



Plan Medicare Advantage de UCLA Health

Principal Plan (HMO)

and

Prestige Plan (HMO)

2025 Formulary

Lista de Medicamentos Cubiertos o “Lista de Medicamentos”

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission 00025235

Este formulario fue actualizado el 07/22/2025.

Para obtener información más reciente y otras preguntas, comuníquese con los Servicios para Miembros del Plan Medicare Advantage de UCLA Health al 1-833-627-8252 (los usuarios de TTY deben llamar al 711), Horas de Operación: Del 1 de abril al 30 de septiembre, puede llamar de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Del 1 de octubre al 31 de marzo, puede llamar de 8:00 a.m. a 8:00 p.m., los siete días de la semana, o visite UCLAHealthMedicareAdvantage.org.

07/22/2025

H4647_COMPRE-FORMULARY_C_2025

Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía incluye los medicamentos que usted toma.

Cuando esta Lista de Medicamentos (Formulario) se refiere a “nosotros,” “nos” o “nuestro,” significa el Plan Medicare Advantage de UCLA Health. Cuando se refiere al “plan” o “nuestro plan,” significa el Plan Principal de Medicare Advantage de UCLA Health y el Plan Prestige de Medicare Advantage de UCLA Health.

Este documento incluye una Lista de Medicamentos (Formulario) para nuestro plan que está actualizado al 08/26/2024. Para obtener una Lista de Medicamentos (Formulario) actualizado, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la Lista de Medicamentos (Formulario), aparece en las páginas de la portada y contraportada.

Generalmente debe usar farmacias de la red para aprovechar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

¿Qué es el formulario del Plan Medicare Advantage de UCLA Health?

En este documento, utilizamos los términos “Lista de Medicamentos” y “Formulario” para significar lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por el Plan Medicare Advantage de UCLA Health en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas consideradas una parte necesaria de un programa de tratamiento de calidad. El Plan Medicare Advantage de UCLA Health generalmente cubrirá los medicamentos incluidos en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red del Plan Medicare Advantage de UCLA Health y se sigan las demás reglas del plan. Para obtener más información sobre cómo surtir sus recetas, por favor revise su Evidencia de Cobertura.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero el Plan Medicare Advantage de UCLA Health puede agregar o eliminar medicamentos del formulario durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: UCLAHealthMedicareAdvantage.org/formulary.

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

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una nueva versión específica de ese medicamento que aparecerá en el mismo nivel de costos compartidos o en uno inferior, y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero

moverlo inmediatamente a un nivel de costos compartidos diferente o agregar nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca o ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original en una farmacia sin una nueva receta).

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

Si realizamos dicho cambio, usted o su médico pueden solicitar una excepción para que continuemos cubriendo el medicamento que está siendo modificado. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción al formulario del Plan Medicare Advantage de UCLA Health?”

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?”

- **Medicamentos retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que debe ser retirado por razones de seguridad o efectividad, podemos eliminarlo inmediatamente de nuestro formulario y posteriormente notificar a los miembros que lo estén tomando.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente estén tomando un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original, moverlo a un nivel de costos compartidos diferente, o ambas cosas. Podemos realizar cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, o movemos un medicamento a un nivel de costos compartidos más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicite un reabastecimiento del medicamento, pueden recibir un suministro de 30 días del medicamento junto con la notificación del cambio. Si realizamos estos otros cambios, usted o su médico pueden solicitarnos una excepción para que continuemos cubriendo el medicamento que ha estado tomando. La notificación que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la

sección a continuación titulada “¿Cómo solicito una excepción al formulario del Plan Medicare Advantage de UCLA Health?”

Cambios que no le afectarán si actualmente está tomando el medicamento.

Generalmente, si está tomando un medicamento incluido en nuestro formulario de 2025 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los estén tomando durante el resto del año de cobertura. No recibirá una notificación directa este año sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios podrían afectarle, por lo que es importante revisar el formulario para el nuevo año de beneficios y verificar cualquier cambio en los medicamentos.

El formulario adjunto está actualizado al 07/22/2025. Para obtener información actualizada sobre los medicamentos cubiertos por el Plan Medicare Advantage de UCLA Health, por favor contáctenos. Nuestra información de contacto aparece en las páginas de portada y contraportada. El Plan Medicare Advantage de UCLA Health actualizará los formularios impresos en caso de cambios en el formulario que no sean de mantenimiento durante el año.

¿Cómo utilizo el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

Condición Médica

El formulario comienza en la página 11. Los medicamentos en este formulario están agrupados en categorías según el tipo de condiciones médicas que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están listados bajo la categoría de Agentes Cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 9. Luego, busque su medicamento bajo el nombre de la categoría correspondiente.

Listado Alfabético

Si no está seguro bajo qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 189. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en el Índice. Busque su medicamento en el Índice. Junto al nombre de su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

07/22/2025

H4647_COMPRE-FORMULARY_C_2025

El Plan Medicare Advantage de UCLA Health cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA y contiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Existen sustitutos genéricos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden ser sustituidos por los de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto puede significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los típicos medicamentos. Debido a su complejidad, en lugar de tener una forma genérica, tienen alternativas llamadas biosimilares. Generalmente, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de Medicamentos’ indica qué medicamentos de la Parte D están cubiertos.”

¿Existen restricciones en mi cobertura?

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

- **Autorización Previa:** El Plan Medicare Advantage de UCLA Health requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación del Plan Medicare Advantage de UCLA Health antes de surtir sus recetas. Si no obtiene la aprobación, el Plan Medicare Advantage de UCLA Health puede no cubrir el medicamento.
- **Límites de Cantidad:** Para ciertos medicamentos, el Plan Medicare Advantage de UCLA Health limita la cantidad del medicamento que cubrirá. Por ejemplo, el Plan Medicare Advantage de UCLA Health proporciona 4 unidades por receta para el autoinyector de epinefrina. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Terapia Escalonada:** En algunos casos, el Plan Medicare Advantage de UCLA Health requiere que primero intente ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, el Plan Medicare Advantage de UCLA Health puede no cubrir el Medicamento B a menos que primero intente con el Medicamento A. Si el Medicamento A no funciona para usted, entonces cubriremos el Medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el formulario que comienza en la página 11. También puede obtener más información sobre las restricciones aplicadas a los medicamentos específicos cubiertos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas de portada y contraportada.

Puede pedirle al Plan Medicare Advantage de UCLA Health que haga una excepción a estas restricciones o límites, o solicitar una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección “¿Cómo solicito una excepción al formulario del Plan Medicare Advantage de UCLA Health?” en la página 6 para obtener información sobre cómo solicitar una excepción.

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

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

Este documento incluye solo una lista parcial de los medicamentos cubiertos, por lo que el Plan Medicare Advantage de UCLA Health podría cubrir su medicamento. Para obtener más información, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas de portada y contraportada.

Si descubre que el Plan Medicare Advantage de UCLA Health no cubre su medicamento, tiene dos opciones:

- Puede pedir a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por el Plan Medicare Advantage de UCLA Health. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por el Plan Medicare Advantage de UCLA Health.
- Puede pedir al Plan Medicare Advantage de UCLA Health que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario del Plan Medicare Advantage de UCLA Health? Puede pedir al Plan Medicare Advantage de UCLA Health que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitar.

- Puede pedirnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento será cubierto a un nivel de costos compartidos preestablecido, y no podrá solicitarnos que proporcionemos el medicamento a un nivel de costos compartidos más bajo.
- Puede pedirnos que eliminemos una restricción de cobertura, incluyendo autorización previa, terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, el Plan

Medicare Advantage de UCLA Health limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y cubramos una mayor cantidad.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costos compartidos más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

Generalmente, el Plan Medicare Advantage de UCLA Health solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o su médico deben contactarnos para solicitar una excepción de nivel o una excepción al formulario, incluyendo una excepción a una restricción de cobertura.

Cuando solicite una excepción, su médico deberá explicar las razones médicas por las cuales necesita la excepción. Generalmente, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de apoyo de su médico. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente afectada al esperar hasta 72 horas por una decisión. Si estamos de acuerdo, y si su médico solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su médico.

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

Como nuevo miembro o miembro continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O, puede estar tomando un medicamento que está en nuestro formulario pero tiene una restricción de cobertura, como autorización previa. Debe hablar con su médico sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios para su aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción adecuado, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días de su membresía en nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o tiene una restricción de cobertura, cubriremos un suministro temporal de hasta 30 días. Si su receta es para menos días, permitiremos recargas para proporcionar un suministro máximo de 30 días de medicamento. Si la cobertura no es aprobada, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

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

Para más información

Para obtener más información detallada sobre la cobertura de medicamentos recetados de su Plan Medicare Advantage de UCLA Health, por favor revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre el Plan Medicare Advantage de UCLA Health, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas de portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227), disponible las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario del Plan Medicare Advantage de UCLA Health

El formulario a continuación proporciona información sobre la cobertura de los medicamentos incluidos en el Plan Medicare Advantage de UCLA Health. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 189.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, ENTRESTO), y los medicamentos genéricos se enumeran en cursiva y en minúsculas (por ejemplo, *ibesartan*).

La información en la columna de Requisitos/Límites le indica si el Plan Medicare Advantage de UCLA Health tiene requisitos especiales para la cobertura de su medicamento.

- El símbolo [EX] indica que este medicamento recetado no está normalmente cubierto en un Plan de Medicamentos Recetados de Medicare. El monto que paga cuando surte una receta para este medicamento no cuenta para el total de sus costos de medicamentos (es decir, la cantidad que paga no le ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus medicamentos recetados, no recibirá ninguna ayuda adicional para pagar este medicamento.
- El símbolo [QL] indica límites de cantidad para ciertos medicamentos y especifica la cantidad que el plan cubrirá (suministro en días o cantidad dispensada). Si su médico prescribe más de esta cantidad o considera que el límite no es adecuado para su condición, usted o su médico pueden solicitar al plan que cubra una cantidad mayor.
- El símbolo [HI] indica que este medicamento recetado puede estar cubierto bajo nuestro beneficio médico. Para más información, llame a Servicios para Miembros al 1-833-627-8252 (los usuarios de TTY deben llamar al 711). Horas Operación: Del 1 de abril al 30 de septiembre: de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Del 1 de octubre al 31 de marzo: de 8:00 a.m. a 8:00 p.m., los siete días de la semana, o visite www.UCLAHealthMedicareAdvantage.org/formulary.
- El símbolo [ST] indica que, antes de que se proporcione cobertura para este medicamento, primero debe probar otro(s) medicamento(s) para tratar su condición médica. Este medicamento solo puede estar cubierto si el/los otro(s) medicamento(s) no funcionan para usted.

- El símbolo [PA] indica que usted (o su médico) debe obtener una autorización previa del Plan Medicare Advantage de UCLA Health antes de surtir su receta para este medicamento. Sin la aprobación previa, el Plan Medicare Advantage de UCLA Health puede no cubrir este medicamento.
- El símbolo [PA NSO] indica Autorización Previa para Nuevos Comienzos únicamente para un miembro nuevo en una terapia con medicamentos. Esto significa que la primera vez que un miembro toma ese medicamento específico con gestión de utilización (UM), se requiere un proceso que especifica que los miembros obtengan aprobación anticipada para la cobertura del plan antes de que se brinde un servicio o se surta una receta.
- El símbolo [PA BvD] indica que este medicamento recetado puede estar cubierto bajo la Parte B o D de Medicare, dependiendo de las circunstancias. Usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que no cubramos este medicamento.
- El símbolo [CB] indica un Beneficio Limitado, lo que significa que este medicamento tiene un monto límite específico por mes y no permite recargas anticipadas.
- El símbolo [NDS] indica que no se permite un suministro extendido de días.

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Anti Cáncer		
Agentes Anti Cáncer		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (Zytiga)	2	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (Fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	HI; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i> (Bleomycin Sulfate)	2	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i> (Velcade)	4	PA NSO; HI
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	4	PA NSO; HI
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO; HI
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> (Cyclophosphamide)	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i> (Cyclophosphamide)	5	PA BvD; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Cyclophosphamide)	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i> (Cyclophosphamide)	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i> (Cyclophosphamide)	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	HI; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO

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ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; HI; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	HI
<i>etoposide intravenous solution 20 mg/ml</i> (Etoposide)	2	HI
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)

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<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i> (Floxuridine)	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> (Ifex)	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)

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KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Leuprolide Acetate)	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> (Leuprolide Acetate)	2	PA NSO
LONSURF ORAL TABLET 15- 6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20- 8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i> (Megestrol Acetate)	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Mercaptopurine)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i> (Mercaptopurine)	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i> (Methotrexate Sodium/PF)	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i> (Methotrexate Sodium/PF)	2	
<i>methotrexate sodium injection solution 25 mg/ml</i> (Methotrexate Sodium)	2	
<i>methotrexate sodium oral tablet 2.5 mg</i> (Methotrexate Sodium)	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i> (Mitoxantrone HCl)	2	HI
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; HI; NDS

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NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS

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ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; HI; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium 500 mg/20 ml sub. p/f 25 mg/ml</i> (Alimta)	5	HI; NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> (Alimta)	5	HI; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i> (Alimta)	5	NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i> (Pemetrexed)	5	HI; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	HI; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i> (Tamoxifen Citrate)	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NDS; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (Etoposide)	2	HI
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<i>torpenz oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i> (Tretinoin)	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution</i> (Vinorelbine Tartrate) <i>10 mg/ml, 50 mg/5 ml</i>	2	HI
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; HI; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> (Acamprosate Calcium)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	(Buprenorphine HCl)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	(Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	(Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	(Buprenorphine HCl/Naloxone HCl)	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	(Bupropion HCl)	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	(Disulfiram)	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	(Naloxone HCl)	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	(Naloxone HCl)	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	(Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	(Naltrexone HCl)	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	(Chantix)	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	(Chantix)	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	(Chantix)	2	

Agentes Antiansiedad

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Benzodiacepinas			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	(Xanax)	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	(Xanax)	1	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	(Chlordiazepoxide HCl)	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	(Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	(Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	(Clonazepam)	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	(Clonazepam)	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	(Tranxene T-Tab)	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	(Diazepam)	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	(Diazepam)	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	(Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	(Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	(Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	(Lorazepam)	2	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i>	(Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i>	(Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	(Ativan)	4	QL (2 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>lorazepam injection syringe 2 mg/ml</i>	(Lorazepam)	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	(Lorazepam)	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	(Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	(Ativan)	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	(Restoril)	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	(Restoril)	2	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	(Restoril)	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	(Halcion)	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	(Halcion)	2	NDS; QL (60 per 30 days)
Agentes Antidemencia			
Agentes Antidemencia			
<i>donepezil oral tablet 10 mg, 5 mg</i>	(Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	(Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	(Donepezil HCl)	2	
<i>donepezil oral tablet, disintegrating 5 mg</i>	(Donepezil HCl)	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	(Ergoloid Mesylates)	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	(Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	(Galantamine Hbr)	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	(Galantamine Hbr)	2	QL (60 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	(Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i>	(Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	(Memantine HCl)	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	(Namenda)	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	(Rivastigmine Tartrate)	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	(Exelon)	2	QL (30 per 30 days)
Agentes Antidiabetico			
Agentes Antidiabeticos, Varios			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	(Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		3	QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Metformin HCl)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Metformin HCl)	1	QL (150 per 30 days)
<i>metformin oral tablet 750 mg</i> (Metformin HCl)	1	QL (60 per 30 days)
<i>metformin oral tablet 850 mg</i> (Metformin HCl)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Metformin HCl)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Metformin HCl)	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Mifepristone)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Nateglinide)	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pioglitazone-metformin oral tablet</i> (Actoplus Met) 15-500 mg	2	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet</i> (Actoplus Met) 15-850 mg	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i> (Repaglinide)	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Repaglinide)	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulinas		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30 Flexpen)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30)	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog Penfill)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog Flexpen)	2	max \$35 copay per month supply; QL (30 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>insulin aspart u-100</i> (Novolog) <i>subcutaneous solution 100 unit/ml</i>	2	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	3	max \$35 copay per month supply

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonilureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>	(Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	(Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	(Glipizide)	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	(Glipizide)	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	(Glipizide)	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	(Glucotrol XL)	1	QL (60 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	(Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	(Glipizide/Metformin HCl)	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	(Glipizide/Metformin HCl)	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	(Glynase)	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	(Glyburide)	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	(Glyburide/Metformin HCl)	1	
Agentes Antigota			
Agentes Antigota, Otros			
<i>allopurinol oral tablet 100 mg</i>	(Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	(Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i>	(Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	(Probenecid)	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	(Probenecid/Colchicine)	2	
Agentes Antimigraña			
Agentes Antimigraña			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal</i> (Migranal) <i>spray, non-aerosol 0.5 mg/pump</i> <i>act. (4 mg/ml)</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5</i> (Amerge) <i>mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral</i> (Maxalt Mlt) <i>tablet, disintegrating 10 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral</i> (Maxalt Mlt) <i>tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject</i> (Imitrex) <i>outer, sub</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-</i> (Imitrex) <i>aerosol 20 mg/actuation, 5</i> <i>mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet</i> (Imitrex) <i>100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet</i> (Imitrex) <i>25 mg, 50 mg</i>	2	QL (18 per 30 days)

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<i>sumatriptan succinate</i> (Imitrex) <i>subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate</i> (Imitrex) <i>subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate</i> (Imitrex) <i>subcutaneous solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Agentes Antinausea		
Agentes Antinausea		
<i>aprepitant oral capsule 125 mg</i> (Emend)	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (Compazine)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i> (Antivert)	1	
<i>meclizine oral tablet 25 mg</i> (Antivert)	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Ondansetron HCl)	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Ondansetron)	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> (Prochlorperazine Edisylate)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	(Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i>	(Compazine)	2	
<i>promethazine injection solution 25 mg/ml</i>	(Promethazine HCl)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	(Promethazine HCl)	1	
<i>promethazine rectal suppository 25 mg</i>	(Promethazine HCl)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	(Promethazine HCl)	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	(Transderm-Scop)	4	QL (10 per 30 days)
Agentes Antiparasitarios			
Agentes Antiparasitarios			
<i>albendazole oral tablet 200 mg</i>	(Albenza)	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	(Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	(Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	(Malarone)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	(Chloroquine Phosphate)	2	
COARTEM ORAL TABLET 20-120 MG		4	
<i>hydroxychloroquine oral tablet 100 mg</i>	(Plaquenil)	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	(Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	(Plaquenil)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	(Plaquenil)	2	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>ivermectin oral tablet 6 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i> (Mefloquine HCl)	2	
<i>nitazoxanide oral tablet 500 mg</i> (Nitazoxanide)	5	NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Nebupent)	2	HI
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i> (Tinidazole)	2	
Agentes Antiparkinson		
Agentes Antiparkinson		
<i>amantadine hcl oral capsule 100 mg</i> (Amantadine HCl)	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i> (Amantadine HCl)	2	
<i>amantadine hcl oral tablet 100 mg</i> (Amantadine HCl)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> (Benztropine Mesylate)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i> (Cabergoline)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Dhivy)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Carbidopa/Levodopa)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i> (Carbidopa/Levodopa)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i> (Carbidopa/Levodopa)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Pramipexole Di-HCl)	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Ropinirole HCl)	2	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i> (Ropinirole HCl)	2	
<i>selegiline hcl oral capsule 5 mg</i> (Selegiline HCl)	2	
<i>selegiline hcl oral tablet 5 mg</i> (Selegiline HCl)	4	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> (Trihexyphenidyl HCl)	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
Agentes Antipsicóticos		

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Antipsicóticos		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i> (Aripiprazole)	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i> (Aripiprazole)	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i> (Aripiprazole)	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual</i> (Saphris) <i>tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> (Chlorpromazine HCl) <i>25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate</i> (Chlorpromazine HCl) <i>100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg,</i> (Chlorpromazine HCl) <i>100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating</i> (Clozapine) <i>100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> (Clozapine) <i>150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> (Clozapine) <i>200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i> (Fluphenazine Decanoate)	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> (Fluphenazine HCl)	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haloperidol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> (Haloperidol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> (Haloperidol)	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)

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INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule</i> (Loxapine Succinate) 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i> (Molindone HCl)	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i> (Molindone HCl)	2	QL (270 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>molindone oral tablet 5 mg</i> (Molindone HCl)	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> (Perphenazine)	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i> (Pimozide)	2	
<i>prochlorperazine 10 mg/2 ml vial 10 mg/2 ml (5 mg/ml)</i> (Prochlorperazine Edisylate)	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i> (Seroquel)	2	QL (30 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	(Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i>	(Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i>	(Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	(Risperdal Consta)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	(Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	(Risperdal)	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	(Risperdal)	2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	(Risperidone)	4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	(Thioridazine HCl)	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	(Thiothixene)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> (Trifluoperazine HCl)	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Agentes Calóricos		
Agentes Calóricos		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	(Dextrose 5 % in Water)	2
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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
Agentes Cardiovasculares		
Agentes Alfa-Adrenérgicos		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Clonidine HCl)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-Tts 1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-Tts 1)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-Tts 1)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i> (Guanfacine HCl)	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Midodrine HCl)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Agentes Antiarrítmicos		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Amiodarone HCl)	2	
<i>amiodarone oral tablet 400 mg</i> (Amiodarone HCl)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> (Flecainide Acetate)	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Amiodarone HCl)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> (Propafenone HCl)	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i> (Quinidine Sulfate)	2	
Agentes Bloqueadores Beta-Adrenérgicos		
<i>acebutolol oral capsule 200 mg, 400 mg</i> (Acebutolol HCl)	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 50)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Bisoprolol Fumarate)	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> (Labetalol HCl)	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i> (Lopressor)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Propranolol HCl)	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> (Timolol Maleate)	4	
Agentes Bloqueadores Da Canal De Calcio		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiazac)	2	
<i>diltiazem 24hr er 420 mg cap</i> (Tiazac)	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> (Cardizem CD)	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 90 mg</i> (Cardizem CD)	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (Cardizem CD)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Tiazac)	2	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i> (Verelan)	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> (Calan SR)	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Agentes Cardiovasculares, Varios		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> (Digoxin)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Epipen 2-Pak)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (Epipen 2-Pak)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Epipen 2-Pak)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Epipen 2-Pak)	2	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Hydralazine HCl)	1	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>metirosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Antagonistas De Receptores De Angiotensina II		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	2	
<i>irbesartan oral tablet 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>olmesartan-amlodipin-hcthiazid</i> (Tribenzor) <i>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</i>	2	
<i>olmesartan-hydrochlorothiazide</i> (Benicar HCT) <i>oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg</i> (Micardis)	2	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-hydrochlorothiazid</i> (Micardis HCT) <i>oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Dihidropiridinas		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> (Lotrel)	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiazid</i> (Exforge HCT) <i>oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	(Felodipine)	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	(Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	(Nifedipine)	2	
Dislipidémicos			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i>	(Caduet)	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	(Caduet)	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	(Caduet)	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	(Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	(Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	(Cholestyramine)	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	(Welchol)	4	
<i>colesevelam oral tablet 625 mg</i>	(Welchol)	2	
<i>colestipol oral packet 5 gram</i>	(Colestid)	2	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	(Vytorin)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	(Vytorin)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin)	2	QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> (Antara)	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i> (Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg</i> (Fenoglide)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Fluvastatin Sodium)	2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lovastatin)	1	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacin)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan)	2	
<i>niacor oral tablet 500 mg</i> (Niacin)	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i> (Pravastatin Sodium)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravastatin Sodium)	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (Cholestyramine)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i> (Zocor)	1	QL (30 per 30 days)
Diuréticos		
<i>amiloride oral tablet 5 mg</i> (Amiloride HCl)	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> (Amiloride/Hydrochlorothiazide)	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Bumetanide)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> (Chlorthalidone)	2	
<i>furosemide injection solution 10 mg/ml</i> (Furosemide)	1	
<i>furosemide injection syringe 10 mg/ml</i> (Furosemide)	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> (Furosemide)	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Hydrochlorothiazide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> (Hydrochlorothiazide)	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i> (Indapamide)	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	5	PA; NDS; QL (120 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Metolazone)	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Tolvaptan)	5	PA; NDS; QL (56 per 28 days)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> (Soaanz)	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Triamterene/Hydrochl orothiazid)	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> (Maxzide)	1	
Inhibidores De Enzima Convertidoras De Angiotensina		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i> (Lotensin)	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> (Lotensin HCT)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> (Captopril)	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> (Vaseretic)	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> (Fosinopril Sodium)	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Fosinopril/Hydrochlorothiazide)	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i> (Moexipril HCl)	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> (Perindopril Erbumine)	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> (Trandolapril)	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> (Trandolapril/Verapamil HCl)	2	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilatadores		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> (Isosorbide Mononitrate)	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> (Isosorbide Mononitrate)	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i> (Minoxidil)	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Agentes De Enfermedad Intestinal Inflamatoria		
Agentes De Enfermedad Intestinal Inflamatoria		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	(Entocort EC)	4	
<i>budesonide rectal foam 2 mg/actuation</i>	(Uceris)	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	2	
<i>mesalamine oral capsule, extended release 500 mg</i>	(Mesalamine)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	4	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine)	4	
Agentes De Enfermedad Ósea Metabólica			
Agentes De Enfermedad Ósea Metabólica			
<i>alendronate oral solution 70 mg/75 ml</i>	(Alendronate Sodium)	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	(Fosamax)	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	(Fosamax)	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	(Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	(Calcitonin, Salmon, Synthetic)	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	(Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	(Sensipar)	2	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i> (Zemplar)	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>teriparatide 560 mcg/2.24 ml 20 mcg/dose (560mcg/2.24ml)</i> (Forteo)	5	PA; NDS; QL (2.48 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> (Forteo)	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
Agentes De Trastorno De Sueño		
Agentes De Trastorno De Sueño		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>modafinil oral tablet 100 mg</i>	(Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	(Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	(Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	(Zaleplon)	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	(Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	(Ambien CR)	2	QL (30 per 30 days)
Agentes Del Sistema Nervioso Central			
Agentes Del Sistema Nervioso Central			
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	(Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	(Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		5	PA; NDS; QL (210 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18- 24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended</i> (Ampyra) <i>release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dextroamphetamine-</i> (Adderall XR) <i>amphetamine oral</i> <i>capsule,extended release 24hr 10</i> <i>mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dextroamphetamine-</i> (Adderall XR) <i>amphetamine oral</i> <i>capsule,extended release 24hr 20</i> <i>mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-</i> (Adderall) <i>amphetamine oral tablet 10 mg,</i> <i>12.5 mg, 15 mg, 20 mg, 30 mg, 5</i> <i>mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule,delayed release(dr/ec)</i> <i>120 mg</i>	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule,delayed release(dr/ec)</i> <i>120 mg (14)- 240 mg (46)</i>	5	PA; NDS
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule,delayed release(dr/ec)</i> <i>240 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>glatiramer subcutaneous syringe</i> (Copaxone) 20 mg/ml	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe</i> (Copaxone) 40 mg/ml	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe</i> 20 (Copaxone) mg/ml	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe</i> 40 (Copaxone) mg/ml	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended</i> (Intuniv) <i>release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule</i> (Lithium Carbonate) 150 mg, 300 mg, 600 mg	1	
<i>lithium carbonate oral tablet</i> 300 (Lithobid) <i>mg</i>	1	
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release 300 mg</i>	2	
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release 450 mg</i>	2	
<i>lithium citrate oral solution</i> 8 (Lithium Citrate) <i>meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution</i> (Methylin) <i>10 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
<i>acetylcysteine solution 100 mg/ml</i> (Acetadote) <i>(10 %), 200 mg/ml (20 %)</i>	2	PA BvD
ALYFTREK ORAL TABLET 10- 50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20- 50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for</i> (Cromolyn Sodium) <i>nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Antiinflamatorios, Corticoesteroides Inhalados		
ADVAIR HFA INHALATION HFA (fluticasone propion- AEROSOL INHALER 115-21 salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyana inhalation hfa aerosol</i> (Symbicort) <i>inhaler 160-4.5 mcg/actuation,</i> <i>80-4.5 mcg/actuation</i>	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension</i> (Pulmicort) <i>for nebulization 0.25 mg/2 ml, 0.5</i> <i>mg/2 ml, 1 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation</i> (Symbicort) <i>hfa aerosol inhaler 160-4.5</i> <i>mcg/actuation, 80-4.5</i> <i>mcg/actuation</i>	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation</i> (Flovent Hfa) <i>hfa aerosol inhaler 110</i> <i>mcg/actuation</i>	2	QL (12 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i> (Flovent Hfa)	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> (Flovent Hfa)	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	2	QL (60 per 30 days)
Antileucotrinós		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
Broncodilatadores		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proair Hfa)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i> (Proair Hfa)	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i> (Proair Hfa)	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> (Albuterol Sulfate)	2	PA BvD

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	(Ipratropium Bromide)	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	(Ipratropium/Albuterol Sulfate)	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION		3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	(Theophylline Anhydrous)	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	(Theophylline Anhydrous)	4	

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<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	(Theophylline Anhydrous)	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	(Spiriva Handihaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		3	QL (60 per 30 days)
Agentes Dentales Y Orales			
Agentes Dentales Y Orales			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Peridex)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(Fluoride (Sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(Fluoride (Sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(Prevident)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(Peridex)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen)	2	
<i>sf 5000 plus dental cream 1.1 %</i>	(Fluoride (Sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Prevident 5000 Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
Agentes Dermatológicos			
Agentes Antiinflamatorios Dermatológicos			
<i>ala-cort topical cream 1 %</i>	(Hydrocortisone)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>betamethasone dipropionate topical cream 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone valerate topical cream 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	(Betamethasone/Propylene Glyc)	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	(Betamethasone/Propylene Glyc)	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene)	2	
<i>clobetasol scalp solution 0.05 %</i>	(Clobetasol Propionate)	2	
<i>clobetasol topical cream 0.05 %</i>	(Clobetasol Propionate)	2	
<i>clobetasol topical gel 0.05 %</i>	(Clobetasol Propionate)	2	
<i>clobetasol topical lotion 0.05 %</i>	(Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i>	(Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i>	(Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	(Clobetasol Propionate/Emoll)	2	
<i>clobetasol-emollient topical foam 0.05 %</i>	(Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %		3	

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<i>fluocinolone topical cream 0.01 %</i> (Synalar)	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i> (Vanos)	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical ointment 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical solution 0.05 %</i> (Fluocinonide)	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Fluticasone Propionate)	2	
<i>halobetasol propionate topical cream 0.05 %</i> (Halobetasol Propionate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Halobetasol Propionate)	2	
<i>hydrocortisone 2.5% cream</i> (Hydrocortisone)	2	
<i>hydrocortisone topical cream 1 %</i> (Hydrocortisone)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Hydrocortisone)	2	
<i>hydrocortisone topical lotion 2.5 %</i> (Scalacort)	2	
<i>hydrocortisone topical ointment 1 %</i> (Hydrocortisone)	1	
<i>hydrocortisone topical ointment 2.5 %</i> (Hydrocortisone)	1	
<i>hydrocortisone valerate topical cream 0.2 %</i> (Hydrocortisone Valerate)	2	
<i>mometasone topical cream 0.1 %</i> (Mometasone Furoate)	2	
<i>mometasone topical ointment 0.1 %</i> (Mometasone Furoate)	2	
<i>mometasone topical solution 0.1 %</i> (Mometasone Furoate)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (Anusol-HC)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (Anusol-HC)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (Anusol-HC)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i> (Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> (Triamcinolone Acetonide)	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> (Tritocin)	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Tritocin)	2	
Agentes Dermatológicos, Otros		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Acitretin)	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i> (Ammonium Lactate)	2	
<i>ammonium lactate topical lotion 12 %</i> (Ammonium Lactate)	2	
<i>calcipotriene scalp solution 0.005 %</i> (Calcipotriene)	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i> (Calcipotriene)	2	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Carac)	2	
<i>fluorouracil topical solution 2 %</i> (Fluorouracil)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluorouracil topical solution 5 %</i> (Fluorouracil)	4	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Methoxsalen)	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i> (Podofilox)	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	2	
Antibacterianos Dermatológicos		
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin P)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	4	
<i>erythromycin with ethanol topical solution 2 %</i> (Erythromycin Base In Ethanol)	2	
<i>gentamicin topical cream 0.1 %</i> (Gentamicin Sulfate)	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i> (Gentamicin Sulfate)	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Metrocream)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Rosadan)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>neuac topical gel 1.2 %</i> (1 % base) -5 % (Benzaclin)	1	
<i>rosadan topical cream 0.75 %</i> (Metrocream)	2	
<i>selenium sulfide topical lotion 2.5 %</i> (Selenium Sulfide)	2	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	2	
<i>ssd topical cream 1 %</i> (Silvadene)	4	
Escabicidas Y Pediculicidas		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	QL (60 per 30 days)
Retinoides Dermatológicos		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %</i> (Retin-A)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
Agentes Gastrointestinales		
Agentes Antiúlceras Y Supresores De Ácidos		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Lansoprazole/Amoxicilin/Clarith)	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i> (Cimetidine HCl)	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	(Nexium)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium)	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i>	(Pepcid)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Prevacid)	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	(Omeprazole)	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	(Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(Aciphex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	2	
Agentes Gastrointestinales, Otros			
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carglumic Acid)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	(Lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	(Dicyclomine HCl)	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	(Dicyclomine HCl)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dicyclomine oral tablet 20 mg</i> (Dicyclomine HCl)	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (Lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Glycate)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Glycate)	2	
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i> (Sodium Polystyrene Sulfon/Sorb)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Loperamide HCl)	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i> (Metoclopramide HCl)	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i> (Sodium Polystyrene Sulfonate)	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> (Sodium Polystyrene Sulfon/Sorb)	2	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Ursodiol)	5	NDS
<i>ursodiol oral capsule 300 mg</i> (Ursodiol)	2	
<i>ursodiol oral tablet 250 mg</i> (Urso)	2	
<i>ursodiol oral tablet 500 mg</i> (Urso)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Enlaces De Fosfato		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i> (Calcium Acetate)	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i> (Calcium Acetate)	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i> (Renagel)	2	
Laxantes		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (Golytely)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (Sodium Chloride/Nahco3/Kcl/P eg)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (Sodium Chloride/Nahco3/Kcl/P eg)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep)	3	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sodium,potassium,mag sulfates</i> (Suprep) <i>oral recon soln 17.5-3.13-1.6</i> <i>gram 2 pack (480ml)</i>	2	
SUTAB ORAL TABLET 1.479- 0.188- 0.225 GRAM	3	
Agentes Genitourinarios		
Agentes Genitourinarios, Varios		
<i>alfuzosin oral tablet extended</i> (Uroxatral) <i>release 24 hr 10 mg</i>	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10</i> (Terazosin HCl) <i>mg, 2 mg, 5 mg</i>	1	
Antiespasmódicos, Urinario		
<i>bethanechol chloride oral tablet</i> (Bethanechol <i>10 mg, 25 mg, 5 mg, 50 mg</i> Chloride)	2	
<i>fesoterodine oral tablet extended</i> (Toviaz) <i>release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i> (Flavoxate HCl)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5</i> (Oxybutynin Chloride) <i>mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5</i> (Oxybutynin Chloride) <i>mg</i>	2	
<i>oxybutynin chloride oral tablet</i> (Ditropan XL) <i>extended release 24hr 10 mg, 15</i> <i>mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5</i> (Vesicare) <i>mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>trospium oral capsule, extended release 24hr 60 mg</i> (Trospium Chloride)	4	
<i>trospium oral tablet 20 mg</i> (Trospium Chloride)	2	
Agentes Hormonales, Estimulante/Reemplazo/Mo- dificador		
Agentes Tiroideos Y Antitiroideos		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Methimazole)	1	
<i>propylthiouracil oral tablet 50 mg</i> (Propylthiouracil)	2	
Andrógenos		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> (Danazol)	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrolone)	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i> (Testosterone Enanthate)	2	PA; QL (5 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (Vogelxo)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrógenos Y Antiestrógenos		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Vagifem)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Minivelle)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Activella)	2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Activella)	2	
<i>mimvey oral tablet 1-0.5 mg</i> (Activella)	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (Vagifem)	4	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides		
<i>dexamethasone oral solution 0.5 mg/5 ml</i> (Dexamethasone)	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> (Dexamethasone)	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i> (Dexamethasone Sodium Phosphate)	1	HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i> (Dexamethasone Sodium Phosphate)	1	
<i>fludrocortisone oral tablet 0.1 mg</i> (Fludrocortisone Acetate)	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol)	1	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>prednisolone 15 mg/5 ml soln d/f</i> (Pediapred) <i>15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15</i> (Pediapred) <i>mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate</i> (Pediapred) <i>oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate</i> (Pediapred) <i>oral solution 5 mg base/5 ml (6.7</i> <i>mg/5 ml)</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5</i> (Prednisone) <i>ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10</i> (Prednisone) <i>mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack</i> (Prednisone) <i>10 mg, 10 mg (48 pack), 5 mg, 5</i> <i>mg (48 pack)</i>	2	
<i>triamcinolone acetonide injection</i> (Kenalog-40) <i>suspension 40 mg/ml</i>	2	
Pituitario		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr</i> (Desmopressin <i>10 mcg/spray (0.1 ml)</i> (Nonrefrigerated))	2	
<i>desmopressin nasal spray,non-</i> (Desmopressin <i>aerosol 10 mcg/spray (0.1 ml)</i> (Nonrefrigerated))	2	
<i>desmopressin oral tablet 0.1 mg,</i> (DDAVP) <i>0.2 mg</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>lanreotide subcutaneous syringe</i> (Somatuline Depot) <i>120 mg/0.5 ml</i>	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide (3 month))	4	PA NSO
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> (Octreotide Acetate)	4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Octreotide Acetate)	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
Progestinas		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (Aygestin)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> (Megestrol Acetate)	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	

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Agentes Inmunológicos		
Agentes Inmunológicos		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i> (Azathioprine Sodium)	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral</i> (Neoral) <i>capsule 100 mg, 25 mg</i>	2	PA BvD
<i>cyclosporine modified oral</i> (Neoral) <i>capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral</i> (Neoral) <i>solution 100 mg/ml</i>	2	PA BvD
<i>cyclosporine oral capsule 100 mg,</i> (Sandimmune) <i>25 mg</i>	2	PA BvD
CYLTEZO(CF) PEN CROHN'S- (adalimumab-adbm) UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) (adalimumab-adbm) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75</i> <i>mg, 1 mg</i>	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25</i> (Neoral) <i>mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (Neoral)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (Cellcept)	2	PA BvD

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (Cellcept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	5	PA; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty) HS SUBCUTANEOUS AUTO- INJECTOR, KIT 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO- INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) (adalimumab-aaty) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
Vacunas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3- 3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	

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VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	\$0 copay
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	3	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML (2.5 ML IN 1 VIAL)	3	\$0 copay
Agentes Oftálmicos		
Agentes Antiglaucoma		
<i>acetazolamide oral capsule, extended release 500 mg</i> (Acetazolamide)	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i> (Acetazolamide)	2	
<i>acetazolamide sodium injection recon soln 500 mg</i> (Acetazolamide Sodium)	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i> (Betaxolol HCl)	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i> (Bimatoprost)	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>brimonidine ophthalmic (eye) drops 0.2 %</i> (Alphagan P)	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	4	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	2	
<i>carteolol ophthalmic (eye) drops 1 %</i> (Carteolol HCl)	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i> (Levobunolol HCl)	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i> (Methazolamide)	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan)	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Timolol)	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	4	QL (2.5 per 25 days)

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VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Agentes Para Los Ojos, Oídos, Nariz, Garganta		
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta		
<i>acetic acid otic (ear) solution 2 %</i> (Acetic Acid)	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> (Bacitracin)	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Bacitracin/Polymyxin B Sulfate)	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> (Erythromycin Base)	2	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> (Gentamicin Sulfate)	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i> (Gentamicin Sulfate)	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> (Hydrocortisone/Acetic Acid)	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Moxeza)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5- 400-10,000 mg-unit/g-1%</i> (Neomycin/Bacit/P- Myx/Hydrocort)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5- 400-10,000 mg-unit-unit/g</i> (Neomycin/Bacitracin/ Polymyxinb)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> (Neomycin/Polymyxn B/Gramicidin)	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> (Neomycin/Polymyxin B/Hydrocort)	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> (Neomycin/Polymyxin B/Hydrocort)	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neomycin/Bacit/P-Myx/Hydrocort)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neomycin/Bacitracin/Polymyxinb)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i> (Ocuflox)	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Bacitracin/Polymyxin B Sulfate)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Sulfacetamide Sodium)	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> (Sulfacetamide Sodium)	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> (Sulfacetamide/Predni solone Sp)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (Tobradex)	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Trifluridine)	2	
XDEMVIY OPTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	3	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	2	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (Prolensa)	2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i> (Prolensa)	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> (Dexamethasone Sodium Phosphate)	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> (Diclofenac Sodium)	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	4	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> (Flunisolide)	4	QL (50 per 25 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (Dermotic)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> (Flurbiprofen Sodium)	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (Fluticasone Propionate)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Alrex)	4	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Mometasone Furoate)	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> (Azelastine HCl)	2	QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Azelastine HCl)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i> (Azelastine HCl)	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i> (Cromolyn Sodium)	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Epinastine HCl)	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> (Ipratropium Bromide)	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> (Ipratropium Bromide)	2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Olopatadine HCl)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Olopatadine HCl)	2	
Agentes Terapeuticos Misceláneos		
Agentes Terapeuticos Misceláneos		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> (Buspirone HCl)	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Glutamine)	5	PA; NDS; QL (180 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral</i> (Vistaril) <i>capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10</i> (Leucovorin Calcium) <i>mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) <i>(w/w)</i>	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet</i> (Mestinon) <i>60 mg</i>	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Agentes Vasodilatadores		
Agentes Vasodilatadores		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>alyq oral tablet 20 mg</i> (Cialis)	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Viagra)	2	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	3	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i> (Cialis)	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Analgésicos		
Agentes Antiinflamatorios No Esteroideos		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Diclofenac Sodium)	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i> (Diclofenac Sodium)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	(Diclofenac Sodium)	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	(Diclofenac Sodium)	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	(Diclofenac Sodium)	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	(Diclofenac Sodium)	2	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	(Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i>	(Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i>	(Arthrotec 50)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	(Etodolac)	2	
<i>etodolac oral tablet 400 mg</i>	(Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	(Lodine)	2	
<i>flurbiprofen oral tablet 100 mg</i>	(Flurbiprofen)	2	
<i>ibu oral tablet 400 mg</i>	(Ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	(Ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i>	(Ibuprofen)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	(Ibuprofen)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	(Indomethacin)	2	
<i>ketorolac oral tablet 10 mg</i>	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	(Mobic)	1	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (Ec-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i> (Sulindac)	2	
Analgésicos, Varios		
<i>acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)</i> (Acetaminophen with Codeine)	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> (Acetaminophen with Codeine)	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> (Acetaminophen with Codeine)	2	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Acetaminophen with Codeine)	2	NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminophen-caf-cod oral capsule 50-325-40-30 mg</i> (Fioricet with Codeine)	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Esgic)	4	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	4	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (Oxycodone HCl/Acetaminophen)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Oxycodone HCl/Acetaminophen)	2	NDS; QL (360 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>endocet oral tablet 7.5-325 mg</i>	(Oxycodone HCl/Acetaminophen)	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	(Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	(Actiq)	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	(Fentanyl)	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	(Hydrocodone/Acetaminophen)	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	(Hydrocodone/Acetaminophen)	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	(Hydrocodone/Acetaminophen)	2	NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	(Dilaudid)	2	NDS; QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	(Diskets)	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	(Diskets)	2	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	(Morphine Sulfate)	2	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	(Morphine Sulfate)	2	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	(Morphine Sulfate)	2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	(MS Contin)	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	(MS Contin)	2	NDS; QL (90 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>morphine oral tablet extended release 60 mg</i>	(MS Contin)	2	NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	(Oxycodone HCl)	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	(Roxicodone)	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i>	(Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	(Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	(Oxycodone HCl/Acetaminophen)	2	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	(Oxycodone HCl/Acetaminophen)	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	(Oxycodone HCl/Acetaminophen)	2	NDS; QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	(Ultram)	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	(Ultracet)	2	NDS; QL (300 per 30 days)
Anestésicos			
Anestesia Local			
<i>dermacinrx lidocan 5% patch outer</i>	(Lidoderm)	2	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	(Lidocaine HCl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Lidocaine HCl)	2	QL (30 per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	(Lidocaine)	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(Lidocaine HCl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	(Lidocaine/Prilocaine)	2	PA; QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lidocan iii topical adhesive patch,medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Antagonistas De Metales Pesados		
Antagonistas De Metales Pesados		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i> (Terconazole)	2	
<i>terconazole vaginal suppository 80 mg</i> (Terconazole)	4	
Antibacterianos		
Aminoglicósidos		
<i>amikacin injection solution 500 mg/2 ml</i> (Amikacin Sulfate)	2	HI
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>gentamicin injection solution 40 mg/ml</i>	(Gentamicin Sulfate)	2	HI
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	(Gentamicin Sulfate/PF)	2	HI
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	(Gentamicin Sulfate/PF)	2	HI
<i>neomycin oral tablet 500 mg</i>	(Neomycin Sulfate)	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	(Streptomycin Sulfate)	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	(Tobi)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	(Tobramycin Sulfate)	2	HI
Antibacteriales, Misceláneos			
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	(Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	(Cleocin Phosphate)	2	HI
<i>clindamycin phosphate injection solution 150 mg/ml</i>	(Cleocin Phosphate)	2	HI
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	(Coly-Mycin M Parenteral)	5	HI; NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	(Cubicin)	5	HI; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	(Zyvox)	2	HI
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i>	(Zyvox)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
<i>methenamine hippurate oral tablet 1 gram</i>	(Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	(Metronidazole/Sodium Chloride)	2	HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	(Metronidazole)	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	(Macrochant/Macrobid)	2	QL (120 per 30 days)
<i>nitrofurantoin monohydrate/m-crystal oral capsule 100 mg</i>	(Macrobid)	2	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	(Trimethoprim)	2	
<i>vancomycin intravenous reconstituted solution 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	(Vancomycin HCl)	2	
<i>vancomycin oral capsule 125 mg</i>	(Vancocin HCl)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin HCl)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NDS; QL (90 per 30 days)
Antibióticos B-Lactam			
Misceláneos			
<i>aztreonam injection reconstituted solution 1 gram, 2 gram</i>	(Azactam)	2	HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; LA; NDS
<i>ertapenem injection reconstituted solution 1 gram</i>	(Invanz)	2	HI
<i>imipenem-cilastatin intravenous reconstituted solution 250 mg</i>	(Primaxin)	2	HI
<i>imipenem-cilastatin intravenous reconstituted solution 500 mg</i>	(Primaxin)	2	HI
<i>meropenem intravenous reconstituted solution 1 gram, 500 mg</i>	(Meropenem)	2	HI

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Cefalosporinas		
<i>cefaclor oral capsule 250 mg, 500 mg</i> (Cefaclor)	2	
<i>cefadroxil oral capsule 500 mg</i> (Cefadroxil)	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> (Cefadroxil)	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> (Cefazolin Sodium)	2	HI
<i>cefdinir oral capsule 300 mg</i> (Cefdinir)	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cefdinir)	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i> (Cefepime HCl)	2	HI
<i>cefixime oral capsule 400 mg</i> (Suprax)	4	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> (Cefoxitin Sodium)	2	HI
<i>cefpodoxime oral tablet 100 mg, 200 mg</i> (Cefpodoxime Proxetil)	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i> (Cefprozil)	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Fortaz)	2	HI
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> (Ceftriaxone Sodium)	2	HI
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> (Cefuroxime Axetil)	2	
<i>cefuroxime sodium injection recon soln 750 mg</i> (Cefuroxime Sodium)	2	HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> (Cefuroxime Sodium)	2	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Cephalexin)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cephalexin)	2	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (Fortaz)	2	HI
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	HI; NDS
Macrólidos		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	HI
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Clarithromycin)	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i> (Clarithromycin)	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (Eryped 200)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (Eryped 200)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i> (Ery-Tab)	4	
Penicilinas		
<i>amoxicillin oral capsule 250 mg, 500 mg</i> (Amoxicillin)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> (Amoxicillin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> (Amoxicillin/Potassium Clav)	4	
<i>ampicillin oral capsule 500 mg</i> (Ampicillin Trihydrate)	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> (Ampicillin Sodium)	2	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	HI
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i> (Dicloxacillin Sodium)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i> (Nafcillin Sodium)	2	HI
<i>penicillin g potassium injection recon soln 20 million unit</i> (Penicillin G Potassium)	2	HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> (Penicillin G Procaine)	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> (Penicillin V Potassium)	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i> (Penicillin V Potassium)	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Piperacillin Sodium/Tazobactam)	2	HI
Quinolonas		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> (Ciprofloxacin In 5 % Dextrose)	2	HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> (Levofloxacin In Dextrose 5 %)	2	HI
<i>levofloxacin oral solution 250 mg/10 ml</i> (Levofloxacin)	4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>levofloxacin oral tablet 250 mg</i>	(Levofloxacin)	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	(Levofloxacin)	1	
<i>moxifloxacin 400 mg/250 ml bag sub, p/f, inner</i>	(Moxifloxacin/Sod.Ace ,Sul/Water)	2	HI
<i>moxifloxacin oral tablet 400 mg</i>	(Moxifloxacin HCl)	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	(Moxifloxacin/Sod.Ace ,Sul/Water)	2	HI
Sulfonamidas			
<i>sulfadiazine oral tablet 500 mg</i>	(Sulfadiazine)	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfamethoxazole/Tri methoprim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim)	1	
Tetraciclinas			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	(Demeclocycline HCl)	4	
<i>doxy-100 intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	HI
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	HI
<i>doxycycline hyclate oral capsule 100 mg</i>	(Morgidox)	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	(Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	(Doryx)	2	
<i>doxycycline hyclate oral tablet 50 mg</i>	(Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i>	(Doxycycline Monohydrate)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
<i>doxycycline monohydrate oral capsule 150 mg</i>	(Doxycycline Monohydrate)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i>	(Doxycycline Monohydrate)	2	
<i>doxycycline monohydrate oral capsule 75 mg</i>	(Doxycycline Monohydrate)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	(Doxycycline Monohydrate)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i>	(Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	(Avidoxy)	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	(Minocycline HCl)	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	(Tetracycline HCl)	4	
<i>tigecycline intravenous recon soln 50 mg</i>	(Tygacil)	5	HI; NDS

Anticonceptivos

Anticonceptivos

<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Ortho-Novum)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	(Ortho-Novum)	2	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>apri oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(Levonorgestrel/Ethin. Estradiol)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>ayuna oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>camila oral tablet 0.35 mg</i> (Ortho Micronor)	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> (Ortho-Novum)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Ortho-Novum)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i> (Desogestrel-Ethinyl Estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (Ortho-Novum)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Ortho-Novum)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>deblitane oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(Norgestrel-Ethinyl Estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(Nuvaring)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>emzahh oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(Nuvaring)	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(Ortho Tri-Cyclen)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Ethinodiol D-Ethinyl Estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Ethinodiol D-Ethinyl Estradiol)	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(Nuvaring)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(Levonorgestrel/Ethin. Estradiol)	2	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(Ortho Tri-Cyclen)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Loestrin Fe)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(Nuvaring)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Levonorgestrel/Ethin. Estradiol)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Levonorgestrel/Ethin. Estradiol)	2	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(Desogestrel-Ethinyl Estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Loestrin Fe)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Ethinodiol D-Ethinyl Estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(Ethinodiol D-Ethinyl Estradiol)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Balcoltra)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Levonorgestrel/Ethin. Estradiol)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Levonorgestrel/Ethin. Estradiol)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levora-28 oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
<i>lillow (28) oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>lyleq oral tablet 0.35 mg</i> (Ortho Micronor)	2	
<i>lyza oral tablet 0.35 mg</i> (Ortho Micronor)	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>meleya oral tablet 0.35 mg</i> (Ortho Micronor)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>mili oral tablet 0.25-0.035 mg</i> (Ortho Tri-Cyclen)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i> (Ortho Tri-Cyclen)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Norelgestromin/Ethin. Estradiol)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Ortho Micronor)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Loestrin Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Ortho Tri-Cyclen)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Ortho Tri-Cyclen)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Ortho Tri-Cyclen)	2	
<i>norlyda oral tablet 0.35 mg</i>	(Ortho Micronor)	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	(Ortho-Novum)	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Ortho-Novum)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	(Ortho-Novum)	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Ortho-Novum)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	(Ortho-Novum)	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(Ortho Tri-Cyclen)	2	

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<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i> (Ortho-Novum)	2	
<i>pirmella oral tablet 1-35 mg-mcg</i> (Ortho-Novum)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (Ortho Tri-Cyclen)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (Desogestrel-Ethinyl Estradiol)	2	
<i>setlakina oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Levonorgestrel/Ethin. Estradiol)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (Ortho Micronor)	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i> (Ortho Tri-Cyclen)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (Levonorgestrel/Ethin. Estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Ortho Tri-Cyclen)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Ortho Tri-Cyclen)	2	

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<i>tri-lo-estarylla oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.025 mg	2	
<i>tri-lo-marzia oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.025 mg	2	
<i>tri-lo-mili oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.025 mg	2	
<i>tri-lo-sprintec oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.025 mg	2	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28) (Ortho Tri-Cyclen)	2	
<i>tri-nymyo oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-35 mcg (28)	2	
<i>tri-previfem (28) oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>tri-sprintec (28) oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.035mg (28)	2	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10) (Levonorgestrel/Ethin. Estradiol)	2	
<i>tri-vylibra lo oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.025 mg	2	
<i>tri-vylibra oral tablet</i> (Ortho Tri-Cyclen) 0.18/0.215/0.25 mg-0.035mg (28)	2	
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg (Norgestrel-Ethinyl Estradiol)	2	
<i>valtya oral tablet</i> 1-50 mg-mcg (Ethinodiol D-Ethinyl Estradiol)	2	
<i>vienva oral tablet</i> 0.1-20 mg-mcg (Levonorgestrel/Ethin. Estradiol)	2	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>vylibra oral tablet</i> 0.25-0.035 mg (Ortho Tri-Cyclen)	2	
<i>xarah fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9) (Loestrin Fe)	2	
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr (Norelgestromin/Ethin. Estradiol)	2	QL (3 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> (Norelgestromin/Ethin. Estradiol)	2	QL (3 per 28 days)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i> (Ethynodiol D-Ethinyl Estradiol)	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> (Ethynodiol D-Ethinyl Estradiol)	2	
Anticonvulsivos		
Anticonvulsivos		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i> (Carbamazepine)	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkle)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (Tegretol)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Eslicarbazepine Acetate)	5	ST; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Eslicarbazepine Acetate)	5	ST; NDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fosphenytoin injection solution</i> (Cerebyx) 100 mg pe/2 ml, 500 mg pe/10 ml	2	HI
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule</i> 100 mg, 300 mg (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule</i> 400 mg (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution</i> 250 mg/5 ml (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet</i> 600 mg (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet</i> 800 mg (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution</i> 200 mg/20 ml (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution</i> 10 mg/ml (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet</i> 100 mg, 150 mg, 200 mg, 50 mg (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet</i> 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	1	
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating</i> 100 mg, 200 mg, 25 mg, 50 mg (Lamictal Odt)	2	
<i>levetiracetam intravenous solution</i> 500 mg/5 ml (Keppra)	2	HI
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	2	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Levetiracetam)	2	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	ST; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	2	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	ST; NDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> (Phenobarbital)	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> (Phenobarbital)	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	4	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Phenytek)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	

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<i>phenytoin sodium intravenous solution 50 mg/ml</i>	(Phenytoin Sodium)	2	HI
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	(Phenytoin Sodium)	2	HI
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	(Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	(Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	(Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	(Mysoline)	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	(Lamictal)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	(Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	(Topamax)	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	(Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	(Topamax)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Valproic Acid (As Sodium Salt))	2	HI
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Valproic Acid (As Sodium Salt))	2	
<i>valproic acid oral capsule 250 mg</i> (Valproic Acid)	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (Vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	

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<i>zonisamide oral capsule 50 mg</i> (Zonegran)	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidepresivos		
Antidepresivos		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Amitriptyline HCl)	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> (Amoxapine)	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i> (Bupropion HCl)	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Forfivo XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i> (Citalopram Hydrobromide)	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> (Norpramin)	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Doxepin HCl)	2	
<i>doxepin oral concentrate 10 mg/ml</i> (Doxepin HCl)	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i> (Escitalopram Oxalate)	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> (Fluoxetine HCl)	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> (Fluvoxamine Maleate)	2	

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<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Imipramine HCl)	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> (Nefazodone HCl)	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i> (Nortriptyline HCl)	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> (Perphenazine/Amitriptyline HCl)	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i> (Protriptyline HCl)	4	
RALDESY ORAL SOLUTION 10 MG/ML	4	PA NSO; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> (Trazodone HCl)	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Trimipramine Maleate)	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> (Venlafaxine HCl)	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antifúngicos		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i> (Amphotericin B)	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (Ambisome)	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 %</i> (Loprox)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox)	4	QL (180 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clotrimazole mucous membrane troche 10 mg</i> (Clotrimazole)	2	
<i>clotrimazole topical cream 1 %</i> (Clotrimazole)	2	
<i>clotrimazole topical solution 1 %</i> (Clotrimazole)	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Clotrimazole/Betamet hasone Dip)	2	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NDS
<i>econazole nitrate topical cream 1 %</i> (Econazole Nitrate)	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> (Fluconazole In Nacl,Iso-Osm)	2	HI
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i> (Griseofulvin, Microsize)	2	
<i>griseofulvin microsize oral tablet 500 mg</i> (Griseofulvin, Microsize)	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i> (Griseofulvin Ultramicrosize)	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i> (Ketoconazole)	2	
<i>ketoconazole topical cream 2 %</i> (Ketoconazole)	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i> (Ketoconazole)	2	QL (360 per 30 days)
<i>miconazole intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	2	HI

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>miconazole-3 vaginal suppository 200 mg</i> (Miconazole Nitrate)	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (Nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i> (Nystatin)	2	
<i>nystatin oral tablet 500,000 unit</i> (Nystatin)	2	
<i>nystatin topical cream 100,000 unit/gram</i> (Nystatin)	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i> (Nystatin)	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystatin)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> (Nystatin/Triamcinolone Acet)	2	
<i>nystop topical powder 100,000 unit/gram</i> (Nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i> (Terbinafine HCl)	1	
<i>voriconazole intravenous reconstn soln 200 mg</i> (Vfend IV)	5	PA BvD; HI; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg</i> (Vfend)	4	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	4	
Antihistamínicos		
Antihistamínicos		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Hydroxyzine HCl)	2	
<i>levocetirizine oral tablet 5 mg</i> (Levocetirizine Dihydrochloride)	1	
Antimicobacteriales		

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antimicobacteriales		
<i>dapsone oral tablet 100 mg, 25 mg</i> (Dapsone)	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i> (Myambutol)	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i> (Isoniazid)	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i> (Pyrazinamide)	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	HI
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifampin)	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antivirales (Sitémico)		
Antirretrovirales		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i> (Reyataz)	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i> (Cabotegravir)	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Cabotegravir)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir df)	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i> (Didanosine)	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Efavirenz)	2	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>efavirenz-lamivu-tenofov disop</i> (Symfi) <i>oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivu-tenofov disop</i> (Symfi) <i>oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral</i> (Truvada) <i>tablet 100-150 mg, 133-200 mg,</i> <i>167-250 mg</i>	5	NDS
<i>emtricitabine-tenofovir (tdf) oral</i> (Truvada) <i>tablet 200-300 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral</i> (Emtricitabine/Tenofovir Df) <i>tablet 200-25-300 mg</i>	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200</i> (Intelligence) <i>mg</i>	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150- 150-200-10 MG	5	NDS
INTELLIGENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION (lopinavir-ritonavir) 400-100 MG/5 ML	4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Nevirapine)	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Nevirapine)	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR)	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	HI
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> (Rilpivirine)	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Stavudine)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i> (Zidovudine)	2	
Antivirales Hcv		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; NDS; QL (28 per 28 days)
Antivirales, Varios			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i>	(Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	(Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	(Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	(Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		4	QL (60 per 180 days)
Interferones			

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleósidos Y Nucleótidos		
<i>acyclovir oral capsule 200 mg</i> (Acyclovir)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Acyclovir)	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i> (Acyclovir Sodium)	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> (Famciclovir)	2	
<i>ribavirin oral tablet 200 mg</i> (Ribavirin)	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
Cofactores Enzimáticos/Otros		
Cofactores Enzimáticos/Otros		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
Dispositivos		

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Dispositivos			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle u-100) 1 ML 25 GAUGE X 5/8"	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (insulin syringe needleless)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	PA; ST

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BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 33G 33 GAUGE X 3/16"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 33G 33 GAUGE X 1/4"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 31G SHORT 31 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 4MM 31 GAUGE X 5/32" safety)		2	PA; ST
COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)		2	PA; ST
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"		2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"		2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"		2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"		2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	PA; ST

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CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 31G (insulin syr/ndl u100 6MM(1/2) 0.3 ML 31 GAUGE X half mark) 1/4"	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST

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EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST

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EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	2	PA; ST
EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH 1 ML SYR (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", u-100) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", u-100) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		2	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST

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GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	2	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	2	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	2	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NOVOFINE 30 NEEDLE		2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		2	PA; ST

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OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G 5MM OUTER (Embrace Pen 30 GAUGE X 3/16" Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER (CareFine Pen 30 GAUGE X 5/16" Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine GAUGE X 1/4" Pentips)	2	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 (pen needle, diabetic) GAUGE X 1/4"	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
PRO COMFORT 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
PRO COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT PEN NDL 32G (pen needle, diabetic) X 1/4" 32 GAUGE X 1/4"	2	PA; ST
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	2	PA; ST
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PURE CMFT SFTY PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 0.3 ML (Comfort EZ Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 0.5 ML (Comfort EZ Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 1 ML (Comfort EZ Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST

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SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
SURE-FINE PEN NEEDLES (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	2	PA; ST
SURE-FINE PEN NEEDLES (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
SURE-FINE PEN NEEDLES (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
SURE-JECT INSU SYR U100 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16"	2	PA; ST
SURE-JECT INSU SYR U100 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
SURE-JECT INSU SYR U100 1 (insulin syringe-needle ML 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
SURE-JECT INSUL SYR U100 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16	2	PA; ST
SURE-JECT INSULIN SYRINGE (insulin syringe-needle 1 ML 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	2	PA; ST

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TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	PA; ST
TERUMO INS SYRINGE U100- 1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100- 1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		2	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST

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TRUE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX5MM 31 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PRO 1 ML (insulin syringe-needle 30G 1/2" 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML (insulin syringe-needle 30G 5/16" 1 ML 30 GAUGE X u-100) 5/16	2	PA; ST
TRUE COMFORT PRO 1 ML (insulin syringe-needle 31G 5/16" 1 ML 31 GAUGE X u-100) 5/16	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFRT PRO 0.5 ML (insulin syringe-needle 30G 1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		2	PA; ST
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTIGUARD SAFEPAK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPAK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPAK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPAK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
Preparaciones De Reemplazo			
Preparaciones De Reemplazo			
<i>d5 % (d-glucose)-0.9 % sodchl'r intravenous parenteral solution</i>	(Dextrose 5 % and 0.9 % NaCl)	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 % and 0.9 % NaCl)	2	HI
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 %-0.45 % Sod Chlord)	2	HI
<i>dextrose 5%-0.9% nacl iv soln single use</i>	(Dextrose 5 % and 0.9 % NaCl)	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	(Potassium Chloride)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	(Potassium Chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	(Potassium Chloride)	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	(Magnesium Sulfate)	4	HI
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	(Magnesium Sulfate)	2	HI
<i>potassium chloride intravenous solution 2 meq/ml</i>	(Potassium Chloride)	2	PA BvD; HI
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	(Potassium Chloride)	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	(Potassium Chloride)	4	
<i>potassium chloride oral tablet extended release 10 meq</i>	(K-Tab ER)	2	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	(K-Tab ER)	2	
<i>potassium chloride oral tablet extended release 8 meq</i>	(K-Tab ER)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Potassium Chloride)	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Potassium Chloride)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	(Potassium Chloride)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	(Urocit-K)	2	
<i>potassium citrate oral tablet extended release 15 meq</i>	(Urocit-K)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	(Urocit-K)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	(Sodium Chloride 0.45 %)	2	HI

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<i>sodium chloride 0.9 % intravenous parenteral solution</i>	(0.9 % Sodium Chloride)	2	HI
<i>sodium chloride 0.9% solution mini-bag, single use</i>	(0.9 % Sodium Chloride)	2	HI
<i>sodium chloride 0.9% solution viaflex, single use</i>	(0.9 % Sodium Chloride)	2	
Productos Sanguíneos/Modificadores/Expansores De Volumen			
Agentes Hematológicos, Varios			
<i>anagrelide oral capsule 0.5 mg</i>	(Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	(Agrylin)	2	
<i>tranexamic acid oral tablet 650 mg</i>	(Lysteda)	2	
Anticoagulantes			
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	(Pradaxa)	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	(Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	(Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	(Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	(Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	(Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	(Arixtra)	5	NDS; QL (24 per 30 days)

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<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	(Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	(Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	(Arixtra)	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	(Heparin Sodium, Porcine)	2	HI
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Warfarin Sodium)	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Warfarin Sodium)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	QL (60 per 30 days)
Inhibidores De Agregación De Plaquetas			
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	(Aspirin/Dipyridamole)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	(Cilostazol)	2	
<i>clopidogrel oral tablet 75 mg</i>	(Plavix)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dipyridamole oral tablet 50 mg, 75 mg</i> (Dipyridamole)	2	
<i>pentoxifylline oral tablet extended release 400 mg</i> (Pentoxifylline)	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Modificadores De Formación De Sangre		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG (eltrombopag olamine)	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG (eltrombopag olamine)	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG (eltrombopag olamine)	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG (eltrombopag olamine)	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (eltrombopag olamine)	5	PA; NDS; QL (60 per 30 days)

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RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
Reemplazo/Modificadores De Enzima		
Reemplazo/Modificadores De Enzima		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
<i>javygtor oral tablet,soluble 100</i> (Kuvan) <i>mg</i>	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2</i> (Nitisinone) <i>mg, 20 mg, 5 mg</i>	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>sapropterin oral tablet,soluble 100</i> (Kuvan) <i>mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Relajantes Musculares Esqueléticos		
Relajantes Musculares Esqueléticos		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> (Baclofen)	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> (Fexmid)	2	
<i>dantrolene oral capsule 100 mg, 50 mg</i> (Dantrium)	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i> (Methocarbamol)	2	
<i>tizanidine oral tablet 2 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Vitaminas Y Minerales		
Vitaminas Y Minerales		
<i>bal-care dha combo pack 27-1-430 mg</i> (Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> (Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i> (Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i> (Pnv,Calcium 72/Iron/Folic Acid)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>folivane-ob capsule 85-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynatal oral tablet 90-1-50 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pnv-omega softgel 28-1-300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatabs fa tablet 29-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>prenatal-u capsule 106.5-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>pretab oral tablet 29-1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>taron-c dha capsule 35-1-200 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>virt-pn dha softgel (rx) 27 mg iron- 1 mg -300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	(Pnv,Calcium 72/Iron/Folic Acid)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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Notice of Availability of Language Assistance and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-627-8252 (TTY: 1-800-735-2929) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-627-8252 (TTY: 1-800-735-2929) o hable con su proveedor (Spanish).

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-627-8252（文本电话：1-800-735-2929）或咨询您的服务提供商（Chinese）。

LUU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-627-8252 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn (Vietnamese).

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-627-8252 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider (Tagalog).

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-627-8252 (TTY: 1-800-735-2929)번으로 전화하거나 서비스 제공업체에 문의하십시오 (Korean).

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 1-833-627-8252 հեռախոսահամարով (TTY՝ 1-800-735-2929) կամ խոսեք Ջերմաստակարարի հետ (Armenian):

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-833-627-8252 (تله تایپ: 1-800-735-2929) تماس بگیرید یا با ارائه دهنده خود صحبت کنید. (Persian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-627-8252 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг (Russian).

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-627-8252（TTY：1-800-735-2929）までお電話ください。または、ご利用の事業者にご相談ください (Japanese)。

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-627-8252 (1-800-735-2929) أو تحدث إلى مقدم الخدمة. (Arabic)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-627-8252 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। (Punjabi)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-833-627-8252 (TTY: 1-800-735-2929)

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសា (Khmer)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-627-8252 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob (Hmong).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-833-627-8252 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें। (Hindi)

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-833-627-8252 (TTY: 1-800-735-2929) หรือปรึกษาผู้ให้บริการของคุณ (Thai)

Este formulario fue actualizado el 07/22/2025.

Para obtener información más reciente y otras preguntas, comuníquese con los Servicios para Miembros del Plan Medicare Advantage de UCLA Health al 1-833-627-8252 (los usuarios de TTY deben llamar al 711), Horas de Operación: Del 1 de abril al 30 de septiembre, puede llamar de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Del 1 de octubre al 31 de marzo, puede llamar de 8:00 a.m. a 8:00 p.m., los siete días de la semana, o visite UCLAHealthMedicareAdvantage.org.