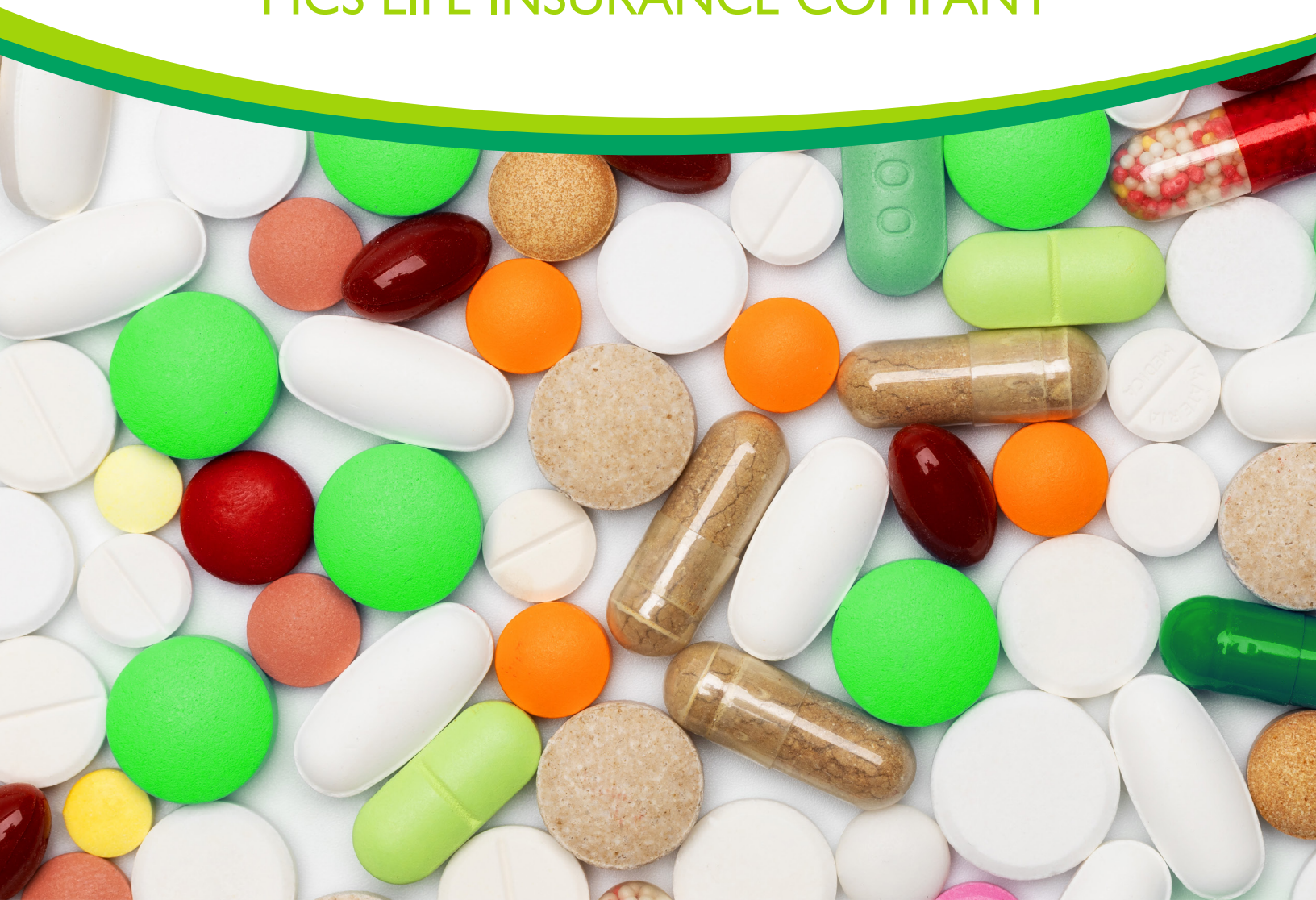


FORMULARIO VALUE 2024

MCS LIFE INSURANCE COMPANY



VALUE FORMULARY 2024

MCS LIFE INSURANCE COMPANY



Salud Completa



Formulario Value 2024 2024 Value Formulary

(Lista de Medicamentos Cubiertos)
(List of Covered Drugs)

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS
MEDICAMENTOS DISPONIBLES EN SU CUBIERTA DE FARMACIA**

***PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN YOUR PHARMACY BENEFIT***

Este formulario se revisó por última vez el 04/04/2024. Para información más reciente u otras preguntas, por favor comuníquese con MCS Life al 1-888-758-1616 o, para usuarios de TTY, 1-866-627-8182. El horario de servicio de lunes a viernes, de 8:00 a.m. a 8:00 p.m., y sábado, de 8:00 a.m. a 4:30 p.m. También puede visitar nuestro sitio web: <https://www.mcs.com.pr>.

This formulary was last updated on 04/04/2024. For more recent information or other questions, please contact MCS Life at 1-888-758-1616 or, for TTY users, 1-866-627-8182. Service hours are Monday through Friday, from 8:00 a.m. to 8:00 p.m., and Saturday, from 8:00 a.m. to 4:30 p.m. You can also visit our website: <https://www.mcs.com.pr>.

Nota a los asegurados: Este formulario es dinámico y está sujeto a cambios. Por favor, revise este documento para asegurarse de que contiene los medicamentos que usted utiliza. Si su medicamento no está en este formulario, debe referirse a la sección de **¿Cuáles son los requisitos y procedimientos para solicitar una excepción para medicamentos recetados?**, en la página 9 de su póliza o al certificado de beneficios para más información.

Note to members: *This formulary is dynamic and subject to change. Please, review this document to make sure it contains the drugs you use. If your drug is not on this formulary you must refer to the section **What are the requirements and procedures for requesting an exception for prescribed medications?** on page 10 of your policy, or to the certificate of benefits for more information.*

Este documento incluye una lista de los medicamentos (formulario) que estarán vigentes a partir del 1ero de junio de 2024. Para un formulario actualizado, puede acceder nuestra página www.mcs.com.pr o comunicarse con nuestro Centro de Servicio al Cliente al 787-281-2800 en el área metro o libre de costo al 1-888-758-1616, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., y los sábados, de 8:00 a.m. a 4:30 p.m. Las personas con impedimentos auditivos (TTY) podrán llamar al 1-866-627-8182.

This document includes a list of the drugs (formulary) for our plan, which will become effective on June 1st, 2024. For an updated formulary, visit us at <https://www.mcs.com.pr> or call our Call Center at 787-281-2800 in the Metro Area or toll-free at 1-888-758-1616, from Monday through Friday, from 8:00 a.m. to 8:00 p.m., and Saturday, from 8:00 a.m. to 4:30 p.m. TTY users should call 1-866-627-8182.

MCS Life provee beneficio del pago de medicamentos recetados por un médico, que estén aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés), adquiridos por una persona asegurada y que prepare y despache un farmacéutico autorizado. Esta cubierta incluye medicamentos genéricos preferidos, genéricos no preferidos, de marca preferida, de marca no preferida, especializados preferidos y especializados no preferidos.

En cumplimiento con la Ley Núm. 203 del 2012, que enmienda el Código de Seguros de Salud de Puerto Rico, MCS Life cubrirá el despacho de los medicamentos cubiertos, independientemente del padecimiento, dolencia, lesión, condición o enfermedad para la cual sean prescritos, siempre y cuando: (1) el medicamento tenga la aprobación de la FDA para al menos una indicación y (2) el medicamento se reconozca como tratamiento para el padecimiento, dolencia, lesión, condición o enfermedad incluida en uno de los siguientes compendios de referencia estándar:

- *The American Hospital Formulary Service-Drug Information.*
- *The American Medical Association Drug Evaluation.*
- *The United States Pharmacopoeia-Drug Information.*
- En literatura médica evaluada por homólogos, lo cual significa un estudio científico que haya publicado en una revista académica o en otra publicación en la que los manuscritos originales se divulgan luego de que lo evalúen peritos independientes e imparciales y que el Comité Internacional de Editores de Revistas Médicas determine que cumple con los Requisitos de Uniformidad para Manuscritos enviados a revistas biomédicas. La literatura médica evaluada por

homólogos no incluye publicaciones o suplementos de publicaciones que hayan recibido gran parte de su patrocinio de una compañía manufacturera de productos farmacéuticos o de una organización de seguros de salud o asegurador.

MCS Life provides payment benefit for medications approved by the Food and Drug Administration (FDA), prescribed by a physician, acquired by an insured person, and prepared and dispensed by a licensed pharmacist. This coverage includes preferred generics, non-preferred generics, preferred brand medications, non-preferred brands, preferred specialty and non-preferred specialty medications.

In compliance with Act. No. 203 of 2012, amending the Health Insurance Code of Puerto Rico, MCS Life provides payment of covered medications regardless of the illness, injury, condition or disease for which they are prescribed, when: (1) the medication has approval from the FDA for at least one indication and (2) the medication is recognized for treatment of disease, illness, injury, condition or disease being treated in one of the following compendia reference standards:

- *The American Hospital Formulary Service-Drug Information.*
- *The American Medical Association Drug Evaluation.*
- *The United States Pharmacopoeia-Drug Information.*
- *In medical literature evaluated by peers, which means a scientific study that has been published in an academic journal or other publication in which the original manuscripts are released after being evaluated by independent and impartial experts and the International Committee of Medical journal editors has determined that compliance with the Uniform Requirements for Manuscripts submitted to biomedical journals. The medical literature does not include peer-evaluated publications or publications supplements that have received much of its sponsorship from a manufacturing pharmaceutical company or organization health insurance or underwriter.*

Además, se cubrirán los servicios médicamente necesarios que estén asociados con la administración del medicamento a través de la cubierta de servicios médicos.

In addition, we will cover medically necessary services associated with the medications through covered medical services.

Durante la vigencia de su póliza o cubierta de beneficios podrán ocurrir cambios en el formulario o en procedimientos de manejo de medicamentos de receta relacionados a cambios por motivos de seguridad, que el fabricante del medicamento de receta no lo pueda suplir o lo retire del mercado, o si el cambio implica la inclusión de nuevos medicamentos de receta en el formulario. A estos efectos, a más tardar a la fecha de efectividad del cambio, MCS notificará dicho cambio a:

- Todas las personas cubiertas o asegurados, y
- A las farmacias participantes, solamente si el cambio implica la inclusión de nuevos medicamentos de receta en el formulario. En este caso, el asegurador deberá notificar el cambio con 30 días de antelación a la fecha de efectividad de la inclusión.

Un grupo independiente de farmacéuticos y médicos con licencia revisará este formulario periódicamente. El mismo contiene medicamentos elaborados por la mayoría de los laboratorios farmacéuticos e incluye medicamentos para muchas condiciones.

Los requisitos de dispensación pueden variar de acuerdo con su diseño del beneficio de medicamentos recetados. Algunos requisitos son preautorizaciones, límites en la cantidad de despacho y terapia escalonada. Refiérase a su póliza o cubierta de beneficio para más información sobre su cubierta de farmacia.

During the term of your policy or certificate of benefits, the formulary may change or the handling procedures of the prescription drug related to safety reasons may change; the manufacturer of the prescription drug may no longer supply it or recalled it, or if the change involves the inclusion of new prescription drugs on the formulary. For this purpose, no later than the effective date of the change, MCS will notify the change to:

- *All persons covered or insured, and*
- *To the participating pharmacies, only if the change involves the inclusion of new prescription drugs on the formulary. In this case, the insurer must give notice 30 days prior to the effective date of the inclusion.*

This list will be reviewed periodically by an independent group of licensed pharmacists and physicians and contains drugs produced by most pharmaceutical companies. Also, it includes drugs for many conditions.

Dispensing requirements vary according to their prescription drug design (pharmacy) benefit such as: preauthorizations, quantity limits and step therapy dispatch. Refer to your policy or certificate of benefits for more information about your pharmacy drug coverage.

¿CÓMO AHORRAR DINERO EN RECETAS?

Esto se denomina cómo medicamentos preferidos. Debe referirse a su cubierta para confirmar que los medicamentos que utiliza se encuentran dentro de esta categoría. Su médico puede ayudarle a ahorrar dinero al recetarle medicamentos genéricos y medicamentos preferidos de marca, siempre que estos sean catalogados como preferidos. Por lo tanto, recuerde revisar y llevar esta guía cada vez que visite a su médico.

HOW TO SAVE MONEY ON PRESCRIPTIONS?

This is called preferred drugs. You must refer to your coverage to confirm that the drugs you use are within this category. Your doctor can help you save money by prescribing generic drugs and preferred brand drugs when it is most appropriate. Therefore, remember revise and bring this guide each time you visit your doctor.

¿QUÉ SON LOS MEDICAMENTO GENÉRICOS?

Un medicamento genérico está aprobado por la FDA, porque tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos tienen un costo menor. Debe validar si su cubierta cubre tanto medicamentos de marca como genéricos.

WHAT ARE GENERIC DRUGS?

A generic drug is approved by the FDA because it has the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Your drug coverage covers both brand drugs and generic drugs.

¿QUÉ ES UN MEDICAMENTO PREVENTIVO?

Medicamentos preventivos son los medicamentos recetados que pueden ayudar a evitar el desarrollo de una condición de salud; pueden ayudarle a mantener su calidad de vida y evitar tratamiento a largo plazo. Su cubierta incluye medicamentos preventivos que le pueden ayudar a mantenerse saludable. Puede encontrarlos bajo la categoría de ACA Medicamentos Preventivos.

WHAT IS A PREVENTIVE DRUG?

Preventive drugs are prescription drugs that can help prevent the development a health condition. They can help you maintain your quality of life and avoid treatments on the long-term. Your drug coverage includes preventive drugs that can help you stay healthy. You can find them under the ACA Preventive Drug category.

¿QUÉ SON MEDICAMENTOS OTC (Over the counter)?

Son medicamentos fuera del recetario, aprobados por la FDA. Aunque los medicamentos OTC no requieren receta, MCS Life requiere una orden escrita de su médico para que la farmacia pueda procesar electrónicamente su artículo OTC a través del sistema de farmacia.

WHAT ARE OTC MEDICATIONS (Over the counter)?

OTC medications are non-prescription medicines approved by the FDA. Although OTC drugs do not require a prescription, MCS Life requires a written order from your doctor so the pharmacy can electronically process your OTC medication through the pharmacy system.

PROGRAMA DE MEDICAMENTOS ESPECIALIZADOS

Los servicios del Programa de Medicamentos Especializados se coordinan a través del Servicio de Farmacia Especializada. Este programa está enfocado en el manejo de medicamentos especializados utilizados para condiciones crónicas que requieren precauciones especiales para su administración.

El Programa provee para que el asegurado pueda recibir sus medicamentos especializados en cualquier farmacia dentro de la Red de Farmacias Especializadas contratadas por MCS Life.

Para lograr un mejor servicio para usted, es necesario que todo medicamento especializado esté preautorizado. La Farmacia Especializada gestionará con MCS Life la preautorización requerida para el despacho de estos medicamentos especializados. Para los despachos subsiguientes, y de haber expirado esa autorización, el médico debe enviar una receta a la Farmacia Especializada de su selección, dentro de la red contratada por MCS Life, para que esta gestione con MCS Life una nueva preautorización. El plan de salud no cubrirá los medicamentos especializados que no estén preautorizados.

SPECIALTY DRUGS PROGRAM

Specialty Drugs Program services are coordinated through the Specialized Pharmacy Service. This program is focused on the management of specialized drugs used for chronic conditions that require special precautions to be administered.

The program provides for the insured to receive the dispatch of the specialty drugs from any pharmacy in the Specialty Pharmacy Network contracted by MCS Life.

To provide you a better service, the specialized drugs must be preauthorized. For subsequent dispatch, and if that authorization has expired, the doctor must send a new prescription to the Specialty Pharmacy of your selection, contracted by MCS Life, to manage a new preauthorization with MCS Life. The health plan will not cover specialty medications that have not been preauthorized.

¿QUÉ ES COMPONENTE MÉDICO?

Son medicamentos que, por lo general, el asegurado no se administra por sí mismo y se brindan como parte de un servicio médico para ciertas condiciones de salud.

Por ejemplo:

- Medicamentos intravenosos
- Quimioterapias intravenosas

Algunos medicamentos de componente médico pueden estar sujetos a requisitos de terapia escalonada. La terapia escalonada es un tipo de autorización previa para medicamentos recetados que fomenta el probar la terapia farmacológica preferida para una condición médica, progresando a otras terapias solo si es necesario, para promover mejores decisiones clínicas.

WHAT IS MEDICAL COMPONENT?

These are drugs that, usually, the patient does not self-administer and are provided as part of a medical service for certain health conditions.

For example:

- *Intravenous medications*
- *Intravenous chemotherapies*

Some medical component medications may be subject to step therapy requirements. Step therapy is a type of prior authorization for prescribed drugs that encourages testing the preferred drug therapy for a medical condition, progressing to other therapies only if necessary, to promote better clinical decisions.

¿EXISTEN LÍMITES, EXCLUSIONES Y RESTRICCIONES EN MI CUBIERTA? (Édito de utilización)

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cubierta. Estos requisitos y límites pueden ser:

- **Preautorizaciones (PA, por sus siglas en inglés):** MCS Life requiere que usted o su médico obtengan autorización para ciertos medicamentos. Esto significa que debe cumplir con unos requisitos establecidos por la FDA para la aprobación de un medicamento, generalmente se requiere, pero no se limita a diagnósticos y/o estudios clínicos como laboratorios, rayos X,

electrocardiograma, etc. Si no cumple con los requisitos establecidos para que su medicamento sea aprobado, su plan puede no cubrir el medicamento.

- **Límites de cantidad (QL, por sus siglas en inglés):** Para ciertos medicamentos, MCS Life proveerá una cantidad de medicamento máxima, según la aprobación de la FDA. Esto puede ser adicional a un suministro estándar de un (1) mes o tres (3) meses. Por favor, refiérase a su póliza para más información sobre despachos de tres (3) meses.
- **Terapia escalonada (ST, por sus siglas en inglés):** MCS Life se reserva el derecho de aplicar el beneficio de terapia escalonada para algunos medicamentos debidamente identificados en su formulario de medicamentos. Este programa requiere que el paciente utilice medicamentos de primera línea antes de utilizar cualquier otro medicamento de segunda línea de tratamiento. Se consideran medicamentos de primera línea aquellas opciones de tratamiento que están respaldadas por guías clínicas nacionales y estándares de la práctica médica como alternativas para utilizarse en la terapia inicial. Los medicamentos de segunda línea son opciones de tratamiento, al igual que los de primera línea, pero las guías nacionales y estándares de la práctica los ubican como alternativas para utilizarse luego de haber utilizado los medicamentos de primera línea.
- **Límites de especialidad (PL, por sus siglas en inglés):** Algunos medicamentos requieren que la prescripción sea de ciertas especialidades médicas. Usualmente, estos medicamentos son productos especializados o medicamentos que deben ser monitoreados por médicos especializados en ciertas condiciones de salud. Si el médico que prescribe no se encuentra bajo la especialidad médica asignada a la categoría de medicamentos, recibirá un despacho para 15 días de suplido del medicamento prescrito sin repeticiones permitidas.

Para más información sobre los límites y exclusiones de su cubierta refiérase a la su póliza o certificado de beneficios.

ARE THERE ANY RESTRICTIONS ON MY COVERAGE? (Utilization management)

Some covered drugs may have additional requirements or coverage limits. These requirements and limits may include:

- **Preauthorization (PA):** *MCS Life requires that you or your doctor obtain authorization for certain medications. This means that it must comply with established requirements for the approval of a drug, which is generally required, but is not limited to diagnoses, justifications and/or clinical studies. If you don't get approval, your plan may not cover the drug.*
- **Quantity Limits (QL):** *For certain drugs, MCS Life limits the amount of the drug that we will cover. For example, MCS Life will provide the maximum quantity, according to the FDA. This may be in addition to a standard one-month or three-month supply. Please refer to your policy for additional information on the three-month supply.*
- **Step Therapy (ST):** *MCS Life reserves the right to apply the benefit of step therapy for some drugs properly identified on its formulary. This program requires the patient to use first-line drugs before using any second-line drug treatment. Those first-line drugs treatment options that are backed by national clinical guidelines and standards of medical practice as alternatives for use in the initial therapy are*

considered. The second-line drugs are treatment options, as well as the first line, but national guidelines and standards of practice place them as alternatives for use after using the first-line drugs.

- **Prescriber Specialty Limitation (PL)** There are some drugs that need to be prescribed by certain medical specialties. Usually, those drugs are specialty products or drugs that must be monitored by specialized doctors to certain health conditions. If the prescribing physician is not under the medical specialty assigned to the category of medications, you will receive a 15day supply of the prescribed medication with no repetitions allowed.

For more information about the limitations and exclusions of your coverage, please refer to your policy or certificate of benefits.

Tabla de abreviaturas

PA	Medicamentos que requieren autorización previa a su despacho. La autorización podría aplicar a algunas o todas las potencias del medicamento.
QL	Medicamentos que tiene un límite en la cantidad a despacharse. El límite de cantidad podría aplicar a algunas o todas las potencias del medicamento.
ST	La terapia escalonada requiere el uso de un medicamento de primera línea recomendado por las guías clínicas de tratamiento antes de utilizar un medicamento de segunda línea.
PL1	Límite de especialidad médica (excepto a Neurólogo, Neurólogo pediátrico, Pediatra, Psiquiatra, Psiquiatra pediátrico)
PL2	Límite de especialidad médica (excepto a Gastroenterólogo, Pediatra, Internista)
*	Estos medicamentos estarán cubiertos como Preventivos a cero (\$0) copago, si cumple con los criterios descritos en la sección de Servicios Preventivos de su póliza.
**	Medicamentos dentro de su formulario podrán tener distintos niveles de copago, según establecido en su póliza.
UM	Édito de utilización.

Table of abbreviations

PA	Drugs that require prior authorization for dispenses. The authorization could apply to some or all the strengths of the drug.
QL	Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all strengths of the drug.
ST	Step therapy requires the use of a first-line drug recommended by clinical treatment guidelines before using a second-line drug.
PL1	Prescriber Specialty Limitation (except Neurologist, Pediatric Neurologist, Pediatrician, Psychiatrist, Pediatric Psychiatrist)
PL2	Prescriber Specialty Limitation (except Gastroenterologist, Pediatrician, Internist)

*	These drugs will be covered as zero (\$ 0) copay, if you meet the criteria described in the Preventive Services section of your policy.
**	Drugs on your formulary may have different copayment levels, as established in your policy
UM	Utilization management.

¿CUALES SON LOS REQUISITOS Y PROCEDIMIENTO PARA SOLICITAR UNA EXCEPCIÓN PARA MEDICAMENTOS RECETADOS?

Si el médico que expidió la receta determinó que el medicamento de receta solicitado es medicamento necesario para el tratamiento de su enfermedad o condición médica, usted o su representante autorizado pueden solicitar por escrito una excepción utilizando el procedimiento que establece MCS Life para la aprobación de:

- 1) Un medicamento con receta que no está cubierto en el formulario;
- 2) Cubierta continua de determinado medicamento con receta que MCS Life descontinúe del formulario por motivos que no sean de salud o porque el fabricante no pueda suplir el medicamento o lo haya retirado del mercado; o
- 3) Un medicamento con receta que no estará cubierto hasta que se cumpla con el requisito de terapia escalonada o que no estará cubierto por la cantidad de dosis recetada; o
- 4) No hay ningún medicamento con receta en el formulario que sea una alternativa clínicamente aceptable para tratar la enfermedad o condición médica de la persona cubierta o asegurado; o
- 5) Si el medicamento de receta alternativo que figura en el formulario o que se requiere como primera línea conforme a la terapia escalonada:
 - a. Ha sido ineficaz en el tratamiento de la enfermedad o si, en base a la evidencia clínica, médica y científica y las características físicas y mentales pertinentes que se conocen de la persona cubierta o asegurado y las características conocidas del régimen del medicamento de receta, es muy probable que sea ineficaz o se afectará la eficacia del medicamento de receta o el cumplimiento por parte del paciente o
 - b. Ha causado o, según la evidencia clínica, médica y científica, es muy probable que cause una reacción adversa u otro daño a la persona asegurada, o
 - c. La persona asegurada ya se encontraba en un nivel más avanzado en la terapia escalonada de otro plan médico, por lo cual sería irrazonable requerirle comenzar de nuevo en un nivel menor de terapia escalonada, o
 - d. Si la dosis disponible según la limitación de dosis del medicamento de receta ha sido ineficaz en el tratamiento de la enfermedad o condición médica de la persona.

MCS Life requerirá que toda excepción contenga una justificación médica que incluya, pero no se limite a:

1. Nombre del asegurado,
2. Número de grupo o contrato,
3. Historial del asegurado,
4. Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud de excepción médica, y
5. Razón por la cual: entiéndase:

- a. El medicamento de receta que figura en el formulario no es aceptable para ese paciente en particular;
 - b. El medicamento de receta que se requiere que se use ya no es aceptable para ese paciente en particular, si la solicitud de excepción médica se relaciona con terapia escalonada; o
 - c. La dosis disponible para el medicamento de receta no es aceptable para ese paciente en particular, si la solicitud de excepción médica se relaciona con una limitación de dosis para ese paciente en particular.
6. Razón por la cual el medicamento de receta objeto de la solicitud de excepción médica se necesita para el paciente, o, si la razón por la que se requiere la excepción a la limitación de dosis para ese paciente en particular.

Al recibir una solicitud de excepción médica, MCS Life se asegurará de que los profesionales de la salud correspondientes la revisen. Este equipo de cuidado de salud considerará los hechos y las circunstancias específicas aplicables al asegurado para quien se presentó la solicitud, usando criterios documentados de revisión clínica que:

- Se basan en evidencia clínica, médica y científica; y
- Si las hubiera, guías de práctica pertinentes, las cuales pueden incluir guías de práctica aceptadas, guías de práctica basadas en evidencia, guías de práctica desarrolladas por el comité de farmacia y terapéutica de MCS Life u otras guías de práctica desarrolladas por el gobierno federal o sociedades, juntas o asociaciones nacionales o profesionales en el campo de farmacia.

WHAT ARE THE REQUIREMENTS AND PROCEDURES FOR REQUESTING AN EXCEPTION FOR PRESCRIBED MEDICATIONS?

If the doctor who issued the prescription determines that the prescription drug requested is medically necessary for treatment of your illness or medical condition, you or your representative have the right to request in writing an exception through MCS Life's established procedure for the approval of:

- 1) *A prescription drug that is not covered on the formulary;*
- 2) *Continuous cover of certain prescription drug that MCS Life discontinued from the formulary for reasons other than health or because the manufacturer cannot supply the drug or has been withdrawn from the market; or*
- 3) *A prescription drug that is not covered until it meets the requirement of step therapy or will not be covered by the quantity of the prescribed dose.*
- 4) *There is no prescription drug on the formulary that is clinically acceptable to treat the disease or medical condition of the person covered or insured.*
- 5) *If the alternative prescription drug on the formulary is required as the first line under the step therapy:*
 - a. *It has been ineffective in treating the disease, or if based on clinical, medical and scientific evidence and relevant physical and mental characteristics that are known about the insured or covered person and the known characteristics of the prescription drug regime, likely to be ineffective or the effectiveness of prescription medication or the compliance will be affected by the patient or*
 - b. *It has caused or, in the clinical, medical, and scientific evidence, is likely to cause an adverse reaction or other damage to the insured person or*

- c. *The insured person was already in a more advanced level in the step therapy of any other individual, and it would be unreasonable to require a new start in a lower level of step therapy.*
- d. *If the dose limiting available as prescription drug dose has been ineffective in treating the disease or medical condition of the insured person.*

MCS Life requires that any exception for medical reasons includes:

- 1) *Name of the insured,*
- 2) *Group number or contract,*
- 3) *History of the insured,*
- 4) *Primary diagnosis related to prescription drug subject to the application of the medical exception.*
- 5) *Reason why:*
 - a. *The prescription drug on the formulary is not acceptable for that patient.*
 - b. *The required prescription drug is no longer acceptable for that patient, whether the request for medical exception relates to step therapy; or*
 - c. *The dose available for prescription medicine is not acceptable for that patient if the medical exception request is related to dose limitation for that patient.*
- 6) *Reason for the prescription drug object of the application of medical exception is needed for the patient, or if the reason for the exception is related to dose limitation for that patient.*

Upon receipt of a medical exception request, MCS Life will ensure that the application is reviewed by the corresponding healthcare professionals. When making the determination, the healthcare team will consider the facts and circumstances applicable to the insured for which the application was presented, using documented clinical review criteria that:

- *Is based on solid clinical, medical, and scientific evidence; and*
- *If any, guide appropriate practice, which may include practice guidelines accepted, practice guidelines, evidence-based practice guidelines developed by the MCS Life Committee of Pharmacy and Therapeutics or other practice guidelines developed by the federal government or companies, boards or national or professionals in the field of pharmacy associations.*

PROGRAMA DE MEDICAMENTOS POR CORREO

Es un programa voluntario a través de WellDyneRx que le permite recibir los medicamentos de mantenimiento por correo regular, autorizando un suministro de hasta 90 días. Los medicamentos que se despachan por este programa son específicamente aquellos medicamentos para el tratamiento de condiciones crónicas a largo plazo tales como: medicamentos para la diabetes, para controlar la presión arterial, para los desórdenes de la tiroides, para arritmias cardíacas, entre otros. Para información de cómo solicitar los medicamentos bajo este programa, comuníquese con el centro de llamadas de Servicio al Cliente de MCS Life o acceda a <https://www.mcs.com.pr>.

Opciones para registrarse:

- Llame al servicio al cliente de WellDyneRx al 1-866-448-3339, las 24 horas del día, los siete (7) días de la semana. Tenga su información a la mano.
- Complete la hoja de registro y envíela junto a la receta a la siguiente dirección o mediante fax:
WellDyneRx
P.O. Box 90369, Lakeland, FL 33804
Fax: 1-888-830-3608 o 1-877-221-1259
- Regístrese en línea a través del enlace www.WellDyneRx.com

Cómo obtener su receta:

- Una vez inscrito, el paciente puede enviar la receta por correo. En el caso que el médico la envíe, tendría la opción de receta electrónica y fax (si es de la oficina del médico).
- Es importante solicitar a su médico que escriba la receta para 90 días, con las repeticiones autorizadas hasta un año (de ser necesario).
- Repeticiones automáticas están disponibles para los asegurados. Por favor, comuníquese con servicio al cliente para más información.

Se requiere pago al momento de la orden. Puede hacerlo mediante:

- Tarjeta de crédito (Puede solicitar guardar la información de tarjeta de crédito para futuras órdenes o repeticiones automáticas).
- Cheque, cheque por teléfono o Money Order.

Si necesita su receta con urgencia:

Solicite dos (2) recetas a su médico, una (1) para 30 días de suplido (que puede ser despachada en su farmacia de la red) y otra para 90 días de suplido, con tres (3) repeticiones que pueden despacharse a través de WellDyneRx.

Recuerde:

- Permita de 10 a 14 días desde la fecha de envío para recibir su medicamento.
- Hay un servicio de entrega rápida, por un costo adicional. Para solicitarlo, comuníquese con servicio al cliente de WellDyneRx.
- Comuníquese con Servicio al Cliente de MCS para hojas de registro adicionales o visite nuestra página de internet <https://www.mcs.com.pr> donde puede imprimir todas las que necesite.

MAIL ORDER DRUG PROGRAM

It is a voluntary program through WellDyneRx, which allows you to receive maintenance medications by regular mail, by authorizing a supply of up to 90 days. The drugs filled by this program are specifically those drugs for the treatment of chronic long-term conditions such as diabetes drugs, to control blood pressure, thyroid disorders, for cardiac arrhythmias, among others. For information about ordering drugs through the mail program, please contact the MCS Life Customer Service call center or access <https://www.mcs.com.pr>.

Options to register:

- Call WellDyneRx customer service with your registration information at 1-866-448-3339, 24 hours a day, seven (7) days a week.

- Complete the registration form and send it along with the prescription to the following address or through fax:

WellDyneRx
P.O. Box 90369, Lakeland, FL 33804
Fax: 1-888-830-3608 or 1-877-221-1259

- Register online at www.WellDyneRx.com

How to get your prescription:

- Once registered, the patient may send the prescription by mail. The doctor's office has the option to send the prescription electronically or by fax.
- It is important to ask your doctor to write a prescription for 90 days with the authorized refills for up to a year (if necessary).
- Automatic refills are available for members. Please contact customer service for more information.

Payment is required upon order. The accepted payment methods are:

- Credit card (You can request to save the credit card information for future orders or auto repeat).
- Check, check by phone or Money order.

If you need your prescription urgently:

Request two (2) prescriptions to your doctor, one (1) for a 30-day supply that may be filled at the pharmacy network and another for a 90-day supply with three (3) refills that can be shipped through WellDyneRx.

Remember:

- Allow 10 to 14 days from date of shipment to receive your medicine.
- Faster delivery service is available at an additional cost, by contacting WellDyneRx customer service.
- Contact MCS Customer Service for additional log sheets or visit our website <https://www.mcs.com.pr>, where you can print all you need.

¿CÓMO ENCONTRAR SUS MEDICAMENTOS EN ESTE FORMULARIO?

La manera más rápida en que usted puede conseguir sus medicamentos en este formulario es buscando su medicamento en el índice que comienza en la página 114. El índice coloca en orden alfabético todos los medicamentos incluidos en este formulario. Tanto los medicamentos de marca como los genéricos, están incluidos en el índice. Al lado de su medicamento, encontrará el número de la página dónde aparece el mismo. Vaya a la página indicada en el índice y encuentre el nombre del medicamento y la restricción, si aplica.

En cada categoría, los medicamentos se encuentran organizados en orden alfabético. A su vez, los medicamentos se encuentran identificados por niveles:

Nivel 1: GENÉRICO - Medicamento genérico preferido

Nivel 2: GENÉRICO NO PREFERIDO – Medicamento genérico no preferido

Nivel 3: PREFERIDO - Medicamento de marca preferido

Nivel 4: NO PREFERIDO - Medicamento de marca no preferido

- Nivel 5: ESPECIALIZADO PREFERIDO - Medicamento especializado preferido
- Nivel 6: ESPECIALIZADO NO PREFERIDO - Medicamento especializado no preferido
- Nivel 0: PREVENTIVO - Medicamento preventivo

HOW TO FIND DRUGS ON THIS FORMULARY?

The quickest way to find your prescription drugs on this formulary is by using the index on page 114. The index provides an alphabetical list of all the drugs included on this formulary. Both brand-name and generic drugs are listed in the index. Next to your prescription drug name, you will see the page number where you can find them. Turn to the page listed in the index and find the name of your prescription drug and any applicable restrictions.

In each category, the drugs are organized alphabetically. At the same time, drugs are identified by tiers:

- Tier 1: GENERIC - Indicates a preferred generic drug*
- Tier 2: NON-PREFERRED GENERIC – Indicates a non-preferred generic drug*
- Tier 3: PREFERRED - Indicates a preferred brand drug*
- Tier 4: NON-PREFERRED - Indicates a non-preferred brand drug*
- Tier 5: PREFERRED SPECIALTY - Indicates a preferred specialty drug*
- Tier 6: NON-PREFERRED SPECIALTY – Indicates a non-preferred specialty drug*
- Tier 0: PREVENTIVE - Indicates a preventive drug*

¿LA LISTA DE MEDICAMENTOS CUBIERTOS PUEDE CAMBIAR?

Sí, el Departamento de Farmacia revisa la Lista de Medicamentos mensualmente. Si está tomando un medicamento incluido en nuestro formulario 2024 que estaba cubierto al comenzar la póliza, solo habrá cambios en el formulario o en procedimientos de manejo de medicamentos de receta cuando:

- Se publique información adversa, nueva, sobre la seguridad o efectividad de un medicamento;
- El fabricante lo retire del mercado o no lo pueda suplir;
- Consideramos que es importante que tenga acceso continuo a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan durante el resto del año de cubierta.

Es importante que usted tenga acceso continuo, durante el resto del año cubierta, a los medicamentos que estaban disponibles en el formulario cuando eligió nuestro plan.

Relevo de Responsabilidad: La cubierta de algunos medicamentos puede estar limitada a las formas de dosis específicas y/o potencia del medicamento. El diseño del plan determina lo que está cubierto y el copago aplicable. Conforme al artículo 4.050 (C) del Código de Seguros de Salud de Puerto Rico, este formulario puede sufrir cambios u otro procedimiento de manejo durante su año póliza, de manera oportuna, en las siguientes situaciones:

- (1) Nueva evidencia científica y médica u otra información relacionada con los medicamentos de receta que figuren en el formulario o estén sujetos a otro procedimiento de manejo y nueva evidencia científica y médica sobre medicamentos de receta recién aprobados y de otra índole que no figuren en el formulario o estén sujetos a algún otro procedimiento de manejo, para determinar si se debe hacer un cambio al formulario o procedimiento de manejo;
- (2) Si fuera aplicable, información que reciba MCS Life respecto a solicitudes de excepción médica para permitir que el Comité de Farmacia y Terapéutica de MCS Life evalúe si

- los medicamentos que figuran en el formulario o que están sujetos a otro procedimiento de manejo, cumplen con las necesidades de las personas cubiertas o asegurados; e
- (3) Información sobre la seguridad y eficacia de los medicamentos de receta que figuran en el formulario o están sujetos a otro procedimiento de manejo, información sobre medicamentos de receta que sean clínicamente similares o bioequivalentes pero que no figuran en el formulario ni están sujetos a otro procedimiento de manejo, información que surja de las actividades de garantía de calidad de MCS Life, o información incluida en reclamaciones recibidas después de la revisión más reciente del Comité de Farmacia y Terapéutica de MCS Life de dichos medicamentos de receta.

Para determinar el estado más actualizado de su medicamento, por favor visite nuestra página de internet o llame a nuestro Centro de Llamadas de Servicio al Cliente.

CAN THE LIST OF MEDICINES CHANGE?

Yes, the Pharmacy Department reviews the List of Covered Drugs monthly. If you are taking a drug included in our 2024 Formulary, and that was covered at the beginning of the policy, changes to the formulary or prescription drug handling procedures can only occur when:

- *New adverse information about the safety or effectiveness of a drug is published,*
- *The manufacturer has withdrawn it from the market or cannot supply it.*

It is important that you have continuous access, for the remainder of the coverage year, to the formulary drugs that were available when you chose our plan.

Limitation of Liability: *Coverage for some medications may be limited to specific dosage forms and/or medication strength. The plan design determines what is covered and the applicable copayment. Pursuant to article 4.050 (C) of the Health Insurance Code of Puerto Rico, during this policy year, this formulary may undergo changes or other handling procedures, in a timely manner, based on the following situations:*

- (1) New scientific and medical evidence or other information related to prescription drugs that appear on the formulary or that are subject to another management procedure and new scientific and medical evidence about newly approved prescription and other medications not listed or are subject to some other management procedure, to determine if a change to the form or handling procedure should be made;*
- (2) If applicable, information received by the MCS Life regarding medical exception requests to allow the MCS Life's Pharmacy and Therapeutics Committee to evaluate whether the medications that appear on the formulary or that are subject to another management procedure meet the needs of the covered or insured persons; and*
- (3) Information on the safety and efficacy of prescription medications that are listed on the formulary or are subject to another management procedure, information on prescription drugs that are clinically similar or bioequivalent but that are not listed on the formulary or are not subject to another management procedure, information that arises from the quality assurance activities of MCS Life, or information included in claims received after the most recent review by the MCS Life's Pharmacy and Therapeutic Committee of said prescription medications.*

To determine the most up-to-date status of your medication, please visit our website or call our Customer Service Call Center.

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ACA PREVENTIVE DRUGS (Medicamentos Preventivos ACA)				
<i>Aspirin (Aspirina)</i>				
Aspirin 81 Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Aspirin Adult Low Dose Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Aspirin Adult Low Strength Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Aspirin Childrens Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Aspirin EC Low Dose Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Aspirin EC Low Strength Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Aspirin Low Dose Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Aspirin Low Dose Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Aspirin Oral Tablet	325mg	Bayer Aspirin	0	QL (30 in 30 Days)
Aspirin Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Aspirin Oral Tablet Delayed Release	325mg, 81mg	Aspir-trin , Acuprin	0	QL (30 in 30 Days)
Aspirin Rectal Suppository	300mg	Aspirin	0	
Childrens Aspirin Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Eq_aspirin Adult Low Dose Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
Eq_aspirin Low Dose Oral Tablet Chewable	81mg	Aspirin Childrens	0	QL (30 in 30 Days)
Eq_aspirin Oral Tablet	325mg	Bayer Aspirin	0	QL (30 in 30 Days)
Medi-seltzer Oral Tablet Effervescent	325mg	Effervescent Pain Relief	0	QL (30 in 30 Days)
Qc_aspirin Low Dose Oral Tablet Delayed Release	81mg	Acuprin	0	QL (30 in 30 Days)
<i>Bowel Preparation Agents (Agente De Preparacion Intestinal)</i>				
Gavilyte-c Oral Solution Reconstituted	240gm	Colyte-flavored	0	
Gavilyte-g Oral Solution Reconstituted	236gm	Golytely	0	
Peg-3350/electrolytes Oral Solution Reconstituted	236gm	Golytely	0	
Peg-3350/electrolytes/ascorbat Oral Solution Reconstituted	100gm	Moviprep	0	
Peg-kcl-nacl-nasulf-na Asc-C Oral Solution Reconstituted	100gm	Moviprep	0	
Peg-prep Oral Kit	5-210mg-gm	Halflytely Bowel Prep	0	
Peg_3350-kcl-na Bicarb-NaCl Oral Solution Reconstituted	420gm	Nulytely	0	
<i>Breast Cancer (Cancer De Mama)</i>				
Tamoxifen Citrate Oral Tablet	10mg, 20mg	Nolvadex	0	
<i>Cervical Caps With Spermicide (Capuchones Cervicales con Espermicida)</i>				
Femcap Vaginal Device	22mm, 26mm, 30mm	Prentif Cavity-Rim Cerv Cap , Femcap	0	
<i>Combination Contraceptives - Oral (Combinaciones Anticonceptivas Orales)</i>				
Alyacen 1/35 Oral Tablet	1-35mg-mcg	Genora 1/35 (21)	0	
Alyacen 7/7/7 Oral Tablet	0.5/0.75/1-35mg-mcg	Ortho-novum 7/7/7 (21)	0	
Desogestrel-ethinyl Estradiol Oral Tablet	0.15-0.02/0.01mg (21/5), 0.15-30mg-mcg	Mircette , Desogen	0	

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Drospiren-eth Estrad-Levomefol Oral Tablet	3-0.02-0.451mg, 3-0.03-0.451mg	Beyaz , Safyral	0	
Drospirenone-ethinyl Estradiol Oral Tablet	3-0.02mg	Yaz	0	
Ethinodiol Diac-Eth Estradiol Oral Tablet	1-35mg-mcg, 1-50mg-mcg	Demulen 1/35 (28) , Demulen 1/50 (28)	0	
Jaimiess Oral Tablet	0.15-0.03 & 0.01mg	Seasonique	0	
Junel_1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin 1.5/30 (21)	0	
Junel_1/20 Oral Tablet	1-20mg-mcg	Loestrin 1/20 (21)	0	
Junel_fe 1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin Fe 1.5/30	0	
Junel_fe 1/20 Oral Tablet	1-20mg-mcg	Loestrin Fe 1/20	0	
Junel_fe 24 Oral Tablet	1-20mg-mcg(24)	Loestrin 24 Fe	0	
Larin_1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin 1.5/30 (21)	0	
Larin_1/20 Oral Tablet	1-20mg-mcg	Loestrin 1/20 (21)	0	
Larin_24 FE Oral Tablet	1-20mg-mcg(24)	Loestrin 24 Fe	0	
Larin_fe 1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin Fe 1.5/30	0	
Larin_fe 1/20 Oral Tablet	1-20mg-mcg	Loestrin Fe 1/20	0	
Levonorg-eth Estrad Triphasic Oral Tablet	50-30/75-40/125-30 mcg	Triphasil	0	
Levonorgestrel-ethinyl Estrad Oral Tablet	0.1-20mg-mcg, 0.15-30mg-mcg	Alesse (28) , Levlen	0	
Lojaimiess Oral Tablet	0.1-0.02 & 0.01mg	Loseasonique	0	
Lutera Oral Tablet	0.1-20mg-mcg	Alesse (28)	0	
Microgestin 1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin 1.5/30 (21)	0	
Microgestin 1/20 Oral Tablet	1-20mg-mcg	Loestrin 1/20 (21)	0	
Microgestin 24 Fe Oral Tablet	1-20mg-mcg	Loestrin 24 Fe	0	
Microgestin FE 1.5/30 Oral Tablet	1.5-30mg-mcg	Loestrin Fe 1.5/30	0	
Microgestin FE 1/20 Oral Tablet	1-20mg-mcg	Loestrin Fe 1/20	0	
Norethin Ace-Eth Estrad-FE Oral Tablet	1-20mg-mcg, 1.5-30mg-mcg	Loestrin Fe 1/20 , Loestrin Fe 1.5/30	0	
Norethin Ace-Eth Estrad-FE Oral Tablet Chewable	1-20mg-mcg(24)	Minastrin 24 Fe	0	
Sprintec 28 Oral Tablet	0.25-35mg-mcg	Ortho-cyclen (28)	0	
Tri-lo-sprintec Oral Tablet	0.18/0.215/0.25mg-25 mcg	Ortho Tri-Cyclen Lo	0	
Trivora (28) Oral Tablet	50-30/75-40/125-30 mcg	Triphasil	0	
Vienva Oral Tablet	0.1-20mg-mcg	Alesse (28)	0	
Volnea Oral Tablet	0.15-0.02/0.01mg (21/5)	Mircette	0	
Combination Contraceptives - Transdermal Patch (Anticonceptivos de Combinacion - Parcho Transdermal)				
Norelgestromin-eth Estradiol Transdermal Patch Weekly	150-35mcg/24hr	Ortho Evra	0	
Xulane Transdermal Patch Weekly	150-35mcg/24hr	Ortho Evra	0	
Combination Contraceptives - Vaginal Ring (Anticonceptivos de Combinacion - Anillo Vaginal)				
Eluryng Vaginal Ring	0.12-0.015mg/24hr	Nuvaring	0	
Enilloring Vaginal Ring	0.12-0.015mg/24hr	Nuvaring	0	
Etonogestrel-ethinyl Estradiol Vaginal Ring	0.12-0.015mg/24hr	Nuvaring	0	
Haloette Vaginal Ring	0.12-0.015mg/24hr	Nuvaring	0	
Condoms - Female (Condomes Femeninos)				
Fc2_female Condom Misc		Reality Female Condom Miscellaneous	0	
Condoms - Male (Condomes Masculinos)				
Condoms Misc		Lifestyles Extra Strength Miscellaneous	0	QL (12 in 30 Days)
Durex_realfeel Device		Durex RealFeel Device	0	QL (12 in 30 Days)
Kimono PS Plus Misc		Premium Condoms Lubricated Miscellaneous	0	QL (12 in 30 Days)
Trustex Non-Lubricated Misc		Mentor Miscellaneous	0	QL (12 in 30 Days)

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Trustex Ria Non-Lubricated Misc		Mentor Miscellaneous	0	QL (12 in 30 Days)
<i>Continuous Contraceptives - Oral (Anticonceptivos Orales Continuos)</i>				
Dolishale Oral Tablet	90-20mcg	Lybrel	0	
Levonorgestrel-ethinyl Estrad Oral Tablet	90-20mcg	Lybrel	0	
<i>Diaphragms With Spermicide (Diafragmas con Espermicida)</i>				
Caya_vaginal Diaphragm		Caya	0	
<i>Emergency Contraceptives (Contraceptivos de Emergencia)</i>				
Ella_oral Tablet	30mg	Ella	0	
Levonorgestrel Oral Tablet	1.5mg	Plan B One-Step	0	
<i>Extended-cycle Contraceptives - Oral (Anticonceptivos Orales de Ciclo Extendido)</i>				
Levonorgest-eth Est & Eth Est Oral Tablet	42-21-21-7days	Quartette	0	
Levonorgest-eth Estrad 91-Day Oral Tablet	0.1-0.02 & 0.01mg, 0.15-0.03mg, 0.15-0.03 & 0.01mg	Loseasonique , Seasonale	0	
<i>Fluoride (Fluoruro)</i>				
Sodium Fluoride Oral Solution	1.1 (0.5 f)mg/ml	Altaflor	0	
Sodium Fluoride Oral Tablet	1.1 (0.5 f)mg, 2.2 (1 f)mg	Sodium Fluoride , Flura-tab	0	
Sodium Fluoride Oral Tablet Chewable	0.55 (0.25 f)mg, 1.1 (0.5 f)mg, 2.2 (1 f)mg	Luride , Fluoritab , Fluorabon	0	
<i>Folic Acid (Acido Folico)</i>				
Folic_acid Oral Tablet	1mg, 400mcg, 800mcg	Kp Folic Acid , Sm Folic Acid , Fa-8	0	QL (30 in 30 Days)
<i>Iron (Hierro)</i>				
Eql_carbonyl Iron Oral Tablet	45mg	Feosol	0	
Eql_iron Supplement Therapy Oral Tablet	325mg	Fe-max	0	
Eql_slow Release Iron Oral Tablet Extended Release	160 (50 fe)mg	Slow Fe	0	
Ezfe_200 Oral Capsule	434.8 (200 fe)mg	Pic 200	0	
Feosol Natural Release Oral Tablet	45mg	Feosol	0	
Feosol Oral Tablet	200 (65 fe)mg	Feosol	0	
Fer-in-sol Oral Solution	75 (15 fe)mg/ml	Fer-in-sol	0	
Ferrimin 150 Oral Tablet	150mg	Ferrimin 150	0	
Ferro-sequels Oral Tablet Extended Release	65-25mg	Ferro-sequels	0	
Ferrous Fumarate Oral Tablet	29mg, 324 (106 fe)mg	Ferrous Fumarate , Hemocyte	0	
Ferrous Gluconate Oral Tablet	240 (27 fe)mg, 324 (37.5 fe)mg, 324 (38 fe)mg	Fergon , Kp Ferrous Gluconate	0	
Ferrous Sulfate ER Oral Tablet Extended Release	140 (45 fe)mg	Iron Slow Release	0	
Ferrous Sulfate Oral Solution	220 (44 fe)mg/5ml, 300 (60 fe)mg/5ml, 75 (15 fe)mg/ml	Iron Supplement , Ferascorb Forte , Fer-in-sol	0	
Ferrous Sulfate Oral Tablet	27mg, 325 (65 fe)mg	Ra High Potency Iron , Fe-max	0	
Ferrous Sulfate Oral Tablet Delayed Release	324 (65 fe)mg, 325 (65 fe)mg	Ferrous Sulfate , Fe Tabs	0	
High_potency Iron Oral Capsule	86 (27 fe)mg	High Potency Iron	0	
Iron_(ferrous Sulfate) Oral Solution	75 (15 fe)mg/ml	Fer-in-sol	0	
Iron_(ferrous Sulfate) Oral Tablet	325 (65 fe)mg	Fe-max	0	
Iron_27 Oral Tablet	240 (27 fe)mg	Fergon	0	
Iron_chews Pediatric Oral Tablet Chewable	15mg	Icar	0	
Iron_high-potency Oral Tablet	325mg	Fe-max	0	
Iron_infant & Toddler Oral Solution	75 (15 fe)mg/ml	Fer-in-sol	0	
Iron_infant/toddler Oral Solution	75 (15 fe)mg/ml	Fer-in-sol	0	
Iron_oral Tablet	240 (27 fe)mg, 28mg, 325 (65 fe)mg, 90 (18 fe)mg	Fergon , Iron_ , Fe-max	0	

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Iron_slow Release Oral Tablet Extended Release	140 (45 fe)mg, 143 (45 fe)mg	Iron Slow Release , Cvs Slow Release Iron	0	
Iron_supplement Childrens Oral Solution	75 (15 fe)mg/ml	Fer-in-sol	0	
Iron_up Oral Liquid	15mg/0.5ml	Iron Up	0	
Kp_ferrous Gluconate Oral Tablet	324 (37.5 fe)mg	Kp Ferrous Gluconate	0	
Kp_ferrous Sulfate Oral Tablet	325 (65 fe)mg	Fe-max	0	
Novaferrum 50 Oral Capsule	50mg	Novaferrum 50	0	
Novaferrum Pediatric Drops Oral Liquid	15mg/ml	Novaferrum Pediatric Drops	0	
Poly-iron 150 Oral Capsule	150mg	Hytinic	0	
Profe_oral Capsule	391.3 (180 fe)mg	Profe	0	
Proferrin ES Oral Tablet	12mg	Proferrin ES	0	
Ra_iron Oral Tablet	325 (65 fe)mg	Fe-max	0	
Slow_fe Oral Tablet Extended Release	142 (45 fe)mg	Slow Fe	0	
Slow_iron Oral Tablet Extended Release	160 (50 fe)mg	Slow Fe	0	
Slow_release Iron Oral Tablet Extended Release	160 (50 fe)mg, 45mg, 47.5mg, 50mg	Slow Fe , Ra Slow Release Iron	0	
Sm_iron Oral Tablet	325 (65 fe)mg	Fe-max	0	
Sm_iron Slow Release Oral Tablet Extended Release	160 (50 fe)mg	Slow Fe	0	
Sm_slow Release Iron Oral Tablet Extended Release	142 (45 fe)mg, 143 (45 fe)mg	Slow Fe , Sm Slow Release Iron	0	
Sv_iron Oral Tablet	325mg	Fe-max	0	
Wee_care Oral Suspension	15mg/1.25ml	Icar	0	
<i>Phenylalanine-free Amino Acids (Aminoacidos sin Fenilalanina)</i>				
Phenylade RTD PKU 10 Oral Liquid		Attain	0	
Pku_2_Oral Powder		Casec	0	
Pku_3_Oral Powder		Casec	0	
Pku_air20 Gold Oral Liquid		Attain	0	
Pku_air20 Green Oral Liquid		Attain	0	
Pku_air20 Yellow Oral Liquid		Attain	0	
Pku_cooler 10 Oral Liquid		Attain	0	
Pku_cooler 15 Oral Liquid		Attain	0	
Pku_cooler 20 Oral Liquid		Attain	0	
Pku_lophlex LQ 20 Oral Liquid		Attain	0	
Pku_periflex Early Years Oral Powder		Casec	0	
Pku_periflex Junior Plus Oral Powder		Casec	0	
<i>Prenatal Vitamins (Vitaminas Prenatales)</i>				
Atabex OB Oral Tablet	29-1mg	Duet	0	
Obstetrix DHA Oral Misc	29-1 & 350mg	Obtrex DHA	0	
Obstetrix EC Oral Tablet Delayed Release	29-1mg	Obstetrix EC	0	
Obstetrix One Oral Capsule	38-1-225mg	Folet One	0	
Prenatal Complete Oral Tablet	14-0.4mg	Prenatal Complete	0	
Prenatal Oral Tablet	27-0.8mg	Prenavite	0	
<i>Progestin Contraceptives - Injectable (Anticonceptivos Inyectables De Progestina)</i>				
Medroxyprogesterone Acetate Intramuscular Suspension	150mg/ml	Depo-provera	0	QL (1 in 90 Days)
Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe	150mg/ml	Depo-provera	0	QL (1 in 90 Days)
<i>Progestin Contraceptives - Oral (Contraceptivos Orales de Progestina)</i>				
Camila Oral Tablet	0.35mg	Ortho Micronor	0	
Errin_oral Tablet	0.35mg	Ortho Micronor	0	
<i>Smoking Cessation Agents (Agentes Para Cesacion De Fumar)</i>				
Bupropion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour	150mg	Zyban	0	QL (60 in 30 Days)
Nicotine Mini Mouth/Throat Lozenge	2mg, 4mg	Commit	0	QL (1680 in 1 Year)

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Nicotine Polacrilex Mouth/Throat Gum	2mg, 4mg	Nicorette , Nicorette DS	0	QL (2016 in 1 Year)
Nicotine Polacrilex Mouth/Throat Lozenge	2mg, 4mg	Commit	0	QL (1680 in 1 Year)
Nicotine Step 1 Transdermal Patch 24 Hour	21mg/24hr	Habitrol	0	QL (42 in 1 Year)
Nicotine Step 2 Transdermal Patch 24 Hour	14mg/24hr	Habitrol	0	QL (42 in 1 Year)
Nicotine Step 3 Transdermal Patch 24 Hour	7mg/24hr	Habitrol	0	QL (14 in 1 Year)
Nicotine Transdermal Kit	21-14-7mg/24hr	Nicotine	0	QL (56 in 1 Year)
Nicotine Transdermal Patch 24 Hour	14mg/24hr, 21mg/24hr	Habitrol	0	QL (42 in 1 Year)
Nicotine Transdermal Patch 24 Hour	7mg/24hr	Habitrol	0	QL (14 in 1 Year)
Nicotrol Inhalation Inhaler	10mg	Nicotrol	0	
Nicotrol NS Nasal Solution	10mg/ml	Nicotrol NS	0	
<i>Spermicide (Espermicidas)</i>				
Encare Vaginal Suppository	100mg	Semicid Contraceptive	0	
Options Gynol II Contraceptive Vaginal Gel	3%	Gynol II Extra Strength	0	
Vcf_vaginal Contraceptive Vaginal Film	28%	Vaginal Contraceptive Film Vaginal Film 28 %	0	
Vcf_vaginal Contraceptive Vaginal Gel	4%	Conceptrol	0	
<i>Sponge With Spermicide (Esponja con Espermicida)</i>				
Today_sponge Vaginal Misc	1000mg	Today Sponge	0	
<i>Vitamin D (Vitamina D)</i>				
D-5000 Oral Tablet	125 mcg(5000 ut)	D 5000	0	
D2000_ultra Strength Oral Capsule	50 mcg(2000 ut)	D2000 Ultra Strength	0	
D3-1000 Oral Capsule	25 mcg(1000 ut)	D 1000	0	
D3_2000 Oral Capsule	50 mcg(2000 ut)	D2000 Ultra Strength	0	
D3_5000 Oral Capsule	125 mcg(5000 ut)	D-3-5	0	
D3_maximum Strength Oral Capsule	125 mcg(5000 ut)	D-3-5	0	
D3_oral Tablet	50 mcg(2000 ut)	Vitamin D3 Super Strength	0	
D3_super Strength Oral Capsule	50 mcg(2000 ut)	D2000 Ultra Strength	0	
D_10000 Oral Capsule	250 mcg(10000 ut)	Maximum D3	0	
D_5000 Oral Capsule	125 mcg(5000 ut)	D-3-5	0	
Gnp_vitamin D Super Strength Oral Tablet	125 mcg(5000 ut)	D 5000	0	
Gnp_vitamin D3 Oral Tablet	10 mcg(400 unit)	Delta D3	0	
Maximum D3 Oral Capsule	325 mcg(13000 ut)	Maximum D3	0	
Optimal D3 M Oral Capsule	350 mcg(14000 ut)	Optimal D3 M	0	
Optimal D3 Oral Capsule	1.25 mg(50000 ut)	D3-50	0	
Vitamin D (Ergocalciferol) Oral Capsule	1.25 mg(50000 ut)	Drisdol	0	
Vitamin D Oral Capsule	50 mcg(2000 ut)	D2000 Ultra Strength	0	
Vitamin D Oral Tablet	25 mcg(1000 ut), 50 mcg(2000 ut)	Vitamin D-1000 Max St , Vitamin D3 Super Strength	0	
Vitamin D3 Oral Capsule	1.25 mg(50000 ut), 10 mcg(400 unit), 125 mcg(5000 ut), 25 mcg(1000 ut), 250 mcg(10000 ut), 50 mcg(2000 ut)	D3-50 , D400 , D-3-5 , D 1000 , Maximum D3 , D2000 Ultra Strength	0	
Vitamin D3 Oral Tablet	125 mcg(5000 ut), 25 mcg(1000 ut), 250 mcg(10000 ut), 50 mcg(2000 ut)	D 5000 , Vitamin D-1000 Max St , Vitamin D3 , Vitamin D3 Super Strength	0	

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ANALGESICS (Analgésicos - Bloqueadores de los Canales de Péptido)				
<i>Analgesics, Other (Analgésicos, Otros)</i>				
Bac_oral Tablet	50-325-40mg	Americet	2	QL (180 in 30 Days)
Butalbital-acetaminophen Oral Capsule	50-300mg	Butalbital-acetaminophen	2	QL (180 in 30 Days)
Butalbital-acetaminophen Oral Tablet	50-300mg	Orbivan CF	2	QL (180 in 30 Days)
Butalbital-acetaminophen Oral Tablet	50-325mg	Phrenilin	1	QL (180 in 30 Days)
Butalbital-apap-caffeine Oral Capsule	50-300-40mg, 50-325-40mg	Orbivan , Alagesic	2	QL (180 in 30 Days)
Butalbital-apap-caffeine Oral Tablet	50-325-40mg	Americet	1	QL (180 in 30 Days)
<i>Nonsteroidal Anti-inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</i>				
Flurbiprofen Oral Tablet	100mg, 50mg	Ansaid	1	
Ibuprofen Oral Suspension	100mg/5ml	Childrens Advil	1	
Ibuprofen Oral Tablet	400mg, 600mg, 800mg	Ib Pro	1	
Ketoprofen Oral Capsule	50mg	Orudis	2	
Meloxicam Oral Tablet	15mg, 7.5mg	Mobic	1	QL (30 in 30 Days)
Nabumetone Oral Tablet	500mg, 750mg	Relafen	1	
Naproxen DR Oral Tablet Delayed Release	500mg	Ec-naprosyn	2	
Naproxen Oral Tablet	250mg, 375mg, 500mg	Naprosyn	1	
Naproxen Oral Tablet Delayed Release	375mg	Ec-naprosyn	2	
Naproxen Oral Tablet Delayed Release	500mg	Ec-naprosyn	1	
Naproxen Sodium ER Oral Tablet Extended Release 24 Hour	375mg	Naprelan	2	
Naproxen Sodium Oral Tablet	275mg, 550mg	Anaprox , Anaprox DS	1	
Piroxicam Oral Capsule	10mg, 20mg	Feldene	1	
<i>Opioid Analgesics, Long-acting (Analgésicos Opioides - Larga Duracion)</i>				
Fentanyl Transdermal Patch 72 Hour	100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	Duragesic-100 , Duragesic-12 , Duragesic-25 , Fentanyl , Duragesic-50 , Duragesic-75	2	QL (10 in 30 Days)
Hydromorphone HCl PF Injection Solution	10mg/ml, 2mg/ml, 50mg/5ml, 500mg/50ml	Dilaudid-hp , Hydromorphone HCl PF	2	
Morphine Sulfate ER Oral Capsule Extended Release 24 Hour	10mg, 20mg, 50mg, 80mg	Kadian	2	QL (60 in 30 Days)
Morphine Sulfate ER Oral Tablet Extended Release	100mg, 200mg	Ms Contin	2	QL (60 in 30 Days)
Morphine Sulfate ER Oral Tablet Extended Release	15mg, 30mg, 60mg	Ms Contin , Oramorph SR	1	QL (60 in 30 Days)
Oxycontin Oral Tablet ER 12 Hour Abuse-Deterrent	10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	Oxycontin	3	QL (120 in 30 Days)
Tramadol HCl ER Oral Tablet Extended Release 24 Hour	100mg, 200mg, 300mg	Ultram ER	2	
<i>Opioid Analgesics, Short-acting (Analgésicos Opioides - Corta Duracion)</i>				
Acetaminophen-codeine Oral Solution	120-12mg/5ml	Acetaminophen-codeine	1	
Acetaminophen-codeine Oral Tablet	300-15mg, 300-60mg	Tylenol/codeine #2 , Tylenol with Codeine #4	1	
Acetaminophen-codeine Oral Tablet	300-30mg	Tylagesic 3	2	
Butalbital-apap-caff-cod Oral Capsule	50-300-40-30mg, 50-325-40-30mg	Fioricet/codeine	2	
Butorphanol Tartrate Injection Solution	1mg/ml, 2mg/ml	Stadol	2	
Duramorph Injection Solution	0.5mg/ml, 1mg/ml	Astramorph	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Endocet Oral Tablet	10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg	Percocet	2	
Fentanyl Citrate (PF) Injection Solution	100mcg/2ml, 1000mcg/20ml, 250mcg/5ml, 2500mcg/50ml, 50mcg/ml, 500mcg/10ml	Sublimaze , Fentanyl Citrate (PF)	2	
Fentanyl Citrate Buccal Lozenge on a Handle	1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg	Actiq	2	QL (120 in 30 Days), PA
Fentanyl Citrate PF Injection Solution Prefilled Syringe	50mcg/ml	Fentanyl Citrate PF	2	
Hydrocodone-acetaminophen Oral Solution	2.5-108mg/5ml, 5-217mg/10ml, 7.5-325mg/15ml	Hycet	2	
Hydrocodone-acetaminophen Oral Tablet	10-300mg, 5-300mg, 7.5-300mg	Xodol	2	
Hydrocodone-acetaminophen Oral Tablet	10-325mg, 5-325mg, 7.5-325mg	Norco	1	
Hydrocodone-ibuprofen Oral Tablet	10-200mg, 5-200mg, 7.5-200mg	Ibudone , Reprexain , Vicoprofen	2	
Meperidine HCl Injection Solution	100mg/ml, 25mg/ml, 50mg/ml	Demerol	2	
Meperidine HCl Oral Solution	50mg/5ml	Demerol	1	
Meperidine HCl Oral Tablet	50mg	Demerol	1	
Morphine Sulfate (Concentrate) Oral Solution	100mg/5ml, 20mg/ml	Msir	2	QL (180 in 30 Days)
Morphine Sulfate Injection Solution	2mg/ml, 4mg/ml, 50mg/ml	Morphine Sulfate	2	
Morphine Sulfate Oral Solution	10mg/5ml	Ms/l	1	
Morphine Sulfate Oral Tablet	15mg, 30mg	Msir	2	
Oxycodone HCl Oral Capsule	5mg	Oxyir	1	
Oxycodone HCl Oral Concentrate	100mg/5ml	Roxicodone	1	
Oxycodone HCl Oral Solution	5mg/5ml	Roxicodone	2	
Oxycodone HCl Oral Tablet	10mg, 15mg, 20mg, 30mg, 5mg	Dazidox , Roxicodone	2	
Oxycodone-acetaminophen Oral Solution	5-325mg/5ml	Roxicet	2	
Oxycodone-acetaminophen Oral Tablet	10-325mg, 5-325mg, 7.5-325mg	Percocet	1	
Oxycodone-acetaminophen Oral Tablet	2.5-325mg	Percocet	2	
Tramadol HCl Oral Tablet	25mg	Tramadol HCl	2	
Tramadol HCl Oral Tablet	50mg	Ultram	1	
Tramadol-acetaminophen Oral Tablet	37.5-325mg	Ultracet	1	
ANESTHETICS (Anestésicos)				
<i>Local Anesthetics (Anestesia Local - Amidas)</i>				
Lidocaine HCl Injection Solution	0.5%, 1%, 2%	Xylocaine , Lidoject 1 , Lidoject-2	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Agentes para el tratamiento de abuso de sustancias / Contra la adicción)				
<i>Alcohol Deterrents/anti-craving (Disuasivos para el alcohol / deseo compulsivo)</i>				
Acamprosate Calcium Oral Tablet Delayed Release	333mg	Campral	1	
Disulfiram Oral Tablet	250mg, 500mg	Antabuse	2	
<i>Opioid Antagonists (Antagonistas Opioides)</i>				
Nalmefene HCl Injection Solution	1mg/ml	Revex	2	
Naloxone HCl Injection Solution	0.4mg/ml, 4mg/10ml	Narcan , Naloxone HCl	2	
Naloxone HCl Injection Solution Cartridge	0.4mg/ml	Naloxone HCl	2	
Naloxone HCl Injection Solution Prefilled Syringe	2mg/2ml	Naloxone HCl	2	
Naloxone HCl Nasal Liquid	4mg/0.1ml	Narcan	2	
Naltrexone HCl Oral Tablet	50mg	Revia	1	

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<i>Opioid Dependence (Tratamiento Para Dependencia En Opioides)</i>				
Buprenorphine HCl Sublingual Tablet Sublingual	2mg	Subutex	2	QL (240 in 30 Days), PA
Buprenorphine HCl Sublingual Tablet Sublingual	8mg	Subutex	2	QL (90 in 30 Days), PA
Buprenorphine HCl-Naloxone HCl Sublingual Film	12-3mg, 2-0.5mg, 4-1mg, 8-2mg	Suboxone	2	QL (60 in 30 Days), PA
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual	2-0.5mg, 8-2mg	Suboxone	2	QL (120 in 30 Days), PA
ANTI-INFLAMMATORY AGENTS (Agentes Antiinflamatorios)				
<i>Glucocorticoids (Glucocorticoides)</i>				
Betamethasone Sod Phos & Acet Injection Suspension	6 (3-3)mg/ml	Celestone Soluspan	2	
Dexamethasone Sod Phosphate PF Injection Solution	10mg/ml	Dexamethasone Sod Phosphate PF	2	
Dexamethasone Sod Phosphate PF Injection Solution Prefilled Syringe	10mg/ml	Dexamethasone Sod Phosphate PF	2	
Dexamethasone Sodium Phosphate Injection Solution	100mg/10ml, 120mg/30ml, 20mg/5ml	Dexamethasone Sodium Phosphate	1	
Dexamethasone Sodium Phosphate Injection Solution	10mg/ml, 4mg/ml	Dekasol-10 , Adrenocot	2	
Kenalog-80 Injection Suspension	80mg/ml	Kenalog-80	4	
Solu-cortef Injection Solution Reconstituted	100mg, 1000mg, 250mg, 500mg	Solu-cortef	3	
Triamcinolone Acetonide Injection Suspension	40mg/ml	Acetocot	2	
<i>Nonsteroidal Anti-inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</i>				
Celecoxib Oral Capsule	100mg, 200mg, 50mg	Celebrex	1	QL (60 in 30 Days), ST
Celecoxib Oral Capsule	400mg	Celebrex	1	QL (30 in 30 Days), PA, ST
Diclofenac Potassium Oral Tablet	50mg	Cataflam	1	
Diclofenac Sodium ER Oral Tablet Extended Release 24 Hour	100mg	Voltaren-xr	2	
Diclofenac Sodium Oral Tablet Delayed Release	25mg, 50mg, 75mg	Voltaren	1	
Diflunisal Oral Tablet	500mg	Dolobid	1	
Etodolac ER Oral Tablet Extended Release 24 Hour	400mg	Lodine XL	1	
Etodolac ER Oral Tablet Extended Release 24 Hour	500mg, 600mg	Lodine XL	2	
Etodolac Oral Capsule	200mg, 300mg	Lodine	1	
Etodolac Oral Tablet	400mg, 500mg	Lodine	1	
Ketorolac Tromethamine Injection Solution	15mg/ml	Toradol	2	
Ketorolac Tromethamine Injection Solution	30mg/ml	Toradol	1	
Ketorolac Tromethamine Intramuscular Solution	60mg/2ml	Ketorolac Tromethamine	2	
Ketorolac Tromethamine Oral Tablet	10mg	Toradol	2	QL (20 in 30 Days)
Mefenamic Acid Oral Capsule	250mg	Ponstel	2	
Salsalate Oral Tablet	500mg, 750mg	Amigesic	1	
Sulindac Oral Tablet	150mg, 200mg	Clinoril	1	
ANTIBACTERIALS (Antibacteriales)				
<i>Aminoglycosides (Aminoglicosidos)</i>				
Gentamicin Sulfate Injection Solution	10mg/ml, 40mg/ml	Gentamicin Sulfate , G-mycin	2	
Humatin Oral Capsule	250mg	Humatin	5	
Neomycin Sulfate Oral Tablet	500mg	Neomycin Sulfate	1	

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Streptomycin Sulfate Intramuscular Solution Reconstituted	1gm	Streptomycin Sulfate	2	
Tobi_podhaler Inhalation Capsule	28mg	Tobi Podhaler	5	QL (224 in 56 Days), PA
Tobramycin Inhalation Nebulization Solution	300mg/5ml	Tobi	5	PA
Tobramycin Sulfate Injection Solution	1.2gm/30ml, 10mg/ml, 2gm/50ml, 80mg/2ml	Tobramycin Sulfate , Nebcin	2	
Tobramycin Sulfate Injection Solution Reconstituted	1.2gm	Nebcin	2	
<i>Antibacterials, Other (Antibacteriales, Otros)</i>				
Cleocin Phosphate Injection Solution	300mg/2ml	Cleocin Phosphate	4	
Clindamycin HCl Oral Capsule	150mg, 300mg, 75mg	Cleocin	1	
Clindamycin Palmitate HCl Oral Solution Reconstituted	75mg/5ml	Cleocin	1	
Clindamycin Phosphate Injection Solution	600mg/4ml, 900mg/6ml, 9000mg/60ml	Cleocin Phosphate	2	
Clindamycin Phosphate Vaginal Cream	2%	Cleocin	2	
Lincomycin HCl Injection Solution	300mg/ml	Lincocin	2	
Linezolid Oral Suspension Reconstituted	100mg/5ml	Zyvox	2	QL (2400 in 30 Days)
Linezolid Oral Tablet	600mg	Zyvox	2	QL (60 in 30 Days)
Metronidazole Oral Capsule	375mg	Flagyl	2	
Metronidazole Oral Tablet	250mg, 500mg	Flagyl	1	
Metronidazole Vaginal Gel	0.75%	Metrogel-	2	
Polymyxin B Sulfate Injection Solution Reconstituted	500000unit	Polymyxin B Sulfate	2	
Trimethoprim Oral Tablet	100mg	Proloprim	1	
Vancomycin HCl Oral Capsule	125mg, 250mg	Vancocin HCl	2	
Xifaxan Oral Tablet	200mg, 550mg	Xifaxan	3	PA
<i>Beta-lactam, Cephalosporins (Cefalosporinas, betalactamico)</i>				
Cefaclor Oral Capsule	250mg, 500mg	Ceclor	1	
Cefaclor Oral Suspension Reconstituted	250mg/5ml	Ceclor	2	
Cefadroxil Oral Capsule	500mg	Duricef	1	
Cefadroxil Oral Suspension Reconstituted	250mg/5ml, 500mg/5ml	Duricef	1	
Cefadroxil Oral Tablet	1gm	Duricef	2	
Cefazolin Sodium Injection Solution Reconstituted	10gm	Ancef	2	
Cefazolin Sodium Injection Solution Reconstituted	1gm, 500mg	Ancef	1	
Cefdinir Oral Capsule	300mg	Omnicef	1	
Cefdinir Oral Suspension Reconstituted	125mg/5ml, 250mg/5ml	Omnicef	1	
Cefepime HCl Injection Solution Reconstituted	1gm	Maxipime	2	
Cefixime Oral Capsule	400mg	Suprax	2	
Cefixime Oral Suspension Reconstituted	100mg/5ml, 200mg/5ml	Suprax	2	
Cefpodoxime Proxetil Oral Suspension Reconstituted	100mg/5ml, 50mg/5ml	Vantin	1	
Cefpodoxime Proxetil Oral Tablet	100mg	Vantin	1	
Cefpodoxime Proxetil Oral Tablet	200mg	Vantin	2	
Cefprozil Oral Suspension Reconstituted	125mg/5ml, 250mg/5ml	Cefzil	1	
Cefprozil Oral Tablet	250mg, 500mg	Cefzil	1	
Ceftriaxone Sodium Injection Solution Reconstituted	1gm, 250mg, 500mg	Rocephin	1	
Ceftriaxone Sodium Injection Solution Reconstituted	2gm	Rocephin	2	
Cefuroxime Axetil Oral Tablet	250mg, 500mg	Ceftin	1	
Cephalexin Oral Capsule	250mg, 500mg	Keflex	1	
Cephalexin Oral Capsule	750mg	Keflex	2	
Cephalexin Oral Suspension Reconstituted	125mg/5ml, 250mg/5ml	Keflex	1	
Cephalexin Oral Tablet	250mg, 500mg	Cephalexin	1	
<i>Beta-lactam, Penicillins (Penicilinas, betalactamico)</i>				
Amoxicillin Oral Capsule	250mg, 500mg	Amoxil	1	

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Amoxicillin Oral Suspension Reconstituted	125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	Amoxil	1	
Amoxicillin Oral Tablet	500mg, 875mg	Amoxil	1	
Amoxicillin Oral Tablet Chewable	125mg, 250mg	Amoxil	1	
Amoxicillin-pot Clavulanate ER Oral Tablet Extended Release 12 Hour	1000-62.5mg	Augmentin XR	2	
Amoxicillin-pot Clavulanate Oral Suspension Reconstituted	200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml	Augmentin , Augmentin ES-600	1	
Amoxicillin-pot Clavulanate Oral Tablet	250-125mg	Augmentin	2	
Amoxicillin-pot Clavulanate Oral Tablet	500-125mg, 875-125mg	Augmentin	1	
Amoxicillin-pot Clavulanate Oral Tablet Chewable	200-28.5mg	Augmentin	1	
Amoxicillin-pot Clavulanate Oral Tablet Chewable	400-57mg	Augmentin	2	
Ampicillin Oral Capsule	500mg	Marcillin	1	
Ampicillin Sodium Injection Solution Reconstituted	250mg	Ampicillin Sodium	2	
Bicillin C-R Intramuscular Suspension	1200000unit/2ml	Bicillin C-R	3	
Bicillin L-A Intramuscular Suspension Prefilled Syringe	1200000unit/2ml, 2400000unit/4ml, 600000unit/ml	Bicillin L-A	3	
Dicloxacillin Sodium Oral Capsule	250mg, 500mg	Dycill	1	
Penicillin G Potassium Injection Solution Reconstituted	2000000unit, 5000000unit	Pfizerpen-g	2	
Penicillin V Potassium Oral Solution Reconstituted	125mg/5ml, 250mg/5ml	Beepen-vk , Ledercillin VK	1	
Penicillin V Potassium Oral Tablet	250mg, 500mg	Beepen-vk	1	
<i>Macrolides (Macrolidos)</i>				
Azithromycin Oral Suspension Reconstituted	100mg/5ml, 200mg/5ml	Zithromax	1	
Azithromycin Oral Tablet	250mg, 500mg	Zithromax	1	
Azithromycin Oral Tablet	600mg	Zithromax	2	
Clarithromycin ER Oral Tablet Extended Release 24 Hour	500mg	Biaxin XL	2	QL (28 in 30 Days)
Clarithromycin Oral Suspension Reconstituted	125mg/5ml, 250mg/5ml	Biaxin	2	
Clarithromycin Oral Tablet	250mg, 500mg	Biaxin	1	
Erythromycin Base Oral Capsule Delayed Release Particles	250mg	Eryc	2	
Erythromycin Base Oral Tablet	250mg, 500mg	Erythromycin Base , Ery-tab	2	
Erythromycin Base Oral Tablet Delayed Release	250mg, 333mg, 500mg	E-mycin , Ery-tab	2	
Erythromycin Ethylsuccinate Oral Suspension Reconstituted	200mg/5ml, 400mg/5ml	Eryped 200 , Eryped 400	2	
Erythromycin Ethylsuccinate Oral Tablet	400mg	E.e.s. 400	2	
Erythromycin Oral Tablet Delayed Release	250mg, 333mg, 500mg	E-mycin , Ery-tab	2	
<i>Quinolones (Quinolonas)</i>				
Cipro_oral Suspension Reconstituted	250 mg/5ml(5%), 500 mg/5ml(10%)	Cipro	4	
Ciprofloxacin HCl Oral Tablet	250mg, 500mg, 750mg	Cipro	1	
Levofloxacin Oral Solution	25mg/ml	Levaquin	2	
Levofloxacin Oral Tablet	250mg, 500mg, 750mg	Levaquin	1	
Moxifloxacin HCl Oral Tablet	400mg	Avelox	2	
Ofloxacin Oral Tablet	300mg, 400mg	Floxin	2	
<i>Sulfonamides (Sulfonamidas)</i>				
Sulfadiazine Oral Tablet	500mg	Microsulfon	2	
Sulfamethoxazole-trimethoprim Oral Suspension	200-40mg/5ml	Bactrim	1	
Sulfamethoxazole-trimethoprim Oral Tablet	400-80mg, 800-160mg	Bactrim , Bactrim DS	1	
Sulfisoxazole Crystals		Sulfisoxazole Crystals	2	
<i>Tetracyclines (Tetraciclinas)</i>				

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Demeclocycline HCl Oral Tablet	150mg, 300mg	Declomycin	2	
Doxycycline Hyclate Oral Capsule	100mg, 50mg	Doxy , Vibramycin	1	
Doxycycline Hyclate Oral Tablet	100mg, 20mg	Doxy , Periostat	1	
Doxycycline Hyclate Oral Tablet	150mg, 75mg	Acticlate	2	
Doxycycline Hyclate Oral Tablet Delayed Release	200mg, 50mg	Doryx	2	
Doxycycline Monohydrate Oral Capsule	100mg, 50mg	Monodox	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	25mg/5ml	Vibramycin	2	
Doxycycline Monohydrate Oral Tablet	100mg, 150mg	Adoxa , Adoxa Pak 1/150	2	
Doxycycline Monohydrate Oral Tablet	50mg, 75mg	Adoxa	1	
Minocycline HCl ER Oral Tablet Extended Release 24 Hour	105mg, 55mg, 80mg	Solodyn	2	
Minocycline HCl Oral Capsule	100mg, 50mg, 75mg	Dynacin	1	
Tetracycline HCl Oral Capsule	250mg, 500mg	Achromycin V	2	
Tetracycline HCl Oral Tablet	250mg, 500mg	Sumycin	2	
ANTICONVULSANTS (Anticonvulsivos)				
<i>Anticonvulsants, Other (Anticonvulsivos, Otros)</i>				
Elepsia XR Oral Tablet Extended Release 24 Hour	1000mg, 1500mg	Elepsia XR	4	
Epidiolex Oral Solution	100mg/ml	Epidiolex	5	PA
Felbamate Oral Suspension	600mg/5ml	Felbatol	1	
Felbamate Oral Tablet	400mg, 600mg	Felbatol	2	
Levetiracetam ER Oral Tablet Extended Release 24 Hour	500mg	Keppra XR	1	QL (180 in 30 Days)
Levetiracetam ER Oral Tablet Extended Release 24 Hour	750mg	Keppra XR	1	QL (120 in 30 Days)
Levetiracetam Oral Solution	100mg/ml	Keppra	1	
Levetiracetam Oral Tablet	1000mg, 250mg, 500mg, 750mg	Keppra	1	
Phenobarbital Oral Elixir	20mg/5ml	Phenobarbital	2	
Phenobarbital Oral Tablet	100mg, 15mg, 16.2mg, 32.4mg, 60mg	Phenobarbital	2	
Phenobarbital Oral Tablet	30mg, 64.8mg, 97.2mg	Phenobarbital	1	
Phenobarbital Sodium Injection Solution	130mg/ml, 65mg/ml	Luminal , Phenobarbital Sodium	2	
<i>Calcium Channel Modifying Agents (Agentes Modificadores De Canal De Calcio)</i>				
Ethosuximide Oral Capsule	250mg	Zarontin	1	PL1
Ethosuximide Oral Solution	250mg/5ml	Zarontin	2	PL1
Methsuximide Oral Capsule	300mg	Celontin	2	
Pregabalin Oral Capsule	100mg, 200mg, 50mg	Lyrica	2	QL (90 in 30 Days)
Pregabalin Oral Capsule	150mg, 225mg, 25mg, 300mg, 75mg	Lyrica	2	QL (60 in 30 Days)
Pregabalin Oral Solution	20mg/ml	Lyrica	2	QL (900 in 30 Days)
Zonisamide Oral Capsule	100mg, 25mg, 50mg	Zonegran	1	
<i>Gamma-aminobutyric Acid (gaba) Augmenting Agents (Agentes Aumentadores del Acido Gamma-Aminobutirico)</i>				
Clobazam Oral Suspension	2.5mg/ml	Onfi	2	
Clobazam Oral Tablet	10mg, 20mg	Onfi	2	QL (60 in 30 Days)
Clonazepam Oral Tablet	0.5mg, 1mg	Klonopin	1	QL (90 in 30 Days)
Clonazepam Oral Tablet	2mg	Klonopin	1	QL (300 in 30 Days)
Clonazepam Oral Tablet Disintegrating	0.125mg, 0.25mg, 0.5mg, 1mg	Klonopin Wafer	2	QL (60 in 30 Days)
Clonazepam Oral Tablet Disintegrating	2mg	Klonopin Wafer	2	QL (300 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour	250mg, 500mg	Depakote ER	1	PL1
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	125mg	Depakote Sprinkles	1	
Divalproex Sodium Oral Tablet Delayed Release	125mg, 250mg, 500mg	Depakote	1	PL1
Gabapentin Oral Capsule	100mg, 300mg	Neurontin	1	QL (300 in 30 Days)
Gabapentin Oral Capsule	400mg	Neurontin	1	QL (270 in 30 Days)
Gabapentin Oral Solution	250mg/5ml	Neurontin	1	QL (2160 in 30 Days)
Gabapentin Oral Solution	300mg/6ml	Neurontin	2	QL (2160 in 30 Days)
Gabapentin Oral Tablet	600mg	Neurontin	1	QL (180 in 30 Days)
Gabapentin Oral Tablet	800mg	Neurontin	1	QL (120 in 30 Days)
Primidone Oral Tablet	125mg	Primidone	2	
Primidone Oral Tablet	250mg, 50mg	Mysoline	1	
Tiagabine HCl Oral Tablet	12mg, 16mg, 2mg, 4mg	Gabitril	2	
Valproic Acid Oral Capsule	250mg	Depakene	1	PL1
Valproic Acid Oral Solution	250mg/5ml	Depakene	2	PL1
<i>Glutamate Reducing Agents (Agentes Reductores De Glutamato)</i>				
Lamotrigine ER Oral Tablet Extended Release 24 Hour	100mg, 200mg, 25mg, 250mg, 300mg, 50mg	Lamictal XR	2	
Lamotrigine Oral Tablet	100mg, 150mg, 200mg, 25mg	Lamictal	1	
Lamotrigine Oral Tablet Chewable	25mg, 5mg	Lamictal	1	
Lamotrigine Oral Tablet Disintegrating	100mg, 200mg, 25mg, 50mg	Lamictal ODT	2	
Topiramate Oral Capsule Sprinkle	15mg, 25mg	Topamax	1	
Topiramate Oral Tablet	100mg, 200mg, 25mg, 50mg	Topamax	1	
<i>Sodium Channel Agents (Agentes Canal De Sodio)</i>				
Carbamazepine ER Oral Capsule Extended Release 12 Hour	100mg, 200mg, 300mg	Carbatrol	2	
Carbamazepine ER Oral Tablet Extended Release 12 Hour	100mg, 200mg, 400mg	Tegretol-xr	2	
Carbamazepine Oral Suspension	100mg/5ml	Tegretol	1	
Carbamazepine Oral Tablet	200mg	Epitol	1	
Carbamazepine Oral Tablet Chewable	100mg	Tegretol	1	
Dilantin Oral Capsule	30mg	Dilantin	3	PL1
Fosphenytoin Sodium Injection Solution	100mg pe/2ml, 500mg pe/10ml	Cerebyx	2	
Lacosamide Oral Solution	10mg/ml	Vimpat	2	QL (1200 in 30 Days)
Lacosamide Oral Tablet	100mg, 150mg, 200mg, 50mg	Vimpat	2	QL (60 in 30 Days)
Oxcarbazepine Oral Suspension	300mg/5ml	Trileptal	2	
Oxcarbazepine Oral Tablet	150mg, 300mg, 600mg	Trileptal	1	
Phenytoin Oral Suspension	125mg/5ml	Dilantin	1	PL1
Phenytoin Oral Tablet Chewable	50mg	Dilantin Infatabs	2	PL1
Phenytoin Sodium Extended Oral Capsule	100mg	Dilantin	1	PL1
Phenytoin Sodium Extended Oral Capsule	200mg, 300mg	Phenytek	2	PL1
Phenytoin Sodium Injection Solution	50mg/ml	Dilantin	2	
Rufinamide Oral Suspension	40mg/ml	Banzel	2	QL (2400 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Rufinamide Oral Tablet	200mg, 400mg	Banzel	2	QL (240 in 30 Days)
ANTIDEMENTIA AGENTS (Agentes Contra La Demencia)				
<i>Antidementia Agents, Other (Agentes Contra La Demencia, Otros)</i>				
Ergoloid Mesylates Oral Tablet	1mg	Gerimal	2	
<i>Cholinesterase Inhibitors (Inhibidores De Colinesterasa)</i>				
Donepezil HCl Oral Tablet	10mg, 5mg	Aricept	1	QL (30 in 30 Days), PL1
Donepezil HCl Oral Tablet Disintegrating	10mg, 5mg	Aricept ODT	2	QL (30 in 30 Days), PL1
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour	16mg, 24mg, 8mg	Razadyne ER	2	QL (30 in 30 Days), PL1
Galantamine Hydrobromide Oral Solution	4mg/ml	Reminyl	2	QL (180 in 30 Days), PL1
Galantamine Hydrobromide Oral Tablet	12mg	Reminyl	1	QL (60 in 30 Days), PL1
Galantamine Hydrobromide Oral Tablet	4mg, 8mg	Reminyl	2	QL (60 in 30 Days), PL1
Rivastigmine Tartrate Oral Capsule	1.5mg, 3mg, 4.5mg, 6mg	Exelon	1	QL (60 in 30 Days), PL1
Rivastigmine Transdermal Patch 24 Hour	13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	Exelon	2	QL (30 in 30 Days), PL1
<i>N-methyl-d-aspartate (nmda) Receptor Antagonist (Antagonistas del Receptor de N-metilo-D-aspartato (NMDA))</i>				
Memantine HCl ER Oral Capsule Extended Release 24 Hour	14mg, 21mg, 28mg, 7mg	Namenda XR	2	QL (30 in 30 Days), PL1
Memantine HCl Oral Solution	2mg/ml	Namenda	2	QL (300 in 30 Days), PL1
Memantine HCl Oral Tablet	10mg, 5mg	Namenda	1	QL (60 in 30 Days), PL1
Memantine HCl Oral Tablet	28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	2	QL (49 in 28 Days), PL1
ANTIDEPRESSANTS (Antidepresivos)				
<i>Antidepressants, Other (Antidepresivos, Otros)</i>				
Bupropion HCl ER (SR) Oral Tablet Extended Release 12 Hour	100mg, 150mg, 200mg	Wellbutrin SR	1	QL (60 in 30 Days)
Bupropion HCl ER (XL) Oral Tablet Extended Release 24 Hour	150mg, 300mg	Wellbutrin XL	1	QL (30 in 30 Days)
Bupropion HCl Oral Tablet	100mg	Wellbutrin	1	QL (90 in 30 Days)
Bupropion HCl Oral Tablet	75mg	Wellbutrin	1	QL (180 in 30 Days)
Mirtazapine Oral Tablet	15mg, 30mg, 45mg, 7.5mg	Remeron , Mirtazapine	1	QL (30 in 30 Days)
Mirtazapine Oral Tablet Disintegrating	15mg, 30mg, 45mg	Remeron SolTab	1	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Nefazodone HCl Oral Tablet	100mg, 150mg, 250mg, 50mg	Serzone	2	QL (60 in 30 Days)
Nefazodone HCl Oral Tablet	200mg	Serzone	2	QL (90 in 30 Days)
Perphenazine-amitriptyline Oral Tablet	2-10mg, 4-10mg, 4-50mg, 4-25mg	Duo-vil 2-10 , Duo-vil 4-10 , Perphenazine-amitriptyline , Triavil 4-25	2	
Perphenazine-amitriptyline Oral Tablet	2-25mg	Duo-vil 2-25	1	
Trazodone HCl Oral Tablet	100mg, 50mg	Desyrel	1	QL (60 in 30 Days)
Trazodone HCl Oral Tablet	150mg	Desyrel	1	QL (90 in 30 Days)
Trazodone HCl Oral Tablet	300mg	Desyrel	2	QL (60 in 30 Days)
Zurzuvae Oral Capsule	20mg, 25mg, 30mg	Zurzuvae	4	QL (28 in 14 Days), PA
<i>Monoamine Oxidase Inhibitors (maois) (Inhibidores De Monoamina Oxidasa (IMAO))</i>				
Emsam_transdermal Patch 24 Hour	12mg/24hr, 6mg/24hr, 9mg/24hr	Emsam	6	QL (30 in 30 Days)
Phenelzine Sulfate Oral Tablet	15mg	Nardil	2	QL (90 in 30 Days)
Tranlycypromine Sulfate Oral Tablet	10mg	Parnate	2	QL (180 in 30 Days)
<i>Serotonin/norepinephrine Reuptake Inhibitor (Inhibidores de la Recaptacion de Serotonina y Norepinefrina)</i>				
Citalopram Hydrobromide Oral Solution	10mg/5ml	Celexa	1	QL (600 in 30 Days)
Citalopram Hydrobromide Oral Tablet	10mg, 20mg, 40mg	Celexa	1	QL (30 in 30 Days)
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour	100mg, 25mg, 50mg	Pristiq	2	QL (30 in 30 Days)
Duloxetine HCl Oral Capsule Delayed Release Particles	20mg, 30mg	Cymbalta	1	QL (30 in 30 Days)
Duloxetine HCl Oral Capsule Delayed Release Particles	40mg	Irenka	2	QL (60 in 30 Days)
Duloxetine HCl Oral Capsule Delayed Release Particles	60mg	Cymbalta	1	QL (60 in 30 Days)
Fluoxetine HCl Oral Capsule	10mg, 20mg	Prozac	1	QL (30 in 30 Days)
Fluoxetine HCl Oral Capsule	40mg	Prozac	1	QL (60 in 30 Days)
Fluoxetine HCl Oral Capsule Delayed Release	90mg	Prozac Weekly	2	QL (4 in 30 Days)
Fluoxetine HCl Oral Solution	20mg/5ml	Prozac	1	QL (600 in 30 Days)
Fluoxetine HCl Oral Tablet	10mg	Prozac	1	QL (30 in 30 Days)
Fluoxetine HCl Oral Tablet	60mg	Fluoxetine HCl	2	QL (30 in 30 Days)
Fluvoxamine Maleate ER Oral Capsule Extended Release 24 Hour	100mg, 150mg	Luvox CR	2	QL (60 in 30 Days)
Fluvoxamine Maleate Oral Tablet	100mg	Luvox	1	QL (90 in 30 Days)
Fluvoxamine Maleate Oral Tablet	25mg, 50mg	Luvox	1	QL (60 in 30 Days)
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour	150mg, 37.5mg	Effexor XR	1	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour	75mg	Effexor XR	1	QL (90 in 30 Days)
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour	150mg, 225mg, 37.5mg, 75mg	Venlafaxine HCl ER	2	QL (30 in 30 Days)
Venlafaxine HCl Oral Tablet	100mg, 25mg, 37.5mg, 50mg, 75mg	Effexor	1	QL (60 in 30 Days)
Tricyclics (Tricíclicos)				
Amoxapine Oral Tablet	100mg, 150mg, 25mg, 50mg	Asendin , Amoxapine	1	
Clomipramine HCl Oral Capsule	25mg, 50mg, 75mg	Anafranil	1	
Desipramine HCl Oral Tablet	100mg, 150mg	Norpramin	2	
Desipramine HCl Oral Tablet	10mg, 25mg, 50mg, 75mg	Norpramin	1	
Doxepin HCl Oral Capsule	10mg, 100mg, 150mg, 50mg, 75mg	Adapin , Sinequan	1	
Doxepin HCl Oral Capsule	25mg	Adapin	2	
Doxepin HCl Oral Concentrate	10mg/ml	Sinequan	1	
Imipramine HCl Oral Tablet	10mg, 25mg, 50mg	Tofranil	1	
Imipramine Pamoate Oral Capsule	100mg, 125mg, 150mg, 75mg	Tofranil-pm	2	
Nortriptyline HCl Oral Capsule	10mg, 25mg, 50mg, 75mg	Aventyl , Pamelor	1	
Nortriptyline HCl Oral Solution	10mg/5ml	Aventyl	1	
Protriptyline HCl Oral Tablet	10mg, 5mg	Vivactil	2	
ANTIEMETICS (Antieméticos)				
<i>Antiemetics, Other (Antieméticos, Otros)</i>				
Meclizine HCl Oral Tablet	12.5mg, 25mg	Antivert	1	
Promethazine HCl Injection Solution	25mg/ml	Phenergan	1	
Promethazine HCl Injection Solution	50mg/ml	Anergan 50	2	
Promethazine HCl Oral Solution	6.25mg/5ml	Phenergan Plain	2	
Promethazine HCl Oral Syrup	6.25mg/5ml	Phenergan Plain	2	
Promethazine HCl Oral Tablet	12.5mg, 25mg, 50mg	Phenergan	1	
Promethazine HCl Rectal Suppository	12.5mg, 25mg	Phenergan	2	
Scopolamine Transdermal Patch 72 Hour	1mg/3days	Transderm-scop	2	
Tigan_intramuscular Solution	100mg/ml	Tigan	4	
Trimethobenzamide HCl Oral Capsule	300mg	Tigan	1	
Emetogenic Therapy Adjuncts (Adjuntivos de la Terapia Emetogénica)				
Aprepitant Oral Capsule	125mg	Emend	5	QL (4 in 30 Days)
Aprepitant Oral Capsule	40mg	Emend	5	QL (1 in 30 Days)
Aprepitant Oral Capsule	80 & 125mg	Emend Tri-fold	5	QL (3 in 15 Days)
Aprepitant Oral Capsule	80mg	Emend	5	QL (8 in 30 Days)
Aprepitant Oral Misc	80 & 125mg	Emend Tri-fold	5	QL (3 in 15 Days)
Dronabinol Oral Capsule	10mg, 2.5mg, 5mg	Marinol	2	QL (60 in 30 Days), PA
Granisetron HCl Oral Tablet	1mg	Kytril	2	QL (8 in 30 Days)
Ondansetron HCl Oral Solution	4mg/5ml	Zofran	1	QL (450 in 30 Days)
Ondansetron HCl Oral Tablet	24mg	Zofran	2	QL (30 in 30 Days)
Ondansetron HCl Oral Tablet	4mg	Zofran	1	QL (120 in 30 Days)

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ondansetron HCl Oral Tablet	8mg	Zofran	1	QL (60 in 30 Days)
Ondansetron Oral Tablet Disintegrating	4mg	Zofran ODT	1	QL (120 in 30 Days)
Ondansetron Oral Tablet Disintegrating	8mg	Zofran ODT	1	QL (60 in 30 Days)
ANTIFUNGALS (Antifungales)				
<i>Antifungals (Antifungales)</i>				
Econazole Nitrate External Cream	1%	Spectazole	1	
Fluconazole Oral Suspension Reconstituted	10mg/ml, 40mg/ml	Diflucan	1	
Fluconazole Oral Tablet	100mg, 150mg, 200mg, 50mg	Diflucan	1	
Flucytosine Oral Capsule	250mg	Ancobon	2	
Griseofulvin Microsize Oral Suspension	125mg/5ml	Grifulvin V	1	
Griseofulvin Microsize Oral Tablet	500mg	Fulvicin U/F	2	
Griseofulvin Ultramicrosize Oral Tablet	125mg, 250mg	Fulvicin P/G	2	
Itraconazole Oral Capsule	100mg	Sporanox	1	
Itraconazole Oral Solution	10mg/ml	Sporanox	2	
Ketoconazole External Cream	2%	Nizoral	1	
Ketoconazole External Shampoo	2%	Nizoral	2	
Ketoconazole Oral Tablet	200mg	Niz	1	PA
Nystatin Oral Tablet	500000unit	Mycostatin	1	
Terbinafine HCl Oral Tablet	250mg	Lamisil	1	QL (84 in 168 Days)
Terconazole Vaginal Cream	0.4%, 0.8%	Terazol 7 , Terazol 3	2	
Terconazole Vaginal Suppository	80mg	Terazol 3	2	
Voriconazole Oral Suspension Reconstituted	40mg/ml	Vfend	2	
Voriconazole Oral Tablet	200mg, 50mg	Vfend	2	
ANTIGOUT AGENTS (Agentes Contra La Gota)				
<i>Antigout Agents (Agentes Contra La Gota)</i>				
Allopurinol Oral Tablet	100mg, 300mg	Zyloprim	1	
Colchicine Oral Tablet	0.6mg	Colcrys	2	
Colchicine-probenecid Oral Tablet	0.5-500mg	Col-probenecid	1	
Febuxostat Oral Tablet	40mg	Uloric	1	
Febuxostat Oral Tablet	80mg	Uloric	2	
Probenecid Oral Tablet	500mg	Probenecid	1	
ANTIMIGRAINE AGENTS (Agentes Contra La Migraña)				
<i>Ergot Alkaloids (Alcaloides de Ergot)</i>				
Dihydroergotamine Mesylate Injection Solution	1mg/ml	D.h.e. 45	2	
Ergomar Sublingual Tablet Sublingual	2mg	Ergomar	6	QL (20 in 28 Days)
<i>Migraine Products - Nsaids (Productos Para La Migraña - Nsaids)</i>				
Diclofenac Potassium(Migraine) Oral Packet	50mg	Cambia	2	QL (9 in 30 Days)
<i>Prophylactic (Profilacticos)</i>				
Amitriptyline HCl Oral Tablet	10mg, 100mg, 150mg, 25mg, 50mg, 75mg	Elavil	1	
Emgality (300 MG Dose) Subcutaneous Solution Prefilled Syringe	100mg/ml	Emgality (300 MG Dose)	5	QL (3 in 30 Days), PA
Emgality Subcutaneous Solution Auto-injector	120mg/ml	Emgality	5	QL (1 in 28 Days), PA
Emgality Subcutaneous Solution Prefilled Syringe	120mg/ml	Emgality	5	QL (1 in 28 Days), PA
Propranolol HCl ER Oral Capsule Extended Release 24 Hour	120mg, 160mg, 60mg, 80mg	Inderal LA	1	
Propranolol HCl Oral Solution	20mg/5ml	Propranolol HCl	2	
Propranolol HCl Oral Solution	40mg/5ml	Propranolol HCl	1	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Propranolol HCl Oral Tablet	10mg, 20mg, 40mg, 60mg, 80mg	Inderal	1	
Serotonin (5-ht) 1b/1d Receptor Agonists (Agonistas De Receptores De Serotonina (5-Ht) 1B/1D)				
Almotriptan Malate Oral Tablet	12.5mg, 6.25mg	Axert	2	QL (9 in 30 Days), ST
Eletriptan Hydrobromide Oral Tablet	20mg, 40mg	Relpax	2	QL (9 in 30 Days), ST
Frovatriptan Succinate Oral Tablet	2.5mg	Frova	2	QL (9 in 30 Days), ST
Naratriptan HCl Oral Tablet	1mg, 2.5mg	Amerge	2	QL (9 in 30 Days)
Rizatriptan Benzoate Oral Tablet	10mg, 5mg	Maxalt	2	QL (9 in 30 Days)
Rizatriptan Benzoate Oral Tablet Disintegrating	10mg, 5mg	Maxalt-mlt	2	QL (9 in 30 Days)
Sumatriptan Succinate Oral Tablet	100mg, 25mg, 50mg	Imitrex	2	QL (9 in 30 Days)
Sumatriptan Succinate Subcutaneous Solution	6mg/0.5ml	Imitrex Injection Solution 6 MG/0.5ML	2	QL (4 in 30 Days)
Zolmitriptan Oral Tablet	2.5mg, 5mg	Zomig	2	QL (9 in 30 Days)
Zolmitriptan Oral Tablet Disintegrating	2.5mg, 5mg	Zomig ZMT	2	QL (9 in 30 Days)
ANTIMYASTHENIC AGENTS (Agentes Antimiastenia)				
<i>Parasympathomimetics (Parasimpatomimeticos)</i>				
Pyridostigmine Bromide ER Oral Tablet Extended Release	180mg	Mestinon	2	
Pyridostigmine Bromide Oral Solution	60mg/5ml	Mestinon	2	
Pyridostigmine Bromide Oral Tablet	30mg	Pyridostigmine Bromide	2	
Pyridostigmine Bromide Oral Tablet	60mg	Mestinon	1	
ANTIMYCOBACTERIALS (Antimicobacterias)				
<i>Antimycobacterials, Other (Antimicobacterias, Otros)</i>				
Cycloserine Oral Capsule	250mg	Seromycin	2	
Dapsone Oral Tablet	100mg, 25mg	Dapsone	2	
Rifabutin Oral Capsule	150mg	Mycobutin	2	
<i>Antituberculars (Antituberculares)</i>				
Ethambutol HCl Oral Tablet	100mg, 400mg	Myambutol	1	
Isoniazid Oral Syrup	50mg/5ml	Isoniazid	1	
Isoniazid Oral Tablet	100mg, 300mg	Tubizid , Laniazid	1	
Priftin Oral Tablet	150mg	Priftin	3	
Pyrazinamide Oral Tablet	500mg	Pyrazinamide	1	
Rifampin Oral Capsule	150mg, 300mg	Rifadin	1	
ANTINEOPLASTICS (Antineoplasicos)				
<i>Alkylating Agents (Agentes Alquilantes)</i>				
Cyclophosphamide Oral Capsule	25mg, 50mg	Cyclophosphamide	5	
Cyclophosphamide Oral Tablet	25mg, 50mg	Cytoxan	5	
Gleostine Oral Capsule	10mg, 100mg, 40mg	Ceenu	5	
Leukeran Oral Tablet	2mg	Leukeran	5	
Matulane Oral Capsule	50mg	Matulane	5	
Melphalan Oral Tablet	2mg	Alkeran	5	
Myleran Oral Tablet	2mg	Myleran	5	
Temozolomide Oral Capsule	100mg, 140mg, 180mg, 20mg, 250mg, 5mg	Temodar	5	PA
<i>Antiangiogenic Agents (Agentes Antiangiogenicos)</i>				
Caprelsa Oral Tablet	100mg	Caprelsa	5	QL (60 in 30 Days), PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Caprelsa Oral Tablet	300mg	Caprelsa	5	QL (30 in 30 Days), PA
Inlyta Oral Tablet	1mg, 5mg	Inlyta	5	PA
Lenalidomide Oral Capsule	10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	Revlimid	5	PA
Pomalyst Oral Capsule	1mg, 2mg, 3mg, 4mg	Pomalyst	5	QL (21 in 28 Days), PA
Revlimid Oral Capsule	10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	Revlimid	5	PA
Rezurock Oral Tablet	200mg	Rezurock	6	QL (60 in 30 Days), PA
Thalomid Oral Capsule	100mg, 150mg, 200mg, 50mg	Thalomid	5	PA
<i>Antiestrogens/modifiers (Antiestrogenos / Modificadores)</i>				
Emcyt_oral Capsule	140mg	Emcyt	5	
Megestrol Acetate Oral Suspension	40mg/ml, 400mg/10ml, 800mg/20ml	Megace	5	
Megestrol Acetate Oral Tablet	20mg, 40mg	Megace	5	
Soltamox Oral Solution	10mg/5ml	Soltamox	6	
Toremifene Citrate Oral Tablet	60mg	Fareston	5	
<i>Antimetabolites (Antimetabolitos)</i>				
Capecitabine Oral Tablet	150mg, 500mg	Xeloda	5	PA
Droxia Oral Capsule	200mg, 300mg, 400mg	Droxia	3	
Hydroxyurea Oral Capsule	500mg	Hydrea	1	
Mercaptopurine Oral Tablet	50mg	Purinethol	5	
Methotrexate Sodium (PF) Injection Solution	1gm/40ml, 250mg/10ml, 50mg/2ml	Methotrexate Sodium (PF)	2	
Methotrexate Sodium Injection Solution	1000mg/40ml, 250mg/10ml, 50mg/2ml	Methotrexate Sodium	2	
<i>Antineoplastic - Hypoxia-inducible Factor Inhibitors (Antineoplásicos: inhibidores del factor inducible por hipoxia)</i>				
Welireg Oral Tablet	40mg	Welireg	6	QL (90 in 30 Days), PA
<i>Antineoplastics, Other (Antineoplásticos, Otros)</i>				
Copiktra Oral Capsule	15mg, 25mg	Copiktra	6	PA
Gavreto Oral Capsule	100mg	Gavreto	5	PA
Ibrance Oral Capsule	100mg, 125mg, 75mg	Ibrance	5	PA
Iclusig Oral Tablet	10mg, 30mg, 45mg	Iclusig	5	QL (30 in 30 Days), PA
Iclusig Oral Tablet	15mg	Iclusig	5	QL (60 in 30 Days), PA
Leucovorin Calcium Oral Tablet	10mg, 15mg, 25mg	Leucovorin Calcium	2	
Leucovorin Calcium Oral Tablet	5mg	Leucovorin Calcium	1	
Lynparza Oral Tablet	100mg, 150mg	Lynparza	5	PA
Mesnex Oral Tablet	400mg	Mesnex	5	
Ninlaro Oral Capsule	2.3mg, 3mg, 4mg	Ninlaro	5	PA
Verzenio Oral Tablet	100mg, 150mg, 200mg, 50mg	Verzenio	5	PA
Xpovio (100MG Once Weekly) Oral Tablet Therapy Pack	50mg	Xpovio (100 MG Once Weekly)	6	PA
Xpovio (40MG Once Weekly) Oral Tablet Therapy Pack	40mg	Xpovio (40 MG Once Weekly)	6	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Xpovio (40MG Twice Weekly) Oral Tablet Therapy Pack	40mg	Xpovio (40 MG Twice Weekly)	6	PA
Xpovio (60MG Once Weekly) Oral Tablet Therapy Pack	60mg	Xpovio (60 MG Once Weekly)	6	PA
Xpovio (60MG Twice Weekly) Oral Tablet Therapy Pack	20mg	Xpovio (60 MG Twice Weekly)	6	PA
Xpovio (80MG Once Weekly) Oral Tablet Therapy Pack	40mg	Xpovio (80 MG Once Weekly)	6	PA
Xpovio (80MG Twice Weekly) Oral Tablet Therapy Pack	20mg	Xpovio (80 MG Twice Weekly)	6	PA
Zolanza Oral Capsule	100mg	Zolanza	5	PA
<i>Aromatase Inhibitors, 3rd Generation (Inhibidores De aromatasa - 3ra generacion)</i>				
Anastrozole Oral Tablet	1mg	Arimidex	5	
Exemestane Oral Tablet	25mg	Aromasin	5	
Letrozole Oral Tablet	2.5mg	Femara	1	
<i>Enzyme Inhibitors (Inhibidores De Enzimas)</i>				
Etoposide Oral Capsule	50mg	Vepesid	5	
Hycamtin Oral Capsule	0.25mg, 1mg	Hycamtin	5	
<i>Molecular Target Inhibitors (Inhibidores De objetivo molecular)</i>				
Alecensa Oral Capsule	150mg	Alecensa	5	PA
Alunbrig Oral Tablet	180mg, 30mg, 90mg	Alunbrig	5	PA
Alunbrig Oral Tablet Therapy Pack	90 & 180mg	Alunbrig	5	PA
Ayvakit Oral Tablet	100mg, 200mg, 25mg, 300mg, 50mg	Ayvakit	6	PA
Balversa Oral Tablet	3mg	Balversa	5	QL (90 in 30 Days), PA
Balversa Oral Tablet	4mg	Balversa	5	QL (60 in 30 Days), PA
Balversa Oral Tablet	5mg	Balversa	5	QL (30 in 30 Days), PA
Bosulif Oral Tablet	100mg	Bosulif	5	QL (120 in 30 Days), PA
Bosulif Oral Tablet	400mg, 500mg	Bosulif	5	QL (30 in 30 Days), PA
Braftovi Oral Capsule	75mg	Braftovi	6	PA
Brukinsa Oral Capsule	80mg	Brukinsa	6	PA
Cabometyx Oral Tablet	20mg, 40mg, 60mg	Cabometyx	5	PA
Cometriq (100 MG Daily Dose) Oral Kit	80 & 20mg	Cometriq (100 MG Daily Dose)	5	QL (60 in 30 Days), PA
Cometriq (140 MG Daily Dose) Oral Kit	3 x 20 mg & 80 mg	Cometriq (140 MG Daily Dose)	5	QL (120 in 30 Days), PA
Cometriq (60 MG Daily Dose) Oral Kit	20mg	Cometriq (60 MG Daily Dose)	5	QL (90 in 30 Days), PA
Cotellic Oral Tablet	20mg	Cotellic	5	PA
Daurismo Oral Tablet	100mg, 25mg	Daurismo	6	PA
Erivedge Oral Capsule	150mg	Erivedge	5	QL (30 in 30 Days)
Erlotinib HCl Oral Tablet	100mg, 150mg, 25mg	Tarceva	5	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Everolimus Oral Tablet	10mg, 5mg, 7.5mg	Afinitor	5	QL (30 in 30 Days), PA
Everolimus Oral Tablet	2.5mg	Afinitor	5	QL (60 in 30 Days), PA
Everolimus Oral Tablet Soluble	2mg, 3mg	Afinitor Disperz	5	QL (30 in 30 Days), PA
Everolimus Oral Tablet Soluble	5mg	Afinitor Disperz	5	QL (60 in 30 Days), PA
Exkivity Oral Capsule	40mg	Exkivity	6	QL (120 in 30 Days), PA
Gefitinib Oral Tablet	250mg	Iressa	5	PA
Gilotrif Oral Tablet	20mg, 30mg, 40mg	Gilotrif	5	PA
Ibrance Oral Tablet	100mg, 125mg, 75mg	Ibrance	5	PA
Idhifa Oral Tablet	100mg, 50mg	Idhifa	5	QL (30 in 30 Days), PA
Imatinib Mesylate Oral Tablet	100mg	Gleevec	5	QL (90 in 30 Days), PA
Imatinib Mesylate Oral Tablet	400mg	Gleevec	5	QL (60 in 30 Days), PA
Imbruvica Oral Capsule	140mg	Imbruvica	5	QL (120 in 30 Days), PA
Imbruvica Oral Capsule	70mg	Imbruvica	5	QL (28 in 28 Days), PA
Imbruvica Oral Suspension	70mg/ml	Imbruvica	5	PA
Imbruvica Oral Tablet	140mg, 280mg, 420mg	Imbruvica	5	QL (28 in 28 Days), PA
Jakafi Oral Tablet	10mg, 15mg, 20mg, 25mg, 5mg	Jakafi	5	PA
Lapatinib Ditosylate Oral Tablet	250mg	Tykerb	5	QL (180 in 30 Days), PA
Lorbrena Oral Tablet	100mg	Lorbrena	5	PA
Lorbrena Oral Tablet	25mg	Lorbrena	5	QL (120 in 30 Days), PA
Lumakras Oral Tablet	120mg	Lumakras	6	QL (240 in 30 Days), PA
Lumakras Oral Tablet	320mg	Lumakras	6	QL (90 in 30 Days), PA
Mekinist Oral Solution Reconstituted	0.05mg/ml	Mekinist	5	PA
Mekinist Oral Tablet	0.5mg, 2mg	Mekinist	5	PA
Mektovi Oral Tablet	15mg	Mektovi	6	PA
Nerlynx Oral Tablet	40mg	Nerlynx	5	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Pazopanib HCl Oral Tablet	200mg	Votrient	5	QL (120 in 30 Days), PA
Pemazyre Oral Tablet	13.5mg, 4.5mg, 9mg	Pemazyre	5	PA
Retevmo Oral Capsule	40mg	Retevmo	6	QL (60 in 30 Days), PA
Retevmo Oral Capsule	80mg	Retevmo	6	QL (120 in 30 Days), PA
Rozlytrek Oral Capsule	100mg	Rozlytrek	5	QL (150 in 30 Days), PA
Rozlytrek Oral Capsule	200mg	Rozlytrek	5	PA
Rydapt Oral Capsule	25mg	Rydapt	5	PA
Sorafenib Tosylate Oral Tablet	200mg	Nexavar	5	PA
Sprycel Oral Tablet	100mg, 50mg, 70mg, 80mg	Sprycel	5	QL (60 in 30 Days), PA
Sprycel Oral Tablet	140mg	Sprycel	5	QL (30 in 30 Days), PA
Sprycel Oral Tablet	20mg	Sprycel	5	QL (90 in 30 Days), PA
Stivarga Oral Tablet	40mg	Stivarga	5	PA
Sunitinib Malate Oral Capsule	12.5mg, 25mg, 37.5mg, 50mg	Sutent	5	PA
Tabrecta Oral Tablet	150mg, 200mg	Tabrecta	5	QL (120 in 30 Days), PA
Tafinlar Oral Capsule	50mg, 75mg	Tafinlar	5	PA
Tafinlar Oral Tablet Soluble	10mg	Tafinlar	5	PA
Talzenna Oral Capsule	0.1mg, 0.25mg, 0.35mg, 0.5mg, 0.75mg, 1mg	Talzenna	5	QL (30 in 30 Days), PA
Tasigna Oral Capsule	150mg, 200mg, 50mg	Tasigna	5	QL (120 in 30 Days), PA
Tazverik Oral Tablet	200mg	Tazverik	6	PA
Tibsovo Oral Tablet	250mg	Tibsovo	5	PA
Tukysa Oral Tablet	150mg, 50mg	Tukysa	6	QL (120 in 30 Days), PA
Turalio Oral Capsule	125mg	Turalio	6	PA
Venclexta Oral Tablet	10mg, 100mg, 50mg	Venclexta	5	PA
Venclexta Starting Pack Oral Tablet Therapy Pack	10 & 50 & 100mg	Venclexta Starting Pack	5	PA
Vitrakvi Oral Capsule	100mg, 25mg	Vitrakvi	5	PA
Vitrakvi Oral Solution	20mg/ml	Vitrakvi	5	QL (600 in 30 Days), PA
Vizimpro Oral Tablet	15mg, 30mg, 45mg	Vizimpro	5	PA
Xalkori Oral Capsule	200mg, 250mg	Xalkori	5	QL (120 in 30 Days), PA
Xospata Oral Tablet	40mg	Xospata	5	PA
Zejula Oral Tablet	100mg, 200mg, 300mg	Zejula	5	PA
Zelboraf Oral Tablet	240mg	Zelboraf	5	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Zydelig Oral Tablet	100mg, 150mg	Zydelig	5	QL (60 in 30 Days), PA
Zykadia Oral Tablet	150mg	Zykadia	5	PA
Retinoids (Retinoides)				
Bexarotene Oral Capsule	75mg	Targretin	5	
Tretinoin Oral Capsule	10mg	Vesanoid	5	
ANTIPARASITICS (Antiparasiticos)				
Anthelmintics (Antihelminticos)				
Albendazole Oral Tablet	200mg	Albenza	2	PA
Benznidazole Oral Tablet	100mg, 12.5mg	Benznidazole	2	
Ivermectin Oral Tablet	3mg	Stromectol	2	PA
Praziquantel Oral Tablet	600mg	Biltricide	2	
Antiprotozoals (Antiprotozoarios)				
Alinia Oral Suspension Reconstituted	100mg/5ml	Alinia	3	
Atovaquone Oral Suspension	750mg/5ml	Mepron	2	
Atovaquone-proguanil HCl Oral Tablet	250-100mg, 62.5-25mg	Malarone	2	
Chloroquine Phosphate Oral Tablet	250mg, 500mg	Chloroquine Phosphate , Aralen	2	
Hydroxychloroquine Sulfate Oral Tablet	100mg, 300mg, 400mg	Hydroxychloroquine Sulfate	2	
Hydroxychloroquine Sulfate Oral Tablet	200mg	Plaquenil	1	
Krintafel Oral Tablet	150mg	Krintafel	4	
Mefloquine HCl Oral Tablet	250mg	Lariam	2	
Nitazoxanide Oral Tablet	500mg	Alinia	2	
Pentamidine Isethionate Inhalation Solution Reconstituted	300mg	Nebupent	2	
Primaquine Phosphate Oral Tablet	26.3 (15 base)mg	Primaquine Phosphate	2	
Pyrimethamine Oral Tablet	25mg	Daraprim	5	PA
Quinine Sulfate Oral Capsule	324mg	Qualaquin	2	
Tinidazole Oral Tablet	250mg, 500mg	Tindamax	2	
Pediculicides/scabicides (Pediculicidas / Escabicidas)				
Permethrin External Cream	5%	Elimite	2	
ANTIPARKINSON AGENTS (Agentes Antiparkinson)				
Anticholinergics (Anticolinergicos)				
Benztropine Mesylate Injection Solution	1mg/ml	Cogentin	2	
Benztropine Mesylate Oral Tablet	0.5mg, 1mg, 2mg	Cogentin	1	
Trihexyphenidyl HCl Oral Solution	0.4mg/ml	Trihexyphenidyl HCl	2	
Trihexyphenidyl HCl Oral Tablet	2mg, 5mg	Artane	1	
Antiparkinson Agents, Other (Agentes Antiparkinson, Otros)				
Amantadine HCl Oral Capsule	100mg	Amantadine HCl	1	
Amantadine HCl Oral Solution	50mg/5ml	Amantadine HCl	2	
Amantadine HCl Oral Tablet	100mg	Symmetrel	1	
Carbidopa Oral Tablet	25mg	Lodosyn	2	
Entacapone Oral Tablet	200mg	Comtan	2	
Dopamine Agonists (Agonistas De Dopamina)				
Bromocriptine Mesylate Oral Capsule	5mg	Parlodel	2	
Bromocriptine Mesylate Oral Tablet	2.5mg	Parlodel	2	
Neupro Transdermal Patch 24 Hour	1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Neupro	4	PA
Pramipexole Dihydrochloride ER Oral Tablet Extended Release 24 Hour	0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Mirapex ER	2	
Pramipexole Dihydrochloride Oral Tablet	0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg	Mirapex	1	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ropinirole HCl ER Oral Tablet Extended Release 24 Hour	12mg, 2mg, 4mg, 6mg, 8mg	Requip XL	2	
Ropinirole HCl Oral Tablet	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Requip	1	
<i>Dopamine Precursors/- Amino Acid Decarboxylase Inhibitors (Inhibidores de Precursores de Dopamina / L-Amino Acidos de Decarboxilasa)</i>				
Carbidopa-levodopa ER Oral Tablet Extended Release	25-100mg, 50-200mg	Sinemet CR	1	
Carbidopa-levodopa Oral Tablet	10-100mg, 25-100mg, 25-250mg	Sinemet	1	
Carbidopa-levodopa Oral Tablet Disintegrating	10-100mg, 25-100mg, 25-250mg	Parcopa	2	
<i>Monoamine Oxidase B (mao-b) Inhibitors (Inhibidores De Monoamina Oxidasa B (IMao-B))</i>				
Rasagiline Mesylate Oral Tablet	0.5mg, 1mg	Azilect	2	QL (30 in 30 Days)
Selegiline HCl Oral Capsule	5mg	Eldepryl	1	
Selegiline HCl Oral Tablet	5mg	Carbex	1	
ANTIPSYCHOTICS (Agentes Antipsicóticos/Antimaniáticos)				
<i>1st Generation/typical (Primera Generacion / Tipicos)</i>				
Chlorpromazine HCl Injection Solution	25mg/ml, 50mg/2ml	Thorazine , Chlorpromazine HCl	2	
Chlorpromazine HCl Oral Tablet	10mg, 100mg, 200mg, 25mg	Thorazine	1	
Chlorpromazine HCl Oral Tablet	50mg	Thorazine	2	
Fluphenazine Decanoate Injection Solution	25mg/ml	Prolixin Decanoate	2	
Fluphenazine HCl Injection Solution	2.5mg/ml	Prolixin	2	
Fluphenazine HCl Oral Concentrate	5mg/ml	Permitil	2	
Fluphenazine HCl Oral Elixir	2.5mg/5ml	Prolixin	2	
Fluphenazine HCl Oral Tablet	1mg, 10mg, 2.5mg, 5mg	Prolixin , Permitil	1	
Haloperidol Decanoate Intramuscular Solution	100mg/ml, 50mg/ml	Haldol Decanoate	2	
Haloperidol Lactate Injection Solution	5mg/ml	Haldol	2	
Haloperidol Lactate Oral Concentrate	2mg/ml	Haldol	1	
Haloperidol Oral Tablet	0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg	Haloperidol	1	
Perphenazine Oral Tablet	16mg, 2mg, 4mg, 8mg	Trilafon	1	
Prochlorperazine Edisylate Injection Solution	10mg/2ml	Prochlorperazine Edisylate	2	
Prochlorperazine Maleate Oral Tablet	10mg, 5mg	Compazine	1	
Prochlorperazine Rectal Suppository	25mg	Compazine	2	
Thioridazine HCl Oral Tablet	10mg, 100mg, 25mg, 50mg	Mellaril	1	
Thiothixene Oral Capsule	1mg, 10mg, 2mg, 5mg	Navane	1	
Trifluoperazine HCl Oral Tablet	1mg, 10mg, 2mg, 5mg	Stelazine	1	
<i>2nd Generation/atypical (Segunda Generacion / Atipicos)</i>				
Asenapine Maleate Sublingual Tablet Sublingual	10mg, 2.5mg, 5mg	Saphris	2	QL (60 in 30 Days)
Olanzapine Intramuscular Solution Reconstituted	10mg	Zyprexa	2	QL (30 in 30 Days)
Olanzapine Oral Tablet	10mg, 2.5mg, 20mg, 5mg, 7.5mg	Zyprexa	1	QL (30 in 30 Days)
Olanzapine Oral Tablet	15mg	Zyprexa	1	QL (60 in 30 Days)
Olanzapine Oral Tablet Disintegrating	10mg, 20mg, 5mg	Zyprexa Zydis	2	QL (30 in 30 Days)
Olanzapine Oral Tablet Disintegrating	15mg	Zyprexa Zydis	2	QL (60 in 30 Days)
Quetiapine Fumarate Oral Tablet	100mg, 200mg, 300mg, 400mg	Seroquel	1	QL (60 in 30 Days)

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Quetiapine Fumarate Oral Tablet	150mg	Quetiapine Fumarate	2	QL (60 in 30 Days)
Quetiapine Fumarate Oral Tablet	25mg, 50mg	Seroquel	1	QL (90 in 30 Days)
Risperidone Microspheres ER Intramuscular Suspension Reconstituted ER	12.5mg, 25mg, 37.5mg, 50mg	Risperdal Consta	5	QL (2 in 28 Days), PA
Risperidone Oral Solution	1mg/ml	Risperdal	1	QL (240 in 30 Days)
Risperidone Oral Tablet	0.25mg, 0.5mg, 1mg, 2mg	Risperdal	1	QL (60 in 30 Days)
Risperidone Oral Tablet	3mg	Risperdal	1	QL (150 in 30 Days)
Risperidone Oral Tablet	4mg	Risperdal	1	QL (120 in 30 Days)
Risperidone Oral Tablet Disintegrating	0.25mg, 0.5mg, 1mg, 2mg	Risperidone , Risperdal M-TAB	2	QL (60 in 30 Days)
Risperidone Oral Tablet Disintegrating	3mg	Risperdal M-TAB	2	QL (150 in 30 Days)
Risperidone Oral Tablet Disintegrating	4mg	Risperdal M-TAB	2	QL (120 in 30 Days)
Ziprasidone HCl Oral Capsule	20mg, 40mg, 60mg, 80mg	Geodon	1	QL (60 in 30 Days)
Treatment-resistant (Resistente A Tratamiento)				
Clozapine Oral Tablet	100mg, 25mg	Clozaril	1	QL (270 in 30 Days)
Clozapine Oral Tablet	200mg	Clozaril	2	QL (120 in 30 Days)
Clozapine Oral Tablet	50mg	Clozaril	2	QL (180 in 30 Days)
Clozapine Oral Tablet Disintegrating	100mg, 150mg, 25mg	Fazaclo	2	QL (270 in 30 Days)
Clozapine Oral Tablet Disintegrating	12.5mg	Fazaclo	2	QL (90 in 30 Days)
Clozapine Oral Tablet Disintegrating	200mg	Fazaclo	2	QL (120 in 30 Days)
ANTISPASTICITY AGENTS (Agentes Antiespasticidad)				
<i>Antispasticity Agents (Agentes Antiespasticidad)</i>				
Baclofen Oral Tablet	10mg, 20mg	Lioresal	1	
Baclofen Oral Tablet	5mg	Baclofen	2	
Dantrolene Sodium Oral Capsule	100mg, 50mg	Dantrium	1	
Dantrolene Sodium Oral Capsule	25mg	Dantrium	2	
Tizanidine HCl Oral Tablet	2mg, 4mg	Zanaflex	1	
ANTIVIRALS (Antivirales)				
<i>Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) (Agentes Anti-HIV, Inhibidores de la Transcriptasa Reversa No-Nucleosida)</i>				
Edurant Oral Tablet	25mg	Edurant	5	QL (30 in 30 Days)
Efavirenz Oral Capsule	200mg	Sustiva	5	QL (120 in 30 Days)
Efavirenz Oral Capsule	50mg	Sustiva	5	QL (360 in 30 Days)
Efavirenz Oral Tablet	600mg	Sustiva	5	QL (30 in 30 Days)
Efavirenz-emtricitab-tenofo DF Oral Tablet	600-200-300mg	Atripla	5	QL (30 in 30 Days)
Efavirenz-lamivudine-tenofovir Oral Tablet	400-300-300mg, 600-300-300mg	Symfi Lo	5	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Etravirine Oral Tablet	100mg, 200mg	Intelence	5	QL (120 in 30 Days)
Intelence Oral Tablet	25mg	Intelence	5	QL (120 in 30 Days)
Nevirapine ER Oral Tablet Extended Release 24 Hour	400mg	Viramune XR	5	QL (30 in 30 Days)
Nevirapine Oral Suspension	50mg/5ml	Viramune	5	QL (1200 in 30 Days)
Nevirapine Oral Tablet	200mg	Viramune	5	QL (60 in 30 Days)
Odefsey Oral Tablet	200-25-25mg	Odefsey	5	QL (30 in 30 Days)
<i>Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) (Agentes Anti-HIV, Inhibidores de la Transcriptasa Reversa Nucleosida y Nucleotida)</i>				
Abacavir Sulfate Oral Solution	20mg/ml	Ziagen	5	QL (960 in 30 Days)
Abacavir Sulfate Oral Tablet	300mg	Ziagen	5	QL (60 in 30 Days)
Cimduo Oral Tablet	300-300mg	Cimduo	5	QL (30 in 30 Days)
Emtricitabine Oral Capsule	200mg	Emtriva	5	QL (30 in 30 Days)
Emtricitabine-tenofovir DF Oral Tablet	100-150mg, 133-200mg, 167-250mg, 200-300mg	Truvada	5	QL (30 in 30 Days), PA
Emtriva Oral Solution	10mg/ml	Emtriva	5	QL (680 in 28 Days)
Lamivudine Oral Solution	10mg/ml	Epivir	5	QL (900 in 30 Days)
Lamivudine Oral Tablet	150mg	Epivir	5	QL (45 in 30 Days)
Lamivudine Oral Tablet	300mg	Epivir	5	QL (30 in 30 Days)
Lamivudine-zidovudine Oral Tablet	150-300mg	Combivir	5	QL (60 in 30 Days)
Tenofovir Disoproxil Fumarate Oral Tablet	300mg	Viread	5	QL (30 in 30 Days)
Viread Oral Powder	40mg/gm	Viread	5	QL (240 in 30 Days)
Viread Oral Tablet	150mg, 200mg, 250mg	Viread	5	QL (30 in 30 Days)
Zidovudine Oral Capsule	100mg	Retrovir	5	QL (180 in 30 Days)
Zidovudine Oral Syrup	50mg/5ml	Retrovir	5	QL (1680 in 28 Days)
Zidovudine Oral Tablet	300mg	Retrovir	5	QL (60 in 30 Days)
<i>Anti-hiv Agents, Other (Agentes Contra VIH, Otros)</i>				
Biktarvy Oral Tablet	30-120-15mg, 50-200-25mg	Biktarvy	5	QL (30 in 30 Days)
Fuzeon Subcutaneous Solution Reconstituted	90mg	Fuzeon	5	QL (60 in 30 Days)
Isentress HD Oral Tablet	600mg	Isentress HD	5	QL (60 in 30 Days)
Isentress Oral Packet	100mg	Isentress	5	
Isentress Oral Tablet	400mg	Isentress	5	QL (60 in 30 Days)
Isentress Oral Tablet Chewable	100mg, 25mg	Isentress	5	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Maraviroc Oral Tablet	150mg	Selzentry	5	QL (60 in 30 Days)
Maraviroc Oral Tablet	300mg	Selzentry	5	QL (120 in 30 Days)
Selzentry Oral Solution	20mg/ml	Selzentry	5	QL (1800 in 30 Days)
Tivicay Oral Tablet	50mg	Tivicay	5	QL (60 in 30 Days)
Tivicay PD Oral Tablet Soluble	5mg	Tivicay PD	5	QL (360 in 30 Days)
Triumeq Oral Tablet	600-50-300mg	Triumeq	5	QL (30 in 30 Days)
Triumeq PD Oral Tablet Soluble	60-5-30mg	Triumeq PD	5	QL (180 in 30 Days)
Tybost Oral Tablet	150mg	Tybost	6	QL (30 in 30 Days)
<i>Anti-hiv Agents, Protease Inhibitors (Agentes Contra VIH, Inhibidores De Proteasa)</i>				
Aptivus Oral Capsule	250mg	Aptivus	5	QL (120 in 30 Days)
Atazanavir Sulfate Oral Capsule	150mg, 200mg	Reyataz	5	QL (60 in 30 Days)
Atazanavir Sulfate Oral Capsule	300mg	Reyataz	5	QL (30 in 30 Days)
Darunavir Oral Tablet	600mg	Prezista	5	QL (60 in 30 Days)
Darunavir Oral Tablet	800mg	Prezista	5	QL (30 in 30 Days)
Fosamprenavir Calcium Oral Tablet	700mg	Lexiva	5	QL (120 in 30 Days)
Lopinavir-ritonavir Oral Solution	400-100mg/5ml	Kaletra	5	QL (300 in 30 Days)
Lopinavir-ritonavir Oral Tablet	100-25mg	Kaletra	5	
Lopinavir-ritonavir Oral Tablet	200-50mg	Kaletra	5	QL (120 in 30 Days)
Norvir Oral Packet	100mg	Norvir	5	
Prezista Oral Suspension	100mg/ml	Prezista	5	QL (360 in 30 Days)
Prezista Oral Tablet	150mg	Prezista	5	QL (240 in 30 Days)
Prezista Oral Tablet	75mg	Prezista	5	QL (420 in 30 Days)
Reyataz Oral Packet	50mg	Reyataz	5	QL (180 in 30 Days)
Ritonavir Oral Tablet	100mg	Norvir	5	
Symtuza Oral Tablet	800-150-200-10mg	Symtuza	5	QL (30 in 30 Days)
Viracept Oral Tablet	250mg	Viracept	5	QL (300 in 30 Days)
Viracept Oral Tablet	625mg	Viracept	5	QL (120 in 30 Days)
<i>Anti-cytomegalovirus (cmv) Agents (Agentes Anti-Citomegalovirus (CMV))</i>				
Valganciclovir HCl Oral Solution Reconstituted	50mg/ml	Valcyte	5	
Valganciclovir HCl Oral Tablet	450mg	Valcyte	5	
<i>Anti-influenza Agents (Agentes Contra La Influenza)</i>				
Oseltamivir Phosphate Oral Capsule	30mg	Tamiflu	2	QL (20 in 6 Month)
Oseltamivir Phosphate Oral Capsule	45mg, 75mg	Tamiflu	2	QL (10 in 6 Month)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Oseltamivir Phosphate Oral Suspension Reconstituted	6mg/ml	Tamiflu	1	QL (120 in 6 Month)
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated	5mg/act	Relenza Diskhaler	4	QL (20 in 6 Month)
Rimantadine HCl Oral Tablet	100mg	Flumadine	1	
Antihepatitis Agents (Agentes contra la Hepatitis)				
Adefovir Dipivoxil Oral Tablet	10mg	Hepsera	5	QL (30 in 30 Days), PA
Baraclude Oral Solution	0.05mg/ml	Baraclude	5	QL (600 in 30 Days), PA
Entecavir Oral Tablet	0.5mg, 1mg	Baraclude	5	QL (30 in 30 Days), PA
Epclusa Oral Packet	150-37.5mg, 200-50mg	Epclusa	5	QL (28 in 28 Days), PA
Epclusa Oral Tablet	200-50mg	Epclusa	5	QL (28 in 28 Days), PA
Lamivudine Oral Tablet	100mg	Epivir HBV	5	
Mavyret Oral Packet	50-20mg	Mavyret	6	PA
Mavyret Oral Tablet	100-40mg	Mavyret	6	PA
Pegasys Subcutaneous Solution	180mcg/ml	Pegasys	5	QL (4 in 28 Days), PA
Pegasys Subcutaneous Solution Prefilled Syringe	180mcg/0.5ml	Pegasys	5	QL (2 in 28 Days), PA
Ribavirin Oral Capsule	200mg	Rebetol	5	
Ribavirin Oral Tablet	200mg	Copegus	5	
Sofosbuvir-velpatasvir Oral Tablet	400-100mg	Epclusa	6	QL (28 in 28 Days), PA
Vemlidy Oral Tablet	25mg	Vemlidy	5	QL (28 in 28 Days), PA
Antiherpetic Agents (Agentes Antiherpeticos)				
Acyclovir Oral Capsule	200mg	Zovirax	1	
Acyclovir Oral Suspension	200mg/5ml	Zovirax	2	
Acyclovir Oral Tablet	400mg, 800mg	Zovirax	1	
Famciclovir Oral Tablet	125mg, 250mg, 500mg	Famvir	1	QL (90 in 30 Days)
Valacyclovir HCl Oral Tablet	1gm	Valtrex	1	QL (90 in 30 Days)
Valacyclovir HCl Oral Tablet	500mg	Valtrex	1	QL (60 in 30 Days)
Antivirals (Antivirales)				
Lagevrio Oral Capsule	200mg	Lagevrio	0	
Paxlovid (150/100) Oral Tablet Therapy Pack	10 x 150 mg & 10 x 100mg	Paxlovid	0	
Paxlovid (300/100) Oral Tablet Therapy Pack	20 x 150 mg & 10 x 100mg	Paxlovid	0	
ANXIOLYTICS (Ansiolíticos)				
Anxiolytics, Other (Ansiolíticos, Otros)				
Alprazolam ER Oral Tablet Extended Release 24 Hour	0.5mg	Xanax XR	1	QL (30 in 30 Days)
Alprazolam ER Oral Tablet Extended Release 24 Hour	1mg	Xanax XR	2	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Alprazolam ER Oral Tablet Extended Release 24 Hour	2mg	Xanax XR	1	QL (150 in 30 Days)
Alprazolam ER Oral Tablet Extended Release 24 Hour	3mg	Xanax XR	2	QL (90 in 30 Days)
Alprazolam Oral Tablet	0.25mg, 0.5mg, 1mg	Xanax	1	QL (120 in 30 Days)
Alprazolam Oral Tablet	2mg	Xanax	1	QL (150 in 30 Days)
Alprazolam Oral Tablet Disintegrating	0.25mg, 0.5mg, 1mg	Niravam	2	QL (120 in 30 Days)
Alprazolam Oral Tablet Disintegrating	2mg	Niravam	2	QL (150 in 30 Days)
Buspirone HCl Oral Tablet	10mg, 15mg, 30mg, 5mg, 7.5mg	Buspar , Vanspar	1	
Clorazepate Dipotassium Oral Tablet	15mg, 7.5mg	Gen-xene	1	QL (180 in 30 Days)
Clorazepate Dipotassium Oral Tablet	3.75mg	Gen-xene	2	QL (180 in 30 Days)
Diazepam Intensol Oral Concentrate	5mg/ml	Diazepam Intensol	2	QL (240 in 30 Days)
Diazepam Oral Concentrate	5mg/ml	Diazepam Intensol	2	QL (240 in 30 Days)
Diazepam Oral Solution	5mg/5ml	Diazepam	2	QL (1200 in 30 Days)
Diazepam Oral Tablet	10mg, 2mg, 5mg	Di Tran	1	QL (120 in 30 Days)
Hydroxyzine HCl Intramuscular Solution	25mg/ml	Vistaril	2	
Hydroxyzine HCl Intramuscular Solution	50mg/ml	Hyzine	1	
Hydroxyzine HCl Oral Syrup	10mg/5ml	Atarax	2	
Hydroxyzine HCl Oral Tablet	10mg, 25mg, 50mg	Atarax	1	
Hydroxyzine Pamoate Oral Capsule	100mg	Vistaril	2	
Hydroxyzine Pamoate Oral Capsule	25mg, 50mg	Hy-pam	1	
Lorazepam Oral Concentrate	2mg/ml	Lorazepam Intensol	1	QL (150 in 30 Days)
Lorazepam Oral Tablet	0.5mg, 1mg	Ativan	1	QL (120 in 30 Days)
Lorazepam Oral Tablet	2mg	Ativan	1	QL (150 in 30 Days)
Oxazepam Oral Capsule	10mg, 15mg, 30mg	Serax	1	QL (120 in 30 Days)
<i>Ssris/snrIs (selective Serotonin Reuptake Inhibitors/ Serotonin And Norepinephrine Reuptake Inhibitors (Inhibidores Selectivos de la Recaptación de Serotonina / Norepinefrina (SSRIs / SNRIs)</i>				
Escitalopram Oxalate Oral Solution	5mg/5ml	Lexapro	1	QL (600 in 30 Days)
Escitalopram Oxalate Oral Tablet	10mg, 20mg, 5mg	Lexapro	1	QL (30 in 30 Days)
Paroxetine HCl ER Oral Tablet Extended Release 24 Hour	12.5mg	Paxil CR	2	QL (30 in 30 Days)
Paroxetine HCl ER Oral Tablet Extended Release 24 Hour	25mg, 37.5mg	Paxil CR	2	QL (60 in 30 Days)
Paroxetine HCl Oral Suspension	10mg/5ml	Paxil	2	QL (900 in 30 Days), ST
Paroxetine HCl Oral Tablet	10mg, 20mg, 40mg	Paxil	1	QL (30 in 30 Days)
Paroxetine HCl Oral Tablet	30mg	Paxil	1	QL (60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Sertraline HCl Oral Concentrate	20mg/ml	Zoloft	1	QL (300 in 30 Days)
Sertraline HCl Oral Tablet	100mg	Zoloft	1	QL (60 in 30 Days)
Sertraline HCl Oral Tablet	25mg, 50mg	Zoloft	1	QL (45 in 30 Days)
BIPOLAR AGENTS (Agentes Para Bipolaridad)				
<i>Bipolar Agents, Other (Agentes para Bipolaridad, Otros)</i>				
Abilify Maintena Intramuscular Prefilled Syringe	300mg, 400mg	Abilify Maintena	5	QL (1 in 26 Days), PA
Aripiprazole Oral Solution	1mg/ml	Abilify	2	QL (900 in 30 Days)
Aripiprazole Oral Tablet	10mg, 15mg, 20mg, 30mg, 5mg	Abilify	1	QL (30 in 30 Days)
Aripiprazole Oral Tablet	2mg	Abilify	1	QL (60 in 30 Days)
Aripiprazole Oral Tablet Disintegrating	10mg, 15mg	Abilify Discmelt	2	QL (30 in 30 Days)
Ziprasidone Mesylate Intramuscular Solution Reconstituted	20mg	Geodon	2	QL (60 in 30 Days)
<i>Mood Stabilizers (Estabilizadores Del Animo)</i>				
Lithium Carbonate ER Oral Tablet Extended Release	300mg, 450mg	Lithobid , Eskalith CR	1	
Lithium Carbonate Oral Capsule	150mg, 300mg, 600mg	Lithium Carbonate , Eskalith	1	
Lithium Carbonate Oral Tablet	300mg	Lithotabs	1	
Lithium Oral Solution	8meq/5ml	Lithium	2	
BLOOD GLUCOSE REGULATORS (Reguladores De Glucosa En Sangre)				
<i>Antidiabetic Agents (Agentes Contra La Diabetes)</i>				
Acarbose Oral Tablet	100mg, 25mg, 50mg	Precose	1	QL (90 in 30 Days)
Bydureon BCise Subcutaneous Auto-injector	2mg/0.85ml	Bydureon BCise	3	QL (3.400 in 28 Days), ST
Byetta 10 MCG Pen Subcutaneous Solution Pen-injector	10mcg/0.04ml	Byetta 10 MCG Pen	3	QL (2.400 in 30 Days), ST
Byetta 5 MCG Pen Subcutaneous Solution Pen-injector	5mcg/0.02ml	Byetta 5 MCG Pen	3	QL (1.200 in 30 Days), ST
Cycloset Oral Tablet	0.8mg	Cycloset	4	QL (180 in 30 Days)
Farxiga Oral Tablet	10mg, 5mg	Farxiga	3	QL (30 in 30 Days), PA, ST
Glimepiride Oral Tablet	1mg, 2mg	Amaryl	1	QL (30 in 30 Days)
Glimepiride Oral Tablet	4mg	Amaryl	1	QL (60 in 30 Days)
Glipizide ER Oral Tablet Extended Release 24 Hour	10mg	Glucotrol XL	1	QL (60 in 30 Days)
Glipizide ER Oral Tablet Extended Release 24 Hour	2.5mg, 5mg	Glucotrol XL	1	QL (30 in 30 Days)
Glipizide Oral Tablet	10mg, 5mg	Glucotrol	1	QL (120 in 30 Days)
Glipizide Oral Tablet	2.5mg	Glipizide	2	QL (120 in 30 Days)
Glipizide XL Oral Tablet Extended Release 24 Hour	10mg	Glucotrol XL	1	QL (60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Glipizide XL Oral Tablet Extended Release 24 Hour	2.5mg, 5mg	Glucotrol XL	1	QL (30 in 30 Days)
Glipizide-metformin HCl Oral Tablet	2.5-250mg, 2.5-500mg, 5-500mg	Metaglip	1	QL (120 in 30 Days)
Glyburide Micronized Oral Tablet	1.5mg, 3mg	Glynase	1	QL (30 in 30 Days)
Glyburide Micronized Oral Tablet	6mg	Glynase	1	QL (60 in 30 Days)
Glyburide Oral Tablet	1.25mg, 2.5mg	Diabeta	1	QL (240 in 30 Days)
Glyburide Oral Tablet	5mg	Diabeta	1	QL (120 in 30 Days)
Glyburide-metformin Oral Tablet	1.25-250mg	Glucovance	1	QL (240 in 30 Days)
Glyburide-metformin Oral Tablet	2.5-500mg, 5-500mg	Glucovance	1	QL (120 in 30 Days)
Janumet Oral Tablet	50-1000mg, 50-500mg	Janumet	3	QL (60 in 30 Days), ST
Janumet XR Oral Tablet Extended Release 24 Hour	100-1000mg	Janumet XR	3	QL (30 in 30 Days), ST
Janumet XR Oral Tablet Extended Release 24 Hour	50-1000mg, 50-500mg	Janumet XR	3	QL (60 in 30 Days), ST
Januvia Oral Tablet	100mg, 25mg, 50mg	Januvia	3	QL (30 in 30 Days), ST
Jardiance Oral Tablet	10mg, 25mg	Jardiance	3	QL (30 in 30 Days), PA, ST
Metformin HCl ER Oral Tablet Extended Release 24 Hour	500mg	Glucophage XR	1	QL (120 in 30 Days)
Metformin HCl ER Oral Tablet Extended Release 24 Hour	750mg	Glucophage XR	1	QL (60 in 30 Days)
Metformin HCl Oral Solution	500mg/5ml	Riomet	2	
Metformin HCl Oral Tablet	1000mg	Glucophage	1	QL (60 in 30 Days)
Metformin HCl Oral Tablet	500mg	Glucophage	1	QL (120 in 30 Days)
Metformin HCl Oral Tablet	850mg	Glucophage	1	QL (90 in 30 Days)
Mounjaro Subcutaneous Solution Pen-injector	10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml, 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml	Mounjaro	3	QL (4 in 28 Days), PA
Nateglinide Oral Tablet	120mg, 60mg	Starlix	1	QL (90 in 30 Days)
Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-injector	2mg/3ml	Ozempic (0.25 or 0.5 MG/DOSE)	3	QL (3 in 28 Days), PA
Ozempic (1 MG/DOSE) Subcutaneous Solution Pen-injector	4mg/3ml	Ozempic (1 MG/DOSE)	3	QL (3 in 28 Days), PA
Ozempic (2 MG/DOSE) Subcutaneous Solution Pen-injector	8mg/3ml	Ozempic (2 MG/DOSE)	3	QL (3 in 28 Days), PA
Pioglitazone HCl Oral Tablet	15mg, 30mg, 45mg	Actos	1	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Pioglitazone HCl-metFORMIN HCl Oral Tablet	15-500mg, 15-850mg	Actoplus Met	1	QL (90 in 30 Days)
Repaglinide Oral Tablet	0.5mg, 1mg	Prandin	2	QL (120 in 30 Days)
Repaglinide Oral Tablet	2mg	Prandin	2	QL (240 in 30 Days)
Rybelsus Oral Tablet	14mg, 3mg, 7mg	Rybelsus	3	QL (30 in 30 Days), PA
Segluromet Oral Tablet	2.5-1000mg, 2.5-500mg, 7.5-1000mg, 7.5-500mg	Segluromet	3	QL (60 in 30 Days), ST
Soliqua Subcutaneous Solution Pen-injector	100-33unt-mcg/ml	Soliqua	3	QL (18 in 30 Days), PA
Steglatro Oral Tablet	15mg, 5mg	Steglatro	3	QL (30 in 30 Days), PA, ST
Symlinpen 120 Subcutaneous Solution Pen-injector	2700mcg/2.7ml	Symlinpen 120	3	QL (10.800 in 30 Days), ST
Synjardy Oral Tablet	12.5-1000mg, 12.5-500mg, 5-1000mg, 5-500mg	Synjardy	3	QL (60 in 30 Days), ST
Synjardy XR Oral Tablet Extended Release 24 Hour	10-1000mg, 12.5-1000mg, 5-1000mg	Synjardy XR	3	QL (60 in 30 Days), ST
Synjardy XR Oral Tablet Extended Release 24 Hour	25-1000mg	Synjardy XR	3	QL (30 in 30 Days), ST
Trijardy XR Oral Tablet Extended Release 24 Hour	10-5-1000mg, 25-5-1000mg	Trijardy XR	3	QL (30 in 30 Days), ST
Trijardy XR Oral Tablet Extended Release 24 Hour	12.5-2.5-1000mg, 5-2.5-1000mg	Trijardy XR	3	QL (60 in 30 Days), ST
Trulicity Subcutaneous Solution Pen-injector	0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Trulicity	3	QL (2 in 28 Days), PA
Xigduo XR Oral Tablet Extended Release 24 Hour	10-1000mg, 10-500mg, 5-500mg	Xigduo XR	3	QL (30 in 30 Days), ST
Xigduo XR Oral Tablet Extended Release 24 Hour	2.5-1000mg, 5-1000mg	Xigduo XR	3	QL (60 in 30 Days), ST
<i>Glycemic Agents (Agentes Glucemicos)</i>				
Baqsimi One Pack Nasal Powder	3mg/dose	Baqsimi One Pack	3	
Baqsimi Two Pack Nasal Powder	3mg/dose	Baqsimi One Pack	3	
Diazoxide Oral Suspension	50mg/ml	Proglycem	2	
Glucagen Diagnostic Injection Solution Reconstituted	1mg	Glucagen	3	
Glucagon Emergency Injection Kit	1mg	Glucagen HypoKit	2	QL (2 in 1 Year)
Glucagon Emergency Injection Solution Reconstituted	1mg/ml	Glucagon Emergency	2	QL (2 in 1 Year)
<i>Insulins (Insulinas)</i>				
Humalog Injection Solution	100unit/ml	Admelog Subcutaneous Solution 100 UNIT/ML	3	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Humalog KwikPen Subcutaneous Solution Pen-injector	100unit/ml, 200unit/ml	Humalog KwikPen	6	QL (30 in 30 Days)
Humalog Mix 50/50 KwikPen Subcutaneous Suspension Pen-injector	(50-50) 100unit/ml	Humalog Mix 50/50 Pen	6	QL (30 in 30 Days)
Humalog Mix 50/50 Subcutaneous Suspension	(50-50) 100unit/ml	Humalog Mix 50/50	3	QL (30 in 30 Days)
Humalog Mix 75/25 KwikPen Subcutaneous Suspension Pen-injector	(75-25) 100unit/ml	Humalog Mix 75/25 Pen	6	QL (30 in 30 Days)
Humalog Mix 75/25 Subcutaneous Suspension	(75-25) 100unit/ml	Humalog Pen	3	QL (30 in 30 Days)
Humalog Subcutaneous Solution Cartridge	100unit/ml	Humalog	3	QL (30 in 30 Days)
Humulin 70/30 KwikPen Subcutaneous Suspension Pen-injector	(70-30) 100unit/ml	Humulin 70/30 Pen	6	QL (30 in 30 Days)
Humulin 70/30 Subcutaneous Suspension	(70-30) 100unit/ml	Humulin 70/30	3	QL (30 in 30 Days)
Humulin N KwikPen Subcutaneous Suspension Pen-injector	100unit/ml	Humulin N Pen	6	QL (30 in 30 Days)
Humulin N Subcutaneous Suspension	100unit/ml	Humulin N	3	QL (30 in 30 Days)
Humulin R Injection Solution	100unit/ml	Humulin R	3	QL (30 in 30 Days)
Humulin R U-500 (CONCENTRATED) Subcutaneous Solution	500unit/ml	Humulin R U-500 (CONCENTRATED)	3	QL (30 in 30 Days), PA
Humulin R U-500 KwikPen Subcutaneous Solution Pen-injector	500unit/ml	Humulin R U-500 KwikPen	6	QL (30 in 30 Days), PA
Lantus SoloStar Subcutaneous Solution Pen-injector	100unit/ml	Lantus SoloStar	6	QL (30 in 30 Days)
Lantus Subcutaneous Solution	100unit/ml	Lantus	3	QL (30 in 30 Days)
Levemir FlexPen Subcutaneous Solution Pen-injector	100unit/ml	Levemir FlexPen	6	QL (30 in 30 Days), ST
Levemir Subcutaneous Solution	100unit/ml	Levemir	3	QL (30 in 30 Days), ST
Rezvoglar KwikPen Subcutaneous Solution Pen-injector	100unit/ml	Rezvoglar KwikPen	1	QL (30 in 30 Days)
Semglee (yfgn) Subcutaneous Solution	100unit/ml	Semglee (yfgn)	1	QL (30 in 30 Days)
Semglee (yfgn) Subcutaneous Solution Pen-injector	100unit/ml	Semglee (yfgn)	1	QL (30 in 30 Days)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (Productos Para La Sangre / Modificadores/ Aumento De Volumen)				
<i>Anticoagulants (Anticoagulantes)</i>				
Eliquis DVT/PE Starter Pack Oral Tablet Therapy Pack	5mg	Eliquis DVT/PE Starter Pack	3	QL (74 in 30 Days)
Eliquis Oral Tablet	2.5mg, 5mg	Eliquis	3	QL (60 in 30 Days)
Enoxaparin Sodium Injection Solution	300mg/3ml	Lovenox	5	QL (105 in 90 Days), PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	100mg/ml, 150mg/ml	Lovenox Subcutaneous Solution 100 MG/ML	5	QL (30 in 30 Days), PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Enoxaparin Sodium Injection Solution Prefilled Syringe	120mg/0.8ml	Lovenox Subcutaneous Solution 120 MG/0.8ML	5	QL (24 in 30 Days), PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	30mg/0.3ml	Lovenox Subcutaneous Solution 30 MG/0.3ML	5	QL (9 in 30 Days), PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	40mg/0.4ml	Lovenox Subcutaneous Solution 40 MG/0.4ML	5	QL (12 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	60mg/0.6ml	Lovenox Subcutaneous Solution 60 MG/0.6ML	5	QL (18 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	80mg/0.8ml	Lovenox Subcutaneous Solution 80 MG/0.8ML	5	QL (24 in 30 Days)
Fondaparinux Sodium Subcutaneous Solution	10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	Arixtra	5	QL (14 in 30 Days)
Fondaparinux Sodium Subcutaneous Solution	2.5mg/0.5ml	Arixtra	5	QL (24 in 30 Days)
Jantoven Oral Tablet	1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	Coumadin	2	
Warfarin Sodium Oral Tablet	1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	Coumadin	1	
Xarelto Oral Tablet	10mg, 20mg	Xarelto	3	QL (30 in 30 Days)
Xarelto Oral Tablet	15mg	Xarelto	3	QL (60 in 30 Days)
Xarelto Oral Tablet	2.5mg	Xarelto	3	QL (60 in 30 Days), PA
Xarelto Starter Pack Oral Tablet Therapy Pack	15 & 20mg	Xarelto Starter Pack	3	QL (51 in 30 Days)
Blood Formation Modifiers (Modificadores De Formacion De Sangre)				
Anagrelide HCl Oral Capsule	0.5mg	Agrylin	1	
Anagrelide HCl Oral Capsule	1mg	Agrylin	2	
Fulphila Subcutaneous Solution Prefilled Syringe	6mg/0.6ml	Fulphila	5	PA
Methylergonovine Maleate Oral Tablet	0.2mg	Methergine	2	
Nivestym Injection Solution	300mcg/ml, 480mcg/1.6ml	Nivestym	5	PA
Nivestym Injection Solution Prefilled Syringe	300mcg/0.5ml, 480mcg/0.8ml	Nivestym	5	PA
Plerixafor Subcutaneous Solution	24mg/1.2ml	Mozobil	5	QL (9.600 in 30 Days), PA
Promacta Oral Packet	12.5mg	Promacta	5	QL (360 in 30 Days), PA
Promacta Oral Packet	25mg	Promacta	5	QL (180 in 30 Days), PA
Promacta Oral Tablet	12.5mg, 25mg, 50mg, 75mg	Promacta	5	QL (30 in 30 Days), PA
Retacrit Injection Solution	10000unit/ml, 2000unit/ml, 20000unit/ml, 3000unit/ml, 4000unit/ml, 40000unit/ml	Retacrit	5	QL (12 in 28 Days), PA
Zarxio Injection Solution Prefilled Syringe	300mcg/0.5ml, 480mcg/0.8ml	Zarxio	5	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ziextenzo Subcutaneous Solution Prefilled Syringe	6mg/0.6ml	Ziextenzo	5	PA
Coagulants (Coagulantes)				
Tranexamic Acid Oral Tablet	650mg	Lysteda	5	
Platelet Modifying Agents (Agentes Modificadores De Plaquetas)				
Brilinta Oral Tablet	60mg, 90mg	Brilinta	3	QL (60 in 30 Days), PA
Cilostazol Oral Tablet	100mg, 50mg	Pletal	1	
Clopidogrel Bisulfate Oral Tablet	300mg	Plavix	2	
Clopidogrel Bisulfate Oral Tablet	75mg	Plavix	1	
Dipyridamole Oral Tablet	25mg, 50mg, 75mg	Permole	1	
Prasugrel HCl Oral Tablet	10mg, 5mg	Effient	2	
CARDIOVASCULAR AGENTS (Agentes Cardiovasculares)				
Alpha-adrenergic Agonists (Agonistas Alfa-Adrenergicos)				
Clonidine HCl Oral Tablet	0.1mg, 0.2mg, 0.3mg	Catapres	1	QL (60 in 30 Days)
Clonidine Transdermal Patch Weekly	0.1mg/24hr, 0.2mg/24hr	Catapres-tts-1 , Catapres-tts-2	2	QL (4 in 28 Days)
Clonidine Transdermal Patch Weekly	0.3mg/24hr	Catapres-tts-3	2	QL (8 in 28 Days)
Guanfacine HCl Oral Tablet	1mg, 2mg	Tenex	1	QL (30 in 30 Days)
Methyldopa Oral Tablet	250mg	Aldomet	2	QL (90 in 30 Days)
Methyldopa Oral Tablet	500mg	Aldomet	2	QL (120 in 30 Days)
Midodrine HCl Oral Tablet	10mg, 2.5mg, 5mg	Proamatine	1	
Alpha-adrenergic Blocking Agents (Agentes Bloqueadores Alfa-Adrenergicos)				
Doxazosin Mesylate Oral Tablet	1mg, 2mg, 4mg	Cardura	1	QL (30 in 30 Days)
Doxazosin Mesylate Oral Tablet	8mg	Cardura	1	QL (60 in 30 Days)
Phenoxybenzamine HCl Oral Capsule	10mg	Dibenzyliline	2	
Prazosin HCl Oral Capsule	1mg, 2mg	Minipress	1	QL (90 in 30 Days)
Prazosin HCl Oral Capsule	5mg	Minipress	1	QL (120 in 30 Days)
Angiotensin II Receptor Antagonists (Antagonistas del Receptor de Angiotensina II & Tiazidas/Parecidos a Tiazidas)				
Candesartan Cilexetil Oral Tablet	16mg, 8mg	Atacand	1	QL (60 in 30 Days)
Candesartan Cilexetil Oral Tablet	32mg	Atacand	1	QL (30 in 30 Days)
Candesartan Cilexetil Oral Tablet	4mg	Atacand	2	QL (60 in 30 Days)
Irbesartan Oral Tablet	150mg, 300mg, 75mg	Avapro	1	QL (30 in 30 Days)
Losartan Potassium Oral Tablet	100mg, 25mg, 50mg	Cozaar	1	QL (30 in 30 Days)
Olmesartan Medoxomil Oral Tablet	20mg, 40mg	Benicar	1	QL (30 in 30 Days)
Olmesartan Medoxomil Oral Tablet	5mg	Benicar	1	QL (60 in 30 Days)
Telmisartan Oral Tablet	20mg	Micardis	2	QL (30 in 30 Days)
Telmisartan Oral Tablet	40mg, 80mg	Micardis	1	QL (30 in 30 Days)
Valsartan Oral Tablet	160mg, 320mg, 40mg, 80mg	Diovan	1	QL (30 in 30 Days)

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
<i>Angiotensin-converting Enzyme (ace) Inhibitors (Inhibidores De enzima convertidora de angiotestina II)</i>				
Benazepril HCl Oral Tablet	10mg, 20mg, 40mg, 5mg	Lotensin	1	QL (60 in 30 Days)
Captopril Oral Tablet	100mg, 12.5mg, 25mg, 50mg	Capoten	1	QL (60 in 30 Days)
Enalapril Maleate Oral Tablet	10mg, 2.5mg, 20mg, 5mg	Vasotec	1	QL (60 in 30 Days)
Fosinopril Sodium Oral Tablet	10mg, 20mg, 40mg	Monopril	1	QL (60 in 30 Days)
Lisinopril Oral Tablet	10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	Prinivil , Zestril	1	QL (30 in 30 Days)
Moexipril HCl Oral Tablet	15mg	Univasc	1	QL (120 in 30 Days)
Moexipril HCl Oral Tablet	7.5mg	Univasc	1	QL (60 in 30 Days)
Perindopril Erbumine Oral Tablet	2mg, 4mg, 8mg	Aceon	1	QL (60 in 30 Days)
Quinapril HCl Oral Tablet	10mg, 20mg, 40mg, 5mg	Accupril	1	QL (60 in 30 Days)
Ramipril Oral Capsule	1.25mg, 10mg, 2.5mg, 5mg	Altace	1	QL (60 in 30 Days)
Trandolapril Oral Tablet	1mg, 2mg	Mavik	1	QL (30 in 30 Days)
Trandolapril Oral Tablet	4mg	Mavik	1	QL (60 in 30 Days)
<i>Antiarrhythmics (Antiarrítmicos)</i>				
Amiodarone HCl Oral Tablet	100mg	Pacerone	2	
Amiodarone HCl Oral Tablet	200mg, 400mg	Cordarone , Pacerone	1	
Disopyramide Phosphate Oral Capsule	100mg	Norpace	2	
Disopyramide Phosphate Oral Capsule	150mg	Norpace	1	
Dofetilide Oral Capsule	125mcg, 250mcg, 500mcg	Tikosyn	2	
Flecainide Acetate Oral Tablet	100mg, 150mg, 50mg	Tambocor	1	
Mexiletine HCl Oral Capsule	150mg	Mexitil	2	
Mexiletine HCl Oral Capsule	200mg, 250mg	Mexitil	1	
Propafenone HCl ER Oral Capsule Extended Release 12 Hour	225mg, 325mg, 425mg	Rythmol SR	2	
Propafenone HCl Oral Tablet	150mg, 225mg, 300mg	Rythmol	1	
Quinidine Gluconate ER Oral Tablet Extended Release	324mg	Quinadure	2	
Quinidine Sulfate Oral Tablet	200mg, 300mg	Quin-tab , Quinidine Sulfate	2	
Sotalol HCl (AF) Oral Tablet	120mg, 160mg, 80mg	Betapace AF	1	
Sotalol HCl Oral Tablet	120mg	Betapace	1	
Sotalol HCl Oral Tablet	160mg, 240mg, 80mg	Betapace	2	
<i>Beta-adrenergic Blocking Agents (Agentes Bloqueadores Beta-Adrenergicos)</i>				
Acebutolol HCl Oral Capsule	200mg, 400mg	Sectral	1	
Atenolol Oral Tablet	100mg, 25mg, 50mg	Tenormin	1	
Betaxolol HCl Oral Tablet	10mg, 20mg	Kerlone	1	
Bisoprolol Fumarate Oral Tablet	10mg, 5mg	Zebeta	1	
Carvedilol Oral Tablet	12.5mg, 25mg, 3.125mg, 6.25mg	Coreg	1	
Labetalol HCl Oral Tablet	100mg, 200mg, 300mg	Normodyne	1	
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour	100mg, 200mg, 25mg, 50mg	Toprol XL	1	
Metoprolol Tartrate Oral Tablet	100mg, 25mg, 50mg	Lopressor , Metoprolol Tartrate	1	
Metoprolol Tartrate Oral Tablet	37.5mg, 75mg	Metoprolol Tartrate	2	

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Nadolol Oral Tablet	20mg, 40mg, 80mg	Corgard	2	
Pindolol Oral Tablet	10mg	Visken	2	
Pindolol Oral Tablet	5mg	Visken	1	
Timolol Maleate Oral Tablet	10mg, 20mg, 5mg	Blocadren	2	
<i>Calcium Channel Blocking Agents (Agentes Bloqueadores De Canal De Calcio)</i>				
Amlodipine Besylate Oral Tablet	10mg, 2.5mg, 5mg	Norvasc	1	
Dilt-xr Oral Capsule Extended Release 24 Hour	120mg, 180mg, 240mg	Diltia XT	2	
Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour	120mg, 180mg, 240mg, 300mg, 360mg	Tiazac	1	
Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour	420mg	Tiazac	2	
Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour	120mg, 180mg, 240mg, 300mg	Cardizem CD , Cartia XT	1	
Diltiazem HCl ER Oral Capsule Extended Release 12 Hour	120mg, 60mg, 90mg	Cardizem SR	2	
Diltiazem HCl ER Oral Capsule Extended Release 24 Hour	120mg	Diltia XT	1	
Diltiazem HCl ER Oral Capsule Extended Release 24 Hour	180mg, 240mg	Diltia XT	2	
Diltiazem HCl ER Oral Tablet Extended Release 24 Hour	180mg, 240mg, 300mg, 360mg, 420mg	Cardizem LA	2	
Diltiazem HCl Oral Tablet	120mg, 30mg, 60mg, 90mg	Cardizem	1	
Felodipine ER Oral Tablet Extended Release 24 Hour	10mg, 2.5mg, 5mg	Plendil	1	
Isradipine Oral Capsule	2.5mg	Dynacirc	1	
Isradipine Oral Capsule	5mg	Dynacirc	2	
Matzim LA Oral Tablet Extended Release 24 Hour	180mg, 240mg, 300mg, 360mg, 420mg	Cardizem LA	2	
Nicardipine HCl Oral Capsule	20mg, 30mg	Cardene	1	
Nifedipine ER Oral Tablet Extended Release 24 Hour	30mg, 60mg	Adalat CC	1	
Nifedipine ER Oral Tablet Extended Release 24 Hour	90mg	Adalat CC	2	
Nifedipine ER Osmotic Release Oral Tablet Extended Release 24 Hour	30mg, 60mg, 90mg	Procardia XL	1	
Nifedipine Oral Capsule	10mg	Adalat	1	
Nifedipine Oral Capsule	20mg	Adalat	2	
Nimodipine Oral Capsule	30mg	Nimotop	2	
Nisoldipine ER Oral Tablet Extended Release 24 Hour	17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg	Sular	2	QL (30 in 30 Days)
Verapamil HCl ER Oral Capsule Extended Release 24 Hour	100mg, 200mg, 240mg, 300mg, 360mg	Verelan PM	2	
Verapamil HCl ER Oral Tablet Extended Release	120mg, 180mg, 240mg	Calan SR	1	
Verapamil HCl Oral Tablet	120mg, 40mg, 80mg	Calan	1	
<i>Cardiovascular Agents, Other (Agentes Cardiovasculares, Otros)</i>				
Aliskiren Fumarate Oral Tablet	150mg, 300mg	Tekturna	2	QL (30 in 30 Days), ST
Amlodipine Besy-Benzapril HCl Oral Capsule	10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg	Lotrel	1	QL (30 in 30 Days)
Atenolol-chlorthalidone Oral Tablet	100-25mg, 50-25mg	Tenoretic 100 , Tenoretic 50	1	QL (30 in 30 Days)
Benzapril-hydrochlorothiazide Oral Tablet	10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg	Lotensin HCT	1	QL (30 in 30 Days)
Bisoprolol-hydrochlorothiazide Oral Tablet	10-6.25mg, 2.5-6.25mg, 5-6.25mg	Ziac	1	QL (30 in 30 Days)
Candesartan Cilexetil-HCTZ Oral Tablet	16-12.5mg, 32-12.5mg, 32-25mg	Atacand HCT	2	QL (30 in 30 Days)

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Digoxin Injection Solution	0.25mg/ml	Lanoxin	2	
Digoxin Oral Solution	0.05mg/ml	Lanoxin	2	
Digoxin Oral Tablet	125mcg	Lanoxin	2	QL (30 in 30 Days)
Digoxin Oral Tablet	250mcg	Lanoxin	1	QL (30 in 30 Days)
Enalapril-hydrochlorothiazide Oral Tablet	10-25mg, 5-12.5mg	Vaseretic	1	QL (30 in 30 Days)
Fosinopril Sodium-HCTZ Oral Tablet	10-12.5mg	Monopril HCT	2	QL (30 in 30 Days)
Fosinopril Sodium-HCTZ Oral Tablet	20-12.5mg	Monopril HCT	1	QL (30 in 30 Days)
Irbesartan-hydrochlorothiazide Oral Tablet	150-12.5mg	Avalide	1	QL (60 in 30 Days)
Irbesartan-hydrochlorothiazide Oral Tablet	300-12.5mg	Avalide	1	QL (30 in 30 Days)
Isosorb Dinitrate-hydrALAZINE Oral Tablet	20-37.5mg	Bidil	2	QL (180 in 30 Days)
Lisinopril-hydrochlorothiazide Oral Tablet	10-12.5mg, 20-12.5mg, 20-25mg	Prinzide	1	QL (30 in 30 Days)
Losartan Potassium-HCTZ Oral Tablet	100-12.5mg, 100-25mg, 50-12.5mg	Hyzaar	1	QL (30 in 30 Days)
Metoprolol-hydrochlorothiazide Oral Tablet	100-25mg, 100-50mg	Lopressor HCT	2	QL (30 in 30 Days)
Metoprolol-hydrochlorothiazide Oral Tablet	50-25mg	Lopressor HCT	1	QL (30 in 30 Days)
Olmesartan Medoxomil-HCTZ Oral Tablet	20-12.5mg, 40-12.5mg, 40-25mg	Benicar HCT	1	QL (30 in 30 Days)
Pentoxifylline ER Oral Tablet Extended Release	400mg	Trental	1	
Quinapril-hydrochlorothiazide Oral Tablet	20-12.5mg, 20-25mg	Accuretic	2	QL (30 in 30 Days)
Ranolazine ER Oral Tablet Extended Release 12 Hour	1000mg, 500mg	Ranexa	2	QL (60 in 30 Days)
Trandolapril-verapamil HCl ER Oral Tablet Extended Release	1-240mg, 2-180mg, 2-240mg, 4-240mg	Tarka	2	QL (30 in 30 Days)
Valsartan-hydrochlorothiazide Oral Tablet	160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg	Diovan HCT	1	QL (30 in 30 Days)
<i>Diuretics, Carbonic Anhydrase Inhibitors (Diureticos, inhibidores de anhidrasa carbonica)</i>				
Acetazolamide ER Oral Capsule Extended Release 12 Hour	500mg	Diamox Sequels	1	
Acetazolamide Oral Tablet	125mg	Diamox	1	
Acetazolamide Oral Tablet	250mg	Diamox	2	
Acetazolamide Sodium Injection Solution Reconstituted	500mg	Diamox	2	
Methazolamide Oral Tablet	25mg, 50mg	Neptazane	1	
<i>Diuretics, Loop (Diureticos de Asa)</i>				
Bumetanide Injection Solution	0.25mg/ml	Bumex	2	
Bumetanide Oral Tablet	0.5mg, 1mg, 2mg	Bumex	1	
Ethacrynic Acid Oral Tablet	25mg	Edecrin	2	
Furosemide Oral Solution	10mg/ml	Furosemide	2	
Furosemide Oral Solution	8mg/ml	Furosemide	1	
Furosemide Oral Tablet	20mg, 40mg, 80mg	Lasix	1	
Torseamide Oral Tablet	10mg, 100mg, 20mg, 5mg	Demadex	1	
<i>Diuretics, Potassium-sparing (Diureticos, ahorradores de potasio)</i>				
Amiloride HCl Oral Tablet	5mg	Midamor	1	
Amiloride-hydrochlorothiazide Oral Tablet	5-50mg	Moduretic	1	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Eplerenone Oral Tablet	25mg, 50mg	Inspra	1	
Spironolactone Oral Tablet	100mg, 25mg, 50mg	Aldactone	1	
Spironolactone-hctz Oral Tablet	25-25mg	Aldactazide	1	
Triamterene-hctz Oral Capsule	37.5-25mg	Dyazide	1	
Triamterene-hctz Oral Tablet	37.5-25mg, 75-50mg	Maxzide-25 , Maxzide	1	
<i>Diuretics, Thiazide (Diureticos, Tiazida)</i>				
Chlorthalidone Oral Tablet	25mg, 50mg	Hygroton	1	
Hydrochlorothiazide Oral Capsule	12.5mg	Microzide	1	
Hydrochlorothiazide Oral Tablet	12.5mg, 25mg, 50mg	Hydrochlorothiazide , Esidrix , Carozide	1	
Indapamide Oral Tablet	1.25mg, 2.5mg	Lozol	1	
Metolazone Oral Tablet	10mg, 2.5mg, 5mg	Zaroxolyn	1	
<i>Dyslipidemics, Fibric Acid Derivatives (Dislipidemicos, Derivados De Acido Fibrico)</i>				
Fenofibrate Micronized Oral Capsule	134mg, 200mg, 43mg, 67mg	Tricor , Antara	1	QL (30 in 30 Days)
Fenofibrate Oral Capsule	134mg, 200mg, 67mg	Tricor	2	QL (30 in 30 Days)
Fenofibrate Oral Tablet	145mg, 48mg, 54mg	Tricor	1	QL (30 in 30 Days)
Fenofibrate Oral Tablet	40mg	Fenoglide	2	QL (30 in 30 Days)
Fenofibric Acid Oral Capsule Delayed Release	135mg, 45mg	Trilipix	2	QL (30 in 30 Days)
Gemfibrozil Oral Tablet	600mg	Lopid	1	QL (60 in 30 Days)
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors (Dislipidemicos, Inhibidores de la HMG CoA Reductasa)</i>				
Atorvastatin Calcium Oral Tablet	40mg, 80mg, 10mg, 20mg	Lipitor	1	QL (30 in 30 Days), *
Lovastatin Oral Tablet	10mg, 20mg	Mevacor	1	QL (30 in 30 Days), *
Lovastatin Oral Tablet	40mg	Mevacor	1	QL (60 in 30 Days), *
Pravastatin Sodium Oral Tablet	10mg, 20mg, 40mg, 80mg	Pravachol	1	QL (30 in 30 Days), *
Rosuvastatin Calcium Oral Tablet	20mg, 40mg, 10mg, 5mg	Crestor	1	QL (30 in 30 Days), *
Simvastatin Oral Tablet	10mg, 20mg, 40mg, 5mg	Zocor	1	QL (30 in 30 Days), *
Simvastatin Oral Tablet	80mg	Zocor	1	QL (30 in 30 Days), PA
<i>Dyslipidemics, Other (Dislipidemicos, Otros)</i>				
Cholestyramine Light Oral Packet	4gm	Questran Light	2	
Cholestyramine Light Oral Powder	4gm/dose	Locholest Light	1	
Cholestyramine Oral Packet	4gm	Questran	2	
Cholestyramine Oral Powder	4gm/dose	Questran	1	
Colestipol HCl Oral Granules	5gm	Colestid	2	
Colestipol HCl Oral Packet	5gm	Colestid Flavored	2	
Colestipol HCl Oral Tablet	1gm	Colestid	1	
Ezetimibe Oral Tablet	10mg	Zetia	1	QL (30 in 30 Days)
Icosapent Ethyl Oral Capsule	1gm	Vascepa	2	QL (120 in 30 Days), PA
Juxtapid Oral Capsule	10mg, 5mg	Juxtapid	5	QL (30 in 30 Days), PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Juxtapid Oral Capsule	20mg, 30mg	Juxtapid	5	QL (60 in 30 Days), PA
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release	1000mg, 750mg	Niaspan	2	QL (60 in 30 Days)
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release	500mg	Niaspan	2	QL (30 in 30 Days)
Omega-3-acid Ethyl Esters Oral Capsule	1gm	Omacor	1	QL (120 in 30 Days)
Vasodilators, Direct-acting Arterial (Vasodilatadores, Arteriales / Venosos De Accion Directa)				
Hydralazine HCl Oral Tablet	10mg, 100mg, 25mg, 50mg	Apresoline	1	
Minoxidil Oral Tablet	10mg, 2.5mg	Loniten	1	
Vasodilators, Direct-acting Arterial/venous (Vasodilatadores, Arteriales / Venosos De Accion Directa)				
Isosorbide Dinitrate Oral Tablet	10mg, 20mg, 30mg, 5mg	I.s.d. , Isordil Titradoso	1	
Isosorbide Dinitrate Oral Tablet	40mg	Isordil Titradoso	2	
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour	120mg, 30mg, 60mg	Imdur	1	
Isosorbide Mononitrate Oral Tablet	10mg, 20mg	Monoket , Ismo	1	
Nitro-bid Transdermal Ointment	2%	Nitrobid	4	
Nitro-time Oral Capsule Extended Release	2.5mg, 6.5mg, 9mg	Mi-trates , Nitro	4	
Nitroglycerin Sublingual Tablet Sublingual	0.3mg, 0.4mg, 0.6mg	Nitrostat	2	
Nitroglycerin Transdermal Patch 24 Hour	0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	Minitran , Deponit	1	
Nitroglycerin Translingual Solution	0.4mg/spray	Nitrolingual	2	
CENTRAL NERVOUS SYSTEM AGENTS (Agentes Para el Sistema Nervioso Central)				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines (Agentes Para el Deficit De Atencion E Hiperactividad - Anfetamina)				
Amphetamine-dextroamphet ER Oral Capsule Extended Release 24 Hour	10mg, 15mg, 20mg, 25mg, 30mg, 5mg	Adderall XR	2	QL (30 in 30 Days)
Amphetamine-dextroamphetamine Oral Tablet	10mg, 7.5mg	Adderall	2	QL (90 in 30 Days)
Amphetamine-dextroamphetamine Oral Tablet	12.5mg, 15mg, 5mg	Adderall	1	QL (90 in 30 Days)
Amphetamine-dextroamphetamine Oral Tablet	20mg	Adderall	2	QL (60 in 30 Days)
Amphetamine-dextroamphetamine Oral Tablet	30mg	Adderall	1	QL (60 in 30 Days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour	10mg	Dexedrine	2	QL (180 in 30 Days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour	15mg	Dexedrine	2	QL (120 in 30 Days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour	5mg	Dexedrine	1	QL (90 in 30 Days)
Dextroamphetamine Sulfate Oral Solution	5mg/5ml	Liquadd	2	QL (1800 in 30 Days)
Dextroamphetamine Sulfate Oral Tablet	10mg	Dextrostat	2	QL (180 in 30 Days)
Dextroamphetamine Sulfate Oral Tablet	5mg	Dexedrine	2	QL (90 in 30 Days)
Methamphetamine HCl Oral Tablet	5mg	Desoxyn	2	QL (150 in 30 Days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines (Agentes Para el Deficit De Atencion E Hiperactividad - No Anfetamina)				
Atomoxetine HCl Oral Capsule	10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	Strattera	2	QL (30 in 30 Days)
Clonidine HCl ER Oral Tablet Extended Release 12 Hour	0.1mg	Kapvay	2	QL (120 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour	10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg	Focalin XR	2	QL (30 in 30 Days), PL1
Dexmethylphenidate HCl Oral Tablet	10mg, 2.5mg, 5mg	Focalin	2	QL (60 in 30 Days), PL1
Guanfacine HCl ER Oral Tablet Extended Release 24 Hour	1mg, 2mg, 4mg	Intuniv	2	QL (30 in 30 Days)
Guanfacine HCl ER Oral Tablet Extended Release 24 Hour	3mg	Intuniv	2	QL (60 in 30 Days)
Methylphenidate HCl ER (CD) Oral Capsule Extended Release	10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Metadate CD	2	QL (30 in 30 Days), PL1
Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour	60mg, 10mg, 20mg, 30mg, 40mg	Ritalin LA	2	QL (30 in 30 Days), PL1
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release	18mg, 27mg, 54mg	Concerta	2	QL (30 in 30 Days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release	36mg	Concerta	2	QL (60 in 30 Days), PL1
Methylphenidate HCl ER Oral Tablet Extended Release	10mg, 20mg	Metadate ER , Ritalin SR	2	QL (30 in 30 Days), PL1
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour	18mg, 27mg, 54mg	Methylphenidate HCl ER	2	QL (30 in 30 Days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour	36mg	Methylphenidate HCl ER	2	QL (60 in 30 Days), PL1
Methylphenidate HCl Oral Solution	10mg/5ml	Methylin	2	QL (900 in 30 Days), PL1
Methylphenidate HCl Oral Solution	5mg/5ml	Methylin	2	QL (1800 in 30 Days), PL1
Methylphenidate HCl Oral Tablet	10mg, 20mg, 5mg	Ritalin	1	QL (90 in 30 Days), PL1
Methylphenidate HCl Oral Tablet Chewable	10mg, 2.5mg, 5mg	Methylin	2	QL (90 in 30 Days), PL1
Quillivant XR Oral Suspension Reconstituted ER	25mg/5ml	Quillivant XR	3	QL (360 in 30 Days), PL1
<i>Central Nervous System, Other (Agentes Para el Sistema Nervioso Central, Otros)</i>				
Exservan Oral Film	50mg	Exservan	6	PA
Riluzole Oral Tablet	50mg	Rilutek	2	QL (60 in 30 Days), PA
Tetrabenazine Oral Tablet	12.5mg, 25mg	Xenazine	5	PA
<i>Fibromyalgia Agents (Agentes Para Fibromialgia)</i>				
Savella Oral Tablet	100mg, 12.5mg, 25mg, 50mg	Savella	3	QL (60 in 30 Days)
<i>Multiple Sclerosis Agents (Agentes Para La Esclerosis Multiple)</i>				
Avonex Pen Intramuscular Auto-injector Kit	30mcg/0.5ml	Avonex Pen	5	QL (1 in 28 Days), PA
Avonex Prefilled Intramuscular Prefilled Syringe Kit	30mcg/0.5ml	Avonex Prefilled	5	QL (1 in 28 Days), PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Betaseron Subcutaneous Kit	0.3mg	Extavia	5	QL (15 in 30 Days), PA
Dalfampridine ER Oral Tablet Extended Release 12 Hour	10mg	Ampyra	5	QL (60 in 30 Days), PA
Dimethyl Fumarate Oral Capsule Delayed Release	120mg, 240mg	Tecfidera	5	QL (60 in 30 Days), PA
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	120 & 240mg	Tecfidera	5	QL (60 in 30 Days), PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	20mg/ml	Copaxone	5	QL (30 in 30 Days), PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	40mg/ml	Copaxone	5	QL (12 in 28 Days), PA
Mayzent Oral Tablet	0.25mg	Mayzent	5	QL (210 in 30 Days), PA
Mayzent Oral Tablet	1mg	Mayzent	5	PA
Mayzent Oral Tablet	2mg	Mayzent	5	QL (30 in 30 Days), PA
Mayzent Starter Pack Oral Tablet Therapy Pack	0.25mg	Mayzent Starter Pack	5	PA
Mayzent Starter Pack Oral Tablet Therapy Pack	12 x 0.25mg	Mayzent Starter Pack	5	QL (30 in 30 Days), PA
Ponvory Oral Tablet	20mg	Ponvory	5	PA
Ponvory Starter Pack Oral Tablet Therapy Pack	2-3-4-5-6-7-8-9& 10 mg	Ponvory Starter Pack	5	PA
Rebif_rebidoze Titration Pack Subcutaneous Solution Auto-injector	6x8.8 & 6x22mcg	Rebif Rebidoze Titration Pack	5	QL (4.200 in 28 Days), PA
Rebif_subcutaneous Solution Prefilled Syringe	22mcg/0.5ml, 44mcg/0.5ml	Rebif	5	QL (6 in 28 Days), PA
Vumerity Oral Capsule Delayed Release	231mg	Vumerity	5	PA
Zeposia 7-Day Starter Pack Oral Capsule Therapy Pack	4 x 0.23mg & 3 x 0.46mg	Zeposia 7-Day Starter Pack	5	PA
Zeposia Oral Capsule	0.92mg	Zeposia	5	PA
Zeposia Starter Kit Oral Capsule Therapy Pack	0.23mg & 0.46mg 0.92mg(21)	Zeposia Starter Kit	5	PA
DENTAL AND ORAL AGENTS (Agentes Dentales Y Orales)				
<i>Dental And Oral Agents (Agentes Dentales Y Orales)</i>				
Cevimeline HCl Oral Capsule	30mg	Evxac	2	
Chlorhexidine Gluconate Mouth/Throat Solution	0.12%	Peridex	1	
Clotrimazole Mouth/Throat Troche	10mg	Mycelex	1	
Lidocaine Viscous HCl Mouth/Throat Solution	2%	Lidomar Viscous	2	
Nystatin Mouth/Throat Suspension	100000unit/ml	Mycostatin	1	
Oralene Mouth/Throat Paste	0.1%	Kenalog in Orabase	2	
Triamcinolone Acetonide Mouth/Throat Paste	0.1%	Kenalog in Orabase	2	
DERMATOLOGICAL AGENTS (Agentes Dermatologicos)				
<i>Dermatological Agents (Agentes Dermatologicos)</i>				
Accutane Oral Capsule	10mg, 20mg, 30mg, 40mg	Accutane , Sotret	2	PA
Acitretin Oral Capsule	10mg, 17.5mg, 25mg	Soriatane	2	QL (60 in 30 Days)
Acyclovir External Ointment	5%	Zovirax	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Adapalene External Cream	0.1%	Differin	2	PA
Adapalene External Gel	0.1%, 0.3%	Differin	2	PA
Adapalene External Solution	0.1%	Differin	2	PA
Ala-cort External Cream	1%	Ala-cort	2	
Ala_scalp External Lotion	2%	Ala Scalp	4	
Alclometasone Dipropionate External Cream	0.05%	Aclovate	2	
Alclometasone Dipropionate External Ointment	0.05%	Aclovate	2	
Ammonium Lactate External Cream	12%	Lac-hydrin	1	
Ammonium Lactate External Lotion	12%	Lac-hydrin	1	
Apexicon E External Cream	0.05%	Psorcon E	4	
Arzol_silver Nit Applicators External Misc	75-25%	Arzol Silver Nit Applicators	4	
Avar-e Emollient External Cream	10-5%	Plexion SCT	2	
Azelex External Cream	20%	Azelex	4	
Benzepro Creamy Wash External Liquid	7%	Neobenz Micro Wash	4	
Benzepro External Foam	5.2%, 9.7%	Benzepro	4	
Benzepro External Foam	5.3%	Benzefoam	2	
Benzepro External Liquid	6.8%	Benzepro	4	
Benzepro External Misc	5.8%	Benzepro	4	
Benzepro Foaming Cloths External Misc	6%	Triaz Foaming Cloths	2	
Benzoyl Peroxide External Foam	9.8%	Benzefoamultra	2	
Benzoyl Peroxide-Erythromycin External Gel	5-3%	Benzamycin	2	
Betamethasone Dipropionate Aug External Cream	0.05%	Diprolene AF	1	
Betamethasone Dipropionate Aug External Ointment	0.05%	Diprolene	1	
Betamethasone Dipropionate External Cream	0.05%	Alphatrex	1	
Betamethasone Dipropionate External Lotion	0.05%	Alphatrex	1	
Betamethasone Dipropionate External Ointment	0.05%	Alphatrex	2	
Betamethasone Valerate External Cream	0.1%	Beta-val	1	
Betamethasone Valerate External Foam	0.12%	Luxiq	2	
Betamethasone Valerate External Lotion	0.1%	Beta-val	2	
Betamethasone Valerate External Ointment	0.1%	Betatrex	1	
Bexarotene External Gel	1%	Targretin	5	PA
Bp_10-1 External Emulsion	10-1%	Rosac Wash	2	
Calcipotriene External Ointment	0.005%	Dovonex	2	QL (120 in 30 Days)
Calcipotriene External Solution	0.005%	Dovonex	2	QL (60 in 30 Days)
Cem-urea External Solution	45%	Uramaxin GT	4	
Cerovel External Lotion	40%	Carmol 40	2	
Ciclopirox External Gel	0.77%	Loprox	2	
Ciclopirox External Shampoo	1%	Loprox	1	
Ciclopirox External Solution	8%	Penlac	2	QL (6.600 in 90 Days)
Ciclopirox Olamine External Cream	0.77%	Loprox	2	
Ciclopirox Olamine External Suspension	0.77%	Ciclopirox Topical Suspension	1	
Ciclopirox Treatment External Kit	8%	Ciclodan Solution	4	
Claravis Oral Capsule	10mg, 20mg, 30mg, 40mg	Accutane , Sotret	2	PA
Clindamycin Phos-Benzoyl Perox External Gel	1-5%, 1.2-5%	Benzaclin , Duac	2	
Clindamycin Phosphate External Lotion	1%	Cleocin-t	2	
Clindamycin Phosphate External Solution	1%	Cleocin-t	2	QL (120 in 30 Days)
Clobetasol Prop Emollient Base External Cream	0.05%	Embeline E	2	
Clobetasol Propionate E External Cream	0.05%	Embeline E	1	
Clobetasol Propionate External Cream	0.05%	Temovate	1	
Clobetasol Propionate External Gel	0.05%	Temovate	1	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Clobetasol Propionate External Lotion	0.05%	Clobex	2	
Clobetasol Propionate External Ointment	0.05%	Temovate	1	
Clobetasol Propionate External Shampoo	0.05%	Clobex	2	
Clobetasol Propionate External Solution	0.05%	Temovate	1	QL (50 in 15 Days)
Clotrimazole External Cream	1%	Lotrimin	1	
Clotrimazole External Solution	1%	Lotrimin	2	
Clotrimazole-betamethasone External Cream	1-0.05%	Lotrisone	1	
Desonide External Cream	0.05%	Desowen	2	
Desonide External Lotion	0.05%	Desowen	2	
Desonide External Ointment	0.05%	Desowen	1	
Desoximetasone External Cream	0.05%	Topicort LP	2	
Desoximetasone External Cream	0.25%	Topicort	1	
Desoximetasone External Gel	0.05%	Topicort	1	
Desoximetasone External Ointment	0.05%, 0.25%	Topicort	2	
Diclofenac Sodium External Gel	1%	Voltaren	2	QL (1000 in 30 Days)
Diclofenac Sodium External Gel	3%	Solaraze	2	QL (100 in 30 Days)
Diclofenac Sodium External Solution	1.5%	Pennsaid Transdermal Solution 1.5 %	2	
Drysol External Solution	20%	Drysol	4	
Ery_external Pad	2%	Erycette	4	
Erythromycin External Gel	2%	A/t/s	2	
Erythromycin External Solution	2%	A/t/s	2	
Fluocinolone Acetonide Body External Oil	0.01%	Derma-smoothe/fs Body	2	
Fluocinolone Acetonide External Cream	0.01%, 0.025%	Flurosyn , Synalar	2	
Fluocinolone Acetonide External Ointment	0.025%	Flurosyn	2	
Fluocinolone Acetonide External Solution	0.01%	Fluonid	2	
Fluocinolone Acetonide Scalp External Oil	0.01%	Derma-smoothe/fs Scalp	1	
Fluocinonide Emulsified Base External Cream	0.05%	Lidex-e	2	
Fluocinonide External Cream	0.05%, 0.1%	Lidex , Vanos	2	
Fluocinonide External Gel	0.05%	Lidex	2	
Fluocinonide External Ointment	0.05%	Lidex	1	
Fluocinonide External Solution	0.05%	Lidex	1	
Fluorouracil External Cream	5%	Efudex	2	
Fluorouracil External Solution	2%, 5%	Efudex	2	
Fluticasone Propionate External Cream	0.05%	Cutivate	1	
Fluticasone Propionate External Ointment	0.005%	Cutivate	1	
Gentamicin Sulfate External Cream	0.1%	Garamycin	2	
Gentamicin Sulfate External Ointment	0.1%	Garamycin	2	
Halobetasol Propionate External Cream	0.05%	Ultravate	2	
Halobetasol Propionate External Ointment	0.05%	Ultravate	1	
Hydrocortisone Butyrate External Ointment	0.1%	Locoid	2	
Hydrocortisone Butyrate External Solution	0.1%	Locoid	2	
Hydrocortisone External Cream	1%	Ala-cort	2	
Hydrocortisone External Cream	2.5%	Hc Cream	1	
Hydrocortisone External Lotion	2.5%	Hytone	1	
Hydrocortisone External Ointment	1%, 2.5%	Cortizone-10 , Hytone	1	
Hydrocortisone Valerate External Cream	0.2%	Westcort	1	
Imiquimod External Cream	5%	Aldara	1	
Isotretinoin Oral Capsule	10mg, 20mg, 30mg, 40mg	Accutane , Sotret	2	PA
Keralyt External Shampoo	6%	Salex	2	
Klayesta External Powder	100000unit/gm	Pedi-dri	2	
Lactic Acid E External Cream	10-3500%-unt/30gm	Lactinol-e	2	
Lactic Acid External Lotion	10%	Lactinol	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Lidocaine External Ointment	5%	Premium Lidocaine	2	
Lidocaine External Patch	5%	Lidoderm	2	
Lidocaine HCl External Solution	4%	Xylocaine	1	
Lidocaine-prilocaine External Cream	2.5-2.5%	Emla	1	
Lidorex External Gel	3%	Lidorex	4	
Mafenide Acetate External Packet	5%	Sulfamylon	2	
Methoxsalen Rapid Oral Capsule	10mg	Oxs	5	
Metronidazole External Cream	0.75%	Metrocream	1	
Metronidazole External Gel	0.75%, 1%	Metrogel	2	
Metronidazole External Lotion	0.75%	Metro lotion	2	QL (59 in 15 Days)
Mometasone Furoate External Cream	0.1%	Elocon	1	
Mometasone Furoate External Ointment	0.1%	Elocon	1	
Mometasone Furoate External Solution	0.1%	Elocon	1	
Mupirocin External Ointment	2%	Bactroban	1	
Naftifine HCl External Cream	2%	Naftin	2	
Nyamyc External Powder	100000unit/gm	Pedi-dri	2	
Nystatin External Cream	100000unit/gm	Mycostatin	1	
Nystatin External Ointment	100000unit/gm	Nystex	2	
Nystatin-triamcinolone External Cream	100000-0.1unit/gm-%	Myco-triacet II	1	
Nystatin-triamcinolone External Ointment	100000-0.1unit/gm-%	Myco-triacet II	1	
Panretin External Gel	0.1%	Panretin	4	
Pimecrolimus External Cream	1%	Elidel	2	
Podofilox External Solution	0.5%	Condylox	2	
Salicylic Acid External Foam	6%	Salvax	2	
Salicylic Acid External Gel	6%	Hydrisalic	2	
Salicylic Acid External Shampoo	6%	Salex	1	
Salicylic Acid Wart Remover External Liquid	27.5%	Virasal	2	
Salicylic Acid-Cleanser External Kit	6% cream	Salex	2	
Santyl External Ointment	250unit/gm	Santyl	3	
Selenium Sulfide External Lotion	2.5%	Selsun	2	
Selenium Sulfide External Shampoo	2.25%, 2.3%	Selenium Sulfide , Selrx	2	
Silver sulfADIAZINE External Cream	1%	Ssd	2	
Skyrizi Pen Subcutaneous Solution Auto-injector	150mg/ml	Skyrizi Pen	5	QL (8 in 28 Days), PA
Skyrizi Subcutaneous Solution Prefilled Syringe	150mg/ml	Skyrizi	5	QL (8 in 28 Days), PA
Sulfacetamide Sod-Sulfur Wash External Liquid	9-4%, 9-4.5%	Sumaxin Wash , Sumadan Wash	2	
Sulfacetamide Sodium (Acne) External Lotion	10%	Klaron	2	
Sulfacetamide Sodium External Liquid	10%	Ovace Wash	2	
Sulfacetamide Sodium-Sulfur External Cream	10-2%, 9.8-4.8%	Avar-e LS , Plexion	2	
Sulfacetamide Sodium-Sulfur External Liquid	10-2%, 10-5%, 9-4%, 9.8-4.8%	Avar LS Cleanser , Avar Cleanser , Sumaxin Wash , Plexion Cleanser	2	
Sulfacetamide Sodium-Sulfur External Liquid	9-4.5%	Sumadan Wash	1	
Sulfacetamide Sodium-Sulfur External Lotion	10-5%, 9.8-4.8%	Novacet , Plexion	2	
Sulfacetamide Sodium-Sulfur External Suspension	8-4%	Sumaxin TS	1	
Sumaxin External Pad	10-4%	Sumaxin	4	
Tacrolimus External Ointment	0.03%, 0.1%	Protopic	2	
Tazarotene External Cream	0.1%	Tazorac	2	QL (60 in 30 Days), PA
Tretinoin External Cream	0.025%, 0.05%, 0.1%	Retin-a	2	PA
Tretinoin External Gel	0.01%, 0.025%	Retin-a	2	PA
Triamcinolone Acetonide External Aerosol Solution	0.147mg/gm	Kenalog	2	
Triamcinolone Acetonide External Cream	0.025%, 0.5%	Aristocort A	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Triamcinolone Acetonide External Cream	0.1%	Aristocort A	1	
Triamcinolone Acetonide External Lotion	0.025%, 0.1%	Kenalog	1	
Triamcinolone Acetonide External Ointment	0.025%, 0.05%, 0.5%	Triamcinolone Acetonide , Trianex	2	
Triamcinolone Acetonide External Ointment	0.1%	Aristocort A	1	
Triamcinolone in Absorbase External Ointment	0.05%	Trianex	2	
Umecta Mousse External Foam	40%	Hydro 40	2	
Urea_external Cream	40%, 45%, 47%	Carmol 40 , Uramaxin , Keralac	2	
Urea_external Foam	35%	Urea_	2	
Urea_external Lotion	40%	Carmol 40	2	
Urea_hydrating External Foam	35%	Hydro 35	4	
Urea_nail External Gel	45%	Uramaxin	2	
Valchlor External Gel	0.016%	Valchlor	5	QL (60 in 30 Days)
ENZYME REPLACEMENT/MODIFIERS (Reemplazo De Enzimas / Modificadores)				
<i>Enzyme Replacement/modifiers (Reemplazo De Enzimas / Modificadores)</i>				
Betaine Oral Powder		Cystadane	5	
Carglumic Acid Oral Tablet Soluble	200mg	Carbaglu	5	PA
Creon_oral Capsule Delayed Release Particles	12000-38000unit, 24000-76000unit, 3000-9500unit, 36000-114000unit, 6000-19000unit	Creon	5	
Cystagon Oral Capsule	150mg, 50mg	Cystagon	5	
Galafold Oral Capsule	123mg	Galafold	6	PA
Levocarnitine Oral Solution	1gm/10ml	Carnitor	2	
Levocarnitine Oral Tablet	330mg	Carnitor	2	PA
Myalept Subcutaneous Solution Reconstituted	11.3mg	Myalept	5	PA
Nitisinone Oral Capsule	10mg, 2mg, 20mg, 5mg	Orfadin	5	
Orfadin Oral Suspension	4mg/ml	Orfadin	6	
Ravicti Oral Liquid	1.1gm/ml	Ravicti	5	PA
Sapropterin Dihydrochloride Oral Packet	100mg	Kuvan	5	PA
Sapropterin Dihydrochloride Oral Tablet	100mg	Kuvan	5	PA
Sodium Phenylbutyrate Oral Powder	3gm/tsp	Buphenyl	5	
Sodium Phenylbutyrate Oral Tablet	500mg	Buphenyl	5	
Zenpep Oral Capsule Delayed Release Particles	10000-32000unit, 15000-47000unit, 20000-63000unit, 25000-79000unit, 3000-10000unit, 40000-126000unit, 5000-24000unit, 60000-189600unit	Zenpep	5	
GASTROINTESTINAL AGENTS (Agentes Gastrointestinales)				
<i>Antispasmodics, Gastrointestinal (Antiespasmódicos, Gastrointestinales)</i>				
Atropine Sulfate Injection Solution	8mg/20ml	Atropine Sulfate	2	
Atropine Sulfate Injection Solution Prefilled Syringe	0.25mg/5ml, 0.5mg/5ml, 1mg/10ml	Atropine Sulfate	2	
Chlordiazepoxide-clidinium Oral Capsule	5-2.5mg	H-tran Plus	1	
Dicyclomine HCl Oral Capsule	10mg	Bentyl	1	PL2
Dicyclomine HCl Oral Solution	10mg/5ml	Bentyl	2	PL2
Dicyclomine HCl Oral Tablet	20mg	Bentyl	1	PL2
Glycopyrrolate Injection Solution	0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	Robinul	2	
Glycopyrrolate Oral Tablet	1mg, 2mg	Robinul , Robinul-forte	1	PL2
Glycopyrrolate PF Injection Solution Prefilled Syringe	0.2mg/ml, 0.4mg/2ml	Glycopyrrolate PF	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour	0.375mg	Levbid	2	
Hyoscyamine Sulfate Oral Elixir	0.125mg/5ml	Levsin	1	
Hyoscyamine Sulfate Oral Solution	0.125mg/ml	Colidrops	1	
Hyoscyamine Sulfate Oral Tablet	0.125mg	Anaspaz	1	
Hyoscyamine Sulfate Oral Tablet Disintegrating	0.125mg	Nulev	2	
Hyoscyamine Sulfate SL Sublingual Tablet Sublingual	0.125mg	Hyosol/sl	2	
Hyoscyamine Sulfate Sublingual Tablet Sublingual	0.125mg	Hyosol/sl	1	
Methscopolamine Bromide Oral Tablet	2.5mg, 5mg	Pamine , Pamine Forte	2	
Oscimin Sublingual Tablet Sublingual	0.125mg	Hyosol/sl	2	
<i>Gastrointestinal Agents, Other (Agentes Gastrointestinales, Otros)</i>				
Cromolyn Sodium Oral Concentrate	100mg/5ml	Gastrocrom	2	
Diphenoxylate-atropine Oral Liquid	2.5-0.025mg/5ml	Lomotil	2	
Diphenoxylate-atropine Oral Tablet	2.5-0.025mg	Di-atro	1	
Gattex Subcutaneous Kit	5mg	Gattex	6	PA
Loperamide HCl Oral Capsule	2mg	Imodium	1	
Metoclopramide HCl Injection Solution	5mg/ml	Reglan	2	
Metoclopramide HCl Oral Solution	10mg/10ml	Metoclopramide HCl	2	
Metoclopramide HCl Oral Solution	5mg/5ml	Metoclopramide HCl	1	
Metoclopramide HCl Oral Tablet	10mg, 5mg	Reglan	1	
Metoclopramide HCl Oral Tablet Disintegrating	5mg	Metozolv ODT	2	
Relistor Oral Tablet	150mg	Relistor	3	
Relistor Subcutaneous Solution	12mg/0.6ml, 8mg/0.4ml	Relistor	3	
Symproic Oral Tablet	0.2mg	Symproic	3	
Ursodiol Oral Capsule	300mg	Actigall	2	
Ursodiol Oral Tablet	250mg	Urso 250	1	
Ursodiol Oral Tablet	500mg	Urso Forte	2	
<i>Histamine2 (h2) Receptor Antagonists (Antagonistas De Receptores histamina2 (H2))</i>				
Cimetidine Oral Tablet	200mg, 300mg, 400mg	Tagamet	1	PL2
Cimetidine Oral Tablet	800mg	Tagamet	2	PL2
Famotidine Oral Suspension Reconstituted	40mg/5ml	Pepcid	2	PL2
Famotidine Oral Tablet	20mg, 40mg	Pepcid	1	PL2
Nizatidine Oral Capsule	150mg, 300mg	Axid	1	PL2
<i>Irritable Bowel Syndrome Agents (Agentes para el síndrome de intestino irritable)</i>				
Alosetron HCl Oral Tablet	0.5mg, 1mg	Lotronex	2	
Linzzess Oral Capsule	145mcg, 290mcg, 72mcg	Linzzess	3	QL (30 in 30 Days)
<i>Laxatives (Laxantes)</i>				
Enulose Oral Solution	10gm/15ml	Enulose	2	
Lactulose Encephalopathy Oral Solution	10gm/15ml	Enulose	2	
Lactulose Oral Solution	10gm/15ml	Constulose	1	
Lactulose Oral Solution	20gm/30ml	Constulose	2	
<i>Protectants (Protectores)</i>				
Sucralfate Oral Suspension	1gm/10ml	Carafate	2	PL2
Sucralfate Oral Tablet	1gm	Carafate	1	PL2
<i>Proton Pump Inhibitors (Inhibidores De Bomba De Protones)</i>				
Esomeprazole Magnesium Oral Capsule Delayed Release	20mg, 40mg	Nexium	1	QL (30 in 30 Days), PL2
Esomeprazole Magnesium Oral Packet	10mg, 20mg, 40mg	Nexium	2	QL (30 in 30 Days)
Lansoprazole Oral Capsule Delayed Release	15mg, 30mg	Prevacid	1	QL (30 in 30 Days), PL2
Omeprazole Oral Capsule Delayed Release	10mg, 20mg, 40mg	Prilosec	1	QL (30 in 30 Days), PL2

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Pantoprazole Sodium Oral Tablet Delayed Release	20mg, 40mg	Protonix	1	QL (30 in 30 Days), PL2
Rabeprazole Sodium Oral Tablet Delayed Release	20mg	Aciphex	1	QL (30 in 30 Days), PA, PL2
GENITOURINARY AGENTS (Agentes Genitourinarios)				
<i>Antispasmodics, Urinary (Antiespasmodicos, Urinarios)</i>				
Bethanechol Chloride Oral Tablet	10mg, 25mg, 5mg, 50mg	Duvoid , Urecholine	1	
Darifenacin Hydrobromide ER Oral Tablet Extended Release 24 Hour	15mg, 7.5mg	Enablex	2	QL (30 in 30 Days)
Flavoxate HCl Oral Tablet	100mg	Flavoxate HCl	1	
Myrbetriq Oral Suspension Reconstituted ER	8mg/ml	Myrbetriq	3	QL (300 in 30 Days)
Myrbetriq Oral Tablet Extended Release 24 Hour	25mg, 50mg	Myrbetriq	3	QL (30 in 30 Days)
Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour	10mg, 15mg	Ditropan XL	1	QL (60 in 30 Days)
Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour	5mg	Ditropan XL	1	QL (30 in 30 Days)
Oxybutynin Chloride Oral Solution	5mg/5ml	Oxybutynin Chloride	2	
Oxybutynin Chloride Oral Tablet	2.5mg	Oxybutynin Chloride	2	
Oxybutynin Chloride Oral Tablet	5mg	Oxybutynin Chloride	1	
Tolterodine Tartrate ER Oral Capsule Extended Release 24 Hour	2mg, 4mg	Detrol LA	1	
Tolterodine Tartrate Oral Tablet	1mg, 2mg	Detrol	1	QL (60 in 30 Days)
Tropium Chloride ER Oral Capsule Extended Release 24 Hour	60mg	Sanctura XR	2	QL (30 in 30 Days)
Tropium Chloride Oral Tablet	20mg	Sanctura	1	
<i>Benign Prostatic Hypertrophy Agents (Agentes Para La Hipertrofia Prostatica Benigna)</i>				
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour	10mg	Uroxatral	1	QL (30 in 30 Days)
Dutasteride Oral Capsule	0.5mg	Avodart	2	QL (30 in 30 Days)
Finasteride Oral Tablet	5mg	Proscar	1	QL (30 in 30 Days)
Tadalafil Oral Tablet	2.5mg	Cialis	2	QL (30 in 30 Days), PA
Tadalafil Oral Tablet	5mg	Cialis	1	QL (30 in 30 Days), PA
Tamsulosin HCl Oral Capsule	0.4mg	Flomax	1	QL (60 in 30 Days)
Terazosin HCl Oral Capsule	1mg, 10mg, 2mg, 5mg	Hytrin	1	QL (60 in 30 Days)
<i>Genitourinary Agents, Other (Agentes Genitourinarios, Otros)</i>				
Elmiron Oral Capsule	100mg	Elmiron	3	
Fosfomycin Tromethamine Oral Packet	3gm	Monurol	2	
Methenamine Hippurate Oral Tablet	1gm	Hiprex	2	
Methenamine Mandelate Oral Tablet	1gm	Methenamine Mandelate	1	
Neomycin-polymyxin B GU Irrigation Solution	40-200000	Neosporin GU Irrigant	2	
Nitrofurantoin Macrocrystal Oral Capsule	100mg, 50mg	Macrochantin	1	
Nitrofurantoin Monohyd Macro Oral Capsule	100mg	Macrobid	1	
Phenazopyridine HCl Oral Tablet	100mg	Pyridiate	1	
Phenazopyridine HCl Oral Tablet	200mg	Pyridiate	2	
Urelle Oral Tablet	81mg	Urelle	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Uribel Oral Capsule	118mg	Uribel	2	
<i>Phosphate Binders (Aglutinantes de Fosfato)</i>				
Calcium Acetate (Phos Binder) Oral Capsule	667mg	Phoslo	2	
Calcium Acetate (Phos Binder) Oral Tablet	667mg	Calphron	2	
Sevelamer Carbonate Oral Packet	0.8gm	Renvela	2	QL (540 in 30 Days)
Sevelamer Carbonate Oral Packet	2.4gm	Renvela	2	QL (180 in 30 Days)
Sevelamer Carbonate Oral Tablet	800mg	Renvela	1	QL (540 in 30 Days)
Sevelamer HCl Oral Tablet	400mg, 800mg	Renagel	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Adrenales))				
<i>Glucocorticoids/mineralocorticoids (Glucocorticoides/Mineralocorticoides)</i>				
Budesonide Oral Capsule Delayed Release Particles	3mg	Entocort EC	2	
Cortisone Acetate Oral Tablet	25mg	Cortisone Acetate	2	
Depo-medrol Injection Suspension	20mg/ml	Depo-medrol	4	
Dexamethasone Intensol Oral Concentrate	1mg/ml	Dexamethasone Intensol	4	
Dexamethasone Oral Elixir	0.5mg/5ml	Decadron	2	
Dexamethasone Oral Solution	0.5mg/5ml	Dexamethasone	2	
Dexamethasone Oral Tablet	0.5mg, 0.75mg, 1.5mg, 2mg, 6mg	Decadron , Dexone , Dexamethasone	1	
Dexamethasone Oral Tablet	1mg, 4mg	Dexamethasone , Decadron	2	
Dexamethasone Oral Tablet Therapy Pack	1.5mg (35)	Dexpak 10 Day	2	
Fludrocortisone Acetate Oral Tablet	0.1mg	Florinef	1	
Hydrocortisone Oral Tablet	10mg, 5mg	Cortef	2	
Hydrocortisone Oral Tablet	20mg	Cortef	1	
Methylprednisolone Oral Tablet	16mg, 32mg, 8mg	Medrol	2	
Methylprednisolone Oral Tablet	4mg	Medrol	1	
Methylprednisolone Oral Tablet Therapy Pack	4mg	Medrol (Pak)	1	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	1000mg, 125mg, 40mg, 500mg	A-methapred	2	
Prednisolone Oral Solution	15mg/5ml	Prednisolone	2	
Prednisolone Sodium Phosphate Oral Solution	10mg/5ml, 15mg/5ml, 20mg/5ml, 6.7 (5 base)mg/5ml	Millipred , Orapred , Veripred 20 , Pediapred	2	
Prednisone Intensol Oral Concentrate	5mg/ml	Prednisone Intensol	4	
Prednisone Oral Solution	5mg/5ml	Prednisone	2	
Prednisone Oral Tablet	1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg	Meticorten , Deltasone	1	
Prednisone Oral Tablet Therapy Pack	10mg (21), 5mg (21)	Prednisone	2	
Prednisone Oral Tablet Therapy Pack	5mg (48)	Prednisone	1	
Solu-medrol Injection Solution Reconstituted	2gm	Solu-medrol	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))				
<i>Hormonal Agents, Stimulant/replacement/modifying (pituitary) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))</i>				
Desmopressin Ace Spray Refrig Nasal Solution	0.01%	Minirin	2	
Desmopressin Acetate Injection Solution	4mcg/ml	Ddavp	5	
Desmopressin Acetate Oral Tablet	0.1mg, 0.2mg	Ddavp	1	
Desmopressin Acetate PF Injection Solution	4mcg/ml	Ddavp Pf	5	
Increlex Subcutaneous Solution	40mg/4ml	Increlex	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Agentes hormonales, estimulantes / reemplazadores / modificadores (prostaglandina))				
<i>Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) (Agentes hormonales, estimulantes / reemplazadores / modificadores (prostaglandina))</i>				

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Amoxicill-clarithro-lansopraz Oral Therapy Pack	500 & 500 & 30mg	Prevpac	2	
Misoprostol Oral Tablet	100mcg	Cytotec	2	PL2
Misoprostol Oral Tablet	200mcg	Cytotec	1	PL2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Hormona Sexual))				
<i>Androgens (Androgenos Anabolicos)</i>				
Danazol Oral Capsule	50mg	Danocrine	2	PA
Testosterone Cypionate Intramuscular Solution	100mg/ml	Depo-testosterone	2	PA
Testosterone Transdermal Gel	12.5 mg/act(1%)	Androgel Pump	2	PA
Testosterone Transdermal Gel	50 mg/5gm(1%)	Androgel	2	QL (300 in 30 Days), PA
<i>Estrogens (Estrogenos)</i>				
Combipatch Transdermal Patch Twice Weekly	0.05-0.14mg/day, 0.05-0.25mg/day	Combipatch	3	
Estradiol Oral Tablet	0.5mg, 1mg, 2mg	Estrace	1	
Estradiol Transdermal Patch Twice Weekly	0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	Esclim , Vivelle , Estraderm	2	
Estradiol Transdermal Patch Weekly	0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr	Fempatch , Climara	2	
Estradiol Vaginal Cream	0.1mg/gm	Estrace	2	QL (42.500 in 30 Days)
Estradiol Vaginal Tablet	10mcg	Vagifem	2	
Estradiol Valerate Intramuscular Oil	10mg/ml, 20mg/ml, 40mg/ml	Delestrogen	2	
Estradiol-norethindrone Acet Oral Tablet	0.5-0.1mg, 1-0.5mg	Activella	2	
Jinteli Oral Tablet	1-5mg-mcg	Femhrt 1/5	2	
Oriahnn Oral Capsule Therapy Pack	300-1-0.5 & 300mg	Oriahnn	5	PA
Premarin Vaginal Cream	0.625mg/gm	Premarin	3	
Yuvafem Vaginal Tablet	10mcg	Vagifem	2	
<i>Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Hormona Sexual))</i>				
Lo_loestrin Fe Oral Tablet	1 mg-10 mcg /10 mcg	Lo Loestrin Fe	0	
<i>Progestins (Progestinas)</i>				
Medroxyprogesterone Acetate Oral Tablet	10mg, 2.5mg, 5mg	Amen , Cycrin	1	
Megestrol Acetate Oral Suspension	625mg/5ml	Megace ES	2	
Norethindrone Acetate Oral Tablet	5mg	Aygestin	1	
Progesterone Intramuscular Oil	50mg/ml	Eveready Progesterone	5	
Progesterone Micronized Transdermal Cream	10%	First-progesterone MC 10	2	
Progesterone Oral Capsule	100mg	Prometrium	2	
Progesterone Oral Capsule	200mg	Prometrium	1	
<i>Selective Estrogen Receptor Modifying Agents (Agentes Modificadores De Receptores Selectivos De Estrogeno)</i>				
Raloxifene HCl Oral Tablet	60mg	Evista	1	QL (30 in 30 Days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))				
<i>Hormonal Agents, Stimulant/replacement/modifying (thyroid) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))</i>				

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Armour Thyroid Oral Tablet	120mg, 15mg, 180mg, 240mg, 30mg, 300mg, 60mg, 90mg	Armour Thyroid	3	
Levothyroxine Sodium Oral Tablet	100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	Levothroid , Levo-t	1	
Liothyronine Sodium Oral Tablet	25mcg	Cytomel	2	QL (120 in 30 Days)
Liothyronine Sodium Oral Tablet	50mcg	Cytomel	2	QL (60 in 30 Days)
Liothyronine Sodium Oral Tablet	5mcg	Cytomel	2	QL (600 in 30 Days)
Np_thyroid Oral Tablet	120mg, 15mg, 30mg, 60mg, 90mg	Armour Thyroid	4	
Synthroid Oral Tablet	100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	Levothroid , Levo-t	3	
Thyroid Oral Tablet	120mg, 15mg, 30mg, 60mg, 90mg	Armour Thyroid	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) (Agentes Hormonales, Supresores (Adrenales))				
<i>Hormonal Agents, Suppressant (adrenal) (Agentes Hormonales, Supresores (Adrenales))</i>				
Lysodren Oral Tablet	500mg	Lysodren	5	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) (Agentes Hormonales, Supresores (Paratiroidales))				
<i>Hormonal Agents, Suppressant (parathyroid) (Agentes Hormonales, Supresores (Paratiroidales))</i>				
Calcitriol Oral Capsule	0.25mcg, 0.5mcg	Rocaltrol	1	
Calcitriol Oral Solution	1mcg/ml	Rocaltrol	2	
Doxercalciferol Oral Capsule	0.5mcg, 1mcg, 2.5mcg	Hectorol	2	
Paricalcitol Oral Capsule	1mcg, 2mcg, 4mcg	Zemplar	2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Agentes Hormonales, Supresores (Pituitaria))				
<i>Hormonal Agents, Suppressant (pituitary) (Agentes Hormonales, Supresores (Pituitaria))</i>				
Cabergoline Oral Tablet	0.5mg	Dostinex	2	
Jynarque Oral Tablet Therapy Pack	15mg, 30 & 15mg, 45 & 15mg, 60 & 30mg, 90 & 30mg	Jynarque	6	PA
Octreotide Acetate Injection Solution	100mcg/ml, 1000mcg/ml, 200mcg/ml, 50mcg/ml, 500mcg/ml	Sandostatin	5	PA
Octreotide Acetate Subcutaneous Solution Prefilled Syringe	100mcg/ml, 50mcg/ml, 500mcg/ml	Octreotide Acetate	5	PA
Somatuline Depot Subcutaneous Solution	120mg/0.5ml, 60mg/0.2ml, 90mg/0.3ml	Somatuline Depot	5	PA
Somavert Subcutaneous Solution Reconstituted	10mg, 15mg, 25mg, 30mg	Somavert	5	QL (30 in 30 Days), PA
Somavert Subcutaneous Solution Reconstituted	20mg	Somavert	5	PA
Supprelin LA Subcutaneous Kit	50mg	Supprelin LA	6	QL (1 in 1 Year), PA
Synarel Nasal Solution	2mg/ml	Synarel	5	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/ MODIFIERS) (Agentes Hormonales, Supresores (Hormonas sexuales / Modificadores))				
<i>Antiandrogens (Antiandrogenos)</i>				

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Abiraterone Acetate Oral Tablet	250mg	Zytiga	5	QL (120 in 30 Days), PA
Bicalutamide Oral Tablet	50mg	Casodex	1	
Erleada Oral Tablet	240mg, 60mg	Erleada	5	PA
Eulexin Oral Capsule	125mg	Eulexin	6	
Nilutamide Oral Tablet	150mg	Nilandron	5	QL (60 in 30 Days)
Orgovyx Oral Tablet	120mg	Orgovyx	6	QL (60 in 30 Days), PA
Orilissa Oral Tablet	150mg	Orilissa	5	QL (28 in 28 Days), PA
Orilissa Oral Tablet	200mg	Orilissa	5	QL (56 in 28 Days), PA
Xtandi Oral Capsule	40mg	Xtandi	5	PA
Xtandi Oral Tablet	40mg, 80mg	Xtandi	5	PA
Yonsa_oral Tablet	125mg	Yonsa	5	QL (120 in 30 Days), PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) (Agentes Hormonales, Supresores (Tiroide))				
<i>Antithyroid Agents (Agentes Antitiroideo)</i>				
Methimazole Oral Tablet	10mg, 5mg	Tapazole	1	
Propylthiouracil Oral Tablet	50mg	Propylthiouracil	2	
IMMUNOLOGICAL AGENTS (Agentes Inmunologicos)				
<i>Immune Suppressants (Supresores Inmunologicos)</i>				
Azathioprine Oral Tablet	50mg	Imuran	1	
Cyclosporine Modified Oral Capsule	100mg, 25mg, 50mg	Ne, Gengraf	5	
Cyclosporine Modified Oral Solution	100mg/ml	Ne	5	
Cyclosporine Oral Capsule	100mg, 25mg	Sandimmune	5	
Enspryng Subcutaneous Solution Prefilled Syringe	120mg/ml	Enspryng	5	PA
Everolimus Oral Tablet	0.25mg, 0.5mg, 0.75mg, 1mg	Zortress	5	PA
Methotrexate Sodium Oral Tablet	2.5mg	Methotrexate Sodium	1	
Mycophenolate Mofetil Oral Capsule	250mg	Cellcept	5	
Mycophenolate Mofetil Oral Suspension Reconstituted	200mg/ml	Cellcept	5	
Mycophenolate Mofetil Oral Tablet	500mg	Cellcept	5	
Mycophenolate Sodium Oral Tablet Delayed Release	180mg, 360mg	Myfortic	5	
Mycophenolic Acid Oral Tablet Delayed Release	180mg, 360mg	Myfortic	5	
Sirolimus Oral Solution	1mg/ml	Rapamune	5	
Sirolimus Oral Tablet	0.5mg, 1mg, 2mg	Rapamune	5	
Tacrolimus Oral Capsule	0.5mg, 1mg, 5mg	Prograf	5	
<i>Immunological Agents, Other (Agentes inmunológicos, otros)</i>				
Skyrizi Subcutaneous Solution Cartridge	180mg/1.2ml, 360mg/2.4ml	Skyrizi	5	PA
<i>Immunomodulators (Inmunomoduladores)</i>				
Adalimumab-adbm (2 Pen) Subcutaneous Auto-injector Kit	40mg/0.8ml	Cyltezo (2 Pen)	5	QL (4 in 28 Days), PA
Adalimumab-adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit	10mg/0.2ml, 20mg/0.4ml	Cyltezo (2 Syringe)	5	QL (2 in 28 Days), PA
Adalimumab-adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit	40mg/0.8ml	Cyltezo (2 Syringe)	5	QL (4 in 28 Days), PA
Adalimumab-adbm(cd/uc/hs Strt) Subcutaneous Auto-injector Kit	40mg/0.8ml	Cyltezo (2 Pen)	5	QL (4 in 28 Days), PA
Adalimumab-adbm(ps/uv Starter) Subcutaneous Auto-injector Kit	40mg/0.8ml	Cyltezo (2 Pen)	5	QL (4 in 28 Days), PA

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Amjevita Subcutaneous Solution Auto-injector	40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Amjevita	5	PA
Amjevita Subcutaneous Solution Prefilled Syringe	10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	Amjevita	5	PA
Amjevita-ped 10kg to <15kg Subcutaneous Solution Prefilled Syringe	10mg/0.2ml	Amjevita	5	PA
Amjevita-ped 15kg to <30kg Subcutaneous Solution Prefilled Syringe	10mg/0.2ml, 20mg/0.4ml	Amjevita	5	PA
Enbrel Mini Subcutaneous Solution Cartridge	50mg/ml	Enbrel Mini	5	QL (8 in 28 Days), PA
Enbrel Subcutaneous Solution	25mg/0.5ml	Enbrel	5	QL (8 in 28 Days), PA
Enbrel Subcutaneous Solution Prefilled Syringe	25mg/0.5ml, 50mg/ml	Enbrel	5	QL (8 in 28 Days), PA
Enbrel SureClick Subcutaneous Solution Auto-injector	50mg/ml	Enbrel SureClick	5	QL (8 in 28 Days), PA
Humira (2 Pen) Subcutaneous Pen-injector Kit	40mg/0.8ml	Humira Pen	5	QL (4 in 28 Days), PA
Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit	40mg/0.8ml	Humira	5	QL (4 in 28 Days), PA
Humira Pediatric Crohns Start Subcutaneous Prefilled Syringe Kit	80 mg/0.8ml & 40mg/0.4ml	Humira Pediatric Crohns Start	5	QL (2 in 28 Days), PA
Humira Pediatric Crohns Start Subcutaneous Prefilled Syringe Kit	80mg/0.8ml	Humira Pediatric Crohns Start	5	QL (3 in 28 Days), PA
Humira Pen Subcutaneous Pen-injector Kit	40mg/0.4ml	Humira Pen	5	QL (4 in 28 Days), PA
Humira Pen Subcutaneous Pen-injector Kit	80mg/0.8ml	Humira Pen-CD/UC/HS Starter	5	QL (3 in 28 Days), PA
Humira Pen-CD/UC/HS Starter Subcutaneous Pen-injector Kit	80mg/0.8ml	Humira Pen-CD/UC/HS Starter	5	QL (3 in 28 Days), PA
Humira Pen-Pediatric UC Start Subcutaneous Pen-injector Kit	80mg/0.8ml	Humira Pen-CD/UC/HS Starter	5	QL (3 in 28 Days), PA
Humira Pen-Psor/Uveit Starter Subcutaneous Pen-injector Kit	80 mg/0.8ml & 40mg/0.4ml	Humira Pen-Ps/UV/Adol HS Start	5	QL (3 in 28 Days), PA
Humira Subcutaneous Prefilled Syringe Kit	10mg/0.1ml, 20mg/0.2ml	Humira	5	QL (2 in 28 Days), PA
Humira Subcutaneous Prefilled Syringe Kit	40mg/0.4ml	Humira	5	QL (4 in 28 Days), PA
Leflunomide Oral Tablet	10mg	Arava	1	QL (30 in 30 Days)
Leflunomide Oral Tablet	20mg	Arava	2	QL (30 in 30 Days)
Methocarbamol Oral Tablet	500mg	Robaxin	1	
Ridaura Oral Capsule	3mg	Ridaura	3	
Rinvoq Oral Tablet Extended Release 24 Hour	15mg	Rinvoq	5	QL (30 in 30 Days), PA
Rinvoq Oral Tablet Extended Release 24 Hour	30mg, 45mg	Rinvoq	5	PA
INFLAMMATORY BOWEL DISEASE AGENTS (Agentes para el síndrome de intestino inflamado)				
<i>Aminosalicilates (Aminosalicilatos)</i>				
Balsalazide Disodium Oral Capsule	750mg	Colazal	1	
Mesalamine ER Oral Capsule Extended Release	500mg	Pentasa	2	
Mesalamine Oral Capsule Delayed Release	400mg	Delzicol	2	
Mesalamine Oral Tablet Delayed Release	1.2gm	Lialda	2	
Mesalamine Rectal Enema	4gm	Rowasa	2	
Mesalamine Rectal Suppository	1000mg	Canasa	2	
Mesalamine-cleanser Rectal Kit	4gm	Rowasa	2	

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Pentasa Oral Capsule Extended Release	250mg	Pentasa	3	
Glucocorticoids (Glucocorticoides)				
Hydrocort-pramoxine (Perianal) External Cream	2.5-1%	Analpram HC Rectal Cream 2.5-1 %	2	
Hydrocortisone (Perianal) External Cream	1%, 2.5%	Anusol-hc	2	
Hydrocortisone Ace-Pramoxine External Cream	1-1%	Proctocream-hc Rectal Cream 1-1 %	2	
Hydrocortisone Acetate Rectal Suppository	25mg	Anucort-hc	1	
Hydrocortisone Rectal Enema	100mg/60ml	Cortenema	2	
Lidocaine-hydrocort (Perianal) External Cream	3-0.5%	Anamantle HC	2	
Sulfonamides (Sulfonamidas)				
Sulfasalazine Oral Tablet	500mg	Azulfidine	1	
Sulfasalazine Oral Tablet Delayed Release	500mg	Azulfidine EN-tabs	1	
MEDICAL DEVICES (Equipo Medico)				
Needles & Syringes (Agujas Y Jeringuillas)				
Alcohol Pads Pad	70%	Bd Swab Single Use Regular Pad	2	
Bd_insulin Syringe U/F Misc	30g x 1/2"0.3 ml	Drug Emporium Insulin Syringe Miscellaneous 30G X 1/2" 0.3 ML	3	
Bd_pen Needle Mini U/F Misc	31g x 5 mm	Bd Pen Needle Mini U/F Miscellaneous 31G X	3	QL (100 in 30 Days)
Bd_pen Needle Nano U/F Misc	32g x 4 mm	Bd Pen Needle Nano U/F Miscellaneous 32G X 4 MM	3	QL (100 in 30 Days)
Bd_pen Needle Original U/F Misc	29g x 12.7mm	Bd U/F Original Pen Needle Miscellaneous 29G X 12.7MM	3	QL (100 in 30 Days)
METABOLIC BONE DISEASE AGENTS (Agentes Metabolicos Para Enfermedad Osea)				
Metabolic Bone Disease Agents (Agentes Metabolicos Para Enfermedad Osea)				
Alendronate Sodium Oral Solution	70mg/75ml	Fosamax	2	QL (300 in 30 Days)
Alendronate Sodium Oral Tablet	10mg	Fosamax	1	QL (30 in 30 Days)
Alendronate Sodium Oral Tablet	35mg, 70mg	Fosamax	1	QL (4 in 28 Days)
Alendronate Sodium Oral Tablet	5mg	Fosamax	1	
Calcitonin (Salmon) Injection Solution	200unit/ml	Calcimar	2	
Calcitonin (Salmon) Nasal Solution	200unit/act	Miacalcin	2	QL (4 in 28 Days)
Cinacalcet HCl Oral Tablet	30mg, 90mg	Sensipar	5	QL (120 in 30 Days), PA
Cinacalcet HCl Oral Tablet	60mg	Sensipar	5	QL (150 in 30 Days), PA
Ibandronate Sodium Oral Tablet	150mg	Boniva	2	QL (1 in 28 Days)
Risedronate Sodium Oral Tablet	150mg	Actonel	2	QL (1 in 28 Days), ST
Risedronate Sodium Oral Tablet	30mg, 5mg	Actonel	2	QL (30 in 30 Days), ST
Risedronate Sodium Oral Tablet	35mg	Actonel	2	QL (4 in 28 Days), ST
Risedronate Sodium Oral Tablet Delayed Release	35mg	Atelvia	2	QL (4 in 28 Days), ST

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Teriparatide (Recombinant) Subcutaneous Solution Pen-injector	600mcg/2.4ml	Forteo	5	QL (2.400 in 28 Days), PA
Teriparatide Subcutaneous Solution Pen-injector	600mcg/2.4ml	Forteo	5	QL (2.400 in 28 Days), PA
Tymlos Subcutaneous Solution Pen-injector	3120mcg/1.56ml	Tymlos	5	PA
OPHTHALMIC AGENTS (Agentes Oftalmicos)				
<i>Ophthalmic Agents, Other (Agentes Oftalmicos, Otros)</i>				
Altacaine Ophthalmic Solution	0.5%	Ak-t-caine	2	
Altafrin Ophthalmic Solution	10%, 2.5%	Altafrin	2	
Atropine Sulfate Ophthalmic Solution	1%	Atropine-care	2	
Bacitra-neomycin-polymyxin-hc Ophthalmic Ointment	1%	Ak-spore HC	2	
Bacitracin Ophthalmic Ointment	500unit/gm	Ak-tracin	2	
Bacitracin-polymyxin B Ophthalmic Ointment	500-10000unit/gm	Ak-poly-bac	2	
Ciprofloxacin HCl Ophthalmic Solution	0.3%	Ciloxan	2	
Cyclogyl Ophthalmic Solution	2%	Cyclogyl	4	
Cyclopentolate HCl Ophthalmic Solution	1%	Ak-pentolate	1	
Cyclosporine Ophthalmic Emulsion	0.05%	Restasis	2	QL (60 in 30 Days), PA
Cystaran Ophthalmic Solution	0.44%	Cystaran	5	QL (60 in 28 Days), PA
Erythromycin Ophthalmic Ointment	5mg/gm	Ilotycin	2	
Gatifloxacin Ophthalmic Solution	0.5%	Zymaxid	2	
Gentamicin Sulfate Ophthalmic Solution	0.3%	Garamycin	2	
Homatropaire Ophthalmic Solution	5%	Isopto Homatropine	4	
Moxifloxacin HCl Ophthalmic Solution	0.5%	Vigamox	2	
Natacyn Ophthalmic Suspension	5%	Natacyn	3	
Neomycin-bacitracin Zn-Polymyx Ophthalmic Ointment	3.5-400-10000, 5-400-10000	Ak-spore	2	
Neomycin-polymyxin-dexameth Ophthalmic Ointment	3.5-10000-0.1	Dexasporin	2	
Neomycin-polymyxin-dexameth Ophthalmic Suspension	3.5-10000-0.1	Ak-trol	2	
Neomycin-polymyxin-gramicidin Ophthalmic Solution	1.75-10000-.025	Ak-spore	2	
Ofloxacin Ophthalmic Solution	0.3%	Ocuflox	2	
Phospholine Iodide Ophthalmic Solution Reconstituted	0.125%	Phospholine Iodide	3	
Pilocarpine HCl Ophthalmic Solution	1%, 2%, 4%	Adorbocarpine	2	
Polymyxin B-Trimethoprim Ophthalmic Solution	10000-0.1unit/ml-%	Polytrim	2	
Proparacaine HCl Ophthalmic Solution	0.5%	Ak-taine	2	
Sulfacetamide Sodium Ophthalmic Solution	10%	Ak-sulf	1	
Sulfacetamide-prednisolone Ophthalmic Solution	10-0.23%	Sulfalone	2	
Tobradex Ophthalmic Ointment	0.3-0.1%	Tobradex	4	
Tobramycin Ophthalmic Solution	0.3%	Tobrex	1	
Tobramycin-dexamethasone Ophthalmic Suspension	0.3-0.1%	Tobradex	2	
Tobrex Ophthalmic Ointment	0.3%	Tobrex	4	
Trifluridine Ophthalmic Solution	1%	Viroptic	2	
Tropicamide Ophthalmic Solution	0.5%, 1%	Mydracil , Mydral	1	
Tyrvaya Nasal Solution	0.03mg/act	Tyrvaya	4	PA
<i>Ophthalmic Anti-allergy Agents (Agentes Antialergicos Oftalmicos)</i>				
Azelastine HCl Ophthalmic Solution	0.05%	Optivar	2	
Bepotastine Besilate Ophthalmic Solution	1.5%	Bepreve	2	
Cromolyn Sodium Ophthalmic Solution	4%	Opticrom	1	
Epinastine HCl Ophthalmic Solution	0.05%	Elestat	2	
Olopatadine HCl Ophthalmic Solution	0.1%, 0.2%	Patanol , Pataday	2	
<i>Ophthalmic Anti-inflammatories (Antiinflamatorios Oftalmicos)</i>				

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Bromfenac Sodium (Once-Daily) Ophthalmic Solution	0.09%	Bromday	2	
Dexamethasone Sodium Phosphate Ophthalmic Solution	0.1%	Ak-dex	2	
Diclofenac Sodium Ophthalmic Solution	0.1%	Voltaren	2	
Fluorometholone Ophthalmic Suspension	0.1%	Fml Liquifilm	2	
Flurbiprofen Sodium Ophthalmic Solution	0.03%	Ocufen	2	
Ilevro Ophthalmic Suspension	0.3%	Ilevro	4	QL (4 in 1 Year)
Ketorolac Tromethamine Ophthalmic Solution	0.4%	Acular LS	2	
Ketorolac Tromethamine Ophthalmic Solution	0.5%	Acular	1	
Loteprednol Etabonate Ophthalmic Gel	0.5%	Lotemax	2	
Loteprednol Etabonate Ophthalmic Suspension	0.5%	Lotemax	2	
Prednisolone Acetate Ophthalmic Suspension	1%	Econopred Plus	2	
Prednisolone Sodium Phosphate Ophthalmic Solution	1%	Ak-pred	2	
Ophthalmic Antiglaucoma Agents (Agentes Oftalmicos Contra La Glaucoma)				
Apraclonidine HCl Ophthalmic Solution	0.5%	Iopidine	2	
Betaxolol HCl Ophthalmic Solution	0.5%	Betoptic	2	
Brimonidine Tartrate Ophthalmic Solution	0.1%, 0.15%	Alphagan P	2	
Brimonidine Tartrate Ophthalmic Solution	0.2%	Alphagan	1	
Brimonidine Tartrate-Timolol Ophthalmic Solution	0.2-0.5%	Combigan	2	QL (10 in 25 Days)
Brinzolamide Ophthalmic Suspension	1%	Azopt	2	
Carteolol HCl Ophthalmic Solution	1%	Ocupress	1	
Dorzolamide HCl Ophthalmic Solution	2%	Trusopt	1	
Dorzolamide HCl-Timolol Mal Ophthalmic Solution	22.3-6.8mg/ml	Cosopt	1	
Iopidine Ophthalmic Solution	1%	Iopidine	4	
Levobunolol HCl Ophthalmic Solution	0.5%	Betagan	1	
Timolol Maleate Ophthalmic Gel Forming Solution	0.25%, 0.5%	Timoptic-xe	2	
Timolol Maleate Ophthalmic Solution	0.25%	Timoptic	1	
Timolol Maleate Ophthalmic Solution	0.5%	Timoptic	2	
Ophthalmic Prostaglandin And Prostanoid Analogs (Analogos De Prostanoida Y Prostaglandina Oftalmica)				
Latanoprost Ophthalmic Solution	0.005%	Xalatan	2	QL (2.500 in 20 Days)
Lumigan Ophthalmic Solution	0.01%	Lumigan	4	QL (2.500 in 25 Days)
Travoprost (BAK Free) Ophthalmic Solution	0.004%	Travatan Z	2	QL (2.500 in 25 Days), ST
OTIC AGENTS (Agentes Oticos)				
<i>Otic Agents (Agentes Oticos)</i>				
Acetic Acid Otic Solution	2%	Acetasol	2	
Ciprofloxacin-dexamethasone Otic Suspension	0.3-0.1%	Ciprodex	2	
Cortisporin-tc Otic Suspension	3.3-3-10-0.5mg/ml	Coly-mycin S	4	
Flac_otic Oil	0.01%	Derm	2	
Fluocinolone Acetonide Otic Oil	0.01%	Derm	2	
Hydrocortisone-acetic Acid Otic Solution	1-2%	Acetasol HC	2	
Neomycin-polymyxin-hc Otic Solution	3.5-10000-1	Ak-spore HC	2	
Neomycin-polymyxin-hc Otic Suspension	3.5-10000-1	Cortisporin	2	
Ofloxacin Otic Solution	0.3%	Floxin	2	
RESPIRATORY TRACT/PULMONARY AGENTS (Agentes Pulmonares Del Tracto Respiratorio)				
<i>Anti-inflammatories, Inhaled Corticosteroids (Antiinflamatorios, Corticosteroides Inhalados)</i>				
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated	220mcg/act	Asmanex (30 Metered Doses)	3	QL (1 in 30 Days)
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated	110mcg/act	Asmanex (30 Metered Doses)	3	QL (1 in 30 Days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated	220mcg/act	Asmanex (30 Metered Doses)	3	QL (1 in 30 Days)

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Asmanex HFA Inhalation Aerosol	100mcg/act, 200mcg/act, 50mcg/act	Asmanex HFA	3	QL (13 in 30 Days)
Budesonide Inhalation Suspension	0.25mg/2ml, 0.5mg/2ml	Pulmicort	2	QL (120 in 30 Days)
Budesonide Inhalation Suspension	1mg/2ml	Pulmicort	2	QL (60 in 30 Days)
Fluticasone Propionate HFA Inhalation Aerosol	110mcg/act	Flovent HFA	2	QL (12 in 30 Days), ST
Fluticasone Propionate HFA Inhalation Aerosol	220mcg/act	Flovent HFA	2	QL (24 in 30 Days), ST
Fluticasone Propionate HFA Inhalation Aerosol	44mcg/act	Flovent HFA	2	QL (10.600 in 30 Days), ST
Qvar_redihaler Inhalation Aerosol Breath Activated	40mcg/act	Qvar RediHaler	3	QL (10.600 in 30 Days)
Qvar_redihaler Inhalation Aerosol Breath Activated	80mcg/act	Qvar RediHaler	3	QL (21.200 in 30 Days)
<i>Antihistamines (Antihistaminicos)</i>				
Azelastine HCl Nasal Solution	0.1%	Astelin	1	QL (30 in 25 Days)
Azelastine HCl Nasal Solution	0.15%, 137mcg/spray	Astepro , Astelin	2	QL (30 in 25 Days)
Cetirizine HCl Oral Solution	1mg/ml	Zyrtec Childrens Allergy	1	QL (300 in 30 Days)
Clemastine Fumarate Oral Tablet	2.68mg	Tavist	1	
Cyproheptadine HCl Oral Syrup	2mg/5ml	Cyproheptadine HCl	1	
Cyproheptadine HCl Oral Tablet	4mg	Periactin	1	
Desloratadine Oral Tablet	5mg	Clarinx	1	QL (30 in 30 Days)
Desloratadine Oral Tablet Disintegrating	2.5mg, 5mg	Clarinx Reditabs	2	QL (30 in 30 Days)
Diphenhydramine HCl Injection Solution	50mg/ml	Bena-d 50	2	
Diphenhydramine HCl Oral Elixir	12.5mg/5ml	Allergia-c	2	
Levocetirizine Dihydrochloride Oral Solution	2.5mg/5ml	Xyzal	2	QL (300 in 30 Days)
Levocetirizine Dihydrochloride Oral Tablet	5mg	Xyzal	1	QL (30 in 30 Days)
Olopatadine HCl Nasal Solution	0.6%	Patanase	2	QL (30.500 in 30 Days)
<i>Antileukotrienes (Antileucotrienos)</i>				
Montelukast Sodium Oral Packet	4mg	Singulair	2	QL (30 in 30 Days)
Montelukast Sodium Oral Tablet	10mg	Singulair	1	QL (30 in 30 Days)
Montelukast Sodium Oral Tablet Chewable	4mg, 5mg	Singulair	1	QL (30 in 30 Days)
Zafirlukast Oral Tablet	10mg	Accolate	2	QL (60 in 30 Days)
Zafirlukast Oral Tablet	20mg	Accolate	1	QL (60 in 30 Days)
Zileuton ER Oral Tablet Extended Release 12 Hour	600mg	Zyflo CR	2	QL (120 in 30 Days)
<i>Bronchodilators, Anticholinergic (Broncodilatadores, Anticolinergicos)</i>				
Atrovent HFA Inhalation Aerosol Solution	17mcg/act	Atrovent HFA	4	QL (25.800 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ipratropium Bromide Inhalation Solution	0.02%	Atrovent	1	QL (312.500 in 30 Days)
<i>Bronchodilators, Phosphodiesterase Inhibitors (xanthines) (Broncodilatadores, Inhibidores de la Fosfodiesterasa (Xantinas))</i>				
Theophylline ER Oral Tablet Extended Release 12 Hour	100mg, 200mg, 300mg, 450mg	Theo-dur , T-phyl	2	
Theophylline ER Oral Tablet Extended Release 24 Hour	400mg	Uniphyll	1	
Theophylline ER Oral Tablet Extended Release 24 Hour	600mg	Uni-dur	2	
Theophylline Oral Elixir	80mg/15ml	Elixophyllin	2	
Theophylline Oral Solution	80mg/15ml	Theophylline	2	
<i>Bronchodilators, Sympathomimetic (Broncodilatadores, Simpatomimeticos)</i>				
Albuterol Sulfate HFA Inhalation Aerosol Solution	108 (90 base)mcg/act	Proventil HFA	2	QL (36 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	(2.5 mg/3ml)0.083%	Airet	1	QL (525 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	(5 mg/ml)0.5%	Proventil	2	QL (100 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	0.63mg/3ml, 1.25mg/3ml	Accuneb	2	QL (375 in 30 Days)
Albuterol Sulfate Oral Syrup	2mg/5ml	Proventil	1	
Albuterol Sulfate Oral Tablet	2mg, 4mg	Proventil	1	
Epinephrine Injection Solution Auto-injector	0.15mg/0.3ml, 0.3mg/0.3ml	Epipen Jr , Twinject	2	QL (2 in 1 Year)
Formoterol Fumarate Inhalation Nebulization Solution	20mcg/2ml	Perforomist	2	QL (120 in 30 Days)
Levalbuterol HCl Inhalation Nebulization Solution	0.31mg/3ml, 0.63mg/3ml	Xopenex	1	QL (540 in 30 Days)
Levalbuterol HCl Inhalation Nebulization Solution	1.25mg/0.5ml	Xopenex Concentrate	2	QL (45 in 30 Days)
Levalbuterol HCl Inhalation Nebulization Solution	1.25mg/3ml	Xopenex	1	QL (270 in 30 Days)
Serevent Diskus Inhalation Aerosol Powder Breath Activated	50mcg/act	Serevent Diskus	3	QL (60 in 30 Days)
Terbutaline Sulfate Injection Solution	1mg/ml	Brethine	2	
Terbutaline Sulfate Oral Tablet	2.5mg, 5mg	Brethine	1	
<i>Mast Cell Stabilizers (Estabilizadores de mastocitos)</i>				
Cromolyn Sodium Inhalation Nebulization Solution	20mg/2ml	Intal	2	QL (240 in 25 Days)
<i>Phosphodiesterase Inhibitors, Airways Disease (Inhibidores De fosfodiesterasa, Enfermedad de las vias respiratorias)</i>				
Breo_ellipta Inhalation Aerosol Powder Breath Activated	50-25mcg/inh	Breo Ellipta	3	QL (60 in 30 Days)
Roflumilast Oral Tablet	250mcg, 500mcg	Daliresp	2	QL (30 in 30 Days), PA
<i>Pulmonary Antihypertensives (Antihipertensivos Pulmonares)</i>				
Adempas Oral Tablet	0.5mg, 1mg, 1.5mg, 2mg, 2.5mg	Adempas	5	QL (90 in 30 Days), PA
Alyq_oral Tablet	20mg	Adcirca	5	QL (60 in 30 Days), PA
Ambrisentan Oral Tablet	10mg, 5mg	Letairis	5	QL (30 in 30 Days), PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Bosentan Oral Tablet	125mg, 62.5mg	Tracleer	5	QL (60 in 30 Days), PA
Opsumit Oral Tablet	10mg	Opsumit	5	QL (30 in 30 Days), PA
Sildenafil Citrate Oral Suspension Reconstituted	10mg/ml	Revatio	5	PA
Sildenafil Citrate Oral Tablet	20mg	Revatio	5	QL (90 in 30 Days), PA
Tadalafil (PAH) Oral Tablet	20mg	Adcirca	5	QL (60 in 30 Days), PA
Tracleer Oral Tablet Soluble	32mg	Tracleer	5	QL (60 in 30 Days), PA
Tyvaso DPI Maintenance Kit Inhalation Powder	16mcg, 32mcg, 48mcg, 64mcg	Tyvaso DPI Maintenance Kit	5	PA
Tyvaso DPI Titration Kit Inhalation Powder	112 x 16mcg & 84 x 32mcg, 16 & 32 & 48mcg	Tyvaso DPI Titration Kit	5	PA
Tyvaso Inhalation Solution	0.6mg/ml	Tyvaso	5	QL (87 in 30 Days), PA
Ventavis Inhalation Solution	10mcg/ml, 20mcg/ml	Ventavis	6	QL (270 in 30 Days), PA
<i>Respiratory Tract Agents, Other (Agentes del Tracto Respiratorio, Otros)</i>				
Acetylcysteine Inhalation Solution	10%, 20%	Mucomyst-10 , Mucomyst	2	
Anoro_ellipta Inhalation Aerosol Powder Breath Activated	62.5-25mcg/act	Anoro Ellipta	3	QL (60 in 30 Days)
Benzonatate Oral Capsule	100mg, 200mg	Tessalon Perles	1	
Breo_ellipta Inhalation Aerosol Powder Breath Activated	100-25mcg/act, 200-25mcg/act	Breo Ellipta	3	QL (60 in 30 Days)
Breyndra Inhalation Aerosol	160-4.5mcg/act, 80-4.5mcg/act	Symbicort	2	QL (10.300 in 30 Days)
Bromfed DM Oral Syrup	2-30-10mg/5ml	Bpm/pse DX	2	
Budesonide Nasal Suspension	32mcg/act	Rhinocort Aqua	2	QL (17.200 in 30 Days)
Budesonide-formoterol Fumarate Inhalation Aerosol	160-4.5mcg/act, 80-4.5mcg/act	Symbicort	2	QL (10.200 in 30 Days)
Combivent Respimat Inhalation Aerosol Solution	20-100mcg/act	Combivent Respimat	3	QL (8 in 30 Days)
Dulera Inhalation Aerosol	100-5mcg/act, 200-5mcg/act, 50-5mcg/act	Dulera	3	QL (13 in 30 Days)
Fasenra Pen Subcutaneous Solution Auto-injector	30mg/ml	Fasenra Pen	5	QL (1 in 56 Days), PA
Flunisolide Nasal Solution	25 mcg/act(0.025%)	Nasalide Nasal Solution 0.025 %	2	QL (50 in 30 Days), ST
Fluticasone Propionate Nasal Suspension	50mcg/act	Flonase	1	QL (16 in 30 Days)
Hydrocodone Bitartrate Extended Release	10-8mg/5ml	Tussionex Pennkinetic ER	2	
Hydrocodone Bitartrate MBr Oral Solution	5-1.5mg/5ml	Hycodan	2	
Hydrocodone Bitartrate MBr Oral Tablet	5-1.5mg	Hycodan	2	
Ipratropium Bromide Nasal Solution	0.03%	Atrovent	1	QL (60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ipratropium Bromide Nasal Solution	0.06%	Atrovent	1	QL (30 in 30 Days)
Ipratropium-albuterol Inhalation Solution	0.5-2.5 (3)mg/3ml	Duoneb	1	QL (540 in 30 Days)
Kalydeco Oral Packet	13.4mg, 25mg, 5.8mg, 50mg, 75mg	Kalydeco	5	PA
Kalydeco Oral Tablet	150mg	Kalydeco	5	PA
Nebusal Inhalation Nebulization Solution	6%	Nebusal	4	
Nucala Subcutaneous Solution Auto-injector	100mg/ml	Nucala	5	QL (3 in 28 Days), PA
Nucala Subcutaneous Solution Prefilled Syringe	100mg/ml	Nucala	5	QL (3 in 28 Days), PA
Nucala Subcutaneous Solution Prefilled Syringe	40mg/0.4ml	Nucala	5	QL (0.400 in 28 Days), PA
Ofev_oral Capsule	100mg, 150mg	Ofev	5	PA
Promethazine VC/Codeine Oral Syrup	6.25-5-10mg/5ml	M-phen	2	
Promethazine-codeine Oral Syrup	6.25-10mg/5ml	Phenergan/codeine	2	
Promethazine-dm Oral Syrup	6.25-15mg/5ml	Phenergan DM	2	
Pseudoeph-bromphen-dm Oral Syrup	30-2-10mg/5ml	Bpm/pse DX	2	
Pulmosal Inhalation Nebulization Solution	7%	Hypersal	2	
Pulmozyme Inhalation Solution	2.5mg/2.5ml	Pulmozyme	5	PA
Ribavirin Inhalation Solution Reconstituted	6gm	Virazole	5	
Sodium Chloride Inhalation Nebulization Solution	0.9%, 10%, 3%, 7%	Sodium Chloride , Nebusal , Hypersal	2	
Wixela Inhub Inhalation Aerosol Powder Breath Activated	100-50mcg/act, 250-50mcg/act, 500-50mcg/act	Advair Diskus	2	QL (60 in 30 Days)
SKELETAL MUSCLE RELAXANTS (Relajantes Musculares)				
<i>Skeletal Muscle Relaxants (Relajantes Musculares)</i>				
Carisoprodol Oral Tablet	250mg	Soma	2	
Carisoprodol Oral Tablet	350mg	Soma	1	
Chlorzoxazone Oral Tablet	375mg, 500mg, 750mg	Lorzone , Parafon Forte DSC	2	
Cyclobenzaprine HCl Oral Tablet	10mg, 5mg	Flexeril	1	
Metaxalone Oral Tablet	800mg	Skelaxin	1	
Methocarbamol Injection Solution	1000mg/10ml	Robaxin	2	
Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour	100mg	Norflex	1	
Orphenadrine Citrate Injection Solution	30mg/ml	Banflex	2	
SLEEP DISORDER AGENTS (Agentes Para Problemas De Sueño)				
<i>Gaba Receptor Modulators (Moduladores Receptores Gaba)</i>				
Estazolam Oral Tablet	1mg, 2mg	Prosom	2	QL (30 in 30 Days)
Eszopiclone Oral Tablet	1mg, 2mg, 3mg	Lunesta	1	QL (15 in 30 Days)
Midazolam HCl (PF) Injection Solution	10mg/2ml, 2mg/2ml, 5mg/ml	Midazolam HCl (PF)	2	
Midazolam HCl Injection Solution	10mg/10ml, 25mg/5ml, 50mg/10ml	Midazolam HCl	2	
Midazolam HCl Injection Solution	10mg/2ml, 2mg/2ml, 5mg/ml	Midazolam HCl , Versed	1	
Midazolam HCl Oral Syrup	2mg/ml	Versed	2	
Temazepam Oral Capsule	15mg, 30mg	Restoril	1	QL (30 in 30 Days)
Temazepam Oral Capsule	22.5mg	Restoril	2	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Temazepam Oral Capsule	7.5mg	Restoril	2	QL (120 in 30 Days)
Zaleplon Oral Capsule	10mg, 5mg	Sonata	1	QL (15 in 30 Days)
Zolpidem Tartrate Oral Tablet	10mg, 5mg	Ambien	1	QL (30 in 30 Days)
<i>Sleep Disorders, Other (Problemas De Sueño, Otros)</i>				
Armodafinil Oral Tablet	150mg, 200mg	Nuvigil	2	QL (30 in 30 Days), PA
Armodafinil Oral Tablet	250mg	Nuvigil	1	QL (30 in 30 Days), PA
Armodafinil Oral Tablet	50mg	Nuvigil	2	QL (60 in 30 Days), PA
Doxepin HCl Oral Tablet	3mg, 6mg	Silenor	2	
Hetlioz LQ Oral Suspension	4mg/ml	Hetlioz LQ	6	QL (150 in 30 Days), PA
Modafinil Oral Tablet	100mg, 200mg	Provigil	2	QL (30 in 30 Days), PA
Tasimelteon Oral Capsule	20mg	Hetlioz	5	QL (30 in 30 Days), PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES (Nutrientes Terapeuticos / Minerales / Electrolitos)				
<i>Electrolyte/mineral Modifiers (Electroliticos / Modificadores Minerales)</i>				
Chemet Oral Capsule	100mg	Chemet	3	
Deferasirox Oral Tablet	360mg, 90mg	Jadenu	5	PA
Deferasirox Oral Tablet Soluble	125mg, 250mg, 500mg	Exjade	5	PA
Deferiprone Oral Tablet	1000mg, 500mg	Ferriprox	5	PA
Ferriprox Twice-A-Day Oral Tablet	1000mg	Ferriprox Twice-A-Day	5	PA
Jynarque Oral Tablet	15mg, 30mg	Samsca	6	PA
Penicillamine Oral Capsule	250mg	Cuprimine	5	PA
Penicillamine Oral Tablet	250mg	Depen Titratabs	2	
Sodium Polystyrene Sulfonate Oral Powder		Kayexalate	1	
Sps_oral Suspension	15gm/60ml	Sps	4	
Tolvaptan Oral Tablet	15mg	Samsca	5	QL (30 in 1 Lft), PA
Tolvaptan Oral Tablet	30mg	Samsca	5	QL (60 in 1 Lft), PA
Trientine HCl Oral Capsule	250mg, 500mg	Syprine , Trientine HCl	5	
<i>Electrolyte/mineral Replacement (Electroliticos / Reemplazo De Minerales)</i>				
Cytra_k Crystals Oral Packet	3300-1002mg	Polycitra-k	4	
Infed_injection Solution	50mg/ml	Infed	3	PA
Pot_&_Sod Cit-Cit Ac Oral Solution	550-500-334mg/5ml	Polycitra-lc	2	
Potassium Chloride Crys ER Oral Tablet Extended Release	10meq, 20meq	K-dur	2	
Potassium Chloride ER Oral Capsule Extended Release	10meq, 8meq	Micro-k	2	
Potassium Chloride Granules		Potassium Chloride Granules	2	
Potassium Citrate ER Oral Tablet Extended Release	10 meq(1080 mg), 5 meq(540 mg)	Urocit-k 10 , Urocit-k 5	2	
Potassium Citrate ER Oral Tablet Extended Release	15 meq(1620 mg)	Urocit-k 15	1	
Ringers Irrigation Irrigation Solution		Tis-u-sol	2	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Sod_citrate-citric Acid Oral Solution	1.5-1gm/15ml, 3-2gm/30ml	Bicitra	2	
Sod_citrate-citric Acid Oral Solution	500-334mg/5ml	Bicitra	1	
VASOPRESSORS (Vasopresores)				
<i>Vasopressors (Vasopresores)</i>				
Epinephrine Injection Solution Prefilled Syringe	1mg/10ml	Epinephrine	2	QL (20 in 1 Year)
Epinephrine PF Injection Solution	1mg/ml	Epinephrine PF	2	QL (2 in 1 Year)

MEDICAL COMPONENT (COMPONENTE MEDICO)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
MEDICAL COMPONENT (Componente Medico)			
<i>Intravenous Chemotherapies (Quimioterapias Intravenosas)</i>			
Abraxane Intravenous Suspension Reconstituted	100mg	Abraxane	PA
Adcetris Intravenous Solution Reconstituted	50mg	Adcetris	PA
Adriamycin Intravenous Solution Reconstituted	50mg	Adriamycin RDF	
Alferon N Injection Solution	5000000unit/ml	Alferon N	PA
Aliqopa Intravenous Solution Reconstituted	60mg	Aliqopa	PA
Alymsys Intravenous Solution	100mg/4ml, 400mg/16ml	Alymsys	PA
Arsenic Trioxide Intravenous Solution	10mg/10ml, 12mg/6ml	Trisenox	PA
Asparlas Intravenous Solution	3750unit/5ml	Asparlas	PA
Avastin Intravenous Solution	100mg/4ml, 400mg/16ml	Avastin	ST
Azacitidine Injection Suspension Reconstituted	100mg	Vidaza Subcutaneous Suspension Reconstituted 100 MG	
Bavencio Intravenous Solution	200mg/10ml	Bavencio	PA
Beleodaq Intravenous Solution Reconstituted	500mg	Beleodaq	PA
Bendamustine HCl Intravenous Solution Reconstituted	100mg, 25mg	Treanda	PA
Besponsa Intravenous Solution Reconstituted	0.9mg	Besponsa	PA
Bleomycin Sulfate Injection Solution Reconstituted	15unit, 30unit	Blenoxane	
Blinicyto Intravenous Solution Reconstituted	35mcg	Blinicyto	PA
Bortezomib Injection Solution Reconstituted	1mg, 2.5mg, 3.5mg	Bortezomib	PA
Bortezomib Intravenous Solution	3.5mg/1.4ml	Bortezomib	PA
Bortezomib Intravenous Solution Reconstituted	3.5mg	Bortezomib	PA
Busulfan Intravenous Solution	6mg/ml	Busulfex	PA
Capecitabine Oral Tablet	150mg, 500mg	Xeloda	PA
Carboplatin Intravenous Solution	150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	Paraplatin	
Carmustine Intravenous Solution Reconstituted	100mg, 300mg, 50mg	Bicnu , Carmustine	PA
Cisplatin Intravenous Solution	100mg/100ml, 200mg/200ml, 50mg/50ml	Platinol AQ , Cisplatin	
Cladribine Intravenous Solution	10mg/10ml	Leustatin	
Clofarabine Intravenous Solution	1mg/ml	Clolar	PA
Cyclophosphamide Injection Solution Reconstituted	1gm, 2gm, 500mg	Cytoxan	
Cyclophosphamide Intravenous Solution	1gm/5ml, 2gm/10ml, 500mg/2.5ml, 500mg/ml	Cyclophosphamide	
Cyramza Intravenous Solution	100mg/10ml, 500mg/50ml	Cyramza	PA
Cytarabine (PF) Injection Solution	100mg/ml, 20mg/ml	Cytarabine (PF)	
Cytarabine Injection Solution	20mg/ml	Cytarabine	
Dacarbazine Intravenous Solution Reconstituted	100mg, 200mg	Dacarbazine , Dtic-dome	
Dactinomycin Intravenous Solution Reconstituted	0.5mg	Cosmegen	PA
Darzalex Intravenous Solution	100mg/5ml, 400mg/20ml	Darzalex	PA
Daunorubicin HCl Intravenous Solution	20mg/4ml, 50mg/10ml	Daunorubicin HCl	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Decitabine Intravenous Solution Reconstituted	50mg	Dacogen	
Dexrazoxane HCl Intravenous Solution Reconstituted	250mg, 500mg	Zinecard	PA
Dexrazoxane Intravenous Solution Reconstituted	250mg	Zinecard	PA
Docetaxel Intravenous Concentrate	160mg/8ml, 20mg/ml, 80mg/4ml	Docetaxel , Taxotere	
Docetaxel Intravenous Solution	160mg/16ml, 20mg/2ml, 80mg/8ml	Docetaxel	
Doxorubicin HCl Intravenous Solution	2mg/ml	Adriamycin PFS	
Doxorubicin HCl Intravenous Solution Reconstituted	10mg, 50mg	Adriamycin RDF	
Doxorubicin HCl Liposomal Intravenous Injectable	2mg/ml	Doxil	
Eligard Subcutaneous Kit	22.5mg, 30mg, 45mg, 7.5mg	Eligard	PA
Elitek Intravenous Solution Reconstituted	1.5mg, 7.5mg	Elitek	PA
Ellence Intravenous Solution	200mg/100ml, 50mg/25ml	Ellence	
Elzonris Intravenous Solution	1000mcg/ml	Elzonris	PA
Empliciti Intravenous Solution Reconstituted	300mg, 400mg	Empliciti	PA
Enhertu Intravenous Solution Reconstituted	100mg	Enhertu	PA
Erbitux Intravenous Solution	100mg/50ml, 200mg/100ml	Erbitux	PA
Ethyol Intravenous Solution Reconstituted	500mg	Ethyol	PA
Etopophos Intravenous Solution Reconstituted	100mg	Etopophos	PA
Etoposide Intravenous Solution	1gm/50ml, 100mg/5ml, 500mg/25ml	Toposar	
Firmagon (240 MG Dose) Subcutaneous Solution Reconstituted	120mg/vial	Firmagon	PA
Firmagon Subcutaneous Solution Reconstituted	80mg	Firmagon	PA
Floxuridine Injection Solution Reconstituted	0.5gm	Fudr	
Fludarabine Phosphate Intravenous Solution	25mg/ml, 50mg/2ml	Fludarabine Phosphate	
Fludarabine Phosphate Intravenous Solution Reconstituted	50mg	Fludara	
Fluorouracil Intravenous Solution	1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Fluorouracil , Adrucil	
Folotylin Intravenous Solution	20mg/ml, 40mg/2ml	Folotylin	PA
Fulvestrant Intramuscular Solution Prefilled Syringe	250mg/5ml	Faslodex	PA
Gazyva Intravenous Solution	1000mg/40ml	Gazyva	PA
Gemcitabine HCl Intravenous Solution	1gm/26.3ml, 1.5gm/15ml, 2gm/52.6ml, 200mg/5.26ml	Gemcitabine HCl	
Gemcitabine HCl Intravenous Solution Reconstituted	1gm, 2gm, 200mg	Gemzar , Gemcitabine HCl	
Gliadel Wafer Implant Wafer	7.7mg	Gliadel	PA
Halaven Intravenous Solution	1mg/2ml	Halaven	PA
Herceptin Intravenous Solution Reconstituted	150mg	Herceptin	ST
Herzuma Intravenous Solution Reconstituted	150mg, 420mg	Herzuma	PA
Idarubicin HCl Intravenous Solution	10mg/10ml, 20mg/20ml, 5mg/5ml	Idamycin PFS	
Ifex_intravenous Solution Reconstituted	3gm	Ifex	PA
Ifosfamide Intravenous Solution	1gm/20ml, 3gm/60ml	Ifosfamide	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Ifosfamide Intravenous Solution Reconstituted	1gm, 3gm	Ifex	
Imfinzi Intravenous Solution	120mg/2.4ml, 500mg/10ml	Imfinzi	PA
Irinotecan HCl Intravenous Solution	100mg/5ml, 300mg/15ml, 40mg/2ml, 500mg/25ml	Camptosar , Irinotecan HCl	
Ixempra Kit Intravenous Solution Reconstituted	15mg, 45mg	Ixempra Kit	PA
Jemperli Intravenous Solution	500mg/10ml	Jemperli	PA
Jevtana Intravenous Solution	60mg/1.5ml	Jevtana	PA
Kadcyla Intravenous Solution Reconstituted	100mg, 160mg	Kadcyla	PA
Kanjinti Intravenous Solution Reconstituted	150mg, 420mg	Kanjinti	PA
Kepivance Intravenous Solution Reconstituted	5.16mg	Kepivance	PA
Keytruda Intravenous Solution	100mg/4ml	Keytruda	PA
Kimmtrak Intravenous Solution	100mcg/0.5ml	Kimmtrak	PA
Kyprolis Intravenous Solution Reconstituted	10mg, 30mg, 60mg	Kyprolis	PA
Leucovorin Calcium Injection Solution	100mg/10ml, 500mg/50ml	Leucovorin Calcium	
Leucovorin Calcium Injection Solution Reconstituted	100mg, 200mg, 350mg, 50mg, 500mg	Wellcovorin Calcium , Leucovorin Calcium	
Leuprolide Acetate (3 Month) Intramuscular Injectable	22.5mg	Leuprolide Acetate (3 Month)	PA
Leuprolide Acetate Injection Kit	1mg/0.2ml	Lupron	
Levoleucovorin Calcium Intravenous Solution Reconstituted	50mg	Fusilev	PA
Levoleucovorin Calcium PF Intravenous Solution	175mg/17.5ml, 250mg/25ml	Levoleucovorin Calcium PF	
Levulan Kerastick External Solution Reconstituted	20%	Levulan Kerastick	PA
Libtayo Intravenous Solution	350mg/7ml	Libtayo	PA
Lupron Depot (1-Month) Intramuscular Kit	3.75mg	Lupron Depot (1-Month)	QL (1 in 30 Days), PA
Lupron Depot (1-Month) Intramuscular Kit	7.5mg	Lupron Depot (1-Month)	PA, ST
Lupron Depot (3-Month) Intramuscular Kit	11.25mg	Lupron Depot (3-Month)	QL (1 in 90 Days), PA
Lupron Depot (3-Month) Intramuscular Kit	22.5mg	Lupron Depot (3-Month)	PA, ST
Lupron Depot (4-Month) Intramuscular Kit	30mg	Lupron Depot (4-Month)	PA, ST
Lupron Depot (6-Month) Intramuscular Kit	45mg	Lupron Depot (6-Month)	PA, ST
Melphalan HCl Intravenous Solution Reconstituted	50mg	Alkeran	PA
Mesna_intravenous Solution	100mg/ml	Mesnex	
Methotrexate Sodium Injection Solution Reconstituted	1gm	Methotrexate Sodium	
Mitomycin Intravenous Solution Reconstituted	20mg, 40mg, 5mg	Mutamycin	PA
Mitoxantrone HCl Intravenous Concentrate	20mg/10ml, 25mg/12.5ml, 30mg/15ml	Novantrone	PA
Monjuvi Intravenous Solution Reconstituted	200mg	Monjuvi	PA
Mvasi_intravenous Solution	100mg/4ml, 400mg/16ml	Mvasi	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Mylotarg Intravenous Solution Reconstituted	4.5mg	Mylotarg	PA
Nelarabine Intravenous Solution	5mg/ml	Arranon	PA
Nipent Intravenous Solution Reconstituted	10mg	Nipent	PA
Ogivri Intravenous Solution Reconstituted	150mg, 420mg	Ogivri	PA
Oncaspar Injection Solution	750unit/ml	Oncaspar	PA
Onivyde Intravenous Injectable	43mg/10ml	Onivyde	PA
Ontruzant Intravenous Solution Reconstituted	150mg, 420mg	Ontruzant	PA
Opdivo Intravenous Solution	100mg/10ml, 120mg/12ml, 240mg/24ml, 40mg/4ml	Opdivo	PA
Oxaliplatin Intravenous Solution	100mg/20ml, 200mg/40ml, 50mg/10ml	Eloxatin	
Oxaliplatin Intravenous Solution Reconstituted	100mg, 50mg	Eloxatin	
Paclitaxel Intravenous Concentrate	100mg/16.7ml, 150mg/25ml, 30mg/5ml, 300mg/50ml	Taxol , Onxol	
Paclitaxel Protein-Bound Part Intravenous Suspension Reconstituted	100mg	Abraxane	PA
Padcev Intravenous Solution Reconstituted	20mg, 30mg	Padcev	PA
Pemetrexed Disodium Intravenous Solution	1gm/40ml, 100mg/4ml, 500mg/20ml, 850mg/34ml	Pemetrexed Disodium	PA
Pemetrexed Disodium Intravenous Solution Reconstituted	100mg, 1000mg, 500mg, 750mg	Alimta , Pemetrexed Disodium	PA
Pemetrexed Intravenous Solution	1gm/40ml, 100mg/4ml, 500mg/20ml	Pemetrexed , Pemfexy	PA
Pemfexy Intravenous Solution	500mg/20ml	Pemfexy	PA
Perjeta Intravenous Solution	420mg/14ml	Perjeta	PA
Photofrin Intravenous Solution Reconstituted	75mg	Photofrin	
Polivy Intravenous Solution Reconstituted	140mg, 30mg	Polivy	PA
Portrazza Intravenous Solution	800mg/50ml	Portrazza	PA
Poteligeo Intravenous Solution	20mg/5ml	Poteligeo	PA
Pralatrexate Intravenous Solution	20mg/ml, 40mg/2ml	Folotyng	PA
Proleukin Intravenous Solution Reconstituted	22000000unit	Proleukin	PA
Riabni Intravenous Solution	100mg/10ml, 500mg/50ml	Riabni	PA
Rituxan Intravenous Solution	100mg/10ml, 500mg/50ml	Rituxan	ST
Romidepsin Intravenous Solution	27.5mg/5.5ml	Romidepsin	PA
Romidepsin Intravenous Solution Reconstituted	10mg	Istodax	PA
Ruxience Intravenous Solution	100mg/10ml, 500mg/50ml	Ruxience	PA
Rybrevent Intravenous Solution	350mg/7ml	Rybrevent	PA
Rylaze Intramuscular Solution	10mg/0.5ml	Rylaze	PA
Sarclisa Intravenous Solution	100mg/5ml, 500mg/25ml	Sarclisa	PA
Tecentriq Intravenous Solution	1200mg/20ml, 840mg/14ml	Tecentriq	PA
Temodar Intravenous Solution Reconstituted	100mg	Temodar	PA
Temsirolimus Intravenous Solution	25mg/ml	Torisel	PA
Thiotepa Injection Solution Reconstituted	15mg	Thioplex	
Tice_bcg Intravesical Suspension Reconstituted	50mg	Tice BCG	PA
Topotecan HCl Intravenous Solution	4mg/4ml	Topotecan HCl	PA
Topotecan HCl Intravenous Solution Reconstituted	4mg	Hycamtin	PA

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Trazimera Intravenous Solution Reconstituted	150mg, 420mg	Trazimera	PA
Trodelvy Intravenous Solution Reconstituted	180mg	Trodelvy	PA
Truxima Intravenous Solution	100mg/10ml, 500mg/50ml	Truxima	PA
Valrubicin Intravesical Solution	40mg/ml	Valstar	PA
Vectibix Intravenous Solution	100mg/5ml, 400mg/20ml	Vectibix	PA
Vegzelma Intravenous Solution	100mg/4ml, 400mg/16ml	Vegzelma	PA
Vinblastine Sulfate Intravenous Solution	1mg/ml	Vinblastine Sulfate	PA
Vincristine Sulfate Intravenous Solution	1mg/ml	Oncovin	
Vinorelbine Tartrate Intravenous Solution	10mg/ml, 50mg/5ml	Navelbine	PA
Voraxaze Intravenous Solution Reconstituted	1000unit	Voraxaze	PA
Yervoy Intravenous Solution	200mg/40ml, 50mg/10ml	Yervoy	PA
Yondelis Intravenous Solution Reconstituted	1mg	Yondelis	PA
Zaltrap Intravenous Solution	100mg/4ml, 200mg/8ml	Zaltrap	PA
Zanosar Intravenous Solution Reconstituted	1gm	Zanosar	PA
Zepzelca Intravenous Solution Reconstituted	4mg	Zepzelca	PA
Zevalin Y-90 Intravenous Kit	3.2mg/2ml	Zevalin Y-90	PA
Zirabev Intravenous Solution	100mg/4ml, 400mg/16ml	Zirabev	PA
Zoladex Subcutaneous Implant	10.8mg, 3.6mg	Zoladex	PA, ST
Zynlonta Intravenous Solution Reconstituted	10mg	Zynlonta	PA
<i>Intravenous Medications (Medicamentos Intravenosos)</i>			
Acetylcysteine Intravenous Solution	200mg/ml	Acetadote	
Actemra Intravenous Solution	200mg/10ml, 400mg/20ml, 80mg/4ml	Actemra	PA, ST
Acthar Injection Gel	80unit/ml	Acthar HP	PA
Akynzeo (Ready-to-Use) Intravenous Solution	235-0.25mg/20ml	Akynzeo (To-be-Diluted)	PA
Akynzeo Intravenous Solution	235-0.25mg/20ml	Akynzeo	PA
Akynzeo Intravenous Solution Reconstituted	235-0.25mg	Akynzeo	PA
Aldurazyme Intravenous Solution	2.9mg/5ml	Aldurazyme	PA
Amikacin Sulfate Injection Solution	1gm/4ml, 500mg/2ml	Amikin , Amikacin Sulfate	PA
Aminophylline Intravenous Solution	25mg/ml	Aminophylline	
Ampicillin-sulbactam Sodium Injection Solution Reconstituted	1.5 (1-0.5)gm, 3 (2-1)gm	Unasyn	PA
Ampicillin-sulbactam Sodium Intravenous Solution Reconstituted	15 (10-5)gm	Unasyn Injection Solution Reconstituted 15 (10-5) GM	PA
Atracurium Besylate Intravenous Solution	50mg/5ml	Atracurium Besylate	
Avsola Intravenous Solution Reconstituted	100mg	Avsola	PA
Azithromycin Intravenous Solution Reconstituted	500mg	Zithromax	PA
Bd_ heparin PosiFlush Intravenous Solution	10unit/ml, 100unit/ml	Hep-lock , Hep-lock Flush	
Benlysta Intravenous Solution Reconstituted	120mg, 400mg	Benlysta	PA
Beovu_intravitreal Solution Prefilled Syringe	6mg/0.05ml	Beovu	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Beyfortus Intramuscular Solution Prefilled Syringe	100mg/ml, 50mg/0.5ml	Beyfortus	
Botox_injection Solution Reconstituted	100unit, 200unit	Botox	PA
Byooviz Intravitreal Solution	0.5mg/0.05ml	Byooviz	PA
Cabenuva Intramuscular Suspension Extended Release	400 & 600mg/2ml, 600 & 900mg/3ml	Cabenuva	PA
Calcitriol Intravenous Solution	1mcg/ml	Calcijex	
Caspofungin Acetate Intravenous Solution Reconstituted	50mg, 70mg	Cancidas	PA
Cefazolin Sodium Intravenous Solution Reconstituted	1gm	Kefzol	PA
Cefazolin Sodium-Dextrose Intravenous Solution	1-4gm/50ml-%	Cefazolin Sodium-Dextrose	PA
Cefazolin Sodium-Dextrose Intravenous Solution Reconstituted	1-4gm-%(50ml), 2-3gm-%(50ml)	Cefazolin Sodium-Dextrose	PA
Cefepime HCl Intravenous Solution	1gm/50ml, 2gm/100ml	Cefepime HCl	PA
Cefepime HCl Intravenous Solution Reconstituted	2gm	Maxipime	PA
Cefepime-dextrose Intravenous Solution Reconstituted	1-5gm-%(50ml), 2-5gm-%(50ml)	Cefepime-dextrose	PA
Ceftazidime Injection Solution Reconstituted	1gm, 6gm	Ceptaz , Fortaz	PA
Ceftazidime Intravenous Solution Reconstituted	2gm	Tazicef Injection Solution Reconstituted 2 GM	PA
Ceftriaxone Sodium Intravenous Solution Reconstituted	1gm, 10gm, 2gm	Rocephin	PA
Ceftriaxone Sodium in Dextrose Intravenous Solution	20mg/ml, 40mg/ml	Rocephin in Dextrose	PA
Ceftriaxone Sodium-Dextrose Intravenous Solution Reconstituted	1-3.74gm-%(50ml), 2-2.22gm-%(50ml)	Ceftriaxone Sodium-Dextrose	PA
Ceprotin Intravenous Solution Reconstituted	1000unit, 500unit	Ceprotin	PA
Chlorothiazide Sodium Intravenous Solution Reconstituted	500mg	Diuril IV	
Cimerli Intravitreal Solution	0.3mg/0.05ml, 0.5mg/0.05ml	Cimerli	PA
Cinryze Intravenous Solution Reconstituted	500unit	Cinryze	PA
Ciprofloxacin in D5W Intravenous Solution	200mg/100ml, 400mg/200ml	Cipro in D5W	PA
Cisatracurium Besylate (PF) Intravenous Solution	10mg/5ml, 200mg/20ml	Nimbex	
Cosentyx Intravenous Solution	125mg/5ml	Cosentyx	PA
Crysvita Subcutaneous Solution	10mg/ml, 20mg/ml, 30mg/ml	Crysvita	PA
Cytogam Intravenous Injectable	50mg/ml	Cytogam	PA
Dantrolene Sodium Intravenous Solution Reconstituted	20mg	Dantrium	
Daptomycin Intravenous Solution Reconstituted	350mg, 500mg	Daptomycin , Cubicin	PA
Daptomycin-sodium Chloride Intravenous Solution	1000-0.9mg/100ml-%, 350-0.9mg/50ml-%, 500-0.9mg/50ml-%, 700-0.9mg/100ml-%	Daptomycin-sodium Chloride	
Deferoxamine Mesylate Injection Solution Reconstituted	2gm, 500mg	Desferal	
Diltiazem HCl Intravenous Solution	125mg/25ml, 25mg/5ml, 50mg/10ml	Diltiazem HCl	
Doxercalciferol Intravenous Solution	4mcg/2ml	Hectorol	
Dysport Intramuscular Solution Reconstituted	300unit, 500unit	Dysport	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Entyvio Intravenous Solution Reconstituted	300mg	Entyvio	PA, ST
Epoprostenol Sodium Intravenous Solution Reconstituted	0.5mg, 1.5mg	Flolan	PA
Ertapenem Sodium Injection Solution Reconstituted	1gm	Invanz	PA
Esomeprazole Sodium Intravenous Solution Reconstituted	40mg	Nexium I.V.	
Euflexxa Intra-articular Solution Prefilled Syringe	20mg/2ml	Euflexxa	PA, ST
Evenity Subcutaneous Solution Prefilled Syringe	105mg/1.17ml	Evenity	PA
Evkeeza Intravenous Solution	1200mg/8ml, 345mg/2.3ml	Evkeeza	PA
Eylea_hd Intravitreal Solution	8mg/0.07ml	Eylea HD	PA
Eylea_intravitreal Solution	2mg/0.05ml	Eylea Intraocular Solution 2 MG/0.05ML	PA
Eylea_intravitreal Solution Prefilled Syringe	2mg/0.05ml	Eylea	PA
Fasenra Subcutaneous Solution Prefilled Syringe	30mg/ml	Fasenra	PA
Fluconazole in Sodium Chloride Intravenous Solution	100-0.9mg/50ml-%, 200-0.9mg/100ml-%, 400-0.9mg/200ml-%	Fluconazole in Sodium Chloride , Diflucan in Sodium Chloride	
Flumazenil Intravenous Solution	0.5mg/5ml, 1mg/10ml	Romazicon	
Fomepizole Intravenous Solution	1.5gm/1.5ml	Antizol	
Gamifant Intravenous Solution	10mg/2ml, 100mg/20ml, 50mg/10ml	Gamifant	PA
Gentamicin in Saline Intravenous Solution	0.8-0.9mg/ml-%, 1-0.9mg/ml-%, 1.2-0.9mg/ml-%, 1.6-0.9mg/ml-%, 2-0.9mg/ml-%	Gentamicin in Saline	PA
Glassia Intravenous Solution	1000mg/50ml	Glassia	PA
Granisetron HCl Intravenous Solution	1mg/ml, 4mg/4ml	Kytril	
Heparin Na (Pork) Lock Flsh PF Intravenous Solution	10unit/ml, 100unit/ml	Bd Heparin PosiFlush	
Heparin Sod (Pork) Lock Flush Intravenous Solution	10unit/ml, 100unit/ml	Hep-lock , Hep-lock Flush	
Hyperrho S/D Intramuscular Solution Prefilled Syringe	1500unit, 250unit	Hyperrho S/D	PA
Ibandronate Sodium Intravenous Solution	3mg/3ml	Boniva	
Iluvien Intravitreal Implant	0.19mg	Iluvien Intraocular Implant 0.19 MG	PA
Imipenem-cilastatin Intravenous Solution Reconstituted	250mg, 500mg	Primaxin IV	PA
Inflectra Intravenous Solution Reconstituted	100mg	Inflectra	PA
Infliximab Intravenous Solution Reconstituted	100mg	Remicade	PA
Kanuma Intravenous Solution	20mg/10ml	Kanuma	PA
Kcl_(0.149%) in NaCl Intravenous Solution	20-0.45meq/l-%, 20-0.9meq/l-%	Kcl_(0.149%) in NaCl	
Kcl_(0.298%) in NaCl Intravenous Solution	40-0.9meq/l-%	Kcl_(0.298%) in NaCl	
Krystexxa Intravenous Solution	8mg/ml	Krystexxa	PA
Lemtrada Intravenous Solution	12mg/1.2ml	Lemtrada	PA
Leukine Injection Solution Reconstituted	250mcg	Leukine Intravenous Solution Reconstituted 250 MCG	PA
Levetiracetam Intravenous Solution	500mg/5ml	Keppra	
Levofloxacin Intravenous Solution	25mg/ml	Levaquin	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Levofloxacin in D5W Intravenous Solution	250mg/50ml, 500mg/100ml, 750mg/150ml	Levaquin	PA
Linezolid Intravenous Solution	600mg/300ml	Zyvox	PA
Linezolid in Sodium Chloride Intravenous Solution	600-0.9mg/300ml-%	Linezolid in Sodium Chloride	PA
Lucentis Intravitreal Solution Prefilled Syringe	0.3mg/0.05ml, 0.5mg/0.05ml	Lucentis	ST
Lumizyme Intravenous Solution Reconstituted	50mg	Myozyme	PA
Lupron Depot-Ped (1-Month) Intramuscular Kit	11.25mg, 15mg	Lupron Depot-Ped (1-Month)	QL (1 in 28 Days), PA
Lupron Depot-Ped (1-Month) Intramuscular Kit	7.5mg	Lupron Depot-Ped (1-Month)	QL (1 in 30 Days), PA
Lupron Depot-Ped (3-Month) Intramuscular Kit	30mg	Lupron Depot-Ped (3-Month)	QL (1 in 84 Days), PA
Lupron Depot-Ped (6-Month) Intramuscular Kit	45mg	Lupron Depot-Ped (6-Month)	QL (1 in 180 Days), PA
Mannitol Intravenous Solution	25%	Mannitol	
Meropenem Intravenous Solution Reconstituted	1gm, 500mg	Merrem	PA
Metoprolol Tartrate Intravenous Solution	5mg/5ml	Lopressor	
Metronidazole Intravenous Solution	500mg/100ml	Flagyl	
Milrinone Lactate Intravenous Solution	10mg/10ml, 20mg/20ml, 50mg/50ml	Milrinone Lactate	
Milrinone Lactate in Dextrose Intravenous Solution	20-5mg/100ml-%, 40-5mg/200ml-%	Milrinone Lactate in Dextrose	
Monovisc Intra-articular Solution Prefilled Syringe	88mg/4ml	Monovisc	PA, ST
Morphine Sulfate Intravenous Solution	1mg/ml, 4mg/ml, 8mg/ml	Morphine Sulfate	
Mycophenolate Mofetil HCl Intravenous Solution Reconstituted	500mg	Cellcept	PA
Mycophenolate Mofetil Intravenous Solution Reconstituted	500mg	Cellcept	PA
Myobloc Intramuscular Solution	1000unit/2ml, 2500unit/0.5ml, 5000unit/ml	Myobloc	PA
Naglazyme Intravenous Solution	1mg/ml	Naglazyme	PA
Norepinephrine Bitartrate Intravenous Solution	1mg/ml	Levophed Injection Solution 1 MG/ML	
Nucala Subcutaneous Solution Reconstituted	100mg	Nucala	PA
Nulojix Intravenous Solution Reconstituted	250mg	Nulojix	PA
Orthovisc Intra-articular Solution Prefilled Syringe	30mg/2ml	Orthovisc	PA, ST
Ozurdex Intravitreal Implant	0.7mg	Ozurdex Intraocular Implant 0.7 MG	PA
Pamidronate Disodium Intravenous Solution	30mg/10ml, 6mg/ml, 90mg/10ml	Pamidronate Disodium , Otn Pamidronate Disodium	
Pantoprazole Sodium Intravenous Solution Reconstituted	40mg	Protonix	
Paricalcitol Intravenous Solution	2mcg/ml, 5mcg/ml	Zemplar	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted	13.5 (12-1.5)gm, 2.25 (2-0.25)gm, 3-0.375gm, 3.375 (3-0.375)gm, 4-0.5gm, 4.5 (4-0.5)gm, 40.5 (36-4.5)gm	Piperacillin Sod-Tazobactam So , Zosyn	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Potassium Chloride Intravenous Solution	10meq/100ml, 20meq/100ml, 40meq/100ml	Potassium Chloride	
Potassium Chloride in NaCl Intravenous Solution	20-0.45meq/l-%, 20-0.9meq/l-%, 40-0.9meq/l-%	Potassium Chloride in NaCl	
Potassium Cl in Dextrose 5% Intravenous Solution	10meq/l, 20meq/l	Potassium Cl in Dextrose 5%	
Premasol Intravenous Solution	10%	Aminosyn	
Prialt Intrathecal Solution	100mcg/ml, 500mcg/20ml	Prialt	PA
Prolia Subcutaneous Solution Prefilled Syringe	60mg/ml	Prolia	PA, ST
Remicade Intravenous Solution Reconstituted	100mg	Remicade	ST
Renflexis Intravenous Solution Reconstituted	100mg	Renflexis	PA
Retrovir Intravenous Solution	10mg/ml	Retrovir	
Revonto Intravenous Solution Reconstituted	20mg	Dantrium	
Rocuronium Bromide Intravenous Solution	100mg/10ml, 50mg/5ml	Zemuron	
Ruconest Intravenous Solution Reconstituted	2100unit	Ruconest	PA
Saphnelo Intravenous Solution	300mg/2ml	Saphnelo	PA
Sildenafil Citrate Intravenous Solution	10mg/12.5ml	Revatio	PA
Simponi Aria Intravenous Solution	50mg/4ml	Simponi Aria	PA, ST
Simulect Intravenous Solution Reconstituted	10mg, 20mg	Simulect	PA
Skyrizi Intravenous Solution	600mg/10ml	Skyrizi	PA
Sodium Thiosulfate Intravenous Solution	250mg/ml	Sodium Thiosulfate	
Soliris Intravenous Solution	300mg/30ml	Soliris	PA
Sylvant Intravenous Solution Reconstituted	100mg, 400mg	Sylvant	PA
Synagis Intramuscular Solution	100mg/ml, 50mg/0.5ml	Synagis	PA
Tazicef Intravenous Solution Reconstituted	1gm, 2gm	Fortaz	PA
Teflaro Intravenous Solution Reconstituted	400mg, 600mg	Teflaro	PA
Thymoglobulin Intravenous Solution Reconstituted	25mg	Thymoglobulin	PA
Tigecycline Intravenous Solution Reconstituted	50mg	Tygacil	PA
Treprostinil Injection Solution	100mg/20ml, 20mg/20ml, 200mg/20ml, 50mg/20ml	Remodulin	PA
Triesence Intraocular Suspension	40mg/ml	Triesence	PA
Tysabri Intravenous Concentrate	300mg/15ml	Tysabri	PA
Ultomiris Intravenous Solution	1100mg/11ml, 300mg/3ml	Ultomiris	PA
Valproate Sodium Intravenous Solution	100mg/ml	Depacon	
Vancomycin HCl Intravenous Solution	1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml, 500mg/100ml, 750mg/150ml	Vancomycin HCl	PA
Vancomycin HCl Intravenous Solution Reconstituted	1gm, 1.25gm, 1.5gm, 10gm, 5gm, 500mg, 750mg	Vancor , Vancomycin HCl	PA
Vancomycin HCl in Dextrose Intravenous Solution	1-5gm/200ml-%, 500-5mg/100ml-%, 750-5mg/150ml-%	Vancomycin HCl in Dextrose	PA
Vecuronium Bromide Intravenous Solution Reconstituted	10mg, 20mg	Norcuron	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Veklury Intravenous Solution Reconstituted	100mg	Veklury	
Veletri Intravenous Solution Reconstituted	0.5mg, 1.5mg	Flolan	PA
Venofer Intravenous Solution	20mg/ml	Venofer	PA
Visudyne Intravenous Solution Reconstituted	15mg	Visudyne	PA
Winrho SDF Injection Solution	1500unit/1.3ml, 15000unit/13ml, 2500unit/2.2ml, 5000unit/4.4ml	Winrho SDF	PA
Xeomin Intramuscular Solution Reconstituted	100unit, 50unit	Xeomin	PA
Xgeva_subcutaneous Solution	120mg/1.7ml	Xgeva	PA
Xiaflex Injection Solution Reconstituted	0.9mg	Xiaflex	PA
Xolair Subcutaneous Solution Prefilled Syringe	150mg/ml, 300mg/2ml, 75mg/0.5ml	Xolair	PA
Xolair Subcutaneous Solution Reconstituted	150mg	Xolair	PA
Yutiq_intravitreal Implant	0.18mg	Yutiq	
Zemdri Intravenous Solution	500mg/10ml	Zemdri	PA
Zoledronic Acid Intravenous Concentrate	4mg/5ml	Zometa	PA
Zoledronic Acid Intravenous Solution	4mg/100ml, 5mg/100ml	Zometa , Reclast	PA
Zosyn_intravenous Solution	2-0.25gm/50ml, 3-0.375gm/50ml, 4-0.5gm/100ml	Zosyn	PA
Zyvox_intravenous Solution	200mg/100ml	Zyvox	PA
<i>Premedications (Premedicaciones)</i>			
Dexamethasone Sod Phosphate PF Injection Solution	10mg/ml	Dexamethasone Sod Phosphate PF	
Dexamethasone Sod Phosphate PF Injection Solution Prefilled Syringe	10mg/ml	Dexamethasone Sod Phosphate PF	
Dexamethasone Sodium Phosphate Injection Solution	10mg/ml, 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml	Dekasol-10 , Dexamethasone Sodium Phosphate , Adrenocot	
Dextrose Intravenous Solution	5%	Visiv	PA
Diphenhydramine HCl Injection Solution	50mg/ml	Bena-d 50	
Famotidine (PF) Intravenous Solution	20mg/2ml	Famotidine (PF)	
Famotidine Intravenous Solution	200mg/20ml, 40mg/4ml	Famotidine	
Fosaprepitant Dimeglumine Intravenous Solution Reconstituted	150mg	Emend	
Infed_injection Solution	50mg/ml	Infed	PA
Magnesium Sulfate Injection Solution	50%	Magnesium Sulfate	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	1000mg, 125mg, 40mg	A-methapred	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	500mg	A-methapred	PA
Metoclopramide HCl Injection Solution	5mg/ml	Reglan	
Na_ferric Gluc Cplx in Sucrose Intravenous Solution	12.5mg/ml	Ferrlecit	
Ondansetron HCl Injection Solution	4mg/2ml, 40mg/20ml	Zofran	
Potassium Chloride Intravenous Solution	2meq/ml	Potassium Chloride PROAMP	
Promethazine HCl Injection Solution	25mg/ml, 50mg/ml	Phenergan , Anergan 50	
Sodium Chloride Intravenous Solution	0.9%	Monoject PreFill Advanced NaCl	
Solu-cortef Injection Solution Reconstituted	100mg, 1000mg, 250mg, 500mg	Solu-cortef	
Solu-medrol Injection Solution Reconstituted	2gm	Solu-medrol	PA

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Thyrogen Intramuscular Solution Reconstituted	0.9mg	Thyrogen	PA
<i>Preventive - Copper Contraceptives - Iud (Preventivo - Anticonceptivos de Cobre - IUD)</i>			
Paragard Intrauterine Copper Intrauterine Device		Paragard	PA
<i>Preventive - Progestin Contraceptives - Iud (Preventivo - Anticonceptivos de Progestina - IUD)</i>			
Liletta (52 MG) Intrauterine Intrauterine Device	20.1mcg/day	Liletta (52 MG)	
Mirena (52 MG) Intrauterine Intrauterine Device	20mcg/day	Mirena (52 MG)	
Skyla_intrauterine Intrauterine Device	13.5mg	Skyla	
<i>Preventive - Progestin Contraceptives - Implants (Preventivo - Anticonceptivos de Progestina - Implants)</i>			
Nexplanon Subcutaneous Implant	68mg	Implanon	PA
<i>Radiotherapy (Radioterapia)</i>			
Azedra Dosimetric Intravenous Solution	15mci/ml	Azedra	PA
Azedra Therapeutic Intravenous Solution	15mci/ml	Azedra	PA
Lutathera Intravenous Solution	370mbq/ml	Lutathera	PA
Xofigo Intravenous Solution	30mcc/ml	Xofigo	PA

OVER THE COUNTER DRUGS (MEDICAMENTOS OTC)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
<i>Analgesics - Anti-inflammatory (Analgesicos - Antiinflamatorios)</i>			
Advil_junior Strength Oral Tablet	100mg	Motrin Junior Strength	
Advil_liqui-gels minis Oral Capsule	200mg	V-r Ibuprofen	
Advil_migraine Oral Capsule	200mg	V-r Ibuprofen	
Advil_oral Capsule	200mg	V-r Ibuprofen	
Advil_oral Tablet	200mg	Advil	
Aleve_oral Tablet	220mg	Aleve	
All_day Pain Relief Oral Tablet	220mg	Aleve	
All_day Relief Oral Tablet	220mg	Aleve	
Childrens Advil Oral Suspension	100mg/5ml	Childrens Advil	
Childrens Ibuprofen 100 Oral Suspension	100mg/5ml	Childrens Advil	
Eq_all Day Pain Relief Oral Tablet	220mg	Aleve	
Eq_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Eq_ibuprofen Oral Tablet	200mg	Advil	
Eq_naproxen Sodium Oral Tablet	220mg	Aleve	
Eql_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Eql_ibuprofen Oral Tablet	200mg	Advil	
Ft_all Day Pain Relief Oral Tablet	220mg	Aleve	
Ft_ibuprofen Childrens Oral Suspension	100mg/5ml	Childrens Advil	
Ft_ibuprofen Minis Oral Capsule	200mg	V-r Ibuprofen	
Ft_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Ft_ibuprofen Oral Tablet	200mg	Advil	
Gnp_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Gnp_ibuprofen Oral Tablet	200mg	Advil	
Gnp_naproxen Sodium Oral Tablet	220mg	Aleve	
Goodsense Ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Goodsense Ibuprofen Oral Tablet	200mg	Advil	
Goodsense Naproxen Sodium Oral Tablet	220mg	Aleve	
Hm_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Hy-vee All Day Relief Oral Tablet	220mg	Aleve	
Ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Ibuprofen Oral Tablet	200mg	Advil	
Kls_ibuprofen IB Oral Tablet	200mg	Advil	
Kls_ibuprofen Oral Tablet	200mg	Advil	
Medi-first Ibuprofen Oral Tablet	200mg	Advil	
Medi-profen Oral Capsule	200mg	V-r Ibuprofen	
Medi-profen Oral Tablet	200mg	Advil	
Mediproxen Oral Tablet	220mg	Aleve	
Meijer Ibuprofen Oral Tablet	200mg	Advil	
Mm_ibuprofen Oral Tablet	200mg	Advil	
Motrin IB Oral Capsule	200mg	V-r Ibuprofen	
Motrin IB Oral Tablet	200mg	Advil	
Naproxen Sodium Oral Tablet	220mg	Aleve	
Pamprin All Day Relief Max St Oral Tablet	220mg	Aleve	
Qc_ibuprofen IB Oral Tablet	200mg	Advil	
Qc_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Qc_ibuprofen Oral Tablet	200mg	Advil	
Qc_naproxen Sodium Oral Tablet	220mg	Aleve	
Ra_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Ra_ibuprofen Oral Tablet	200mg	Advil	
Ra_naproxen Sodium Oral Tablet	220mg	Aleve	
Ra_pain Relief Ibuprofen Oral Tablet	200mg	Advil	
Sb_ibuprofen Oral Tablet	200mg	Advil	
Sb_naproxen Sodium Oral Tablet	220mg	Aleve	
Sm_ibuprofen IB Oral Tablet	200mg	Advil	
Sm_ibuprofen Jr Oral Tablet	100mg	Motrin Junior Strength	

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Sm_ibuprofen Oral Capsule	200mg	V-r Ibuprofen	
Sm_ibuprofen Oral Tablet	200mg	Advil	
Sm_naproxen Sodium Oral Tablet	220mg	Aleve	
<i>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</i>			
8_Hr_Arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
8_hour Arthritis Pain Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
8_hour Pain Reliever Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Acetaminophen 8 Hour Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Acetaminophen Childrens Oral Solution	160mg/5ml	Non-aspirin Extra Strength	
Acetaminophen Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Acetaminophen Childrens Oral Tablet Chewable	160mg	Acetaminophen Jr	
Acetaminophen ER Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Acetaminophen Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Acetaminophen Infants Oral Suspension	160mg/5ml	Apap Childrens	
Acetaminophen Junior Strength Oral Tablet Disintegrating	160mg	Fp Jr Strength Non-Aspirin	
Acetaminophen Oral Liquid	160mg/5ml	Childrens Silapap	
Acetaminophen Oral Solution	160mg/5ml, 325mg/10.15ml, 650mg/20.3ml	Non-aspirin Extra Strength	
Acetaminophen Oral Suspension	160mg/5ml, 650mg/20.3ml	Apap Childrens	
Acetaminophen Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Acetaminophen Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Acetaminophen Oral Tablet Chewable	160mg	Acetaminophen Jr	
Acetaminophen Rectal Suppository	120mg, 650mg	Acephen	
Apra_oral Elixir	160mg/5ml	Altenol	
Arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Arthritis Pain Reliever Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Betatemp Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Childrens APAP Oral Tablet Chewable	80mg	Apap Child	
Childrens Acetaminophen Oral Suspension	160mg/5ml	Apap Childrens	
Childrens Aspirin Free Oral Elixir	80mg/2.5ml	Altenol	
Childrens Medi-Tabs Oral Tablet Chewable	80mg	Apap Child	
Childrens Non-Aspirin Oral Suspension	160mg/5ml	Apap Childrens	
Childrens Non-Aspirin Oral Tablet Chewable	80mg	Apap Child	
Childrens Pain Reliever Oral Tablet Chewable	80mg	Apap Child	
Childrens Silapap Oral Liquid	160mg/5ml	Childrens Silapap	
Ed-apap Oral Liquid	160mg/5ml	Childrens Silapap	
Elixsure Fever/Pain Oral Gel	160mg/5ml	Elixsure Fever/Pain	
Eq_8hr Arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Eq_acetaminophen Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Eq_acetaminophen Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Eq_arthritis Pain Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Eq_pain & Fever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Eq_pain & Fever Infants Oral Suspension	160mg/5ml	Apap Childrens	
Eq_pain Relief/Rapid Burst Oral Liquid	500mg/15ml	S-t Febrol	
Eq_pain Reliever Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Eq_pain Reliever Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Eq_pain Reliever Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
EqL_acetaminophen Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Feverall Adults Rectal Suppository	650mg	Acephen	
Feverall Childrens Rectal Suppository	120mg	Acephen	
Feverall Infants Rectal Suppository	80mg	Feverall	
Feverall Junior Strength Rectal Suppository	325mg	Acephen	
Ft_8_Hour Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Ft_arthritis Pain Reliever Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Ft_children's Pain/Fever Oral Tablet Chewable	160mg	Acetaminophen Jr	
Ft_pain & Fever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Ft_pain Relief Adult Extra St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Ft_pain Relief Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Ft_pain Reliver Extra St Adult Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Gnp_8 Hour Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Gnp_8 Hour Pain Reliever Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Gnp_8_Hour Arthritis Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Gnp_acetaminophen Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Gnp_acetaminophen Oral Tablet Chewable	160mg	Acetaminophen Jr	
Gnp_children's Pain & Fever Oral Suspension	160mg/5ml	Apap Childrens	
Gnp_infants Pain/Fever Oral Suspension	160mg/5ml	Apap Childrens	
Gnp_pain & Fever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Gnp_pain & Fever Infants Oral Suspension	160mg/5ml	Apap Childrens	
Gnp_pain Relief Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Gnp_pain Relief Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Goodsense Pain & Fever Child Oral Suspension	160mg/5ml	Apap Childrens	
Goodsense Pain & Fever Infants Oral Suspension	160mg/5ml	Apap Childrens	
Goodsense Pain Relief Extra St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Healthy Mama Shake That Ache Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Hm_arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Hm_pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Infants Pain & Fever Oral Suspension	160mg/5ml	Apap Childrens	
Kls_acetaminophen Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Liquid Acetaminophen Oral Liquid	160mg/5ml	Childrens Silapap	

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Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Liquid Pain Relief Oral Liquid	160mg/5ml	Childrens Silapap	
Little Remedies for Fever Oral Liquid	160mg/5ml	Childrens Silapap	
M-pap_oral Liquid	160mg/5ml	Childrens Silapap	
Mapap_acetaminophen Extra Str Oral Liquid	500mg/15ml	S-t Febrol	
Mapap_childrens Oral Tablet Chewable	160mg, 80mg	Acetaminophen Jr , Apap Child	
Mapap_oral Capsule	500mg	Extra Strength Acetaminophen	QL (240 in 30 Days)
Max_relief Junior Oral Elixir	160mg/5ml	Altenol	
Medi-tabs Childrens Oral Elixir	80mg/2.5ml	Altenol	
Medi-tabs Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Medi-tabs Junior Strength Oral Tablet Chewable	160mg	Acetaminophen Jr	
Meijer Aspirin Free Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Meijer Aspirin Free Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Meijer Jr St Aspirin Free Oral Tablet Chewable	160mg	Acetaminophen Jr	
Midol_oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Mm_acetaminophen Ex Str Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Mm_arthritis Pain Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Non-aspirin Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Non-aspirin Jr Strength Oral Tablet Chewable	160mg	Acetaminophen Jr	
Non-aspirin Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Non-aspirin Pain Relief Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Pain_& Fever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Pain_& Fever Childrens Oral Tablet Chewable	160mg	Acetaminophen Jr	
Pain_& Fever Dissolve Packs Oral Packet	160mg	Tylenol Childrens Pain + Fever	
Pain_& Fever Infants Oral Suspension	160mg/5ml	Apap Childrens	
Pain_& Fever Kids Oral Suspension	160mg/5ml	Apap Childrens	
Pain_relief Childrens Oral Elixir	160mg/5ml	Altenol	
Pain_relief Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Pain_relief Extra Strength Oral Capsule	500mg	Extra Strength Acetaminophen	QL (240 in 30 Days)
Pain_relief Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Pain_relief Oral Liquid	500mg/15ml	S-t Febrol	
Pain_relief Regular Strength Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Pain_reliever Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Pain_reliever Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Pain_reliever for Adults Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Pain_reliever/fever Reducer Rectal Suppository	120mg	Acephen	
Panadol Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Panadol Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Panadol Infants Oral Suspension	160mg/5ml	Apap Childrens	
Pediacare Children Oral Suspension	160mg/5ml	Apap Childrens	
Pediacare Infant Fever/Pain Oral Suspension	160mg/5ml	Apap Childrens	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Pediacare Infants Oral Suspension	160mg/5ml	Apap Childrens	
Pharbetol Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Pharbetol Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Qc_8_Hour Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Qc_acetaminophen 8Hr Arth Pain Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Qc_acetaminophen 8Hr Musc Ache Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Qc_acetaminophen Infants Oral Suspension	160mg/5ml	Apap Childrens	
Qc_arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Qc_non-aspirin 8 Hour Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Qc_non-aspirin Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Qc_non-aspirin Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Qc_pain Relief Extra Strength Oral Liquid	500mg/15ml	S-t Febrol	
Qc_pain Relief Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Ra_8_Hour Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Ra_acetaminophen Childrens Oral Tablet Chewable	160mg	Acetaminophen Jr	
Ra_acetaminophen Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Ra_acetaminophen Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Ra_arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Ra_childrens Fever/Pain Oral Suspension	160mg/5ml	Apap Childrens	
Ra_fever Reducer/Pain Reliever Oral Suspension	160mg/5ml	Apap Childrens	
Ra_pain Relief Acetaminophen Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Ra_pain Relief Acetaminophen Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Ra_pain Reliever Ex St Oral Liquid	500mg/15ml	S-t Febrol	
Sb_arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Sb_childrens Non-Aspirin Oral Tablet Disintegrating	80mg	Temptra Quicklets	
Sb_non-aspirin Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Sb_non-aspirin Jr Strength Oral Tablet Disintegrating	160mg	Fp Jr Strength Non-Aspirin	
Sb_non-aspirin Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Sb_non-aspirin Oral Tablet Chewable	160mg, 80mg	Acetaminophen Jr , Apap Child	
Sb_pain Reliever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Sb_pain Reliever Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Sm_8_Hour Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Sm_arthritis Pain Relief Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Sm_arthritis Pain Reliever Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Sm_pain & Fever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Sm_pain & Fever Infants Oral Suspension	160mg/5ml	Apap Childrens	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Sm_pain Relief Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Sm_pain Reliever Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Sm_pain Reliever Ex St Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Sm_pain Reliever Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Sm_rapid Melts Junior Oral Tablet Disintegrating	160mg	Fp Jr Strength Non-Aspirin	
Triaminic Fever Reducer Oral Syrup	160mg/5ml	Triaminic Fever Reducer	
Tylenol 8 Hour Arthritis Pain Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Tylenol 8 Hour Oral Tablet Extended Release	650mg	Tylenol Extended Release	QL (180 in 30 Days)
Tylenol Childrens Oral Suspension	160mg/5ml	Apap Childrens	
Tylenol Childrens Pain + Fever Oral Packet	160mg	Tylenol Childrens Pain + Fever	
Tylenol Extra Strength Oral Tablet	500mg	Apap Extra Strength	QL (240 in 30 Days)
Tylenol Infants Pain+Fever Oral Suspension	160mg/5ml	Apap Childrens	
Tylenol Oral Capsule	325mg	Tylenol	QL (360 in 30 Days)
Tylenol Oral Tablet	325mg	Actamin	QL (360 in 30 Days)
Tylenol for Children + Adults Oral Suspension	160mg/5ml	Apap Childrens	
<i>Antidiarrheal/probiotic Agents (Agentes Antidiarreales / Probioticos)</i>			
Align_oral Capsule	4mg	Bacid	
Anti-diarrheal Oral Tablet	2mg	Anti-diarrheal	
Biotinex Oral Capsule		Acidopholus	
Flora_vance Oral Capsule		Bacid	
Florajen Digestion Oral Capsule		Bacid	
Florastor Oral Capsule	250mg	Florastor	
Intestinex Oral Capsule	600mg	Acidopholus	
Restora Oral Capsule		Bacid	
<i>Antihistamines (Antihistaminicos)</i>			
12hr_allergy Relief Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
24hr_allergy Relief Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Alavert Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
All_day Allergy Childrens Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
All_day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Allegra Allergy Childrens Oral Suspension	30mg/5ml	Allegra	QL (300 in 30 Days)
Allegra Allergy Childrens Oral Tablet Disintegrating	30mg	Allegra ODT	QL (60 in 30 Days)
Allegra Allergy Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Allegra Allergy Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Allegra Hives 24HR Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Allergy (Cetirizine) Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Allergy 24-HR Oral Tablet	180mg	Allegra	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Allergy 24Hour Indoor/Outdoor Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Allergy Childrens Oral Suspension	30mg/5ml	Allegra	QL (300 in 30 Days)
Allergy Rel Child (Loratadine) Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Allergy Relief (Cetirizine) Oral Capsule	10mg	Zyrtec Allergy	QL (30 in 30 Days)
Allergy Relief (Cetirizine) Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Allergy Relief (Loratadine) Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Allergy Relief 24-Hr Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Allergy Relief Cetirizine Oral Tablet	10mg, 5mg	Zyrtec	QL (30 in 30 Days)
Allergy Relief Childrens Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Allergy Relief Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Allergy Relief Oral Tablet	10mg, 180mg	Claritin , Allegra	QL (30 in 30 Days)
Allergy Relief Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Allergy Relief/Indoor/Outdoor Oral Tablet	10mg, 180mg	Zyrtec , Allegra	QL (30 in 30 Days)
Banophen Oral Capsule	25mg, 50mg	Allergia-c , Trux-adryl	
Cetirizine HCl Allergy Child Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Cetirizine HCl Childrens Alrgy Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Cetirizine HCl Oral Tablet	10mg, 5mg	Zyrtec	QL (30 in 30 Days)
Cetirizine HCl Oral Tablet Chewable	10mg, 5mg	Zyrtec	QL (30 in 30 Days)
Childrens 24 Hour Allergy Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Childrens Loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Claritin Allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Claritin Childrens Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Claritin Oral Capsule	10mg	Claritin	QL (30 in 30 Days)
Claritin Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Claritin Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Claritin Oral Tablet Chewable	10mg	Claritin	QL (30 in 30 Days)
Claritin Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Claritin Reditabs Juniors Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Claritin Reditabs Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Claritin Reditabs Oral Tablet Disintegrating	5mg	Claritin Reditabs	QL (60 in 30 Days)
Cvs_allerg Rel Child (Lorat) Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Cvs_allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Cvs_allergy Relief Oral Tablet Disintegrating	5mg	Claritin Reditabs	QL (60 in 30 Days)
Diphenhydramine HCl Oral Capsule	25mg, 50mg	Allergia-c , Trux-adryl	
Eq_all Day Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Eq_allerg Relief Child (Cetir) Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Eq_allerg Relief Child (Lorat) Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Eq_allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Eq_allergy Relief (Cetirizine) Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Eq_allergy Relief (Cetirizine) Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Eq_allergy Relief Oral Tablet	10mg, 180mg	Claritin , Allegra	QL (30 in 30 Days)
Eq_cetirizine HCl Oral Tablet Chewable	10mg	Zyrtec	QL (30 in 30 Days)
Eq_loratadine Childrens Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Eq_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Eq_loratadine Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Eql_all Day Allergy Childrens Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Eql_all Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Eql_allergy Relief Oral Tablet	10mg, 180mg	Claritin , Allegra	QL (30 in 30 Days)
Fexofenadine HCl Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Fexofenadine HCl Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Ft_all Day Allergy 24 Hour Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Ft_all Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Ft_all Day Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Ft_allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Ft_allergy Relief 12 Hour Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Ft_allergy Relief 24 Hour Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Ft_allergy Relief Childrens Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Ft_allergy Relief Childrens Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Gnp_all Day Allergy Childrens Oral Solution	1mg/ml, 5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Gnp_all Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Gnp_all Day Allergy Relief Oral Capsule	10mg	Zyrtec Allergy	QL (30 in 30 Days)
Gnp_allergy Relief Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Gnp_loratadine Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Gnp_loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Gnp_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Gnp_loratadine Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Goodsense All Day Allergy Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Goodsense All Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Goodsense Aller-Ease Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Goodsense Allergy Relief Child Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Goodsense Allergy Relief Oral Capsule	10mg	Claritin	QL (30 in 30 Days)
Goodsense Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Hm_fexofenadine HCl Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Hm_fexofenadine HCl Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Hm_loratadine Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Hm_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Kls_aller-fex Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Kls_aller-tec Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Kls_allerclear Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Kp_fexofenadine HCl Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Loradamed Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Loratadine Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Loratadine Childrens Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Loratadine Oral Capsule	10mg	Claritin	QL (30 in 30 Days)
Loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Loratadine Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Meijer Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Meijer Allergy Relief Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Meijer Loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Mm_fexofenadine HCL Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Qc_all Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Qc_all Day Allergy Relief Oral Capsule	10mg	Zyrtec Allergy	QL (30 in 30 Days)
Qc_allergy Relief Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Qc_allergy Relief Childrens Oral Syrup	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Qc_allergy Relief Oral Capsule	10mg	Claritin	QL (30 in 30 Days)
Qc_allergy Relief Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Qc_allergy Relief Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Qc_cetirizine Allergy Relief Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Qc_childrens Allergy Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Qc_loratadine Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Ra_allergy Relief (Cetirizine) Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Ra_allergy Relief (Loratadine) Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Ra_allergy Relief Childrens Oral Solution	1mg/ml, 5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Ra_allergy Relief Childrens Oral Syrup	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Ra_allergy Relief Childrens Oral Tablet Chewable	5mg	Claritin	QL (60 in 30 Days)
Ra_allergy Relief Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Ra_loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Ra_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Sb_allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Sb_allergy Relief Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Sb_cetirizine HCl Childrens Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Sb_loratadine Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Sb_loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Sb_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Sm_all Day Allergy Childrens Oral Solution	5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Sm_all Day Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Sm_all Day Allergy Relief Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Sm_allergy Childrens Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Sm_allergy Relief Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Sm_allergy Relief Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Sm_childrens Loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Sm_fexofenadine HCl Oral Tablet	180mg	Allegra	QL (30 in 30 Days)
Sm_fexofenadine HCl Oral Tablet	60mg	Allegra	QL (60 in 30 Days)
Sm_loratadine Allergy Relief Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Sm_loratadine Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Sm_loratadine Oral Tablet	10mg	Claritin	QL (30 in 30 Days)
Triaminic Allerchews Oral Tablet Disintegrating	10mg	Claritin Reditabs	QL (30 in 30 Days)
Wal-itin Oral Solution	5mg/5ml	Claritin	QL (300 in 30 Days)
Wal-zyr Allergy Childrens Oral Solution	1mg/ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Zyrtec Allergy Childrens Oral Tablet Disintegrating	10mg	Zyrtec Allergy	QL (30 in 30 Days)
Zyrtec Allergy Oral Capsule	10mg	Zyrtec Allergy	QL (30 in 30 Days)
Zyrtec Allergy Oral Tablet	10mg	Zyrtec	QL (30 in 30 Days)
Zyrtec Childrens Allergy Oral Solution	1mg/ml, 5mg/5ml	Zyrtec Childrens Allergy	QL (150 in 30 Days)
Zyrtec Childrens Allergy Oral Tablet Chewable	10mg	Zyrtec	QL (30 in 30 Days)
Zyrtec Childrens Allergy Oral Tablet Chewable	2.5mg	Zyrtec Childrens Allergy	QL (60 in 30 Days)
Zyrtec Oral Tablet Chewable	10mg	Zyrtec	QL (30 in 30 Days)
<i>Cough/cold/allergy (Combinaciones Para Tos/Catarro/Alergia)</i>			
12_hour Allergy-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
24hr_allergy & Congestion Reli Oral Tablet Extended Release 24 Hour	180-240mg	Allegra-d 24 Hour	QL (15 in 15 Days)
Actinel DM Oral Liquid	10-20-400mg/5ml	Tusicof	
Alavert Allergy/Sinus Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Alavert D-12 Hour Allergy/Cong Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
All_day Allergy D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Allegra-d Allergy & Congestion Oral Tablet Extended Release 24 Hour	180-240mg	Allegra-d 24 Hour	QL (15 in 15 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Allegra-d Allergy & Congestion Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Allergy D-12 Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Allergy Relief D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Allergy Relief D Oral Tablet Extended Release 24 Hour	10-240mg, 180-240mg	Claritin-d 24 Hour , Allegra-d 24 Hour	QL (15 in 15 Days)
Allergy Relief D-12 Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Allergy Relief D-24 Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Allergy Relief D12 Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Allergy Relief-D Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Allergy Relief-D Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Allergy/congestion Relief Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Bionel Oral Liquid	30-15-200mg/5ml	Tusnel	
Cetirizine-pseudoephedrine ER Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Claritin-d 12 Hour Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Claritin-d 24 Hour Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Conex_cold/allergy Oral Solution	1-30mg/5ml	Conex Cold/Allergy	
Conex_cold/allergy Oral Tablet	2-60mg	Sudex	
Cvs_allergy Relief D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Cvs_allergy Relief D24 Oral Tablet Extended Release 24 Hour	180-240mg	Allegra-d 24 Hour	QL (15 in 15 Days)
Desgen DM Oral Liquid	5-10-100mg/5ml	Robitussin Cough/Cold CF	
Despec DM Oral Syrup	5-10-100mg/5ml	Cough	
Despec EDA Oral Liquid	2.5-5-50mg/ml	Giltuss Pediatric	
Dologen Oral Tablet	2-650mg	Dologen	
Dologesic Oral Tablet	1-500mg	Dologesic-df	
Dologesic-df Oral Tablet	1-500mg	Dologesic-df	
Dometuss-dmx Oral Liquid	10-30-200mg/5ml	Tussidex	
Eq_allergy & Congestion Relief Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Eq_allergy Relief Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Eq_allergy/congestion Relief Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Fexofenadine-pseudoephed ER Oral Tablet Extended Release 24 Hour	180-240mg	Allegra-d 24 Hour	QL (15 in 15 Days)
Fexofenadine-pseudoephed ER Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Ft_all Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Ft_allergy & Congestion-D 12HR Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Ft_allergy Relief-D Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
G-dologen Oral Tablet	2-650mg	Dologen	
G-tusicof Oral Liquid	10-20-400mg/5ml	Tusicof	
G-zyncof Oral Syrup	20-400mg/5ml	Zyncof	
Giltuss Cough & Cold Oral Liquid	10-15-300mg/5ml	Giltuss	
Gnp_all Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Gnp_allergy & Congestion Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Gnp_allergy-d Allergy & Conges Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Gnp_allergy/congestion Relief Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Gnp_fexofenadine/pse ER Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Goodsense All Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Guaifenesin-codeine Oral Solution	100-10mg/5ml	Cheratussin AC	
Hm_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Kls_aller-tec D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Kls_allerclear D-12HR Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Kls_allerclear D-24HR Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Loratadine-d 12HR Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Loratadine-d 24HR Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Meijer Allergy Relief-D Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Mucus_relief DM Oral Tablet Extended Release 12 Hour	30-600mg	Guiadrine DM	
Norel_ad Oral Tablet	4-10-325mg	Norel AD	
Pecgen DMX Oral Liquid	10-187mg/5ml	Trispec DMX	
Percogesic Oral Tablet	12.5-325mg	Percogesic	
Phenagil Oral Tablet	3.5-10mg	Phenabid	
Pres_gen Oral Liquid	5-10-200mg/5ml	Robitussin Cough/Cold CF Max	
Presgen B Oral Liquid	10-4-20mg/5ml	Brovex PEB DM	
Qc_loratadine-d Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Ra_allergy Relf & Nasal Decong Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Ra_allergy Rlf/Nasal Decongest Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Ra_allergy/congestion Oral Tablet Extended Release 12 Hour	60-120mg	Allegra-d	QL (30 in 15 Days)
Ra_allergy/congestion Relief Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Ra_allergy/congestion Relief-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Ra_cetiri-d Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Ra_lorata-d Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Sb_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Sm_all Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Sm_lorata-dine D Oral Tablet Extended Release 24 Hour	10-240mg	Claritin-d 24 Hour	QL (15 in 15 Days)
Sm_loratadine D 12HR Oral Tablet Extended Release 12 Hour	5-120mg	Claritin-d 12 Hour	QL (30 in 15 Days)
Sorbugen NR Oral Liquid	15-150mg/7.5ml	Cheracol-d	
Tusicof Oral Liquid	10-20-400mg/5ml	Tusicof	
Tusnel C Oral Syrup	30-10-100mg/5ml	Suttar-sf	
Tusnel DM Oral Liquid	10-20-400mg/5ml	Tusicof	
Tusnel Diabetic Oral Liquid	10-100mg/5ml	Cheracol-d	
Tusnel Oral Liquid	30-15-200mg/5ml	Tusnel	
Tusnel-dm Pediatric Oral Liquid	1.25-2.5-25mg/ml	Tusnel-dm Pediatric	
Tussi-pres B Oral Liquid	10-4-20mg/5ml	Brovex PEB DM	
Tussi-pres Oral Liquid	5-10-200mg/5ml	Robitussin Cough/Cold CF Max	
Virtussin A/C Oral Solution	100-10mg/5ml	Cheratussin AC	
Zyncof Oral Syrup	20-400mg/5ml	Zyncof	
Zyrtec-d Allergy & Congestion Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
Zyrtec-d Allergy & Sinus Oral Tablet Extended Release 12 Hour	5-120mg	Zyrtec-d	QL (30 in 15 Days)
<i>Dermatologicals (Dermatologicos)</i>			
Acne_foaming Wash External Liquid	10%	Benzoyl Peroxide Wash	
Alevazol External Ointment	1%	Alevazol	
Anti-fungal External Cream	1%	Lotrimin	
Antifungal (Clotrimazole) External Cream	1%	Lotrimin	
Antifungal Clotrimazole External Cream	1%	Lotrimin	
Aquanil HC External Lotion	1%	Ala-cort	
Athletes Foot (Clotrimazole) External Cream	1%	Lotrimin	
Athletes Foot (Terbinafine) External Cream	1%	Athlete's Foot	
Benzoyl Peroxide External Gel	10%	Acne Medication-10	
Benzoyl Peroxide Wash External Liquid	10%, 5%	Benzoyl Peroxide Wash	
Bp_wash External Liquid	10%, 2.5%, 5%	Benzoyl Peroxide Wash , Benzac AC Wash	
Clotrimazole AF External Cream	1%	Lotrimin	
Clotrimazole Anti-Fungal External Cream	1%	Lotrimin	
Clotrimazole Athletes Foot External Cream	1%	Lotrimin	
Clotrimazole External Solution	1%	Lotrimin	
Desenex External Cream	1%	Lotrimin	
Eq_antifungal External Cream	1%	Lotrimin	
Eq_athletes Foot (Terbinafine) External Cream	1%	Athlete's Foot	
Eq_athletes Foot External Cream	1%	Lotrimin	
Eq_jock Itch External Cream	1%	Lotrimin	
Eq_athletes Foot External Cream	1%	Lotrimin	
Eq_athletes Foot(Terbinafine) External Cream	1%	Athlete's Foot	
Ft_athletes Foot (Clotrimaz) External Cream	1%	Lotrimin	
Ft_athletes Foot (Terbinafine) External Cream	1%	Athlete's Foot	
Gnp_athletes Foot External Cream	1%	Lotrimin	
Gnp_terbinafine Hydrochloride External Cream	1%	Athlete's Foot	
Goodsense Athletes Foot External Cream	1%	Lotrimin	
Jock_itch External Cream	1%	Lotrimin	
Jock_itch Relief External Cream	1%	Lotrimin	
Lamisil AT External Cream	1%	Athlete's Foot	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Lamisil AT Jock Itch External Cream	1%	Athlete's Foot	
Lotrimin AF External Cream	1%	Lotrimin	
Lotrimin AF Jock Itch External Cream	1%	Lotrimin	
Mycozyl AC External Cream	1%	Lotrimin	
Panoxyl Foaming Wash External Liquid	10%	Benzoyl Peroxide Wash	
Qc_athletes Foot External Cream	1%	Athlete's Foot	
Qc_clotrimazole External Cream	1%	Lotrimin	
Ra_athletes Foot External Cream	1%	Lotrimin	
Ra_clotrimazole External Cream	1%	Lotrimin	
Ra_foot Care (Terbinafine) External Cream	1%	Athlete's Foot	
Ra_foot Care (Tolnaftate) External Cream	1%	Antifungal	
Ra_jock Itch External Cream	1%	Lotrimin	
Sb_clotrimazole Foot External Cream	1%	Lotrimin	
Sm_antifungal Clotrimazole External Cream	1%	Lotrimin	
Sm_athletes Foot External Cream	1%	Athlete's Foot	
Terbinafine HCl External Cream	1%	Athlete's Foot	
Tm-clotrimazole External Cream	1%	Lotrimin	
Votriza-al External Lotion	1%	Lotrimin	
<i>Digestive Aids (Digestivos)</i>			
Gastrace Digestive Support Oral Capsule		Digest II	
<i>Gastrointestinal Agents - Misc. (Agentes Gastrointestinales - Misc.)</i>			
Gas_relief Extra Strength Oral Capsule	125mg	Phazyme-125	
Simethicone Oral Capsule	180mg	Ra Gas Relief Ultra Strength	
Simethicone Oral Tablet Chewable	80mg	Anti-gas/80	
<i>Gastrointestinal Agents (Agentes Gastrointestinales)</i>			
Goodsense Omep/Sod Bicarb Oral Capsule	20-1100mg	Zegerid	QL (30 in 30 Days)
<i>Laxatives (Laxantes)</i>			
Alophen Oral Tablet Delayed Release	5mg	Bisac-evac	
Bisacodyl EC Oral Tablet Delayed Release	5mg	Bisac-evac	
Bisacodyl Laxative Rectal Suppository	10mg	Bisac-evac	
Bisacodyl Oral Tablet Delayed Release	5mg	Bisac-evac	
Bisacodyl Rectal Suppository	10mg	Bisac-evac	
Clearlax Oral Powder	17gm/scoop	Miralax	
Docusate Calcium Oral Capsule	240mg	Calfax	
Docusate Sodium Oral Capsule	100mg	Aqualax	
Dok_oral Capsule	100mg	Aqualax	
Dulcolax Oral Tablet Delayed Release	5mg	Bisac-evac	
Dulcolax Rectal Suppository	10mg	Bisac-evac	
Eq_clearlax Oral Powder	17gm/scoop	Miralax	
Eq_gentle Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Eq_laxative Oral Packet	17gm	Miralax	
Eq_clearlax Oral Powder	17gm/scoop	Miralax	
Eq_laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Ex-lax Ultra Oral Tablet Delayed Release	5mg	Bisac-evac	
Fleet_bisacodyl Rectal Enema	10mg/30ml	Fleet Bisacodyl	
Ft_clearlax Oral Powder	17gm/scoop	Miralax	
Ft_gentle Laxative Rectal Suppository	10mg	Bisac-evac	
Ft_laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Gavilax Oral Powder	17gm/scoop	Miralax	
Gentle Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Gentle Laxative Rectal Suppository	10mg	Bisac-evac	
Gentlelax Oral Powder	17gm/scoop	Miralax	
Glycolax Oral Powder	17gm/scoop	Miralax	
Gnp_clearlax Oral Packet	17gm	Miralax	
Gnp_clearlax Oral Powder	17gm/scoop	Miralax	
Gnp_gentle Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Gnp_gentle Laxative Rectal Suppository	10mg	Bisac-evac	
Gnp_stool Softener Oral Capsule	240mg	Calfax	
Goodsense Bisacodyl EC Oral Tablet Delayed Release	5mg	Bisac-evac	
Goodsense Bisacodyl Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Goodsense ClearLax Oral Powder	17gm/scoop	Miralax	
Healthylax Oral Packet	17gm	Miralax	
Hm_clearlax Oral Powder	17gm/scoop	Miralax	
Hyfiber with FOS Oral Liquid	12gm/30ml	Hyfiber with FOS	
Kls_laxaclear Oral Powder	17gm/scoop	Miralax	
Kp_bisacodyl Oral Tablet Delayed Release	5mg	Bisac-evac	
Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Laxative Rectal Suppository	10mg	Bisac-evac	
Miralax Mix-In Pax Oral Packet	17gm	Miralax	
Miralax Oral Packet	17gm	Miralax	
Miralax Oral Powder	17gm/scoop	Miralax	
Mm_clearlax Oral Powder	17gm/scoop	Miralax	
Onelax Rectal Suppository	10mg	Bisac-evac	
Peg_3350 Oral Packet	17gm	Miralax	
Peg_3350 Oral Powder	17gm/scoop	Miralax	
Polyethylene Glycol 3350 Oral Packet	17gm	Miralax	
Polyethylene Glycol 3350 Oral Powder	17gm/scoop	Miralax	
Qc_docusate Calcium Oral Capsule	240mg	Calfax	
Qc_gentle Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Qc_gentle Laxative Rectal Suppository	10mg	Bisac-evac	
Qc_gentle Laxative Womens Oral Tablet Delayed Release	5mg	Bisac-evac	
Qc_laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Qc_natura-lax Oral Powder	17gm/scoop	Miralax	
Ra_fast Relief Laxative Rectal Suppository	10mg	Bisac-evac	
Ra_laxative Oral Powder	17gm/scoop	Miralax	
Ra_laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Ra_womens Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Sb_bisacodyl Laxative EC Oral Tablet Delayed Release	5mg	Bisac-evac	
Sb_gentle Lax-Women Oral Tablet Delayed Release	5mg	Bisac-evac	
Sb_laxative Rectal Suppository	10mg	Bisac-evac	
Sb_polyethylene Glycol 3350 Oral Powder	17gm/scoop	Miralax	
Sb_stool Softener Oral Capsule	240mg	Calfax	
Sm_clearlax Oral Powder	17gm/scoop	Miralax	
Sm_docusate Calcium Oral Capsule	240mg	Calfax	
Sm_gentle Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Sm_laxative Rectal Suppository	10mg	Bisac-evac	
Smooth LAX Oral Packet	17gm	Miralax	
Smooth LAX Oral Powder	17gm/scoop	Miralax	
Stool_softener Oral Capsule	100mg, 240mg	Aqualax , Calfax	
Surfak Oral Capsule	240mg	Calfax	
The_magic Bullet Rectal Suppository	10mg	Bisac-evac	
Womans Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Womens Laxative Oral Tablet Delayed Release	5mg	Bisac-evac	
Minerals & Electrolytes (Minerales y Electrolitos)			
Calcium 600 Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Calcium Carbonate Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Calcium High Potency Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Gnp_calcium Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Pure_calcium Carbonate Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Qc_calcium Fast Dissolution Oral Tablet	1500 (600 ca)mg	Calcarb 600	
Ra_calcium 600 Oral Tablet	1500 (600 ca)mg	Calcarb 600	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Super_calcium Oral Tablet	1500 (600 ca)mg	Calcarb 600	
<i>Mouth/throat/dental Agents (Agentes Para La Boca/Garganta/Dentales)</i>			
Orasep Mouth/Throat Solution	2-0.5-0.1%	Orasep	
<i>Multivitamins (Multivitaminas)</i>			
Apetigen Oral Elixir		Apetigen	
Apetigen-plus Oral Solution		Apetigen-plus	
B_complex Oral Capsule		Varidin	
Biocal Oral Capsule		Actical	
Centrum Adult Oral Liquid		Centrum	
Centrum Ultra Womens Oral Tablet		Adavite-m	
Daflonex-xl Oral Tablet Extended Release		C Complex	
Lipoflavovit Oral Tablet		Akoline CB/Zinc	
Lysiplex Plus Oral Liquid		Centrum	
Multi-vitamins Oral Tablet		Al-vite	
Multivitamin Adults 50+ Oral Tablet		Adavite-m	
Multivitamin Adults Oral Tablet		Adavite-m	
One_daily Oral Tablet		Al-vite	
Preservision AREDS 2 Oral Capsule		Actical	
Protect Cardio AF Oral Capsule		Actical	
Protect Plus SO Oral Capsule		Actical	
Qc_multi-vite Oral Tablet		Adavite-m	
Vasoflex HD Oral Tablet		C-bioflavonoids	
Vasoflex Oral Tablet		C-bioflavonoids	
<i>Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos y Topicos)</i>			
Allergy Spray 24 Hour Nasal Aerosol	55mcg/act	Nasacort AQ	
Ayr_nasal Solution	0.65%	Afrin Saline	
Ayr_saline Nasal Drops Nasal Solution	0.65%	Ayr Saline	
Ayr_saline Nasal Nasal Gel		Ayr Saline	
Eq_nasal Allergy Nasal Aerosol	55mcg/act	Nasacort AQ	
Flonase Allergy Relief Nasal Suspension	50mcg/act	Flonase	
Flonase Sensimist Nasal Suspension	27.5mcg/spray	Veramyst	
Gnp_24 Hour Nasal Allergy Nasal Aerosol	55mcg/act	Nasacort AQ	
Goodsense Nasal Allergy Spray Nasal Aerosol	55mcg/act	Nasacort AQ	
Hm_24_Hour Nasal Allergy Nasal Aerosol	55mcg/act	Nasacort AQ	
Nasacort Allergy 24HR Nasal Aerosol	55mcg/act	Nasacort AQ	
Nasal_allergy 24 Hour Nasal Aerosol	55mcg/act	Nasacort AQ	
Ra_nasal Allergy Nasal Aerosol	55mcg/act	Nasacort AQ	
Saline Nasal Spray Nasal Solution	0.65%	Afrin Saline	
Sinus_rinse Kit Nasal Packet		Entsol	
Triamcinolone Acetonide Nasal Aerosol	55mcg/act	Nasacort AQ	
<i>Nutrients (Nutrientes)</i>			
Fish_oil Omega-3 Oral Capsule	1000mg	Marepa	
Fish_oil Oral Capsule	1000mg	Marepa	
Omega-3 Oral Capsule	1000mg	Marepa	
Omega_3 Oral Capsule	1000mg	Marepa	
<i>Ophthalmic Agents (Agentes Oftalmicos)</i>			
Alaway Childrens Allergy Ophthalmic Solution	0.035%	Zaditor	
Alaway Ophthalmic Solution	0.035%	Zaditor	
Allergy Eye Ophthalmic Solution	0.025-0.3%	Ak-con-a	
Cvs_allergy Eye Drops Ophthalmic Solution	0.035%	Zaditor	
Eq_eye Allergy Relief Ophthalmic Solution	0.027-0.315%	Opcon-a	
Eq_eye Itch Relief Ophthalmic Solution	0.035%	Zaditor	
Eq_lubricant Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	
Eye_allergy Relief Ophthalmic Solution	0.025-0.3%, 0.027-0.315%	Ak-con-a , Opcon-a	
Eye_itch Relief Ophthalmic Solution	0.035%	Zaditor	
Ft_lubricant Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Gentel Tears Severe Day/Night Ophthalmic Gel	0.4-0.3%	Systane free	
Gnp_eye Drops Long Lasting Ophthalmic Solution	0.4-0.3%	Systane	
Goodsense Ultra Lubricant Drop Ophthalmic Solution	0.4-0.3%	Systane	
Ketotifen Fumarate Ophthalmic Solution	0.025%, 0.035%	Zaditor	
Lubricant Drops/Dual-Action Ophthalmic Solution	0.5-0.9%	Optive	
Lubricant Eye Drops (PF) Ophthalmic Solution	0.4-0.3%	Systane Preservative Free	
Lubricant Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	
Lubricating Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	
Naphcon-a Ophthalmic Solution	0.025-0.3%	Ak-con-a	
Opcon-a Ophthalmic Solution	0.027-0.315%	Opcon-a	
Ra_eye Allergy Relief Ophthalmic Solution	0.027-0.315%	Opcon-a	
Ra_eye Itch Relief Ophthalmic Solution	0.035%	Zaditor	
Ra_lubricant Eye Ophthalmic Solution	0.4-0.3%	Systane	
Refresh Optive Advanced Ophthalmic Solution	0.5-1-0.5%	Refresh Optive Advanced	
Refresh Optive Ophthalmic Solution	0.5-0.9%	Optive	
Refresh Relieva Ophthalmic Solution	0.5-0.9%	Optive	
Sm_eye Itch Relief Ophthalmic Solution	0.035%	Zaditor	
Sm_lubricant Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	
Systane Daytime/Nighttime Ophthalmic Therapy Pack	0.4-0.3%	Systane Daytime/Nighttime	
Systane Hydration PF Ophthalmic Solution	0.4-0.3%	Systane Preservative Free	
Systane Ophthalmic Gel	0.4-0.3%	Systane free	
Systane Ophthalmic Solution	0.4-0.3%	Systane	
Systane Preservative Free Ophthalmic Solution	0.4-0.3%	Systane Preservative Free	
Systane Ultra Ophthalmic Solution	0.4-0.3%	Systane	
Systane Ultra PF Ophthalmic Solution	0.4-0.3%	Systane Preservative Free	
Ultra_lubricating Eye Drops Ophthalmic Solution	0.4-0.3%	Systane	
Ultra_lubricating Eye Drops PF Ophthalmic Solution	0.4-0.3%	Systane Preservative Free	
Zaditor Ophthalmic Solution	0.035%	Zaditor	
<i>Ulcer Drugs/antispasmodics/anticholinergics (Medicamentos Para Ulcera/ Antiespasmódicos/ Anticolinérgicos)</i>			
Acid_controller Max St Oral Tablet	20mg	Pepcid	
Acid_controller Oral Tablet	10mg	Pepcid AC	
Acid_reducer Oral Capsule Delayed Release	20.6 (20 base)mg	Cvs Omeprazole	QL (30 in 30 Days)
Acid_reducer Oral Tablet Delayed Release	20mg	Prilosec OTC	QL (30 in 30 Days)
Eq_esomeprazole Magnesium Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Eq_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Eq_omeprazole Magnesium Oral Capsule Delayed Release	20mg	Cvs Omeprazole	QL (30 in 30 Days)
Eq_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Eq_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Eq_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Ft_acid Reducer Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Ft_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Gnp_esomeprazole Magnesium Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Gnp_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Gnp_omeprazole Oral Capsule Delayed Release	20.6 (20 base)mg	Cvs Omeprazole	QL (30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage Form (Presentación)	Reference Brand Name (Nombre Comercial de Referencia)	UM
Gnp_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Goodsense Esomeprazole Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Goodsense Lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Kls_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Kls_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	
Kp_omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base)mg	Cvs Omeprazole	QL (30 in 30 Days)
Lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Nexium 24HR Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Nexium 24HR Oral Tablet Delayed Release	20mg	Nexium 24HR	QL (30 in 30 Days)
Omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base)mg	Cvs Omeprazole	QL (30 in 30 Days)
Omeprazole Magnesium Oral Tablet Delayed Release	20mg	Prilosec OTC	QL (30 in 30 Days)
Omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Prevacid 24HR Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Prilosec OTC Oral Tablet Delayed Release	20mg	Prilosec OTC	QL (30 in 30 Days)
Qc_esomeprazole Magnesium Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Qc_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Qc_omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base)mg	Cvs Omeprazole	QL (30 in 30 Days)
Qc_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Ra_esomeprazole Magnesium Oral Capsule Delayed Release	20mg	Nexium	QL (30 in 30 Days)
Ra_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Sb_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)
Sm_lansoprazole Oral Capsule Delayed Release	15mg	Prevacid	QL (30 in 30 Days)
Sm_omeprazole Oral Tablet Delayed Release	20mg	Ra Omeprazole	QL (30 in 30 Days)

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