibidores Mitóticos** | | |
| *docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml* | $0 (Nivel 2) | B/D; NDS |
| *docetaxel intravenous concentrate 20 mg/ml* | $0 (Nivel 1) | B/D |
| *docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml* | $0 (Nivel 2) | B/D; NDS |
| *etoposide intravenous solution 100 mg/5ml, 500 mg/25ml* | $0 (Nivel 1) | B/D |
| *paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml* | $0 (Nivel 1) | B/D |
| *paclitaxel protein-bound part intravenous suspension reconstituted 100 mg* | $0 (Nivel 2) | B/D; NDS |
| TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML | $0 (Nivel 1) | B/D |
| *vincristine sulfate intravenous solution 1 mg/ml* | $0 (Nivel 1) | B/D |
| *vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml* | $0 (Nivel 1) | B/D |
| **Inmunomoduladores** | | |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg* | $0 (Nivel 2) | PA; LA; QL (28 per 28 days); NDS |
| *lenalidomide oral capsule 20 mg, 25 mg* | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | $0 (Nivel 2) | PA; LA; QL (28 per 28 days); NDS |
| REVLIMID ORAL CAPSULE 20 MG, 25 MG | $0 (Nivel 2) | PA; LA; QL (21 per 28 days); NDS |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | $0 (Nivel 2) | PA; LA; QL (28 per 28 days); NDS |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | $0 (Nivel 2) | PA; LA; QL (56 per 28 days); NDS |
| **AGENTES INMUNOLÓGICOS** | | |
| **Agentes Autoinmunes** | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | $0 (Nivel 2) | PA; NDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | $0 (Nivel 2) | PA; NDS |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | $0 (Nivel 2) | PA; QL (8 per 28 days); NDS |

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|---|---|---|
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | $0 (Nivel 2) | PA; QL (8 per 28 days); NDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | $0 (Nivel 2) | PA; QL (8 per 28 days); NDS |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | $0 (Nivel 2) | PA; QL (16 per 28 days); NDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | $0 (Nivel 2) | PA; QL (8 per 28 days); NDS |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | $0 (Nivel 2) | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | $0 (Nivel 2) | PA; QL (6 per 28 days); NDS |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | $0 (Nivel 2) | PA; QL (4 per 28 days); NDS |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | $0 (Nivel 2) | PA; NDS |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | $0 (Nivel 2) | PA; NDS |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | $0 (Nivel 2) | PA; NDS |
| HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | $0 (Nivel 2) | PA; NDS |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | $0 (Nivel 2) | PA; QL (2 per 28 days); NDS |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | $0 (Nivel 2) | PA; QL (6 per 28 days); NDS |
| *infliximab intravenous solution reconstituted 100 mg* | $0 (Nivel 2) | PA; LA; NDS |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML | $0 (Nivel 2) | PA; QL (2.28 per 28 days); NDS |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML | $0 (Nivel 2) | PA; QL (2.28 per 28 days); NDS |
| OTEZLA ORAL TABLET 30 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | $0 (Nivel 2) | PA; QL (110 per 365 days); NDS |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | $0 (Nivel 2) | PA; LA; NDS |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | $0 (Nivel 2) | PA; LA; NDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |

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|---|---|---|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG | $0 (Nivel 2) | PA; QL (112 per 365 days); NDS |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | $0 (Nivel 2) | PA; QL (60 per 365 days); NDS |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | $0 (Nivel 2) | PA; QL (6 per 365 days); NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | $0 (Nivel 2) | PA; QL (2.4 per 56 days); NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | $0 (Nivel 2) | PA; QL (6 per 365 days); NDS |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML | $0 (Nivel 2) | PA; LA; QL (3 per 28 days); NDS |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | $0 (Nivel 2) | PA; LA; QL (3 per 28 days); NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | $0 (Nivel 2) | PA; QL (480 per 24 days); NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| **Fármacos Antirreumáticos Modificadores De La Enfermedad (Farme)** | | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | $0 (Nivel 1) | |
| *leflunomide oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *methotrexate sodium oral tablet 2.5 mg* | $0 (Nivel 1) | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | $0 (Nivel 2) | B/D |
| **Inmunoglobulinas** | | |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML | $0 (Nivel 2) | PA; LA; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| GAMASTAN INTRAMUSCULAR INJECTABLE | $0 (Nivel 2) | B/D; LA |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | $0 (Nivel 2) | PA; NDS |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | $0 (Nivel 2) | PA; LA; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |

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|---|---|---|
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | $0 (Nivel 2) | PA; NDS |
| **Inmunomoduladores** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | $0 (Nivel 2) | PA; LA; NDS |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | $0 (Nivel 2) | PA; LA; NDS |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | $0 (Nivel 2) | B/D; LA; NDS |
| **Inmunosupresores** | | |
| *azathioprine oral tablet 50 mg* | $0 (Nivel 1) | B/D |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG | $0 (Nivel 2) | PA; LA; NDS |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | $0 (Nivel 2) | PA; LA; QL (8 per 28 days); NDS |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | $0 (Nivel 2) | PA; LA; QL (8 per 28 days); NDS |
| *cyclosporine intravenous solution 50 mg/ml* | $0 (Nivel 1) | B/D |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | B/D |
| *cyclosporine modified oral solution 100 mg/ml* | $0 (Nivel 1) | B/D |
| *cyclosporine oral capsule 100 mg, 25 mg* | $0 (Nivel 1) | B/D |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | $0 (Nivel 2) | B/D; NDS |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | $0 (Nivel 1) | B/D |
| GENGRAF ORAL SOLUTION 100 MG/ML | $0 (Nivel 1) | B/D |
| *mycophenolate mofetil oral capsule 250 mg* | $0 (Nivel 1) | B/D |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | $0 (Nivel 2) | B/D; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | $0 (Nivel 1) | B/D |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | $0 (Nivel 1) | B/D |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | $0 (Nivel 2) | B/D; NDS |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | $0 (Nivel 2) | B/D |

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|---|---|---|
| REZUROCK ORAL TABLET 200 MG | $0 (Nivel 2) | PA; LA; NDS |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | $0 (Nivel 2) | B/D |
| *sirolimus oral solution 1 mg/ml* | $0 (Nivel 2) | B/D; NDS |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 1) | B/D |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | $0 (Nivel 1) | B/D |
| **Vacunas** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | $0 (Nivel 2) | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | $0 (Nivel 2) | |
| *bcg vaccine injection solution reconstituted 50 mg* | $0 (Nivel 2) | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | $0 (Nivel 2) | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | $0 (Nivel 2) | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | $0 (Nivel 2) | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | $0 (Nivel 2) | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | $0 (Nivel 2) | |
| *diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml* | $0 (Nivel 2) | B/D |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML, 20 MCG/ML (PREFILLED SYRINGE) | $0 (Nivel 2) | B/D |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | $0 (Nivel 2) | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | $0 (Nivel 2) | |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | $0 (Nivel 2) | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | $0 (Nivel 2) | |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML | $0 (Nivel 2) | B/D |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | $0 (Nivel 2) | |
| IPOL INJECTION INJECTABLE | $0 (Nivel 2) | |
| IXIARO INTRAMUSCULAR SUSPENSION | $0 (Nivel 2) | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | $0 (Nivel 2) | |
| MENACTRA INTRAMUSCULAR SOLUTION | $0 (Nivel 2) | |

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|---|---|---|
| MENQUADFI INTRAMUSCULAR SOLUTION | $0 (Nivel 2) | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | $0 (Nivel 2) | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | $0 (Nivel 2) | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | $0 (Nivel 2) | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | $0 (Nivel 2) | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS) | $0 (Nivel 2) | |
| *prehevbrio intramuscular suspension 10 mcg/ml* | $0 (Nivel 2) | B/D |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | $0 (Nivel 2) | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | $0 (Nivel 2) | |
| QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML) | $0 (Nivel 2) | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | $0 (Nivel 2) | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | $0 (Nivel 2) | B/D |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE) | $0 (Nivel 2) | B/D |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | $0 (Nivel 2) | |
| ROTATEQ ORAL SOLUTION | $0 (Nivel 2) | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | $0 (Nivel 2) | QL (2 per 999 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | $0 (Nivel 2) | B/D |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | $0 (Nivel 2) | B/D |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | $0 (Nivel 2) | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | $0 (Nivel 2) | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | $0 (Nivel 2) | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | $0 (Nivel 2) | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | $0 (Nivel 2) | |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | $0 (Nivel 2) | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | $0 (Nivel 2) | |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE) | $0 (Nivel 2) | |
| **ANALGÉSICOS** | | |
| **Aine** | | |
| ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG | $0 (Nivel 3) | DP |
| *celecoxib oral capsule 100 mg, 200 mg, 50 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *celecoxib oral capsule 400 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML | $0 (Nivel 3) | DP |
| *childrens ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *diclofenac potassium oral tablet 50 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | $0 (Nivel 1) | |
| *diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg* | $0 (Nivel 1) | |
| *diflunisal oral tablet 500 mg* | $0 (Nivel 1) | |
| *ec-naproxen oral tablet delayed release 375 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *ec-naproxen oral tablet delayed release 500 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg* | $0 (Nivel 1) | |
| *etodolac oral capsule 200 mg, 300 mg* | $0 (Nivel 1) | |
| *etodolac oral tablet 400 mg, 500 mg* | $0 (Nivel 1) | |
| *flurbiprofen oral tablet 100 mg* | $0 (Nivel 1) | |
| *gnp childrens ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp ibuprofen childrens oral tablet chewable 100 mg* | $0 (Nivel 3) | DP |
| *gnp ibuprofen infants oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| *goodsense ibuprofen childrens oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense ibuprofen infants oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| *hm ibuprofen childrens oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *hm ibuprofen infants oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| IBU ORAL TABLET 600 MG, 800 MG | $0 (Nivel 1) | |
| *ibuprofen childrens oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *ibuprofen infants oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *ibuprofen junior strength oral tablet chewable 100 mg* | $0 (Nivel 3) | DP |
| *ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 1) | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | $0 (Nivel 1) | |
| INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML | $0 (Nivel 3) | DP |
| *infants ibuprofen oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| *meloxicam oral tablet 15 mg, 7.5 mg* | $0 (Nivel 1) | |
| *nabumetone oral tablet 500 mg, 750 mg* | $0 (Nivel 1) | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | $0 (Nivel 1) | |
| *naproxen oral tablet delayed release 375 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *naproxen oral tablet delayed release 500 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *naproxen sodium oral tablet 275 mg, 550 mg* | $0 (Nivel 1) | |
| *piroxicam oral capsule 10 mg, 20 mg* | $0 (Nivel 1) | |
| *px childrens profen ib oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *px ibuprofen junior strength oral tablet chewable 100 mg* | $0 (Nivel 3) | DP |
| *px infants profen ib oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| *qc childrens ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *sm childrens ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *sm ibuprofen ib childrens oral tablet chewable 100 mg* | $0 (Nivel 3) | DP |
| *sm ibuprofen ib oral tablet chewable 100 mg* | $0 (Nivel 3) | DP |
| *sm infants ibuprofen oral suspension 50 mg/1.25ml* | $0 (Nivel 3) | DP |
| *sulindac oral tablet 150 mg, 200 mg* | $0 (Nivel 1) | |
| *tgt childrens ibuprofen oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| *tgt ibuprofen childrens oral suspension 100 mg/5ml* | $0 (Nivel 3) | DP |
| **Analgésicos Opioides, De Acción Prolongada** | | |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | $0 (Nivel 1) | PA; QL (4 per 28 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | $0 (Nivel 1) | PA; QL (10 per 30 days) |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 80 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *methadone hcl oral solution 10 mg/5ml, 5 mg/5ml* | $0 (Nivel 1) | PA; QL (450 per 30 days) |
| *methadone hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |

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|---|---|---|
| *morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| **Analgésicos Opioides, De Acción Rápida** | | |
| *acetaminophen-codeine #3 oral tablet 300-30 mg* | $0 (Nivel 1) | QL (360 per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | $0 (Nivel 1) | QL (2700 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg* | $0 (Nivel 1) | QL (400 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml* | $0 (Nivel 2) | |
| ENDOCET ORAL TABLET 10-325 MG | $0 (Nivel 1) | QL (180 per 30 days) |
| ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG | $0 (Nivel 1) | QL (360 per 30 days) |
| ENDOCET ORAL TABLET 7.5-325 MG | $0 (Nivel 1) | QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg* | $0 (Nivel 2) | PA; QL (120 per 30 days); NDS |
| *fentanyl citrate buccal lozenge on a handle 200 mcg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | $0 (Nivel 1) | QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-325 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | $0 (Nivel 1) | QL (150 per 30 days) |
| *hydromorphone hcl oral liquid 1 mg/ml* | $0 (Nivel 1) | QL (600 per 30 days) |
| *hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *morphine sulfate (concentrate) oral solution 20 mg/ml* | $0 (Nivel 1) | QL (180 per 30 days) |
| *morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml* | $0 (Nivel 2) | B/D |
| *morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml* | $0 (Nivel 2) | B/D |
| *morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml* | $0 (Nivel 2) | B/D |
| *morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml* | $0 (Nivel 1) | QL (900 per 30 days) |
| *morphine sulfate oral tablet 15 mg, 30 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml* | $0 (Nivel 2) | |
| *oxycodone hcl oral capsule 5 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *oxycodone hcl oral concentrate 100 mg/5ml* | $0 (Nivel 1) | QL (180 per 30 days) |
| *oxycodone hcl oral solution 5 mg/5ml* | $0 (Nivel 1) | QL (900 per 30 days) |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | $0 (Nivel 1) | QL (180 per 30 days) |

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|---|---|---|
| *oxycodone-acetaminophen oral tablet 10-325 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | $0 (Nivel 1) | QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| *tramadol hcl oral tablet 50 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| **Diversos** | | |
| *8 hour arthritis pain reliever oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *8 hr arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *8hr muscle aches & pain oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *acetaminophen 8 hour oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *acetaminophen childrens oral solution 160 mg/5ml* | $0 (Nivel 3) | DP |
| *acetaminophen childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *acetaminophen childrens oral tablet chewable 160 mg* | $0 (Nivel 3) | DP |
| *acetaminophen er oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *acetaminophen extra strength oral capsule 500 mg* | $0 (Nivel 3) | DP |
| *acetaminophen extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *acetaminophen infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *acetaminophen oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| *acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml* | $0 (Nivel 3) | DP |
| *acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml* | $0 (Nivel 3) | DP |
| *acetaminophen oral tablet 325 mg, 500 mg* | $0 (Nivel 3) | DP |
| *acetaminophen oral tablet chewable 160 mg* | $0 (Nivel 3) | DP |
| *acetaminophen rectal suppository 120 mg, 650 mg* | $0 (Nivel 3) | DP |
| *adult aspirin regimen oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| APHEN ORAL TABLET 325 MG | $0 (Nivel 3) | DP |
| *arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *aspirin adult low strength oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *aspirin ec adult low strength oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *aspirin ec low strength oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *aspirin ec oral tablet delayed release 325 mg, 81 mg* | $0 (Nivel 3) | DP |
| *aspirin low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *aspirin oral tablet delayed release 325 mg, 81 mg* | $0 (Nivel 3) | DP |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | $0 (Nivel 3) | DP |
| BAYER ASPIRIN ORAL TABLET 325 MG | $0 (Nivel 3) | DP |
| BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | $0 (Nivel 3) | DP |
| *childrens acetaminophen oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *childrens apap oral tablet chewable 80 mg* | $0 (Nivel 3) | DP |
| *childrens silapap oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | $0 (Nivel 3) | DP |
| ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG | $0 (Nivel 3) | DP |
| *ed-apap oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG | $0 (Nivel 3) | DP |
| FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG | $0 (Nivel 3) | DP |
| FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG | $0 (Nivel 3) | DP |
| FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG | $0 (Nivel 3) | DP |
| *gnp 8 hour arthritis relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *gnp 8 hour pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *gnp 8 hour pain reliever oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *gnp acetaminophen ex st oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *gnp acetaminophen oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *gnp acetaminophen oral tablet chewable 160 mg* | $0 (Nivel 3) | DP |
| *gnp arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *gnp aspirin low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *gnp aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *gnp aspirin oral tablet delayed release 325 mg, 81 mg* | $0 (Nivel 3) | DP |
| *gnp infants pain/fever oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *gnp pain & fever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp pain & fever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp pain relief extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *gnp pain relief oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *goodsense arthritis pain oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *goodsense aspirin adults oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *goodsense aspirin low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *goodsense aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *goodsense aspirin oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *goodsense pain & fever child oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense pain & fever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense pain relief extra st oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *goodsense pain relief oral tablet 325 mg* | $0 (Nivel 3) | DP |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG | $0 (Nivel 3) | DP |
| *hm acetaminophen childrens oral tablet chewable 160 mg* | $0 (Nivel 3) | DP |
| *hm adult aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *hm arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *hm aspirin ec low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *hm aspirin ec oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *hm aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *hm aspirin oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *hm pain & fever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *hm pain & fever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *hm pain relief extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *hm pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *hm pain relieve child dye-free oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *hm pain reliever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *hm pain reliever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *hm pain reliever oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *liquid acetaminophen oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| *liquid pain relief oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *mapap arthritis pain oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG | $0 (Nivel 3) | DP |
| *mapap oral capsule 500 mg* | $0 (Nivel 3) | DP |
| *mapap oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| *m-pap oral liquid 160 mg/5ml* | $0 (Nivel 3) | DP |
| *non-aspirin extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *non-aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *nortemp infants oral suspension 80 mg/0.8ml* | $0 (Nivel 3) | DP |
| NORTEMP ORAL SUSPENSION 160 MG/5ML | $0 (Nivel 3) | DP |
| *pain & fever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *pain & fever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *pain relief extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *pain relief regular strength oral tablet 325 mg* | $0 (Nivel 3) | DP |
| PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG | $0 (Nivel 3) | DP |
| PHARBETOL ORAL TABLET 325 MG | $0 (Nivel 3) | DP |
| *px arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *px aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *px childrens pain relief oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *px pain relief extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *qc acetaminophen 8 hours oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *qc arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *qc aspirin low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *qc aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *qc aspirin oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *qc enteric aspirin oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *qc non-aspirin childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *qc non-aspirin extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *qc pain relief childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *qc pain relief extra strength oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *qc pain relief oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *sm 8 hour pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *sm arthritis pain relief oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm arthritis pain reliever oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *sm aspirin adult low strength oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *sm aspirin ec oral tablet delayed release 325 mg* | $0 (Nivel 3) | DP |
| *sm aspirin low dose oral tablet delayed release 81 mg* | $0 (Nivel 3) | DP |
| *sm aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *sm pain & fever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *sm pain & fever infants oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *sm pain relief oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *sm pain reliever childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *sm pain reliever ex st oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *sm pain reliever ex st oral tablet extended release 650 mg* | $0 (Nivel 3) | DP |
| *sm pain reliever oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *tgt acetaminophen childrens oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *tgt acetaminophen ex st oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *tgt childrens acetaminophen oral suspension 160 mg/5ml* | $0 (Nivel 3) | DP |
| *tri-buffered aspirin oral tablet 325 mg* | $0 (Nivel 3) | DP |
| **Gota** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | $0 (Nivel 1) | |
| *colchicine oral tablet 0.6 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *colchicine-probenecid oral tablet 0.5-500 mg* | $0 (Nivel 1) | |
| MITIGARE ORAL CAPSULE 0.6 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| *probenecid oral tablet 500 mg* | $0 (Nivel 1) | |
| **ANESTÉSICOS** | | |
| **Anestésicos Locales** | | |
| *lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %* | $0 (Nivel 1) | B/D |
| *lidocaine hcl injection solution 0.5 %, 1 %, 2 %* | $0 (Nivel 1) | B/D |
| **ANTIINFECTIVOS** | | |
| **Agentes Antirretrovirales** | | |
| *abacavir sulfate oral solution 20 mg/ml* | $0 (Nivel 1) | |
| *abacavir sulfate oral tablet 300 mg* | $0 (Nivel 1) | |
| APTIVUS ORAL CAPSULE 250 MG | $0 (Nivel 2) | NDS |
| *atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg* | $0 (Nivel 1) | |
| EDURANT ORAL TABLET 25 MG | $0 (Nivel 2) | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *efavirenz oral tablet 600 mg* | $0 (Nivel 1) | |
| *emtricitabine oral capsule 200 mg* | $0 (Nivel 1) | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | $0 (Nivel 2) | |
| *etravirine oral tablet 100 mg, 200 mg* | $0 (Nivel 2) | NDS |
| *fosamprenavir calcium oral tablet 700 mg* | $0 (Nivel 2) | NDS |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | $0 (Nivel 2) | NDS |
| INTELENCE ORAL TABLET 25 MG | $0 (Nivel 2) | |
| ISENTRESS HD ORAL TABLET 600 MG | $0 (Nivel 2) | NDS |
| ISENTRESS ORAL PACKET 100 MG | $0 (Nivel 2) | NDS |
| ISENTRESS ORAL TABLET 400 MG | $0 (Nivel 2) | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | $0 (Nivel 2) | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | $0 (Nivel 2) | |
| *lamivudine oral solution 10 mg/ml* | $0 (Nivel 1) | |
| *lamivudine oral tablet 150 mg, 300 mg* | $0 (Nivel 1) | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | $0 (Nivel 2) | |
| *maraviroc oral tablet 150 mg, 300 mg* | $0 (Nivel 2) | NDS |
| *nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg* | $0 (Nivel 1) | |
| *nevirapine oral suspension 50 mg/5ml* | $0 (Nivel 1) | |
| *nevirapine oral tablet 200 mg* | $0 (Nivel 1) | |
| NORVIR ORAL PACKET 100 MG | $0 (Nivel 2) | |
| NORVIR ORAL SOLUTION 80 MG/ML | $0 (Nivel 2) | |
| PIFELTRO ORAL TABLET 100 MG | $0 (Nivel 2) | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | $0 (Nivel 2) | QL (400 per 30 days); NDS |
| PREZISTA ORAL TABLET 150 MG | $0 (Nivel 2) | QL (240 per 30 days); NDS |
| PREZISTA ORAL TABLET 600 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| PREZISTA ORAL TABLET 75 MG | $0 (Nivel 2) | QL (480 per 30 days) |
| PREZISTA ORAL TABLET 800 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| REYATAZ ORAL PACKET 50 MG | $0 (Nivel 2) | NDS |
| *ritonavir oral tablet 100 mg* | $0 (Nivel 1) | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | $0 (Nivel 2) | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | $0 (Nivel 2) | NDS |
| SELZENTRY ORAL TABLET 25 MG | $0 (Nivel 2) | |
| SELZENTRY ORAL TABLET 75 MG | $0 (Nivel 2) | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | $0 (Nivel 1) | |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | $0 (Nivel 1) | |
| TIVICAY ORAL TABLET 10 MG | $0 (Nivel 2) | |

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|---|---|---|
| TIVICAY ORAL TABLET 25 MG, 50 MG | $0 (Nivel 2) | NDS |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | $0 (Nivel 2) | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML | $0 (Nivel 2) | LA; NDS |
| TYBOST ORAL TABLET 150 MG | $0 (Nivel 2) | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | $0 (Nivel 2) | NDS |
| VIREAD ORAL POWDER 40 MG/GM | $0 (Nivel 2) | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | $0 (Nivel 2) | NDS |
| *zidovudine oral capsule 100 mg* | $0 (Nivel 1) | |
| *zidovudine oral syrup 50 mg/5ml* | $0 (Nivel 1) | |
| *zidovudine oral tablet 300 mg* | $0 (Nivel 1) | |
| **Agentes Antituberculosos** | | |
| *cycloserine oral capsule 250 mg* | $0 (Nivel 2) | NDS |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | $0 (Nivel 1) | |
| *isoniazid oral syrup 50 mg/5ml* | $0 (Nivel 1) | |
| *isoniazid oral tablet 100 mg, 300 mg* | $0 (Nivel 1) | |
| PASER ORAL PACKET 4 GM | $0 (Nivel 2) | |
| PRIFTIN ORAL TABLET 150 MG | $0 (Nivel 2) | |
| *pyrazinamide oral tablet 500 mg* | $0 (Nivel 1) | |
| *rifabutin oral capsule 150 mg* | $0 (Nivel 1) | |
| *rifampin intravenous solution reconstituted 600 mg* | $0 (Nivel 1) | |
| *rifampin oral capsule 150 mg, 300 mg* | $0 (Nivel 1) | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | $0 (Nivel 2) | PA; LA; NDS |
| TRECATOR ORAL TABLET 250 MG | $0 (Nivel 2) | |
| **Agentes Combinados Antirretrovirales** | | |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | $0 (Nivel 1) | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | $0 (Nivel 2) | NDS |
| CIMDUO ORAL TABLET 300-300 MG | $0 (Nivel 2) | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | $0 (Nivel 2) | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | $0 (Nivel 2) | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| DOVATO ORAL TABLET 50-300 MG | $0 (Nivel 2) | NDS |
| *efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg* | $0 (Nivel 2) | NDS |
| *efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg* | $0 (Nivel 2) | NDS |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | $0 (Nivel 2) | QL (30 per 30 days); NDS |

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|---|---|---|
| EVOTAZ ORAL TABLET 300-150 MG | $0 (Nivel 2) | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | $0 (Nivel 2) | NDS |
| JULUCA ORAL TABLET 50-25 MG | $0 (Nivel 2) | NDS |
| *lamivudine-zidovudine oral tablet 150-300 mg* | $0 (Nivel 1) | |
| *lopinavir-ritonavir oral solution 400-100 mg/5ml* | $0 (Nivel 1) | |
| *lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg* | $0 (Nivel 1) | |
| ODEFSEY ORAL TABLET 200-25-25 MG | $0 (Nivel 2) | NDS |
| PREZCOBIX ORAL TABLET 800-150 MG | $0 (Nivel 2) | NDS |
| STRIBILD ORAL TABLET 150-150-200-300 MG | $0 (Nivel 2) | NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | $0 (Nivel 2) | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | $0 (Nivel 2) | NDS |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | $0 (Nivel 2) | NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | $0 (Nivel 2) | NDS |
| **Antifúngicos** | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | $0 (Nivel 2) | B/D |
| *amphotericin b intravenous solution reconstituted 50 mg* | $0 (Nivel 1) | B/D |
| *amphotericin b liposome intravenous suspension reconstituted 50 mg* | $0 (Nivel 2) | B/D; NDS |
| *caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg* | $0 (Nivel 1) | |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | $0 (Nivel 1) | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | $0 (Nivel 1) | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | $0 (Nivel 1) | |
| *flucytosine oral capsule 250 mg, 500 mg* | $0 (Nivel 2) | PA; NDS |
| *griseofulvin microsize oral suspension 125 mg/5ml* | $0 (Nivel 1) | |
| *griseofulvin microsize oral tablet 500 mg* | $0 (Nivel 1) | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | $0 (Nivel 1) | |
| *itraconazole oral capsule 100 mg* | $0 (Nivel 1) | PA |
| *ketoconazole oral tablet 200 mg* | $0 (Nivel 1) | PA |
| *micafungin sodium intravenous solution reconstituted 100 mg, 50 mg* | $0 (Nivel 2) | NDS |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | $0 (Nivel 2) | PA; QL (630 per 30 days); NDS |
| *nystatin oral tablet 500000 unit* | $0 (Nivel 1) | |
| *posaconazole oral tablet delayed release 100 mg* | $0 (Nivel 2) | PA; QL (93 per 30 days); NDS |
| *terbinafine hcl oral tablet 250 mg* | $0 (Nivel 1) | QL (90 per 365 days) |

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|---|---|---|
| *voriconazole intravenous solution reconstituted 200 mg* | $0 (Nivel 2) | PA; NDS |
| *voriconazole oral suspension reconstituted 40 mg/ml* | $0 (Nivel 2) | PA; NDS |
| *voriconazole oral tablet 200 mg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *voriconazole oral tablet 50 mg* | $0 (Nivel 1) | PA; QL (480 per 30 days) |
| **Antiinfectivos, Varios** | | |
| *albendazole oral tablet 200 mg* | $0 (Nivel 2) | NDS |
| *amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml* | $0 (Nivel 1) | |
| *atovaquone oral suspension 750 mg/5ml* | $0 (Nivel 1) | |
| *aztreonam injection solution reconstituted 1 gm, 2 gm* | $0 (Nivel 1) | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | $0 (Nivel 2) | PA; LA; NDS |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | $0 (Nivel 1) | |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | $0 (Nivel 1) | |
| *clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml* | $0 (Nivel 1) | |
| *clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%* | $0 (Nivel 2) | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml* | $0 (Nivel 1) | |
| *colistimethate sodium (cba) injection solution reconstituted 150 mg* | $0 (Nivel 1) | |
| *cvs pinworm treatment oral suspension 144 (50 base) mg/ml* | $0 (Nivel 3) | DP |
| *dapsone oral tablet 100 mg, 25 mg* | $0 (Nivel 1) | |
| *daptomycin intravenous solution reconstituted 350 mg, 500 mg* | $0 (Nivel 2) | NDS |
| EMVERM ORAL TABLET CHEWABLE 100 MG | $0 (Nivel 2) | QL (12 per 365 days); NDS |
| *ertapenem sodium injection solution reconstituted 1 gm* | $0 (Nivel 1) | |
| *gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%* | $0 (Nivel 1) | |
| *gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml* | $0 (Nivel 1) | |
| *gnp antibacterial urinary pain oral tablet 162-162.5 mg* | $0 (Nivel 3) | DP |
| *imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg* | $0 (Nivel 1) | |
| *ivermectin oral tablet 3 mg* | $0 (Nivel 1) | PA; QL (12 per 90 days) |

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|---|---|---|
| *linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%* | $0 (Nivel 1) | |
| *linezolid intravenous solution 600 mg/300ml* | $0 (Nivel 1) | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | $0 (Nivel 2) | QL (1800 per 30 days); NDS |
| *linezolid oral tablet 600 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *meropenem intravenous solution reconstituted 1 gm, 500 mg* | $0 (Nivel 1) | |
| *methenamine hippurate oral tablet 1 gm* | $0 (Nivel 1) | |
| *metronidazole intravenous solution 500 mg/100ml* | $0 (Nivel 1) | |
| *metronidazole oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| *neomycin sulfate oral tablet 500 mg* | $0 (Nivel 1) | |
| *nitazoxanide oral tablet 500 mg* | $0 (Nivel 2) | QL (6 per 30 days); NDS |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | $0 (Nivel 2) | |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | $0 (Nivel 2) | |
| *paromomycin sulfate oral capsule 250 mg* | $0 (Nivel 1) | |
| *pentamidine isethionate inhalation solution reconstituted 300 mg* | $0 (Nivel 1) | B/D |
| *pentamidine isethionate injection solution reconstituted 300 mg* | $0 (Nivel 1) | |
| *pin-away oral suspension 144 (50 base) mg/ml* | $0 (Nivel 3) | DP |
| *pinworm medicine oral suspension 144 (50 base) mg/ml* | $0 (Nivel 3) | DP |
| *praziquantel oral tablet 600 mg* | $0 (Nivel 1) | |
| *reeses pinworm medicine oral suspension 144 (50 base) mg/ml* | $0 (Nivel 3) | DP |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | $0 (Nivel 2) | NDS |
| SIVEXTRO ORAL TABLET 200 MG | $0 (Nivel 2) | NDS |
| *streptomycin sulfate intramuscular solution reconstituted 1 gm* | $0 (Nivel 1) | |
| *sulfadiazine oral tablet 500 mg* | $0 (Nivel 2) | |
| *sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml* | $0 (Nivel 1) | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | $0 (Nivel 1) | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | $0 (Nivel 1) | |
| SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG | $0 (Nivel 2) | NDS |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | $0 (Nivel 2) | PA; NDS |

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|---|---|---|
| *tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml* | $0 (Nivel 1) | |
| *trimethoprim oral tablet 100 mg* | $0 (Nivel 2) | |
| *vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%* | $0 (Nivel 2) | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg* | $0 (Nivel 1) | |
| *vancomycin hcl oral capsule 125 mg* | $0 (Nivel 1) | QL (80 per 180 days) |
| *vancomycin hcl oral capsule 250 mg* | $0 (Nivel 1) | QL (160 per 180 days) |
| **Antimalariales** | | |
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | $0 (Nivel 1) | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| COARTEM ORAL TABLET 20-120 MG | $0 (Nivel 2) | |
| *mefloquine hcl oral tablet 250 mg* | $0 (Nivel 1) | |
| *primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg* | $0 (Nivel 1) | |
| *primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg* | $0 (Nivel 2) | |
| *quinine sulfate oral capsule 324 mg* | $0 (Nivel 1) | PA |
| **Antivirales** | | |
| *acyclovir oral capsule 200 mg* | $0 (Nivel 1) | |
| *acyclovir oral suspension 200 mg/5ml* | $0 (Nivel 1) | |
| *acyclovir oral tablet 400 mg, 800 mg* | $0 (Nivel 1) | |
| *acyclovir sodium intravenous solution 50 mg/ml* | $0 (Nivel 1) | B/D |
| *adefovir dipivoxil oral tablet 10 mg* | $0 (Nivel 2) | NDS |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | $0 (Nivel 2) | NDS |
| *entecavir oral tablet 0.5 mg, 1 mg* | $0 (Nivel 1) | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG | $0 (Nivel 2) | PA; NDS |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | $0 (Nivel 2) | PA; NDS |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | $0 (Nivel 2) | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | $0 (Nivel 1) | |
| *ganciclovir sodium intravenous solution reconstituted 500 mg* | $0 (Nivel 1) | B/D |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG | $0 (Nivel 2) | PA; NDS |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | $0 (Nivel 2) | PA; NDS |
| *lamivudine oral tablet 100 mg* | $0 (Nivel 1) | |
| MAVYRET ORAL PACKET 50-20 MG | $0 (Nivel 2) | PA; NDS |
| MAVYRET ORAL TABLET 100-40 MG | $0 (Nivel 2) | PA; NDS |

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|---|---|---|
| *oseltamivir phosphate oral capsule 30 mg* | $0 (Nivel 1) | QL (168 per 365 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | $0 (Nivel 1) | QL (84 per 365 days) |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | $0 (Nivel 1) | QL (1080 per 365 days) |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | $0 (Nivel 2) | PA; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | $0 (Nivel 2) | PA; NDS |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | $0 (Nivel 2) | PA; QL (28 per 28 days); NDS |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | $0 (Nivel 2) | QL (120 per 365 days) |
| *ribavirin oral capsule 200 mg* | $0 (Nivel 1) | |
| *ribavirin oral tablet 200 mg* | $0 (Nivel 1) | |
| *rimantadine hcl oral tablet 100 mg* | $0 (Nivel 1) | |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | $0 (Nivel 1) | |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | $0 (Nivel 2) | NDS |
| *valganciclovir hcl oral tablet 450 mg* | $0 (Nivel 1) | |
| VEMLIDY ORAL TABLET 25 MG | $0 (Nivel 2) | PA; NDS |
| VOSEVI ORAL TABLET 400-100-100 MG | $0 (Nivel 2) | PA; NDS |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | $0 (Nivel 2) | QL (1 per 180 days) |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | $0 (Nivel 2) | QL (1 per 180 days) |
| **Cefalosporinas** | | |
| *cefaclor er oral tablet extended release 12 hour 500 mg* | $0 (Nivel 2) | |
| *cefaclor oral capsule 250 mg, 500 mg* | $0 (Nivel 1) | |
| *cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml* | $0 (Nivel 1) | |
| *cefadroxil oral capsule 500 mg* | $0 (Nivel 1) | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | $0 (Nivel 1) | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg* | $0 (Nivel 1) | |
| *cefazolin sodium intravenous solution reconstituted 1 gm* | $0 (Nivel 1) | |
| *cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%* | $0 (Nivel 2) | |
| *cefdinir oral capsule 300 mg* | $0 (Nivel 1) | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | $0 (Nivel 1) | |

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|---|---|---|
| *cefepime hcl injection solution reconstituted 1 gm, 2 gm* | $0 (Nivel 1) | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | $0 (Nivel 1) | |
| *cefixime oral capsule 400 mg* | $0 (Nivel 1) | |
| *cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | $0 (Nivel 1) | |
| *cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | $0 (Nivel 1) | |
| *cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml* | $0 (Nivel 1) | |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | $0 (Nivel 1) | |
| *cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | $0 (Nivel 1) | |
| *cefprozil oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| *ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)* | $0 (Nivel 2) | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | $0 (Nivel 1) | |
| *ceftazidime intravenous solution reconstituted 2 gm* | $0 (Nivel 1) | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | $0 (Nivel 1) | |
| *ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | $0 (Nivel 1) | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | $0 (Nivel 1) | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | $0 (Nivel 1) | |
| *cephalexin oral capsule 250 mg, 500 mg* | $0 (Nivel 1) | |
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | $0 (Nivel 1) | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | $0 (Nivel 1) | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM | $0 (Nivel 1) | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | $0 (Nivel 2) | NDS |
| **Eritromicinas/Macrólidas** | | |
| *azithromycin intravenous solution reconstituted 500 mg* | $0 (Nivel 1) | |
| *azithromycin oral packet 1 gm* | $0 (Nivel 1) | |
| *azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | $0 (Nivel 1) | |

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|---|---|---|
| *azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg* | $0 (Nivel 1) | |
| *clarithromycin er oral tablet extended release 24 hour 500 mg* | $0 (Nivel 1) | |
| *clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | $0 (Nivel 1) | |
| *clarithromycin oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | $0 (Nivel 2) | NDS |
| DIFICID ORAL TABLET 200 MG | $0 (Nivel 2) | NDS |
| E.E.S. 400 ORAL TABLET 400 MG | $0 (Nivel 1) | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | $0 (Nivel 1) | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | $0 (Nivel 2) | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | $0 (Nivel 1) | |
| *erythromycin base oral capsule delayed release particles 250 mg* | $0 (Nivel 1) | |
| *erythromycin base oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | $0 (Nivel 1) | |
| *erythromycin lactobionate intravenous solution reconstituted 500 mg* | $0 (Nivel 1) | |
| *erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg* | $0 (Nivel 1) | |
| **Fluoroquinolonas** | | |
| CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) | $0 (Nivel 2) | |
| *ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg* | $0 (Nivel 1) | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml* | $0 (Nivel 1) | |
| *levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml* | $0 (Nivel 1) | |
| *levofloxacin intravenous solution 25 mg/ml* | $0 (Nivel 1) | |
| *levofloxacin oral solution 25 mg/ml* | $0 (Nivel 1) | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | $0 (Nivel 1) | |
| *moxifloxacin hcl oral tablet 400 mg* | $0 (Nivel 1) | |
| **Penicilinas** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | $0 (Nivel 1) | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | $0 (Nivel 1) | |
| *amoxicillin oral tablet 500 mg, 875 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | $0 (Nivel 1) | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg* | $0 (Nivel 1) | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | $0 (Nivel 1) | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | $0 (Nivel 1) | |
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | $0 (Nivel 1) | |
| *ampicillin oral capsule 500 mg* | $0 (Nivel 1) | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg* | $0 (Nivel 1) | |
| *ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | $0 (Nivel 1) | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | $0 (Nivel 1) | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm* | $0 (Nivel 1) | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML | $0 (Nivel 2) | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML | $0 (Nivel 2) | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | $0 (Nivel 1) | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | $0 (Nivel 1) | |
| *nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm* | $0 (Nivel 1) | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | $0 (Nivel 2) | NDS |
| *oxacillin sodium injection solution reconstituted 1 gm, 2 gm* | $0 (Nivel 1) | |
| *oxacillin sodium intravenous solution reconstituted 10 gm* | $0 (Nivel 1) | |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | $0 (Nivel 2) | |
| *penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit* | $0 (Nivel 1) | |
| *penicillin g procaine intramuscular suspension 600000 unit/ml* | $0 (Nivel 2) | |
| *penicillin g sodium injection solution reconstituted 5000000 unit* | $0 (Nivel 1) | |

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|---|---|---|
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | $0 (Nivel 1) | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT | $0 (Nivel 1) | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | $0 (Nivel 1) | |
| **Tetraciclinas** | | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | $0 (Nivel 1) | |
| *doxycycline hyclate intravenous solution reconstituted 100 mg* | $0 (Nivel 1) | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | $0 (Nivel 1) | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | $0 (Nivel 1) | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | $0 (Nivel 1) | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg* | $0 (Nivel 1) | |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | $0 (Nivel 1) | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | $0 (Nivel 2) | LA; NDS |
| NUZYRA ORAL TABLET 150 MG | $0 (Nivel 2) | LA; NDS |
| *tetracycline hcl oral capsule 250 mg, 500 mg* | $0 (Nivel 1) | PA |
| *tigecycline intravenous solution reconstituted 50 mg* | $0 (Nivel 2) | NDS |
| **CARDIOVASCULAR** | | |
| **Alfabloqueantes** | | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | $0 (Nivel 1) | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | $0 (Nivel 1) | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | $0 (Nivel 1) | |
| **Antagonistas Del Receptor De Aldosterona** | | |
| *eplerenone oral tablet 25 mg, 50 mg* | $0 (Nivel 1) | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| **Antagonistas Del Receptor De Angiotensina Ii** | | |
| *candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *candesartan cilexetil oral tablet 32 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg* | $0 (Nivel 1) | QL (30 per 30 days) |

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|---|---|---|
| *olmesartan medoxomil oral tablet 5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *valsartan oral tablet 160 mg, 40 mg, 80 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *valsartan oral tablet 320 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| **Antiarrítmicos** | | |
| *amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml* | $0 (Nivel 1) | |
| *amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg* | $0 (Nivel 1) | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | $0 (Nivel 2) | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | $0 (Nivel 1) | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | $0 (Nivel 1) | |
| MULTAQ ORAL TABLET 400 MG | $0 (Nivel 2) | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | $0 (Nivel 2) | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | $0 (Nivel 1) | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | $0 (Nivel 1) | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | $0 (Nivel 1) | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | $0 (Nivel 1) | |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG | $0 (Nivel 1) | |
| *sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg* | $0 (Nivel 1) | |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | $0 (Nivel 1) | |
| **Antilipémicos, Fibratos** | | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | $0 (Nivel 1) | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | $0 (Nivel 1) | |
| *gemfibrozil oral tablet 600 mg* | $0 (Nivel 1) | |
| **Antilipémicos, Inhibidores De La Reductasa De Hmg-Coa** | | |
| *atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |

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|---|---|---|
| **Antilipémicos, Varios** | | |
| *cholestyramine light oral packet 4 gm* | $0 (Nivel 1) | |
| *cholestyramine light oral powder 4 gm/dose* | $0 (Nivel 1) | |
| *cholestyramine oral packet 4 gm* | $0 (Nivel 1) | |
| *cholestyramine oral powder 4 gm/dose* | $0 (Nivel 1) | |
| *colesevelam hcl oral packet 3.75 gm* | $0 (Nivel 1) | |
| *colesevelam hcl oral tablet 625 mg* | $0 (Nivel 1) | |
| *colestipol hcl oral granules 5 gm* | $0 (Nivel 1) | |
| *colestipol hcl oral packet 5 gm* | $0 (Nivel 1) | |
| *colestipol hcl oral tablet 1 gm* | $0 (Nivel 1) | |
| *ezetimibe oral tablet 10 mg* | $0 (Nivel 1) | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | $0 (Nivel 2) | PA |
| PREVALITE ORAL PACKET 4 GM | $0 (Nivel 1) | |
| PREVALITE ORAL POWDER 4 GM/DOSE | $0 (Nivel 1) | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM | $0 (Nivel 2) | |
| **Betabloqueadores** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | $0 (Nivel 1) | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *betaxolol hcl oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | $0 (Nivel 1) | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | $0 (Nivel 1) | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *metoprolol tartrate intravenous solution 5 mg/5ml* | $0 (Nivel 1) | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | $0 (Nivel 1) | |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *nebivolol hcl oral tablet 20 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *pindolol oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | $0 (Nivel 1) | |
| *propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml* | $0 (Nivel 1) | |

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|---|---|---|
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | $0 (Nivel 1) | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| **Bloqueadores De Los Canales De Calcio** | | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | $0 (Nivel 1) | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | $0 (Nivel 1) | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | $0 (Nivel 1) | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | $0 (Nivel 1) | |
| *diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml* | $0 (Nivel 1) | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | $0 (Nivel 1) | |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | $0 (Nivel 1) | |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *isradipine oral capsule 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *nicardipine hcl oral capsule 20 mg, 30 mg* | $0 (Nivel 1) | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | $0 (Nivel 1) | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | $0 (Nivel 1) | |
| *nimodipine oral capsule 30 mg* | $0 (Nivel 1) | |
| NYMALIZE ORAL SOLUTION 6 MG/ML | $0 (Nivel 2) | NDS |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | $0 (Nivel 1) | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | $0 (Nivel 1) | |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg* | $0 (Nivel 1) | |
| *verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg* | $0 (Nivel 1) | |
| *verapamil hcl intravenous solution 2.5 mg/ml* | $0 (Nivel 1) | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | $0 (Nivel 1) | |

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|---|---|---|
| **Combinaciones Beta-Bloqueadores/Diuréticos** | | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | $0 (Nivel 1) | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | $0 (Nivel 1) | |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | $0 (Nivel 1) | |
| **Combinaciones De Antagonistas Del Receptor De Angiotensina Ii** | | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | $0 (Nivel 2) | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | $0 (Nivel 1) | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *telmisartan-hctz oral tablet 80-12.5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| **Combinaciones De Inhibidores De Eca** | | |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | $0 (Nivel 1) | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | $0 (Nivel 1) | |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | $0 (Nivel 1) | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | $0 (Nivel 1) | |
| **Diuréticos** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | $0 (Nivel 1) | |
| *acetazolamide oral tablet 125 mg, 250 mg* | $0 (Nivel 1) | |
| *amiloride hcl oral tablet 5 mg* | $0 (Nivel 1) | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | $0 (Nivel 1) | |
| *bumetanide injection solution 0.25 mg/ml* | $0 (Nivel 1) | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 1) | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | $0 (Nivel 1) | |
| *furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)* | $0 (Nivel 1) | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | $0 (Nivel 1) | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | $0 (Nivel 1) | |
| *hydrochlorothiazide oral capsule 12.5 mg* | $0 (Nivel 1) | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | $0 (Nivel 1) | |
| *methazolamide oral tablet 25 mg, 50 mg* | $0 (Nivel 1) | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *spironolactone-hctz oral tablet 25-25 mg* | $0 (Nivel 1) | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| *triamterene-hctz oral capsule 37.5-25 mg* | $0 (Nivel 1) | |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | $0 (Nivel 1) | |
| **Diversos** | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML | $0 (Nivel 2) | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | $0 (Nivel 1) | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | $0 (Nivel 1) | |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | $0 (Nivel 1) | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | $0 (Nivel 2) | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | $0 (Nivel 2) | |
| *digoxin injection solution 0.25 mg/ml* | $0 (Nivel 1) | |
| *digoxin oral solution 0.05 mg/ml* | $0 (Nivel 1) | |
| *digoxin oral tablet 125 mcg, 250 mcg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *droxidopa oral capsule 100 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| *droxidopa oral capsule 200 mg, 300 mg* | $0 (Nivel 2) | PA; QL (180 per 30 days); NDS |

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|---|---|---|
| *guanfacine hcl oral tablet 1 mg, 2 mg* | $0 (Nivel 2) | PA |
| *hydralazine hcl injection solution 20 mg/ml* | $0 (Nivel 1) | |
| *hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *metyrosine oral capsule 250 mg* | $0 (Nivel 2) | PA; NDS |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | $0 (Nivel 1) | |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | $0 (Nivel 1) | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | $0 (Nivel 2) | |
| **Hipertensión Arterial Pulmonar** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |
| *ambrisentan oral tablet 10 mg, 5 mg* | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| *bosentan oral tablet 125 mg, 62.5 mg* | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| OPSUMIT ORAL TABLET 10 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| *sildenafil citrate oral tablet 20 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml* | $0 (Nivel 2) | PA; LA; NDS |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | $0 (Nivel 2) | PA; LA; NDS |
| **Inhibidores De Ace** | | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | $0 (Nivel 1) | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | $0 (Nivel 1) | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | $0 (Nivel 1) | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | $0 (Nivel 1) | |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | $0 (Nivel 1) | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | $0 (Nivel 1) | |
| **Nitratos** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | $0 (Nivel 1) | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | $0 (Nivel 1) | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | |

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|---|---|---|
| NITRO-BID TRANSDERMAL OINTMENT 2 % | $0 (Nivel 2) | |
| *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg* | $0 (Nivel 1) | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | $0 (Nivel 1) | |
| *nitroglycerin translingual solution 0.4 mg/spray* | $0 (Nivel 1) | |
| **DIVERSOS** | | |
| **Diversos** | | |
| *1st base external cream* | $0 (Nivel 3) | DP |
| ARBEM H-COSMETIC EXTERNAL CREAM | $0 (Nivel 3) | DP |
| ARBEM LIPOPEN EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *az cream external cream* | $0 (Nivel 3) | DP |
| BASE PCCA CLARIFYING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *cream base external cream* | $0 (Nivel 3) | DP |
| *emollient base external cream* | $0 (Nivel 3) | DP |
| *gnp petroleum jelly gel* | $0 (Nivel 3) | DP |
| *grape flavor liquid* | $0 (Nivel 3) | DP |
| *hm petroleum jelly gel* | $0 (Nivel 3) | DP |
| *hydrous emulsified base external cream* | $0 (Nivel 3) | DP |
| *melatonin oral liquid 1 mg/ml* | $0 (Nivel 3) | DP |
| *microderm base external cream* | $0 (Nivel 3) | DP |
| MICROSOME BASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *oral suspend oral liquid* | $0 (Nivel 3) | DP |
| ORA-PLUS ORAL LIQUID | $0 (Nivel 3) | DP |
| PCCA BASE 7542 EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *petrolatum gel* | $0 (Nivel 3) | DP |
| PFCB EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHARMABASE ANTIOXIDANT EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHARMABASE COSMETIC EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHARMABASE COSMETIC NATURAL EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHARMABASE LIGHT EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHARMABASE VAGINAL EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PHYTOBASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PICODERM EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *pna-hrt base external cream* | $0 (Nivel 3) | DP |
| *polyethylene glycol 3350 powder* | $0 (Nivel 3) | DP |

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|---|---|---|
| *q-derm external cream* | $0 (Nivel 3) | DP |
| *rejuvacare plus external cream* | $0 (Nivel 3) | DP |
| SALTSTABLE LO EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *scar care external cream* | $0 (Nivel 3) | DP |
| SYRSPEND SF ORAL LIQUID | $0 (Nivel 3) | DP |
| U-BASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| VANIBASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *vanishing cream botanical base external cream* | $0 (Nivel 3) | DP |
| *versatile cream base external cream* | $0 (Nivel 3) | DP |
| VERSIGEL EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *v-max external cream* | $0 (Nivel 3) | DP |
| *wound care external cream* | $0 (Nivel 3) | DP |
| XCEL 100 EXTERNAL CREAM | $0 (Nivel 3) | DP |
| **ENDOCRINO Y METABÓLICO** | | |
| **Agentes Aglutinantes De Fosfato** | | |
| *calcium acetate (phos binder) oral capsule 667 mg* | $0 (Nivel 1) | QL (360 per 30 days) |
| *calcium acetate oral tablet 667 mg* | $0 (Nivel 1) | QL (360 per 30 days) |
| *sevelamer carbonate oral packet 0.8 gm* | $0 (Nivel 2) | QL (540 per 30 days); NDS |
| *sevelamer carbonate oral packet 2.4 gm* | $0 (Nivel 2) | QL (180 per 30 days); NDS |
| *sevelamer carbonate oral tablet 800 mg* | $0 (Nivel 1) | QL (540 per 30 days) |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | $0 (Nivel 2) | QL (180 per 30 days); NDS |
| **Agentes Antitiroideos** | | |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | $0 (Nivel 1) | |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | $0 (Nivel 1) | |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | $0 (Nivel 1) | |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | $0 (Nivel 1) | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | $0 (Nivel 1) | |
| *methimazole oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| *propylthiouracil oral tablet 50 mg* | $0 (Nivel 1) | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | $0 (Nivel 2) | |

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|---|---|---|
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | $0 (Nivel 1) | |
| **Agentes Elevadores De Glucosa** | | |
| *cvs glucose oral gel 40 %* | $0 (Nivel 3) | DP |
| *diazoxide oral suspension 50 mg/ml* | $0 (Nivel 2) | NDS |
| GLUCO BURST ORAL GEL 40 % | $0 (Nivel 3) | DP |
| GLUTOSE 5 ORAL GEL 40 % | $0 (Nivel 3) | DP |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | $0 (Nivel 2) | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | $0 (Nivel 2) | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | $0 (Nivel 2) | |
| *value plus glucose oral gel 40 %* | $0 (Nivel 3) | DP |
| **Agentes Quelantes** | | |
| CHEMET ORAL CAPSULE 100 MG | $0 (Nivel 2) | |
| *deferasirox granules oral packet 180 mg, 360 mg, 90 mg* | $0 (Nivel 2) | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg* | $0 (Nivel 2) | PA; NDS |
| *deferasirox oral tablet 90 mg* | $0 (Nivel 2) | PA |
| LOKELMA ORAL PACKET 10 GM, 5 GM | $0 (Nivel 2) | |
| *penicillamine oral tablet 250 mg* | $0 (Nivel 2) | NDS |
| *sodium polystyrene sulfonate oral powder* | $0 (Nivel 1) | |
| SPS ORAL SUSPENSION 15 GM/60ML | $0 (Nivel 1) | |
| *trientine hcl oral capsule 250 mg* | $0 (Nivel 2) | PA; NDS |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | $0 (Nivel 2) | |
| **Analógicos De Vitamina D** | | |
| *calcitriol intravenous solution 1 mcg/ml* | $0 (Nivel 1) | B/D |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | $0 (Nivel 1) | B/D |
| *calcitriol oral solution 1 mcg/ml* | $0 (Nivel 1) | B/D |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | $0 (Nivel 1) | B/D |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | $0 (Nivel 2) | NDS |
| **Andrógenos** | | |
| *oxandrolone oral tablet 10 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *oxandrolone oral tablet 2.5 mg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | $0 (Nivel 1) | PA |

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|---|---|---|
| *testosterone enanthate intramuscular solution 200 mg/ml* | $0 (Nivel 1) | PA |
| *testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)* | $0 (Nivel 1) | PA; QL (300 per 30 days) |
| *testosterone transdermal gel 20.25 mg/act (1.62%)* | $0 (Nivel 1) | PA; QL (150 per 30 days) |
| **Anticonceptivos** | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | $0 (Nivel 1) | |
| *alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | $0 (Nivel 1) | |
| AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG | $0 (Nivel 1) | |
| APRI ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | $0 (Nivel 1) | |
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | $0 (Nivel 1) | |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| AYUNA ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | $0 (Nivel 1) | |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | $0 (Nivel 1) | |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| *briellyn oral tablet 0.4-35 mg-mcg* | $0 (Nivel 1) | |
| CAMILA ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG | $0 (Nivel 1) | |
| CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG | $0 (Nivel 1) | |
| CHATEAL ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG | $0 (Nivel 1) | |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| DASETTA 1/35 ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | $0 (Nivel 1) | |
| DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG | $0 (Nivel 1) | |
| DEBLITANE ORAL TABLET 0.35 MG | $0 (Nivel 1) | |

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|---|---|---|
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg* | $0 (Nivel 1) | |
| *drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg* | $0 (Nivel 1) | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | $0 (Nivel 1) | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | $0 (Nivel 1) | |
| ELLA ORAL TABLET 30 MG | $0 (Nivel 2) | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR | $0 (Nivel 1) | |
| EMOQUETTE ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG | $0 (Nivel 1) | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| ERRIN ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | $0 (Nivel 1) | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr* | $0 (Nivel 1) | |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| HEATHER ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| ICLEVIA ORAL TABLET 0.15-0.03 MG | $0 (Nivel 1) | |
| INCASSIA ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | $0 (Nivel 1) | |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| JASMIEL ORAL TABLET 3-0.02 MG | $0 (Nivel 1) | |
| JOLESSA ORAL TABLET 0.15-0.03 MG | $0 (Nivel 1) | |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | $0 (Nivel 1) | |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | $0 (Nivel 1) | |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG | $0 (Nivel 1) | |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | $0 (Nivel 1) | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | $0 (Nivel 1) | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG | $0 (Nivel 1) | |
| *levonorgest-eth est & eth est oral tablet 42-21-21-7 days* | $0 (Nivel 1) | |
| *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg* | $0 (Nivel 1) | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg* | $0 (Nivel 1) | |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | $0 (Nivel 1) | |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| LILLOW ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| LORYNA ORAL TABLET 3-0.02 MG | $0 (Nivel 1) | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | $0 (Nivel 1) | |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| LYLEQ ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| LYZA ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| *marlissa oral tablet 0.15-30 mg-mcg* | $0 (Nivel 1) | |
| *medroxyprogesterone acetate intramuscular suspension 150 mg/ml* | $0 (Nivel 1) | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | $0 (Nivel 1) | |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | $0 (Nivel 1) | |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| MILI ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | $0 (Nivel 1) | |
| NIKKI ORAL TABLET 3-0.02 MG | $0 (Nivel 1) | |
| NORA-BE ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg* | $0 (Nivel 1) | |
| *norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)* | $0 (Nivel 1) | |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | $0 (Nivel 1) | |
| *norethindrone oral tablet 0.35 mg* | $0 (Nivel 1) | |
| *norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg* | $0 (Nivel 1) | |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | $0 (Nivel 1) | |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg* | $0 (Nivel 1) | |
| NORLYROC ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | $0 (Nivel 1) | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | $0 (Nivel 1) | |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | $0 (Nivel 1) | |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| OCELLA ORAL TABLET 3-0.03 MG | $0 (Nivel 1) | |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | $0 (Nivel 1) | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | $0 (Nivel 1) | |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | $0 (Nivel 1) | |

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|---|---|---|
| RIVELSA ORAL TABLET 42-21-21-7 DAYS | $0 (Nivel 1) | |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | $0 (Nivel 1) | |
| SHAROBEL ORAL TABLET 0.35 MG | $0 (Nivel 1) | |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | $0 (Nivel 1) | |
| SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG | $0 (Nivel 1) | |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| SYEDA ORAL TABLET 3-0.03 MG | $0 (Nivel 1) | |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | $0 (Nivel 1) | |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | $0 (Nivel 1) | |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | $0 (Nivel 1) | |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | $0 (Nivel 1) | |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | $0 (Nivel 1) | |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | $0 (Nivel 1) | |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | $0 (Nivel 1) | |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | $0 (Nivel 1) | |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG | $0 (Nivel 1) | |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | $0 (Nivel 1) | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | $0 (Nivel 1) | |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | $0 (Nivel 1) | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | $0 (Nivel 1) | |
| VESTURA ORAL TABLET 3-0.02 MG | $0 (Nivel 1) | |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | $0 (Nivel 1) | |
| *viorele oral tablet 0.15-0.02/0.01 mg (21/5)* | $0 (Nivel 1) | |

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|---|---|---|
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | $0 (Nivel 1) | |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | $0 (Nivel 1) | |
| WERA ORAL TABLET 0.5-35 MG-MCG | $0 (Nivel 1) | |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | $0 (Nivel 1) | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | $0 (Nivel 1) | |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | $0 (Nivel 1) | |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | $0 (Nivel 1) | |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG | $0 (Nivel 1) | |
| **Antidiabéticos, Insulinas** | | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | $0 (Nivel 2) | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | $0 (Nivel 2) | |
| *cvs gauze sterile pad 2"x2"* | $0 (Nivel 2) | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | $0 (Nivel 2) | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| FIASP INJECTION SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | $0 (Nivel 2) | |
| *global alcohol prep ease pad 70 %* | $0 (Nivel 2) | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | $0 (Nivel 2) | B/D; NDS |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | $0 (Nivel 2) | NDS |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |

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|---|---|---|
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | $0 (Nivel 2) | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | $0 (Nivel 2) | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | $0 (Nivel 2) | PA; QL (1 per 365 days) |
| OMNIPOD 5 G6 POD (GEN 5) | $0 (Nivel 2) | PA; QL (3 per 30 days) |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | $0 (Nivel 2) | PA; QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | $0 (Nivel 2) | PA; QL (15 per 30 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | $0 (Nivel 2) | PA; QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) | $0 (Nivel 2) | PA; QL (15 per 30 days) |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml* | $0 (Nivel 2) | |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | $0 (Nivel 2) | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | $0 (Nivel 2) | QL (15 per 25 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | $0 (Nivel 2) | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | $0 (Nivel 2) | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | $0 (Nivel 2) | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | $0 (Nivel 2) | |
| V-GO 20 KIT | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| V-GO 30 KIT | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| V-GO 40 KIT | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | $0 (Nivel 2) | QL (15 per 30 days) |
| **Antidiabéticos** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML | $0 (Nivel 2) | QL (3.4 per 28 days) |

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|---|---|---|
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | $0 (Nivel 2) | QL (2.4 per 30 days) |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | $0 (Nivel 2) | QL (1.2 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *glimepiride oral tablet 1 mg, 2 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *glimepiride oral tablet 4 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *glipizide er oral tablet extended release 24 hour 10 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *glipizide oral tablet 10 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *glipizide oral tablet 5 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| *glipizide xl oral tablet extended release 24 hour 10 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-250 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| JARDIANCE ORAL TABLET 25 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *metformin hcl oral tablet 1000 mg* | $0 (Nivel 1) | QL (75 per 30 days) |
| *metformin hcl oral tablet 500 mg* | $0 (Nivel 1) | QL (150 per 30 days) |
| *metformin hcl oral tablet 850 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | $0 (Nivel 1) | QL (90 per 30 days) |

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|---|---|---|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | $0 (Nivel 2) | QL (1.5 per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | $0 (Nivel 2) | QL (3 per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | $0 (Nivel 2) | QL (3 per 28 days) |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | $0 (Nivel 1) | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| SYNJARDY ORAL TABLET 5-500 MG | $0 (Nivel 2) | QL (120 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | $0 (Nivel 2) | QL (2 per 28 days) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | $0 (Nivel 2) | QL (9 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| **Diversos** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML | $0 (Nivel 2) | PA; LA; NDS |
| *betaine oral powder* | $0 (Nivel 2) | LA; NDS |
| *cabergoline oral tablet 0.5 mg* | $0 (Nivel 1) | |
| *carglumic acid oral tablet soluble 200 mg* | $0 (Nivel 2) | PA; LA; NDS |
| CERDELGA ORAL CAPSULE 84 MG | $0 (Nivel 2) | PA; LA; NDS |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | $0 (Nivel 2) | PA; LA; NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *charcoal powder* | $0 (Nivel 3) | DP |
| *cinacalcet hcl oral tablet 30 mg* | $0 (Nivel 1) | B/D; QL (60 per 30 days) |
| *cinacalcet hcl oral tablet 60 mg* | $0 (Nivel 2) | B/D; QL (60 per 30 days); NDS |
| *cinacalcet hcl oral tablet 90 mg* | $0 (Nivel 2) | B/D; QL (120 per 30 days); NDS |
| CVS KETONE CARE IN VITRO STRIP | $0 (Nivel 3) | DP |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | $0 (Nivel 2) | PA; LA |
| *desmopressin ace spray refrig nasal solution 0.01 %* | $0 (Nivel 1) | |
| *desmopressin acetate injection solution 4 mcg/ml* | $0 (Nivel 2) | NDS |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | $0 (Nivel 1) | |
| *desmopressin acetate pf injection solution 4 mcg/ml* | $0 (Nivel 2) | NDS |
| *desmopressin acetate spray nasal solution 0.01 %* | $0 (Nivel 1) | |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG | $0 (Nivel 2) | PA; LA; NDS |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | $0 (Nivel 2) | PA; NDS |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG | $0 (Nivel 2) | PA; NDS |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | $0 (Nivel 2) | PA; LA; NDS |
| KETO-DIASTIX IN VITRO STRIP | $0 (Nivel 3) | DP |
| KORLYM ORAL TABLET 300 MG | $0 (Nivel 2) | PA; LA; NDS |
| *levocarnitine oral solution 1 gm/10ml* | $0 (Nivel 1) | B/D |
| *levocarnitine oral tablet 330 mg* | $0 (Nivel 1) | B/D |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | $0 (Nivel 2) | PA; LA; NDS |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | $0 (Nivel 2) | PA; NDS |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) | $0 (Nivel 2) | PA; NDS |
| *miglustat oral capsule 100 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML | $0 (Nivel 2) | PA; LA; NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* | $0 (Nivel 2) | PA; NDS |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | $0 (Nivel 1) | PA |
| *octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml* | $0 (Nivel 2) | PA; NDS |
| *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml* | $0 (Nivel 1) | PA |

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|---|---|---|
| *octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml* | $0 (Nivel 2) | PA; NDS |
| *raloxifene hcl oral tablet 60 mg* | $0 (Nivel 1) | |
| *sapropterin dihydrochloride oral packet 100 mg, 500 mg* | $0 (Nivel 2) | PA; NDS |
| *sapropterin dihydrochloride oral tablet 100 mg* | $0 (Nivel 2) | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | $0 (Nivel 2) | PA; LA; NDS |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | $0 (Nivel 2) | PA; NDS |
| *sodium phenylbutyrate oral tablet 500 mg* | $0 (Nivel 2) | PA; NDS |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML | $0 (Nivel 2) | PA; LA; NDS |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | $0 (Nivel 2) | PA; LA; NDS |
| XENICAL ORAL CAPSULE 120 MG | $0 (Nivel 3) | DP |
| **Endometriosis** | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | $0 (Nivel 1) | |
| SYNAREL NASAL SOLUTION 2 MG/ML | $0 (Nivel 2) | NDS |
| **Estrógenos** | | |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG | $0 (Nivel 2) | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | $0 (Nivel 2) | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | $0 (Nivel 2) | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 2) | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | $0 (Nivel 2) | |
| *estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | $0 (Nivel 2) | |
| *estradiol vaginal cream 0.1 mg/gm* | $0 (Nivel 1) | |
| *estradiol vaginal tablet 10 mcg* | $0 (Nivel 1) | |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | $0 (Nivel 1) | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | $0 (Nivel 2) | |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | $0 (Nivel 2) | |
| JINTELI ORAL TABLET 1-5 MG-MCG | $0 (Nivel 2) | |

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|---|---|---|
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | $0 (Nivel 2) | |
| MIMVEY ORAL TABLET 1-0.5 MG | $0 (Nivel 2) | |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | $0 (Nivel 2) | |
| YUVAFEM VAGINAL TABLET 10 MCG | $0 (Nivel 1) | |
| **Glucocorticoides** | | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | $0 (Nivel 2) | |
| *dexamethasone oral elixir 0.5 mg/5ml* | $0 (Nivel 1) | |
| *dexamethasone oral solution 0.5 mg/5ml* | $0 (Nivel 1) | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | $0 (Nivel 1) | |
| *dexamethasone sod phosphate pf injection solution 10 mg/ml* | $0 (Nivel 1) | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | $0 (Nivel 1) | |
| *fludrocortisone acetate oral tablet 0.1 mg* | $0 (Nivel 1) | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| *methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml* | $0 (Nivel 1) | B/D |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | $0 (Nivel 1) | B/D |
| *methylprednisolone oral tablet therapy pack 4 mg* | $0 (Nivel 1) | |
| *methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg* | $0 (Nivel 1) | B/D |
| *prednisolone oral solution 15 mg/5ml* | $0 (Nivel 1) | B/D |
| *prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | $0 (Nivel 1) | B/D |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | $0 (Nivel 2) | B/D |
| *prednisone oral solution 5 mg/5ml* | $0 (Nivel 1) | B/D |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | $0 (Nivel 1) | B/D |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | $0 (Nivel 1) | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG | $0 (Nivel 2) | |

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|---|---|---|
| **Progestinas** | | |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| *megestrol acetate oral suspension 40 mg/ml* | $0 (Nivel 2) | |
| *megestrol acetate oral suspension 625 mg/5ml* | $0 (Nivel 2) | PA |
| *norethindrone acetate oral tablet 5 mg* | $0 (Nivel 1) | |
| **Reguladores De Calcio** | | |
| *alendronate sodium oral solution 70 mg/75ml* | $0 (Nivel 1) | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 70 mg* | $0 (Nivel 1) | |
| *calcitonin (salmon) nasal solution 200 unit/act* | $0 (Nivel 1) | B/D |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | $0 (Nivel 2) | PA; NDS |
| *ibandronate sodium oral tablet 150 mg* | $0 (Nivel 1) | B/D |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | $0 (Nivel 2) | PA; LA; NDS |
| *pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml* | $0 (Nivel 1) | B/D |
| *pamidronate disodium intravenous solution 6 mg/ml* | $0 (Nivel 2) | B/D |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | $0 (Nivel 2) | QL (1 per 180 days) |
| *risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg* | $0 (Nivel 1) | |
| *risedronate sodium oral tablet delayed release 35 mg* | $0 (Nivel 1) | |
| *teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml* | $0 (Nivel 2) | PA; NDS |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | $0 (Nivel 2) | PA; NDS |
| *zoledronic acid intravenous concentrate 4 mg/5ml* | $0 (Nivel 1) | B/D |
| *zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml* | $0 (Nivel 1) | B/D |
| **GASTROINTESTINAL** | | |
| **Antagonistas Del Receptor H2** | | |
| *famotidine (pf) intravenous solution 20 mg/2ml* | $0 (Nivel 1) | |
| *famotidine intravenous solution 200 mg/20ml, 40 mg/4ml* | $0 (Nivel 1) | |
| *famotidine oral suspension reconstituted 40 mg/5ml* | $0 (Nivel 1) | QL (300 per 30 days) |
| *famotidine oral tablet 20 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *famotidine oral tablet 40 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *famotidine premixed intravenous solution 20-0.9 mg/50ml-%* | $0 (Nivel 1) | |
| *nizatidine oral capsule 150 mg, 300 mg* | $0 (Nivel 1) | |

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|---|---|---|
| **Antiácidos** | | |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | $0 (Nivel 3) | DP |
| *alum & mag hydroxide-simeth oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *alumina-magnesia-simethicone oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *aluminum hydroxide gel oral suspension 320 mg/5ml* | $0 (Nivel 3) | DP |
| *antacid anti-gas max strength oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *antacid anti-gas reg strength oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml* | $0 (Nivel 3) | DP |
| *antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml* | $0 (Nivel 3) | DP |
| *antacid plus anti-gas relief oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *antacid regular strength oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *antacid/antigas oral suspension 400-400-40 mg/10ml* | $0 (Nivel 3) | DP |
| *antacid/anti-gas oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *calcium carbonate antacid oral suspension 1250 mg/5ml* | $0 (Nivel 3) | DP |
| *eq antacid maximum strength oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *eql antacid/anti-gas oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *geri-lanta oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *geri-mox oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp antacid regular strength oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *hm advanced antacid max st oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *hm antacid oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *mag-al plus oral liquid 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *mag-al plus xs oral liquid 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *magnesium oxide oral tablet 420 mg* | $0 (Nivel 3) | DP |
| *magnesium oxide tablet 400 mg oral 400 mg* | $0 (Nivel 3) | DP |
| *mintox maximum strength oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| MINTOX ORAL SUSPENSION 200-200-20 MG/5ML | $0 (Nivel 3) | DP |
| MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG | $0 (Nivel 3) | DP |
| MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | $0 (Nivel 3) | DP |
| *px antacid maximum strength oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *px antacid regular strength oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *qc antacid oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *sm antacid advanced max st oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *sm antacid advanced oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *sm antacid maximum strength oral suspension 400-400-40 mg/5ml* | $0 (Nivel 3) | DP |
| *sm antacid oral suspension 400-400-40 mg/10ml* | $0 (Nivel 3) | DP |
| *sm antacid/antigas oral suspension 200-200-20 mg/5ml* | $0 (Nivel 3) | DP |
| *sodium bicarbonate oral powder* | $0 (Nivel 3) | DP |
| **Antidiarreicos** | | |
| *anti-diarrheal oral capsule 2 mg* | $0 (Nivel 3) | DP |
| *anti-diarrheal oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *bismatrol oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *bismuth oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *bismuth subsalicylate oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *diamode oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *geri-pectate oral suspension 262 mg/15ml* | $0 (Nivel 3) | DP |
| *gnp anti-diarrheal oral capsule 2 mg* | $0 (Nivel 3) | DP |
| *gnp anti-diarrheal oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *gnp k-pec oral suspension 262 mg/15ml* | $0 (Nivel 3) | DP |
| *gnp pink bismuth oral tablet 262 mg* | $0 (Nivel 3) | DP |
| *gnp pink bismuth oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *gnp stomach relief oral suspension 262 mg/15ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *goodsense stomach relief oral suspension 525 mg/30ml* | $0 (Nivel 3) | DP |
| *goodsense stomach relief oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *hm anti-diarrheal oral capsule 2 mg* | $0 (Nivel 3) | DP |
| *hm anti-diarrheal oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *hm stomach relief oral suspension 525 mg/30ml* | $0 (Nivel 3) | DP |
| *hm stomach relief oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *loperamide hcl oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *px stomach relief oral suspension 262 mg/15ml* | $0 (Nivel 3) | DP |
| *px stomach relief oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *qc anti-diarrheal oral capsule 2 mg* | $0 (Nivel 3) | DP |
| *qc anti-diarrheal oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *qc diarrhea relief oral suspension 262 mg/15ml* | $0 (Nivel 3) | DP |
| *qc pink bismuth oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| RESTORA RX ORAL CAPSULE 60-1.25 MG | $0 (Nivel 3) | DP |
| *sm anti-diarrheal oral capsule 2 mg* | $0 (Nivel 3) | DP |
| *sm anti-diarrheal oral tablet 2 mg* | $0 (Nivel 3) | DP |
| *sm stomach relief oral suspension 525 mg/30ml* | $0 (Nivel 3) | DP |
| *sm stomach relief oral tablet 262 mg* | $0 (Nivel 3) | DP |
| *sm stomach relief oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *stomach relief oral suspension 525 mg/30ml* | $0 (Nivel 3) | DP |
| *stomach relief oral tablet chewable 262 mg* | $0 (Nivel 3) | DP |
| *tgt stomach relief oral tablet 262 mg* | $0 (Nivel 3) | DP |
| **Antieméticos** | | |
| *aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg* | $0 (Nivel 1) | B/D |
| COMPRO RECTAL SUPPOSITORY 25 MG | $0 (Nivel 1) | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | B/D; QL (60 per 30 days) |
| *granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml* | $0 (Nivel 1) | |
| *granisetron hcl oral tablet 1 mg* | $0 (Nivel 1) | B/D |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | $0 (Nivel 2) | |
| *metoclopramide hcl injection solution 5 mg/ml* | $0 (Nivel 1) | |
| *metoclopramide hcl oral solution 5 mg/5ml* | $0 (Nivel 1) | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| *ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml* | $0 (Nivel 1) | |
| *ondansetron hcl injection solution prefilled syringe 4 mg/2ml* | $0 (Nivel 1) | |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *ondansetron hcl oral solution 4 mg/5ml* | $0 (Nivel 1) | B/D |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | $0 (Nivel 1) | B/D |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | $0 (Nivel 1) | B/D |
| *prochlorperazine edisylate injection solution 10 mg/2ml* | $0 (Nivel 1) | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| *prochlorperazine rectal suppository 25 mg* | $0 (Nivel 1) | |
| *promethazine hcl injection solution 25 mg/ml, 50 mg/ml* | $0 (Nivel 2) | PA |
| *promethazine hcl oral syrup 6.25 mg/5ml* | $0 (Nivel 2) | PA |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | $0 (Nivel 2) | PA |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | $0 (Nivel 2) | PA; QL (10 per 30 days) |
| **Antiespasmódicos** | | |
| *dicyclomine hcl oral capsule 10 mg* | $0 (Nivel 2) | |
| *dicyclomine hcl oral solution 10 mg/5ml* | $0 (Nivel 2) | |
| *dicyclomine hcl oral tablet 20 mg* | $0 (Nivel 2) | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | $0 (Nivel 1) | |
| **Diversos** | | |
| *alosetron hcl oral tablet 0.5 mg, 1 mg* | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| *cromolyn sodium oral concentrate 100 mg/5ml* | $0 (Nivel 1) | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml* | $0 (Nivel 2) | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | $0 (Nivel 2) | |
| *gas relief drops infants oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *gas relief extra strength oral tablet chewable 125 mg* | $0 (Nivel 3) | DP |
| *gas relief infants oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *gas relief oral capsule 250 mg* | $0 (Nivel 3) | DP |
| *gas relief oral tablet chewable 80 mg* | $0 (Nivel 3) | DP |
| *gas relief ultra strength oral capsule 180 mg* | $0 (Nivel 3) | DP |
| GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG | $0 (Nivel 3) | DP |
| GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG | $0 (Nivel 3) | DP |
| GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG | $0 (Nivel 3) | DP |
| GATTEX SUBCUTANEOUS KIT 5 MG | $0 (Nivel 2) | PA; LA; NDS |
| *gnp anti-gas oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *gnp gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *gnp gas relief extra strength oral tablet chewable 125 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *gnp gas relief oral tablet chewable 80 mg* | $0 (Nivel 3) | DP |
| *gnp infant gas relief oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *hm gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *hm gas relief infants drops oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *hm gas relief oral tablet chewable 125 mg, 80 mg* | $0 (Nivel 3) | DP |
| *infants gas relief oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *infants simethicone oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | $0 (Nivel 2) | QL (30 per 30 days) |
| *loperamide hcl oral capsule 2 mg* | $0 (Nivel 1) | |
| *misoprostol oral tablet 100 mcg, 200 mcg* | $0 (Nivel 1) | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML | $0 (Nivel 3) | DP |
| PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG | $0 (Nivel 3) | DP |
| *px gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *px gas relief infants oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *px gas relief ultra strength oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *qc anti-gas oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *qc gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML | $0 (Nivel 2) | PA; NDS |
| *simethicone drops infants oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *simethicone oral capsule 125 mg, 180 mg* | $0 (Nivel 3) | DP |
| *simethicone oral tablet chewable 125 mg, 80 mg* | $0 (Nivel 3) | DP |
| *simethicone ultra strength oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *sm gas relief antiflatuent oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *sm gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *sm gas relief infants oral suspension 20 mg/0.3ml* | $0 (Nivel 3) | DP |
| *sm gas relief oral capsule 180 mg* | $0 (Nivel 3) | DP |
| *sm gas relief oral tablet chewable 125 mg, 80 mg* | $0 (Nivel 3) | DP |
| *sucralfate oral tablet 1 gm* | $0 (Nivel 1) | |
| *tgt gas relief extra strength oral capsule 125 mg* | $0 (Nivel 3) | DP |
| *ursodiol oral capsule 300 mg* | $0 (Nivel 1) | |
| *ursodiol oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| XERMELO ORAL TABLET 250 MG | $0 (Nivel 2) | PA; LA; QL (90 per 30 days); NDS |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| XIFAXAN ORAL TABLET 550 MG | $0 (Nivel 2) | PA; NDS |
| **Enfermedad Inflamatoria Intestinal** | | |
| *balsalazide disodium oral capsule 750 mg* | $0 (Nivel 1) | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| *budesonide oral capsule delayed release particles 3 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *hydrocortisone rectal enema 100 mg/60ml* | $0 (Nivel 1) | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | $0 (Nivel 1) | QL (120 per 30 days) |
| *mesalamine oral capsule delayed release 400 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *mesalamine oral tablet delayed release 1.2 gm* | $0 (Nivel 1) | QL (120 per 30 days) |
| *mesalamine rectal enema 4 gm* | $0 (Nivel 1) | |
| *mesalamine rectal suppository 1000 mg* | $0 (Nivel 1) | |
| *mesalamine-cleanser rectal kit 4 gm* | $0 (Nivel 1) | |
| *sulfasalazine oral tablet 500 mg* | $0 (Nivel 1) | |
| *sulfasalazine oral tablet delayed release 500 mg* | $0 (Nivel 1) | |
| **Enzimas Pancreáticas** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | $0 (Nivel 2) | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | $0 (Nivel 2) | |
| **Inhibidores De La Bomba De Protones** | | |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | $0 (Nivel 1) | ST; QL (30 per 30 days) |
| *lansoprazole oral capsule delayed release 15 mg, 30 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | |
| *pantoprazole sodium intravenous solution reconstituted 40 mg* | $0 (Nivel 1) | |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | $0 (Nivel 1) | |
| *rabeprazole sodium oral tablet delayed release 20 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| **Laxantes** | | |
| *bisacodyl ec oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *bisacodyl laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *bisacodyl rectal suppository 10 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| CLEARLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| COLACE 2-IN-1 ORAL TABLET 8.6-50 MG | $0 (Nivel 3) | DP |
| COLACE ORAL CAPSULE 100 MG | $0 (Nivel 3) | DP |
| *constulose oral solution 10 gm/15ml* | $0 (Nivel 1) | |
| DOCU LIQUID ORAL LIQUID 100 MG/10ML | $0 (Nivel 3) | DP |
| *docu oral liquid 50 mg/5ml* | $0 (Nivel 3) | DP |
| *docusate calcium oral capsule 240 mg* | $0 (Nivel 3) | DP |
| *docusate mini rectal enema 283 mg/5ml* | $0 (Nivel 3) | DP |
| *docusate sodium oral capsule 100 mg, 250 mg* | $0 (Nivel 3) | DP |
| *docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml* | $0 (Nivel 3) | DP |
| DOCUSOL MINI RECTAL ENEMA 283 MG/5ML | $0 (Nivel 3) | DP |
| DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG | $0 (Nivel 3) | DP |
| DOK ORAL CAPSULE 100 MG | $0 (Nivel 3) | DP |
| *dss oral capsule 100 mg, 250 mg* | $0 (Nivel 3) | DP |
| *enema ready-to-use rectal enema 7-19 gm/118ml* | $0 (Nivel 3) | DP |
| *enema rectal enema 7-19 gm/118ml* | $0 (Nivel 3) | DP |
| ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML | $0 (Nivel 3) | DP |
| ENEMEEZ PLUS RECTAL ENEMA 20-283 MG | $0 (Nivel 3) | DP |
| *enulose oral solution 10 gm/15ml* | $0 (Nivel 1) | |
| *epsom salt oral granules* | $0 (Nivel 3) | DP |
| EVAC-U-GEN ORAL TABLET 8.6 MG | $0 (Nivel 3) | DP |
| *fiber laxative + calcium oral tablet 625 mg* | $0 (Nivel 3) | DP |
| *fiber laxative oral tablet 625 mg* | $0 (Nivel 3) | DP |
| *fiber oral powder 28.3 %* | $0 (Nivel 3) | DP |
| *fiber oral tablet 625 mg* | $0 (Nivel 3) | DP |
| *fiber-lax oral tablet 625 mg* | $0 (Nivel 3) | DP |
| FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML | $0 (Nivel 3) | DP |
| *gavilax oral packet 17 gm* | $0 (Nivel 3) | DP |
| *gavilax oral powder 17 gm/scoop* | $0 (Nivel 3) | DP |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | $0 (Nivel 1) | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | $0 (Nivel 1) | |
| *generlac oral solution 10 gm/15ml* | $0 (Nivel 1) | |
| *gentle laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *gentle laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *gentlelax oral powder 17 gm/scoop* | $0 (Nivel 3) | DP |
| *geri-kot oral tablet 8.6 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *glycerin (adult) rectal suppository 2 gm* | $0 (Nivel 3) | DP |
| *glycerin (infants & children) rectal suppository 1 gm* | $0 (Nivel 3) | DP |
| *glycerin adult rectal suppository 2 gm* | $0 (Nivel 3) | DP |
| *glycerin childrens rectal suppository 1 gm* | $0 (Nivel 3) | DP |
| GLYCOLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| GNP CLEARLAX ORAL PACKET 17 GM | $0 (Nivel 3) | DP |
| GNP CLEARLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *gnp epsom salt oral granules* | $0 (Nivel 3) | DP |
| *gnp fiber-caps oral tablet 625 mg* | $0 (Nivel 3) | DP |
| *gnp gentle laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *gnp gentle laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *gnp glycerin (adult) rectal suppository 2.1 gm* | $0 (Nivel 3) | DP |
| *gnp glycerin child rectal suppository 1.2 gm* | $0 (Nivel 3) | DP |
| *gnp laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *gnp milk of magnesia oral suspension 1200 mg/15ml* | $0 (Nivel 3) | DP |
| *gnp natural fiber oral capsule 0.52 gm* | $0 (Nivel 3) | DP |
| *gnp natural fiber oral powder 28.3 %, 48.57 %* | $0 (Nivel 3) | DP |
| *gnp senna lax oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *gnp senna plus oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *gnp stool softener ex st oral capsule 250 mg* | $0 (Nivel 3) | DP |
| *gnp stool softener oral capsule 100 mg, 240 mg, 250 mg* | $0 (Nivel 3) | DP |
| *gnp stool softener oral liquid 50 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp stool softener oral syrup 60 mg/15ml* | $0 (Nivel 3) | DP |
| *gnp stool softener/laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *gnp womens gentle laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | $0 (Nivel 2) | |
| *goodsense bisacodyl laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *goodsense epsom salt oral granules* | $0 (Nivel 3) | DP |
| *goodsense senna laxative oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *goodsense stimulant laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| HEALTHYLAX ORAL PACKET 17 GM | $0 (Nivel 3) | DP |
| HM CLEARLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *hm enema rectal enema 7-19 gm/118ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *hm gentle laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *hm laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *hm milk of magnesia oral suspension 1200 mg/15ml* | $0 (Nivel 3) | DP |
| *hm senna oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *hm stool softener oral capsule 100 mg, 250 mg* | $0 (Nivel 3) | DP |
| *hm stool softener/laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *konsyl daily fiber oral powder 28.3 %* | $0 (Nivel 3) | DP |
| *kp bisacodyl oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *kp senna oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *lactulose encephalopathy oral solution 10 gm/15ml* | $0 (Nivel 1) | |
| *lactulose oral solution 10 gm/15ml* | $0 (Nivel 1) | |
| *laxacin oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *laxative max str oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %* | $0 (Nivel 3) | DP |
| MIRALAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml* | $0 (Nivel 1) | |
| *natural fiber laxative oral powder 58.6 %* | $0 (Nivel 3) | DP |
| *natural senna laxative oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| ONELAX RECTAL SUPPOSITORY 10 MG | $0 (Nivel 3) | DP |
| PEDIA-LAX ORAL LIQUID 50 MG/15ML | $0 (Nivel 3) | DP |
| PEDIA-LAX RECTAL SUPPOSITORY 1 GM | $0 (Nivel 3) | DP |
| *peg 3350 oral packet 17 gm* | $0 (Nivel 3) | DP |
| *peg 3350 oral powder 17 gm/scoop* | $0 (Nivel 3) | DP |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm* | $0 (Nivel 1) | |
| *peg-3350/electrolytes oral solution reconstituted 236 gm* | $0 (Nivel 1) | |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM | $0 (Nivel 2) | |
| *polyethylene glycol 3350 oral packet 17 gm* | $0 (Nivel 3) | DP |
| *polyethylene glycol 3350 oral powder 17 gm/scoop* | $0 (Nivel 3) | DP |
| *psyllium fiber oral capsule 0.52 gm* | $0 (Nivel 3) | DP |
| *px docusate sodium oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *px fiber oral capsule 0.52 gm* | $0 (Nivel 3) | DP |
| *px fiber oral tablet 625 mg* | $0 (Nivel 3) | DP |
| *px laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *px milk of magnesia oral suspension 1200 mg/15ml* | $0 (Nivel 3) | DP |
| *qc enema rectal enema 16-6 gm/133ml* | $0 (Nivel 3) | DP |
| *qc epsom salt oral granules* | $0 (Nivel 3) | DP |
| *qc fiber laxative oral capsule 0.52 gm* | $0 (Nivel 3) | DP |
| *qc gentle laxative rectal suppository 10 mg* | $0 (Nivel 3) | DP |
| *qc milk of magnesia oral suspension 400 mg/5ml* | $0 (Nivel 3) | DP |
| *qc natural vegetable oral powder 95 %* | $0 (Nivel 3) | DP |
| *qc natura-lax oral powder 17 gm/scoop* | $0 (Nivel 3) | DP |
| *qc stool softener oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *qc stool softener pls laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| REGULOID ORAL CAPSULE 0.52 GM | $0 (Nivel 3) | DP |
| REGULOID ORAL POWDER 28.3 %, 48.57 %, 58.6 % | $0 (Nivel 3) | DP |
| *senexon oral liquid 8.8 mg/5ml* | $0 (Nivel 3) | DP |
| SENEXON-S ORAL TABLET 8.6-50 MG | $0 (Nivel 3) | DP |
| *senna laxative oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *senna oral capsule 8.6 mg* | $0 (Nivel 3) | DP |
| *senna oral liquid 8.8 mg/5ml* | $0 (Nivel 3) | DP |
| *senna oral syrup 8.8 mg/5ml* | $0 (Nivel 3) | DP |
| *senna oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *senna plus oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *senna s oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *senna-lax oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *senna-plus oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *senna-s oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *senna-tabs oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *senna-time oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *senna-time s oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *sennosides-docusate sodium oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| SENOKOT ORAL TABLET 8.6 MG | $0 (Nivel 3) | DP |
| SENOKOT S ORAL TABLET 8.6-50 MG | $0 (Nivel 3) | DP |
| *silace oral liquid 150 mg/15ml* | $0 (Nivel 3) | DP |
| *silace oral syrup 60 mg/15ml* | $0 (Nivel 3) | DP |
| SM CLEARLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *sm enema rectal enema 7-19 gm/118ml* | $0 (Nivel 3) | DP |
| *sm epsom salt oral granules* | $0 (Nivel 3) | DP |
| *sm fiber oral powder 28.3 %, 48.57 %, 58.6 %* | $0 (Nivel 3) | DP |
| *sm fiber oral tablet 625 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm gentle laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| *sm milk of magnesia oral suspension 1200 mg/15ml* | $0 (Nivel 3) | DP |
| *sm senna laxative oral tablet 8.6 mg* | $0 (Nivel 3) | DP |
| *sm senna-s oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *sm stool softener oral capsule 100 mg, 250 mg* | $0 (Nivel 3) | DP |
| *sm stool softener/laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *stimulant laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *stool softener laxative oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *stool softener oral capsule 100 mg, 250 mg* | $0 (Nivel 3) | DP |
| *stool softener plus laxative oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *stool softener/laxative oral tablet 50-8.6 mg* | $0 (Nivel 3) | DP |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | $0 (Nivel 2) | |
| *tgt fiber therapy oral powder 28.3 %, 58.6 %* | $0 (Nivel 3) | DP |
| *tgt gentle laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| TGT POWDERLAX ORAL POWDER 17 GM/SCOOP | $0 (Nivel 3) | DP |
| *tgt psyllium fiber oral capsule 520 mg* | $0 (Nivel 3) | DP |
| THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG | $0 (Nivel 3) | DP |
| *vegetable lax+stool softener oral tablet 8.6-50 mg* | $0 (Nivel 3) | DP |
| *womans laxative oral tablet delayed release 5 mg* | $0 (Nivel 3) | DP |
| **GENITOURINARIO** | | |
| **Antiespasmódicos Urinarios** | | |
| *fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| GEMTESA ORAL TABLET 75 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | $0 (Nivel 2) | QL (300 per 28 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *oxybutynin chloride er oral tablet extended release 24 hour 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5 mg/5ml* | $0 (Nivel 1) | |
| *oxybutynin chloride oral tablet 5 mg* | $0 (Nivel 1) | |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | $0 (Nivel 1) | ST; QL (30 per 30 days) |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | $0 (Nivel 1) | QL (60 per 30 days) |

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|---|---|---|
| *trospium chloride oral tablet 20 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| **Antiinfecciosos Vaginales** | | |
| *3 day vaginal vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *clindamycin phosphate vaginal cream 2 %* | $0 (Nivel 1) | |
| *clotrimazole 3 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *clotrimazole vaginal cream 1 %* | $0 (Nivel 3) | DP |
| *gnp clotrimazole 3 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *gnp miconazole 7 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *metronidazole vaginal gel 0.75 %* | $0 (Nivel 1) | |
| *miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *miconazole 7 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *miconazole 7 vaginal suppository 100 mg* | $0 (Nivel 3) | DP |
| *miconazole nitrate vaginal cream 2 %* | $0 (Nivel 3) | DP |
| MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM) | $0 (Nivel 3) | DP |
| MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) | $0 (Nivel 3) | DP |
| MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 % | $0 (Nivel 3) | DP |
| *px miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *qc miconazole 7 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *sm 3-day vaginal vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *sm clotrimazole vaginal vaginal cream 1 %* | $0 (Nivel 3) | DP |
| *sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)* | $0 (Nivel 3) | DP |
| *sm miconazole 7 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| *sm miconazole 7 vaginal suppository 100 mg* | $0 (Nivel 3) | DP |
| *terconazole vaginal cream 0.4 %, 0.8 %* | $0 (Nivel 1) | |
| *terconazole vaginal suppository 80 mg* | $0 (Nivel 1) | |
| *tgt miconazole 7 vaginal cream 2 %* | $0 (Nivel 3) | DP |
| **Diversos** | | |
| *acetic acid irrigation solution 0.25 %* | $0 (Nivel 1) | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | $0 (Nivel 1) | |
| **Hiperplasia Prostática Benigna** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *finasteride oral tablet 5 mg* | $0 (Nivel 1) | |
| *tamsulosin hcl oral capsule 0.4 mg* | $0 (Nivel 1) | |
| **HEMATOLÓGICO** | | |
| **Anticoagulantes** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | $0 (Nivel 2) | QL (74 per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | $0 (Nivel 2) | QL (74 per 30 days) |
| *enoxaparin sodium injection solution 300 mg/3ml* | $0 (Nivel 1) | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | $0 (Nivel 1) | |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | $0 (Nivel 2) | NDS |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | $0 (Nivel 1) | |
| *heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%* | $0 (Nivel 2) | |
| *heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%* | $0 (Nivel 1) | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | $0 (Nivel 1) | B/D |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | $0 (Nivel 1) | |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | $0 (Nivel 1) | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | $0 (Nivel 2) | QL (620 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | $0 (Nivel 2) | QL (60 per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | $0 (Nivel 2) | QL (51 per 30 days) |
| **Diversos** | | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | $0 (Nivel 1) | |
| BERINERT INTRAVENOUS KIT 500 UNIT | $0 (Nivel 2) | PA; LA; QL (24 per 30 days); NDS |

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|---|---|---|
| *cilostazol oral tablet 100 mg, 50 mg* | $0 (Nivel 1) | |
| DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK) | $0 (Nivel 2) | PA; LA; NDS |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | $0 (Nivel 2) | |
| ENDARI ORAL PACKET 5 GM | $0 (Nivel 2) | PA; LA; NDS |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | $0 (Nivel 2) | PA; LA; QL (20 per 30 days); NDS |
| *icatibant acetate subcutaneous solution 30 mg/3ml* | $0 (Nivel 2) | PA; QL (27 per 30 days); NDS |
| *pentoxifylline er oral tablet extended release 400 mg* | $0 (Nivel 1) | |
| PROMACTA ORAL PACKET 12.5 MG | $0 (Nivel 2) | PA; LA; QL (360 per 30 days); NDS |
| PROMACTA ORAL PACKET 25 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| PROMACTA ORAL TABLET 50 MG, 75 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML | $0 (Nivel 2) | PA; LA; QL (27 per 30 days); NDS |
| *tranexamic acid intravenous solution 1000 mg/10ml* | $0 (Nivel 1) | |
| *tranexamic acid oral tablet 650 mg* | $0 (Nivel 1) | |
| **Factores De Crecimiento Hematopoyéticos** | | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | $0 (Nivel 2) | PA |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | $0 (Nivel 2) | PA; NDS |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | $0 (Nivel 2) | PA; NDS |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | $0 (Nivel 2) | PA; NDS |
| **Hierro** | | |
| *active fe oral tablet 75-1.25 mg* | $0 (Nivel 3) | DP |
| CENTRATEX ORAL CAPSULE 106-1 MG | $0 (Nivel 3) | DP |
| CHROMAGEN ORAL CAPSULE | $0 (Nivel 3) | DP |
| CORVITA 150 ORAL TABLET 150-1.25 MG | $0 (Nivel 3) | DP |
| CORVITE 150 ORAL TABLET | $0 (Nivel 3) | DP |
| *corvite fe oral tablet* | $0 (Nivel 3) | DP |
| *cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *eql iron supplement therapy oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *eql slow release iron oral tablet extended release 160 (50 fe) mg* | $0 (Nivel 3) | DP |
| FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML | $0 (Nivel 3) | DP |

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|---|---|---|
| FERATE ORAL TABLET 240 (27 FE) MG | $0 (Nivel 3) | DP |
| FERGON ORAL TABLET 240 (27 FE) MG | $0 (Nivel 3) | DP |
| FERIVA 21/7 ORAL TABLET 75-1 MG | $0 (Nivel 3) | DP |
| FERIVAFA ORAL CAPSULE 110-1 MG | $0 (Nivel 3) | DP |
| *ferocon oral capsule* | $0 (Nivel 3) | DP |
| FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML | $0 (Nivel 3) | DP |
| FEROSUL ORAL TABLET 325 (65 FE) MG | $0 (Nivel 3) | DP |
| FERRALET 90 ORAL TABLET 90-1 MG | $0 (Nivel 3) | DP |
| *ferretts oral tablet 325 (106 fe) mg* | $0 (Nivel 3) | DP |
| FERREX 150 ORAL CAPSULE 150 MG | $0 (Nivel 3) | DP |
| *ferric x-150 oral capsule 150 mg* | $0 (Nivel 3) | DP |
| FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML | $0 (Nivel 3) | DP |
| *ferrous fumarate oral tablet 324 (106 fe) mg* | $0 (Nivel 3) | DP |
| *ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg* | $0 (Nivel 3) | DP |
| *ferrous sulfate oral elixir 220 (44 fe) mg/5ml* | $0 (Nivel 3) | DP |
| *ferrous sulfate oral tablet 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG | $0 (Nivel 3) | DP |
| FOLIVANE-F ORAL CAPSULE 125-1 MG | $0 (Nivel 3) | DP |
| FOLIVANE-PLUS ORAL CAPSULE | $0 (Nivel 3) | DP |
| FUSION ORAL CAPSULE 65-65-25-30 MG | $0 (Nivel 3) | DP |
| FUSION PLUS ORAL CAPSULE | $0 (Nivel 3) | DP |
| *gnp iron oral tablet extended release 142 (45 fe) mg* | $0 (Nivel 3) | DP |
| *hematinic/folic acid oral tablet 324-1 mg* | $0 (Nivel 3) | DP |
| HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG | $0 (Nivel 3) | DP |
| HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG | $0 (Nivel 3) | DP |
| HEMATOGEN ORAL CAPSULE | $0 (Nivel 3) | DP |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG | $0 (Nivel 3) | DP |
| HEMOCYTE-F ORAL TABLET 324-1 MG | $0 (Nivel 3) | DP |
| ICAR ORAL SUSPENSION 15 MG/1.25ML | $0 (Nivel 3) | DP |
| IFEREX 150 ORAL CAPSULE 150 MG | $0 (Nivel 3) | DP |
| INFED INJECTION SOLUTION 50 MG/ML | $0 (Nivel 3) | DP |
| INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML | $0 (Nivel 3) | DP |

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|---|---|---|
| INTEGRA F ORAL CAPSULE 125-1 MG | $0 (Nivel 3) | DP |
| INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG | $0 (Nivel 3) | DP |
| INTEGRA PLUS ORAL CAPSULE | $0 (Nivel 3) | DP |
| *iron 27 oral tablet 240 (27 fe) mg* | $0 (Nivel 3) | DP |
| *iron chews pediatric oral tablet chewable 15 mg* | $0 (Nivel 3) | DP |
| *iron high-potency oral tablet 325 mg* | $0 (Nivel 3) | DP |
| *iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *iron supplement oral elixir 220 (44 fe) mg/5ml* | $0 (Nivel 3) | DP |
| *kp ferrous gluconate oral tablet 324 (37.5 fe) mg* | $0 (Nivel 3) | DP |
| *kp ferrous sulfate oral tablet 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML | $0 (Nivel 3) | DP |
| MULTIGEN ORAL TABLET 70 MG | $0 (Nivel 3) | DP |
| MULTIGEN PLUS ORAL TABLET 50-101-1 MG | $0 (Nivel 3) | DP |
| *myferon 150 oral capsule 150 mg* | $0 (Nivel 3) | DP |
| *na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml* | $0 (Nivel 3) | DP |
| NEPHRON FA ORAL TABLET | $0 (Nivel 3) | DP |
| NIFEREX ORAL TABLET | $0 (Nivel 3) | DP |
| NOVAFERRUM 50 ORAL CAPSULE 50 MG | $0 (Nivel 3) | DP |
| NOVAFERRUM ORAL LIQUID 125 MG/5ML | $0 (Nivel 3) | DP |
| NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML | $0 (Nivel 3) | DP |
| NUFERA ORAL TABLET | $0 (Nivel 3) | DP |
| NU-IRON ORAL CAPSULE 150 MG | $0 (Nivel 3) | DP |
| POLY-IRON 150 ORAL CAPSULE 150 MG | $0 (Nivel 3) | DP |
| *polysaccharide iron complex oral capsule 150 mg* | $0 (Nivel 3) | DP |
| *polysaccharide-iron complex oral capsule 150 mg* | $0 (Nivel 3) | DP |
| *purevit dualfe plus oral capsule 162-115.2-1 mg* | $0 (Nivel 3) | DP |
| *qc ferrous sulfate oral tablet 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *ra iron oral tablet 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *se-tan plus oral capsule 162-115.2-1 mg* | $0 (Nivel 3) | DP |
| SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG | $0 (Nivel 3) | DP |
| *slow iron oral tablet extended release 160 (50 fe) mg* | $0 (Nivel 3) | DP |
| *slow release iron oral tablet extended release 160 (50 fe) mg, 47.5 mg* | $0 (Nivel 3) | DP |
| *sm iron oral tablet 325 (65 fe) mg* | $0 (Nivel 3) | DP |
| *sm iron slow release oral tablet extended release 160 (50 fe) mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm slow release iron oral tablet extended release 142 (45 fe) mg* | $0 (Nivel 3) | DP |
| TRICON ORAL CAPSULE | $0 (Nivel 3) | DP |
| TRIFERIC HEMODIALYSIS PACKET 272 MG | $0 (Nivel 3) | DP |
| *trigels-f forte oral capsule 460-60-0.01-1 mg* | $0 (Nivel 3) | DP |
| VENOFER INTRAVENOUS SOLUTION 20 MG/ML | $0 (Nivel 3) | DP |
| *virt-fefa plus oral capsule* | $0 (Nivel 3) | DP |
| *wee care oral suspension 15 mg/1.25ml* | $0 (Nivel 3) | DP |
| **Inhibidores De Agregación Plaquetaria** | | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | $0 (Nivel 1) | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | $0 (Nivel 2) | |
| *clopidogrel bisulfate oral tablet 75 mg* | $0 (Nivel 1) | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | PA |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | |
| **OFTÁLMICOS** | | |
| **Antialérgicos** | | |
| *azelastine hcl ophthalmic solution 0.05 %* | $0 (Nivel 1) | |
| *cromolyn sodium ophthalmic solution 4 %* | $0 (Nivel 1) | |
| NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 % | $0 (Nivel 3) | DP |
| *olopatadine hcl ophthalmic solution 0.1 %* | $0 (Nivel 1) | |
| OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 % | $0 (Nivel 3) | DP |
| ZERVIATE OPHTHALMIC SOLUTION 0.24 % | $0 (Nivel 2) | |
| **Antiglaucoma** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | $0 (Nivel 2) | |
| *betaxolol hcl ophthalmic solution 0.5 %* | $0 (Nivel 1) | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | $0 (Nivel 2) | |
| *brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %* | $0 (Nivel 1) | |
| *brinzolamide ophthalmic suspension 1 %* | $0 (Nivel 1) | |
| *carteolol hcl ophthalmic solution 1 %* | $0 (Nivel 1) | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | $0 (Nivel 2) | |
| *dorzolamide hcl ophthalmic solution 2 %* | $0 (Nivel 1) | |
| *dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml* | $0 (Nivel 1) | |
| *latanoprost ophthalmic solution 0.005 %* | $0 (Nivel 1) | |
| *levobunolol hcl ophthalmic solution 0.5 %* | $0 (Nivel 1) | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | $0 (Nivel 2) | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | $0 (Nivel 1) | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | $0 (Nivel 2) | |

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|---|---|---|
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | $0 (Nivel 2) | |
| *timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %* | $0 (Nivel 1) | |
| *timolol maleate ophthalmic solution 0.25 %, 0.5 %* | $0 (Nivel 1) | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | $0 (Nivel 2) | |
| **Antiinfectivos/Antiinflamatorios** | | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | $0 (Nivel 1) | |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | $0 (Nivel 1) | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | $0 (Nivel 1) | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | $0 (Nivel 1) | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | $0 (Nivel 1) | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | $0 (Nivel 2) | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | $0 (Nivel 2) | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | $0 (Nivel 1) | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | $0 (Nivel 2) | |
| **Antiinfectivos** | | |
| *bacitracin ophthalmic ointment 500 unit/gm* | $0 (Nivel 1) | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | $0 (Nivel 1) | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | $0 (Nivel 2) | |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % | $0 (Nivel 2) | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | $0 (Nivel 1) | |
| *erythromycin ophthalmic ointment 5 mg/gm* | $0 (Nivel 1) | |
| *gatifloxacin ophthalmic solution 0.5 %* | $0 (Nivel 1) | |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | $0 (Nivel 1) | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | $0 (Nivel 1) | |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | $0 (Nivel 1) | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | $0 (Nivel 2) | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | $0 (Nivel 1) | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | $0 (Nivel 1) | |
| *ofloxacin ophthalmic solution 0.3 %* | $0 (Nivel 1) | |

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|---|---|---|
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | $0 (Nivel 1) | |
| *sulfacetamide sodium ophthalmic ointment 10 %* | $0 (Nivel 1) | |
| *sulfacetamide sodium ophthalmic solution 10 %* | $0 (Nivel 1) | |
| *tobramycin ophthalmic solution 0.3 %* | $0 (Nivel 1) | |
| *trifluridine ophthalmic solution 1 %* | $0 (Nivel 1) | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | $0 (Nivel 2) | |
| **Antiinflamatorios** | | |
| ALREX OPHTHALMIC SUSPENSION 0.2 % | $0 (Nivel 2) | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % | $0 (Nivel 2) | |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | $0 (Nivel 1) | |
| *diclofenac sodium ophthalmic solution 0.1 %* | $0 (Nivel 1) | |
| *difluprednate ophthalmic emulsion 0.05 %* | $0 (Nivel 1) | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | $0 (Nivel 2) | |
| *fluorometholone ophthalmic suspension 0.1 %* | $0 (Nivel 1) | |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | $0 (Nivel 1) | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | $0 (Nivel 2) | |
| *ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %* | $0 (Nivel 1) | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | $0 (Nivel 2) | |
| *prednisolone acetate ophthalmic suspension 1 %* | $0 (Nivel 1) | |
| *prednisolone sodium phosphate ophthalmic solution 1 %* | $0 (Nivel 2) | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % | $0 (Nivel 2) | |
| **Diversos** | | |
| *artificial tears ophthalmic solution 0.2-0.2-1 %, 0.5-0.6 %, 1.4 %* | $0 (Nivel 3) | DP |
| *atropine sulfate solution 1 % ophthalmic 1 %* | $0 (Nivel 1) | |
| *atropine sulfate solution 1 % ophthalmic 1 %* | $0 (Nivel 2) | |
| *carboxymethylcellulose sod pf ophthalmic gel 1 %* | $0 (Nivel 3) | DP |
| *carboxymethylcellulose sod pf ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *carboxymethylcellulose sodium ophthalmic gel 1 %* | $0 (Nivel 3) | DP |
| *carboxymethylcellulose sodium ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML | $0 (Nivel 3) | DP |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % | $0 (Nivel 2) | PA; LA; NDS |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | $0 (Nivel 2) | PA; LA; NDS |

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|---|---|---|
| *dry eye relief drops ophthalmic solution 0.2-0.2-1 %* | $0 (Nivel 3) | DP |
| GENTEAL SEVERE OPHTHALMIC GEL 0.3 % | $0 (Nivel 3) | DP |
| GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 % | $0 (Nivel 3) | DP |
| GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % | $0 (Nivel 3) | DP |
| GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % | $0 (Nivel 3) | DP |
| GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % | $0 (Nivel 3) | DP |
| *gnp artificial tears ophthalmic solution 5-6 mg/ml* | $0 (Nivel 3) | DP |
| *gnp lubricating plus eye drops ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| GONAK OPHTHALMIC SOLUTION 2.5 % | $0 (Nivel 3) | DP |
| *goodsense artificial tears ophthalmic solution 0.5-0.6 %* | $0 (Nivel 3) | DP |
| *goodsense lubricating eye drop ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| *hm dry eye relief ophthalmic solution 0.2-0.2-1 %* | $0 (Nivel 3) | DP |
| *hm lubricating plus ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *hm lubricating tears ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % | $0 (Nivel 2) | |
| ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 % | $0 (Nivel 3) | DP |
| *lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| *lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.6 %* | $0 (Nivel 3) | DP |
| *lubricant eye drops pf ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *lubricating eye drops ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| *lubricating plus eye drops ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *lubricating tears eye drops ophthalmic solution 0.1-0.3 %* | $0 (Nivel 3) | DP |
| MURO 128 OPHTHALMIC OINTMENT 5 % | $0 (Nivel 3) | DP |
| MURO 128 OPHTHALMIC SOLUTION 5 % | $0 (Nivel 3) | DP |
| *polyvinyl alcohol ophthalmic solution 1.4 %* | $0 (Nivel 3) | DP |
| *proparacaine hcl ophthalmic solution 0.5 %* | $0 (Nivel 1) | |
| *px artificial tears ophthalmic solution 5-6 mg/ml* | $0 (Nivel 3) | DP |
| *qc artificial tears ophthalmic solution 5-6 mg/ml* | $0 (Nivel 3) | DP |
| REFRESH CELLUVISC OPHTHALMIC GEL 1 % | $0 (Nivel 3) | DP |

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|---|---|---|
| REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 % | $0 (Nivel 3) | DP |
| REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 % | $0 (Nivel 3) | DP |
| REFRESH LIQUIGEL OPHTHALMIC GEL 1 % | $0 (Nivel 3) | DP |
| REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 % | $0 (Nivel 3) | DP |
| REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % | $0 (Nivel 3) | DP |
| REFRESH PLUS OPHTHALMIC SOLUTION 0.5 % | $0 (Nivel 3) | DP |
| REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % | $0 (Nivel 3) | DP |
| REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % | $0 (Nivel 3) | DP |
| REFRESH TEARS OPHTHALMIC SOLUTION 0.5 % | $0 (Nivel 3) | DP |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | $0 (Nivel 2) | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | $0 (Nivel 2) | |
| *sm dry eye relief ophthalmic solution 0.2-0.2-1 %* | $0 (Nivel 3) | DP |
| *sm lubricant eye drops ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| *sm lubricating plus ophthalmic solution 0.5 %* | $0 (Nivel 3) | DP |
| *sm lubricating tears ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| *sodium chloride (hypertonic) ophthalmic ointment 5 %* | $0 (Nivel 3) | DP |
| *sodium chloride (hypertonic) ophthalmic solution 5 %* | $0 (Nivel 3) | DP |
| SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 % | $0 (Nivel 3) | DP |
| SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % | $0 (Nivel 3) | DP |
| SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % | $0 (Nivel 3) | DP |
| SYSTANE OPHTHALMIC GEL 0.4-0.3 % | $0 (Nivel 3) | DP |
| SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 % | $0 (Nivel 3) | DP |
| SYSTANE OVERNIGHT THERAPY OPHTHALMIC GEL 0.3 % | $0 (Nivel 3) | DP |

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|---|---|---|
| SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 % | $0 (Nivel 3) | DP |
| SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % | $0 (Nivel 3) | DP |
| SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % | $0 (Nivel 3) | DP |
| *tgt lubricant eye drops ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| THERATEARS OPHTHALMIC GEL 1 % | $0 (Nivel 3) | DP |
| THERATEARS OPHTHALMIC SOLUTION 0.25 % | $0 (Nivel 3) | DP |
| ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % | $0 (Nivel 3) | DP |
| *ultra lubricating eye drops ophthalmic solution 0.4-0.3 %* | $0 (Nivel 3) | DP |
| XIIDRA OPHTHALMIC SOLUTION 5 % | $0 (Nivel 2) | |
| **ÓTICOS** | | |
| **Agentes Óticos** | | |
| *acetic acid otic solution 2 %* | $0 (Nivel 1) | |
| *ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %* | $0 (Nivel 1) | |
| FLAC OTIC OIL 0.01 % | $0 (Nivel 1) | |
| *fluocinolone acetonide otic oil 0.01 %* | $0 (Nivel 1) | |
| *neomycin-polymyxin-hc otic solution 1 %* | $0 (Nivel 1) | |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | $0 (Nivel 1) | |
| *ofloxacin otic solution 0.3 %* | $0 (Nivel 1) | |
| **RESPIRATORIOS** | | |
| **Anticolinérgicos** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | $0 (Nivel 2) | QL (25.8 per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH | $0 (Nivel 2) | QL (30 per 30 days) |
| *ipratropium bromide inhalation solution 0.02 %* | $0 (Nivel 1) | B/D |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | $0 (Nivel 1) | |
| **Antihistamínicos** | | |
| *24hr allergy relief oral tablet 180 mg* | $0 (Nivel 3) | DP |
| ALAVERT ORAL TABLET DISPERSIBLE 10 MG | $0 (Nivel 3) | DP |
| *aler-cap oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *all day allergy childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *all-day allergy childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *aller-chlor oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *aller-ease oral tablet 60 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *allergy (cetirizine) oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *allergy 24-hr oral tablet 180 mg* | $0 (Nivel 3) | DP |
| *allergy childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *allergy childrens oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *allergy oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *allergy rel child (loratadine) oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *allergy relief (loratadine) oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *allergy relief cetirizine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *allergy relief childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *allergy relief childrens oral solution 1 mg/ml* | $0 (Nivel 3) | DP |
| *allergy relief oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg* | $0 (Nivel 3) | DP |
| *allergy relief/indoor/outdoor oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *allergy-time oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *azelastine hcl nasal solution 0.1 %, 0.15 %* | $0 (Nivel 1) | |
| BANOPHEN ORAL CAPSULE 25 MG, 50 MG | $0 (Nivel 3) | DP |
| BANOPHEN ORAL TABLET 25 MG | $0 (Nivel 3) | DP |
| *cetirizine hcl allergy child oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *cetirizine hcl childrens alrgy oral solution 1 mg/ml* | $0 (Nivel 3) | DP |
| *cetirizine hcl childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *cetirizine hcl oral solution 1 mg/ml* | $0 (Nivel 1) | |
| *cetirizine hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 3) | DP |
| *cetirizine hcl oral tablet chewable 10 mg, 5 mg* | $0 (Nivel 3) | DP |
| *childrens loratadine oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *childrens loratadine oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *chlorhist oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *chlorpheniramine maleate oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *complete allergy medicine oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *complete allergy relief oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | $0 (Nivel 2) | PA |
| *cyproheptadine hcl oral tablet 4 mg* | $0 (Nivel 2) | PA |
| *diphen oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *diphenhist oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *diphenhydramine hcl childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *diphenhydramine hcl injection solution 50 mg/ml* | $0 (Nivel 1) | |
| *diphenhydramine hcl oral capsule 25 mg, 50 mg* | $0 (Nivel 3) | DP |
| *diphenhydramine hcl oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *diphenhydramine hcl oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *ed chlorped jr oral syrup 2 mg/5ml* | $0 (Nivel 3) | DP |
| *eql all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *fexofenadine hcl oral tablet 180 mg, 60 mg* | $0 (Nivel 3) | DP |
| *geri-dryl oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *geri-dryl oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *gnp allergy childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp allergy oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *gnp allergy oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *gnp allergy relief 24 hr oral tablet 5 mg* | $0 (Nivel 3) | DP |
| *gnp allergy relief max st oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp allergy relief oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg* | $0 (Nivel 3) | DP |
| *gnp childrens allergy oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp loratadine childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp loratadine oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp loratadine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *gnp loratadine oral tablet dispersible 10 mg* | $0 (Nivel 3) | DP |
| *goodsense all day allergy oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *goodsense aller-ease oral tablet 180 mg* | $0 (Nivel 3) | DP |
| *goodsense allergy relief oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hm all day allergy childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *hm all day allergy oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *hm all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hm allergy relief (cetirizine) oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hm allergy relief childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *hm allergy relief oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *hm allergy relief oral tablet 180 mg, 25 mg, 4 mg, 60 mg* | $0 (Nivel 3) | DP |
| *hm cetirizine hcl oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hm fexofenadine hcl oral tablet 180 mg, 60 mg* | $0 (Nivel 3) | DP |
| *hm loratadine childrens oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *hm loratadine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml* | $0 (Nivel 2) | PA |

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|---|---|---|
| *hydroxyzine hcl oral syrup 10 mg/5ml* | $0 (Nivel 2) | PA |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | $0 (Nivel 2) | PA |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | $0 (Nivel 2) | PA |
| *levocetirizine dihydrochloride oral solution 2.5 mg/5ml* | $0 (Nivel 1) | |
| *levocetirizine dihydrochloride tablet 5 mg oral (otc) 5 mg* | $0 (Nivel 3) | DP |
| *levocetirizine dihydrochloride tablet 5 mg oral (rx) 5 mg* | $0 (Nivel 1) | |
| *liquid allergy relief oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *loradamed oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *loratadine childrens oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *loratadine childrens oral tablet chewable 5 mg* | $0 (Nivel 3) | DP |
| *loratadine oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *loratadine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *m-dryl oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *pharbechlor oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *pharbedryl oral capsule 25 mg, 50 mg* | $0 (Nivel 3) | DP |
| *px allergy oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *px allergy oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *px allergy oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *px allergy relief cetirizine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *px allergy relief loratadine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *px childrens allergy oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *qc all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *qc allergy childrens oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *qc allergy relief oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *qc allergy relief oral tablet dispersible 10 mg* | $0 (Nivel 3) | DP |
| *qc cetirizine allergy relief oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *qc childrens allergy oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *qc chlor-pheniramine oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *qc complete allergy medicine oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *qc fexofenadine hydrochloride oral tablet 180 mg* | $0 (Nivel 3) | DP |
| *qc loratadine allergy relief oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *siladryl allergy oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *sm all day allergy childrens oral solution 5 mg/5ml* | $0 (Nivel 3) | DP |
| *sm all day allergy oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *sm allergy 4 hour oral tablet 4 mg* | $0 (Nivel 3) | DP |
| *sm allergy childrens oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *sm allergy relief oral liquid 12.5 mg/5ml* | $0 (Nivel 3) | DP |
| *sm allergy relief oral tablet 25 mg, 60 mg* | $0 (Nivel 3) | DP |
| *sm childrens loratadine oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *sm fexofenadine hcl oral tablet 180 mg, 60 mg* | $0 (Nivel 3) | DP |
| *sm loratadine allergy relief oral tablet dispersible 10 mg* | $0 (Nivel 3) | DP |
| *sm loratadine oral syrup 5 mg/5ml* | $0 (Nivel 3) | DP |
| *sm loratadine oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *tgt allergy relief oral capsule 25 mg* | $0 (Nivel 3) | DP |
| *tgt allergy relief oral tablet 10 mg, 25 mg* | $0 (Nivel 3) | DP |
| *total allergy oral tablet 25 mg* | $0 (Nivel 3) | DP |
| WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML | $0 (Nivel 3) | DP |
| **Beta Agonistas** | | |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | $0 (Nivel 1) | QL (17 per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)* | $0 (Nivel 1) | QL (13.4 per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)* | $0 (Nivel 1) | QL (36 per 30 days) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | $0 (Nivel 1) | B/D |
| *albuterol sulfate oral syrup 2 mg/5ml* | $0 (Nivel 1) | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | $0 (Nivel 1) | |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml* | $0 (Nivel 1) | B/D |
| *levalbuterol tartrate inhalation aerosol 45 mcg/act* | $0 (Nivel 1) | ST; QL (30 per 30 days) |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE | $0 (Nivel 2) | QL (60 per 30 days) |
| *terbutaline sulfate oral tablet 2.5 mg, 5 mg* | $0 (Nivel 1) | |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT | $0 (Nivel 2) | QL (36 per 30 days) |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT | $0 (Nivel 2) | QL (48 per 30 days) |
| **Combinaciones De Anticolinérgicos/Beta Agonistas** | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH | $0 (Nivel 2) | QL (60 per 30 days) |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT | $0 (Nivel 2) | QL (10.7 per 30 days) |

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|---|---|---|
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT | $0 (Nivel 2) | QL (10.7 per 30 days) |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT | $0 (Nivel 2) | QL (23.6 per 28 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | $0 (Nivel 2) | QL (8 per 30 days) |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | $0 (Nivel 1) | B/D |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH | $0 (Nivel 2) | QL (60 per 30 days) |
| **Combinaciones De Esteroides/Beta Agonistas** | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | $0 (Nivel 2) | QL (60 per 30 days) |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | $0 (Nivel 2) | QL (12 per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | $0 (Nivel 2) | QL (60 per 30 days) |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | $0 (Nivel 2) | QL (10.2 per 30 days) |
| **Diversos** | | |
| *acetylcysteine inhalation solution 10 %, 20 %* | $0 (Nivel 1) | B/D |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | $0 (Nivel 2) | PA; LA; NDS |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | $0 (Nivel 1) | B/D |
| *cromolyn sodium nasal aerosol solution 5.2 mg/act* | $0 (Nivel 3) | DP |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | $0 (Nivel 2) | |
| *epinephrine injection solution 0.3 mg/0.3ml* | $0 (Nivel 1) | |
| *epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | $0 (Nivel 1) | |
| ESBRIET ORAL CAPSULE 267 MG | $0 (Nivel 2) | PA; LA; QL (270 per 30 days); NDS |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | $0 (Nivel 2) | PA; LA; NDS |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | $0 (Nivel 2) | PA; LA; NDS |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG | $0 (Nivel 2) | PA; LA; QL (56 per 28 days); NDS |
| KALYDECO ORAL TABLET 150 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| *neti pot sinus wash nasal kit 2300-700 mg* | $0 (Nivel 3) | DP |
| OFEV ORAL CAPSULE 100 MG, 150 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | $0 (Nivel 2) | PA; LA; QL (56 per 28 days); NDS |

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|---|---|---|
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | $0 (Nivel 2) | PA; LA; QL (112 per 28 days); NDS |
| *pirfenidone oral tablet 267 mg* | $0 (Nivel 2) | PA; QL (270 per 30 days); NDS |
| *pirfenidone oral tablet 801 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | $0 (Nivel 2) | PA; LA; NDS |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | $0 (Nivel 2) | PA; LA; NDS |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | $0 (Nivel 2) | PA; NDS |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | $0 (Nivel 2) | PA; LA; QL (56 per 28 days); NDS |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML | $0 (Nivel 2) | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | $0 (Nivel 2) | |
| *theophylline er oral tablet extended release 12 hour 300 mg, 450 mg* | $0 (Nivel 1) | |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | $0 (Nivel 1) | |
| *theophylline oral solution 80 mg/15ml* | $0 (Nivel 1) | |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | $0 (Nivel 2) | PA; LA; QL (84 per 28 days); NDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | $0 (Nivel 2) | PA; LA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | $0 (Nivel 2) | PA; LA; NDS |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | $0 (Nivel 2) | PA; LA; NDS |
| **Esteroides Nasales** | | |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | $0 (Nivel 1) | QL (75 per 30 days) |
| *fluticasone propionate nasal suspension 50 mcg/act* | $0 (Nivel 1) | QL (16 per 30 days) |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT | $0 (Nivel 2) | PA; QL (32 per 30 days) |
| **Inhalantes Esteroides** | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | $0 (Nivel 2) | QL (30 per 30 days) |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml* | $0 (Nivel 1) | B/D |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST | $0 (Nivel 2) | QL (240 per 30 days) |

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|---|---|---|
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST | $0 (Nivel 2) | QL (180 per 30 days) |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | $0 (Nivel 2) | QL (24 per 30 days) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | $0 (Nivel 2) | QL (21.2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT | $0 (Nivel 2) | QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT | $0 (Nivel 2) | QL (3 per 30 days) |
| **Moduladores De Leucotrieno** | | |
| *montelukast sodium oral packet 4 mg* | $0 (Nivel 1) | |
| *montelukast sodium oral tablet 10 mg* | $0 (Nivel 1) | |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | $0 (Nivel 1) | |
| *zafirlukast oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | |
| **Tos Y Resfriado** | | |
| *12 hour decongestant oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *12 hour nasal decongestant nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *12 hour nasal decongestant oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *12 hour nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| 4-WAY FAST ACTING NASAL SOLUTION 1 % | $0 (Nivel 3) | DP |
| ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | $0 (Nivel 3) | DP |
| *all day allergy d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *all day allergy-d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *allergy relief d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *allergy relief d oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *allergy relief d-12 oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *allergy relief d-24 oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *allergy relief-d oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *allergy/congestion relief oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| BENZEDREX NASAL INHALER | $0 (Nivel 3) | DP |
| *benzonatate oral capsule 100 mg, 150 mg, 200 mg* | $0 (Nivel 3) | DP |
| *capcof oral syrup 5-2-10 mg/5ml* | $0 (Nivel 3) | DP |
| *cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *chest congestion relief dm oral syrup 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *chest congestion relief oral syrup 100 mg/5ml* | $0 (Nivel 3) | DP |
| *coditussin ac oral liquid 200-10 mg/5ml* | $0 (Nivel 3) | DP |
| *coditussin dac oral liquid 30-10-200 mg/5ml* | $0 (Nivel 3) | DP |
| *cough dm childrens oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *cough/chest congestion dm oral syrup 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *cvs cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML | $0 (Nivel 3) | DP |
| DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML | $0 (Nivel 3) | DP |
| *dextromethorphan hbr oral capsule 15 mg* | $0 (Nivel 3) | DP |
| *dextromethorphan polistirex er oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml* | $0 (Nivel 3) | DP |
| *dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML | $0 (Nivel 3) | DP |
| *ed-a-hist dm oral liquid 10-4-15 mg/5ml* | $0 (Nivel 3) | DP |
| *eq cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *gnp cough dm er oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp cough gels oral capsule 15 mg* | $0 (Nivel 3) | DP |
| *gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg* | $0 (Nivel 3) | DP |
| *gnp mucus relief oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *gnp nasal decongestant oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *gnp nasal decongestant pe oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *gnp nasal four spray nasal solution 1 %* | $0 (Nivel 3) | DP |
| *gnp nasal spray extra moist nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *gnp nasal spray fast acting nasal solution 1 %* | $0 (Nivel 3) | DP |
| *gnp nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *gnp no drip nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *gnp nose drops extra strength nasal solution 1 %* | $0 (Nivel 3) | DP |
| *gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *gnp suphedrin oral liquid 15 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp tussin cough long acting oral syrup 15 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp tussin dm cough oral liquid 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *gnp tussin dm oral liquid 20-200 mg/10ml* | $0 (Nivel 3) | DP |
| *gnp tussin mucus & chest cong oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense cough dm childrens oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *goodsense tussin cf oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *guaiatussin ac oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *guaifenesin ac oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *guaifenesin oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *guaifenesin oral solution 100 mg/5ml* | $0 (Nivel 3) | DP |
| *guaifenesin oral tablet 200 mg* | $0 (Nivel 3) | DP |
| *guaifenesin-codeine oral solution 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *guaifenesin-dm oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML | $0 (Nivel 3) | DP |
| *hm allergy & congestion oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *hm allergy complete-d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *hm cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *hm mucus relief max st oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *hm mucus relief oral tablet extended release 12 hour 600 mg* | $0 (Nivel 3) | DP |
| *hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *hm nasal decongestant oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *hm nasal decongestant pe oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *hm nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *hm nose drops nasal solution 1 %* | $0 (Nivel 3) | DP |
| *hm sinus nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *hm tussin adult dm oral liquid 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *hm tussin adult multi-symptom oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *hm tussin adult oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML | $0 (Nivel 3) | DP |
| HYCODAN ORAL TABLET 5-1.5 MG | $0 (Nivel 3) | DP |
| *hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml* | $0 (Nivel 3) | DP |
| *hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml* | $0 (Nivel 3) | DP |
| *hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg* | $0 (Nivel 3) | DP |
| *hydromet oral solution 5-1.5 mg/5ml* | $0 (Nivel 3) | DP |
| KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG | $0 (Nivel 3) | DP |
| KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG | $0 (Nivel 3) | DP |
| *kp pseudoephedrine hcl oral tablet 30 mg, 60 mg* | $0 (Nivel 3) | DP |
| *lohist-dm oral syrup 5-2-10 mg/5ml* | $0 (Nivel 3) | DP |
| *loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML | $0 (Nivel 3) | DP |
| *maxi-tuss ac oral solution 100-10 mg/5ml* | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *maxi-tuss cd oral liquid 10-4-10 mg/5ml* | $0 (Nivel 3) | DP |
| *maxi-tuss g oral liquid 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *maxi-tuss gmx oral liquid 10-200 mg/5ml* | $0 (Nivel 3) | DP |
| *m-clear wc oral solution 100-6.3 mg/5ml* | $0 (Nivel 3) | DP |
| MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 % | $0 (Nivel 3) | DP |
| MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG | $0 (Nivel 3) | DP |
| MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML | $0 (Nivel 3) | DP |
| MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG | $0 (Nivel 3) | DP |
| MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | $0 (Nivel 3) | DP |
| MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 % | $0 (Nivel 3) | DP |
| MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 % | $0 (Nivel 3) | DP |
| *mucus & chest congestion oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *mucus relief dm oral tablet extended release 12 hour 30-600 mg* | $0 (Nivel 3) | DP |
| *mucus relief er oral tablet extended release 12 hour 600 mg* | $0 (Nivel 3) | DP |
| *mucus relief max st oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *mucus relief oral tablet extended release 12 hour 600 mg* | $0 (Nivel 3) | DP |
| *nasal decongestant max st oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *nasal decongestant oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *nasal decongestant pe max st oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *nasal decongestant pe oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *nasal decongestant spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *nasal four nasal solution 1 %* | $0 (Nivel 3) | DP |
| *nasal relief nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *nasal spray 12 hour nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *nasal spray extra moisturizing nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *nasal spray no drip nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| NINJACOF-XG ORAL LIQUID 200-8 MG/5ML | $0 (Nivel 3) | DP |
| *no drip nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *nohist-dm oral liquid 10-4-15 mg/5ml* | $0 (Nivel 3) | DP |
| *phenylephrine hcl oral tablet 10 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *poly-tussin ac oral liquid 10-4-10 mg/5ml* | $0 (Nivel 3) | DP |
| *promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml* | $0 (Nivel 3) | DP |
| *promethazine-codeine oral solution 6.25-10 mg/5ml* | $0 (Nivel 3) | DP |
| *promethazine-codeine oral syrup 6.25-10 mg/5ml* | $0 (Nivel 3) | DP |
| *promethazine-dm oral syrup 6.25-15 mg/5ml* | $0 (Nivel 3) | DP |
| *promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml* | $0 (Nivel 3) | DP |
| *pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml* | $0 (Nivel 3) | DP |
| *pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *pseudoephedrine hcl oral tablet 30 mg, 60 mg* | $0 (Nivel 3) | DP |
| *px allergy relief d (loratid) oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *px allergy relief d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *px allergy relief d oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *px nasal decongestant oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *px nasal decongestant oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *qc loratadine-d oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *qc mucus relief childrens oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *qc mucus relief er oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *qc mucus relief max st oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *qc mucus relief oral tablet extended release 12 hour 600 mg* | $0 (Nivel 3) | DP |
| *qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *qc tussin cf oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml* | $0 (Nivel 3) | DP |
| *qc tussin mucus/congestion oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML | $0 (Nivel 3) | DP |
| ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5ML | $0 (Nivel 3) | DP |

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|---|---|---|
| ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML | $0 (Nivel 3) | DP |
| ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML | $0 (Nivel 3) | DP |
| *rynex pse oral liquid 1-15 mg/5ml* | $0 (Nivel 3) | DP |
| *siltussin dm das oral liquid 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *siltussin sa oral syrup 100 mg/5ml* | $0 (Nivel 3) | DP |
| *siltussin-dm alcohol free oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *sinus 12 hour oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *sinus congestion max strength oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *sinus nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *sinus relief extra strength nasal solution 1 %* | $0 (Nivel 3) | DP |
| *sm all day allergy-d oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *sm cough dm childrens oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *sm cough dm oral suspension extended release 30 mg/5ml* | $0 (Nivel 3) | DP |
| *sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg* | $0 (Nivel 3) | DP |
| *sm lorata-dine d oral tablet extended release 24 hour 10-240 mg* | $0 (Nivel 3) | DP |
| *sm mucus relief max strength oral tablet extended release 12 hour 1200 mg* | $0 (Nivel 3) | DP |
| *sm mucus relief oral tablet extended release 12 hour 600 mg* | $0 (Nivel 3) | DP |
| *sm nasal decongestant max st oral tablet 30 mg* | $0 (Nivel 3) | DP |
| *sm nasal decongestant oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| *sm nasal decongestant pe oral tablet 10 mg* | $0 (Nivel 3) | DP |
| *sm nasal spray 12 hour nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *sm nasal spray moisturizing nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *sm nasal spray nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *sm nasal spray sinus nasal solution 0.05 %* | $0 (Nivel 3) | DP |
| *sm nose drops nasal decongest nasal solution 1 %* | $0 (Nivel 3) | DP |
| *sm tussin cf oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *sm tussin cough/chest congest oral liquid 20-200 mg/10ml* | $0 (Nivel 3) | DP |
| *sm tussin cough/chest congest oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm tussin dm oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *sm tussin mucus+chest congest oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *sodium chloride inhalation nebulization solution 7 %* | $0 (Nivel 3) | DP |
| *sudogest 12 hour oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG | $0 (Nivel 3) | DP |
| SUDOGEST ORAL TABLET 30 MG, 60 MG | $0 (Nivel 3) | DP |
| *suphedrine 12hour oral tablet extended release 12 hour 120 mg* | $0 (Nivel 3) | DP |
| TUSNEL C ORAL SYRUP 30-10-100 MG/5ML | $0 (Nivel 3) | DP |
| *tusnel diabetic oral liquid 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| TUSNEL-EX ORAL LIQUID 100 MG/5ML | $0 (Nivel 3) | DP |
| *tussin cf multi-symptom cold oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin cf oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin cough oral syrup 15 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin dm cough + chest oral liquid 10-100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin dm oral liquid 100-10 mg/5ml, 20-200 mg/10ml* | $0 (Nivel 3) | DP |
| *tussin dm oral syrup 100-10 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin mucus & chest congest oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin mucus+chest congestion oral liquid 100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin mucus+chest congestion oral syrup 100 mg/5ml* | $0 (Nivel 3) | DP |
| *tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml* | $0 (Nivel 3) | DP |
| **SISTEMA NERVIOSO CENTRAL** | | |
| **Agentes Antiparkinsonianos** | | |
| *amantadine hcl oral capsule 100 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *amantadine hcl oral solution 50 mg/5ml* | $0 (Nivel 1) | |
| *amantadine hcl oral tablet 100 mg* | $0 (Nivel 1) | |
| *benztropine mesylate injection solution 1 mg/ml* | $0 (Nivel 1) | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 2) | PA |
| *bromocriptine mesylate oral capsule 5 mg* | $0 (Nivel 1) | |
| *bromocriptine mesylate oral tablet 2.5 mg* | $0 (Nivel 1) | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | $0 (Nivel 1) | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg* | $0 (Nivel 1) | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | $0 (Nivel 1) | |
| *entacapone oral tablet 200 mg* | $0 (Nivel 1) | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | $0 (Nivel 2) | PA; QL (150 per 30 days); NDS |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | $0 (Nivel 2) | |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | $0 (Nivel 1) | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | $0 (Nivel 1) | |
| *selegiline hcl oral capsule 5 mg* | $0 (Nivel 1) | |
| *selegiline hcl oral tablet 5 mg* | $0 (Nivel 1) | |
| *trihexyphenidyl hcl oral solution 0.4 mg/ml* | $0 (Nivel 2) | PA |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | $0 (Nivel 2) | PA |
| **Agentes Para Esclerosis Múltiple** | | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | $0 (Nivel 2) | PA; QL (14 per 28 days); NDS |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | $0 (Nivel 1) | PA |
| GILENYA ORAL CAPSULE 0.5 MG | $0 (Nivel 2) | PA; QL (28 per 28 days); NDS |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | $0 (Nivel 2) | PA; QL (12 per 28 days); NDS |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | $0 (Nivel 2) | PA; QL (12 per 28 days); NDS |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | $0 (Nivel 2) | PA; LA; QL (6.4 per 365 days); NDS |
| **Agentes Para Terapia Musculoesquelética** | | |
| *baclofen oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | |
| *carisoprodol oral tablet 350 mg* | $0 (Nivel 2) | PA; QL (120 per 30 days) |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 2) | PA |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *methocarbamol oral tablet 500 mg, 750 mg* | $0 (Nivel 2) | PA |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | $0 (Nivel 1) | |
| VANADOM ORAL TABLET 350 MG | $0 (Nivel 2) | PA; QL (120 per 30 days) |
| **Ansiolíticos** | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 1) | QL (150 per 30 days) |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | $0 (Nivel 1) | |
| *fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | $0 (Nivel 1) | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | $0 (Nivel 1) | QL (150 per 30 days) |
| *lorazepam oral concentrate 2 mg/ml* | $0 (Nivel 1) | QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | $0 (Nivel 1) | QL (150 per 30 days) |
| **Anticonvulsivantes** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| APTIOM ORAL TABLET 600 MG, 800 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML | $0 (Nivel 2) | PA |
| BRIVIACT ORAL SOLUTION 10 MG/ML | $0 (Nivel 2) | PA; QL (600 per 30 days); NDS |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | $0 (Nivel 1) | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | $0 (Nivel 1) | |
| *carbamazepine oral suspension 100 mg/5ml* | $0 (Nivel 1) | |
| *carbamazepine oral tablet 200 mg* | $0 (Nivel 1) | |
| *carbamazepine oral tablet chewable 100 mg* | $0 (Nivel 1) | |
| CELONTIN ORAL CAPSULE 300 MG | $0 (Nivel 2) | |
| *clobazam oral suspension 2.5 mg/ml* | $0 (Nivel 1) | PA; QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | $0 (Nivel 1) | QL (300 per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | $0 (Nivel 1) | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | $0 (Nivel 1) | PA; QL (180 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | $0 (Nivel 2) | PA; LA; QL (360 per 30 days); NDS |
| DIACOMIT ORAL CAPSULE 500 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| DIACOMIT ORAL PACKET 250 MG | $0 (Nivel 2) | PA; LA; QL (360 per 30 days); NDS |

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|---|---|---|
| DIACOMIT ORAL PACKET 500 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| *diazepam injection solution 5 mg/ml* | $0 (Nivel 1) | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | $0 (Nivel 1) | PA; QL (240 per 30 days) |
| *diazepam oral solution 5 mg/5ml* | $0 (Nivel 1) | PA; QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *diazepam rectal gel 10 mg, 2.5 mg, 20 mg* | $0 (Nivel 1) | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG | $0 (Nivel 2) | |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG | $0 (Nivel 2) | |
| DILANTIN ORAL SUSPENSION 125 MG/5ML | $0 (Nivel 2) | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | $0 (Nivel 1) | |
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | $0 (Nivel 1) | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | $0 (Nivel 1) | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | $0 (Nivel 2) | PA; LA; QL (600 per 30 days); NDS |
| EPITOL ORAL TABLET 200 MG | $0 (Nivel 1) | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | $0 (Nivel 2) | PA; QL (480 per 30 days) |
| *ethosuximide oral capsule 250 mg* | $0 (Nivel 1) | |
| *ethosuximide oral solution 250 mg/5ml* | $0 (Nivel 1) | |
| *felbamate oral suspension 600 mg/5ml* | $0 (Nivel 2) | NDS |
| *felbamate oral tablet 400 mg, 600 mg* | $0 (Nivel 1) | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | $0 (Nivel 2) | PA; LA; QL (360 per 30 days); NDS |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | $0 (Nivel 2) | PA; QL (720 per 30 days); NDS |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| FYCOMPA ORAL TABLET 2 MG | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *gabapentin oral solution 250 mg/5ml* | $0 (Nivel 1) | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | $0 (Nivel 1) | QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *lacosamide intravenous solution 200 mg/20ml* | $0 (Nivel 2) | NDS |
| *lacosamide oral solution 10 mg/ml* | $0 (Nivel 1) | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *lacosamide oral tablet 50 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | $0 (Nivel 1) | |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | $0 (Nivel 1) | |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | $0 (Nivel 1) | |
| *levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml* | $0 (Nivel 1) | |
| *levetiracetam intravenous solution 500 mg/5ml* | $0 (Nivel 1) | |
| *levetiracetam oral solution 100 mg/ml* | $0 (Nivel 1) | |
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | $0 (Nivel 1) | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | $0 (Nivel 2) | |
| *oxcarbazepine oral suspension 300 mg/5ml* | $0 (Nivel 1) | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | $0 (Nivel 1) | |
| *phenobarbital oral elixir 20 mg/5ml* | $0 (Nivel 2) | PA |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | $0 (Nivel 2) | PA |
| *phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml* | $0 (Nivel 2) | PA |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | $0 (Nivel 2) | |
| *phenytoin oral suspension 125 mg/5ml* | $0 (Nivel 1) | |
| *phenytoin oral tablet chewable 50 mg* | $0 (Nivel 1) | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | $0 (Nivel 1) | |
| *phenytoin sodium injection solution 50 mg/ml* | $0 (Nivel 1) | |
| *pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *pregabalin oral capsule 200 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | $0 (Nivel 1) | PA; QL (900 per 30 days) |
| *primidone oral tablet 250 mg, 50 mg* | $0 (Nivel 1) | |
| ROWEEPRA ORAL TABLET 500 MG | $0 (Nivel 1) | |
| *rufinamide oral suspension 40 mg/ml* | $0 (Nivel 2) | PA; QL (2400 per 30 days); NDS |
| *rufinamide oral tablet 200 mg* | $0 (Nivel 1) | PA; QL (480 per 30 days) |
| *rufinamide oral tablet 400 mg* | $0 (Nivel 2) | PA; QL (240 per 30 days); NDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG | $0 (Nivel 2) | QL (90 per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG | $0 (Nivel 2) | QL (360 per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG | $0 (Nivel 2) | QL (180 per 30 days) |

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|---|---|---|
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG | $0 (Nivel 2) | QL (120 per 30 days) |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | $0 (Nivel 1) | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| *tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | $0 (Nivel 1) | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | $0 (Nivel 1) | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *valproate sodium intravenous solution 100 mg/ml* | $0 (Nivel 1) | |
| *valproic acid oral capsule 250 mg* | $0 (Nivel 1) | |
| *valproic acid oral solution 250 mg/5ml* | $0 (Nivel 1) | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | $0 (Nivel 2) | |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | $0 (Nivel 2) | |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | $0 (Nivel 2) | |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | $0 (Nivel 2) | |
| *vigabatrin oral packet 500 mg* | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| *vigabatrin oral tablet 500 mg* | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| VIGADRONE ORAL PACKET 500 MG | $0 (Nivel 2) | PA; LA; QL (180 per 30 days); NDS |
| VIMPAT ORAL SOLUTION 10 MG/ML | $0 (Nivel 2) | QL (1200 per 30 days); NDS |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | $0 (Nivel 2) | QL (56 per 28 days); NDS |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | $0 (Nivel 2) | QL (56 per 28 days); NDS |
| XCOPRI ORAL TABLET 100 MG, 50 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| XCOPRI ORAL TABLET 150 MG, 200 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | $0 (Nivel 2) | QL (28 per 28 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | $0 (Nivel 2) | QL (28 per 28 days); NDS |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | $0 (Nivel 2) | PA; LA; QL (1100 per 30 days); NDS |
| **Antidemencia** | | |
| *donepezil hcl oral tablet 10 mg* | $0 (Nivel 1) | |
| *donepezil hcl oral tablet 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *donepezil hcl oral tablet dispersible 10 mg* | $0 (Nivel 1) | |
| *donepezil hcl oral tablet dispersible 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg* | $0 (Nivel 1) | QL (30 per 30 days) |

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|---|---|---|
| *galantamine hydrobromide oral solution 4 mg/ml* | $0 (Nivel 1) | |
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg* | $0 (Nivel 1) | PA |
| *memantine hcl oral solution 2 mg/ml* | $0 (Nivel 1) | PA |
| *memantine hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | PA |
| *memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg* | $0 (Nivel 2) | PA |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG | $0 (Nivel 2) | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | $0 (Nivel 2) | |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr* | $0 (Nivel 1) | QL (30 per 30 days) |
| **Antidepresivos** | | |
| *amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | $0 (Nivel 2) | |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg* | $0 (Nivel 1) | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | $0 (Nivel 1) | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | $0 (Nivel 1) | |
| *citalopram hydrobromide oral solution 10 mg/5ml* | $0 (Nivel 1) | |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | |
| *clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | PA |
| *desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | |
| *doxepin hcl oral concentrate 10 mg/ml* | $0 (Nivel 2) | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |

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|---|---|---|
| *escitalopram oxalate oral solution 5 mg/5ml* | $0 (Nivel 1) | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | $0 (Nivel 2) | PA |
| *fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | |
| *fluoxetine hcl oral solution 20 mg/5ml* | $0 (Nivel 1) | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | $0 (Nivel 2) | |
| MARPLAN ORAL TABLET 10 MG | $0 (Nivel 2) | QL (180 per 30 days) |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | $0 (Nivel 1) | |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | $0 (Nivel 1) | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | $0 (Nivel 1) | |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | $0 (Nivel 2) | |
| *nortriptyline hcl oral solution 10 mg/5ml* | $0 (Nivel 2) | |
| *paroxetine hcl oral suspension 10 mg/5ml* | $0 (Nivel 2) | PA; QL (900 per 30 days) |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | $0 (Nivel 2) | |
| *phenelzine sulfate oral tablet 15 mg* | $0 (Nivel 1) | |
| *protriptyline hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 2) | |
| *sertraline hcl oral concentrate 20 mg/ml* | $0 (Nivel 1) | |
| *sertraline hcl oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *tranylcypromine sulfate oral tablet 10 mg* | $0 (Nivel 1) | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | $0 (Nivel 1) | |
| *trimipramine maleate oral capsule 100 mg* | $0 (Nivel 2) | QL (60 per 30 days) |
| *trimipramine maleate oral capsule 25 mg, 50 mg* | $0 (Nivel 2) | QL (120 per 30 days) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg* | $0 (Nivel 1) | |
| *venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | $0 (Nivel 1) | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | $0 (Nivel 2) | |
| *vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| **Antipsicóticos** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | $0 (Nivel 2) | QL (1 per 28 days); NDS |

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|---|---|---|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | $0 (Nivel 2) | QL (1 per 28 days); NDS |
| *aripiprazole oral solution 1 mg/ml* | $0 (Nivel 1) | QL (900 per 30 days) |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | $0 (Nivel 2) | NDS |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | $0 (Nivel 2) | QL (3.9 per 56 days); NDS |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML | $0 (Nivel 2) | QL (1.6 per 28 days); NDS |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML | $0 (Nivel 2) | QL (2.4 per 28 days); NDS |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | $0 (Nivel 2) | QL (3.2 per 28 days); NDS |
| *asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| *chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml* | $0 (Nivel 1) | |
| *chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml* | $0 (Nivel 2) | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *clozapine oral tablet 100 mg* | $0 (Nivel 1) | QL (270 per 30 days) |
| *clozapine oral tablet 200 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *clozapine oral tablet 25 mg, 50 mg* | $0 (Nivel 1) | |
| *clozapine oral tablet dispersible 100 mg* | $0 (Nivel 1) | PA; QL (270 per 30 days) |
| *clozapine oral tablet dispersible 12.5 mg, 25 mg* | $0 (Nivel 1) | PA |
| *clozapine oral tablet dispersible 150 mg* | $0 (Nivel 1) | PA; QL (180 per 30 days) |
| *clozapine oral tablet dispersible 200 mg* | $0 (Nivel 2) | PA; QL (120 per 30 days); NDS |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | $0 (Nivel 2) | PA |
| *fluphenazine decanoate injection solution 25 mg/ml* | $0 (Nivel 1) | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | $0 (Nivel 1) | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | $0 (Nivel 1) | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | $0 (Nivel 1) | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | |

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|---|---|---|
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)* | $0 (Nivel 1) | |
| *haloperidol lactate injection solution 5 mg/ml* | $0 (Nivel 1) | |
| *haloperidol lactate oral concentrate 2 mg/ml* | $0 (Nivel 1) | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | $0 (Nivel 1) | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | $0 (Nivel 2) | QL (0.75 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | $0 (Nivel 2) | QL (1 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | $0 (Nivel 2) | QL (1.5 per 28 days); NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | $0 (Nivel 2) | QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | $0 (Nivel 2) | QL (0.5 per 28 days); NDS |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| LATUDA ORAL TABLET 80 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | $0 (Nivel 1) | |
| *molindone hcl oral tablet 10 mg, 25 mg, 5 mg* | $0 (Nivel 1) | |
| NUPLAZID ORAL CAPSULE 34 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| NUPLAZID ORAL TABLET 10 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| *olanzapine intramuscular solution reconstituted 10 mg* | $0 (Nivel 1) | QL (3 per 1 day) |
| *olanzapine oral tablet 10 mg, 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *olanzapine oral tablet 15 mg, 20 mg, 7.5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *olanzapine oral tablet dispersible 10 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | $0 (Nivel 1) | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | $0 (Nivel 2) | QL (1 per 30 days); NDS |
| *pimozide oral tablet 1 mg, 2 mg* | $0 (Nivel 1) | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |

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|---|---|---|
| *quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | $0 (Nivel 1) | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| REXULTI ORAL TABLET 3 MG, 4 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| *risperidone oral solution 1 mg/ml* | $0 (Nivel 1) | QL (240 per 30 days) |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | $0 (Nivel 1) | |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *risperidone oral tablet dispersible 4 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | $0 (Nivel 2) | QL (30 per 30 days) |
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | $0 (Nivel 1) | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | $0 (Nivel 1) | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | $0 (Nivel 2) | PA; QL (600 per 30 days); NDS |
| VRAYLAR ORAL CAPSULE 1.5 MG | $0 (Nivel 2) | QL (60 per 30 days); NDS |
| VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG | $0 (Nivel 2) | QL (30 per 30 days); NDS |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | $0 (Nivel 2) | |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *ziprasidone mesylate intramuscular solution reconstituted 20 mg* | $0 (Nivel 1) | QL (6 per 3 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | $0 (Nivel 2) | PA; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG | $0 (Nivel 2) | PA; QL (2 per 28 days); NDS |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | $0 (Nivel 2) | PA; QL (1 per 28 days); NDS |
| **Desorden Hiperactivo Y Déficit De Atención** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 20 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg* | $0 (Nivel 1) | QL (120 per 30 days) |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *atomoxetine hcl oral capsule 40 mg* | $0 (Nivel 1) | QL (60 per 30 days) |

**LEYENDA**

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *dexmethylphenidate hcl oral tablet 10 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| *guanfacine hcl er oral tablet extended release 24 hour 3 mg* | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *methylphenidate hcl er oral tablet extended release 10 mg, 20 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5ml* | $0 (Nivel 1) | PA; QL (900 per 30 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | $0 (Nivel 1) | PA; QL (1800 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | PA; QL (180 per 30 days) |
| *methylphenidate hcl oral tablet 20 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |
| **Diversos** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | $0 (Nivel 2) | PA; LA; QL (120 per 30 days); NDS |
| AUSTEDO ORAL TABLET 6 MG | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | $0 (Nivel 2) | PA; LA; QL (28 per 28 days); NDS |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | $0 (Nivel 1) | |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | $0 (Nivel 1) | |
| *lithium carbonate oral tablet 300 mg* | $0 (Nivel 1) | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| *pyridostigmine bromide oral tablet 60 mg* | $0 (Nivel 1) | |
| *riluzole oral tablet 50 mg* | $0 (Nivel 1) | |
| *tetrabenazine oral tablet 12.5 mg* | $0 (Nivel 2) | PA; QL (90 per 30 days); NDS |
| *tetrabenazine oral tablet 25 mg* | $0 (Nivel 2) | PA; QL (120 per 30 days); NDS |
| **Hipnóticos** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | $0 (Nivel 2) | QL (30 per 30 days) |
| *doxepin hcl oral tablet 3 mg, 6 mg* | $0 (Nivel 1) | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| HETLIOZ ORAL CAPSULE 20 MG | $0 (Nivel 2) | PA; LA; QL (30 per 30 days); NDS |
| *temazepam oral capsule 15 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *temazepam oral capsule 30 mg, 7.5 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *zaleplon oral capsule 10 mg* | $0 (Nivel 2) | PA; QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days) |

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|---|---|---|
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | $0 (Nivel 2) | PA; QL (30 per 30 days) |
| **Migraña** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | $0 (Nivel 2) | PA; QL (1 per 30 days) |
| *dihydroergotamine mesylate injection solution 1 mg/ml* | $0 (Nivel 2) | NDS |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | $0 (Nivel 2) | PA; QL (8 per 30 days); NDS |
| *ergotamine-caffeine oral tablet 1-100 mg* | $0 (Nivel 1) | PA; QL (40 per 28 days) |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | $0 (Nivel 1) | QL (12 per 30 days) |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | $0 (Nivel 2) | PA; QL (16 per 30 days) |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | $0 (Nivel 1) | QL (18 per 30 days) |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | $0 (Nivel 1) | QL (18 per 30 days) |
| *sumatriptan nasal solution 20 mg/act* | $0 (Nivel 1) | QL (12 per 30 days) |
| *sumatriptan nasal solution 5 mg/act* | $0 (Nivel 1) | QL (24 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 1) | QL (12 per 30 days) |
| *sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml* | $0 (Nivel 1) | QL (9 per 30 days) |
| *sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml* | $0 (Nivel 1) | QL (6 per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | $0 (Nivel 1) | QL (6 per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml* | $0 (Nivel 1) | QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml* | $0 (Nivel 1) | QL (6 per 30 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (12 per 30 days) |
| *zolmitriptan oral tablet dispersible 2.5 mg, 5 mg* | $0 (Nivel 1) | QL (12 per 30 days) |
| **Narcolepsia/Cataplexia** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *armodafinil oral tablet 50 mg* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | $0 (Nivel 2) | PA; LA; QL (540 per 30 days); NDS |
| **Psicoterapéutico, Varios** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | $0 (Nivel 1) | |
| ADIPEX-P ORAL CAPSULE 37.5 MG | $0 (Nivel 3) | DP |
| ADIPEX-P ORAL TABLET 37.5 MG | $0 (Nivel 3) | DP |
| *benzphetamine hcl oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | $0 (Nivel 1) | PA; QL (90 per 30 days) |

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|---|---|---|
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg* | $0 (Nivel 1) | QL (60 per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | $0 (Nivel 1) | QL (90 per 30 days) |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | $0 (Nivel 1) | |
| *diethylpropion hcl er oral tablet extended release 24 hour 75 mg* | $0 (Nivel 3) | DP |
| *diethylpropion hcl oral tablet 25 mg* | $0 (Nivel 3) | DP |
| *disulfiram oral tablet 250 mg, 500 mg* | $0 (Nivel 1) | |
| *gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *gnp nicotine mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | $0 (Nivel 3) | DP |
| *gnp pain relief nighttime oral tablet 250-250-38 mg* | $0 (Nivel 3) | DP |
| *goodsense nicotine mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *goodsense nicotine mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | $0 (Nivel 3) | DP |
| LOMAIRA ORAL TABLET 8 MG | $0 (Nivel 3) | DP |
| *naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml* | $0 (Nivel 1) | |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | $0 (Nivel 1) | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | $0 (Nivel 1) | |
| *naloxone hcl nasal liquid 4 mg/0.1ml* | $0 (Nivel 1) | |
| *naltrexone hcl oral tablet 50 mg* | $0 (Nivel 1) | |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | $0 (Nivel 3) | DP |
| NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG | $0 (Nivel 3) | DP |
| NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG | $0 (Nivel 3) | DP |
| NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG | $0 (Nivel 3) | DP |

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|---|---|---|
| NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG | $0 (Nivel 3) | DP |
| *nicotine mini mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *nicotine polacrilex mini mouth/throat lozenge 2 mg* | $0 (Nivel 3) | DP |
| *nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *nicotine step 1 transdermal patch 24 hour 21 mg/24hr* | $0 (Nivel 3) | DP |
| *nicotine step 2 transdermal patch 24 hour 14 mg/24hr* | $0 (Nivel 3) | DP |
| *nicotine step 3 transdermal patch 24 hour 7 mg/24hr* | $0 (Nivel 3) | DP |
| *nicotine transdermal kit 21-14-7 mg/24hr* | $0 (Nivel 3) | DP |
| *nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | $0 (Nivel 3) | DP |
| NICOTROL INHALATION INHALER 10 MG | $0 (Nivel 2) | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | $0 (Nivel 2) | |
| *phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg* | $0 (Nivel 3) | DP |
| *phendimetrazine tartrate oral tablet 35 mg* | $0 (Nivel 3) | DP |
| *phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg* | $0 (Nivel 3) | DP |
| *phentermine hcl oral tablet 37.5 mg* | $0 (Nivel 3) | DP |
| *px stop smoking aid mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr* | $0 (Nivel 3) | DP |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | $0 (Nivel 3) | DP |
| *sm nicotine mouth/throat gum 4 mg* | $0 (Nivel 3) | DP |
| *sm nicotine mouth/throat lozenge 2 mg* | $0 (Nivel 3) | DP |
| *sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | $0 (Nivel 3) | DP |
| *tgt nicotine polacrilex mouth/throat gum 2 mg* | $0 (Nivel 3) | DP |
| *tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | $0 (Nivel 3) | DP |
| *tgt nicotine step one transdermal patch 24 hour 21 mg/24hr* | $0 (Nivel 3) | DP |
| *tgt nicotine step three transdermal patch 24 hour 7 mg/24hr* | $0 (Nivel 3) | DP |
| *tgt nicotine step two transdermal patch 24 hour 14 mg/24hr* | $0 (Nivel 3) | DP |

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|---|---|---|
| *varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42* | $0 (Nivel 1) | PA |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | $0 (Nivel 1) | PA; QL (56 per 28 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | $0 (Nivel 2) | NDS |
| **SUPLEMENTOS NUTRICIONALES** | | |
| **Diversos** | | |
| *co q 10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *co q10 oral capsule 100 mg, 30 mg* | $0 (Nivel 3) | DP |
| *co q-10 oral capsule 100 mg, 30 mg* | $0 (Nivel 3) | DP |
| *coenzyme q10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *coenzyme q-10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *co-enzyme q10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *co-enzyme q-10 oral capsule 30 mg* | $0 (Nivel 3) | DP |
| *coq10 oral capsule 100 mg, 30 mg* | $0 (Nivel 3) | DP |
| *coq-10 oral capsule 100 mg, 30 mg* | $0 (Nivel 3) | DP |
| *coq-10 oral capsule extended release 100 mg* | $0 (Nivel 3) | DP |
| *cvs coenzyme q-10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *eql coq10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *gnp co q10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *gnp melatonin maximum strength oral tablet 5 mg* | $0 (Nivel 3) | DP |
| *gnp melatonin oral tablet 3 mg* | $0 (Nivel 3) | DP |
| H2Q ORAL CAPSULE 100 MG | $0 (Nivel 3) | DP |
| *hm coq10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *kp melatonin oral tablet 3 mg* | $0 (Nivel 3) | DP |
| *melatonin maximum strength oral tablet 5 mg* | $0 (Nivel 3) | DP |
| *melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml* | $0 (Nivel 3) | DP |
| *melatonin oral tablet 1 mg, 3 mg, 5 mg* | $0 (Nivel 3) | DP |
| *qc melatonin max st oral tablet 5 mg* | $0 (Nivel 3) | DP |
| Q-GEL FORTE ORAL CAPSULE 30 MG | $0 (Nivel 3) | DP |
| Q-GEL MEGA ORAL CAPSULE 100 MG | $0 (Nivel 3) | DP |
| Q-SORB CO Q-10 ORAL CAPSULE 100 MG | $0 (Nivel 3) | DP |
| *ra coenzyme q-10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *sm co q-10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *sm coenzyme q-10 oral capsule 100 mg* | $0 (Nivel 3) | DP |
| *yl coenzyme q10 oral capsule 30 mg* | $0 (Nivel 3) | DP |
| **Electrolitos/Minerales, Inyectables** | | |
| *dextrose 5%/electrolyte #48 intravenous solution* | $0 (Nivel 2) | |
| *dextrose in lactated ringers intravenous solution 5 %* | $0 (Nivel 1) | |

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|---|---|---|
| *dextrose-nacl intravenous solution 10-0.2 %, 2.5-0.45 %* | $0 (Nivel 2) | |
| *dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | $0 (Nivel 1) | |
| *dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %* | $0 (Nivel 1) | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | $0 (Nivel 2) | |
| ISOLYTE-S INTRAVENOUS SOLUTION | $0 (Nivel 2) | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | $0 (Nivel 2) | |
| *kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%* | $0 (Nivel 1) | |
| *kcl in dextrose-nacl intravenous solution 40-5-0.9 meq/l-%-%* | $0 (Nivel 2) | |
| *lactated ringers intravenous solution* | $0 (Nivel 1) | |
| *magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%* | $0 (Nivel 2) | |
| *magnesium sulfate injection solution 50 %, 50 % (10ml syringe)* | $0 (Nivel 2) | |
| *magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml* | $0 (Nivel 2) | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | $0 (Nivel 2) | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | $0 (Nivel 2) | |
| *potassium chloride in dextrose intravenous solution 20-5 meq/l-%* | $0 (Nivel 1) | |
| *potassium chloride in nacl intravenous solution 20-0.9 meq/l-%* | $0 (Nivel 1) | |
| *potassium chloride in nacl intravenous solution 40-0.9 meq/l-%* | $0 (Nivel 2) | |
| *potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%* | $0 (Nivel 1) | |
| *potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%* | $0 (Nivel 2) | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml* | $0 (Nivel 1) | |
| *potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml* | $0 (Nivel 2) | |
| *sodium chloride injection solution 2.5 meq/ml* | $0 (Nivel 1) | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %* | $0 (Nivel 1) | |

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|---|---|---|
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | $0 (Nivel 2) | B/D |
| **Electrolitos/Minerales/Vitaminas Orales** | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | $0 (Nivel 1) | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | $0 (Nivel 1) | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | $0 (Nivel 1) | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | $0 (Nivel 1) | |
| KLOR-CON ORAL PACKET 20 MEQ | $0 (Nivel 1) | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | $0 (Nivel 1) | |
| *m-natal plus oral tablet 27-1 mg* | $0 (Nivel 2) | |
| *potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq* | $0 (Nivel 1) | |
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | $0 (Nivel 1) | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | $0 (Nivel 1) | |
| *potassium chloride oral packet 20 meq* | $0 (Nivel 1) | |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | $0 (Nivel 1) | |
| *prenatal oral tablet 27-1 mg* | $0 (Nivel 2) | |
| *prenatal vitamin plus low iron oral tablet 27-1 mg* | $0 (Nivel 2) | |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | $0 (Nivel 1) | |
| TRICARE ORAL TABLET | $0 (Nivel 2) | |
| **Electrolitos** | | |
| ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION | $0 (Nivel 3) | DP |
| BIOLYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| CERALYTE 70 ORAL SOLUTION | $0 (Nivel 3) | DP |
| CERASPORT EX1 ORAL SOLUTION | $0 (Nivel 3) | DP |
| CERASPORT ORAL SOLUTION | $0 (Nivel 3) | DP |
| *cvs electrolyte solution oral solution* | $0 (Nivel 3) | DP |
| *cvs ped electrolyte freeze pop oral solution* | $0 (Nivel 3) | DP |
| *cvs pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |
| ENFAMIL ENFALYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| *gnp electrolyte solution oral solution* | $0 (Nivel 3) | DP |
| *gnp pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |

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|---|---|---|
| *h-e-b oral electrolyte oral solution* | $0 (Nivel 3) | DP |
| *hm pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |
| HYDRALYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| KINDERLYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| KINDERLYTE PREMAX ORAL SOLUTION | $0 (Nivel 3) | DP |
| *oral electrolytes oral solution* | $0 (Nivel 3) | DP |
| ORALYTE FREEZER POPS ORAL SOLUTION | $0 (Nivel 3) | DP |
| ORALYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| *ped electrolyte freeze pops oral solution* | $0 (Nivel 3) | DP |
| *ped electrolyte freezer pops oral solution* | $0 (Nivel 3) | DP |
| PEDIA VANCE ORAL SOLUTION | $0 (Nivel 3) | DP |
| PEDIALYTE ADVANCED CARE ORAL SOLUTION | $0 (Nivel 3) | DP |
| PEDIALYTE FREEZER POPS ORAL SOLUTION | $0 (Nivel 3) | DP |
| PEDIALYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| PEDIALYTE SINGLES ORAL SOLUTION | $0 (Nivel 3) | DP |
| *pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |
| *pediatric electrolyte-zinc oral solution* | $0 (Nivel 3) | DP |
| *ra ped electrolyte freezer pop oral solution* | $0 (Nivel 3) | DP |
| *ra pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |
| REHYDRALYTE ORAL SOLUTION | $0 (Nivel 3) | DP |
| *sm pediatric electrolyte oral solution* | $0 (Nivel 3) | DP |
| **Minerales** | | |
| CALCI-CHEW ORAL TABLET CHEWABLE 1250 (500 CA) MG | $0 (Nivel 3) | DP |
| CALCITRATE ORAL TABLET 315-250 MG-UNIT, 950 (200 CA) MG | $0 (Nivel 3) | DP |
| *calcium + d oral tablet 250-125 mg-unit* | $0 (Nivel 3) | DP |
| *calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg* | $0 (Nivel 3) | DP |
| *calcium + vitamin d3 oral tablet chewable 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500 + d oral tablet 500-125 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500 + d3 oral tablet 500-600 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500 +d oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500/d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500/d oral tablet chewable 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500/vitamin d oral tablet 500-125 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500+d high potency oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |

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|---|---|---|
| *calcium 500+d oral tablet 500-200 mg-unit, 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 500+d3 oral tablet 500-200 mg-unit, 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600 + d oral tablet 600-200 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600 high potency oral tablet 600 mg* | $0 (Nivel 3) | DP |
| *calcium 600 oral tablet 1500 (600 ca) mg, 600 mg* | $0 (Nivel 3) | DP |
| *calcium 600/vitamin d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600+d high potency oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600+d oral tablet 600-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600+d3 oral tablet 600-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium 600-d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium carb-cholecalciferol oral tablet 250-125 mg-unit, 500-400 mg-unit, 600-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg* | $0 (Nivel 3) | DP |
| *calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg* | $0 (Nivel 3) | DP |
| *calcium carbonate oral tablet chewable 1250 (500 ca) mg* | $0 (Nivel 3) | DP |
| *calcium carbonate powder* | $0 (Nivel 3) | DP |
| *calcium carbonate+vitamin d oral tablet 600-200 mg-unit* | $0 (Nivel 3) | DP |
| *calcium carbonate-vitamin d3 oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate + d3 maximum oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate + d3 oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate +d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate oral tablet 950 (200 ca) mg* | $0 (Nivel 3) | DP |
| *calcium citrate+d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate+d3 petites oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate-vitamin d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *calcium citrate-vitamin d3 oral tablet 315-250 mg-unit, 315-6.25 mg-mcg* | $0 (Nivel 3) | DP |
| *calcium extra d3 oral tablet 500-600 mg-unit* | $0 (Nivel 3) | DP |
| *calcium high potency oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *calcium high potency/vitamin d oral tablet 600-200 mg-unit* | $0 (Nivel 3) | DP |
| *calcium oral tablet chewable 500-100 mg-unit* | $0 (Nivel 3) | DP |
| *calcium oyster shell oral tablet 1250 (500 ca) mg* | $0 (Nivel 3) | DP |
| *calcium plus vitamin d oral tablet 500-5 mg-mcg* | $0 (Nivel 3) | DP |
| *calcium/vitamin d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg* | $0 (Nivel 3) | DP |
| *calcium-magnesium-zinc oral tablet 333-133-5 mg* | $0 (Nivel 3) | DP |
| *calcium-vitamin d oral tablet 500-400 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *calcium-vitamin d3 oral tablet 250-125 mg-unit, 500-400 mg-unit, 600-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| CITRACAL MAXIMUM ORAL TABLET 315-250 MG-UNIT | $0 (Nivel 3) | DP |
| CITRACAL PETITES/VITAMIN D ORAL TABLET 200-250 MG-UNIT | $0 (Nivel 3) | DP |
| *citrus calcium +d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *citrus calcium/vitamin d oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *cvs calcium carbonate oral tablet 1250 (500 ca) mg* | $0 (Nivel 3) | DP |
| *cvs calcium citrate +d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *cvs calcium citrate +d3 mini oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *cvs calcium citrate+d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg* | $0 (Nivel 3) | DP |
| *cvs magnesium oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *cvs magnesium oxide oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *cvs oyster shell calcium+vit d oral tablet 500-125 mg-unit* | $0 (Nivel 3) | DP |
| *cvs oyster shell calcium-vit d oral tablet 500-125 mg-unit* | $0 (Nivel 3) | DP |
| *cvs zinc gluconate oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *eq calcium 500+d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *eq calcium citrate+d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *eql calcium citrate/vitamin d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *eql calcium citrate/vitamin d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *eql calcium/vitamin d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *gnp calcium 500 +d3 oral tablet 500-600 mg-unit* | $0 (Nivel 3) | DP |

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|---|---|---|
| *gnp calcium citrate +d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *gnp calcium oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |
| *hm calcium citrate+d3 petite oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *hm calcium citrate+vitamin d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *hm calcium-vitamin d oral tablet 500-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *kp calcium 600+d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *kp calcium citrate+d oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *kp calcium-magnesium-zinc oral tablet 333-133-5 mg* | $0 (Nivel 3) | DP |
| MAG64 ORAL TABLET DELAYED RELEASE 64 MG | $0 (Nivel 3) | DP |
| MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG | $0 (Nivel 3) | DP |
| *magdelay oral tablet delayed release 70 mg* | $0 (Nivel 3) | DP |
| *mag-g oral tablet 500 (27 mg) mg* | $0 (Nivel 3) | DP |
| MAGNEBIND 300 ORAL TABLET 250-300 MG | $0 (Nivel 3) | DP |
| MAGNEBIND 400 ORAL TABLET 80-115 MG | $0 (Nivel 3) | DP |
| *magnesium gluconate oral tablet 500 (27 mg) mg* | $0 (Nivel 3) | DP |
| *magnesium oxide oral tablet 400 (240 mg) mg, 500 mg* | $0 (Nivel 3) | DP |
| *magnesium oxide tablet 400 mg oral 400 mg* | $0 (Nivel 3) | DP |
| MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG | $0 (Nivel 3) | DP |
| MAGOX 400 ORAL TABLET 400 (240 MG) MG | $0 (Nivel 3) | DP |
| *manganese chloride intravenous solution 0.1 mg/ml* | $0 (Nivel 3) | DP |
| *mgo oral tablet 400 (240 mg) mg* | $0 (Nivel 3) | DP |
| NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG | $0 (Nivel 3) | DP |
| OS-CAL CALCIUM + D3 ORAL TABLET 500-200 MG-UNIT | $0 (Nivel 3) | DP |
| OS-CAL EXTRA D3 ORAL TABLET 500-600 MG-UNIT | $0 (Nivel 3) | DP |
| OS-CAL ORAL TABLET CHEWABLE 500-600 MG-UNIT | $0 (Nivel 3) | DP |
| OYSCO 500 ORAL TABLET 500 MG | $0 (Nivel 3) | DP |
| OYSCO 500+D ORAL TABLET 500-200 MG-UNIT | $0 (Nivel 3) | DP |
| *oyster calcium oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *oyster shell calcium + d oral tablet 500-200 mg-unit, 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium + d3 oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |

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|---|---|---|
| *oyster shell calcium 250+d oral tablet 250-125 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium 500 + d oral tablet 500-125 mg-unit, 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium oral tablet 500 mg, 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium plus d oral tablet 500-125 mg-unit, 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium w/d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium/d oral tablet 500-200 mg-unit, 500-400 mg-unit, 500-5 mg-mcg* | $0 (Nivel 3) | DP |
| *oyster shell calcium/d3 oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *oyster shell calcium/vit d3 oral tablet 250-3.12 mg-mcg* | $0 (Nivel 3) | DP |
| *oyster shell calcium/vitamin d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| OYSTERCAL ORAL TABLET 500 MG | $0 (Nivel 3) | DP |
| OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT | $0 (Nivel 3) | DP |
| *pure calcium carbonate oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |
| *px calcium&d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *qc calcium fast dissolution oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |
| *ra calcium 600 oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |
| *ra calcium 600/vitamin d-3 oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *ra calcium cit plus vit d-3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *ra calcium cit-vit d-3 petites oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *ra calcium plus vitamin d oral tablet 600-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| RA HI CAL ORAL TABLET 500-200 MG-UNIT | $0 (Nivel 3) | DP |
| *ra natural magnesium oral tablet 250 mg* | $0 (Nivel 3) | DP |
| *ra zinc oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *sb calcium + d oral tablet 600-200 mg-unit* | $0 (Nivel 3) | DP |
| *sb oyster shell calcium oral tablet 500 mg* | $0 (Nivel 3) | DP |
| SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG | $0 (Nivel 3) | DP |
| *sm calcium 500/vitamin d3 oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium 600/vitamin d oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium citrate w/vit d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium citrate+/vit d3 oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm calcium citrate+d3 petite oral tablet 200-250 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium citrate+vit d3 max oral tablet 315-250 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium/vitamin d oral tablet 500-200 mg-unit* | $0 (Nivel 3) | DP |
| *sm calcium-vitamin d oral tablet 500-200 mg-unit, 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *sm oyster shell calcium/vit d oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *sm oyster shell calcium/vit d3 oral tablet 500-400 mg-unit* | $0 (Nivel 3) | DP |
| *sm zinc gluconate oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *super calcium 600 + d 400 oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *super calcium 600 + d3 oral tablet 600-400 mg-unit* | $0 (Nivel 3) | DP |
| *super calcium oral tablet 1500 (600 ca) mg* | $0 (Nivel 3) | DP |
| *zinc gluconate oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *zinc oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *zinc sulfate oral tablet 220 (50 zn) mg* | $0 (Nivel 3) | DP |
| **Nutrición Iv** | | |
| *chromic chloride intravenous solution 40 mcg/10ml* | $0 (Nivel 3) | DP |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | $0 (Nivel 2) | B/D |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | $0 (Nivel 2) | B/D |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | $0 (Nivel 2) | B/D |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | $0 (Nivel 2) | B/D |
| *clinimix/dextrose (6/5) intravenous solution 6 %* | $0 (Nivel 2) | B/D |
| *clinimix/dextrose (8/10) intravenous solution 8 %* | $0 (Nivel 2) | B/D |
| *clinimix/dextrose (8/14) intravenous solution 8 %* | $0 (Nivel 2) | B/D |
| CLINISOL SF INTRAVENOUS SOLUTION 15 % | $0 (Nivel 1) | B/D |
| CLINOLIPID INTRAVENOUS EMULSION 20 % | $0 (Nivel 2) | B/D |
| *cupric chloride intravenous solution 0.4 mg/ml* | $0 (Nivel 3) | DP |
| *dextrose intravenous solution 10 %, 5 %* | $0 (Nivel 1) | |
| *dextrose intravenous solution 50 %, 70 %* | $0 (Nivel 1) | B/D |
| FREAMINE III INTRAVENOUS SOLUTION 10 % | $0 (Nivel 2) | B/D |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | $0 (Nivel 2) | B/D |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | $0 (Nivel 2) | B/D |
| PLENAMINE INTRAVENOUS SOLUTION 15 % | $0 (Nivel 1) | B/D |

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|---|---|---|
| PREMASOL INTRAVENOUS SOLUTION 10 % | $0 (Nivel 2) | B/D; NDS |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | $0 (Nivel 2) | B/D |
| PROSOL INTRAVENOUS SOLUTION 20 % | $0 (Nivel 2) | B/D |
| *selenious acid intravenous solution 60 mcg/ml* | $0 (Nivel 3) | DP |
| TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML | $0 (Nivel 3) | DP |
| TRAVASOL INTRAVENOUS SOLUTION 10 % | $0 (Nivel 2) | B/D |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | $0 (Nivel 2) | B/D |
| *zinc chloride intravenous solution 1 mg/ml* | $0 (Nivel 3) | DP |
| **Vitaminas** | | |
| *50+ adult eye health oral capsule* | $0 (Nivel 3) | DP |
| *a thru z advanced oral tablet* | $0 (Nivel 3) | DP |
| *a thru z high potency oral tablet* | $0 (Nivel 3) | DP |
| *a thru z select 50+ advanced oral tablet* | $0 (Nivel 3) | DP |
| *a thru z select 50+ mens oral tablet* | $0 (Nivel 3) | DP |
| *a thru z select advanced oral tablet* | $0 (Nivel 3) | DP |
| *a thru z select oral tablet* | $0 (Nivel 3) | DP |
| *a thru z select oral tablet chewable* | $0 (Nivel 3) | DP |
| *a thru z select ultimate women oral tablet* | $0 (Nivel 3) | DP |
| *a thru z ultimate mens oral tablet* | $0 (Nivel 3) | DP |
| *a-10000 oral capsule 3 mg (10000 ut)* | $0 (Nivel 3) | DP |
| *abc complete senior womens 50+ oral tablet* | $0 (Nivel 3) | DP |
| *abc plus oral tablet* | $0 (Nivel 3) | DP |
| ABC PLUS SENIOR ADULTS 50+ ORAL TABLET | $0 (Nivel 3) | DP |
| *acerola c-500 oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *actical oral capsule* | $0 (Nivel 3) | DP |
| ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *adult one daily gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| ADVANCED MULTI EA ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| AIRBORNE GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| AIRBORNE KIDS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| AIRBORNE ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| AIRBORNE+GOOD REST ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| AIRBORNE+NATURAL ENERGY ORAL LIQUID | $0 (Nivel 3) | DP |
| AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *algae based calcium oral tablet* | $0 (Nivel 3) | DP |

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|---|---|---|
| ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET | $0 (Nivel 3) | DP |
| ALIVE WOMENS 50+ ORAL TABLET | $0 (Nivel 3) | DP |
| ALIVE WOMENS 50+ ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ALIVE WOMENS ENERGY ORAL TABLET | $0 (Nivel 3) | DP |
| ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ALLBEE/C ORAL TABLET | $0 (Nivel 3) | DP |
| AMLADEX ORAL TABLET | $0 (Nivel 3) | DP |
| *animal chews oral tablet chewable , with c & fa* | $0 (Nivel 3) | DP |
| ANIMAL SHAPES ORAL TABLET CHEWABLE WITH C & FA | $0 (Nivel 3) | DP |
| *animal shapes/iron oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| ANIMI-3 ORAL CAPSULE 1 MG | $0 (Nivel 3) | DP |
| *antioxidant a/c/e/selenium oral tablet* | $0 (Nivel 3) | DP |
| *antioxidant formula oral tablet* | $0 (Nivel 3) | DP |
| *antioxidant oral capsule* | $0 (Nivel 3) | DP |
| *anti-oxidant oral tablet* | $0 (Nivel 3) | DP |
| AQUADEKS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *aqueous vitamin d oral liquid 10 mcg/ml* | $0 (Nivel 3) | DP |
| *ascorbic acid injection solution 500 mg/ml* | $0 (Nivel 3) | DP |
| *ascorbic acid oral tablet 500 mg* | $0 (Nivel 3) | DP |
| AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET | $0 (Nivel 3) | DP |
| AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET | $0 (Nivel 3) | DP |
| *b complex (folic acid) oral tablet* | $0 (Nivel 3) | DP |
| *b complex oral capsule* | $0 (Nivel 3) | DP |
| *b complex vitamins oral capsule* | $0 (Nivel 3) | DP |
| *b complex-b12 oral tablet* | $0 (Nivel 3) | DP |
| *b complex-c oral tablet* | $0 (Nivel 3) | DP |
| *b complex-c-folic acid oral tablet* | $0 (Nivel 3) | DP |
| *b-1 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg* | $0 (Nivel 3) | DP |
| *b-12 oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| *b-12 tr oral tablet extended release 1000 mcg, 2000 mcg* | $0 (Nivel 3) | DP |
| *b6 natural oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *b-6 oral tablet 100 mg, 50 mg* | $0 (Nivel 3) | DP |
| BACMIN ORAL TABLET | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *balance b-50 oral tablet* | $0 (Nivel 3) | DP |
| *bariatric multivitamins/iron oral capsule* | $0 (Nivel 3) | DP |
| *b-complex (folic acid) oral tablet* | $0 (Nivel 3) | DP |
| *b-complex balanced oral tablet* | $0 (Nivel 3) | DP |
| *b-complex/b-12 oral tablet* | $0 (Nivel 3) | DP |
| *b-complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *b-complex-c (w/folic acid) oral tablet* | $0 (Nivel 3) | DP |
| *b-complex-c oral tablet* | $0 (Nivel 3) | DP |
| *better b complex oral tablet* | $0 (Nivel 3) | DP |
| BIO-35 GLUTEN-FREE ORAL CAPSULE | $0 (Nivel 3) | DP |
| *biocal oral capsule* | $0 (Nivel 3) | DP |
| *biosupp oral liquid* | $0 (Nivel 3) | DP |
| BIOTECT PLUS ORAL LIQUID | $0 (Nivel 3) | DP |
| *biotin 5000 oral capsule 5 mg* | $0 (Nivel 3) | DP |
| *biotin maximum strength oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *biotin oral capsule 5 mg, 5000 mcg* | $0 (Nivel 3) | DP |
| *biotin oral tablet 5 mg* | $0 (Nivel 3) | DP |
| *biotin plus/calcium/vit d3 oral tablet* | $0 (Nivel 3) | DP |
| *body/hair/skin/nails oral capsule* | $0 (Nivel 3) | DP |
| *bp vit 3 oral capsule 1 mg* | $0 (Nivel 3) | DP |
| BPROTECTED MULTI-VITE ORAL LIQUID | $0 (Nivel 3) | DP |
| BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML | $0 (Nivel 3) | DP |
| BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML | $0 (Nivel 3) | DP |
| *c 1000 oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *c 500 oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *c-1000 oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *c-1000 oral tablet extended release 1000 mg* | $0 (Nivel 3) | DP |
| *c-1000/rose hips oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *c-250 oral tablet 250 mg* | $0 (Nivel 3) | DP |
| *c-500 oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *c-500 oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *c-500 oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *c-500/rose hips oral tablet 500 mg* | $0 (Nivel 3) | DP |
| CALCIDOL ORAL SOLUTION 200 MCG/ML | $0 (Nivel 3) | DP |
| CARDIOTEK RX ORAL TABLET | $0 (Nivel 3) | DP |
| *c-chewable oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *centavite a-z complete-mineral oral tablet* | $0 (Nivel 3) | DP |
| *centravites 50 plus oral tablet* | $0 (Nivel 3) | DP |
| *centravites adults oral tablet* | $0 (Nivel 3) | DP |
| *centravites oral tablet* | $0 (Nivel 3) | DP |
| CENTRUM ADULTS ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM CARDIO ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM KIDS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM MEN ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM MULTIGUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM ORAL LIQUID | $0 (Nivel 3) | DP |
| CENTRUM ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM SILVER 50+MEN ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SILVER 50+WOMEN ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SILVER ADULT 50+ ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SILVER ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SILVER ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CENTRUM SILVER ULTRA WOMENS ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SPECIALIST HEART ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM SPECIALIST VISION ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM ULTRA WOMENS ORAL TABLET | $0 (Nivel 3) | DP |
| CENTRUM WOMEN ORAL TABLET | $0 (Nivel 3) | DP |
| *century mature oral tablet* | $0 (Nivel 3) | DP |
| *century oral tablet* | $0 (Nivel 3) | DP |
| CEREFOLIN ORAL TABLET 6-1-50-5 MG | $0 (Nivel 3) | DP |
| CEROVITE ADVANCED FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| CEROVITE JR ORAL TABLET CHEWABLE 18 MG | $0 (Nivel 3) | DP |
| CEROVITE SENIOR ORAL TABLET | $0 (Nivel 3) | DP |
| *certa plus oral tablet* | $0 (Nivel 3) | DP |
| CERTA-VITE ORAL LIQUID | $0 (Nivel 3) | DP |
| CERTAVITE SENIOR ORAL TABLET | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET | $0 (Nivel 3) | DP |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET | $0 (Nivel 3) | DP |
| *chewable vite childrens oral tablet chewable* | $0 (Nivel 3) | DP |
| *childrens animal shapes oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *childrens chew multivitamin oral tablet chewable* | $0 (Nivel 3) | DP |
| *childrens chewable multi vits oral tablet chewable* | $0 (Nivel 3) | DP |
| *childrens chewable vitamins oral tablet chewable* | $0 (Nivel 3) | DP |
| *childrens gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *childrens multivitamin oral tablet chewable* | $0 (Nivel 3) | DP |
| *classic prenatal oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| *cod liver oil oral capsule 4000-200 unit* | $0 (Nivel 3) | DP |
| *companion oral tablet* | $0 (Nivel 3) | DP |
| COMPETE ORAL TABLET | $0 (Nivel 3) | DP |
| *complete multivitamin/mineral oral liquid* | $0 (Nivel 3) | DP |
| *complete oral tablet* | $0 (Nivel 3) | DP |
| *complete senior oral tablet* | $0 (Nivel 3) | DP |
| CORVITA ORAL TABLET | $0 (Nivel 3) | DP |
| CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| CVS AIRSHIELD ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *cvs b complex plus c oral tablet* | $0 (Nivel 3) | DP |
| *cvs b-1 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *cvs b6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *cvs biotin oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *cvs chewable c with rose hips oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *cvs chewable childrens vitamin oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *cvs childrens complete oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *cvs daily gummies adult oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs daily gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs daily multiple for men oral tablet* | $0 (Nivel 3) | DP |
| *cvs daily multiple for women oral tablet* | $0 (Nivel 3) | DP |
| *cvs daily multiple women 50+ oral tablet* | $0 (Nivel 3) | DP |
| *cvs e oral capsule 90 mg (200 unit)* | $0 (Nivel 3) | DP |

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|---|---|---|
| *cvs eye health & lutein oral tablet* | $0 (Nivel 3) | DP |
| *cvs eye health adult 50+ oral capsule* | $0 (Nivel 3) | DP |
| *cvs folic acid oral tablet 800 mcg* | $0 (Nivel 3) | DP |
| *cvs gummy dinos oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs gummy multivitamin kids oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs mens daily gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs one daily essential oral tablet* | $0 (Nivel 3) | DP |
| *cvs one daily mens 50+ adv oral tablet* | $0 (Nivel 3) | DP |
| *cvs one daily mens formula oral tablet* | $0 (Nivel 3) | DP |
| *cvs one daily womens 50+ adv oral tablet* | $0 (Nivel 3) | DP |
| *cvs one daily womens formula oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite adult 50+ oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite adult 50+ oral tablet chewable* | $0 (Nivel 3) | DP |
| *cvs spectravite adults oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite advanced oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite men 50+ oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite men oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite senior oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite ultra men 50+ oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite ultra mens oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite ultra women oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite women 50+ oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite women oral tablet* | $0 (Nivel 3) | DP |
| *cvs spectravite womens senior oral tablet* | $0 (Nivel 3) | DP |
| *cvs super b complex/c oral tablet* | $0 (Nivel 3) | DP |
| *cvs vision health oral capsule* | $0 (Nivel 3) | DP |
| *cvs vitamin b12 oral tablet 1000 mcg* | $0 (Nivel 3) | DP |
| *cvs vitamin b-12 oral tablet 1000 mcg* | $0 (Nivel 3) | DP |
| *cvs vitamin b12 oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| *cvs vitamin b-12 oral tablet extended release 2000 mcg* | $0 (Nivel 3) | DP |
| *cvs vitamin c oral tablet 1000 mg, 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *cvs vitamin c-rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *cvs vitamin d3 oral capsule 250 mcg (10000 ut)* | $0 (Nivel 3) | DP |
| *cvs vitamin e oral capsule 450 mg (1000 ut)* | $0 (Nivel 3) | DP |
| *cvs womens active daily oral tablet* | $0 (Nivel 3) | DP |
| *cvs womens daily gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *cyanocobalamin injection solution 1000 mcg/ml* | $0 (Nivel 3) | DP |

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|---|---|---|
| *d 1000 oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *d 10000 oral capsule 250 mcg (10000 ut)* | $0 (Nivel 3) | DP |
| *d 2000 oral tablet 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *d 400 oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *d 5000 oral capsule 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *d-1000 extra strength oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *d2000 ultra strength oral capsule 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *d3 high potency oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *d3 maximum strength oral capsule 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *d3 oral tablet 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *d3 super strength oral capsule 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *d3 vitamin oral liquid 10 mcg/ml* | $0 (Nivel 3) | DP |
| *d3-1000 oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *d3-1000 oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *d-3-5 oral capsule 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| D3-50 ORAL CAPSULE 1.25 MG (50000 UT) | $0 (Nivel 3) | DP |
| *d-400 oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *d-5000 oral tablet 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *daily multi oral tablet* | $0 (Nivel 3) | DP |
| *daily multiple vitamins oral tablet* | $0 (Nivel 3) | DP |
| *daily multiple vitamins/iron oral tablet* | $0 (Nivel 3) | DP |
| *daily multivitamin oral capsule* | $0 (Nivel 3) | DP |
| *daily value multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *daily vitamin formula oral tablet* | $0 (Nivel 3) | DP |
| *daily vitamin formula+iron oral tablet* | $0 (Nivel 3) | DP |
| *daily vitamin formula+minerals oral tablet* | $0 (Nivel 3) | DP |
| *daily vitamin oral tablet* | $0 (Nivel 3) | DP |
| *daily vitamins oral tablet* | $0 (Nivel 3) | DP |
| *daily vite multivitamin/iron oral tablet* | $0 (Nivel 3) | DP |
| *daily vite oral tablet* | $0 (Nivel 3) | DP |
| *daily vites oral tablet* | $0 (Nivel 3) | DP |
| *daily vites/iron oral tablet* | $0 (Nivel 3) | DP |
| *daily-vite multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *daily-vite oral tablet* | $0 (Nivel 3) | DP |
| *daily-vite/iron/beta-carotene oral tablet* | $0 (Nivel 3) | DP |
| *dayavite oral tablet* | $0 (Nivel 3) | DP |

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|---|---|---|
| DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT) | $0 (Nivel 3) | DP |
| DECUBI-VITE ORAL CAPSULE | $0 (Nivel 3) | DP |
| *dekas bariatric oral tablet chewable* | $0 (Nivel 3) | DP |
| DEKAS PLUS OCEAN ORAL CAPSULE | $0 (Nivel 3) | DP |
| DEKAS PLUS ORAL CAPSULE | $0 (Nivel 3) | DP |
| DEKAS PLUS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *delta d3 oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG | $0 (Nivel 3) | DP |
| DERMACINRX RIBOTIN-E ORAL TABLET | $0 (Nivel 3) | DP |
| DERMACINRX ZINTREXYL-C ORAL TABLET | $0 (Nivel 3) | DP |
| *diabetes health formula oral tablet* | $0 (Nivel 3) | DP |
| DIALYVITE 3000 ORAL TABLET 3 MG | $0 (Nivel 3) | DP |
| DIALYVITE 5000 ORAL TABLET 5 MG | $0 (Nivel 3) | DP |
| DIALYVITE 800 ORAL TABLET 0.8 MG | $0 (Nivel 3) | DP |
| *dialyvite 800/ultra d oral tablet* | $0 (Nivel 3) | DP |
| DIALYVITE 800/ZINC ORAL TABLET 0.8 MG | $0 (Nivel 3) | DP |
| DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG | $0 (Nivel 3) | DP |
| DIALYVITE ORAL TABLET | $0 (Nivel 3) | DP |
| DIALYVITE SUPREME D ORAL TABLET | $0 (Nivel 3) | DP |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) | $0 (Nivel 3) | DP |
| DIALYVITE/ZINC ORAL TABLET | $0 (Nivel 3) | DP |
| DINO-LIFE ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *disney cars gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *disney princess gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) | $0 (Nivel 3) | DP |
| DRY EYE FORMULA ORAL CAPSULE | $0 (Nivel 3) | DP |
| D-VI-SOL ORAL LIQUID 10 MCG/ML | $0 (Nivel 3) | DP |
| *e 1000 oral capsule 450 mg (1000 ut)* | $0 (Nivel 3) | DP |
| *e200 oral capsule 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *e-200 oral capsule 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *e-400 oral capsule 400 unit* | $0 (Nivel 3) | DP |
| ELDERTONIC ORAL LIQUID | $0 (Nivel 3) | DP |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG | $0 (Nivel 3) | DP |
| EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |

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|---|---|---|
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG | $0 (Nivel 3) | DP |
| ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG | $0 (Nivel 3) | DP |
| *eq complete multivit adult 50+ oral tablet* | $0 (Nivel 3) | DP |
| *eq complete multivitamin child oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *eq complete multivitamin-adult oral tablet* | $0 (Nivel 3) | DP |
| *eq multivitamin gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *eq one daily mens 50+ oral tablet* | $0 (Nivel 3) | DP |
| *eq one daily mens health oral tablet* | $0 (Nivel 3) | DP |
| *eq one daily womens health oral tablet* | $0 (Nivel 3) | DP |
| *eql b complex 50 oral tablet* | $0 (Nivel 3) | DP |
| *eql b-6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *eql century mature adults 50+ oral tablet* | $0 (Nivel 3) | DP |
| *eql century mature oral tablet* | $0 (Nivel 3) | DP |
| *eql century mens oral tablet* | $0 (Nivel 3) | DP |
| *eql century oral tablet* | $0 (Nivel 3) | DP |
| *eql child multivit/minerals oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *eql one daily mens 50+ advance oral tablet* | $0 (Nivel 3) | DP |
| *eql one daily mens health oral tablet* | $0 (Nivel 3) | DP |
| *eql one daily womens 50+ adv oral tablet* | $0 (Nivel 3) | DP |
| *eql super b complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *eql vision formula oral tablet* | $0 (Nivel 3) | DP |
| *eql vitamin b-12 oral tablet 500 mcg* | $0 (Nivel 3) | DP |
| *eql vitamin b-12 tr oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| *eql vitamin c oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *eql vitamin c/rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *eql vitamin e oral capsule 1000 unit, 400 unit* | $0 (Nivel 3) | DP |
| *ergocalciferol oral capsule 1.25 mg (50000 ut)* | $0 (Nivel 3) | DP |
| *ergocalciferol oral solution 200 mcg/ml* | $0 (Nivel 3) | DP |
| ESSENTIA ORAL TABLET | $0 (Nivel 3) | DP |
| *essential balance oral tablet* | $0 (Nivel 3) | DP |
| ESTER-C ORAL TABLET | $0 (Nivel 3) | DP |
| ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET | $0 (Nivel 3) | DP |
| *eye health + lutein oral tablet* | $0 (Nivel 3) | DP |

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|---|---|---|
| *eye multivitamin/lutein oral tablet* | $0 (Nivel 3) | DP |
| *eye multivitamin/sodium oral tablet* | $0 (Nivel 3) | DP |
| *eyeprotect oral tablet* | $0 (Nivel 3) | DP |
| *fabb oral tablet 2.2-25-1 mg* | $0 (Nivel 3) | DP |
| FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG | $0 (Nivel 3) | DP |
| FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG | $0 (Nivel 3) | DP |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE WITH C & FA | $0 (Nivel 3) | DP |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML | $0 (Nivel 3) | DP |
| *folate oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *folbee oral tablet 2.5-25-1 mg* | $0 (Nivel 3) | DP |
| *folbee plus oral tablet* | $0 (Nivel 3) | DP |
| FOLBIC ORAL TABLET 2.5-25-2 MG | $0 (Nivel 3) | DP |
| *folic acid injection solution 5 mg/ml* | $0 (Nivel 3) | DP |
| *folic acid oral tablet 1 mg, 400 mcg, 800 mcg* | $0 (Nivel 3) | DP |
| FOLIFLEX ORAL TABLET | $0 (Nivel 3) | DP |
| *folika-mg oral tablet* | $0 (Nivel 3) | DP |
| *folite oral tablet* | $0 (Nivel 3) | DP |
| FOLITIN-Z ORAL TABLET | $0 (Nivel 3) | DP |
| FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT | $0 (Nivel 3) | DP |
| *folplex 2.2 oral tablet 2.2-25-0.5 mg* | $0 (Nivel 3) | DP |
| FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG | $0 (Nivel 3) | DP |
| FOLTANX ORAL TABLET 3-35-2 MG | $0 (Nivel 3) | DP |
| FOLTRATE ORAL TABLET 500-1 MCG-MG | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| FOLTREXYL ORAL TABLET 1-5000 MG-UNIT | $0 (Nivel 3) | DP |
| FORTAVIT ORAL CAPSULE | $0 (Nivel 3) | DP |
| FOSFREE ORAL TABLET | $0 (Nivel 3) | DP |
| *freedavite oral tablet* | $0 (Nivel 3) | DP |
| *fruit c 500 oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *fruity c oral tablet chewable 250 mg* | $0 (Nivel 3) | DP |
| *fruity chews oral tablet chewable* | $0 (Nivel 3) | DP |
| *full spectrum b/vitamin c oral tablet 0.8 mg* | $0 (Nivel 3) | DP |
| *genadek step 1 oral capsule* | $0 (Nivel 3) | DP |
| *genadek step 2 oral capsule* | $0 (Nivel 3) | DP |
| GERBER GROW MIGHTY ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *gerivite complete oral tablet* | $0 (Nivel 3) | DP |
| *glucoten oral capsule* | $0 (Nivel 3) | DP |
| *gnp biotin oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *gnp century adults 50+ senior oral tablet* | $0 (Nivel 3) | DP |
| *gnp century cardio health oral tablet* | $0 (Nivel 3) | DP |
| *gnp century mature oral tablet* | $0 (Nivel 3) | DP |
| *gnp century oral tablet* | $0 (Nivel 3) | DP |
| *gnp century ultimate mens oral tablet* | $0 (Nivel 3) | DP |
| *gnp century ultimate womens oral tablet* | $0 (Nivel 3) | DP |
| *gnp childrens complete oral tablet chewable* | $0 (Nivel 3) | DP |
| *gnp d 1000 oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *gnp diabetic support formula oral tablet* | $0 (Nivel 3) | DP |
| *gnp essential one daily oral tablet* | $0 (Nivel 3) | DP |
| *gnp folic acid oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *gnp hair/skin/nails oral tablet* | $0 (Nivel 3) | DP |
| *gnp healthy eyes oral tablet* | $0 (Nivel 3) | DP |
| *gnp healthy eyes supervision oral capsule* | $0 (Nivel 3) | DP |
| *gnp little ones childrens oral tablet chewable* | $0 (Nivel 3) | DP |
| *gnp mega multi for men oral tablet* | $0 (Nivel 3) | DP |
| *gnp mega multi for women oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily maximum oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily mens health 50+ oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily mens/lycopene oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily plus iron oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily womens 50+ oral tablet* | $0 (Nivel 3) | DP |
| *gnp one daily womens oral tablet* | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *gnp prenatal oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| *gnp therapeutic-m oral tablet* | $0 (Nivel 3) | DP |
| *gnp vitamin a oral capsule 3 mg (10000 ut)* | $0 (Nivel 3) | DP |
| *gnp vitamin b-1 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin b-12 oral tablet 500 mcg* | $0 (Nivel 3) | DP |
| *gnp vitamin b-12 oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| *gnp vitamin b-6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c drops mouth/throat lozenge 60 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c w/rose hips oral tablet 500-37 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin c/rose hips oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *gnp vitamin d oral tablet 25 mcg (1000 ut), 400 unit* | $0 (Nivel 3) | DP |
| *gnp vitamin d super strength oral tablet 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *gnp vitamin d-400 oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *gnp vitamin e oral capsule 400 unit, 450 mg (1000 ut), 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *hair formula extra strength oral tablet* | $0 (Nivel 3) | DP |
| *hair skin & nails advanced oral tablet* | $0 (Nivel 3) | DP |
| *hair skin nails oral capsule* | $0 (Nivel 3) | DP |
| *hair/skin/nails oral capsule* | $0 (Nivel 3) | DP |
| *hair/skin/nails oral tablet* | $0 (Nivel 3) | DP |
| *hair/skin/nails/biotin oral tablet* | $0 (Nivel 3) | DP |
| HALLS DEFENSE VITAMIN C DROPS MOUTH/THROAT LOZENGE 60 MG | $0 (Nivel 3) | DP |
| *healthy eyes oral tablet* | $0 (Nivel 3) | DP |
| *healthy eyes supervision 2 oral capsule* | $0 (Nivel 3) | DP |
| *healthy eyes/lutein oral tablet* | $0 (Nivel 3) | DP |
| *healthy eyes/lutein-zeaxanthin oral capsule* | $0 (Nivel 3) | DP |
| *healthy hair/skin/nails oral tablet* | $0 (Nivel 3) | DP |
| *healthy kids gummies oral tablet chewable* | $0 (Nivel 3) | DP |

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|---|---|---|
| *high pot multivitamin/beta-car oral tablet* | $0 (Nivel 3) | DP |
| *high potency multivit/fa oral tablet* | $0 (Nivel 3) | DP |
| *high potency multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *hm animal shapes oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *hm antioxidant vitamins oral tablet* | $0 (Nivel 3) | DP |
| *hm biotin oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *hm complete 50+ mens ultimate oral tablet* | $0 (Nivel 3) | DP |
| *hm complete 50+ oral tablet* | $0 (Nivel 3) | DP |
| *hm complete 50+ women ultimate oral tablet* | $0 (Nivel 3) | DP |
| *hm complete men oral tablet* | $0 (Nivel 3) | DP |
| *hm complete oral tablet* | $0 (Nivel 3) | DP |
| *hm complete women oral tablet* | $0 (Nivel 3) | DP |
| *hm folic acid oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *hm hair/skin/nails oral tablet* | $0 (Nivel 3) | DP |
| *hm mens 50+ advanced one daily oral tablet* | $0 (Nivel 3) | DP |
| *hm niacin oral tablet extended release 250 mg* | $0 (Nivel 3) | DP |
| *hm niacin tr oral tablet extended release 250 mg* | $0 (Nivel 3) | DP |
| *hm one daily mens oral tablet* | $0 (Nivel 3) | DP |
| *hm one daily womens oral tablet* | $0 (Nivel 3) | DP |
| *hm super vitamin b complex/c oral tablet* | $0 (Nivel 3) | DP |
| *hm vitamin b-12 oral tablet 500 mcg* | $0 (Nivel 3) | DP |
| *hm vitamin b6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *hm vitamin c oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *hm vitamin c/rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *hm vitamin d oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *hm vitamin d3 oral capsule 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *hm vitamin e oral capsule 400 unit, 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *hm womens 50+ advanced daily oral tablet* | $0 (Nivel 3) | DP |
| *hydroxocobalamin acetate intramuscular solution 1000 mcg/ml* | $0 (Nivel 3) | DP |
| *hylazinc oral tablet* | $0 (Nivel 3) | DP |
| ICAPS AREDS FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE | $0 (Nivel 3) | DP |
| ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE | $0 (Nivel 3) | DP |
| ICAPS MV ORAL TABLET | $0 (Nivel 3) | DP |
| ICAPS ORAL CAPSULE | $0 (Nivel 3) | DP |
| *immune support oral tablet chewable* | $0 (Nivel 3) | DP |

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|---|---|---|
| IMMUNERX ORAL CAPSULE | $0 (Nivel 3) | DP |
| INFUVITE ADULT INTRAVENOUS INJECTABLE | $0 (Nivel 3) | DP |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | $0 (Nivel 3) | DP |
| IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT) | $0 (Nivel 3) | DP |
| *i-vite oral tablet* | $0 (Nivel 3) | DP |
| *i-vite protect oral tablet* | $0 (Nivel 3) | DP |
| *just 4 kidz multivit/probiotic oral tablet chewable* | $0 (Nivel 3) | DP |
| JUST D ORAL LIQUID 10 MCG/ML | $0 (Nivel 3) | DP |
| *kobee oral tablet* | $0 (Nivel 3) | DP |
| *kp adults 50+ daily formula oral tablet* | $0 (Nivel 3) | DP |
| *kp adults daily formula oral tablet* | $0 (Nivel 3) | DP |
| *kp b complex-c oral tablet* | $0 (Nivel 3) | DP |
| *kp folic acid oral tablet 1 mg, 800 mcg* | $0 (Nivel 3) | DP |
| *kp mens 50+ daily formula oral tablet* | $0 (Nivel 3) | DP |
| *kp mens daily formula oral tablet* | $0 (Nivel 3) | DP |
| *kp niacin oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *kp prenatal multivitamins oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| KP VISION FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| KP VISION FORMULA/LUTEIN ORAL TABLET | $0 (Nivel 3) | DP |
| *kp vitamin b-12 oral tablet 1000 mcg* | $0 (Nivel 3) | DP |
| *kp vitamin b-6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *kp vitamin d oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *kp womens 50+ daily formula oral tablet* | $0 (Nivel 3) | DP |
| *kp womens daily formula oral tablet* | $0 (Nivel 3) | DP |
| K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET | $0 (Nivel 3) | DP |
| *l-methylfolate calcium oral tablet 15 mg, 7.5 mg* | $0 (Nivel 3) | DP |
| *l-methylfolate-b6-b12 oral tablet 3-35-2 mg* | $0 (Nivel 3) | DP |
| *l-methyl-mc nac oral tablet 6-2-600 mg* | $0 (Nivel 3) | DP |
| *l-methyl-mc oral tablet 6-1-50-5 mg* | $0 (Nivel 3) | DP |
| LYSIPLEX PLUS ORAL LIQUID | $0 (Nivel 3) | DP |
| MACULAR HEALTH FORMULA ORAL CAPSULE | $0 (Nivel 3) | DP |
| MACUVITE EYE CARE ORAL TABLET | $0 (Nivel 3) | DP |
| MACUVITE ORAL TABLET | $0 (Nivel 3) | DP |
| MACUVITE/LUTEIN ORAL TABLET | $0 (Nivel 3) | DP |
| MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT) | $0 (Nivel 3) | DP |

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|---|---|---|
| *maximum daily green oral tablet* | $0 (Nivel 3) | DP |
| MEGA MULTI MEN ORAL TABLET | $0 (Nivel 3) | DP |
| *mega vm-80 oral tablet* | $0 (Nivel 3) | DP |
| *megavite fruits & veggies oral tablet* | $0 (Nivel 3) | DP |
| *megavite golden years 55+ oral tablet* | $0 (Nivel 3) | DP |
| *mens 50+ advanced oral capsule* | $0 (Nivel 3) | DP |
| *mens daily formula/lycopene oral capsule* | $0 (Nivel 3) | DP |
| *mens multi vitamin & mineral oral tablet* | $0 (Nivel 3) | DP |
| *mens multivitamin oral tablet chewable* | $0 (Nivel 3) | DP |
| MEPHYTON ORAL TABLET 5 MG | $0 (Nivel 3) | DP |
| MERIBIN ORAL CAPSULE 5 MG | $0 (Nivel 3) | DP |
| METAFOLBIC ORAL TABLET 6-1-50-5 MG | $0 (Nivel 3) | DP |
| METAFOLBIC PLUS ORAL TABLET 6-2-600 MG | $0 (Nivel 3) | DP |
| MILLTRIUM SENIOR ORAL TABLET | $0 (Nivel 3) | DP |
| MTX SUPPORT ORAL TABLET | $0 (Nivel 3) | DP |
| *multi + omega-3 adult gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *multi adult gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *multi complete/iron oral tablet* | $0 (Nivel 3) | DP |
| *multi for her 50+ oral capsule* | $0 (Nivel 3) | DP |
| *multi for her 50+ oral tablet* | $0 (Nivel 3) | DP |
| *multi for her oral capsule* | $0 (Nivel 3) | DP |
| *multi for her oral tablet* | $0 (Nivel 3) | DP |
| *multi for him 50+ oral tablet* | $0 (Nivel 3) | DP |
| MULTI FOR HIM ORAL TABLET | $0 (Nivel 3) | DP |
| *multi vitamin daily oral tablet* | $0 (Nivel 3) | DP |
| *multi vitamin oral tablet* | $0 (Nivel 3) | DP |
| *multi vitamin w/d-3 oral tablet* | $0 (Nivel 3) | DP |
| *multi vitamin/minerals oral tablet* | $0 (Nivel 3) | DP |
| MULTI-BETIC DIABETES ORAL TABLET | $0 (Nivel 3) | DP |
| *multi-day oral tablet* | $0 (Nivel 3) | DP |
| *multi-day plus iron oral tablet* | $0 (Nivel 3) | DP |
| *multi-day plus minerals oral tablet* | $0 (Nivel 3) | DP |
| *multilex oral tablet* | $0 (Nivel 3) | DP |
| *multilex-t&m oral tablet* | $0 (Nivel 3) | DP |
| *multiple vit/minerals/no iron oral tablet* | $0 (Nivel 3) | DP |
| *multiple vitamin oral tablet* | $0 (Nivel 3) | DP |
| *multiple vitamins oral tablet* | $0 (Nivel 3) | DP |
| *multiple vitamins/iron oral tablet* | $0 (Nivel 3) | DP |

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|---|---|---|
| *multipro oral capsule* | $0 (Nivel 3) | DP |
| *multi-vit/iron/fluoride oral solution 0.25-10 mg/ml* | $0 (Nivel 3) | DP |
| *multivitamin & mineral oral liquid* | $0 (Nivel 3) | DP |
| *multivitamin adult (minerals) oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin adult extra c oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin adult oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin adult oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin adults 50+ oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin adults oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin childrens (w/ fa) oral tablet chewable* | $0 (Nivel 3) | DP |
| *multi-vitamin daily oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin gummies adult oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin gummies mens oral tablet chewable* | $0 (Nivel 3) | DP |
| *multi-vitamin gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin gummies womens oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin men 50+ oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin men oral tablet* | $0 (Nivel 3) | DP |
| *multi-vitamin monocaps oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin oral liquid* | $0 (Nivel 3) | DP |
| *multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *multi-vitamin oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin women 50+ oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin women oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin womens 50+ adv oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin/extra vitamin d3 oral tablet chewable* | $0 (Nivel 3) | DP |
| *multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml* | $0 (Nivel 3) | DP |
| *multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg* | $0 (Nivel 3) | DP |
| *multi-vitamin/iron oral tablet* | $0 (Nivel 3) | DP |
| *multi-vitamin/minerals oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin/zinc stress oral tablet* | $0 (Nivel 3) | DP |
| *multivitamin-minerals oral tablet* | $0 (Nivel 3) | DP |
| *multi-vitamins oral tablet* | $0 (Nivel 3) | DP |
| *multivitamins plus iron child oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *multivitamins/minerals adult oral liquid* | $0 (Nivel 3) | DP |
| *multi-vite oral liquid* | $0 (Nivel 3) | DP |
| *multivit-min gummies childrens oral tablet chewable* | $0 (Nivel 3) | DP |

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|---|---|---|
| MVW COMPLETE FORMULATION D3000 ORAL CAPSULE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION D5000 ORAL CAPSULE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION MINIS ORAL CAPSULE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION ORAL CAPSULE | $0 (Nivel 3) | DP |
| MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *myamulti oral tablet* | $0 (Nivel 3) | DP |
| *mynephrocaps oral capsule 1 mg* | $0 (Nivel 3) | DP |
| MYNEPHRON ORAL CAPSULE 1 MG | $0 (Nivel 3) | DP |
| *my-vitalife oral capsule* | $0 (Nivel 3) | DP |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML | $0 (Nivel 3) | DP |
| *natural c/rose hips oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *natural vitamin d-3 oral tablet 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *neovite oral tablet* | $0 (Nivel 3) | DP |
| NEPHPLEX RX ORAL TABLET | $0 (Nivel 3) | DP |
| NEPHRO-VITE ORAL TABLET 0.8 MG | $0 (Nivel 3) | DP |
| NEPHRO-VITE RX ORAL TABLET 1 MG | $0 (Nivel 3) | DP |
| *niacin er oral capsule extended release 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *niacin er oral tablet extended release 250 mg* | $0 (Nivel 3) | DP |
| *niacin oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *niacinamide oral tablet 500 mg* | $0 (Nivel 3) | DP |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG | $0 (Nivel 3) | DP |
| *nicotinamide oral tablet 750-27-2-0.5 mg* | $0 (Nivel 3) | DP |
| NIVA-FOL ORAL TABLET 2.5-25-2 MG | $0 (Nivel 3) | DP |
| *no iron mult vitamin-minerals oral tablet* | $0 (Nivel 3) | DP |
| *norwegian cod liver oil oral capsule* | $0 (Nivel 3) | DP |
| NOVAFERRUM PED MULTI VIT-IRON ORAL SOLUTION 10 MG/ML | $0 (Nivel 3) | DP |
| *ocular vitamins oral tablet* | $0 (Nivel 3) | DP |
| *ocutabs oral tablet* | $0 (Nivel 3) | DP |
| *ocutabs-lutein oral tablet* | $0 (Nivel 3) | DP |
| OCUVITE ADULT 50+ ORAL CAPSULE | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| OCUVITE ADULT FORMULA ORAL CAPSULE | $0 (Nivel 3) | DP |
| OCUVITE EXTRA ORAL TABLET | $0 (Nivel 3) | DP |
| OCUVITE EYE + MULTI ORAL TABLET | $0 (Nivel 3) | DP |
| OCUVITE EYE HEATLH GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| OCUVITE-LUTEIN ORAL CAPSULE | $0 (Nivel 3) | DP |
| OCUVITE-LUTEIN ORAL TABLET | $0 (Nivel 3) | DP |
| *omnicap oral tablet* | $0 (Nivel 3) | DP |
| *once daily oral tablet* | $0 (Nivel 3) | DP |
| *once daily/iron oral tablet* | $0 (Nivel 3) | DP |
| ONCOVITE ORAL TABLET | $0 (Nivel 3) | DP |
| ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *one daily adults 50+ oral tablet* | $0 (Nivel 3) | DP |
| *one daily calcium/iron oral tablet* | $0 (Nivel 3) | DP |
| *one daily complete oral tablet* | $0 (Nivel 3) | DP |
| ONE DAILY ESSENTIAL ORAL TABLET | $0 (Nivel 3) | DP |
| *one daily for men 50+ advanced oral tablet* | $0 (Nivel 3) | DP |
| *one daily for men/lycopene oral tablet* | $0 (Nivel 3) | DP |
| *one daily for women 50+ adv oral tablet* | $0 (Nivel 3) | DP |
| *one daily for women oral tablet* | $0 (Nivel 3) | DP |
| *one daily healthy weight adv oral tablet* | $0 (Nivel 3) | DP |
| *one daily maximum oral tablet* | $0 (Nivel 3) | DP |
| *one daily mens 50+ multivit oral tablet* | $0 (Nivel 3) | DP |
| *one daily mens health oral tablet* | $0 (Nivel 3) | DP |
| *one daily multivitamin adult oral tablet* | $0 (Nivel 3) | DP |
| *one daily multivitamin/iron oral tablet* | $0 (Nivel 3) | DP |
| *one daily womens 50 plus oral tablet* | $0 (Nivel 3) | DP |
| *one daily womens 50+ oral tablet* | $0 (Nivel 3) | DP |
| *one daily/minerals oral tablet* | $0 (Nivel 3) | DP |
| ONE-A-DAY ENERGY ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY ESSENTIAL ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| ONE-A-DAY MENS (MINERALS) ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY MENS ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY PROACTIVE 65+ ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY SCOOBY-DOO GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS 50 PLUS ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS MIND & BODY ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS PETITES ORAL TABLET | $0 (Nivel 3) | DP |
| ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *one-daily multi caps oral capsule* | $0 (Nivel 3) | DP |
| *one-daily multi vitamins oral tablet* | $0 (Nivel 3) | DP |
| *one-daily multi-vit/mineral oral tablet* | $0 (Nivel 3) | DP |
| *one-daily multi-vitamin oral tablet* | $0 (Nivel 3) | DP |
| *one-daily multi-vitamin/iron oral tablet* | $0 (Nivel 3) | DP |

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|---|---|---|
| *one-daily/iron oral tablet* | $0 (Nivel 3) | DP |
| *optic-vites oral tablet* | $0 (Nivel 3) | DP |
| OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) | $0 (Nivel 3) | DP |
| *optimum pms oral tablet* | $0 (Nivel 3) | DP |
| OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| OPTIVITE P.M.T. ORAL TABLET | $0 (Nivel 3) | DP |
| OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *pan-c 500/bioflavonoids oral tablet* | $0 (Nivel 3) | DP |
| *parvlex oral tablet* | $0 (Nivel 3) | DP |
| *pc pediatric poly-vita/fe drop oral solution 10 mg/ml* | $0 (Nivel 3) | DP |
| PERIDIN-C ORAL TABLET 200-50-150 MG | $0 (Nivel 3) | DP |
| *pharmacist choice d-vitamin oral liquid 400 unit/ml* | $0 (Nivel 3) | DP |
| PHYTOMULTI ORAL TABLET | $0 (Nivel 3) | DP |
| *phytonadione injection solution 1 mg/0.5ml, 10 mg/ml* | $0 (Nivel 3) | DP |
| *phytonadione oral tablet 5 mg* | $0 (Nivel 3) | DP |
| *plain niacin oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *poly vitamin oral tablet chewable* | $0 (Nivel 3) | DP |
| *poly-vita/iron oral solution 10 mg/ml* | $0 (Nivel 3) | DP |
| *polyvitamin/iron oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *prenatal 19 oral tablet* | $0 (Nivel 3) | DP |
| *prenatal one daily oral tablet 27-0.8 mg* | $0 (Nivel 3) | DP |
| *prenatal oral tablet 27-0.8 mg, 28-0.8 mg* | $0 (Nivel 3) | DP |
| *prenatal vitamin and mineral oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| *prenatal vitamin oral tablet 27-0.8 mg* | $0 (Nivel 3) | DP |
| *prenatal vitamins oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| *prenatal/iron oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| PRESERVISION AREDS 2 ORAL CAPSULE | $0 (Nivel 3) | DP |
| PRESERVISION AREDS 2 ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| PRESERVISION AREDS ORAL CAPSULE | $0 (Nivel 3) | DP |
| PRESERVISION AREDS ORAL TABLET | $0 (Nivel 3) | DP |
| PRESERVISION/LUTEIN ORAL CAPSULE | $0 (Nivel 3) | DP |
| *prevent oral capsule* | $0 (Nivel 3) | DP |
| PRO-CAL ORAL TABLET | $0 (Nivel 3) | DP |
| PROCERV HP ORAL TABLET | $0 (Nivel 3) | DP |

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|---|---|---|
| *profola oral tablet* | $0 (Nivel 3) | DP |
| PRORENAL + D ORAL TABLET | $0 (Nivel 3) | DP |
| PRORENAL + D W/ OMEGA-3 ORAL CAPSULE | $0 (Nivel 3) | DP |
| PROSIGHT ORAL CAPSULE | $0 (Nivel 3) | DP |
| PROSIGHT ORAL TABLET | $0 (Nivel 3) | DP |
| PROTECT CARDIO AF ORAL CAPSULE | $0 (Nivel 3) | DP |
| PROTECT PLUS SO ORAL CAPSULE | $0 (Nivel 3) | DP |
| PROTEGRA ORAL CAPSULE | $0 (Nivel 3) | DP |
| *pure c 500 oral capsule extended release 500 mg* | $0 (Nivel 3) | DP |
| PUREWAY-C ORAL TABLET 500 MG | $0 (Nivel 3) | DP |
| *px advanced formula multivits oral tablet* | $0 (Nivel 3) | DP |
| *px b complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG | $0 (Nivel 3) | DP |
| *px complete senior multivits oral tablet* | $0 (Nivel 3) | DP |
| *px folic acid oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *px mens multivitamins oral tablet* | $0 (Nivel 3) | DP |
| *px vitamin c oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *px vitamin e oral capsule 400 unit* | $0 (Nivel 3) | DP |
| *pyridoxine hcl injection solution 100 mg/ml* | $0 (Nivel 3) | DP |
| *pyridoxine hcl oral tablet 50 mg* | $0 (Nivel 3) | DP |
| *qc childrens complete oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *qc daily multivit/multimineral oral tablet* | $0 (Nivel 3) | DP |
| *qc daily multivitamins/iron oral tablet* | $0 (Nivel 3) | DP |
| *qc mens daily multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *qc multi-vite 50 & over oral tablet* | $0 (Nivel 3) | DP |
| *qc multi-vite oral tablet* | $0 (Nivel 3) | DP |
| *qc prenatal oral tablet 28-0.8 mg* | $0 (Nivel 3) | DP |
| *qc therin-m oral tablet* | $0 (Nivel 3) | DP |
| *qc womens daily multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *quin b strong oral tablet* | $0 (Nivel 3) | DP |
| *quintabs oral tablet* | $0 (Nivel 3) | DP |
| *quintabs-m oral tablet* | $0 (Nivel 3) | DP |
| *ra balanced b-100 oral tablet* | $0 (Nivel 3) | DP |
| *ra balanced b-50 oral tablet* | $0 (Nivel 3) | DP |
| *ra b-complex oral tablet* | $0 (Nivel 3) | DP |
| *ra b-complex with b-12 oral tablet* | $0 (Nivel 3) | DP |
| RA CENTRAL-VITE ORAL TABLET | $0 (Nivel 3) | DP |

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|---|---|---|
| *ra central-vite womens mature oral tablet* | $0 (Nivel 3) | DP |
| *ra folic acid oral tablet 400 mcg, 800 mcg* | $0 (Nivel 3) | DP |
| *ra niacin oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *ra no flush niacin oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *ra one daily energy formula oral tablet* | $0 (Nivel 3) | DP |
| *ra one daily essential oral tablet* | $0 (Nivel 3) | DP |
| *ra one daily maximum oral tablet* | $0 (Nivel 3) | DP |
| *ra one daily mens 50+ w/vit d3 oral tablet* | $0 (Nivel 3) | DP |
| *ra one daily mens/vit d-3 oral tablet* | $0 (Nivel 3) | DP |
| *ra one daily womens oral tablet* | $0 (Nivel 3) | DP |
| *ra vitamin a oral capsule 3 mg (10000 ut)* | $0 (Nivel 3) | DP |
| *ra vitamin b-1 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *ra vitamin b-12 oral tablet 100 mcg* | $0 (Nivel 3) | DP |
| *ra vitamin b12 oral tablet extended release 2000 mcg* | $0 (Nivel 3) | DP |
| *ra vitamin b-12 tr oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| *ra vitamin b-6 oral tablet 100 mg, 50 mg* | $0 (Nivel 3) | DP |
| *ra vitamin c cr oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *ra vitamin c oral tablet 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *ra vitamin c oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *ra vitamin c/rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *ra vitamin d-3 oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *ra vitamins complete childrens oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) | $0 (Nivel 3) | DP |
| RENAL MULTIVITAMIN FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| RENAL ORAL CAPSULE 1 MG | $0 (Nivel 3) | DP |
| *renal vitamin oral tablet 0.8 mg* | $0 (Nivel 3) | DP |
| *renal-vite oral tablet 0.8 mg* | $0 (Nivel 3) | DP |
| RENAPLEX ORAL TABLET | $0 (Nivel 3) | DP |
| RENAPLEX-D ORAL TABLET | $0 (Nivel 3) | DP |
| *rena-vite oral tablet* | $0 (Nivel 3) | DP |
| *rena-vite rx oral tablet 1 mg* | $0 (Nivel 3) | DP |
| *reno caps oral capsule 1 mg* | $0 (Nivel 3) | DP |
| REQ 49+ ORAL TABLET | $0 (Nivel 3) | DP |
| SAVISION ORAL TABLET | $0 (Nivel 3) | DP |

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|---|---|---|
| *sb vitamin c oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *senior tabs oral tablet* | $0 (Nivel 3) | DP |
| *sentry oral tablet* | $0 (Nivel 3) | DP |
| *sentry senior oral tablet* | $0 (Nivel 3) | DP |
| SIDEROL ORAL TABLET | $0 (Nivel 3) | DP |
| *sm animal shapes complete oral tablet chewable 18 mg* | $0 (Nivel 3) | DP |
| *sm animal shapes kids first oral tablet chewable* | $0 (Nivel 3) | DP |
| *sm antioxidant vitamins oral tablet* | $0 (Nivel 3) | DP |
| *sm b super vitamin complex oral tablet* | $0 (Nivel 3) | DP |
| *sm b100 complex oral tablet* | $0 (Nivel 3) | DP |
| *sm b-complex oral tablet* | $0 (Nivel 3) | DP |
| *sm b-complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *sm biotin oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *sm chewable vitamin c oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *sm complete 50+ oral tablet* | $0 (Nivel 3) | DP |
| *sm complete 50+ ultimate mens oral tablet* | $0 (Nivel 3) | DP |
| *sm complete 50+ ultimate women oral tablet* | $0 (Nivel 3) | DP |
| *sm complete advanced formula oral tablet* | $0 (Nivel 3) | DP |
| *sm complete oral tablet* | $0 (Nivel 3) | DP |
| *sm complete senior formula oral tablet* | $0 (Nivel 3) | DP |
| *sm folic acid oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *sm hair/skin/nails oral tablet* | $0 (Nivel 3) | DP |
| *sm multiple vitamins essential oral tablet* | $0 (Nivel 3) | DP |
| *sm multiple vitamins/iron oral tablet* | $0 (Nivel 3) | DP |
| *sm niacin cr oral tablet extended release 250 mg* | $0 (Nivel 3) | DP |
| *sm one daily mens oral tablet* | $0 (Nivel 3) | DP |
| *sm one daily womens oral tablet* | $0 (Nivel 3) | DP |
| *sm opti-vitamins oral tablet* | $0 (Nivel 3) | DP |
| *sm super b complex/c oral tablet* | $0 (Nivel 3) | DP |
| *sm vit c/rose hips oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *sm vitamin b complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *sm vitamin b1 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *sm vitamin b-12 oral tablet 500 mcg* | $0 (Nivel 3) | DP |
| *sm vitamin b12 tr oral tablet extended release 1000 mcg, 2000 mcg* | $0 (Nivel 3) | DP |
| *sm vitamin b6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *sm vitamin b-6 oral tablet 100 mg* | $0 (Nivel 3) | DP |

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|---|---|---|
| *sm vitamin c cr oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *sm vitamin c oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *sm vitamin c/rose hips oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *sm vitamin d oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *sm vitamin d3 oral capsule 50 mcg, 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *sm vitamin d3 oral tablet 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *sm vitamin e oral capsule 1000 unit, 200 unit, 400 unit, 450 mg (1000 ut), 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *solo oral tablet* | $0 (Nivel 3) | DP |
| *span c oral tablet* | $0 (Nivel 3) | DP |
| SPECTRAVITE ORAL TABLET | $0 (Nivel 3) | DP |
| *stress formula (folic acid) oral tablet* | $0 (Nivel 3) | DP |
| *stress formula oral tablet* | $0 (Nivel 3) | DP |
| *stress formula/iron oral tablet* | $0 (Nivel 3) | DP |
| STRESSTABS ADVANCED ORAL TABLET | $0 (Nivel 3) | DP |
| STRESSTABS ENERGY ORAL TABLET | $0 (Nivel 3) | DP |
| STROVITE FORTE ORAL TABLET | $0 (Nivel 3) | DP |
| STROVITE ONE ORAL TABLET | $0 (Nivel 3) | DP |
| SUNVITE ADVANCED ORAL TABLET | $0 (Nivel 3) | DP |
| *super antioxidant oral capsule* | $0 (Nivel 3) | DP |
| *super aytinal 50 plus oral tablet* | $0 (Nivel 3) | DP |
| *super aytinal oral tablet* | $0 (Nivel 3) | DP |
| *super b complex maxi oral tablet* | $0 (Nivel 3) | DP |
| *super b complex/fa/vit c oral tablet* | $0 (Nivel 3) | DP |
| *super b complex/vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *super b-complex + vitamin c oral tablet* | $0 (Nivel 3) | DP |
| *super b-complex/vit c/fa oral tablet* | $0 (Nivel 3) | DP |
| *super biotin oral capsule 5000 mcg* | $0 (Nivel 3) | DP |
| *super multiple oral capsule* | $0 (Nivel 3) | DP |
| *super multiple oral tablet* | $0 (Nivel 3) | DP |
| SUPER NU-THERA ORAL LIQUID | $0 (Nivel 3) | DP |
| SUPER NU-THERA ORAL TABLET | $0 (Nivel 3) | DP |
| SUPER QUINTS B-50 ORAL TABLET | $0 (Nivel 3) | DP |
| *super thera vite m oral tablet* | $0 (Nivel 3) | DP |
| *super vita-mins oral tablet* | $0 (Nivel 3) | DP |
| *superplex-t oral tablet* | $0 (Nivel 3) | DP |
| *support oral liquid* | $0 (Nivel 3) | DP |

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|---|---|---|
| SUPPORT-500 ORAL CAPSULE | $0 (Nivel 3) | DP |
| *sv vitamin b-12 er oral tablet extended release 1000 mcg* | $0 (Nivel 3) | DP |
| SYSTANE ICAPS AREDS2 ORAL CAPSULE | $0 (Nivel 3) | DP |
| SYSTANE ICAPS AREDS2 ORAL TABLET | $0 (Nivel 3) | DP |
| SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| TAB-A-VITE ORAL TABLET | $0 (Nivel 3) | DP |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET | $0 (Nivel 3) | DP |
| *tab-a-vite/iron oral tablet* | $0 (Nivel 3) | DP |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET | $0 (Nivel 3) | DP |
| THERA M PLUS ORAL TABLET | $0 (Nivel 3) | DP |
| THERA ORAL TABLET | $0 (Nivel 3) | DP |
| *thera vital m oral tablet* | $0 (Nivel 3) | DP |
| *therabasic-m oral tablet* | $0 (Nivel 3) | DP |
| THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) | $0 (Nivel 3) | DP |
| THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) | $0 (Nivel 3) | DP |
| THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET | $0 (Nivel 3) | DP |
| THERAGRAN-M ADVANCED ORAL TABLET | $0 (Nivel 3) | DP |
| THERAGRAN-M ORAL TABLET | $0 (Nivel 3) | DP |
| THERAGRAN-M PREMIER 50 PLUS ORAL TABLET | $0 (Nivel 3) | DP |
| THERAGRAN-M PREMIER ORAL TABLET | $0 (Nivel 3) | DP |
| *thera-m oral tablet* | $0 (Nivel 3) | DP |
| THERAMILL FORTE ORAL CAPSULE | $0 (Nivel 3) | DP |
| *therapeutic formula/hematinics oral tablet* | $0 (Nivel 3) | DP |
| *therapeutic multivit/mineral oral tablet* | $0 (Nivel 3) | DP |
| *therapeutic-m oral tablet* | $0 (Nivel 3) | DP |
| *therapeutic-m/lutein oral tablet* | $0 (Nivel 3) | DP |
| *thera-tabs m oral tablet* | $0 (Nivel 3) | DP |
| *thera-tabs oral tablet* | $0 (Nivel 3) | DP |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET | $0 (Nivel 3) | DP |
| THERATRUM COMPLETE ORAL TABLET | $0 (Nivel 3) | DP |
| *theravim-m oral tablet* | $0 (Nivel 3) | DP |
| THEREMS ORAL TABLET | $0 (Nivel 3) | DP |
| THEREMS-H ORAL TABLET | $0 (Nivel 3) | DP |
| THEREMS-M ORAL TABLET | $0 (Nivel 3) | DP |
| *thiamine hcl injection solution 100 mg/ml* | $0 (Nivel 3) | DP |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| *thiamine hcl oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *thiamine mononitrate oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *thrivite 19 oral tablet* | $0 (Nivel 3) | DP |
| *total b/c oral tablet* | $0 (Nivel 3) | DP |
| *triphrocaps oral capsule 1 mg* | $0 (Nivel 3) | DP |
| *tropical liquid nutrition oral liquid* | $0 (Nivel 3) | DP |
| UDAMIN SP ORAL TABLET | $0 (Nivel 3) | DP |
| ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG | $0 (Nivel 3) | DP |
| *ultra freeda oral tablet* | $0 (Nivel 3) | DP |
| *ultra freeda/iron oral tablet* | $0 (Nivel 3) | DP |
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET | $0 (Nivel 3) | DP |
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| *unicomplex-m oral tablet* | $0 (Nivel 3) | DP |
| *v-c forte oral capsule* | $0 (Nivel 3) | DP |
| VENEXA FE ORAL TABLET | $0 (Nivel 3) | DP |
| VENEXA ORAL TABLET | $0 (Nivel 3) | DP |
| VENTRIXYL FE ORAL TABLET | $0 (Nivel 3) | DP |
| VENTRIXYL ORAL TABLET | $0 (Nivel 3) | DP |
| VIC-FORTE ORAL CAPSULE | $0 (Nivel 3) | DP |
| *virt-caps oral capsule 1 mg* | $0 (Nivel 3) | DP |
| VIRT-GARD ORAL TABLET 2.2-25-1 MG | $0 (Nivel 3) | DP |
| *vision formula 2 oral capsule* | $0 (Nivel 3) | DP |
| *vision formula eye health oral capsule* | $0 (Nivel 3) | DP |
| *vision formula/lutein oral tablet* | $0 (Nivel 3) | DP |
| *vision vitamins oral tablet* | $0 (Nivel 3) | DP |
| VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE | $0 (Nivel 3) | DP |
| VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE | $0 (Nivel 3) | DP |
| *vit e-vit c-beta carotene oral tablet 200-250-5000* | $0 (Nivel 3) | DP |
| *vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg* | $0 (Nivel 3) | DP |
| *vita hair oral tablet* | $0 (Nivel 3) | DP |
| *vitabasic complete oral tablet* | $0 (Nivel 3) | DP |
| *vitabasic senior oral tablet* | $0 (Nivel 3) | DP |
| *vita-bee/c oral tablet* | $0 (Nivel 3) | DP |
| *vitabex plus oral capsule* | $0 (Nivel 3) | DP |

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|---|---|---|
| *vitachew multiple vitamin oral tablet chewable* | $0 (Nivel 3) | DP |
| VITAFOL ORAL TABLET | $0 (Nivel 3) | DP |
| VITAL-D RX ORAL TABLET 1 MG | $0 (Nivel 3) | DP |
| *vitalee oral tablet* | $0 (Nivel 3) | DP |
| VITALETS CHILDRENS ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *vitamin a oral capsule 3 mg (10000 ut)* | $0 (Nivel 3) | DP |
| *vitamin b + c complex oral tablet* | $0 (Nivel 3) | DP |
| *vitamin b 12 oral tablet 500 mcg* | $0 (Nivel 3) | DP |
| *vitamin b complex oral tablet* | $0 (Nivel 3) | DP |
| *vitamin b-1 oral tablet 100 mg, 50 mg* | $0 (Nivel 3) | DP |
| *vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg* | $0 (Nivel 3) | DP |
| *vitamin b12 oral tablet 100 mcg* | $0 (Nivel 3) | DP |
| *vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg* | $0 (Nivel 3) | DP |
| *vitamin b12 tr oral tablet extended release 2000 mcg* | $0 (Nivel 3) | DP |
| *vitamin b12-folic acid oral tablet 500-400 mcg* | $0 (Nivel 3) | DP |
| *vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg* | $0 (Nivel 3) | DP |
| *vitamin b6 oral tablet 100 mg, 50 mg* | $0 (Nivel 3) | DP |
| *vitamin b-complex oral tablet* | $0 (Nivel 3) | DP |
| *vitamin c drops mouth/throat lozenge 60 mg* | $0 (Nivel 3) | DP |
| *vitamin c er oral capsule extended release 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c er oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c oral tablet 1000 mg, 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c oral tablet chewable 250 mg, 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c plus wild rose hips oral tablet chewable 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c/rose hips oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c/rose hips tr oral tablet extended release 1000 mg* | $0 (Nivel 3) | DP |
| *vitamin c-acerola oral tablet 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c-rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| *vitamin c-rose hips tr oral tablet extended release 500 mg* | $0 (Nivel 3) | DP |
| *vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |

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|---|---|---|
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d high potency oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d infant oral liquid 10 mcg/ml* | $0 (Nivel 3) | DP |
| *vitamin d oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d oral liquid 10 mcg/ml* | $0 (Nivel 3) | DP |
| *vitamin d oral tablet 25 mcg (1000 ut), 400 unit, 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) | $0 (Nivel 3) | DP |
| *vitamin d3 complete oral tablet* | $0 (Nivel 3) | DP |
| *vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d-3 oral capsule 25 mcg (1000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d3 oral liquid 10 mcg/ml* | $0 (Nivel 3) | DP |
| *vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d3 super strength oral capsule 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d3 super strength oral tablet 50 mcg (2000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)* | $0 (Nivel 3) | DP |
| *vitamin d-400 oral tablet 10 mcg (400 unit)* | $0 (Nivel 3) | DP |
| *vitamin e blend oral capsule 400 unit* | $0 (Nivel 3) | DP |
| *vitamin e oral capsule 100 unit, 1000 unit, 200 unit, 400 unit, 450 mg (1000 ut), 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *vitamin e water soluble oral capsule 450 mg (1000 ut)* | $0 (Nivel 3) | DP |
| *vitamin e-200 oral capsule 90 mg (200 unit)* | $0 (Nivel 3) | DP |
| *vitamin e-400 oral capsule 400 unit* | $0 (Nivel 3) | DP |
| *vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml* | $0 (Nivel 3) | DP |
| *vitamins acd-fluoride oral solution 0.25 mg/ml* | $0 (Nivel 3) | DP |
| *vitamins a-d-e/selenium oral tablet* | $0 (Nivel 3) | DP |
| *vitamins for hair oral capsule* | $0 (Nivel 3) | DP |
| *vitamins/minerals oral tablet* | $0 (Nivel 3) | DP |
| VITASANA ORAL TABLET | $0 (Nivel 3) | DP |
| *vitasure oral tablet 1 mg* | $0 (Nivel 3) | DP |
| VITATRUM COMPLETE ORAL TABLET | $0 (Nivel 3) | DP |

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|---|---|---|
| *vitatrum oral tablet* | $0 (Nivel 3) | DP |
| *vitatrum oral tablet chewable* | $0 (Nivel 3) | DP |
| VITRAMYN ORAL TABLET | $0 (Nivel 3) | DP |
| VITRANOL FE ORAL TABLET | $0 (Nivel 3) | DP |
| VITRANOL ORAL TABLET | $0 (Nivel 3) | DP |
| VITREXATE FE ORAL TABLET | $0 (Nivel 3) | DP |
| VITREXATE ORAL TABLET | $0 (Nivel 3) | DP |
| VITREXYL + IRON ORAL TABLET | $0 (Nivel 3) | DP |
| VITREXYL ORAL TABLET | $0 (Nivel 3) | DP |
| *vitrum 50+ senior multi oral tablet* | $0 (Nivel 3) | DP |
| VITRUM SENIOR ORAL TABLET | $0 (Nivel 3) | DP |
| *vp-vite rx oral tablet 1 mg* | $0 (Nivel 3) | DP |
| WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) | $0 (Nivel 3) | DP |
| *wescaps oral capsule 1 mg* | $0 (Nivel 3) | DP |
| *westab max oral tablet 2.5-25-2 mg* | $0 (Nivel 3) | DP |
| *westab mini oral tablet 2.2-25-1 mg* | $0 (Nivel 3) | DP |
| *westab one oral tablet 2.5-25-1 mg* | $0 (Nivel 3) | DP |
| *west-vite w/folic acid oral tablet 0.8 mg* | $0 (Nivel 3) | DP |
| *womens 50+ advanced oral capsule* | $0 (Nivel 3) | DP |
| *womens daily form/fa/ca/fe oral tablet* | $0 (Nivel 3) | DP |
| *womens daily formula oral tablet* | $0 (Nivel 3) | DP |
| *womens multi gummies oral tablet chewable* | $0 (Nivel 3) | DP |
| *womens multi oral capsule* | $0 (Nivel 3) | DP |
| *womens multivitamin oral tablet* | $0 (Nivel 3) | DP |
| *xvite oral tablet 1 mg* | $0 (Nivel 3) | DP |
| YELETS TEENAGE FORMULA ORAL TABLET | $0 (Nivel 3) | DP |
| *yl folic acid oral tablet 400 mcg* | $0 (Nivel 3) | DP |
| *yl vitamin b-6 oral tablet 100 mg* | $0 (Nivel 3) | DP |
| *yl vitamin c oral tablet 1000 mg* | $0 (Nivel 3) | DP |
| *yl vitamin c-rose hips oral tablet 1000 mg, 500 mg* | $0 (Nivel 3) | DP |
| YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE | $0 (Nivel 3) | DP |
| *zoo friends complete oral tablet chewable* | $0 (Nivel 3) | DP |
| *zyvana oral capsule* | $0 (Nivel 3) | DP |
| **TÓPICOS** | | |
| **Agentes Para Boca/Garganta/Dentales** | | |
| *cevimeline hcl oral capsule 30 mg* | $0 (Nivel 1) | |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | $0 (Nivel 1) | |

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|---|---|---|
| *clotrimazole mouth/throat troche 10 mg* | $0 (Nivel 1) | QL (150 per 30 days) |
| *lidocaine viscous hcl mouth/throat solution 2 %* | $0 (Nivel 1) | |
| *nystatin mouth/throat suspension 100000 unit/ml* | $0 (Nivel 1) | |
| ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 % | $0 (Nivel 3) | DP |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | $0 (Nivel 1) | |
| PERIOMED MOUTH/THROAT CONCENTRATE 0.63 % | $0 (Nivel 3) | DP |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | $0 (Nivel 1) | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | $0 (Nivel 1) | |
| **Dermatología, Acné** | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | $0 (Nivel 1) | PA |
| *adapalene external gel 0.1 %* | $0 (Nivel 3) | DP |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | $0 (Nivel 1) | PA |
| AVITA EXTERNAL CREAM 0.025 % | $0 (Nivel 1) | PA; QL (45 per 30 days) |
| AVITA EXTERNAL GEL 0.025 % | $0 (Nivel 1) | PA; QL (45 per 30 days) |
| BENZEFOAM EXTERNAL FOAM 5.3 % | $0 (Nivel 3) | DP |
| BENZEPRO EXTERNAL FOAM 5.3 % | $0 (Nivel 3) | DP |
| BENZEPRO SHORT CONTACT EXTERNAL FOAM 9.8 % | $0 (Nivel 3) | DP |
| *benzoyl peroxide-erythromycin external gel 5-3 %* | $0 (Nivel 1) | QL (46.6 per 30 days) |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | $0 (Nivel 1) | PA |
| *clindamycin phosphate external gel 1 %* | $0 (Nivel 1) | QL (75 per 30 days) |
| *clindamycin phosphate external lotion 1 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clindamycin phosphate external solution 1 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| DIFFERIN EXTERNAL GEL 0.1 % | $0 (Nivel 3) | DP |
| *ery external pad 2 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *erythromycin external solution 2 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | $0 (Nivel 1) | PA |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | $0 (Nivel 1) | PA |
| *sulfacetamide sodium (acne) external lotion 10 %* | $0 (Nivel 1) | QL (118 per 30 days) |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | $0 (Nivel 1) | PA; QL (45 per 30 days) |
| *tretinoin external gel 0.01 %, 0.025 %* | $0 (Nivel 1) | PA; QL (45 per 30 days) |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | $0 (Nivel 1) | PA |

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|---|---|---|
| **Dermatología, Agentes Para El Cuidado De Heridas** | | |
| REGRANEX EXTERNAL GEL 0.01 % | $0 (Nivel 2) | PA; QL (30 per 30 days); NDS |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | $0 (Nivel 2) | QL (180 per 30 days) |
| *sodium chloride irrigation solution 0.9 %* | $0 (Nivel 1) | |
| *sterile water for irrigation irrigation solution* | $0 (Nivel 1) | |
| **Dermatología, Anestésicos Locales** | | |
| GLYDO EXTERNAL PREFILLED SYRINGE 2 % | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| *lidocaine external ointment 5 %* | $0 (Nivel 1) | PA; QL (50 per 30 days) |
| *lidocaine external patch 5 %* | $0 (Nivel 1) | PA; QL (3 per 1 day) |
| *lidocaine hcl external solution 4 %* | $0 (Nivel 1) | PA; QL (50 per 30 days) |
| *lidocaine hcl urethral/mucosal external gel 2 %* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | $0 (Nivel 1) | PA; QL (30 per 30 days) |
| **Dermatología, Antibióticos** | | |
| *bacitracin external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *bacitracin zinc external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *bacitracin zinc-aloe external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *first aid antibiotic external ointment 3.5-400-5000 mg-unit* | $0 (Nivel 3) | DP |
| *gentamicin sulfate external cream 0.1 %* | $0 (Nivel 1) | QL (30 per 30 days) |
| *gentamicin sulfate external ointment 0.1 %* | $0 (Nivel 1) | QL (30 per 30 days) |
| *gnp bacitracin zinc external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *gnp triple antibiotic external ointment* | $0 (Nivel 3) | DP |
| *gnp triple antibiotic plus external ointment 1 %* | $0 (Nivel 3) | DP |
| *hm bacitracin zinc external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *hm triple antibiotic external ointment 3.5-400-5000* | $0 (Nivel 3) | DP |
| *hm triple antibiotic max st external ointment 1 %* | $0 (Nivel 3) | DP |
| *medi-first triple antibiotic external ointment 5-400-5000 mg-unit* | $0 (Nivel 3) | DP |
| *mupirocin external ointment 2 %* | $0 (Nivel 1) | QL (220 per 30 days) |
| *px triple external ointment 3.5-400-5000* | $0 (Nivel 3) | DP |
| *qc bacitracin external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *qc triple antibiotic max st external ointment 1 %* | $0 (Nivel 3) | DP |
| *silver sulfadiazine external cream 1 %* | $0 (Nivel 1) | |
| *sm antibiotic external ointment 500 unit/gm* | $0 (Nivel 3) | DP |
| *sm triple antibiotic external ointment 3.5-400-5000* | $0 (Nivel 3) | DP |
| *sm triple antibiotic max st external ointment 1 %* | $0 (Nivel 3) | DP |
| *sm triple antibiotic original external ointment 3.5-400-5000* | $0 (Nivel 3) | DP |

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|---|---|---|
| SSD EXTERNAL CREAM 1 % | $0 (Nivel 1) | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | $0 (Nivel 2) | QL (453.6 per 30 days) |
| *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000* | $0 (Nivel 3) | DP |
| *triple antibiotic plus external ointment 1 %* | $0 (Nivel 3) | DP |
| *triple antibiotic+pain relief external ointment 1 %* | $0 (Nivel 3) | DP |
| **Dermatología, Anticuerpos** | | |
| *antifungal (clotrimazole) external cream 1 %* | $0 (Nivel 3) | DP |
| *antifungal (tolnaftate) external cream 1 %* | $0 (Nivel 3) | DP |
| *antifungal clotrimazole external cream 1 %* | $0 (Nivel 3) | DP |
| *anti-fungal external cream 1 %* | $0 (Nivel 3) | DP |
| *antifungal external powder 2 %* | $0 (Nivel 3) | DP |
| *athletes foot (clotrimazole) external cream 1 %* | $0 (Nivel 3) | DP |
| *athletes foot (terbinafine) external cream 1 %* | $0 (Nivel 3) | DP |
| *athletes foot powder spray external aerosol powder 1 %* | $0 (Nivel 3) | DP |
| *athletes foot spray external aerosol 1 %* | $0 (Nivel 3) | DP |
| *butenafine hcl external cream 1 %* | $0 (Nivel 3) | DP |
| CARRINGTON ANTIFUNGAL EXTERNAL CREAM 2 % | $0 (Nivel 3) | DP |
| *castellani paint modified external liquid 1.5 %* | $0 (Nivel 3) | DP |
| *ciclopirox olamine external cream 0.77 %* | $0 (Nivel 1) | QL (90 per 30 days) |
| *ciclopirox olamine external suspension 0.77 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clotrimazole anti-fungal external cream 1 %* | $0 (Nivel 3) | DP |
| *clotrimazole athletes foot external cream 1 %* | $0 (Nivel 3) | DP |
| *clotrimazole cream 1 % external (otc) 1 %* | $0 (Nivel 3) | DP |
| *clotrimazole cream 1 % external (rx) 1 %* | $0 (Nivel 1) | QL (45 per 30 days) |
| *clotrimazole solution 1 % external (otc) 1 %* | $0 (Nivel 3) | DP |
| *clotrimazole solution 1 % external (rx) 1 %* | $0 (Nivel 1) | QL (30 per 30 days) |
| *clotrimazole-betamethasone external cream 1-0.05 %* | $0 (Nivel 1) | QL (45 per 30 days) |
| *cvs jock itch external cream 1 %* | $0 (Nivel 3) | DP |
| DERMAFUNGAL EXTERNAL OINTMENT 2 % | $0 (Nivel 3) | DP |
| DESENEX EXTERNAL POWDER 2 % | $0 (Nivel 3) | DP |
| FUNGOID TINCTURE EXTERNAL SOLUTION 2 % | $0 (Nivel 3) | DP |
| *gnp athletes foot external cream 1 %* | $0 (Nivel 3) | DP |
| *gnp miconazorb af external powder 2 %* | $0 (Nivel 3) | DP |
| *gnp terbinafine hydrochloride external cream 1 %* | $0 (Nivel 3) | DP |
| *gnp tolnaftate external cream 1 %* | $0 (Nivel 3) | DP |
| *ketoconazole external cream 2 %* | $0 (Nivel 1) | QL (60 per 30 days) |

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| NOMBRE DEL MEDICAMENTO | CUÁNTO LE COSTARÁ EL MEDICAMENTO (NIVEL) | ACCIONES NECESARIAS RESTRICCIONES O LÍMITES DE USO |
|---|---|---|
| LAMISIL AT EXTERNAL CREAM 1 % | $0 (Nivel 3) | DP |
| *miconazole antifungal external cream 2 %* | $0 (Nivel 3) | DP |
| *miconazole nitrate external cream 2 %* | $0 (Nivel 3) | DP |
| MICOTRIN AC EXTERNAL CREAM 1 % | $0 (Nivel 3) | DP |
| MICOTRIN AP EXTERNAL POWDER 2 % | $0 (Nivel 3) | DP |
| MYCOZYL AC EXTERNAL CREAM 1 % | $0 (Nivel 3) | DP |
| MYCOZYL AP EXTERNAL POWDER 2 % | $0 (Nivel 3) | DP |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | $0 (Nivel 1) | QL (60 per 30 days) |
| *nystatin external cream 100000 unit/gm* | $0 (Nivel 1) | QL (30 per 30 days) |
| *nystatin external ointment 100000 unit/gm* | $0 (Nivel 1) | QL (30 per 30 days) |
| *nystatin external powder 100000 unit/gm* | $0 (Nivel 1) | QL (60 per 30 days) |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | $0 (Nivel 1) | QL (60 per 30 days) |
| *px athletic foot external cream 1 %* | $0 (Nivel 3) | DP |
| *qc tolnaftate external cream 1 %* | $0 (Nivel 3) | DP |
| REMEDY ANTIFUNGAL EXTERNAL CREAM 2 % | $0 (Nivel 3) | DP |
| REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL POWDER 2 % | $0 (Nivel 3) | DP |
| *sm antifungal clotrimazole external cream 1 %* | $0 (Nivel 3) | DP |
| *sm antifungal miconazole external cream 2 %* | $0 (Nivel 3) | DP |
| *sm antifungal tolnaftate external cream 1 %* | $0 (Nivel 3) | DP |
| *sm athletes foot external cream 1 %* | $0 (Nivel 3) | DP |
| SOOTHE & COOL INZO ANTIFUNGAL EXTERNAL CREAM 2 % | $0 (Nivel 3) | DP |
| *terbinafine hcl external cream 1 %* | $0 (Nivel 3) | DP |
| *tgt antifungal external cream 1 %* | $0 (Nivel 3) | DP |
| *tgt antifungal spray powder external aerosol powder 1 %* | $0 (Nivel 3) | DP |
| TING EXTERNAL CREAM 1 % | $0 (Nivel 3) | DP |
| *tolnaftate antifungal external cream 1 %* | $0 (Nivel 3) | DP |
| *tolnaftate external cream 1 %* | $0 (Nivel 3) | DP |
| *tolnaftate external powder 1 %* | $0 (Nivel 3) | DP |
| ZEASORB-AF EXTERNAL POWDER 2 % | $0 (Nivel 3) | DP |
| **Dermatología, Antipsoriáticos** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | $0 (Nivel 1) | PA |
| *calcipotriene external ointment 0.005 %* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *calcipotriene external solution 0.005 %* | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| CALCITRENE EXTERNAL OINTMENT 0.005 % | $0 (Nivel 1) | PA; QL (120 per 30 days) |
| *tazarotene external cream 0.1 %* | $0 (Nivel 1) | PA; QL (60 per 30 days) |
| TAZORAC EXTERNAL CREAM 0.05 % | $0 (Nivel 2) | PA; QL (60 per 30 days) |

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|---|---|---|
| **Dermatología, Antiseborreicos** | | |
| *ketoconazole external shampoo 2 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *selenium sulfide external lotion 2.5 %* | $0 (Nivel 1) | |
| **Dermatología, Corticosteroides** | | |
| *ala-cort external cream 1 %, 2.5 %* | $0 (Nivel 1) | |
| *alclometasone dipropionate external cream 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *alclometasone dipropionate external ointment 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *betamethasone dipropionate aug external cream 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate aug external gel 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate aug external lotion 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate aug external ointment 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate external cream 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate external lotion 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone dipropionate external ointment 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone valerate external cream 0.1 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone valerate external lotion 0.1 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *betamethasone valerate external ointment 0.1 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *clobetasol propionate e external cream 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clobetasol propionate external cream 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clobetasol propionate external gel 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clobetasol propionate external ointment 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *clobetasol propionate external solution 0.05 %* | $0 (Nivel 1) | QL (50 per 30 days) |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % | $0 (Nivel 2) | PA; QL (120 per 30 days) |
| *fluocinolone acetonide body external oil 0.01 %* | $0 (Nivel 1) | QL (118.28 per 30 days) |
| *fluocinolone acetonide external cream 0.01 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *fluocinolone acetonide external cream 0.025 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *fluocinolone acetonide external ointment 0.025 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *fluocinolone acetonide external solution 0.01 %* | $0 (Nivel 1) | QL (90 per 30 days) |
| *fluocinolone acetonide scalp external oil 0.01 %* | $0 (Nivel 1) | QL (118.28 per 30 days) |
| *fluocinonide emulsified base external cream 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *fluocinonide external cream 0.05 %* | $0 (Nivel 1) | QL (120 per 30 days) |
| *fluocinonide external gel 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *fluocinonide external ointment 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *fluocinonide external solution 0.05 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| *fluticasone propionate external cream 0.05 %* | $0 (Nivel 1) | |
| *fluticasone propionate external ointment 0.005 %* | $0 (Nivel 1) | |

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|---|---|---|
| *halobetasol propionate external cream 0.05 %* | $0 (Nivel 1) | QL (50 per 30 days) |
| *halobetasol propionate external ointment 0.05 %* | $0 (Nivel 1) | QL (50 per 30 days) |
| *hydrocortisone external cream 1 %, 2.5 %* | $0 (Nivel 1) | |
| *hydrocortisone external lotion 2.5 %* | $0 (Nivel 1) | |
| *hydrocortisone external ointment 2.5 %* | $0 (Nivel 1) | |
| *mometasone furoate external cream 0.1 %* | $0 (Nivel 1) | |
| *mometasone furoate external ointment 0.1 %* | $0 (Nivel 1) | |
| *mometasone furoate external solution 0.1 %* | $0 (Nivel 1) | |
| *triamcinolone acetonide external cream 0.025 %, 0.5 %* | $0 (Nivel 1) | |
| *triamcinolone acetonide external cream 0.1 %* | $0 (Nivel 1) | QL (454 per 30 days) |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | $0 (Nivel 1) | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | $0 (Nivel 1) | |
| **Dermatología, Escabicidas Y Pediculicidas** | | |
| *cvs lice treatment external liquid 1 %* | $0 (Nivel 3) | DP |
| *eq lice killing max st external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *gnp lice treatment external liquid 1 %* | $0 (Nivel 3) | DP |
| *gnp lice treatment external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *hm lice killing max st external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *hm lice treatment external liquid 1 %* | $0 (Nivel 3) | DP |
| *lice killing external shampoo 0.33-4 %, 4-0.33 %* | $0 (Nivel 3) | DP |
| *lice killing maximum strength external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *lice treatment creme rinse external liquid 1 %* | $0 (Nivel 3) | DP |
| *malathion external lotion 0.5 %* | $0 (Nivel 1) | QL (59 per 30 days) |
| NIX CREME RINSE EXTERNAL LIQUID 1 % | $0 (Nivel 3) | DP |
| *permethrin external cream 5 %* | $0 (Nivel 1) | QL (60 per 30 days) |
| RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % | $0 (Nivel 3) | DP |
| *sb lice killing max st external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *sm lice killing max strength external shampoo 0.33-4 %* | $0 (Nivel 3) | DP |
| *sm lice treatment external lotion 1 %* | $0 (Nivel 3) | DP |
| **Dermatología, Varios Para La Piel Y Membranas Mucosas** | | |
| *ammonium lactate cream 12 % external (otc) 12 %* | $0 (Nivel 3) | DP |
| *ammonium lactate cream 12 % external (rx) 12 %* | $0 (Nivel 1) | |
| *ammonium lactate lotion 12 % external (otc) 12 %* | $0 (Nivel 3) | DP |
| *ammonium lactate lotion 12 % external (rx) 12 %* | $0 (Nivel 1) | |

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|---|---|---|
| *anti-itch external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| *antiseptic skin cleanser external solution 4 %* | $0 (Nivel 3) | DP |
| AQUA GLYCOLIC FACE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *arthritis pain relieving external cream 0.075 %* | $0 (Nivel 3) | DP |
| BANOPHEN EXTERNAL CREAM 2-0.1 % | $0 (Nivel 3) | DP |
| BASLE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *benzoin external tincture* | $0 (Nivel 3) | DP |
| *beta care external cream* | $0 (Nivel 3) | DP |
| BETA XMA EXTERNAL CREAM | $0 (Nivel 3) | DP |
| BETADINE EXTERNAL SOLUTION 10 % | $0 (Nivel 3) | DP |
| *bexarotene external gel 1 %* | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| *calamine external lotion 8-8 %* | $0 (Nivel 3) | DP |
| *calamine phenolated external lotion* | $0 (Nivel 3) | DP |
| *calamine-zinc oxide external lotion 8-8 %* | $0 (Nivel 3) | DP |
| CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 % | $0 (Nivel 3) | DP |
| *capsaicin external cream 0.025 %, 0.1 %* | $0 (Nivel 3) | DP |
| *capsaicin pain relief external cream 0.1 %* | $0 (Nivel 3) | DP |
| CAPZASIN-HP EXTERNAL CREAM 0.1 % | $0 (Nivel 3) | DP |
| CERAVE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| CERAVE MOISTURIZING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM | $0 (Nivel 3) | DP |
| CETAPHIL MOISTURIZING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM | $0 (Nivel 3) | DP |
| CLORPACTIN POWDER 2 GM | $0 (Nivel 3) | DP |
| *coconut oil beauty external cream* | $0 (Nivel 3) | DP |
| *cvs moisturizing external cream* | $0 (Nivel 3) | DP |
| *cvs moisturizing extra dry external cream* | $0 (Nivel 3) | DP |
| DERMABASE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| DIABETIDERM EXTERNAL CREAM | $0 (Nivel 3) | DP |
| DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *diclofenac sodium external gel 1 %* | $0 (Nivel 1) | QL (1000 per 30 days) |
| *diphenhydramine-zinc acetate external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| DML FORTE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| DYNA-HEX 4 EXTERNAL SOLUTION 4 % | $0 (Nivel 3) | DP |
| EMOLLIA-CREME EXTERNAL CREAM | $0 (Nivel 3) | DP |

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|---|---|---|
| *eq therapeutic moisturizing external cream* | $0 (Nivel 3) | DP |
| EUCERIN CALMING DAILY MOIST EXTERNAL CREAM | $0 (Nivel 3) | DP |
| EUCERIN INTENSIVE REPAIR HAND EXTERNAL CREAM 2.5-10 % | $0 (Nivel 3) | DP |
| EUCERIN PLUS EXTERNAL CREAM 2.5-10 % | $0 (Nivel 3) | DP |
| EUCERIN SKIN CALMING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *first aid antiseptic external ointment 10 %* | $0 (Nivel 3) | DP |
| *fluorouracil external cream 5 %* | $0 (Nivel 1) | QL (40 per 30 days) |
| *fluorouracil external solution 2 %, 5 %* | $0 (Nivel 1) | QL (10 per 30 days) |
| *gnp anti-itch external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| *gnp antiseptic skin cleanser external solution 4 %* | $0 (Nivel 3) | DP |
| *gnp calamine external lotion 8-8 %* | $0 (Nivel 3) | DP |
| *gnp capsaicin external liquid 0.15 %* | $0 (Nivel 3) | DP |
| *gnp lidocaine pain relief external patch 4 %* | $0 (Nivel 3) | DP |
| *gnp zinc oxide external ointment 20 %* | $0 (Nivel 3) | DP |
| GOLD BOND ULTIMATE HEALING EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *hm antiseptic skin cleanser external solution 4 %* | $0 (Nivel 3) | DP |
| *hm calamine external lotion 8-8 %* | $0 (Nivel 3) | DP |
| *hm lidocaine patch external patch 4 %* | $0 (Nivel 3) | DP |
| *hm povidone-iodine external solution 10 %* | $0 (Nivel 3) | DP |
| HYDRASYN25 EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *hydrocortisone (perianal) external cream 2.5 %* | $0 (Nivel 1) | |
| *imiquimod external cream 5 %* | $0 (Nivel 1) | QL (24 per 30 days) |
| *itch relief extra strength external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| KERADAN EXTERNAL CREAM | $0 (Nivel 3) | DP |
| KERR TRIPLE DYE SWABS EXTERNAL SWAB | $0 (Nivel 3) | DP |
| LACTINOL HX EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *leader finger cream external cream* | $0 (Nivel 3) | DP |
| *lidocaine pain relief external patch 4 %* | $0 (Nivel 3) | DP |
| *lidocaine pain relieving external patch 4 %* | $0 (Nivel 3) | DP |
| MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 % | $0 (Nivel 3) | DP |
| *metronidazole external cream 0.75 %* | $0 (Nivel 1) | QL (45 per 30 days) |
| *metronidazole external gel 0.75 %* | $0 (Nivel 1) | QL (45 per 30 days) |
| *metronidazole external lotion 0.75 %* | $0 (Nivel 1) | QL (59 per 30 days) |
| *moisturizing cream external cream* | $0 (Nivel 3) | DP |
| NEUTROGENA HAND EXTERNAL CREAM | $0 (Nivel 3) | DP |

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|---|---|---|
| NIVEA EXTERNAL CREAM | $0 (Nivel 3) | DP |
| NIVEA SOFT EXTERNAL CREAM | $0 (Nivel 3) | DP |
| NUTRADERM EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PANRETIN EXTERNAL GEL 0.1 % | $0 (Nivel 2) | PA; QL (60 per 30 days); NDS |
| PEN-KERA EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PENTRAVAN EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PENTRAVAN PLUS EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *podofilox external solution 0.5 %* | $0 (Nivel 1) | QL (7 per 28 days) |
| *povidone-iodine external ointment 10 %* | $0 (Nivel 3) | DP |
| *povidone-iodine external solution 10 %* | $0 (Nivel 3) | DP |
| PRETTY FEET/HANDS EXTERNAL CREAM | $0 (Nivel 3) | DP |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | $0 (Nivel 1) | |
| PROCTO-PAK EXTERNAL CREAM 1 % | $0 (Nivel 1) | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | $0 (Nivel 1) | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | $0 (Nivel 1) | |
| *px calamine external lotion* | $0 (Nivel 3) | DP |
| *qc anti-itch extra strength external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| *qc calamine external lotion* | $0 (Nivel 3) | DP |
| *qc povidone iodine external solution 10 %* | $0 (Nivel 3) | DP |
| RECTIV RECTAL OINTMENT 0.4 % | $0 (Nivel 2) | QL (30 per 30 days) |
| RISABAL-PH EXTERNAL CREAM | $0 (Nivel 3) | DP |
| RISAMINE EXTERNAL OINTMENT 0.44-20.625 % | $0 (Nivel 3) | DP |
| ROSADAN EXTERNAL CREAM 0.75 % | $0 (Nivel 1) | QL (45 per 30 days) |
| *sm anti-itch extra strength external cream 2-0.1 %* | $0 (Nivel 3) | DP |
| *sm antiseptic skin cleanser external solution 4 %* | $0 (Nivel 3) | DP |
| *sm benzoin tincture external tincture* | $0 (Nivel 3) | DP |
| *sm calamine external lotion* | $0 (Nivel 3) | DP |
| *sm calamine phenolated external lotion* | $0 (Nivel 3) | DP |
| *sm povidone-iodine external solution 10 %* | $0 (Nivel 3) | DP |
| SORBOLENE EXTERNAL CREAM | $0 (Nivel 3) | DP |
| STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM | $0 (Nivel 3) | DP |
| *tacrolimus external ointment 0.03 %, 0.1 %* | $0 (Nivel 1) | QL (100 per 30 days) |
| *therapeutic moisturizing external cream* | $0 (Nivel 3) | DP |
| VALCHLOR EXTERNAL GEL 0.016 % | $0 (Nivel 2) | PA; LA; QL (60 per 30 days); NDS |
| VANICREAM EXTERNAL CREAM | $0 (Nivel 3) | DP |
| VELVACHOL EXTERNAL CREAM | $0 (Nivel 3) | DP |
| XERAC AC EXTERNAL SOLUTION 6.25 % | $0 (Nivel 3) | DP |

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|---|---|---|
| *zinc oxide external ointment 20 %* | $0 (Nivel 3) | DP |
| ZOSTRIX HP EXTERNAL CREAM 0.075 %, 0.1 % | $0 (Nivel 3) | DP |
| ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 % | $0 (Nivel 3) | DP |
| **Óticos** | | |
| DEBROX OTIC SOLUTION 6.5 % | $0 (Nivel 3) | DP |
| *ear drops earwax aid otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *ear drops otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *earwax removal kit otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *earwax removal otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *gnp ear drops otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *gnp earwax removal drops otic solution 6.5 %* | $0 (Nivel 3) | DP |
| *gnp earwax removal kit otic solution 6.5 %* | $0 (Nivel 3) | DP |
| MURINE EAR OTIC SOLUTION 6.5 % | $0 (Nivel 3) | DP |
| *sm ear drops otic solution 6.5 %* | $0 (Nivel 3) | DP |

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