

# LISTA DE MEDICAMENTOS PREFERIDOS 2023

MEDICAL CARD SYSTEM, INC.



## PREFERED DRUG LIST 2023

MEDICAL CARD SYSTEM, INC.



# Lista de Medicamentos Preferidos 2023

## 2023 Preferred Drug List

(PDL, por sus siglas en inglés)

**POR FAVOR LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS  
MEDICAMENTOS CUBIERTOS EN TU PLAN**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Esta lista se revisó por última vez el 10/08/2024. Para información más reciente u otras preguntas, por favor comuníquese con MCS Life al 1-888-758-1616 o, para usuarios de TTY, al 1-866-627-8182. El horario de servicio es 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 puedes visitar nuestro sitio web: <https://www.mcs.com.pr>.

*This list was last updated on 10/08/2024. 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 listado es dinámico y está sujeto a cambios. En esta lista publicada solo se mencionan los medicamentos clasificados como “preferidos”, que están cubiertos bajo el beneficio de medicamentos con receta. Revise este documento para asegurarse de que los medicamentos que toma aún están incluidos en la lista. Si alguno de sus medicamentos no está en la lista, consulte su póliza o al certificado de beneficios para más información acerca de los requisitos y procedimientos necesarios para solicitar una excepción para un medicamento recetado. Estos incluyen genéricos preferidos, medicamentos de marca preferida, medicamentos especializados preferidos. Los medicamentos que no estén incluidos en esta lista y son parte de su categoría de medicamentos cubiertos, podrían estar cubiertos con un copago mayor.

**Note to members:** *This list is dynamic and subject to change. The published list only mentions drugs classified as “preferred” which are covered by the prescription drug benefit. Review this document to make sure it still contains the drugs you take. If a drug is not on this list, refer to your policy or the certificate of benefits for more information regarding to the requirements and procedures for requesting an exception for a prescribed medication. This includes generic preferred, preferred brand medications, and specialty preferred medications. Drugs that are not included in this list and are part of your category of covered drugs may be covered with a higher copayment.*

Este documento incluye una lista de los medicamentos cubiertos bajo nuestro plan y será vigente a partir del 1ero de diciembre de 2024. Para un listado de medicamentos preferido más actualizado, puede acceder nuestra página [www.mcs.com.pr](http://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 for our plan, which will become effective on December 1st, 2024. For an updated list of preferred drugs, 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 at 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.

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 List 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 sido 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.*

*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 List 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.*

## **¿QUÉ SON LOS MEDICAMENTOS GENÉRICOS?**

Un medicamento genérico es 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 plan incluye medicamentos preventivos que le puede 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 of 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 pago de la 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 payment 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, 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.*

## **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:**

- Llama al servicio al cliente de WellDyneRx al 1-866-448-3339, las 24 horas del día, los siete (7) días de la semana. Tenga la 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](http://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 solicitarle 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. Puedes hacerlo mediante:**

- Tarjeta de crédito (Puedes 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 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 ninety (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 the link [www.WellDyneRx.com](http://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 TUS MEDICAMENTOS EN ESTE LISTADO?**

La manera más rápida en que puede conseguir sus medicamentos en este listado es buscando su medicamento en el índice, que comienza en la página 128. El índice coloca en orden alfabético todos los medicamentos incluidos en este listado. 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.

## **HOW TO FIND DRUGS ON THIS LIST?**

*The quickest way to find your prescription drugs on this list is by using the index on page 128. The index provides an alphabetical list of all the drugs included on this list. 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.*

## **¿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 nuestra lista 2023, que estaba cubierto al comenzar la póliza, solo habrá cambios en la lista 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 de la lista que estaban disponibles cuando eligió nuestro plan durante el resto del año de cubierta.

Es importante que tenga acceso continuo, durante el resto del año cubierta, a los medicamentos que estaban disponibles en la lista 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, esta lista 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 la lista 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 la lista o estén sujetos a algún otro procedimiento de manejo, para determinar si se debe hacer un cambio a la lista 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 la lista o que estén 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 la lista o están sujetos a otro procedimiento de manejo, información sobre medicamentos de receta que sean clínicamente similares o bioequivalentes pero que no figuran en la lista 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 2023 List, and that was covered at the beginning of the policy, changes to the list 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 drugs that were available on the list 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 list 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 list 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 list 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 list or are subject to another management procedure, information on prescription drugs that are clinically similar or bioequivalent but that are not on the list 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.

## ¿EXISTEN LÍMITES, EXCLUSIONES Y RESTRICCIONES EN MI CUBIERTA?

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

- **Preautorización (PA, por sus siglas en inglés):** MCS Life requiere que su médico o usted obtenga 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, consulte 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 lista 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.

- **Cantidad Limitada en el Primer Despacho (FFQL, por sus siglas en inglés):** Los medicamentos de marca tienen un límite de cantidad para el primer suplido. Para brindarle a usted y a su médico la oportunidad de evaluar adecuadamente la efectividad de un medicamento, solamente el primer despacho de medicamentos recetados estará cubierto durante 30 días en medicamentos disponibles para suministros utilizados a largo plazo.
- **Despacho dividido (SF, por sus siglas en inglés):** Limita el despacho de medicamentos a un suministro de 15 días durante los primeros 60 días de tratamiento.

Estos requisitos o límites en la cubierta no aplican a todos los productos y beneficios. Para más información sobre los límites y exclusiones de su cubierta, consulte su póliza o certificado de beneficios.

## **ARE THERE ANY RESTRICTIONS ON MY COVERAGE?**

*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 list. 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.*

- **First Fill Quantity Limit (FFQL):** Brand name drugs have a first fill quantity limit. To give you and your doctor the opportunity to properly evaluate the effectiveness of a drug, only the first fill of prescription drugs will be covered for 30 days on drugs available for long-term supplies.
- **Split Fill (SP):** Limits the dispensing of drugs to a 15-day supply during the first 60 days of treatment.

These requirements and coverage limits do not apply to all products and benefits. For more information about the limitations and exclusions of your coverage, please refer to your policy or certificate of benefits.

### Tabla de abreviaturas

|             |  |
|-------------|--|
| <b>PA</b>   | Medicamentos que requieren autorización previa a su despacho. La autorización podría aplicar a algunas o todas las potencias del medicamento.  |
| <b>QL</b>   | Medicamentos que tienen un límite en la cantidad a despacharse. El límite de cantidad podría aplicar a algunas o todas las potencias del medicamento.  |
| <b>ST</b>   | 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.  |
| <b>*</b>    | 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.  |
| <b>**</b>   | Medicamentos dentro de su lista podrán tener distintos niveles de copago, según establecido en su póliza.  |
| <b>UM</b>   | Édito de utilización.  |
| <b>FFQL</b> | Límite de cantidad para el primer suplido. Para brindarle a usted y a su médico la oportunidad de evaluar adecuadamente la efectividad de un medicamento, solo el primer despacho de medicamentos recetados estará cubierto durante 30 días para algunos de los medicamentos disponibles para un suministro a largo plazo. |

### Table of abbreviations

|             |  |
|-------------|--|
| <b>PA</b>   | Drugs that require prior authorization for dispenses. The authorization could apply to some or all the strengths of the drug.  |
| <b>ST</b>   | Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all strengths of the drug.  |
| <b>QL</b>   | Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all strengths of the drug.  |
| <b>*</b>    | These drugs will be covered as zero (\$0) copay, if you meet the criteria described in the Preventive Services section of your policy.   |
| <b>**</b>   | Drugs on your list may have different copayment levels, as established in your policy.   |
| <b>UM</b>   | Utilization Management   |
| <b>FFQL</b> | First Fill Quantity Limit. To provide you and your doctor with an opportunity to properly assess the effectiveness of a drug, only the first prescription fill will be covered for 30 days for some of the drugs available for a long-term supply. |

## ¿CUÁLES SON LOS REQUISITOS Y PROCEDIMIENTOS PARA SOLICITAR UNA EXCEPCIÓN PARA MEDICAMENTOS RECETADOS?

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

- 1) Un medicamento de receta que no está cubierto en la lista;
- 2) Cubierta continua de determinado medicamento de receta que MCS Life descontinúe de la lista 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 de 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 de receta en la lista 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 la lista 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 listado 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. El asegurado ya estaba en un escalón de terapia más avanzado que otro individuo y no sería razonable requerirle comenzar un nivel de terapia más bajo;
  - d. 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 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 the 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 list;*
- 2) *Continuous cover of certain prescription drug that MCS Life discontinued from the list 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 list 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 list 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 list 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.*

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)                  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                     |
|--|---|--|------------------------|------------------------|
| <b>Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians (Adhd / Anti-Narcolepsia / Anti-Obesidad / Anoréxicos)</b> |   |  |                        |                        |
| <i>Amphetamines (Amfetaminas)</i>  |   |  |                        |                        |
| Amphetamine-Dextroamphetamine Oral Tablet  | 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg | Adderall                                       | PREFERRED<br>GENERIC   | QL(60 in 30 Days)      |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 15 mg                                     | Dexedrine                                      | PREFERRED<br>GENERIC   |                        |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 10 mg                                     | Dexedrine                                      | PREFERRED<br>GENERIC   | QL(180 in 30 Days)     |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 5 mg                                      | Dexedrine                                      | PREFERRED<br>GENERIC   | QL(90 in 30 Days)      |
| Dyanavel Xr Oral Suspension Extended Release   | 2.5 mg/ml                                 | Dyanavel XR                                    | PREFERRED<br>BRAND     |                        |
| <i>Stimulants - Misc. (Estimulantes - Misc.)</i>   |   |  |                        |                        |
| Armodafinil Oral Tablet  | 250 mg                                    | Nuvigil  | PREFERRED<br>GENERIC   | QL(30 in 30 Days) , PA |
| Methylphenidate Hcl Oral Tablet  | 10 mg, 20 mg, 5 mg                        | Ritalin  | PREFERRED<br>GENERIC   | QL(90 in 30 Days)      |
| Quillichew Er Oral Tablet Chewable Extended Release  | 20 mg, 30 mg, 40 mg                       | QuilliChew ER                                  | PREFERRED<br>BRAND     | QL(90 in 30 Days)      |
| Quillivant Xr Oral Suspension Reconstituted Er   | 25 mg/5ml                                 | Quillivant XR                                  | PREFERRED<br>BRAND     | QL(360 in 30 Days)     |
| <b>Aminoglycosides (Aminoglicosidos)</b>   |   |  |                        |                        |
| <i>Aminoglycosides (Aminoglicosidos)</i>   |   |  |                        |                        |
| Kitabis Pak Inhalation Nebulization Solution   | 300 mg/5ml                                | Tobi   | PREFERRED<br>SPECIALTY |                        |
| Neomycin Sulfate Oral Tablet   | 500 mg                                    | Neomycin Sulfate                               | PREFERRED<br>GENERIC   |                        |
| Tobi_podhaler Inhalation Capsule   | 28 mg                                     | Tobi Podhaler                                  | PREFERRED<br>SPECIALTY | PA                     |
| Tobramycin Inhalation Nebulization Solution  | 300 mg/4ml, 300 mg/5ml                    | Bethkis ,Tobi                                  | PREFERRED<br>SPECIALTY |                        |
| <b>Analgesics - Anti-Inflammatory (Analgesicos - Antiinflamatorios)</b>                                    |   |  |                        |                        |
| <i>Anti-Tnf-Alpha - Monoclonal Antibodies (Anticuerpos Monoclonales - Anti-Tnf-Alfa)</i>                   |   |  |                        |                        |
| Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit   | 40 mg/0.4ml                               | Cyltezo (2 Pen)                                | PREFERRED<br>SPECIALTY | QL(2 in 28 Days) , PA  |
| Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit   | 40 mg/0.8ml                               | Cyltezo (2 Pen)                                | PREFERRED<br>SPECIALTY | QL(4 in 28 Days) , PA  |
| Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit   | 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml     | Cyltezo (2 Syringe)                            | PREFERRED<br>SPECIALTY | QL(2 in 28 Days) , PA  |
| Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit   | 40 mg/0.8ml                               | Cyltezo (2 Syringe)                            | PREFERRED<br>SPECIALTY | QL(4 in 28 Days) , PA  |
| Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit  | 40 mg/0.8ml                               | Cyltezo (2 Pen)                                | PREFERRED<br>SPECIALTY | QL(4 in 28 Days) , PA  |
| Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit  | 40 mg/0.4ml                               | Cyltezo (2 Pen)                                | PREFERRED<br>SPECIALTY | QL(6 in 28 Days) , PA  |
| Adalimumab-Adbm(Ps/Uv Starter) Subcutaneous Auto-Injector Kit  | 40 mg/0.4ml, 40 mg/0.8ml                  | Cyltezo (2 Pen)                                | PREFERRED<br>SPECIALTY | QL(4 in 28 Days) , PA  |
| Amjevita Subcutaneous Solution Auto-Injector   | 40 mg/0.8ml, 80 mg/0.8ml                  | Amjevita                                       | PREFERRED<br>SPECIALTY | PA                     |
| Amjevita Subcutaneous Solution Auto-Injector 40 Mg/0.4ml   | 40 40 mg/0.4ml                            | Amjevita                                       | PREFERRED<br>SPECIALTY | PA                     |

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| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                      |
|--|---|--|---------------------|-------------------------|
| Amjevita Subcutaneous Solution Prefilled Syringe                                   | 40 mg/0.4ml, 40 mg/0.8ml  | Amjevita                                       | PREFERRED SPECIALTY | PA                      |
| Amjevita-Ped 10kg To <15kg Subcutaneous Solution Prefilled Syringe                 | 10 mg/0.2ml   | Amjevita                                       | PREFERRED SPECIALTY | PA                      |
| Amjevita-Ped 15kg To <30kg Subcutaneous Solution Prefilled Syringe                 | 20 mg/0.2ml, 20 mg/0.4ml  | Amjevita                                       | PREFERRED SPECIALTY | PA                      |
| Humira (2 Pen) Subcutaneous Pen-Injector Kit                                       | 40 mg/0.4ml, 40 mg/0.8ml  | Humira Pen                                     | PREFERRED SPECIALTY | QL(4 in 28 Days) , PA   |
| Humira (2 Pen) Subcutaneous Pen-Injector Kit                                       | 80 mg/0.8ml   | Humira Pen-CD/UC/HS Starter                    | PREFERRED SPECIALTY | QL(3 in 28 Days) , PA   |
| Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit                              | 10 mg/0.1ml, 20 mg/0.2ml  | Humira   | PREFERRED SPECIALTY | QL(2 in 28 Days) , PA   |
| Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit                              | 40 mg/0.4ml, 40 mg/0.8ml  | Humira   | PREFERRED SPECIALTY | QL(4 in 28 Days) , PA   |
| Humira-Cd/Uc/Hs Starter Subcutaneous Pen-Injector Kit                              | 80 mg/0.8ml   | Humira Pen-CD/UC/HS Starter                    | PREFERRED SPECIALTY | QL(3 in 28 Days) , PA   |
| Humira-Psoriasis/Uveit Starter Subcutaneous Pen-Injector Kit                       | 80 mg/0.8ml & 40mg/0.4ml  | Humira Pen-Ps/UV/Adol HS Start                 | PREFERRED SPECIALTY | QL(3 in 28 Days) , PA   |
| Simlandi (1 Pen) Subcutaneous Auto-Injector Kit                                    | 40 mg/0.4ml   | Simlandi (2 Pen)                               | PREFERRED SPECIALTY | PA                      |
| Simlandi (2 Pen) Subcutaneous Auto-Injector Kit                                    | 40 mg/0.4ml   | Simlandi (2 Pen)                               | PREFERRED SPECIALTY | PA                      |
| Simponi Subcutaneous Solution Auto-Injector  | 100 mg/ml   | Simponi  | PREFERRED SPECIALTY | PA                      |
| <b>Antirheumatic - Enzyme Inhibitors (Antireumaticos - Inhibidores De Enzimas)</b> |   |  |                     |                         |
| Olumiant Oral Tablet   | 1 mg, 2 mg, 4 mg  | Olumiant                                       | PREFERRED SPECIALTY | PA                      |
| Rinvoq Oral Tablet Extended Release 24 Hour  | 30 mg, 45 mg  | Rinvoq   | PREFERRED SPECIALTY | PA                      |
| Rinvoq Oral Tablet Extended Release 24 Hour  | 15 mg   | Rinvoq   | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| Xeljanz Oral Solution  | 1 mg/ml   | Xeljanz  | PREFERRED SPECIALTY | QL(300 in 30 Days) , PA |
| Xeljanz Oral Tablet  | 5 mg  | Xeljanz  | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA |
| Xeljanz Oral Tablet  | 10 mg   | Xeljanz  | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA  |
| Xeljanz Xr Oral Tablet Extended Release 24 Hour                                    | 11 mg, 22 mg  | Xeljanz XR                                     | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| <b>Antirheumatic Antimetabolites (Antimetabolitos Antireumaticos)</b>              |   |  |                     |                         |
| Otrexup Subcutaneous Solution Auto-Injector  | 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml | Otrexup  | PREFERRED SPECIALTY | ST                      |
| Rasuvo Subcutaneous Solution Auto-Injector   | 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20                                    | Otrexup ,Rasuvo                                | PREFERRED SPECIALTY | ST                      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                     |
|---|---|--|---------------------|------------------------|
|   | mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml, 7.5 mg/0.15ml |  |                     |                        |
| <i>Gold Compounds (Compuestos De Oro)</i>   |   |  |                     |                        |
| Ridaura Oral Capsule  | 3 mg  | Ridaura  | PREFERRED BRAND     |                        |
| <i>Interleukin-1beta Blockers (Bloqueadores Beta De Interleukina 1)</i>                           |   |  |                     |                        |
| Ilaris Subcutaneous Solution  | 150 mg/ml   | Ilaris   | PREFERRED SPECIALTY |                        |
| <i>Interleukin-6 Receptor Inhibitors (Inhibidores De Receptores Interleukina 6)</i>               |   |  |                     |                        |
| Actemra Actpen Subcutaneous Solution Auto-Injector  | 162 mg/0.9ml  | Actemra ACTPen                                 | PREFERRED SPECIALTY | PA                     |
| Actemra Subcutaneous Solution Prefilled Syringe   | 162 mg/0.9ml  | Actemra  | PREFERRED SPECIALTY | PA                     |
| <i>Nonsteroidal Anti-Inflammatory Agents (Nsaids) (Agentes Antiinflamatorios No Esteroidales)</i> |   |  |                     |                        |
| Caldolor Intravenous Solution   | 800 mg/8ml  | Caldolor                                       | PREFERRED BRAND     |                        |
| Celecoxib Oral Capsule  | 100 mg, 200 mg, 400 mg, 50 mg                                     | CeleBEX  | PREFERRED GENERIC   | QL(60 in 30 Days) , ST |
| Diclofenac Sodium Oral Tablet Delayed Release   | 25 mg, 50 mg, 75 mg   | Voltaren                                       | PREFERRED GENERIC   |                        |
| Etodolac Er Oral Tablet Extended Release 24 Hour  | 400 mg  | Lodine XL                                      | PREFERRED GENERIC   |                        |
| Etodolac Oral Capsule   | 200 mg, 300 mg  | Lodine   | PREFERRED GENERIC   |                        |
| Etodolac Oral Tablet  | 400 mg, 500 mg  | Lodine   | PREFERRED GENERIC   |                        |
| Flurbiprofen Oral Tablet  | 100 mg, 50 mg   | Ansaid   | PREFERRED GENERIC   |                        |
| Ibuprofen Oral Suspension   | 100 mg/5ml  | Childrens Advil                                | PREFERRED GENERIC   |                        |
| Ibuprofen Oral Tablet   | 400 mg, 600 mg, 800 mg  | IB Pro   | PREFERRED GENERIC   |                        |
| Indomethacin Er Oral Capsule Extended Release   | 75 mg   | Indocin SR                                     | PREFERRED GENERIC   | QL(60 in 30 Days)      |
| Indomethacin Oral Capsule   | 50 mg   | Indocin  | PREFERRED GENERIC   | QL(120 in 30 Days)     |
| Indomethacin Oral Capsule   | 25 mg   | Indocin  | PREFERRED GENERIC   | QL(180 in 30 Days)     |
| Ketorolac Tromethamine Injection Solution   | 30 mg/ml  | Toradol  | PREFERRED GENERIC   |                        |
| Meloxicam Oral Tablet   | 15 mg, 7.5 mg   | Mobic  | PREFERRED GENERIC   | QL(30 in 30 Days)      |
| Nabumetone Oral Tablet  | 500 mg, 750 mg  | Relafen  | PREFERRED GENERIC   |                        |
| Naproxen Oral Tablet  | 250 mg, 375 mg, 500 mg  | Naprosyn                                       | PREFERRED GENERIC   |                        |
| Naproxen Oral Tablet Delayed Release  | 500 mg  | EC-Naprosyn                                    | PREFERRED GENERIC   |                        |
| Naproxen Sodium Oral Tablet   | 275 mg, 550 mg  | Anaprox ,Anaprox DS                            | PREFERRED GENERIC   |                        |



| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)            | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                    |
|---|-------------------------------------|--|------------------------|-----------------------|
| Oxaprozin Oral Tablet   | 600 mg                              | Daypro   | PREFERRED<br>GENERIC   |                       |
| Piroxicam Oral Capsule  | 10 mg, 20 mg                        | Feldene  | PREFERRED<br>GENERIC   |                       |
| Sulindac Oral Tablet  | 150 mg, 200 mg                      | Clinoril                                       | PREFERRED<br>GENERIC   |                       |
| <b>Phosphodiesterase 4 (Pde4) Inhibitors (Inhibidores De La Fosfodiesterasa 4 (Pde4))</b>                           |                                     |  |                        |                       |
| Otezla Oral Tablet  | 20 mg, 30 mg                        | Otezla   | PREFERRED<br>SPECIALTY | PA                    |
| Otezla Oral Tablet Therapy Pack   | 10 & 20 & 30 mg, 4 x 10 & 51 x20 mg | Otezla   | PREFERRED<br>SPECIALTY | PA                    |
| <b>Pyrimidine Synthesis Inhibitors (Inhibidores De La Sintesis De Pirimidina)</b>                                   |                                     |  |                        |                       |
| Leflunomide Oral Tablet   | 10 mg                               | Arava  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)     |
| <b>Soluble Tumor Necrosis Factor Receptor Agents (Agentes Del Receptor Para Factor Soluble De Necrosis Tumoral)</b> |                                     |  |                        |                       |
| Enbrel Mini Subcutaneous Solution Cartridge   | 50 mg/ml                            | Enbrel Mini                                    | PREFERRED<br>SPECIALTY | QL(8 in 28 Days) , PA |
| Enbrel Subcutaneous Solution  | 25 mg/0.5ml                         | Enbrel   | PREFERRED<br>SPECIALTY | QL(8 in 28 Days) , PA |
| Enbrel Subcutaneous Solution Prefilled Syringe  | 25 mg/0.5ml, 50 mg/ml               | Enbrel   | PREFERRED<br>SPECIALTY | QL(8 in 28 Days) , PA |
| Enbrel Sureclick Subcutaneous Solution Auto-Injector  | 50 mg/ml                            | Enbrel SureClick                               | PREFERRED<br>SPECIALTY | QL(8 in 28 Days) , PA |
| <b>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</b>   |                                     |  |                        |                       |
| <b>Analgesic Combinations (Combinaciones De Analgesicos)</b>  |                                     |  |                        |                       |
| Butalbital-Acetaminophen Oral Tablet  | 50-325 mg                           | Phrenilin                                      | PREFERRED<br>GENERIC   | QL(180 in 30 Days)    |
| Butalbital-Apap-Caffeine Oral Tablet  | 50-325-40 mg                        | Americet                                       | PREFERRED<br>GENERIC   | QL(180 in 30 Days)    |
| <b>Analgesics Other (Analgesicos - Otros)</b>   |                                     |  |                        |                       |
| Clonidine Hcl (Analgesia) Epidural Solution   | 100 mcg/ml, 500 mcg/ml              | Duraclon                                       | PREFERRED<br>SPECIALTY |                       |
| <b>Analgesics-Peptide Channel Blockers (Analgésicos - Bloqueadores De Los Canales De Péptido)</b>                   |                                     |  |                        |                       |
| Prialt Intrathecal Solution   | 500 mcg/5ml                         | Prialt   | PREFERRED<br>SPECIALTY |                       |
| <b>Salicylates (Salicilatos)</b>  |                                     |  |                        |                       |
| Diflunisal Oral Tablet  | 500 mg                              | Dolobid  | PREFERRED<br>GENERIC   |                       |
| Salsalate Oral Tablet   | 500 mg, 750 mg                      | Amigesic                                       | PREFERRED<br>GENERIC   |                       |
| <b>Analgesics - Opioid (Analgesicos - Opioides)</b>   |                                     |  |                        |                       |
| <b>Opioid Agonists (Agonistas Opioides)</b>   |                                     |  |                        |                       |
| Hydromorphone Hcl Oral Tablet   | 2 mg, 4 mg                          | Dilaudid                                       | PREFERRED<br>GENERIC   |                       |
| Meperidine Hcl Oral Solution  | 50 mg/5ml                           | Demerol  | PREFERRED<br>GENERIC   |                       |
| Meperidine Hcl Oral Tablet  | 50 mg                               | Demerol  | PREFERRED<br>GENERIC   |                       |
| Methadone Hcl Oral Tablet   | 10 mg, 5 mg                         | Dolophine                                      | PREFERRED<br>GENERIC   |                       |
| Morphine Sulfate Er Oral Tablet Extended Release  | 15 mg, 30 mg, 60 mg                 | MS Contin ,Oramorph SR                         | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                 |
|---|--|--|------------------------|--------------------|
| Morphine Sulfate Oral Solution  | 10 mg/5ml  | MS/L   | PREFERRED<br>GENERIC   |                    |
| Morphine Sulfate Oral Tablet  | 15 mg, 30 mg   | MSIR   | PREFERRED<br>GENERIC   |                    |
| Oxycodone Hcl Oral Capsule  | 5 mg   | OxyIR  | PREFERRED<br>GENERIC   |                    |
| Oxycodone Hcl Oral Concentrate  | 100 mg/5ml   | Roxicodone                                     | PREFERRED<br>GENERIC   |                    |
| Oxycodone Hcl Oral Tablet   | 10 mg, 5 mg  | Dazidox ,Roxicodone                            | PREFERRED<br>GENERIC   |                    |
| Oxycontin Oral Tablet Er 12 Hour Abuse-Deterrent                                  | 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg                            | OxyCONTIN                                      | PREFERRED<br>BRAND     | QL(120 in 30 Days) |
| Tramadol Hcl Er Oral Tablet Extended Release 24 Hour                              | 100 mg, 200 mg   | Ultram ER                                      | PREFERRED<br>GENERIC   |                    |
| Tramadol Hcl Oral Tablet  | 50 mg  | Ultram   | PREFERRED<br>GENERIC   |                    |
| <b>Opioid Combinations (Combinaciones De Opioides)</b>                            |  |  |                        |                    |
| Acetaminophen-Codeine Oral Solution   | 120-12 mg/5ml  | Acetaminophen-Codeine                          | PREFERRED<br>GENERIC   |                    |
| Acetaminophen-Codeine Oral Tablet   | 300-15 mg, 300-60 mg   | Tylenol with Codeine #4 ,Tylenol/Codeine #2    | PREFERRED<br>GENERIC   |                    |
| Hydrocodone-Acetaminophen Oral Tablet   | 10-325 mg, 5-325 mg, 7.5-325 mg  | Norco  | PREFERRED<br>GENERIC   |                    |
| Oxycodone-Acetaminophen Oral Tablet   | 10-325 mg, 5-325 mg, 7.5-325 mg  | Percocet                                       | PREFERRED<br>GENERIC   |                    |
| Tramadol-Acetaminophen Oral Tablet  | 37.5-325 mg  | Ultracet                                       | PREFERRED<br>GENERIC   |                    |
| <b>Opioid Partial Agonists (Agonistas Parciales De Opioides)</b>                  |  |  |                        |                    |
| Nalbuphine Hcl Injection Solution   | 20 mg/ml   | Nubain   | PREFERRED<br>GENERIC   |                    |
| Zubsolv Sublingual Tablet Sublingual  | 0.7-0.18 mg, 1.4-0.36 mg, 11.4-2.9 mg, 2.9-0.71 mg, 5.7-1.4 mg, 8.6-2.1 mg | Zubsolv  | PREFERRED<br>BRAND     |                    |
| <b>Anorectal And Related Products (Productos Anorectales Y Relacionados)</b>      |  |  |                        |                    |
| <b>Rectal Steroids (Esteroides Rectales)</b>                                      |  |  |                        |                    |
| Hydrocortisone Acetate Rectal Suppository   | 25 mg  | Anucort-HC                                     | PREFERRED<br>GENERIC   |                    |
| <b>Anti-Infective Agents - Misc. (Agentes Antiinfectivos - Misc.)</b>             |  |  |                        |                    |
| <b>Anti-Infective Agents - Misc. (Agentes Antiinfectivos - Misc.)</b>             |  |  |                        |                    |
| Metronidazole Oral Tablet   | 250 mg, 500 mg   | Flagyl   | PREFERRED<br>GENERIC   |                    |
| Pentamidine Isethionate Inhalation Solution Reconstituted                         | 300 mg   | Nebupent                                       | PREFERRED<br>SPECIALTY |                    |
| Pentamidine Isethionate Injection Solution Reconstituted                          | 300 mg   | Pentam   | PREFERRED<br>SPECIALTY |                    |
| Trimethoprim Oral Tablet  | 100 mg   | Proloprim                                      | PREFERRED<br>GENERIC   |                    |
| Xifaxan Oral Tablet   | 200 mg, 550 mg   | Xifaxan  | PREFERRED<br>BRAND     |                    |
| <b>Anti-Infective Misc. - Combinations (Antiinfectivos Misc. - Combinaciones)</b> |  |  |                        |                    |
| Sulfamethoxazole-Trimethoprim Oral Suspension                                     | 200-40 mg/5ml  | Bactrim  | PREFERRED<br>GENERIC   |                    |

| Product Name<br>(Nombre del Medicamento)                               | Dosage<br>(Presentacion)                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                 |
|--|--|--|------------------------|--------------------|
| Sulfamethoxazole-Trimethoprim Oral Tablet                              | 400-80 mg, 800-160 mg                      | Bactrim ,Bactrim DS                            | PREFERRED<br>GENERIC   |                    |
| <b>Glycopeptides (Glicopeptidos)</b>                                   |  |  |                        |                    |
| Dalvance Intravenous Solution Reconstituted                            | 500 mg                                     | Dalvance                                       | PREFERRED<br>BRAND     |                    |
| Orbactiv Intravenous Solution Reconstituted                            | 400 mg                                     | Orbactiv                                       | PREFERRED<br>BRAND     |                    |
| Vibativ Intravenous Solution Reconstituted                             | 750 mg                                     | Vibativ  | PREFERRED<br>BRAND     |                    |
| <b>Lincosamides (Lincosamidas)</b>                                     |  |  |                        |                    |
| Clindamycin Hcl Oral Capsule   | 150 mg, 300 mg, 75 mg                      | Cleocin  | PREFERRED<br>GENERIC   |                    |
| Clindamycin Palmitate Hcl Oral Solution Reconstituted                  | 75 mg/5ml                                  | Cleocin  | PREFERRED<br>GENERIC   |                    |
| <b>Monobactams (Monobactams)</b>                                       |  |  |                        |                    |
| Cayston Inhalation Solution Reconstituted                              | 75 mg                                      | Cayston  | PREFERRED<br>SPECIALTY |                    |
| <b>Polymyxins (Polimixinas)</b>  |  |  |                        |                    |
| Colistimethate Sodium (Cba) Injection Solution Reconstituted           | 150 mg                                     | Coly-Mycin M                                   | PREFERRED<br>SPECIALTY |                    |
| <b>Urinary Anti-Infectives (Antinfectivos Urinarios)</b>               |  |  |                        |                    |
| Methenamine Mandelate Oral Tablet                                      | 1 gm                                       | Methenamine Mandelate                          | PREFERRED<br>GENERIC   |                    |
| Nitrofurantoin Macrocrystal Oral Capsule                               | 100 mg, 50 mg                              | Macrochantin                                   | PREFERRED<br>GENERIC   |                    |
| Nitrofurantoin Monohyd Macro Oral Capsule                              | 100 mg                                     | Macrobid                                       | PREFERRED<br>GENERIC   |                    |
| <b>Antianginal Agents (Agentes Antianginales)</b>                      |  |  |                        |                    |
| <b>Nitrates (Nitratos)</b>   |  |  |                        |                    |
| Isosorbide Dinitrate Oral Tablet                                       | 10 mg, 20 mg, 30 mg, 5 mg                  | I.S.D. ,Isordil Titradose                      | PREFERRED<br>GENERIC   |                    |
| Isosorbide Mononitrate Er Oral Tablet Extended Release 24 Hour         | 120 mg, 30 mg, 60 mg                       | Imdur  | PREFERRED<br>GENERIC   |                    |
| Isosorbide Mononitrate Oral Tablet                                     | 10 mg, 20 mg                               | Ismo ,Monoket                                  | PREFERRED<br>GENERIC   |                    |
| Nitroglycerin Transdermal Patch 24 Hour                                | 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | Deponit ,Minitran                              | PREFERRED<br>GENERIC   |                    |
| <b>Antianxiety Agents (Agentes Contra La Ansiedad)</b>                 |  |  |                        |                    |
| <b>Antianxiety Agents - Misc. (Agentes Contra La Ansiedad - Misc.)</b> |  |  |                        |                    |
| Bupirone Hcl Oral Tablet   | 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg          | BuSpar ,Vanspar                                | PREFERRED<br>GENERIC   |                    |
| Hydroxyzine Hcl Oral Tablet  | 10 mg, 25 mg, 50 mg                        | Atarax   | PREFERRED<br>GENERIC   |                    |
| Hydroxyzine Pamoate Oral Capsule                                       | 25 mg, 50 mg                               | Hy-Pam   | PREFERRED<br>GENERIC   |                    |
| <b>Benzodiazepines (Benzodiazepinas)</b>                               |  |  |                        |                    |
| Alprazolam Er Oral Tablet Extended Release 24 Hour                     | 2 mg                                       | Xanax XR                                       | PREFERRED<br>GENERIC   |                    |
| Alprazolam Oral Tablet   | 0.25 mg, 0.5 mg, 1 mg                      | Xanax  | PREFERRED<br>GENERIC   | QL(120 in 30 Days) |
| Alprazolam Oral Tablet   | 2 mg                                       | Xanax  | PREFERRED<br>GENERIC   | QL(150 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                    |
|--|---------------------------|--|------------------------|-----------------------|
| Chlordiazepoxide Hcl Oral Capsule  | 10 mg, 25 mg, 5 mg        | H-Tran   | PREFERRED<br>GENERIC   |                       |
| Clorazepate Dipotassium Oral Tablet  | 15 mg, 7.5 mg             | Gen-XENE                                       | PREFERRED<br>GENERIC   | QL(180 in<br>30 Days) |
| Diazepam Oral Tablet   | 10 mg                     | Di Tran  | PREFERRED<br>GENERIC   | QL(120 in<br>30 Days) |
| Diazepam Oral Tablet   | 2 mg, 5 mg                | Di Tran  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)  |
| Lorazepam Oral Concentrate   | 2 mg/ml                   | LORazepam Intensol                             | PREFERRED<br>GENERIC   |                       |
| Lorazepam Oral Tablet  | 0.5 mg, 1 mg, 2 mg        | Ativan   | PREFERRED<br>GENERIC   | QL(120 in<br>30 Days) |
| Oxazepam Oral Capsule  | 10 mg, 15 mg, 30 mg       | Serax  | PREFERRED<br>GENERIC   |                       |
| <b>Antiarrhythmics (Antiarritmicos)</b>  |                           |  |                        |                       |
| <i>Antiarrhythmics Type I-A (Antiarritmicos Tipo I-A)</i>                                  |                           |  |                        |                       |
| Disopyramide Phosphate Oral Capsule  | 150 mg                    | Norpace  | PREFERRED<br>GENERIC   |                       |
| <i>Antiarrhythmics Type I-C (Antiarritmicos Tipo I-C)</i>                                  |                           |  |                        |                       |
| Flecainide Acetate Oral Tablet   | 100 mg, 150 mg, 50 mg     | Tambocor                                       | PREFERRED<br>GENERIC   |                       |
| Propafenone Hcl Oral Tablet  | 150 mg, 225 mg, 300 mg    | Rythmol  | PREFERRED<br>GENERIC   |                       |
| <i>Antiarrhythmics Type Iii (Antiarritmicos Tipo Iii)</i>                                  |                           |  |                        |                       |
| Amiodarone Hcl Oral Tablet   | 200 mg, 400 mg            | Cordarone ,Pacerone                            | PREFERRED<br>GENERIC   |                       |
| <b>Antiasthmatic And Bronchodilator Agents (Agentes Antiasmaticos Y Broncodilatadores)</b> |                           |  |                        |                       |
| <i>Antiasthmatic - Monoclonal Antibodies (Anticuerpos Antiasmaticos Monoclonales)</i>      |                           |  |                        |                       |
| Fasenra Pen Subcutaneous Solution Auto-Injector  | 30 mg/ml                  | Fasenra Pen                                    | PREFERRED<br>SPECIALTY | PA                    |
| Nucala Subcutaneous Solution Auto-Injector   | 100 mg/ml                 | Nucala   | PREFERRED<br>SPECIALTY | PA                    |
| Nucala Subcutaneous Solution Prefilled Syringe   | 100 mg/ml, 40 mg/0.4ml    | Nucala   | PREFERRED<br>SPECIALTY | PA                    |
| <i>Bronchodilators - Anticholinergics (Broncodilatadores - Anticolinergicos)</i>           |                           |  |                        |                       |
| Incruse Ellipta Inhalation Aerosol Powder Breath Activated                                 | 62.5 mcg/act              | Incruse Ellipta                                | PREFERRED<br>BRAND     | QL(30 in<br>30 Days)  |
| Ipratropium Bromide Inhalation Solution  | 0.02 %                    | Atrovent                                       | PREFERRED<br>GENERIC   |                       |
| Spiriva Respimat Inhalation Aerosol Solution   | 1.25 mcg/act, 2.5 mcg/act | Spiriva Respimat                               | PREFERRED<br>BRAND     | QL(4 in 30<br>Days)   |
| <i>Leukotriene Modulators (Moduladores Leucotrienos)</i>                                   |                           |  |                        |                       |
| Montelukast Sodium Oral Packet   | 4 mg                      | Singulair                                      | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)  |
| Montelukast Sodium Oral Tablet   | 10 mg                     | Singulair                                      | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)  |
| Montelukast Sodium Oral Tablet Chewable  | 4 mg, 5 mg                | Singulair                                      | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)  |
| Zafirlukast Oral Tablet  | 10 mg, 20 mg              | Accolate                                       | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)  |
| <i>Steroid Inhalants (Inhalantes Esteroidales)</i>   |                           |  |                        |                       |

| Product Name<br>(Nombre del Medicamento)                               | Dosage<br>(Presentacion)                      | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)   | UM                     |
|--|---|--|-------------------|------------------------|
| Arnuity Ellipta Inhalation Aerosol Powder Breath Activated             | 100 mcg/act, 200 mcg/act, 50 mcg/act          | Arnuity Ellipta                                | PREFERRED BRAND   | QL(30 in 30 Days) , ST |
| Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated | 220 mcg/act                                   | Asmanex (30 Metered Doses)                     | PREFERRED BRAND   | QL(1 in 30 Days)       |
| Asmanex (14 Metered Doses) Inhalation Aerosol Powder Breath Activated  | 220 mcg/act                                   | Asmanex (30 Metered Doses)                     | PREFERRED BRAND   | QL(1 in 30 Days)       |
| Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated  | 110 mcg/act, 220 mcg/act                      | Asmanex (30 Metered Doses)                     | PREFERRED BRAND   | QL(1 in 30 Days)       |
| Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated  | 220 mcg/act                                   | Asmanex (30 Metered Doses)                     | PREFERRED BRAND   | QL(1 in 30 Days)       |
| Asmanex Hfa Inhalation Aerosol   | 100 mcg/act, 200 mcg/act, 50 mcg/act          | Asmanex HFA                                    | PREFERRED BRAND   | QL(13 in 30 Days)      |
| Pulmicort Flexhaler Inhalation Aerosol Powder Breath Activated         | 180 mcg/act, 90 mcg/act                       | Pulmicort Flexhaler                            | PREFERRED BRAND   | QL(2 in 30 Days) , ST  |
| Qvar_redihaler Inhalation Aerosol Breath Activated                     | 40 mcg/act, 80 mcg/act                        | Qvar RediHaler                                 | PREFERRED BRAND   | QL(10.600 in 30 Days)  |
| <b>Sympathomimetics (Simpatomimeticos)</b>                             |   |  |                   |                        |
| Advair Hfa Inhalation Aerosol  | 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act | Advair HFA                                     | PREFERRED BRAND   | QL(12 in 30 Days)      |
| Albuterol Sulfate Inhalation Nebulization Solution                     | (2.5 mg/3ml) 0.083%                           | Airet  | PREFERRED GENERIC |                        |
| Albuterol Sulfate Oral Syrup   | 2 mg/5ml                                      | Proventil                                      | PREFERRED GENERIC |                        |
| Albuterol Sulfate Oral Tablet  | 2 mg, 4 mg                                    | Proventil                                      | PREFERRED GENERIC |                        |
| Anoro_ellipta Inhalation Aerosol Powder Breath Activated               | 62.5-25 mcg/act                               | Anoro Ellipta                                  | PREFERRED BRAND   | QL(60 in 30 Days)      |
| Breo_ellipta Inhalation Aerosol Powder Breath Activated                | 100-25 mcg/act, 200-25 mcg/act, 50-25 mcg/inh | Breo Ellipta                                   | PREFERRED BRAND   | QL(60 in 30 Days)      |
| Breztri Aerosphere Inhalation Aerosol                                  | 160-9-4.8 mcg/act                             | Breztri Aerosphere                             | PREFERRED BRAND   |                        |
| Combivent Respimat Inhalation Aerosol Solution                         | 20-100 mcg/act                                | Combivent Respimat                             | PREFERRED BRAND   |                        |
| Dulera Inhalation Aerosol  | 100-5 mcg/act, 200-5 mcg/act, 50-5 mcg/act    | Dulera   | PREFERRED BRAND   | QL(13 in 30 Days)      |
| Ipratropium-Albuterol Inhalation Solution                              | 0.5-2.5 (3) mg/3ml                            | DuoNeb   | PREFERRED GENERIC |                        |
| Levalbuterol Hcl Inhalation Nebulization Solution                      | 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml         | Xopenex  | PREFERRED GENERIC |                        |
| Serevent Diskus Inhalation Aerosol Powder Breath Activated             | 50 mcg/act                                    | Serevent Diskus                                | PREFERRED BRAND   | QL(60 in 30 Days)      |
| Stiolto Respimat Inhalation Aerosol Solution                           | 2.5-2.5 mcg/act                               | Stiolto Respimat                               | PREFERRED BRAND   | QL(4 in 30 Days)       |
| Striverdi Respimat Inhalation Aerosol Solution                         | 2.5 mcg/act                                   | Striverdi Respimat                             | PREFERRED BRAND   | QL(60 in 30 Days)      |
| Terbutaline Sulfate Oral Tablet  | 2.5 mg, 5 mg                                  | Brethine                                       | PREFERRED GENERIC |                        |
| Ventolin Hfa Inhalation Aerosol Solution                               | 108 (90 base) mcg/act                         | Proventil HFA                                  | PREFERRED BRAND   |                        |
| <b>Xanthines (Xantinas)</b>  |   |  |                   |                        |
| Theophylline Er Oral Tablet Extended Release 24 Hour                   | 400 mg, 600 mg                                | Uni-Dur , Uniphyl                              | PREFERRED GENERIC |                        |



| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                        |
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| <b>Anticoagulants (Anticoagulantes)</b>   |   |  |                        |                           |
| <i>Coumarin Anticoagulants (Anticoagulantes De Cumarina)</i>                              |   |  |                        |                           |
| Warfarin Sodium Oral Tablet   | 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg   | Coumadin                                       | PREFERRED<br>GENERIC   |                           |
| <i>Direct Factor Xa Inhibitors (Inhibidores De Factor Directo Xa)</i>                     |   |  |                        |                           |
| Eliquis Dvt/Pe Starter Pack Oral Tablet Therapy Pack                                      | 5 mg  | Eliquis DVT/PE Starter Pack                    | PREFERRED<br>BRAND     | QL(74 in 30 Days)         |
| Eliquis Oral Tablet   | 2.5 mg, 5 mg  | Eliquis  | PREFERRED<br>BRAND     | QL(60 in 30 Days)         |
| Xarelto Oral Tablet   | 10 mg, 20 mg  | Xarelto  | PREFERRED<br>BRAND     | QL(30 in 30 Days)         |
| Xarelto Oral Tablet   | 15 mg   | Xarelto  | PREFERRED<br>BRAND     | QL(60 in 30 Days)         |
| Xarelto Oral Tablet   | 2.5 mg  | Xarelto  | PREFERRED<br>BRAND     | QL(60 in 30 Days) ,<br>PA |
| Xarelto Starter Pack Oral Tablet Therapy Pack   | 15 & 20 mg  | Xarelto Starter Pack                           | PREFERRED<br>BRAND     | QL(51 in 30 Days)         |
| <i>Heparins And Heparinoid-Like Agents (Heparinas Y Agentes Similares A Heparinoides)</i> |   |  |                        |                           |
| Fondaparinux Sodium Subcutaneous Solution   | 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml   | Arixtra  | PREFERRED<br>SPECIALTY | QL(14 in 30 Days)         |
| Fondaparinux Sodium Subcutaneous Solution   | 2.5 mg/0.5ml  | Arixtra  | PREFERRED<br>SPECIALTY | QL(24 in 30 Days)         |
| Fragmin Subcutaneous Solution   | 10000 unit/4ml, 95000 unit/3.8ml  | Fragmin  | PREFERRED<br>SPECIALTY |                           |
| Fragmin Subcutaneous Solution Prefilled Syringe   | 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml, 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml | Fragmin  | PREFERRED<br>SPECIALTY |                           |
| <i>In Vitro/Lock Anticoagulants (Anticoagulantes In Vitro / Lock)</i>                     |   |  |                        |                           |
| Acd_formula A In Vitro Solution   | 0.73-2.45-2.2 gm/100ml  | ACD Formula A                                  | PREFERRED<br>BRAND     |                           |
| Acd-A_noclot-50 In Vitro Solution   | 0.73-2.45-2.2 gm/100ml  | ACD Formula A                                  | PREFERRED<br>BRAND     |                           |
| Tricitrasol In Vitro Concentrate  | 46.7 %  | TriCitrasol                                    | PREFERRED<br>BRAND     |                           |
| <b>Anticonvulsants (Anticonvulsivos)</b>  |   |  |                        |                           |
| <i>Ampa Glutamate Receptor Antagonists (Antagonistas Del Receptor Ampa Glutamato)</i>     |   |  |                        |                           |
| Fycompa Oral Suspension   | 0.5 mg/ml   | Fycompa  | PREFERRED<br>BRAND     |                           |
| Fycompa Oral Tablet   | 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg  | Fycompa  | PREFERRED<br>BRAND     |                           |
| <i>Anticonvulsants - Benzodiazepines (Anticonvulsivos - Benzodiacepinas)</i>              |   |  |                        |                           |
| Clonazepam Oral Tablet  | 2 mg  | KlonoPIN                                       | PREFERRED<br>GENERIC   | QL(300 in 30 Days)        |
| Clonazepam Oral Tablet  | 0.5 mg, 1 mg  | KlonoPIN                                       | PREFERRED<br>GENERIC   | QL(90 in 30 Days)         |
| <i>Anticonvulsants - Misc. (Anticonvulsivos - Misc.)</i>                                  |   |  |                        |                           |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion)           | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                     |
|--|------------------------------------|--|------------------------|------------------------|
| Carbamazepine Oral Suspension                            | 100 mg/5ml                         | TEGretol                                       | PREFERRED<br>GENERIC   |                        |
| Carbamazepine Oral Tablet                                | 200 mg                             | Epitol   | PREFERRED<br>GENERIC   |                        |
| Carbamazepine Oral Tablet Chewable                       | 100 mg                             | TEGretol                                       | PREFERRED<br>GENERIC   |                        |
| Epidiolex Oral Solution                                  | 100 mg/ml                          | Epidiolex                                      | PREFERRED<br>SPECIALTY | PA                     |
| Gabapentin Oral Capsule                                  | 400 mg                             | Neurontin                                      | PREFERRED<br>GENERIC   | QL(270 in<br>30 Days)  |
| Gabapentin Oral Capsule                                  | 100 mg, 300 mg                     | Neurontin                                      | PREFERRED<br>GENERIC   | QL(300 in<br>30 Days)  |
| Gabapentin Oral Solution                                 | 250 mg/5ml                         | Neurontin                                      | PREFERRED<br>GENERIC   | QL(2160 in<br>30 Days) |
| Gabapentin Oral Tablet                                   | 800 mg                             | Neurontin                                      | PREFERRED<br>GENERIC   | QL(120 in<br>30 Days)  |
| Gabapentin Oral Tablet                                   | 600 mg                             | Neurontin                                      | PREFERRED<br>GENERIC   | QL(180 in<br>30 Days)  |
| Lamotrigine Oral Tablet                                  | 100 mg, 150 mg, 200<br>mg, 25 mg   | LaMICtal                                       | PREFERRED<br>GENERIC   |                        |
| Lamotrigine Oral Tablet Chewable                         | 25 mg, 5 mg                        | LaMICtal                                       | PREFERRED<br>GENERIC   |                        |
| Levetiracetam Er Oral Tablet Extended Release<br>24 Hour | 750 mg                             | Keppra XR                                      | PREFERRED<br>GENERIC   | QL(120 in<br>30 Days)  |
| Levetiracetam Er Oral Tablet Extended Release<br>24 Hour | 500 mg                             | Keppra XR                                      | PREFERRED<br>GENERIC   | QL(180 in<br>30 Days)  |
| Levetiracetam Oral Solution                              | 100 mg/ml                          | Keppra   | PREFERRED<br>GENERIC   |                        |
| Levetiracetam Oral Tablet                                | 1000 mg, 250 mg, 500<br>mg, 750 mg | Keppra   | PREFERRED<br>GENERIC   |                        |
| Oxcarbazepine Oral Tablet                                | 150 mg, 300 mg, 600 mg             | Trileptal                                      | PREFERRED<br>GENERIC   |                        |
| Pregabalin Oral Capsule                                  | 225 mg, 25 mg, 300 mg              | Lyrica   | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)   |
| Pregabalin Oral Capsule                                  | 100 mg, 200 mg, 50 mg              | Lyrica   | PREFERRED<br>GENERIC   | QL(90 in<br>30 Days)   |
| Primidone Oral Tablet                                    | 250 mg, 50 mg                      | Mysoline                                       | PREFERRED<br>GENERIC   |                        |
| Topiramate Oral Capsule Sprinkle                         | 15 mg, 25 mg                       | Topamax  | PREFERRED<br>GENERIC   |                        |
| Topiramate Oral Tablet                                   | 100 mg, 200 mg, 25 mg,<br>50 mg    | Topamax  | PREFERRED<br>GENERIC   |                        |
| Zonisamide Oral Capsule                                  | 100 mg, 25 mg, 50 mg               | Zonegran                                       | PREFERRED<br>GENERIC   |                        |
| <b>Carbamates (Carbamatos)</b>                           |                                    |  |                        |                        |
| Felbamate Oral Suspension                                | 600 mg/5ml                         | Felbatol                                       | PREFERRED<br>GENERIC   |                        |
| Felbamate Oral Tablet                                    | 600 mg                             | Felbatol                                       | PREFERRED<br>GENERIC   |                        |
| <b>Gaba Modulators (Moduladores Gaba)</b>                |                                    |  |                        |                        |
| Vigabatrin Oral Packet                                   | 500 mg                             | Sabril   | PREFERRED<br>SPECIALTY | QL(180 in<br>30 Days)  |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                 |
|--|-----------------------------|--|---------------------|--------------------|
| Vigabatrin Oral Tablet   | 500 mg                      | Sabril   | PREFERRED SPECIALTY |                    |
| Vigadrone Oral Packet  | 500 mg                      | Sabril   | PREFERRED SPECIALTY | QL(180 in 30 Days) |
| <b>Hydantoins (Hidantoinas)</b>  |                             |  |                     |                    |
| Dilantin Oral Capsule  | 30 mg                       | Dilantin                                       | PREFERRED BRAND     |                    |
| Phenytoin Oral Suspension  | 125 mg/5ml                  | Dilantin                                       | PREFERRED GENERIC   |                    |
| Phenytoin Sodium Extended Oral Capsule   | 100 mg                      | Dilantin                                       | PREFERRED GENERIC   |                    |
| <b>Succinimides (Succinimidias)</b>  |                             |  |                     |                    |
| Ethosuximide Oral Capsule  | 250 mg                      | Zarontin                                       | PREFERRED GENERIC   |                    |
| <b>Valproic Acid (Acido Valproico)</b>   |                             |  |                     |                    |
| Divalproex Sodium Er Oral Tablet Extended Release 24 Hour  | 250 mg, 500 mg              | Depakote ER                                    | PREFERRED GENERIC   |                    |
| Divalproex Sodium Oral Tablet Delayed Release  | 125 mg, 250 mg, 500 mg      | Depakote                                       | PREFERRED GENERIC   |                    |
| Valproic Acid Oral Capsule   | 250 mg                      | Depakene                                       | PREFERRED GENERIC   |                    |
| Valproic Acid Oral Solution  | 250 mg/5ml                  | Depakene                                       | PREFERRED GENERIC   |                    |
| <b>Antidepressants (Antidepressivos)</b>   |                             |  |                     |                    |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics) (Antagonistas De Receptores Alfa-2 (Tetraciclicos))</b>                   |                             |  |                     |                    |
| Mirtazapine Oral Tablet  | 15 mg, 30 mg, 45 mg, 7.5 mg | Mirtazapine ,Remeron                           | PREFERRED GENERIC   | QL(30 in 30 Days)  |
| Mirtazapine Oral Tablet Disintegrating   | 15 mg, 30 mg, 45 mg         | Remeron SolTab                                 | PREFERRED GENERIC   | QL(30 in 30 Days)  |
| <b>Antidepressants - Misc. (Antidepressivos - Misc.)</b>   |                             |  |                     |                    |
| Bupropion Hcl Er (Sr) Oral Tablet Extended Release 12 Hour   | 100 mg, 150 mg, 200 mg      | Wellbutrin SR                                  | PREFERRED GENERIC   | QL(60 in 30 Days)  |
| Bupropion Hcl Er (Xi) Oral Tablet Extended Release 24 Hour   | 150 mg, 300 mg              | Wellbutrin XL                                  | PREFERRED GENERIC   | QL(30 in 30 Days)  |
| Bupropion Hcl Oral Tablet  | 75 mg                       | Wellbutrin                                     | PREFERRED GENERIC   | QL(180 in 30 Days) |
| Bupropion Hcl Oral Tablet  | 100 mg                      | Wellbutrin                                     | PREFERRED GENERIC   | QL(90 in 30 Days)  |
| <b>Monoamine Oxidase Inhibitors (Maois) (Inhibidores De Monoamina Oxidasa (Imao))</b>                                    |                             |  |                     |                    |
| Phenelzine Sulfate Oral Tablet   | 15 mg                       | Nardil   | PREFERRED GENERIC   |                    |
| <b>Selective Serotonin Reuptake Inhibitors (Ssrís) (Inhibidores Selectivos De La Recaptación De Serotonina (Ssrís ))</b> |                             |  |                     |                    |
| Citalopram Hydrobromide Oral Solution  | 10 mg/5ml                   | CeleXA   | PREFERRED GENERIC   | QL(600 in 30 Days) |
| Citalopram Hydrobromide Oral Tablet  | 10 mg, 20 mg, 40 mg         | CeleXA   | PREFERRED GENERIC   | QL(30 in 30 Days)  |
| Escitalopram Oxalate Oral Solution   | 5 mg/5ml                    | Lexapro  | PREFERRED GENERIC   | QL(600 in 30 Days) |
| Escitalopram Oxalate Oral Tablet   | 10 mg, 20 mg, 5 mg          | Lexapro  | PREFERRED GENERIC   | QL(30 in 30 Days)  |
| Fluoxetine Hcl Oral Capsule  | 10 mg, 20 mg                | PROzac   | PREFERRED GENERIC   | QL(30 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                           |
|---|--|--|----------------------|------------------------------|
| Fluoxetine Hcl Oral Capsule   | 40 mg                                      | PROzac   | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| Fluoxetine Hcl Oral Solution  | 20 mg/5ml                                  | PROzac   | PREFERRED<br>GENERIC | QL(600 in<br>30 Days)        |
| Fluoxetine Hcl Oral Tablet  | 10 mg, 20 mg                               | PROzac ,Rapiflux                               | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)         |
| Fluvoxamine Maleate Oral Tablet   | 25 mg, 50 mg                               | Luvox  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| Fluvoxamine Maleate Oral Tablet   | 100 mg                                     | Luvox  | PREFERRED<br>GENERIC | QL(90 in<br>30 Days)         |
| Paroxetine Hcl Oral Tablet  | 10 mg, 20 mg, 40 mg                        | Paxil  | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)         |
| Paroxetine Hcl Oral Tablet  | 30 mg                                      | Paxil  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| Sertraline Hcl Oral Concentrate   | 20 mg/ml                                   | Zoloft   | PREFERRED<br>GENERIC | QL(300 in<br>30 Days)        |
| Sertraline Hcl Oral Tablet  | 25 mg, 50 mg                               | Zoloft   | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)         |
| Sertraline Hcl Oral Tablet  | 100 mg                                     | Zoloft   | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| <b>Serotonin Modulators (Moduladores De Serotonina)</b>   |  |  |                      |                              |
| Trazodone Hcl Oral Tablet   | 100 mg, 150 mg, 300 mg, 50 mg              | Desyrel  | PREFERRED<br>GENERIC |                              |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (Snris) (Inhibidores De La Recaptacion De Serotonina Y Norepinefrina (Snris))</b> |  |  |                      |                              |
| Duloxetine Hcl Oral Capsule Delayed Release Particles   | 20 mg, 30 mg                               | Cymbalta                                       | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)         |
| Duloxetine Hcl Oral Capsule Delayed Release Particles   | 60 mg                                      | Cymbalta                                       | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| Fetzima Oral Capsule Extended Release 24 Hour   | 120 mg, 20 mg, 40 mg, 80 mg                | Fetzima  | PREFERRED<br>BRAND   | QL(30 in<br>30 Days) ,<br>ST |
| Fetzima Titration Oral Capsule Er 24 Hour Therapy Pack  | 20 & 40 mg                                 | Fetzima Titration                              | PREFERRED<br>BRAND   | QL(1 in 28<br>Days)          |
| Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour  | 150 mg, 37.5 mg                            | Effexor XR                                     | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)         |
| Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour  | 75 mg                                      | Effexor XR                                     | PREFERRED<br>GENERIC | QL(90 in<br>30 Days)         |
| Venlafaxine Hcl Oral Tablet   | 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg       | Effexor  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)         |
| <b>Tricyclic Agents (Agentes Triciclicos)</b>   |  |  |                      |                              |
| Amitriptyline Hcl Oral Tablet   | 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | Elavil   | PREFERRED<br>GENERIC |                              |
| Amoxapine Oral Tablet   | 100 mg, 150 mg, 25 mg, 50 mg               | Amoxapine ,Asendin                             | PREFERRED<br>GENERIC |                              |
| Clomipramine Hcl Oral Capsule   | 25 mg, 50 mg                               | Anafranil                                      | PREFERRED<br>GENERIC |                              |
| Desipramine Hcl Oral Tablet   | 10 mg, 25 mg, 75 mg                        | Norpramin                                      | PREFERRED<br>GENERIC |                              |
| Doxepin Hcl Oral Capsule  | 10 mg, 100 mg, 150 mg, 50 mg, 75 mg        | Adapin ,SINEquan                               | PREFERRED<br>GENERIC |                              |
| Doxepin Hcl Oral Concentrate  | 10 mg/ml                                   | SINEquan                                       | PREFERRED<br>GENERIC |                              |

| Product Name<br>(Nombre del Medicamento)                                    | Dosage<br>(Presentacion)                         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                          |
|---|--|--|----------------------|-----------------------------|
| Imipramine Hcl Oral Tablet  | 10 mg, 25 mg, 50 mg                              | Tofranil                                       | PREFERRED<br>GENERIC |                             |
| Nortriptyline Hcl Oral Capsule  | 10 mg, 25 mg, 50 mg, 75 mg                       | Aventyl ,Pamelor                               | PREFERRED<br>GENERIC |                             |
| Nortriptyline Hcl Oral Solution   | 10 mg/5ml  | Aventyl  | PREFERRED<br>GENERIC |                             |
| <b>Antidiabetics (Antidiabeticos)</b>                                       |  |  |                      |                             |
| <i>Alpha-Glucosidase Inhibitors (Inhibidores De Alfa-Glucosidasa)</i>       |  |  |                      |                             |
| Acarbose Oral Tablet  | 100 mg, 25 mg, 50 mg                             | Precose  | PREFERRED<br>GENERIC | QL(90 in 30 Days)           |
| <i>Antidiabetic - Amylin Analogs (Antidiabeticos - Analogos De Amilina)</i> |  |  |                      |                             |
| Symlinpen 120 Subcutaneous Solution Pen-Injector                            | 2700 mcg/2.7ml                                   | SymlinPen 120                                  | PREFERRED<br>BRAND   | QL(10.800 in 30 Days) , ST  |
| Symlinpen 60 Subcutaneous Solution Pen-Injector                             | 1500 mcg/1.5ml                                   | SymlinPen 60                                   | PREFERRED<br>BRAND   | QL(6 in 30 Days) , ST       |
| <i>Antidiabetic Combinations (Combinaciones Contra La Diabetes)</i>         |  |  |                      |                             |
| Glipizide-Metformin Hcl Oral Tablet   | 2.5-250 mg, 2.5-500 mg, 5-500 mg                 | Metaglip                                       | PREFERRED<br>GENERIC | QL(120 in 30 Days)          |
| Glyburide-Metformin Oral Tablet   | 1.25-250 mg, 2.5-500 mg, 5-500 mg                | Glucovance                                     | PREFERRED<br>GENERIC |                             |
| Glyxambi Oral Tablet  | 10-5 mg, 25-5 mg                                 | Glyxambi                                       | PREFERRED<br>BRAND   | QL(30 in 30 Days) , ST      |
| Invokamet Oral Tablet   | 150-1000 mg, 150-500 mg, 50-1000 mg, 50-500 mg   | Invokamet                                      | PREFERRED<br>BRAND   | QL(60 in 30 Days) , ST , PA |
| Invokamet Xr Oral Tablet Extended Release 24 Hour                           | 150-1000 mg, 150-500 mg, 50-1000 mg, 50-500 mg   | Invokamet XR                                   | PREFERRED<br>BRAND   | QL(60 in 30 Days) , ST , PA |
| Janumet Oral Tablet   | 50-1000 mg, 50-500 mg                            | Janumet  | PREFERRED<br>BRAND   | QL(60 in 30 Days) , ST      |
| Janumet Xr Oral Tablet Extended Release 24 Hour                             | 100-1000 mg                                      | Janumet XR                                     | PREFERRED<br>BRAND   | QL(30 in 30 Days) , ST      |
| Janumet Xr Oral Tablet Extended Release 24 Hour                             | 50-1000 mg, 50-500 mg                            | Janumet XR                                     | PREFERRED<br>BRAND   | QL(60 in 30 Days) , ST      |
| Jentadueto Oral Tablet  | 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg              | Jentadueto                                     | PREFERRED<br>BRAND   | ST                          |
| Jentadueto Xr Oral Tablet Extended Release 24 Hour                          | 2.5-1000 mg, 5-1000 mg                           | Jentadueto XR                                  | PREFERRED<br>BRAND   | ST                          |
| Pioglitazone Hcl-Metformin Hcl Oral Tablet                                  | 15-500 mg, 15-850 mg                             | Actoplus Met                                   | PREFERRED<br>GENERIC | QL(90 in 30 Days)           |
| Segluromet Oral Tablet  | 2.5-1000 mg, 2.5-500 mg, 7.5-1000 mg, 7.5-500 mg | Segluromet                                     | PREFERRED<br>BRAND   | ST                          |
| Soliqua Subcutaneous Solution Pen-Injector                                  | 100-33 unt-mcg/ml                                | Soliqua  | PREFERRED<br>BRAND   | QL(18 in 30 Days) , PA      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                     |
|---|--|--|---------------------|------------------------|
| Synjardy Oral Tablet  | 12.5-1000 mg, 12.5-500 mg, 5-1000 mg, 5-500 mg | Synjardy                                       | PREFERRED BRAND     | QL(60 in 30 Days) , ST |
| Synjardy Xr Oral Tablet Extended Release 24 Hour  | 25-1000 mg                                     | Synjardy XR                                    | PREFERRED BRAND     | QL(30 in 30 Days) , ST |
| Synjardy Xr Oral Tablet Extended Release 24 Hour  | 10-1000 mg, 12.5-1000 mg, 5-1000 mg            | Synjardy XR                                    | PREFERRED BRAND     | QL(60 in 30 Days) , ST |
| Trijardy Xr Oral Tablet Extended Release 24 Hour  | 10-5-1000 mg, 25-5-1000 mg                     | Trijardy XR                                    | PREFERRED BRAND     | QL(30 in 30 Days) , ST |
| Trijardy Xr Oral Tablet Extended Release 24 Hour  | 12.5-2.5-1000 mg, 5-2.5-1000 mg                | Trijardy XR                                    | PREFERRED BRAND     | QL(60 in 30 Days) , ST |
| Xigduo Xr Oral Tablet Extended Release 24 Hour  | 10-1000 mg                                     | Xigduo XR                                      | PREFERRED BRAND     | QL(30 in 30 Days) , ST |
| Xigduo Xr Oral Tablet Extended Release 24 Hour  | 10-500 mg, 2.5-1000 mg, 5-1000 mg, 5-500 mg    | Xigduo XR                                      | PREFERRED BRAND     | QL(60 in 30 Days) , ST |
| <b><i>Biguanides (Biguanidas)</i></b>   |  |  |                     |                        |
| Metformin Hcl Er Oral Tablet Extended Release 24 Hour   | 500 mg   | Glucophage XR                                  | PREFERRED GENERIC   | QL(120 in 30 Days)     |
| Metformin Hcl Er Oral Tablet Extended Release 24 Hour   | 750 mg   | Glucophage XR                                  | PREFERRED GENERIC   | QL(60 in 30 Days)      |
| Metformin Hcl Oral Tablet   | 500 mg   | Glucophage                                     | PREFERRED GENERIC   | QL(120 in 30 Days)     |
| Metformin Hcl Oral Tablet   | 1000 mg  | Glucophage                                     | PREFERRED GENERIC   | QL(60 in 30 Days)      |
| Metformin Hcl Oral Tablet   | 850 mg   | Glucophage                                     | PREFERRED GENERIC   | QL(90 in 30 Days)      |
| <b><i>Diabetic Other (Diabetes - Otros)</i></b>   |  |  |                     |                        |
| Baqsimi One Pack Nasal Powder   | 3 mg/dose                                      | Baqsimi One Pack                               | PREFERRED BRAND     |                        |
| Baqsimi Two Pack Nasal Powder   | 3 mg/dose                                      | Baqsimi One Pack                               | PREFERRED BRAND     |                        |
| Mifepristone Oral Tablet  | 300 mg   | Korlym   | PREFERRED SPECIALTY | QL(120 in 30 Days)     |
| <b><i>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors (Inhibidores De Dipeptidil Peptidasa-4 (Dpp-4))</i></b> |  |  |                     |                        |
| Januvia Oral Tablet   | 100 mg, 25 mg, 50 mg                           | Januvia  | PREFERRED BRAND     | QL(30 in 30 Days) , ST |
| Tradjenta Oral Tablet   | 5 mg   | Tradjenta                                      | PREFERRED BRAND     | QL(30 in 30 Days) , ST |
| <b><i>Incretin Mimetic Agents (Agentes Miméticos De Incretina (Agonistas Del Receptor Glp-1))</i></b>   |  |  |                     |                        |
| Bydureon Bcise Subcutaneous Auto-Injector   | 2 mg/0.85ml                                    | Bydureon BCise                                 | PREFERRED BRAND     | ST                     |
| Byetta 10 Mcg Pen Subcutaneous Solution Pen-Injector  | 10 mcg/0.04ml                                  | Byetta 10 MCG Pen                              | PREFERRED BRAND     | ST                     |
| Byetta 5 Mcg Pen Subcutaneous Solution Pen-Injector   | 5 mcg/0.02ml                                   | Byetta 5 MCG Pen                               | PREFERRED BRAND     | ST                     |



| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)   | UM                          |
|--|---|--|-------------------|-----------------------------|
| Mounjaro Subcutaneous Solution Pen-Injector                                      | 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml, 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml | Mounjaro                                       | PREFERRED BRAND   | QL(4 in 28 Days) , PA       |
| Ozempic (0.25 Or 0.5 Mg/Dose) Subcutaneous Solution Pen-Injector                 | 2 mg/3ml  | Ozempic (0.25 or 0.5 MG/DOSE)                  | PREFERRED BRAND   | PA                          |
| Ozempic (1 Mg/Dose) Subcutaneous Solution Pen-Injector                           | 4 mg/3ml  | Ozempic (1 MG/DOSE)                            | PREFERRED BRAND   | PA                          |
| Ozempic (2 Mg/Dose) Subcutaneous Solution Pen-Injector                           | 8 mg/3ml  | Ozempic (2 MG/DOSE)                            | PREFERRED BRAND   | PA                          |
| Rybelsus Oral Tablet   | 14 mg, 3 mg, 7 mg   | Rybelsus                                       | PREFERRED BRAND   | PA                          |
| Trulicity Subcutaneous Solution Pen-Injector                                     | 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml                           | Trulicity                                      | PREFERRED BRAND   | QL(4 in 28 Days) , PA       |
| Victoza Subcutaneous Solution Pen-Injector                                       | 18 mg/3ml   | Victoza  | PREFERRED BRAND   | QL(9 in 30 Days) , PA       |
| <b>Insulin (Insulina)</b>  |   |  |                   |                             |
| Humalog Injection Solution   | 100 unit/ml   | HumaLOG  | PREFERRED BRAND   |                             |
| Humalog Mix 50/50 Subcutaneous Suspension  | (50-50) 100 unit/ml   | HumaLOG Mix 50/50                              | PREFERRED BRAND   |                             |
| Humalog Mix 75/25 Subcutaneous Suspension  | (75-25) 100 unit/ml   | HumaLOG Pen                                    | PREFERRED BRAND   |                             |
| Humalog Subcutaneous Solution Cartridge  | 100 unit/ml   | HumaLOG  | PREFERRED BRAND   |                             |
| Humulin 70/30 Subcutaneous Suspension  | (70-30) 100 unit/ml   | HumuLIN 70/30                                  | PREFERRED BRAND   |                             |
| Humulin N Subcutaneous Suspension  | 100 unit/ml   | HumuLIN N                                      | PREFERRED BRAND   |                             |
| Humulin R Injection Solution   | 100 unit/ml   | HumuLIN R                                      | PREFERRED BRAND   |                             |
| Lantus Subcutaneous Solution   | 100 unit/ml   | Lantus   | PREFERRED BRAND   |                             |
| Levemir Subcutaneous Solution  | 100 unit/ml   | Levemir  | PREFERRED BRAND   |                             |
| Rezvoglar Kwikpen Subcutaneous Solution Pen-Injector                             | 100 unit/ml   | Rezvoglar KwikPen                              | PREFERRED GENERIC | QL(30 in 30 Days)           |
| Semglee (Yfgn) Subcutaneous Solution   | 100 unit/ml   | Semglee (yfgn)                                 | PREFERRED GENERIC | QL(30 in 30 Days)           |
| Semglee (Yfgn) Subcutaneous Solution Pen-Injector                                | 100 unit/ml   | Semglee (yfgn)                                 | PREFERRED GENERIC | QL(30 in 30 Days)           |
| <b>Insulin Sensitizing Agents (Agentes Sensibilizadores De Insulina)</b>         |   |  |                   |                             |
| Pioglitazone Hcl Oral Tablet   | 15 mg, 30 mg, 45 mg   | Actos  | PREFERRED GENERIC | QL(30 in 30 Days)           |
| <b>Meglitinide Analogues (Analogos De Meglitinida)</b>                           |   |  |                   |                             |
| Nateglinide Oral Tablet  | 120 mg, 60 mg   | Starlix  | PREFERRED GENERIC | QL(90 in 30 Days)           |
| <b>Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors (Inhibidores De Sglt2)</b> |   |  |                   |                             |
| Farxiga Oral Tablet  | 10 mg   | Farxiga  | PREFERRED BRAND   | QL(30 in 30 Days) , ST , PA |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                          |
|--|--------------------------|--|---------------------|-----------------------------|
| Farxiga Oral Tablet  | 5 mg                     | Farxiga  | PREFERRED BRAND     | QL(60 in 30 Days) , ST , PA |
| Invokana Oral Tablet   | 100 mg, 300 mg           | Invokana                                       | PREFERRED BRAND     | QL(30 in 30 Days) , ST , PA |
| Jardiance Oral Tablet  | 10 mg, 25 mg             | Jardiance                                      | PREFERRED BRAND     | QL(30 in 30 Days) , ST , PA |
| Steglatro Oral Tablet  | 15 mg, 5 mg              | Steglatro                                      | PREFERRED BRAND     | QL(30 in 30 Days) , ST , PA |
| <b>Sulfonylureas (Sulfonilureas)</b>   |                          |  |                     |                             |
| Glimepiride Oral Tablet  | 1 mg, 2 mg, 4 mg         | Amaryl   | PREFERRED GENERIC   | QL(60 in 30 Days)           |
| Glipizide Er Oral Tablet Extended Release 24 Hour                                | 10 mg, 2.5 mg, 5 mg      | Glucotrol XL                                   | PREFERRED GENERIC   | QL(60 in 30 Days)           |
| Glipizide Oral Tablet  | 10 mg, 5 mg              | Glucotrol                                      | PREFERRED GENERIC   | QL(120 in 30 Days)          |
| Glipizide XI Oral Tablet Extended Release 24 Hour                                | 10 mg, 2.5 mg, 5 mg      | Glucotrol XL                                   | PREFERRED GENERIC   | QL(60 in 30 Days)           |
| Glyburide Micronized Oral Tablet   | 1.5 mg, 3 mg             | Glynase  | PREFERRED GENERIC   | QL(30 in 30 Days)           |
| Glyburide Micronized Oral Tablet   | 6 mg                     | Glynase  | PREFERRED GENERIC   | QL(60 in 30 Days)           |
| Glyburide Oral Tablet  | 1.25 mg, 2.5 mg, 5 mg    | Diabeta  | PREFERRED GENERIC   |                             |
| <b>Antidiarrheal/Probiotic Agents (Agentes Antidiarreales / Probioticos)</b>     |                          |  |                     |                             |
| <b>Antiperistaltic Agents (Agentes Antiperistalticos)</b>                        |                          |  |                     |                             |
| Diphenoxylate-Atropine Oral Tablet   | 2.5-0.025 mg             | Di-Atro  | PREFERRED GENERIC   |                             |
| Loperamide Hcl Oral Capsule  | 2 mg                     | Imodium  | PREFERRED GENERIC   |                             |
| <b>Antidotes And Specific Antagonists (Antidotos Y Antagonistas Especificos)</b> |                          |  |                     |                             |
| <b>Antidotes - Chelating Agents (Antidotos - Agentes Quelantes)</b>              |                          |  |                     |                             |
| Chemet Oral Capsule  | 100 mg                   | Chemet   | PREFERRED BRAND     |                             |
| Deferasirox Granules Oral Packet   | 180 mg, 360 mg, 90 mg    | Jadenu Sprinkle                                | PREFERRED SPECIALTY | PA                          |
| Deferasirox Oral Packet  | 180 mg, 360 mg, 90 mg    | Jadenu Sprinkle                                | PREFERRED SPECIALTY | PA                          |
| Deferasirox Oral Tablet  | 180 mg, 360 mg, 90 mg    | Jadenu   | PREFERRED SPECIALTY | PA                          |
| Deferasirox Oral Tablet Soluble  | 125 mg, 250 mg, 500 mg   | Exjade   | PREFERRED SPECIALTY | PA                          |
| Deferiprone Oral Tablet  | 1000 mg, 500 mg          | Ferriprox                                      | PREFERRED SPECIALTY | PA                          |
| Ferriprox Twice-A-Day Oral Tablet  | 1000 mg                  | Ferriprox Twice-A-Day                          | PREFERRED SPECIALTY |                             |
| <b>Antidotes And Specific Antagonists (Antidotos Y Antagonistas Especificos)</b> |                          |  |                     |                             |
| Protopam Chloride Intravenous Solution Reconstituted                             | 1 gm                     | Protopam Chloride                              | PREFERRED BRAND     |                             |
| <b>Benzodiazepine Antagonists (Antagonistas De Benzodiazepina)</b>               |                          |  |                     |                             |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)      | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                    |
|---|-------------------------------|--|------------------------|-----------------------|
| Flumazenil Intravenous Solution   | 0.5 mg/5ml, 1 mg/10ml         | Romazicon                                      | PREFERRED<br>GENERIC   |                       |
| <b>Opioid Antagonists (Antagonistas Opioides)</b>   |                               |  |                        |                       |
| Naltrexone Hcl Oral Tablet  | 50 mg                         | ReVia  | PREFERRED<br>GENERIC   |                       |
| Vivitrol Intramuscular Suspension Reconstituted   | 380 mg                        | Vivitrol                                       | PREFERRED<br>SPECIALTY |                       |
| <b>Antiemetics (Antiemeticos)</b>   |                               |  |                        |                       |
| <b>5-Ht3 Receptor Antagonists (Antagonistas De Receptores 5-Ht3)</b>                                  |                               |  |                        |                       |
| Ondansetron Hcl Oral Solution   | 4 mg/5ml                      | Zofran   | PREFERRED<br>GENERIC   | QL(450 in<br>30 Days) |
| Ondansetron Hcl Oral Tablet   | 4 mg                          | Zofran   | PREFERRED<br>GENERIC   | QL(120 in<br>30 Days) |
| Ondansetron Hcl Oral Tablet   | 8 mg                          | Zofran   | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)  |
| Palonosetron Hcl Intravenous Solution   | 0.25 mg/5ml                   | Aloxi  | PREFERRED<br>SPECIALTY |                       |
| Palonosetron Hcl Intravenous Solution Prefilled Syringe   | 0.25 mg/5ml                   | Palonosetron HCl                               | PREFERRED<br>SPECIALTY |                       |
| <b>Antiemetics - Anticholinergic (Antiemeticos - Anticolinergicos)</b>                                |                               |  |                        |                       |
| Meclizine Hcl Oral Tablet   | 12.5 mg, 25 mg                | Antivert                                       | PREFERRED<br>GENERIC   |                       |
| Trimethobenzamide Hcl Oral Capsule  | 300 mg                        | Tigan  | PREFERRED<br>GENERIC   |                       |
| <b>Antifungals (Antifungales)</b>   |                               |  |                        |                       |
| <b>Antifungal - Glucan Synthesis Inhibitors (Antifungales- Inhibidores De La Sintesis De Glucano)</b> |                               |  |                        |                       |
| Eraxis Intravenous Solution Reconstituted   | 100 mg, 50 mg                 | Eraxis   | PREFERRED<br>BRAND     |                       |
| <b>Antifungals (Antifungales)</b>   |                               |  |                        |                       |
| Abelcet Intravenous Suspension  | 5 mg/ml                       | Abelcet  | PREFERRED<br>BRAND     |                       |
| Griseofulvin Microsize Oral Suspension  | 125 mg/5ml                    | Grifulvin V                                    | PREFERRED<br>GENERIC   |                       |
| Nystatin Oral Tablet  | 500000 unit                   | Mycostatin                                     | PREFERRED<br>GENERIC   |                       |
| Terbinafine Hcl Oral Tablet   | 250 mg                        | Lamisil  | PREFERRED<br>GENERIC   |                       |
| <b>Imidazole-Related Antifungals (Antifungales Relacionados Al Imidazole)</b>                         |                               |  |                        |                       |
| Cresemba Intravenous Solution Reconstituted   | 372 mg                        | Cresemba                                       | PREFERRED<br>BRAND     | PA                    |
| Cresemba Oral Capsule   | 186 mg, 74.5 mg               | Cresemba                                       | PREFERRED<br>BRAND     | PA                    |
| Fluconazole Oral Suspension Reconstituted   | 10 mg/ml, 40 mg/ml            | Diflucan                                       | PREFERRED<br>GENERIC   |                       |
| Fluconazole Oral Tablet   | 100 mg, 150 mg, 200 mg, 50 mg | Diflucan                                       | PREFERRED<br>GENERIC   |                       |
| Itraconazole Oral Capsule   | 100 mg                        | Sporanox                                       | PREFERRED<br>GENERIC   |                       |
| Ketoconazole Oral Tablet  | 200 mg                        | Nizoral  | PREFERRED<br>GENERIC   | PA                    |
| Noxafil Oral Packet   | 300 mg                        | Noxafil  | PREFERRED<br>BRAND     | PA                    |
| <b>Antihistamines (Antihistaminicos)</b>  |                               |  |                        |                       |

| Product Name<br>(Nombre del Medicamento)                                  | Dosage<br>(Presentacion)             | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                          |
|---|--------------------------------------|--|----------------------|-----------------------------|
| <b>Antihistamines - Ethanolamines (Antihistaminicos - Etanolaminas)</b>   |                                      |  |                      |                             |
| Clemastine Fumarate Oral Tablet   | 2.68 mg                              | Tavist   | PREFERRED<br>GENERIC |                             |
| <b>Antihistamines - Non-Sedating (Antihistaminicos - No Sedantes)</b>     |                                      |  |                      |                             |
| Cetirizine Hcl Oral Solution  | 1 mg/ml                              | ZyrTEC Childrens Allergy                       | PREFERRED<br>GENERIC |                             |
| Desloratadine Oral Tablet   | 5 mg                                 | Clarinx  | PREFERRED<br>GENERIC |                             |
| Levocetirizine Dihydrochloride Oral Tablet                                | 5 mg                                 | Xyzal  | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)        |
| <b>Antihistamines - Phenothiazines (Antihistaminicos - Fenotiazinas)</b>  |                                      |  |                      |                             |
| Promethazine Hcl Injection Solution                                       | 25 mg/ml                             | Phenergan                                      | PREFERRED<br>GENERIC |                             |
| Promethazine Hcl Oral Tablet  | 12.5 mg, 25 mg, 50 mg                | Phenergan                                      | PREFERRED<br>GENERIC |                             |
| <b>Antihistamines - Piperidines (Antihistaminicos - Piperidinas)</b>      |                                      |  |                      |                             |
| Cyproheptadine Hcl Oral Syrup   | 2 mg/5ml                             | Cyproheptadine HCl                             | PREFERRED<br>GENERIC |                             |
| Cyproheptadine Hcl Oral Tablet  | 4 mg                                 | Periactin                                      | PREFERRED<br>GENERIC |                             |
| <b>Antihyperlipidemics (Antihyperlipidemicos)</b>                         |                                      |  |                      |                             |
| <b>Antihyperlipidemics - Misc. (Antihyperlipidemicos - Misc.)</b>         |                                      |  |                      |                             |
| Omega-3-Acid Ethyl Esters Oral Capsule                                    | 1 gm                                 | Omacor   | PREFERRED<br>GENERIC |                             |
| <b>Bile Acid Sequestrants (Secuestrantes Del Acido Biliar)</b>            |                                      |  |                      |                             |
| Cholestyramine Light Oral Powder  | 4 gm/dose                            | LoCholest Light                                | PREFERRED<br>GENERIC |                             |
| Cholestyramine Oral Powder  | 4 gm/dose                            | Questran                                       | PREFERRED<br>GENERIC |                             |
| Colestipol Hcl Oral Tablet  | 1 gm                                 | Colestid                                       | PREFERRED<br>GENERIC |                             |
| <b>Fibric Acid Derivatives (Derivados De Acido Fibrico)</b>               |                                      |  |                      |                             |
| Fenofibrate Micronized Oral Capsule                                       | 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | Antara ,Tricor                                 | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)        |
| Fenofibrate Oral Tablet   | 145 mg, 160 mg, 48 mg, 54 mg         | Tricor   | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)        |
| Gemfibrozil Oral Tablet   | 600 mg                               | Lopid  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days)        |
| Lipofen Oral Capsule  | 150 mg, 50 mg                        | Lipofen  | PREFERRED<br>BRAND   | QL(30 in<br>30 Days)        |
| <b>Hmg Coa Reductase Inhibitors (Inhibidores De La Reductasa Hng Coa)</b> |                                      |  |                      |                             |
| Atorvastatin Calcium Oral Tablet  | 40 mg, 80 mg                         | Lipitor  | PREFERRED<br>GENERIC | QL(30 in<br>30 Days)        |
| Atorvastatin Calcium Oral Tablet  | 10 mg, 20 mg                         | Lipitor  | PREFERRED<br>GENERIC | QL(30 in<br>30 Days) ,<br>* |
| Lovastatin Oral Tablet  | 10 mg, 20 mg, 40 mg                  | Mevacor  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) ,<br>* |
| Pravastatin Sodium Oral Tablet  | 10 mg, 20 mg, 40 mg, 80 mg           | Pravachol                                      | PREFERRED<br>GENERIC | QL(30 in<br>30 Days) ,<br>* |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                              |
|---|---|--|------------------------|---------------------------------|
| Rosuvastatin Calcium Oral Tablet  | 20 mg, 40 mg                                | Crestor  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)            |
| Rosuvastatin Calcium Oral Tablet  | 10 mg, 5 mg                                 | Crestor  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) ,<br>*     |
| Simvastatin Oral Tablet   | 10 mg, 20 mg, 40 mg, 5<br>mg                | Zocor  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) ,<br>*     |
| Simvastatin Oral Tablet   | 80 mg                                       | Zocor  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) ,<br>PA    |
| <b>Intestinal Cholesterol Absorption Inhibitors (Inhibidores De La Absorcion Intestinal Del Colesterol)</b>                             |   |  |                        |                                 |
| Ezetimibe Oral Tablet   | 10 mg                                       | Zetia  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)            |
| <b>Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors (Inhibidores De La Proteina De Transferencia Microsomal Triglicerida)</b>  |   |  |                        |                                 |
| Juxtapid Oral Capsule   | 10 mg, 20 mg, 30 mg, 5<br>mg                | Juxtapid                                       | PREFERRED<br>SPECIALTY |                                 |
| <b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors (Inhibidores De La Convertasa De Proproteina Sibtilisina/Kexina Tipo 9)</b> |   |  |                        |                                 |
| Repatha Pushtronex System Subcutaneous<br>Solution Cartridge  | 420 mg/3.5ml                                | Repatha Pushtronex<br>System                   | PREFERRED<br>SPECIALTY | QL(3,500<br>in 28 Days)<br>, PA |
| Repatha Subcutaneous Solution Prefilled<br>Syringe  | 140 mg/ml                                   | Repatha  | PREFERRED<br>SPECIALTY | QL(3 in 28<br>Days) , PA        |
| Repatha Sureclick Subcutaneous Solution Auto-<br>Injector   | 140 mg/ml                                   | Repatha SureClick                              | PREFERRED<br>SPECIALTY | QL(3 in 28<br>Days) , PA        |
| <b>Antihypertensives (Antihipertensivos)</b>  |   |  |                        |                                 |
| <b>Ace Inhibitors (Inhibidores Ace)</b>   |   |  |                        |                                 |
| Benazepril Hcl Oral Tablet  | 10 mg, 20 mg, 40 mg, 5<br>mg                | Lotensin                                       | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Captopril Oral Tablet   | 100 mg, 12.5 mg, 25 mg,<br>50 mg            | Capoten  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Enalapril Maleate Oral Tablet   | 10 mg, 2.5 mg, 20 mg, 5<br>mg               | Vasotec  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Fosinopril Sodium Oral Tablet   | 10 mg, 20 mg, 40 mg                         | Monopril                                       | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Lisinopril Oral Tablet  | 10 mg, 2.5 mg, 20 mg,<br>30 mg, 40 mg, 5 mg | Prinivil ,Zestril                              | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Moexipril Hcl Oral Tablet   | 15 mg, 7.5 mg                               | Univasc  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Perindopril Erbumine Oral Tablet  | 2 mg, 4 mg, 8 mg                            | Aceon  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Quinapril Hcl Oral Tablet   | 10 mg, 20 mg, 40 mg, 5<br>mg                | Accupril                                       | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Ramipril Oral Capsule   | 1.25 mg, 10 mg, 2.5 mg,<br>5 mg             | Altace   | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| Trandolapril Oral Tablet  | 1 mg, 2 mg, 4 mg                            | Mavik  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |
| <b>Angiotensin Ii Receptor Antagonists (Antagonistas Para Receptores De Angiotensina Ii)</b>  |   |  |                        |                                 |
| Candesartan Cilexetil Oral Tablet   | 32 mg                                       | Atacand  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)            |
| Candesartan Cilexetil Oral Tablet   | 16 mg, 8 mg                                 | Atacand  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days)            |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                                 | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)   | UM                |
|---|--|--|-------------------|-------------------|
| Edarbi Oral Tablet  | 80 mg  | Edarbi   | PREFERRED BRAND   | QL(30 in 30 Days) |
| Edarbi Oral Tablet  | 40 mg  | Edarbi   | PREFERRED BRAND   | QL(60 in 30 Days) |
| Irbesartan Oral Tablet  | 300 mg   | Avapro   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Irbesartan Oral Tablet  | 150 mg, 75 mg  | Avapro   | PREFERRED GENERIC | QL(60 in 30 Days) |
| Losartan Potassium Oral Tablet  | 100 mg   | Cozaar   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Losartan Potassium Oral Tablet  | 25 mg, 50 mg   | Cozaar   | PREFERRED GENERIC | QL(60 in 30 Days) |
| Olmesartan Medoxomil Oral Tablet  | 40 mg  | Benicar  | PREFERRED GENERIC | QL(30 in 30 Days) |
| Olmesartan Medoxomil Oral Tablet  | 20 mg, 5 mg  | Benicar  | PREFERRED GENERIC | QL(60 in 30 Days) |
| Telmisartan Oral Tablet   | 80 mg  | Micardis                                       | PREFERRED GENERIC | QL(30 in 30 Days) |
| Telmisartan Oral Tablet   | 40 mg  | Micardis                                       | PREFERRED GENERIC | QL(60 in 30 Days) |
| Valsartan Oral Tablet   | 320 mg   | Diovan   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Valsartan Oral Tablet   | 160 mg, 40 mg, 80 mg                                     | Diovan   | PREFERRED GENERIC | QL(60 in 30 Days) |
| <b><i>Antiadrenergic Antihypertensives (Antihipertensivos Antiadrenergicos)</i></b> |  |  |                   |                   |
| Clonidine Hcl Oral Tablet   | 0.1 mg, 0.2 mg, 0.3 mg                                   | Catapres                                       | PREFERRED GENERIC | QL(60 in 30 Days) |
| Doxazosin Mesylate Oral Tablet  | 1 mg, 2 mg, 4 mg, 8 mg                                   | Cardura  | PREFERRED GENERIC | QL(60 in 30 Days) |
| Guanfacine Hcl Oral Tablet  | 1 mg, 2 mg   | Tenex  | PREFERRED GENERIC | QL(60 in 30 Days) |
| Prazosin Hcl Oral Capsule   | 1 mg, 2 mg, 5 mg   | Minipress                                      | PREFERRED GENERIC | QL(60 in 30 Days) |
| Terazosin Hcl Oral Capsule  | 1 mg, 10 mg, 2 mg, 5 mg                                  | Hytrin   | PREFERRED GENERIC | QL(60 in 30 Days) |
| <b><i>Antihypertensive Combinations (Combinaciones De Antihipertensivos)</i></b>    |  |  |                   |                   |
| Amlodipine Besy-Benazepril Hcl Oral Capsule   | 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | Lotrel   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Amlodipine-Olmesartan Oral Tablet   | 10-20 mg, 10-40 mg, 5-40 mg                              | Azor   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Amlodipine-Olmesartan Oral Tablet   | 5-20 mg  | Azor   | PREFERRED GENERIC | QL(60 in 30 Days) |
| Atenolol-Chlorthalidone Oral Tablet   | 100-25 mg, 50-25 mg                                      | Tenoretic 100 ,Tenoretic 50                    | PREFERRED GENERIC | QL(30 in 30 Days) |
| Benazepril-Hydrochlorothiazide Oral Tablet  | 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg              | Lotensin HCT                                   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Bisoprolol-Hydrochlorothiazide Oral Tablet  | 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                       | Ziac   | PREFERRED GENERIC | QL(30 in 30 Days) |
| Edarbyclor Oral Tablet  | 40-12.5 mg, 40-25 mg                                     | Edarbyclor                                     | PREFERRED BRAND   | QL(60 in 30 Days) |
| Enalapril-Hydrochlorothiazide Oral Tablet   | 10-25 mg, 5-12.5 mg                                      | Vaseretic                                      | PREFERRED GENERIC | QL(30 in 30 Days) |



| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                   |
|---|---------------------------------------|--|------------------------|----------------------|
| Fosinopril Sodium-Hctz Oral Tablet  | 20-12.5 mg                            | Monopril HCT                                   | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Irbesartan-Hydrochlorothiazide Oral Tablet  | 300-12.5 mg                           | Avalide  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Irbesartan-Hydrochlorothiazide Oral Tablet  | 150-12.5 mg                           | Avalide  | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days) |
| Lisinopril-Hydrochlorothiazide Oral Tablet  | 10-12.5 mg, 20-12.5 mg,<br>20-25 mg   | Prinzide                                       | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Losartan Potassium-Hctz Oral Tablet   | 100-12.5 mg, 100-25 mg                | Hyzaar   | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Losartan Potassium-Hctz Oral Tablet   | 50-12.5 mg                            | Hyzaar   | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days) |
| Metoprolol-Hydrochlorothiazide Oral Tablet  | 100-25 mg, 100-50 mg,<br>50-25 mg     | Lopressor HCT                                  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Olmesartan Medoxomil-Hctz Oral Tablet   | 40-12.5 mg, 40-25 mg                  | Benicar HCT                                    | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Olmesartan Medoxomil-Hctz Oral Tablet   | 20-12.5 mg                            | Benicar HCT                                    | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days) |
| Quinapril-Hydrochlorothiazide Oral Tablet   | 20-12.5 mg, 20-25 mg                  | Accuretic                                      | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Valsartan-Hydrochlorothiazide Oral Tablet   | 320-12.5 mg, 320-25 mg                | Diovan HCT                                     | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| Valsartan-Hydrochlorothiazide Oral Tablet   | 160-12.5 mg, 160-25 mg,<br>80-12.5 mg | Diovan HCT                                     | PREFERRED<br>GENERIC   | QL(60 in<br>30 Days) |
| <b>Selective Aldosterone Receptor Antagonists (Saras) (Antagonistas Selectivos Del Receptor De Aldosterona (Saras))</b> |                                       |  |                        |                      |
| Eplerenone Oral Tablet  | 25 mg, 50 mg                          | Inspra   | PREFERRED<br>GENERIC   |                      |
| <b>Vasodilators (Vasodilatadores)</b>   |                                       |  |                        |                      |
| Hydralazine Hcl Oral Tablet   | 10 mg, 100 mg, 25 mg,<br>50 mg        | Apresoline                                     | PREFERRED<br>GENERIC   |                      |
| Minoxidil Oral Tablet   | 10 mg, 2.5 mg                         | Loniten  | PREFERRED<br>GENERIC   |                      |
| <b>Antimalarials (Antimalariales)</b>   |                                       |  |                        |                      |
| <b>Antimalarial Combinations (Combinaciones Contra La Malaria)</b>  |                                       |  |                        |                      |
| Coartem Oral Tablet   | 20-120 mg                             | Coartem  | PREFERRED<br>BRAND     |                      |
| <b>Antimalarials (Antimalariales)</b>   |                                       |  |                        |                      |
| Hydroxychloroquine Sulfate Oral Tablet  | 200 mg                                | Plaquenil                                      | PREFERRED<br>GENERIC   |                      |
| Pyrimethamine Oral Tablet   | 25 mg                                 | Daraprim                                       | PREFERRED<br>SPECIALTY | PA                   |
| <b>Antimyasthenic/Cholinergic Agents (Agentes Antimiastenia/Colinergicos)</b>   |                                       |  |                        |                      |
| <b>Antimyasthenic/Cholinergic Agents (Agentes Antimiastenia/Colinergicos)</b>   |                                       |  |                        |                      |
| Pyridostigmine Bromide Oral Tablet  | 60 mg                                 | Mestinon                                       | PREFERRED<br>GENERIC   |                      |
| <b>Antimycobacterial Agents (Agentes Antimicobacteriales)</b>   |                                       |  |                        |                      |
| <b>Antimycobacterial Agents (Agentes Antimicobacteriales)</b>   |                                       |  |                        |                      |
| Ethambutol Hcl Oral Tablet  | 100 mg, 400 mg                        | Myambutol                                      | PREFERRED<br>GENERIC   |                      |
| Isoniazid Oral Syrup  | 50 mg/5ml                             | Isoniazid                                      | PREFERRED<br>GENERIC   |                      |
| Isoniazid Oral Tablet   | 100 mg, 300 mg                        | Laniazid ,Tubizid                              | PREFERRED<br>GENERIC   |                      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM      |
|---|---|--|---------------------|---------|
| Priftin Oral Tablet   | 150 mg                                      | Priftin  | PREFERRED BRAND     |         |
| Pyrazinamide Oral Tablet  | 500 mg                                      | Pyrazinamide                                   | PREFERRED GENERIC   |         |
| Rifampin Oral Capsule   | 150 mg, 300 mg                              | Rifadin  | PREFERRED GENERIC   |         |
| Sirturo Oral Tablet   | 100 mg, 20 mg                               | Sirturo  | PREFERRED BRAND     |         |
| <b>Antineoplastics And Adjunctive Therapies (Antineoplasticos Y Terapias Adyuvantes)</b>            |   |  |                     |         |
| <i>Alkylating Agents (Agentes Alquilantes)</i>  |   |  |                     |         |
| Cyclophosphamide Oral Capsule   | 25 mg, 50 mg                                | Cyclophosphamide                               | PREFERRED SPECIALTY | **      |
| Cyclophosphamide Oral Tablet  | 25 mg, 50 mg                                | Cytoxan  | PREFERRED SPECIALTY | **      |
| Gleostine Oral Capsule  | 10 mg, 100 mg, 40 mg                        | CeeNU  | PREFERRED SPECIALTY | **      |
| Leukeran Oral Tablet  | 2 mg  | Leukeran                                       | PREFERRED BRAND     | PA , ** |
| Myleran Oral Tablet   | 2 mg  | Myleran  | PREFERRED SPECIALTY | **      |
| Temozolomide Oral Capsule   | 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg | Temodar  | PREFERRED SPECIALTY | PA , ** |
| Thiotepa Injection Solution Reconstituted   | 15 mg                                       | Thioplex                                       | PREFERRED SPECIALTY |         |
| <i>Antimetabolites (Antimetabolitos)</i>  |   |  |                     |         |
| Capecitabine Oral Tablet  | 150 mg, 500 mg                              | Xeloda   | PREFERRED SPECIALTY | PA , ** |
| Mercaptopurine Oral Tablet  | 50 mg                                       | Purinethol                                     | PREFERRED GENERIC   | **      |
| Purixan Oral Suspension   | 2000 mg/100ml                               | Purixan  | PREFERRED SPECIALTY | **      |
| <i>Antineoplastic - Angiogenesis Inhibitors (Antineoplasticos - Inhibidores De La Angiogenesis)</i> |   |  |                     |         |
| Inlyta Oral Tablet  | 1 mg, 5 mg                                  | Inlyta   | PREFERRED SPECIALTY | PA , ** |
| Lenvima (10-Mg Daily Dose) Oral Capsule Therapy Pack  | 10 mg                                       | Lenvima (10 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (12 Mg Daily Dose) Oral Capsule Therapy Pack  | 3 x 4 mg                                    | Lenvima (12 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (14 Mg Daily Dose) Oral Capsule Therapy Pack  | 10 & 4 mg                                   | Lenvima (14 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (18 Mg Daily Dose) Oral Capsule Therapy Pack  | 10 mg & 2 x 4 mg                            | Lenvima (18 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (20 Mg Daily Dose) Oral Capsule Therapy Pack  | 2 x 10 mg                                   | Lenvima (20 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (24 Mg Daily Dose) Oral Capsule Therapy Pack  | 2 x 10 mg & 4 mg                            | Lenvima (24 MG Daily Dose)                     | PREFERRED SPECIALTY | PA , ** |
| Lenvima (4-Mg Daily Dose) Oral Capsule Therapy Pack   | 4 mg  | Lenvima (4 MG Daily Dose)                      | PREFERRED SPECIALTY | PA , ** |
| Lenvima (8 Mg Daily Dose) Oral Capsule Therapy Pack   | 2 x 4 mg                                    | Lenvima (8 MG Daily Dose)                      | PREFERRED SPECIALTY | PA , ** |
| <i>Antineoplastic - Antibodies (Antineoplasticos - Anticuerpos)</i>                                 |   |  |                     |         |
| Unituxin Intravenous Solution   | 17.5 mg/5ml                                 | Unituxin                                       | PREFERRED SPECIALTY | PA      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                           |
|---|--------------------------|--|---------------------|------------------------------|
| <b>Antineoplastic - Bcl-2 Inhibitors (Inhibidores Antineoplasicos Bcl-2)</b>                                    |                          |  |                     |                              |
| Venclexta Oral Tablet   | 10 mg, 100 mg, 50 mg     | Venclexta                                      | PREFERRED SPECIALTY | PA , **                      |
| Venclexta Starting Pack Oral Tablet Therapy Pack  | 10 & 50 & 100 mg         | Venclexta Starting Pack                        | PREFERRED SPECIALTY | PA , **                      |
| <b>Antineoplastic - Egfr Inhibitors (Antineoplastico - Inhibidores De Egfr)</b>                                 |                          |  |                     |                              |
| Erlotinib Hcl Oral Tablet   | 100 mg, 150 mg, 25 mg    | Tarceva  | PREFERRED SPECIALTY | PA , **                      |
| Gefitinib Oral Tablet   | 250 mg                   | Iressa   | PREFERRED SPECIALTY | PA , **                      |
| Gilotrif Oral Tablet  | 20 mg, 30 mg, 40 mg      | Gilotrif                                       | PREFERRED SPECIALTY | PA , **                      |
| Tagrisso Oral Tablet  | 40 mg, 80 mg             | Tagrisso                                       | PREFERRED SPECIALTY | PA , **                      |
| Vizimpro Oral Tablet  | 15 mg, 30 mg, 45 mg      | Vizimpro                                       | PREFERRED SPECIALTY | PA , **                      |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors (Antineoplásticos - Inhibidores Del Trayecto De "hedgehog")</b> |                          |  |                     |                              |
| Erivedge Oral Capsule   | 150 mg                   | Erivedge                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , **       |
| Odomzo Oral Capsule   | 200 mg                   | Odomzo   | PREFERRED SPECIALTY | PA , **                      |
| <b>Antineoplastic - Hormonal And Related Agents (Antineoplásticos - Agentes Hormonales Y Relacionados)</b>      |                          |  |                     |                              |
| Abiraterone Acetate Oral Tablet   | 250 mg                   | Zytiga   | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Abiraterone Acetate Oral Tablet   | 500 mg                   | Zytiga   | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Anastrozole Oral Tablet   | 1 mg                     | Arimidex                                       | PREFERRED GENERIC   | **                           |
| Emcyt_oral Capsule  | 140 mg                   | Emcyt  | PREFERRED BRAND     | **                           |
| Erleada Oral Tablet   | 240 mg, 60 mg            | Erleada  | PREFERRED SPECIALTY | PA , **                      |
| Exemestane Oral Tablet  | 25 mg                    | Aromasin                                       | PREFERRED SPECIALTY | **                           |
| Lupron Depot (1-Month) Intramuscular Kit  | 3.75 mg                  | Lupron Depot (1-Month)                         | PREFERRED SPECIALTY | QL(1 in 30 Days) , PA        |
| Lupron Depot (3-Month) Intramuscular Kit  | 11.25 mg                 | Lupron Depot (3-Month)                         | PREFERRED SPECIALTY | QL(1 in 90 Days) , PA        |
| Lysodren Oral Tablet  | 500 mg                   | Lysodren                                       | PREFERRED SPECIALTY | **                           |
| Megestrol Acetate Oral Suspension   | 40 mg/ml                 | Megace   | PREFERRED GENERIC   | **                           |
| Megestrol Acetate Oral Tablet   | 20 mg, 40 mg             | Megace   | PREFERRED GENERIC   | **                           |
| Nilutamide Oral Tablet  | 150 mg                   | Nilandron                                      | PREFERRED SPECIALTY | QL(60 in 30 Days) , **       |
| Nubeqa Oral Tablet  | 300 mg                   | Nubeqa   | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                                 |
|---|--------------------------|--|------------------------|------------------------------------|
| Tamoxifen Citrate Oral Tablet   | 10 mg, 20 mg             | Nolvadex                                       | PREFERRED<br>GENERIC   | **                                 |
| Xtandi Oral Capsule   | 40 mg                    | Xtandi   | PREFERRED<br>SPECIALTY | PA , **                            |
| Xtandi Oral Tablet  | 40 mg, 80 mg             | Xtandi   | PREFERRED<br>SPECIALTY | PA , **                            |
| Yonsa_oral Tablet   | 125 mg                   | Yonsa  | PREFERRED<br>SPECIALTY | QL(120 in<br>30 Days) ,<br>PA , ** |
| <i>Antineoplastic - Immunomodulators (Antineoplastico - Inmunomoduladores)</i>        |                          |  |                        |                                    |
| Pomalyst Oral Capsule   | 1 mg, 2 mg, 3 mg, 4 mg   | Pomalyst                                       | PREFERRED<br>SPECIALTY | QL(21 in<br>28 Days) ,<br>PA , **  |
| <i>Antineoplastic Combinations (Antineoplastico - Combinaciones)</i>                  |                          |  |                        |                                    |
| Lonsurf Oral Tablet   | 15-6.14 mg, 20-8.19 mg   | Lonsurf  | PREFERRED<br>SPECIALTY | PA , **                            |
| <i>Antineoplastic Enzyme Inhibitors (Inhibidores De Las Enzimas Antineoplasticas)</i> |                          |  |                        |                                    |
| Alecensa Oral Capsule   | 150 mg                   | Alecensa                                       | PREFERRED<br>SPECIALTY | PA , **                            |
| Alunbrig Oral Tablet  | 180 mg, 30 mg, 90 mg     | Alunbrig                                       | PREFERRED<br>SPECIALTY | PA , **                            |
| Alunbrig Oral Tablet Therapy Pack   | 90 & 180 mg              | Alunbrig                                       | PREFERRED<br>SPECIALTY | PA , **                            |
| Balversa Oral Tablet  | 5 mg                     | Balversa                                       | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA , **  |
| Balversa Oral Tablet  | 4 mg                     | Balversa                                       | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA , **  |
| Balversa Oral Tablet  | 3 mg                     | Balversa                                       | PREFERRED<br>SPECIALTY | QL(90 in<br>30 Days) ,<br>PA , **  |
| Bosulif Oral Tablet   | 100 mg                   | Bosulif  | PREFERRED<br>SPECIALTY | QL(120 in<br>30 Days) ,<br>PA , ** |
| Bosulif Oral Tablet   | 400 mg, 500 mg           | Bosulif  | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA , **  |
| Cabometyx Oral Tablet   | 20 mg, 40 mg, 60 mg      | Cabometyx                                      | PREFERRED<br>SPECIALTY | PA , **                            |
| Caprelsa Oral Tablet  | 300 mg                   | Caprelsa                                       | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA , **  |
| Caprelsa Oral Tablet  | 100 mg                   | Caprelsa                                       | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA , **  |
| Cometriq (100 Mg Daily Dose) Oral Kit   | 80 & 20 mg               | Cometriq (100 MG Daily<br>Dose)                | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA , **  |
| Cometriq (140 Mg Daily Dose) Oral Kit   | 3 x 20 mg & 80 mg        | Cometriq (140 MG Daily<br>Dose)                | PREFERRED<br>SPECIALTY | QL(120 in<br>30 Days) ,<br>PA , ** |

| Product Name<br>(Nombre del Medicamento) | Dosage<br>(Presentacion)    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                           |
|--|-----------------------------|--|---------------------|------------------------------|
| Cometriq (60 Mg Daily Dose) Oral Kit     | 20 mg                       | Cometriq (60 MG Daily Dose)                    | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA , **  |
| Cotellic Oral Tablet                     | 20 mg                       | Cotellic                                       | PREFERRED SPECIALTY | PA , **                      |
| Dasatinib Oral Tablet                    | 140 mg                      | Sprycel  | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , **  |
| Dasatinib Oral Tablet                    | 100 mg, 50 mg, 70 mg, 80 mg | Sprycel  | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Dasatinib Oral Tablet                    | 20 mg                       | Sprycel  | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA , **  |
| Everolimus Oral Tablet                   | 10 mg, 5 mg, 7.5 mg         | Afinitor                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , **  |
| Everolimus Oral Tablet                   | 2.5 mg                      | Afinitor                                       | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Everolimus Oral Tablet Soluble           | 2 mg, 3 mg                  | Afinitor Disperz                               | PREFERRED SPECIALTY | QL(30 in 30 Days) , **       |
| Everolimus Oral Tablet Soluble           | 5 mg                        | Afinitor Disperz                               | PREFERRED SPECIALTY | QL(60 in 30 Days) , **       |
| Gavreto Oral Capsule                     | 100 mg                      | Gavreto  | PREFERRED SPECIALTY | PA , **                      |
| Ibrance Oral Capsule                     | 100 mg, 125 mg, 75 mg       | Ibrance  | PREFERRED SPECIALTY | PA , **                      |
| Ibrance Oral Tablet                      | 100 mg, 125 mg, 75 mg       | Ibrance  | PREFERRED SPECIALTY | PA , **                      |
| Iclusig Oral Tablet                      | 10 mg, 30 mg, 45 mg         | Iclusig  | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , **  |
| Iclusig Oral Tablet                      | 15 mg                       | Iclusig  | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Idhifa Oral Tablet                       | 100 mg                      | IDHIFA   | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , **  |
| Idhifa Oral Tablet                       | 50 mg                       | IDHIFA   | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Imatinib Mesylate Oral Tablet            | 400 mg                      | Gleevec  | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Imatinib Mesylate Oral Tablet            | 100 mg                      | Gleevec  | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA , **  |
| Imbruvica Oral Capsule                   | 140 mg                      | Imbruvica                                      | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |

| Product Name<br>(Nombre del Medicamento) | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                           |
|--|----------------------------------|--|---------------------|------------------------------|
| Imbruvica Oral Capsule                   | 70 mg                            | Imbruvica                                      | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA , **  |
| Imbruvica Oral Tablet                    | 140 mg, 280 mg, 420 mg           | Imbruvica                                      | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA , **  |
| Jakafi Oral Tablet                       | 10 mg, 15 mg, 20 mg, 25 mg, 5 mg | Jakafi   | PREFERRED SPECIALTY | PA , **                      |
| Lapatinib Ditosylate Oral Tablet         | 250 mg                           | Tykerb   | PREFERRED SPECIALTY | QL(180 in 30 Days) , PA , ** |
| Lorbrena Oral Tablet                     | 100 mg                           | Lorbrena                                       | PREFERRED SPECIALTY | PA , **                      |
| Lorbrena Oral Tablet                     | 25 mg                            | Lorbrena                                       | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Lynparza Oral Tablet                     | 100 mg, 150 mg                   | Lynparza                                       | PREFERRED SPECIALTY | PA , **                      |
| Mekinist Oral Solution Reconstituted     | 0.05 mg/ml                       | Mekinist                                       | PREFERRED SPECIALTY | PA , **                      |
| Mekinist Oral Tablet                     | 0.5 mg, 2 mg                     | Mekinist                                       | PREFERRED SPECIALTY | PA , **                      |
| Nerlynx Oral Tablet                      | 40 mg                            | Nerlynx  | PREFERRED SPECIALTY | PA , **                      |
| Ninlaro Oral Capsule                     | 2.3 mg, 3 mg, 4 mg               | Ninlaro  | PREFERRED SPECIALTY | PA , **                      |
| Pazopanib Hcl Oral Tablet                | 200 mg                           | Votrient                                       | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Pemazyre Oral Tablet                     | 13.5 mg, 4.5 mg, 9 mg            | Pemazyre                                       | PREFERRED SPECIALTY | PA , **                      |
| Rozlytrek Oral Capsule                   | 200 mg                           | Rozlytrek                                      | PREFERRED SPECIALTY | PA , **                      |
| Rozlytrek Oral Capsule                   | 100 mg                           | Rozlytrek                                      | PREFERRED SPECIALTY | QL(150 in 30 Days) , PA , ** |
| Rubraca Oral Tablet                      | 200 mg, 250 mg, 300 mg           | Rubraca  | PREFERRED SPECIALTY | PA , **                      |
| Rydapt Oral Capsule                      | 25 mg                            | Rydapt   | PREFERRED SPECIALTY | PA , **                      |
| Sorafenib Tosylate Oral Tablet           | 200 mg                           | NexAVAR  | PREFERRED SPECIALTY | PA , **                      |
| Stivarga Oral Tablet                     | 40 mg                            | Stivarga                                       | PREFERRED SPECIALTY | PA , **                      |
| Sunitinib Malate Oral Capsule            | 12.5 mg, 25 mg, 37.5 mg, 50 mg   | Sutent   | PREFERRED SPECIALTY | PA , **                      |
| Tabrecta Oral Tablet                     | 150 mg, 200 mg                   | Tabrecta                                       | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Tafinlar Oral Capsule                    | 50 mg, 75 mg                     | Tafinlar                                       | PREFERRED SPECIALTY | **                           |
| Tafinlar Oral Tablet Soluble             | 10 mg                            | Tafinlar                                       | PREFERRED SPECIALTY | PA , **                      |



| Product Name<br>(Nombre del Medicamento)              | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                           |
|---|--|--|---------------------|------------------------------|
| Talzenna Oral Capsule                                 | 0.1 mg, 0.35 mg, 0.5 mg, 0.75 mg, 1 mg | Talzenna                                       | PREFERRED SPECIALTY | PA , **                      |
| Talzenna Oral Capsule                                 | 0.25 mg                                | Talzenna                                       | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA , **  |
| Tasigna Oral Capsule                                  | 150 mg, 200 mg, 50 mg                  | Tasigna  | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Tibsovo Oral Tablet                                   | 250 mg                                 | Tibsovo  | PREFERRED SPECIALTY | PA , **                      |
| Torpenz Oral Tablet                                   | 10 mg, 5 mg, 7.5 mg                    | Afinitor                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , **  |
| Torpenz Oral Tablet                                   | 2.5 mg                                 | Afinitor                                       | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Verzenio Oral Tablet                                  | 100 mg, 150 mg, 200 mg, 50 mg          | Verzenio                                       | PREFERRED SPECIALTY | PA , **                      |
| Vitakvi Oral Capsule                                  | 100 mg, 25 mg                          | Vitakvi  | PREFERRED SPECIALTY | PA , **                      |
| Vitakvi Oral Solution                                 | 20 mg/ml                               | Vitakvi  | PREFERRED SPECIALTY | QL(600 in 30 Days) , PA , ** |
| Xalkori Oral Capsule                                  | 200 mg, 250 mg                         | Xalkori  | PREFERRED SPECIALTY | QL(120 in 30 Days) , PA , ** |
| Xospata Oral Tablet                                   | 40 mg                                  | Xospata  | PREFERRED SPECIALTY | PA , **                      |
| Zejula Oral Tablet                                    | 100 mg, 200 mg, 300 mg                 | Zejula   | PREFERRED SPECIALTY | PA , **                      |
| Zelboraf Oral Tablet                                  | 240 mg                                 | Zelboraf                                       | PREFERRED SPECIALTY | **                           |
| Zolinza Oral Capsule                                  | 100 mg                                 | Zolinza  | PREFERRED SPECIALTY | PA , **                      |
| Zydelig Oral Tablet                                   | 150 mg                                 | Zydelig  | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA , **  |
| Zydelig Oral Tablet                                   | 100 mg                                 | Zydelig  | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA , **  |
| Zykadia Oral Tablet                                   | 150 mg                                 | Zykadia  | PREFERRED SPECIALTY | PA , **                      |
| <b>Antineoplastics Misc. (Antineoplasticos Misc.)</b> |  |  |                     |                              |
| Actimmune Subcutaneous Solution 100 Mcg/0.5ml         | 2000000 unit/0.5ml                     | Actimmune                                      | PREFERRED SPECIALTY | PA                           |
| Bexarotene Oral Capsule                               | 75 mg                                  | Targretin                                      | PREFERRED SPECIALTY | **                           |
| Hydroxyurea Oral Capsule                              | 500 mg                                 | Hydrea   | PREFERRED GENERIC   | **                           |
| Matulane Oral Capsule                                 | 50 mg                                  | Matulane                                       | PREFERRED SPECIALTY | **                           |
| Photofrin Intravenous Solution Reconstituted          | 75 mg                                  | Photofrin                                      | PREFERRED SPECIALTY |                              |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM |
|---|--|--|---------------------|----|
| Tretinoin Oral Capsule  | 10 mg  | Vesanoid                                       | PREFERRED SPECIALTY | ** |
| Uvadex Extracorporeal Solution  | 20 mcg/ml  | Uvadex   | PREFERRED SPECIALTY |    |
| <b>Chemotherapy Rescue/Antidote/Protective Agents (Agentes Para El Rescate/Antídoto De Quimioterapia/ Agente Protector)</b> |  |  |                     |    |
| Leucovorin Calcium Oral Tablet  | 10 mg, 15 mg, 5 mg                               | Leucovorin Calcium                             | PREFERRED GENERIC   | ** |
| Mesnex Oral Tablet  | 400 mg   | Mesnex   | PREFERRED SPECIALTY | ** |
| <b>Mitotic Inhibitors (Inhibidores Mitoticos)</b>   |  |  |                     |    |
| Etoposide Oral Capsule  | 50 mg  | VePesid  | PREFERRED SPECIALTY | ** |
| <b>Topoisomerase I Inhibitors (Inhibidores De La Topoisomerase I)</b>   |  |  |                     |    |
| Hycamtin Oral Capsule   | 0.25 mg, 1 mg                                    | Hycamtin                                       | PREFERRED SPECIALTY | ** |
| <b>Antiparkinson And Related Therapy Agents (Agentes Antiparkinson Y Relacionados)</b>                                      |  |  |                     |    |
| <b>Antiparkinson Anticholinergics (Anticolinergicos Antiparkinson)</b>  |  |  |                     |    |
| Benzotropine Mesylate Oral Tablet   | 0.5 mg, 1 mg, 2 mg                               | Cogentin                                       | PREFERRED GENERIC   |    |
| Trihexyphenidyl Hcl Oral Tablet   | 2 mg, 5 mg                                       | Artane   | PREFERRED GENERIC   |    |
| <b>Antiparkinson Dopaminergics (Dopaminergicos Antiparkinson)</b>   |  |  |                     |    |
| Amantadine Hcl Oral Capsule   | 100 mg   | Amantadine HCl                                 | PREFERRED GENERIC   |    |
| Amantadine Hcl Oral Tablet  | 100 mg   | Symmetrel                                      | PREFERRED GENERIC   |    |
| Apomorphine Hcl Subcutaneous Solution Cartridge   | 30 mg/3ml  | Apokyn   | PREFERRED SPECIALTY |    |
| Bromocriptine Mesylate Oral Capsule   | 5 mg   | Parlodel                                       | PREFERRED GENERIC   |    |
| Carbidopa-Levodopa Er Oral Tablet Extended Release  | 25-100 mg, 50-200 mg                             | Sinemet CR                                     | PREFERRED GENERIC   |    |
| Carbidopa-Levodopa Oral Tablet  | 10-100 mg, 25-100 mg, 25-250 mg                  | Sinemet  | PREFERRED GENERIC   |    |
| Pramipexole Dihydrochloride Oral Tablet   | 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg | Mirapex  | PREFERRED GENERIC   |    |
| Ropinirole Hcl Oral Tablet  | 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg    | Requip   | PREFERRED GENERIC   |    |
| <b>Antiparkinson Monoamine Oxidase Inhibitors (Inhibidores De Oxidasa De Monoamina Antiparkinson)</b>                       |  |  |                     |    |
| Selegiline Hcl Oral Capsule   | 5 mg   | Eldepryl                                       | PREFERRED GENERIC   |    |
| Selegiline Hcl Oral Tablet  | 5 mg   | Carbex   | PREFERRED GENERIC   |    |
| <b>Antipsychotics/Antimanic Agents (Agentes Antipsicoticos/Antimaniaticos)</b>  |  |  |                     |    |
| <b>Antimanic Agents (Agentes Antimaniacos)</b>  |  |  |                     |    |
| Lithium Carbonate Er Oral Tablet Extended Release   | 300 mg, 450 mg                                   | Eskalith CR ,Lithobid                          | PREFERRED GENERIC   |    |
| Lithium Carbonate Oral Capsule  | 150 mg, 300 mg, 600 mg                           | Eskalith ,Lithium Carbonate                    | PREFERRED GENERIC   |    |
| Lithium Carbonate Oral Tablet   | 300 mg   | Lithotabs                                      | PREFERRED GENERIC   |    |
| <b>Antipsychotics - Misc. (Antipsicoticos - Misc.)</b>  |  |  |                     |    |

| Product Name<br>(Nombre del Medicamento)                              | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                    |
|---|--|--|------------------------|-----------------------|
| Ziprasidone Hcl Oral Capsule  | 20 mg, 40 mg, 60 mg, 80 mg             | Geodon   | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |
| <i>Benzisoxazoles (Benzoisoxazoles)</i>                               |  |  |                        |                       |
| Risperidone Microspheres Er Intramuscular Suspension Reconstituted Er | 12.5 mg, 25 mg, 37.5 mg, 50 mg         | RisperDAL Consta                               | PREFERRED<br>SPECIALTY | QL(2 in 28 Days) , PA |
| Risperidone Oral Solution   | 1 mg/ml                                | RisperDAL                                      | PREFERRED<br>GENERIC   | QL(240 in 30 Days)    |
| Risperidone Oral Tablet   | 4 mg                                   | RisperDAL                                      | PREFERRED<br>GENERIC   | QL(120 in 30 Days)    |
| Risperidone Oral Tablet   | 3 mg                                   | RisperDAL                                      | PREFERRED<br>GENERIC   | QL(150 in 30 Days)    |
| Risperidone Oral Tablet   | 0.25 mg, 0.5 mg, 1 mg, 2 mg            | RisperDAL                                      | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |
| Risperidone Oral Tablet Disintegrating                                | 1 mg                                   | RisperDAL M-TAB                                | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |
| <i>Butyrophenones (Butiroferonas)</i>                                 |  |  |                        |                       |
| Haloperidol Lactate Oral Concentrate                                  | 2 mg/ml                                | Haldol   | PREFERRED<br>GENERIC   |                       |
| Haloperidol Oral Tablet   | 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | Haloperidol                                    | PREFERRED<br>GENERIC   |                       |
| <i>Dibenzapines (Dibenzapinas)</i>                                    |  |  |                        |                       |
| Clozapine Oral Tablet   | 200 mg                                 | Clozaril                                       | PREFERRED<br>GENERIC   | QL(120 in 30 Days)    |
| Clozapine Oral Tablet   | 100 mg, 25 mg                          | Clozaril                                       | PREFERRED<br>GENERIC   | QL(270 in 30 Days)    |
| Olanzapine Oral Tablet  | 10 mg, 2.5 mg, 5 mg, 7.5 mg            | ZyPREXA  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)     |
| Quetiapine Fumarate Oral Tablet                                       | 100 mg, 200 mg, 300 mg                 | SEROquel                                       | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |
| Quetiapine Fumarate Oral Tablet                                       | 25 mg, 50 mg                           | SEROquel                                       | PREFERRED<br>GENERIC   | QL(90 in 30 Days)     |
| <i>Phenothiazines (Fenotiazinas)</i>                                  |  |  |                        |                       |
| Chlorpromazine Hcl Oral Tablet  | 10 mg, 100 mg, 25 mg, 50 mg            | Thorazine                                      | PREFERRED<br>GENERIC   |                       |
| Fluphenazine Hcl Oral Tablet  | 1 mg, 10 mg, 2.5 mg, 5 mg              | Permitil ,Prolixin                             | PREFERRED<br>GENERIC   |                       |
| Perphenazine Oral Tablet  | 16 mg, 2 mg, 4 mg, 8 mg                | Trilafon                                       | PREFERRED<br>GENERIC   |                       |
| Prochlorperazine Maleate Oral Tablet                                  | 10 mg, 5 mg                            | Compazine                                      | PREFERRED<br>GENERIC   |                       |
| Thioridazine Hcl Oral Tablet  | 10 mg, 100 mg, 25 mg, 50 mg            | Mellaril                                       | PREFERRED<br>GENERIC   |                       |
| Trifluoperazine Hcl Oral Tablet                                       | 1 mg, 10 mg, 2 mg, 5 mg                | Stelazine                                      | PREFERRED<br>GENERIC   |                       |
| <i>Quinolinone Derivatives (Derivados De La Quinolona)</i>            |  |  |                        |                       |
| Abilify Maintena Intramuscular Prefilled Syringe                      | 300 mg, 400 mg                         | Abilify Maintena                               | PREFERRED<br>SPECIALTY | QL(1 in 26 Days)      |
| Abilify Maintena Intramuscular Suspension Reconstituted Er            | 300 mg, 400 mg                         | Abilify Maintena                               | PREFERRED<br>SPECIALTY | QL(1 in 26 Days)      |
| Aripiprazole Oral Tablet  | 10 mg, 15 mg, 20 mg, 5 mg              | Abilify  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)     |
| Aripiprazole Oral Tablet  | 2 mg                                   | Abilify  | PREFERRED<br>GENERIC   | QL(60 in 30 Days)     |

| Product Name<br>(Nombre del Medicamento)                               | Dosage<br>(Presentacion)                                | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                          |
|--|---|--|---------------------|-----------------------------|
| Aristada Inicio Intramuscular Prefilled Syringe                        | 675 mg/2.4ml  | Aristada Inicio                                | PREFERRED BRAND     | PA                          |
| Aristada Intramuscular Prefilled Syringe                               | 1064 mg/3.9ml, 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml | Aristada                                       | PREFERRED BRAND     | PA                          |
| <i>Thioxanthenes (Tioxanthenos)</i>                                    |   |  |                     |                             |
| Thiothixene Oral Capsule   | 1 mg, 10 mg, 2 mg, 5 mg                                 | Navane   | PREFERRED GENERIC   |                             |
| <b>Antiseptics &amp; Disinfectants (Antisepticos Y Desinfectantes)</b> |   |  |                     |                             |
| <i>Antiseptics &amp; Disinfectants (Antisepticos Y Desinfectantes)</i> |   |  |                     |                             |
| Formaldehyde External Solution   | 10 %  | Formadon                                       | PREFERRED GENERIC   |                             |
| <b>Antivirals (Antivirales)</b>  |   |  |                     |                             |
| <i>Antiretrovirals (Antiretrovirales)</i>                              |   |  |                     |                             |
| Abacavir Sulfate Oral Solution   | 20 mg/ml  | Ziagen   | PREFERRED SPECIALTY |                             |
| Abacavir Sulfate Oral Tablet   | 300 mg  | Ziagen   | PREFERRED SPECIALTY |                             |
| Abacavir Sulfate-Lamivudine Oral Tablet                                | 600-300 mg  | Epzicom  | PREFERRED SPECIALTY |                             |
| Aptivus Oral Capsule   | 250 mg  | Aptivus  | PREFERRED SPECIALTY | QL(120 in 30 Days)          |
| Atazanavir Sulfate Oral Capsule  | 150 mg, 200 mg  | Reyataz  | PREFERRED SPECIALTY |                             |
| Atazanavir Sulfate Oral Capsule  | 300 mg  | Reyataz  | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Biktarvy Oral Tablet   | 30-120-15 mg  | Biktarvy                                       | PREFERRED SPECIALTY |                             |
| Biktarvy Oral Tablet   | 50-200-25 mg  | Biktarvy                                       | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Cimduo Oral Tablet   | 300-300 mg  | Cimduo   | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Darunavir Oral Tablet  | 800 mg  | Prezista                                       | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Darunavir Oral Tablet  | 600 mg  | Prezista                                       | PREFERRED SPECIALTY | QL(60 in 30 Days)           |
| Descovy Oral Tablet  | 200-25 mg   | Descovy  | PREFERRED SPECIALTY | QL(30 in 30 Days) , ST , PA |
| Descovy Oral Tablet  | 120-15 mg   | Descovy  | PREFERRED SPECIALTY | ST                          |
| Edurant Oral Tablet  | 25 mg   | Edurant  | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Efavirenz Oral Capsule   | 200 mg  | Sustiva  | PREFERRED SPECIALTY | QL(120 in 30 Days)          |
| Efavirenz Oral Capsule   | 50 mg   | Sustiva  | PREFERRED SPECIALTY | QL(360 in 30 Days)          |
| Efavirenz Oral Tablet  | 600 mg  | Sustiva  | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Efavirenz-Emtricitab-Tenofo Df Oral Tablet                             | 600-200-300 mg  | Atripla  | PREFERRED SPECIALTY | QL(30 in 30 Days)           |
| Efavirenz-Lamivudine-Tenofovir Oral Tablet                             | 400-300-300 mg, 600-300-300 mg                          | Symfi ,Symfi Lo                                | PREFERRED SPECIALTY | QL(30 in 30 Days)           |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                         |
|--|--|--|---------------------|----------------------------|
| Emtricitabine Oral Capsule                         | 200 mg   | Emtriva  | PREFERRED SPECIALTY |                            |
| Emtricitabine-Tenofovir Df Oral Tablet             | 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg | Truvada  | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA , * |
| Emtriva Oral Solution                              | 10 mg/ml                                       | Emtriva  | PREFERRED SPECIALTY | QL(680 in 28 Days)         |
| Etravirine Oral Tablet                             | 100 mg, 200 mg                                 | Intelence                                      | PREFERRED SPECIALTY | QL(120 in 30 Days)         |
| Fosamprenavir Calcium Oral Tablet                  | 700 mg   | Lexiva   | PREFERRED SPECIALTY | QL(120 in 30 Days)         |
| Fuzeon Subcutaneous Solution Reconstituted         | 90 mg  | Fuzeon   | PREFERRED SPECIALTY | QL(60 in 30 Days)          |
| Genvoya Oral Tablet                                | 150-150-200-10 mg                              | Genvoya  | PREFERRED SPECIALTY | QL(60 in 30 Days)          |
| Intelence Oral Tablet                              | 25 mg  | Intelence                                      | PREFERRED SPECIALTY | QL(120 in 30 Days)         |
| Isentress Hd Oral Tablet                           | 600 mg   | Isentress HD                                   | PREFERRED SPECIALTY | QL(60 in 30 Days)          |
| Isentress Oral Packet                              | 100 mg   | Isentress                                      | PREFERRED SPECIALTY |                            |
| Isentress Oral Tablet                              | 400 mg   | Isentress                                      | PREFERRED SPECIALTY | QL(60 in 30 Days)          |
| Isentress Oral Tablet Chewable                     | 100 mg, 25 mg                                  | Isentress                                      | PREFERRED SPECIALTY |                            |
| Juluca Oral Tablet                                 | 50-25 mg                                       | Juluca   | PREFERRED SPECIALTY | QL(30 in 30 Days)          |
| Lamivudine Oral Solution                           | 10 mg/ml                                       | Epivir   | PREFERRED SPECIALTY | QL(900 in 30 Days)         |
| Lamivudine Oral Tablet                             | 100 mg, 150 mg, 300 mg                         | Epivir ,Epivir HBV                             | PREFERRED SPECIALTY |                            |
| Lamivudine-Zidovudine Oral Tablet                  | 150-300 mg                                     | Combivir                                       | PREFERRED SPECIALTY |                            |
| Lopinavir-Ritonavir Oral Solution                  | 400-100 mg/5ml                                 | Kaletra  | PREFERRED SPECIALTY |                            |
| Lopinavir-Ritonavir Oral Tablet                    | 100-25 mg                                      | Kaletra  | PREFERRED SPECIALTY |                            |
| Lopinavir-Ritonavir Oral Tablet                    | 200-50 mg                                      | Kaletra  | PREFERRED SPECIALTY | QL(120 in 30 Days)         |
| Maraviroc Oral Tablet                              | 300 mg   | Selzentry                                      | PREFERRED SPECIALTY | QL(120 in 30 Days)         |
| Maraviroc Oral Tablet                              | 150 mg   | Selzentry                                      | PREFERRED SPECIALTY | QL(60 in 30 Days)          |
| Nevirapine Er Oral Tablet Extended Release 24 Hour | 400 mg   | Viramune XR                                    | PREFERRED SPECIALTY |                            |
| Nevirapine Oral Suspension                         | 50 mg/5ml                                      | Viramune                                       | PREFERRED SPECIALTY |                            |
| Nevirapine Oral Tablet                             | 200 mg   | Viramune                                       | PREFERRED SPECIALTY |                            |
| Norvir Oral Packet                                 | 100 mg   | Norvir   | PREFERRED SPECIALTY |                            |
| Odefsey Oral Tablet                                | 200-25-25 mg                                   | Odefsey  | PREFERRED SPECIALTY | QL(30 in 30 Days)          |

| Product Name<br>(Nombre del Medicamento)              | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                     |
|---|--------------------------|--|---------------------|------------------------|
| Prezista Oral Suspension                              | 100 mg/ml                | Prezista                                       | PREFERRED SPECIALTY | QL(360 in 30 Days)     |
| Prezista Oral Tablet                                  | 150 mg                   | Prezista                                       | PREFERRED SPECIALTY | QL(240 in 30 Days)     |
| Prezista Oral Tablet                                  | 75 mg                    | Prezista                                       | PREFERRED SPECIALTY | QL(420 in 30 Days)     |
| Reyataz Oral Packet                                   | 50 mg                    | Reyataz  | PREFERRED SPECIALTY | QL(180 in 30 Days)     |
| Ritonavir Oral Tablet                                 | 100 mg                   | Norvir   | PREFERRED SPECIALTY |                        |
| Selzentry Oral Solution                               | 20 mg/ml                 | Selzentry                                      | PREFERRED SPECIALTY | QL(1800 in 30 Days)    |
| Symtuza Oral Tablet                                   | 800-150-200-10 mg        | Symtuza  | PREFERRED SPECIALTY | QL(30 in 30 Days)      |
| Tenofovir Disoproxil Fumarate Oral Tablet             | 300 mg                   | Viread   | PREFERRED SPECIALTY |                        |
| Tivicay Oral Tablet                                   | 50 mg                    | Tivicay  | PREFERRED SPECIALTY | QL(60 in 30 Days)      |
| Tivicay Pd Oral Tablet Soluble                        | 5 mg                     | Tivicay PD                                     | PREFERRED SPECIALTY | QL(360 in 30 Days)     |
| Triumeq Oral Tablet                                   | 600-50-300 mg            | Triumeq  | PREFERRED SPECIALTY | QL(30 in 30 Days)      |
| Triumeq Pd Oral Tablet Soluble                        | 60-5-30 mg               | Triumeq PD                                     | PREFERRED SPECIALTY |                        |
| Viracept Oral Tablet                                  | 625 mg                   | Viracept                                       | PREFERRED SPECIALTY | QL(120 in 30 Days)     |
| Viracept Oral Tablet                                  | 250 mg                   | Viracept                                       | PREFERRED SPECIALTY | QL(300 in 30 Days)     |
| Viread Oral Powder                                    | 40 mg/gm                 | Viread   | PREFERRED SPECIALTY | QL(240 in 30 Days)     |
| Viread Oral Tablet                                    | 150 mg, 200 mg, 250 mg   | Viread   | PREFERRED SPECIALTY | QL(30 in 30 Days)      |
| Zidovudine Oral Capsule                               | 100 mg                   | Retrovir                                       | PREFERRED SPECIALTY |                        |
| Zidovudine Oral Syrup                                 | 50 mg/5ml                | Retrovir                                       | PREFERRED SPECIALTY | QL(1680 in 28 Days)    |
| Zidovudine Oral Tablet                                | 300 mg                   | Retrovir                                       | PREFERRED SPECIALTY |                        |
| <b>Cmv Agents (Agentes Cmv)</b>                       |                          |  |                     |                        |
| Ganciclovir Sodium Intravenous Solution               | 500 mg/10ml              | Ganciclovir Sodium                             | PREFERRED SPECIALTY |                        |
| Ganciclovir Sodium Intravenous Solution Reconstituted | 500 mg                   | Cytovene                                       | PREFERRED SPECIALTY |                        |
| Valganciclovir Hcl Oral Solution Reconstituted        | 50 mg/ml                 | Valcyte  | PREFERRED SPECIALTY |                        |
| Valganciclovir Hcl Oral Tablet                        | 450 mg                   | Valcyte  | PREFERRED SPECIALTY |                        |
| <b>Hepatitis Agents (Agentes Para La Hepatitis)</b>   |                          |  |                     |                        |
| Adefovir Dipivoxil Oral Tablet                        | 10 mg                    | Hepsera  | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA |



| Product Name<br>(Nombre del Medicamento)            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                      |
|---|--------------------------|--|---------------------|-------------------------|
| Baraclude Oral Solution                             | 0.05 mg/ml               | Baraclude                                      | PREFERRED SPECIALTY | QL(600 in 30 Days) , PA |
| Entecavir Oral Tablet                               | 0.5 mg, 1 mg             | Baraclude                                      | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| Epclusa Oral Packet                                 | 150-37.5 mg, 200-50 mg   | Epclusa  | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA  |
| Epclusa Oral Tablet                                 | 200-50 mg                | Epclusa  | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA  |
| Harvoni Oral Packet                                 | 33.75-150 mg, 45-200 mg  | Harvoni  | PREFERRED SPECIALTY | PA                      |
| Harvoni Oral Tablet                                 | 45-200 mg, 90-400 mg     | Harvoni  | PREFERRED SPECIALTY | PA                      |
| Lamivudine Oral Tablet                              | 100 mg, 150 mg, 300 mg   | Epivir ,Epivir HBV                             | PREFERRED SPECIALTY |                         |
| Pegasys Subcutaneous Solution                       | 180 mcg/ml               | Pegasys  | PREFERRED SPECIALTY | PA                      |
| Pegasys Subcutaneous Solution Prefilled Syringe     | 180 mcg/0.5ml            | Pegasys  | PREFERRED SPECIALTY | PA                      |
| Ribavirin Oral Capsule                              | 200 mg                   | Rebetol  | PREFERRED SPECIALTY |                         |
| Ribavirin Oral Tablet                               | 200 mg                   | Copegus  | PREFERRED SPECIALTY |                         |
| Sofosbuvir-Velpatasvir Oral Tablet                  | 400-100 mg               | Epclusa  | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA  |
| Sovaldi Oral Packet                                 | 150 mg, 200 mg           | Sovaldi  | PREFERRED SPECIALTY | PA                      |
| Sovaldi Oral Tablet                                 | 200 mg, 400 mg           | Sovaldi  | PREFERRED SPECIALTY | PA                      |
| Vemlidy Oral Tablet                                 | 25 mg                    | Vemlidy  | PREFERRED SPECIALTY | QL(28 in 28 Days) , PA  |
| <b>Herpes Agents (Agentes Para El Herpes)</b>       |                          |  |                     |                         |
| Acyclovir Oral Capsule                              | 200 mg                   | Zovirax  | PREFERRED GENERIC   |                         |
| Acyclovir Oral Tablet                               | 400 mg, 800 mg           | Zovirax  | PREFERRED GENERIC   |                         |
| Famciclovir Oral Tablet                             | 125 mg, 250 mg, 500 mg   | Famvir   | PREFERRED GENERIC   | QL(90 in 30 Days)       |
| Valacyclovir Hcl Oral Tablet                        | 500 mg                   | Valtrex  | PREFERRED GENERIC   | QL(60 in 30 Days)       |
| Valacyclovir Hcl Oral Tablet                        | 1 gm                     | Valtrex  | PREFERRED GENERIC   | QL(90 in 30 Days)       |
| <b>Influenza Agents (Agentes Para La Influenza)</b> |                          |  |                     |                         |
| Oseltamivir Phosphate Oral Capsule                  | 45 mg, 75 mg             | Tamiflu  | PREFERRED GENERIC   | QL(10 in 6 Month)       |
| Oseltamivir Phosphate Oral Capsule                  | 30 mg                    | Tamiflu  | PREFERRED GENERIC   | QL(20 in 6 Month)       |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                 |
|---|--|--|------------------------|--------------------|
| Oseltamivir Phosphate Oral Suspension Reconstituted   | 6 mg/ml                                | Tamiflu  | PREFERRED<br>GENERIC   | QL(120 in 6 Month) |
| Rapivab Intravenous Solution  | 200 mg/20ml                            | Rapivab  | PREFERRED<br>BRAND     |                    |
| Rimantadine Hcl Oral Tablet   | 100 mg                                 | Flumadine                                      | PREFERRED<br>GENERIC   |                    |
| <i>Respiratory Syncytial Virus (Rsv) Agents (Agentes Para El Virus Respiratorio Sincital (Rsv))</i> |  |  |                        |                    |
| Ribavirin Inhalation Solution Reconstituted   | 6 gm                                   | Virazole                                       | PREFERRED<br>SPECIALTY |                    |
| <b>Beta Blockers (Bloqueadores Beta)</b>  |  |  |                        |                    |
| <i>Alpha-Beta Blockers (Bloqueadores Alfa-Beta)</i>   |  |  |                        |                    |
| Carvedilol Oral Tablet  | 12.5 mg, 25 mg, 3.125 mg, 6.25 mg      | Coreg  | PREFERRED<br>GENERIC   |                    |
| Labetalol Hcl Oral Tablet   | 100 mg, 200 mg, 300 mg                 | Normodyne                                      | PREFERRED<br>GENERIC   |                    |
| <i>Beta Blockers Cardio-Selective (Bloqueadores Beta Cardioselectivos)</i>                          |  |  |                        |                    |
| Acebutolol Hcl Oral Capsule   | 200 mg, 400 mg                         | Sectral  | PREFERRED<br>GENERIC   |                    |
| Atenolol Oral Tablet  | 100 mg, 25 mg, 50 mg                   | Tenormin                                       | PREFERRED<br>GENERIC   |                    |
| Betaxolol Hcl Oral Tablet   | 10 mg, 20 mg                           | Kerlone  | PREFERRED<br>GENERIC   |                    |
| Bisoprolol Fumarate Oral Tablet   | 10 mg, 5 mg                            | Zebeta   | PREFERRED<br>GENERIC   |                    |
| Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour  | 100 mg, 200 mg, 25 mg, 50 mg           | Toprol XL                                      | PREFERRED<br>GENERIC   |                    |
| Metoprolol Tartrate Oral Tablet   | 100 mg, 25 mg, 50 mg                   | Lopressor ,Metoprolol Tartrate                 | PREFERRED<br>GENERIC   |                    |
| <i>Beta Blockers Non-Selective (Bloqueadores Beta No Selectivos)</i>                                |  |  |                        |                    |
| Pindolol Oral Tablet  | 5 mg                                   | Visken   | PREFERRED<br>GENERIC   |                    |
| Propranolol Hcl Er Oral Capsule Extended Release 24 Hour  | 120 mg, 160 mg, 60 mg, 80 mg           | Inderal LA                                     | PREFERRED<br>GENERIC   |                    |
| Propranolol Hcl Oral Solution   | 40 mg/5ml                              | Propranolol HCl                                | PREFERRED<br>GENERIC   |                    |
| Propranolol Hcl Oral Tablet   | 10 mg, 20 mg, 40 mg, 60 mg, 80 mg      | Inderal  | PREFERRED<br>GENERIC   |                    |
| Sotalol Hcl (Af) Oral Tablet  | 120 mg, 80 mg                          | Betapace AF                                    | PREFERRED<br>GENERIC   |                    |
| Sotalol Hcl Oral Tablet   | 120 mg, 80 mg                          | Betapace                                       | PREFERRED<br>GENERIC   |                    |
| Sotylize Oral Solution  | 5 mg/ml                                | Sotylize                                       | PREFERRED<br>BRAND     |                    |
| <b>Calcium Channel Blockers (Bloqueadores De Canal De Calcio)</b>                                   |  |  |                        |                    |
| <i>Calcium Channel Blockers (Bloqueadores De Canal De Calcio)</i>                                   |  |  |                        |                    |
| Amlodipine Besylate Oral Tablet   | 10 mg, 2.5 mg, 5 mg                    | Norvasc  | PREFERRED<br>GENERIC   |                    |
| Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour  | 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | Tiazac   | PREFERRED<br>GENERIC   |                    |
| Diltiazem Hcl Er Coated Beads Oral Capsule Extended Release 24 Hour                                 | 120 mg, 180 mg, 240 mg, 300 mg         | Cardizem CD ,Cartia XT                         | PREFERRED<br>GENERIC   |                    |
| Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour  | 120 mg                                 | Diltia XT                                      | PREFERRED<br>GENERIC   |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)             | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                     |
|--|--------------------------------------|--|------------------------|------------------------|
| Diltiazem Hcl Oral Tablet  | 120 mg, 30 mg, 60 mg, 90 mg          | Cardizem                                       | PREFERRED<br>GENERIC   |                        |
| Felodipine Er Oral Tablet Extended Release 24 Hour   | 10 mg, 2.5 mg, 5 mg                  | Plendil  | PREFERRED<br>GENERIC   |                        |
| Isradipine Oral Capsule  | 2.5 mg, 5 mg                         | DynaCirc                                       | PREFERRED<br>GENERIC   |                        |
| Nicardipine Hcl Oral Capsule   | 20 mg                                | Cardene  | PREFERRED<br>GENERIC   |                        |
| Nifedipine Er Oral Tablet Extended Release 24 Hour   | 30 mg, 60 mg                         | Adalat CC                                      | PREFERRED<br>GENERIC   |                        |
| Nifedipine Er Osmotic Release Oral Tablet Extended Release 24 Hour   | 30 mg, 60 mg, 90 mg                  | Procardia XL                                   | PREFERRED<br>GENERIC   |                        |
| Nifedipine Oral Capsule  | 10 mg                                | Adalat   | PREFERRED<br>GENERIC   |                        |
| Nimodipine Oral Capsule  | 30 mg                                | Nimotop  | PREFERRED<br>GENERIC   |                        |
| Nisoldipine Er Oral Tablet Extended Release 24 Hour  | 17 mg, 25.5 mg, 30 mg, 40 mg, 8.5 mg | Sular  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)      |
| Verapamil Hcl Er Oral Capsule Extended Release 24 Hour   | 120 mg, 180 mg, 240 mg               | Verelan  | PREFERRED<br>GENERIC   |                        |
| Verapamil Hcl Er Oral Tablet Extended Release  | 120 mg, 180 mg, 240 mg               | Calan SR                                       | PREFERRED<br>GENERIC   |                        |
| Verapamil Hcl Oral Tablet  | 120 mg, 40 mg, 80 mg                 | Calan  | PREFERRED<br>GENERIC   |                        |
| <b>Cardiotonics (Cardiotonicos)</b>  |                                      |  |                        |                        |
| <i>Cardiac Glycosides (Glucosidos Cardiacos)</i>   |                                      |  |                        |                        |
| Digoxin Oral Tablet  | 250 mcg                              | Lanoxin  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)      |
| Lanoxin Pediatric Injection Solution   | 0.1 mg/ml                            | Lanoxin  | PREFERRED<br>BRAND     |                        |
| <b>Cardiovascular Agents - Misc. (Agentes Cardiovasculares - Misc.)</b>  |                                      |  |                        |                        |
| <i>Cardiovascular Agents Misc. - Combinations (Agentes Cardiovasculares - Misc. - Combinaciones)</i>                               |                                      |  |                        |                        |
| Entresto Oral Tablet   | 24-26 mg, 49-51 mg, 97-103 mg        | Entresto                                       | PREFERRED<br>BRAND     | QL(60 in 30 Days) , PA |
| <i>Impotence Agents (Agentes Para La Impotencia)</i>   |                                      |  |                        |                        |
| Tadalafil Oral Tablet  | 5 mg                                 | Cialis   | PREFERRED<br>GENERIC   | QL(30 in 30 Days) , PA |
| <i>Prostaglandin Vasodilators (Vasodilatadores De Prostaglandina)</i>  |                                      |  |                        |                        |
| Tyvaso Dpi Institutional Kit Inhalation Powder   | 16 mcg, 32 mcg, 48 mcg, 64 mcg       | Tyvaso DPI Maintenance Kit                     | PREFERRED<br>SPECIALTY | PA                     |
| Tyvaso Dpi Maintenance Kit Inhalation Powder   | 16 mcg, 32 mcg, 48 mcg, 64 mcg       | Tyvaso DPI Maintenance Kit                     | PREFERRED<br>SPECIALTY | PA                     |
| Tyvaso Dpi Titration Kit Inhalation Powder   | 16 & 32 & 48 mcg                     | Tyvaso DPI Titration Kit                       | PREFERRED<br>SPECIALTY | PA                     |
| Tyvaso Inhalation Solution   | 0.6 mg/ml                            | Tyvaso   | PREFERRED<br>SPECIALTY | PA                     |
| Tyvaso Refill Inhalation Solution  | 0.6 mg/ml                            | Tyvaso   | PREFERRED<br>SPECIALTY | PA                     |
| Tyvaso Starter Inhalation Solution   | 0.6 mg/ml                            | Tyvaso   | PREFERRED<br>SPECIALTY | PA                     |
| <i>Pulmonary Hypertension - Endothelin Receptor Antagonists (Hipertension Pulmonar - Antagonistas De Receptores De Endotelina)</i> |                                      |  |                        |                        |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)           | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                      |
|---|------------------------------------|--|---------------------|-------------------------|
| Ambrisentan Oral Tablet   | 10 mg, 5 mg                        | Letairis                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| Bosentan Oral Tablet  | 125 mg, 62.5 mg                    | Tracleer                                       | PREFERRED SPECIALTY | QL(60 in 30 Days) , PA  |
| Opsumit Oral Tablet   | 10 mg                              | Opsumit  | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| Tracleer Oral Tablet Soluble  | 32 mg                              | Tracleer                                       | PREFERRED SPECIALTY | PA                      |
| <i>Pulmonary Hypertension - Phosphodiesterase Inhibitors (Hipertension Pulmonar - Inhibidores De La Fosfodiesterasa)</i>        |                                    |  |                     |                         |
| Alyq_oral Tablet  | 20 mg                              | Adcirca  | PREFERRED SPECIALTY | PA                      |
| Sildenafil Citrate Oral Suspension Reconstituted  | 10 mg/ml                           | Revatio  | PREFERRED SPECIALTY | PA                      |
| Sildenafil Citrate Oral Tablet  | 20 mg                              | Revatio  | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA  |
| Tadalafil (Pah) Oral Tablet   | 20 mg                              | Adcirca  | PREFERRED SPECIALTY | PA                      |
| <i>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator (Hipertension Pulmonar - Estimulador De Ciclasa Sol Guanylate)</i> |                                    |  |                     |                         |
| Adempas Oral Tablet   | 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg | Adempas  | PREFERRED SPECIALTY | QL(90 in 30 Days) , PA  |
| <i>Sinus Node Inhibitor (Inhibidor Del Nodo Sinusal)</i>  |                                    |  |                     |                         |
| Corlanor Oral Solution  | 5 mg/5ml                           | Corlanor                                       | PREFERRED BRAND     | QL(450 in 30 Days) , PA |
| <b>Cephalosporins (Cefalosporinas)</b>  |                                    |  |                     |                         |
| <i>Cephalosporin Combinations (Combinaciones De Cefalosporinas)</i>   |                                    |  |                     |                         |
| Avycaz Intravenous Solution Reconstituted   | 2.5 (2-0.5) gm                     | Avycaz   | PREFERRED BRAND     | PA                      |
| Zerbaxa Intravenous Solution Reconstituted  | 1.5 (1-0.5) gm                     | Zerbaxa  | PREFERRED BRAND     | PA                      |
| <i>Cephalosporins - 1st Generation (Cefalosporinas De 1ra Generacion)</i>   |                                    |  |                     |                         |
| Cefadroxil Oral Capsule   | 500 mg                             | Duricef  | PREFERRED GENERIC   |                         |
| Cefadroxil Oral Suspension Reconstituted  | 250 mg/5ml, 500 mg/5ml             | Duricef  | PREFERRED GENERIC   |                         |
| Cefazolin Sodium Injection Solution Reconstituted   | 1 gm, 10 gm, 500 mg                | Ancef  | PREFERRED GENERIC   |                         |
| Cephalexin Oral Capsule   | 250 mg, 500 mg                     | Keflex   | PREFERRED GENERIC   |                         |
| Cephalexin Oral Suspension Reconstituted  | 125 mg/5ml, 250 mg/5ml             | Keflex   | PREFERRED GENERIC   |                         |
| Cephalexin Oral Tablet  | 250 mg, 500 mg                     | Cephalexin                                     | PREFERRED GENERIC   |                         |
| <i>Cephalosporins - 2nd Generation (Cefalosporinas De 2da Generacion)</i>   |                                    |  |                     |                         |
| Cefaclor Oral Capsule   | 250 mg, 500 mg                     | Ceclor   | PREFERRED GENERIC   |                         |
| Cefprozil Oral Suspension Reconstituted   | 125 mg/5ml, 250 mg/5ml             | Cefzil   | PREFERRED GENERIC   |                         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                  |
|---|---|--|----------------------|---------------------|
| Cefprozil Oral Tablet   | 250 mg, 500 mg                            | Cefzil   | PREFERRED<br>GENERIC |                     |
| Cefuroxime Axetil Oral Tablet   | 250 mg, 500 mg                            | Ceftin   | PREFERRED<br>GENERIC |                     |
| <b>Cephalosporins - 3rd Generation (Cefalosporinas De 3ra Generacion)</b>       |   |  |                      |                     |
| Cefdinir Oral Capsule   | 300 mg                                    | Omnicef  | PREFERRED<br>GENERIC |                     |
| Cefdinir Oral Suspension Reconstituted  | 125 mg/5ml, 250 mg/5ml                    | Omnicef  | PREFERRED<br>GENERIC |                     |
| Cefpodoxime Proxetil Oral Suspension Reconstituted                              | 100 mg/5ml, 50 mg/5ml                     | Vantin   | PREFERRED<br>GENERIC |                     |
| Cefpodoxime Proxetil Oral Tablet  | 100 mg, 200 mg                            | Vantin   | PREFERRED<br>GENERIC |                     |
| Ceftriaxone Sodium Injection Solution Reconstituted                             | 1 gm, 2 gm, 250 mg, 500 mg                | Rocephin                                       | PREFERRED<br>GENERIC |                     |
| <b>Corticosteroids (Corticosteroides)</b>                                       |   |  |                      |                     |
| <b>Glucocorticosteroids (Glucocorticosteroides)</b>                             |   |  |                      |                     |
| Dexamethasone Oral Elixir   | 0.5 mg/5ml                                | Decadron                                       | PREFERRED<br>GENERIC |                     |
| Dexamethasone Oral Tablet   | 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | Decadron ,Dexamethasone ,Dexone                | PREFERRED<br>GENERIC |                     |
| Dexamethasone Sodium Phosphate Injection Solution                               | 100 mg/10ml, 120 mg/30ml, 20 mg/5ml       | Dexamethasone Sodium Phosphate                 | PREFERRED<br>GENERIC |                     |
| Hydrocortisone Oral Tablet  | 20 mg                                     | Cortef   | PREFERRED<br>GENERIC |                     |
| Methylprednisolone Oral Tablet  | 16 mg, 4 mg                               | Medrol   | PREFERRED<br>GENERIC |                     |
| Methylprednisolone Oral Tablet Therapy Pack                                     | 4 mg                                      | Medrol (Pak)                                   | PREFERRED<br>GENERIC |                     |
| Prednisolone Oral Solution  | 15 mg/5ml                                 | prednisoLONE                                   | PREFERRED<br>GENERIC |                     |
| Prednisone Oral Tablet  | 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg   | Deltasone ,Meticorten                          | PREFERRED<br>GENERIC |                     |
| Prednisone Oral Tablet Therapy Pack   | 5 mg (21), 5 mg (48)                      | PredniSONE                                     | PREFERRED<br>GENERIC |                     |
| Solu-Cortef Injection Solution Reconstituted                                    | 100 mg, 1000 mg, 250 mg, 500 mg           | Solu-CORTEF                                    | PREFERRED<br>BRAND   |                     |
| <b>Mineralocorticoids (Mineralocorticoides)</b>                                 |   |  |                      |                     |
| Fludrocortisone Acetate Oral Tablet   | 0.1 mg                                    | Florinef                                       | PREFERRED<br>GENERIC |                     |
| <b>Cough/Cold/Allergy (Tos/Catarro/Alergia)</b>                                 |   |  |                      |                     |
| <b>Antitussives (Antitusivos)</b>   |   |  |                      |                     |
| Benzonatate Oral Capsule  | 100 mg, 200 mg                            | Tessalon ,Tessalon Perles                      | PREFERRED<br>GENERIC |                     |
| <b>Dermatologicals (Dermatologicos)</b>   |   |  |                      |                     |
| <b>Acne Products (Productos Para El Acne)</b>                                   |   |  |                      |                     |
| Sulfacetamide Sodium-Sulfur External Liquid                                     | 9-4.5 %                                   | Sumadan Wash                                   | PREFERRED<br>GENERIC |                     |
| <b>Anti-Inflammatory Agents - Topical (Agentes Antiinflamatorios - Topicos)</b> |   |  |                      |                     |
| Diclofenac Sodium External Gel  | 1 %                                       | Voltaren                                       | PREFERRED<br>GENERIC | QL(1000 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)            | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                        |
|---|-------------------------------------|--|---------------------|---------------------------|
| Flector External Patch  | 1.3 %                               | Flector  | PREFERRED BRAND     |                           |
| Licart External Patch 24 Hour   | 1.3 %                               | Licart   | PREFERRED BRAND     |                           |
| <i>Antibiotics - Topical (Antibioticos Topicos)</i>   |                                     |  |                     |                           |
| Mupirocin External Ointment   | 2 %                                 | Bactroban                                      | PREFERRED GENERIC   |                           |
| <i>Antifungals - Topical (Antifungales - Topicos)</i>   |                                     |  |                     |                           |
| Ciclopirox External Shampoo   | 1 %                                 | Loprox   | PREFERRED GENERIC   |                           |
| Ciclopirox Olamine External Suspension  | 0.77 %                              | Ciclopirox Topical Suspension                  | PREFERRED GENERIC   |                           |
| Clotrimazole External Cream   | 1 %                                 | Lotrimin                                       | PREFERRED GENERIC   |                           |
| Clotrimazole-Betamethasone External Cream   | 1-0.05 %                            | Lotrisone                                      | PREFERRED GENERIC   |                           |
| Clotrimazole-Betamethasone External Lotion  | 1-0.05 %                            | Lotrisone                                      | PREFERRED GENERIC   |                           |
| Econazole Nitrate External Cream  | 1 %                                 | Spectazole                                     | PREFERRED GENERIC   |                           |
| Ketoconazole External Cream   | 2 %                                 | Nizoral  | PREFERRED GENERIC   |                           |
| Nystatin External Cream   | 100000 unit/gm                      | Mycostatin                                     | PREFERRED GENERIC   |                           |
| Nystatin-Triamcinolone External Cream   | 100000-0.1 unit/gm-%                | Myco-Triacet II                                | PREFERRED GENERIC   |                           |
| Nystatin-Triamcinolone External Ointment  | 100000-0.1 unit/gm-%                | Myco-Triacet II                                | PREFERRED GENERIC   |                           |
| <i>Antineoplastic Or Premalignant Lesion Agents - Topical (Agentes Tópicos - Antineoplásicos O Lesiones Pre-Malignas)</i> |                                     |  |                     |                           |
| Bexarotene External Gel   | 1 %                                 | Targretin                                      | PREFERRED SPECIALTY |                           |
| Valchlor External Gel   | 0.016 %                             | Valchlor                                       | PREFERRED SPECIALTY | QL(60 in 30 Days)         |
| <i>Antipsoriatics (Antisoriasicos)</i>  |                                     |  |                     |                           |
| Skyrizi Pen Subcutaneous Solution Auto-Injector   | 150 mg/ml                           | Skyrizi Pen                                    | PREFERRED SPECIALTY | QL(8 in 28 Days) , PA     |
| Skyrizi Subcutaneous Solution Prefilled Syringe   | 150 mg/ml                           | Skyrizi  | PREFERRED SPECIALTY | QL(8 in 28 Days) , PA     |
| Stelara Subcutaneous Solution   | 45 mg/0.5ml                         | Stelara  | PREFERRED SPECIALTY | QL(1 in 28 Days) , PA     |
| Stelara Subcutaneous Solution Prefilled Syringe   | 45 mg/0.5ml                         | Stelara  | PREFERRED SPECIALTY | QL(0.500 in 28 Days) , PA |
| Stelara Subcutaneous Solution Prefilled Syringe   | 90 mg/ml                            | Stelara  | PREFERRED SPECIALTY | QL(1 in 28 Days) , PA     |
| Taltz_subcutaneous Solution Auto-Injector   | 80 mg/ml                            | Taltz  | PREFERRED SPECIALTY | PA                        |
| Taltz_subcutaneous Solution Prefilled Syringe   | 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml | Taltz  | PREFERRED SPECIALTY | PA                        |
| <i>Burn Products (Productos Para Quemadas)</i>  |                                     |  |                     |                           |
| Sulfamylon External Cream   | 85 mg/gm                            | Sulfamylon                                     | PREFERRED BRAND     |                           |
| <i>Cauterizing Agents (Agentes Cauterizantes)</i>   |                                     |  |                     |                           |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM |
|---|--------------------------|--|----------------------|----|
| Silver Nitrate External Solution                            | 0.5 %                    | Silver Nitrate                                 | PREFERRED<br>GENERIC |    |
| <i>Corticosteroids - Topical (Corticosteroides Topicos)</i> |                          |  |                      |    |
| Alclometasone Dipropionate External Cream                   | 0.05 %                   | Aclovene                                       | PREFERRED<br>GENERIC |    |
| Betamethasone Dipropionate Aug External Cream               | 0.05 %                   | Diprolene AF                                   | PREFERRED<br>GENERIC |    |
| Betamethasone Dipropionate Aug External Ointment            | 0.05 %                   | Diprolene                                      | PREFERRED<br>GENERIC |    |
| Betamethasone Dipropionate External Cream                   | 0.05 %                   | Alphatrex                                      | PREFERRED<br>GENERIC |    |
| Betamethasone Dipropionate External Lotion                  | 0.05 %                   | Alphatrex                                      | PREFERRED<br>GENERIC |    |
| Betamethasone Valerate External Cream                       | 0.1 %                    | Beta-Val                                       | PREFERRED<br>GENERIC |    |
| Betamethasone Valerate External Ointment                    | 0.1 %                    | Betatrex                                       | PREFERRED<br>GENERIC |    |
| Clobetasol Propionate E External Cream                      | 0.05 %                   | Embeline E                                     | PREFERRED<br>GENERIC |    |
| Clobetasol Propionate External Cream                        | 0.05 %                   | Temovate                                       | PREFERRED<br>GENERIC |    |
| Clobetasol Propionate External Gel                          | 0.05 %                   | Temovate                                       | PREFERRED<br>GENERIC |    |
| Clobetasol Propionate External Ointment                     | 0.05 %                   | Temovate                                       | PREFERRED<br>GENERIC |    |
| Clobetasol Propionate External Solution                     | 0.05 %                   | Temovate                                       | PREFERRED<br>GENERIC |    |
| Desonide External Ointment                                  | 0.05 %                   | DesOwen  | PREFERRED<br>GENERIC |    |
| Desoximetasone External Cream                               | 0.25 %                   | Topicort                                       | PREFERRED<br>GENERIC |    |
| Desoximetasone External Gel                                 | 0.05 %                   | Topicort                                       | PREFERRED<br>GENERIC |    |
| Fluocinolone Acetonide Scalp External Oil                   | 0.01 %                   | Derma-Smoother/FS Scalp                        | PREFERRED<br>GENERIC |    |
| Fluocinonide External Ointment                              | 0.05 %                   | Lidex  | PREFERRED<br>GENERIC |    |
| Fluocinonide External Solution                              | 0.05 %                   | Lidex  | PREFERRED<br>GENERIC |    |
| Fluticasone Propionate External Cream                       | 0.05 %                   | Cutivate                                       | PREFERRED<br>GENERIC |    |
| Fluticasone Propionate External Ointment                    | 0.005 %                  | Cutivate                                       | PREFERRED<br>GENERIC |    |
| Halobetasol Propionate External Cream                       | 0.05 %                   | Ultravate                                      | PREFERRED<br>GENERIC |    |
| Halobetasol Propionate External Ointment                    | 0.05 %                   | Ultravate                                      | PREFERRED<br>GENERIC |    |
| Hydrocortisone External Cream                               | 1 %, 2.5 %               | Ala-Cort ,HC Cream                             | PREFERRED<br>GENERIC |    |
| Hydrocortisone External Lotion                              | 2.5 %                    | Hytone   | PREFERRED<br>GENERIC |    |
| Hydrocortisone External Ointment                            | 1 %, 2.5 %               | Cortizone-10 ,Hytone                           | PREFERRED<br>GENERIC |    |



| Product Name<br>(Nombre del Medicamento)                                     | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM |
|--|---------------------------|--|------------------------|----|
| Hydrocortisone Valerate External Cream                                       | 0.2 %                     | Westcort                                       | PREFERRED<br>GENERIC   |    |
| Hydrocortisone Valerate External Ointment                                    | 0.2 %                     | Westcort                                       | PREFERRED<br>GENERIC   |    |
| Mometasone Furoate External Cream  | 0.1 %                     | Elocon   | PREFERRED<br>GENERIC   |    |
| Mometasone Furoate External Ointment   | 0.1 %                     | Elocon   | PREFERRED<br>GENERIC   |    |
| Mometasone Furoate External Solution   | 0.1 %                     | Elocon   | PREFERRED<br>GENERIC   |    |
| Triamcinolone Acetonide External Cream                                       | 0.1 %                     | Aristocort A                                   | PREFERRED<br>GENERIC   |    |
| Triamcinolone Acetonide External Lotion                                      | 0.025 %, 0.1 %            | Kenalog  | PREFERRED<br>GENERIC   |    |
| Triamcinolone Acetonide External Ointment                                    | 0.1 %                     | Aristocort A                                   | PREFERRED<br>GENERIC   |    |
| <i>Eczema Agents (Agentes Para La Eczema)</i>                                |                           |  |                        |    |
| Dupixent Subcutaneous Solution Pen-Injector                                  | 200 mg/1.14ml, 300 mg/2ml | Dupixent                                       | PREFERRED<br>SPECIALTY | PA |
| Dupixent Subcutaneous Solution Prefilled Syringe                             | 200 mg/1.14ml, 300 mg/2ml | Dupixent                                       | PREFERRED<br>SPECIALTY | PA |
| <i>Emollients (Emolientes)</i>   |                           |  |                        |    |
| Ammonium Lactate External Cream  | 12 %                      | Lac-Hydrin                                     | PREFERRED<br>GENERIC   |    |
| Ammonium Lactate External Lotion   | 12 %                      | Lac-Hydrin                                     | PREFERRED<br>GENERIC   |    |
| <i>Immunomodulating Agents - Topical (Agentes Inmunomodulares - Topicos)</i> |                           |  |                        |    |
| Imiquimod External Cream   | 5 %                       | Aldara   | PREFERRED<br>GENERIC   |    |
| <i>Local Anesthetics - Topical (Anestesia Local - Topica)</i>                |                           |  |                        |    |
| Lidocaine External Patch   | 5 %                       | Lidoderm                                       | PREFERRED<br>GENERIC   |    |
| Lidocaine Hcl External Solution  | 4 %                       | Xylocaine                                      | PREFERRED<br>GENERIC   |    |
| Lidocaine-Prilocaine External Cream  | 2.5-2.5 %                 | EMLA   | PREFERRED<br>GENERIC   |    |
| <i>Rosacea Agents (Agentes Rosacea)</i>                                      |                           |  |                        |    |
| Finacea External Foam  | 15 %                      | Finacea  | PREFERRED<br>BRAND     |    |
| Metronidazole External Cream   | 0.75 %                    | MetroCream                                     | PREFERRED<br>GENERIC   |    |
| <i>Scabicides &amp; Pediculicides (Escabicidas Y Pediculicidas)</i>          |                           |  |                        |    |
| Malathion External Lotion  | 0.5 %                     | Ovide  | PREFERRED<br>GENERIC   |    |
| <i>Wound Care Products (Productos Para Curar Heridas)</i>                    |                           |  |                        |    |
| Acticoat 7 External Pad  | 4"x5"                     | Tegaderm Ag Mesh 4"x5"                         | PREFERRED<br>BRAND     |    |
| Kendall Amorphous Wound External Gel   |                           | Woun'Dres Hydrogel Wound Dress                 | PREFERRED<br>BRAND     |    |
| Medihoney Ca Alginate 2"x2" External Pad                                     |                           | Dome-Paste Bandages                            | PREFERRED<br>BRAND     |    |
| Medihoney Ca Alginate 4"x5" External Pad                                     |                           | Dome-Paste Bandages                            | PREFERRED<br>BRAND     |    |

| Product Name<br>(Nombre del Medicamento)                                     | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia)        | Tier<br>(Nivel)     | UM |
|--|--|---|---------------------|----|
| Medihoney Wound/Burn Dressing External Pad                                   |  | Dome-Paste Bandages                                   | PREFERRED BRAND     |    |
| Regranex External Gel  | 0.01 %   | Regranex  | PREFERRED BRAND     |    |
| Restore Silver Dressing External Pad   | 2"x2", 4"x4"   | Acticoat Antimicrobial 4"x4" ,Restore Silver Dressing | PREFERRED BRAND     |    |
| Xeroform Occlusive Gauze Strip External Pad                                  |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Oil Emulsion Gauze External Pad                                     |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolat Gauze 1"x8" External Miscellaneous                         |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolat Gauze 5"x9" External Miscellaneous                         |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolat Patch 2"x2" External Pad                                   |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolat Patch 4"x4" External Pad                                   |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolatum Dres 4"x4" External Pad                                  | 3 %  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolatum Dres 5"x9" External Pad                                  | 3 %  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| Xeroform Petrolatum Roll 4"x9' External Miscellaneous                        |  | Xeroform Petrolatum Dressing                          | PREFERRED BRAND     |    |
| <b>Digestive Aids (Digestivos)</b>   |  |   |                     |    |
| <i>Digestive Enzymes (Enzimas Digestivas)</i>                                |  |   |                     |    |
| Creon_oral Capsule Delayed Release Particles                                 | 12000-38000 unit, 24000-76000 unit, 3000-9500 unit, 36000-114000 unit, 6000-19000 unit   | Creon   | PREFERRED BRAND     |    |
| Pancreaze Oral Capsule Delayed Release Particles                             | 10500-35500 unit, 16800-56800 unit, 21000-54700 unit, 37000-97300 unit, 4200-14200 unit  | Pancreaze   | PREFERRED BRAND     |    |
| Sucraid Oral Solution  | 8500 unit/ml   | Sucraid   | PREFERRED SPECIALTY | PA |
| Viokace Oral Tablet  | 10440-39150 unit, 20880-78300 unit   | Viokace   | PREFERRED BRAND     |    |
| Zenpep Oral Capsule Delayed Release Particles                                | 10000-32000 unit, 15000-47000 unit, 20000-63000 unit, 25000-79000 unit, 3000-10000 unit, 40000-126000 unit, 5000-24000 unit, 60000-189600 unit | Zenpep  | PREFERRED BRAND     |    |
| <b>Diuretics (Diureticos)</b>  |  |   |                     |    |
| <i>Carbonic Anhydrase Inhibitors (Inhibidores De La Anhidrasa Carbonica)</i> |  |   |                     |    |
| Acetazolamide Er Oral Capsule Extended Release 12 Hour                       | 500 mg   | Diamox Sequels  | PREFERRED GENERIC   |    |
| Acetazolamide Oral Tablet  | 125 mg   | Diamox  | PREFERRED GENERIC   |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                              |
|--|----------------------------|--|------------------------|---------------------------------|
| Methazolamide Oral Tablet  | 25 mg, 50 mg               | Neptazane                                      | PREFERRED<br>GENERIC   |                                 |
| <i>Diuretic Combinations (Combinaciones Diureticas)</i>                                    |                            |  |                        |                                 |
| Amiloride-Hydrochlorothiazide Oral Tablet  | 5-50 mg                    | Moduretic                                      | PREFERRED<br>GENERIC   |                                 |
| Spironolactone-Hctz Oral Tablet  | 25-25 mg                   | Aldactazide                                    | PREFERRED<br>GENERIC   |                                 |
| Triamterene-Hctz Oral Capsule  | 37.5-25 mg                 | Dyazide  | PREFERRED<br>GENERIC   |                                 |
| Triamterene-Hctz Oral Tablet   | 37.5-25 mg, 75-50 mg       | Maxzide ,Maxzide-25                            | PREFERRED<br>GENERIC   |                                 |
| <i>Loop Diuretics (Diureticos De Asa)</i>  |                            |  |                        |                                 |
| Bumetanide Oral Tablet   | 0.5 mg, 1 mg, 2 mg         | Bumex  | PREFERRED<br>GENERIC   |                                 |
| Furosemide Oral Solution   | 8 mg/ml                    | Furosemide                                     | PREFERRED<br>GENERIC   |                                 |
| Furosemide Oral Tablet   | 20 mg, 40 mg, 80 mg        | Lasix  | PREFERRED<br>GENERIC   |                                 |
| Torsemide Oral Tablet  | 10 mg, 100 mg, 20 mg, 5 mg | Demadex  | PREFERRED<br>GENERIC   |                                 |
| <i>Potassium Sparing Diuretics (Diuréticos Conservadores De Potasio)</i>                   |                            |  |                        |                                 |
| Amiloride Hcl Oral Tablet  | 5 mg                       | Midamor  | PREFERRED<br>GENERIC   |                                 |
| Spironolactone Oral Tablet   | 100 mg, 25 mg, 50 mg       | Aldactone                                      | PREFERRED<br>GENERIC   |                                 |
| <i>Thiazides And Thiazide-Like Diuretics (Diureticos De Tiazidas/Parecidos A Tiazidas)</i> |                            |  |                        |                                 |
| Chlorthalidone Oral Tablet   | 25 mg, 50 mg               | Hygroton                                       | PREFERRED<br>GENERIC   |                                 |
| Hydrochlorothiazide Oral Capsule   | 12.5 mg                    | Microzide                                      | PREFERRED<br>GENERIC   |                                 |
| Hydrochlorothiazide Oral Tablet  | 12.5 mg, 25 mg, 50 mg      | Carozide ,Esidrix<br>,Hydrochlorothiazide      | PREFERRED<br>GENERIC   |                                 |
| Indapamide Oral Tablet   | 1.25 mg, 2.5 mg            | Lozol  | PREFERRED<br>GENERIC   |                                 |
| Metolazone Oral Tablet   | 10 mg, 2.5 mg, 5 mg        | Zaroxolyn                                      | PREFERRED<br>GENERIC   |                                 |
| <b>Endocrine And Metabolic Agents - Misc. (Agentes Endocrinos Y Metabolicos - Misc.)</b>   |                            |  |                        |                                 |
| <i>Bone Density Regulators (Reguladores De La Densidad Osea)</i>                           |                            |  |                        |                                 |
| Alendronate Sodium Oral Tablet   | 5 mg                       | Fosamax  | PREFERRED<br>GENERIC   |                                 |
| Alendronate Sodium Oral Tablet   | 10 mg                      | Fosamax  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days)            |
| Alendronate Sodium Oral Tablet   | 35 mg, 70 mg               | Fosamax  | PREFERRED<br>GENERIC   | QL(4 in 28<br>Days)             |
| Teriparatide (Recombinant) Subcutaneous Solution Pen-Injector                              | 600 mcg/2.4ml              | Forteo   | PREFERRED<br>SPECIALTY | QL(2.400<br>in 28 Days)<br>, PA |
| Teriparatide Subcutaneous Solution Pen-Injector  | 600 mcg/2.4ml              | Forteo   | PREFERRED<br>SPECIALTY | QL(2.400<br>in 28 Days)<br>, PA |
| Tymlos Subcutaneous Solution Pen-Injector  | 3120 mcg/1.56ml            | Tymlos   | PREFERRED<br>SPECIALTY | PA                              |
| <i>Gnrh/Lhrh Antagonists (Antagonistas Gnrh/Lhrh)</i>                                      |                            |  |                        |                                 |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                     |
|--|----------------------------|--|---------------------|------------------------|
| Orilissa Oral Tablet   | 150 mg, 200 mg             | Orilissa                                       | PREFERRED SPECIALTY | QL(56 in 28 Days) , PA |
| <i>Growth Hormone Receptor Antagonists (Antagonistas De Receptores De La Hormona De Crecimiento)</i>                 |                            |  |                     |                        |
| Somavert Subcutaneous Solution Reconstituted   | 20 mg                      | Somavert                                       | PREFERRED SPECIALTY | PA                     |
| Somavert Subcutaneous Solution Reconstituted   | 10 mg, 15 mg, 25 mg, 30 mg | Somavert                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA |
| <i>Hormone Receptor Modulators (Moduladores De Receptores Hormonales)</i>  |                            |  |                     |                        |
| Raloxifene Hcl Oral Tablet   | 60 mg                      | Evista   | PREFERRED GENERIC   | QL(30 in 30 Days)      |
| <i>Insulin-Like Growth Factors (Somatomedins) (Factores De Crecimiento Parecidos A La Insulina (Somatomedinas))</i>  |                            |  |                     |                        |
| Increlex Subcutaneous Solution   | 40 mg/4ml                  | Increlex                                       | PREFERRED SPECIALTY | PA                     |
| <i>Lhrh/Gnrh Agonist Analog Pituitary Suppressants (Supresores De Agonistas Analogos Lhrh/Gnrh De La Pituitaria)</i> |                            |  |                     |                        |
| Lupron Depot-Ped (1-Month) Intramuscular Kit   | 11.25 mg, 15 mg            | Lupron Depot-Ped (1-Month)                     | PREFERRED SPECIALTY | PA                     |
| Lupron Depot-Ped (1-Month) Intramuscular Kit   | 7.5 mg                     | Lupron Depot-Ped (1-Month)                     | PREFERRED SPECIALTY | QL(1 in 30 Days) , PA  |
| Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 Mg  | 11.25 mg (ped)             | Lupron Depot-Ped (3-Month)                     | PREFERRED SPECIALTY | PA                     |
| Lupron Depot-Ped (3-Month) Intramuscular Kit 30 Mg   | 30 mg (ped)                | Lupron Depot-Ped (3-Month)                     | PREFERRED SPECIALTY | PA                     |
| Lupron Depot-Ped (6-Month) Intramuscular Kit   | 45 mg                      | Lupron Depot-Ped (6-Month)                     | PREFERRED SPECIALTY | PA                     |
| Synarel Nasal Solution   | 2 mg/ml                    | Synarel  | PREFERRED SPECIALTY |                        |
| <i>Metabolic Modifiers (Modificadores Metabolicos)</i>   |                            |  |                     |                        |
| Betaine Oral Powder  |                            | Cystadane                                      | PREFERRED SPECIALTY |                        |
| Calcitriol Oral Capsule  | 0.25 mcg, 0.5 mcg          | Rocaltrol                                      | PREFERRED GENERIC   |                        |
| Carglumic Acid Oral Tablet Soluble   | 200 mg                     | Carbaglu                                       | PREFERRED SPECIALTY | PA                     |
| Myalept Subcutaneous Solution Reconstituted  | 11.3 mg                    | Myalept  | PREFERRED SPECIALTY |                        |
| Nitisinone Oral Capsule  | 10 mg, 2 mg, 20 mg, 5 mg   | Orfadin  | PREFERRED SPECIALTY |                        |
| Ravicti Oral Liquid  | 1.1 gm/ml                  | Ravicti  | PREFERRED SPECIALTY | PA                     |
| Sapropterin Dihydrochloride Oral Packet  | 100 mg, 500 mg             | Kuvan  | PREFERRED SPECIALTY | PA                     |
| Sapropterin Dihydrochloride Oral Tablet  | 100 mg                     | Kuvan  | PREFERRED SPECIALTY | PA                     |
| Sodium Phenylbutyrate Oral Powder  | 3 gm/tsp                   | Buphenyl                                       | PREFERRED SPECIALTY |                        |
| Sodium Phenylbutyrate Oral Tablet  | 500 mg                     | Buphenyl                                       | PREFERRED SPECIALTY |                        |
| <i>Posterior Pituitary Hormones (Hormonas De La Pituitaria Posterior)</i>  |                            |  |                     |                        |
| Desmopressin Acetate Injection Solution  | 4 mcg/ml                   | DDAVP  | PREFERRED SPECIALTY |                        |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                     |
|---|--|--|------------------------|------------------------|
| Desmopressin Acetate Oral Tablet  | 0.1 mg, 0.2 mg   | DDAVP  | PREFERRED<br>GENERIC   |                        |
| Desmopressin Acetate Pf Injection Solution  | 4 mcg/ml   | DDAVP Pf                                       | PREFERRED<br>SPECIALTY |                        |
| <i>Prolactin Inhibitors (Inhibidores De Prolactina)</i>                             |  |  |                        |                        |
| Cabergoline Oral Tablet   | 0.5 mg   | Dostinex                                       | PREFERRED<br>GENERIC   |                        |
| <i>Somatostatic Agents (Agentes Somatostaticos)</i>                                 |  |  |                        |                        |
| Octreotide Acetate Injection Solution   | 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | SandoSTATIN                                    | PREFERRED<br>SPECIALTY | PA                     |
| Octreotide Acetate Subcutaneous Solution Prefilled Syringe                          | 100 mcg/ml, 50 mcg/ml, 500 mcg/ml                          | Octreotide Acetate                             | PREFERRED<br>SPECIALTY | PA                     |
| Signifor Subcutaneous Solution  | 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml                            | Signifor                                       | PREFERRED<br>SPECIALTY | QL(60 in 30 Days) , PA |
| Somatuline Depot Subcutaneous Solution  | 120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml                     | Somatuline Depot                               | PREFERRED<br>SPECIALTY |                        |
| <i>Vasopressin Receptor Antagonists (Antagonistas De Receptores De Vasopresina)</i> |  |  |                        |                        |
| Tolvaptan Oral Tablet   | 15 mg, 30 mg   | Samsca   | PREFERRED<br>SPECIALTY | QL(30 in 1 Lft)        |
| <b>Estrogens (Estrógenos)</b>   |  |  |                        |                        |
| <i>Estrogen Combinations (Combinaciones De Estrógenos)</i>                          |  |  |                        |                        |
| CombiPatch Transdermal Patch Twice Weekly   | 0.05-0.14 mg/day, 0.05-0.25 mg/day                         | CombiPatch                                     | PREFERRED<br>BRAND     |                        |
| Duavee Oral Tablet  | 0.45-20 mg   | Duavee   | PREFERRED<br>BRAND     |                        |
| Oriahnn Oral Capsule Therapy Pack   | 300-1-0.5 & 300 mg   | Oriahnn  | PREFERRED<br>SPECIALTY | PA                     |
| Premphase Oral Tablet   | 0.625-5 mg   | Premphase                                      | PREFERRED<br>BRAND     |                        |
| Prempro Oral Tablet   | 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg          | Prempro  | PREFERRED<br>BRAND     |                        |
| <i>Estrogens (Estrógenos)</i>   |  |  |                        |                        |
| Depo-Estradiol Intramuscular Oil  | 5 mg/ml  | Depo-Estradiol                                 | PREFERRED<br>BRAND     |                        |
| Estradiol Oral Tablet   | 0.5 mg, 1 mg, 2 mg   | Estrace  | PREFERRED<br>GENERIC   |                        |
| Premarin Injection Solution Reconstituted   | 25 mg  | Premarin                                       | PREFERRED<br>BRAND     |                        |
| Premarin Oral Tablet  | 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg                 | Premarin                                       | PREFERRED<br>BRAND     |                        |
| <b>Fluoroquinolones (Fluoroquinolonas)</b>  |  |  |                        |                        |
| <i>Fluoroquinolones (Fluoroquinolonas)</i>  |  |  |                        |                        |
| Baxdela Intravenous Solution Reconstituted  | 300 mg   | Baxdela  | PREFERRED<br>BRAND     |                        |
| Baxdela Oral Tablet   | 450 mg   | Baxdela  | PREFERRED<br>BRAND     |                        |
| Ciprofloxacin Hcl Oral Tablet   | 250 mg, 500 mg, 750 mg                                     | Cipro  | PREFERRED<br>GENERIC   |                        |
| Levofloxacin Oral Tablet  | 250 mg, 500 mg, 750 mg                                     | Levaquin                                       | PREFERRED<br>GENERIC   |                        |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM |
|---|----------------------------|--|------------------------|----|
| Moxifloxacin Hcl Oral Tablet  | 400 mg                     | Avelox   | PREFERRED<br>GENERIC   |    |
| <b>Gastrointestinal Agents - Misc. (Agentes Gastrointestinales - Misc.)</b>                           |                            |  |                        |    |
| <i>Bile Acid Synthesis Disorder Agents (Agentes Para El Desorden De La Sintesis Del Acido Biliar)</i> |                            |  |                        |    |
| Cholbam Oral Capsule  | 250 mg, 50 mg              | Cholbam  | PREFERRED<br>SPECIALTY | PA |
| <i>Gallstone Solubilizing Agents (Agentes Solubilizantes De Calculos Biliares)</i>                    |                            |  |                        |    |
| Chenodal Oral Tablet  | 250 mg                     | Chenodal                                       | PREFERRED<br>SPECIALTY |    |
| Ursodiol Oral Capsule   | 300 mg                     | Actigall                                       | PREFERRED<br>GENERIC   |    |
| Ursodiol Oral Tablet  | 250 mg, 500 mg             | Urso 250 ,Urso Forte                           | PREFERRED<br>GENERIC   |    |
| <i>Gastrointestinal Stimulants (Estimulantes Gastrointestinales)</i>                                  |                            |  |                        |    |
| Metoclopramide Hcl Oral Solution  | 5 mg/5ml                   | Metoclopramide HCl                             | PREFERRED<br>GENERIC   |    |
| Metoclopramide Hcl Oral Tablet  | 10 mg, 5 mg                | Reglan   | PREFERRED<br>GENERIC   |    |
| <i>Inflammatory Bowel Agents (Agentes Para El Sindrome De Intestino Inflamado)</i>                    |                            |  |                        |    |
| Balsalazide Disodium Oral Capsule   | 750 mg                     | Colazal  | PREFERRED<br>GENERIC   |    |
| Pentasa Oral Capsule Extended Release   | 250 mg                     | Pentasa  | PREFERRED<br>BRAND     |    |
| Skyrizi Subcutaneous Solution Cartridge   | 180 mg/1.2ml, 360 mg/2.4ml | Skyrizi  | PREFERRED<br>SPECIALTY | PA |
| Sulfasalazine Oral Tablet   | 500 mg                     | Azulfidine                                     | PREFERRED<br>GENERIC   |    |
| Sulfasalazine Oral Tablet Delayed Release   | 500 mg                     | Azulfidine EN-tabs                             | PREFERRED<br>GENERIC   |    |
| <i>Irritable Bowel Syndrome (Ibs) Agents (Agentes Para El Sindrome De Intestino Irritable)</i>        |                            |  |                        |    |
| Linzess Oral Capsule  | 145 mcg, 290 mcg, 72 mcg   | Linzess  | PREFERRED<br>BRAND     |    |
| <i>Peripheral Opioid Receptor Antagonists (Antagonistas De Receptores Opiodes Periferales)</i>        |                            |  |                        |    |
| Movantik Oral Tablet  | 12.5 mg, 25 mg             | Movantik                                       | PREFERRED<br>BRAND     |    |
| Relistor Oral Tablet  | 150 mg                     | Relistor                                       | PREFERRED<br>BRAND     |    |
| Relistor Subcutaneous Solution  | 12 mg/0.6ml, 8 mg/0.4ml    | Relistor                                       | PREFERRED<br>BRAND     |    |
| Symproic Oral Tablet  | 0.2 mg                     | Symproic                                       | PREFERRED<br>BRAND     |    |
| <i>Phosphate Binder Agents (Agentes Aglutinantes De Fosfato)</i>                                      |                            |  |                        |    |
| Velphoro Oral Tablet Chewable   | 500 mg                     | Velphoro                                       | PREFERRED<br>BRAND     |    |
| <b>Genitourinary Agents - Miscellaneous (Agentes Genitourinarios - Misc.)</b>                         |                            |  |                        |    |
| <i>Alkalinizers (Alkalinizadores)</i>   |                            |  |                        |    |
| Sod_citrate-Citric Acid Oral Solution   | 500-334 mg/5ml             | Bicitra  | PREFERRED<br>GENERIC   |    |
| Tricitrates Oral Solution   | 550-500-334 mg/5ml         | Polycitra-LC                                   | PREFERRED<br>GENERIC   |    |
| <i>Cystinosis Agents (Agentes Para La Cistinosis)</i>   |                            |  |                        |    |
| Cystagon Oral Capsule   | 150 mg, 50 mg              | Cystagon                                       | PREFERRED<br>SPECIALTY |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                     |
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| <b>Genitourinary Irrigants (Irrigantes Genitourinarios)</b>                             |                          |  |                     |                        |
| Renacidin Irrigation Solution   |                          | Renacidin                                      | PREFERRED BRAND     |                        |
| <b>Interstitial Cystitis Agents (Agentes Para La Cistitis Intersticial)</b>             |                          |  |                     |                        |
| Elmiron Oral Capsule  | 100 mg                   | Elmiron  | PREFERRED BRAND     |                        |
| <b>Prostatic Hypertrophy Agents (Agentes Para La Hipertrofia Prostatica)</b>            |                          |  |                     |                        |
| Alfuzosin Hcl Er Oral Tablet Extended Release 24 Hour                                   | 10 mg                    | Uroxatral                                      | PREFERRED GENERIC   | QL(30 in 30 Days)      |
| Finasteride Oral Tablet   | 5 mg                     | Proscar  | PREFERRED GENERIC   | QL(30 in 30 Days)      |
| Tamsulosin Hcl Oral Capsule   | 0.4 mg                   | Flomax   | PREFERRED GENERIC   | QL(60 in 30 Days)      |
| <b>Urinary Analgesics (Analgesicos Urinarios)</b>                                       |                          |  |                     |                        |
| Phenazopyridine Hcl Oral Tablet   | 100 mg                   | Pyridiate                                      | PREFERRED GENERIC   |                        |
| <b>Urinary Stone Agents (Agentes Para Piedras Urinarias)</b>                            |                          |  |                     |                        |
| Tiopronin Oral Tablet   | 100 mg                   | Thiola   | PREFERRED SPECIALTY |                        |
| Tiopronin Oral Tablet Delayed Release   | 100 mg, 300 mg           | Thiola EC                                      | PREFERRED SPECIALTY |                        |
| <b>Gout Agents (Agentes Para La Gota)</b>   |                          |  |                     |                        |
| <b>Gout Agent Combinations (Combinaciones De Agentes Para La Gota)</b>                  |                          |  |                     |                        |
| Colchicine-Probenecid Oral Tablet   | 0.5-500 mg               | Col-Probenecid                                 | PREFERRED GENERIC   |                        |
| <b>Gout Agents (Agentes Para La Gota)</b>   |                          |  |                     |                        |
| Allopurinol Oral Tablet   | 100 mg, 300 mg           | Zyloprim                                       | PREFERRED GENERIC   |                        |
| Mitigare Oral Capsule   | 0.6 mg                   | Mitigare                                       | PREFERRED BRAND     |                        |
| <b>Uricosurics (Uricosuricos)</b>   |                          |  |                     |                        |
| Probenecid Oral Tablet  | 500 mg                   | Probenecid                                     | PREFERRED GENERIC   |                        |
| <b>Hematological Agents - Misc. (Agentes Hematologicos - Misc.)</b>                     |                          |  |                     |                        |
| <b>Bradykinin B2 Receptor Antagonists (Antagonistas De Receptors De Bradikinina B2)</b> |                          |  |                     |                        |
| Icatibant Acetate Subcutaneous Solution Prefilled Syringe                               | 30 mg/3ml                | Firazyr  | PREFERRED SPECIALTY | QL(18 in 30 Days) , PA |
| <b>Hematorheologic Agents (Agentes Hematoretológicos)</b>                               |                          |  |                     |                        |
| Pentoxifylline Er Oral Tablet Extended Release  | 400 mg                   | TRENTal  | PREFERRED GENERIC   |                        |
| <b>Plasma Kallikrein Inhibitors (Inhibidores De Plasma Kallikrein)</b>                  |                          |  |                     |                        |
| Takhzyro Subcutaneous Solution  | 300 mg/2ml               | Takhzyro                                       | PREFERRED SPECIALTY | PA                     |
| Takhzyro Subcutaneous Solution Prefilled Syringe  | 150 mg/ml, 300 mg/2ml    | Takhzyro                                       | PREFERRED SPECIALTY | PA                     |
| <b>Platelet Aggregation Inhibitors (Inhibidores De Agregacion De Plaquetas)</b>         |                          |  |                     |                        |
| Anagrelide Hcl Oral Capsule   | 0.5 mg                   | Agrylin  | PREFERRED GENERIC   |                        |
| Brilinta Oral Tablet  | 60 mg, 90 mg             | Brilinta                                       | PREFERRED BRAND     | QL(60 in 30 Days) , PA |



| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM |
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| Cilostazol Oral Tablet  | 100 mg, 50 mg  | Pletal   | PREFERRED<br>GENERIC   |    |
| Clopidogrel Bisulfate Oral Tablet   | 75 mg  | Plavix   | PREFERRED<br>GENERIC   |    |
| Dipyridamole Oral Tablet  | 25 mg, 50 mg, 75 mg  | Permole  | PREFERRED<br>GENERIC   |    |
| <b>Thrombolytic Enzymes (Enzimas Tromboliticas)</b>                                   |  |  |                        |    |
| Activase Intravenous Solution Reconstituted   | 100 mg, 50 mg  | Activase                                       | PREFERRED<br>BRAND     |    |
| Cathflo Activase Injection Solution Reconstituted                                     | 2 mg   | Cathflo Activase                               | PREFERRED<br>BRAND     |    |
| <b>Hematopoietic Agents (Agentes Hematopoyeticos)</b>                                 |  |  |                        |    |
| <b>Agents For Sickle Cell Disease (Agentes Para La Anemia De Células Falciformes)</b> |  |  |                        |    |
| Droxia Oral Capsule   | 200 mg, 300 mg, 400 mg   | Droxia   | PREFERRED<br>BRAND     |    |
| <b>Folic Acid/Folates (Acido Folico / Folatos)</b>                                    |  |  |                        |    |
| Folic_acid Oral Tablet  | 1 mg   | KP Folic Acid                                  | PREFERRED<br>GENERIC   |    |
| <b>Hematopoietic Growth Factors (Factores Hematopoyeticos De Crecimiento)</b>         |  |  |                        |    |
| Aranesp (Albumin Free) Injection Solution   | 100 mcg/ml, 200 mcg/ml,<br>25 mcg/ml, 40 mcg/ml, 60<br>mcg/ml  | Aranesp (Albumin Free)                         | PREFERRED<br>SPECIALTY | PA |
| Aranesp (Albumin Free) Injection Solution<br>Prefilled Syringe                        | 10 mcg/0.4ml, 100<br>mcg/0.5ml, 150<br>mcg/0.3ml, 200<br>mcg/0.4ml, 25<br>mcg/0.42ml, 300<br>mcg/0.6ml, 40 mcg/0.4ml,<br>500 mcg/ml, 60<br>mcg/0.3ml | Aranesp (Albumin Free)                         | PREFERRED<br>SPECIALTY | PA |
| Fulphila Subcutaneous Solution Prefilled<br>Syringe                                   | 6 mg/0.6ml   | Fulphila                                       | PREFERRED<br>SPECIALTY | PA |
| Granix Subcutaneous Solution  | 300 mcg/ml, 480<br>mcg/1.6ml   | Granix   | PREFERRED<br>SPECIALTY | PA |
| Granix Subcutaneous Solution Prefilled Syringe  | 300 mcg/0.5ml, 480<br>mcg/0.8ml  | Granix   | PREFERRED<br>SPECIALTY | PA |
| Neulasta Onpro Subcutaneous Prefilled Syringe<br>Kit                                  | 6 mg/0.6ml   | Neulasta Delivery Kit                          | PREFERRED<br>SPECIALTY | PA |
| Neulasta Subcutaneous Solution Prefilled<br>Syringe                                   | 6 mg/0.6ml   | Neulasta                                       | PREFERRED<br>SPECIALTY | PA |
| Neupogen Injection Solution   | 300 mcg/ml, 480<br>mcg/1.6ml   | Neupogen                                       | PREFERRED<br>SPECIALTY | PA |
| Neupogen Injection Solution Prefilled Syringe   | 300 mcg/0.5ml, 480<br>mcg/0.8ml  | Neupogen                                       | PREFERRED<br>SPECIALTY | PA |
| Nivestym Injection Solution   | 300 mcg/ml, 480<br>mcg/1.6ml   | Nivestym                                       | PREFERRED<br>SPECIALTY | PA |
| Nivestym Injection Solution Prefilled Syringe   | 300 mcg/0.5ml, 480<br>mcg/0.8ml  | Nivestym                                       | PREFERRED<br>SPECIALTY | PA |
| Nplate Subcutaneous Solution Reconstituted  | 125 mcg, 250 mcg, 500<br>mcg   | Nplate   | PREFERRED<br>SPECIALTY |    |
| Nyvepria Subcutaneous Solution Prefilled<br>Syringe                                   | 6 mg/0.6ml   | Nyvepria                                       | PREFERRED<br>SPECIALTY | PA |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                      |
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| Procrit Injection Solution   | 10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000 unit/ml, 4000 unit/ml, 40000 unit/ml | Epogen ,Procrit                                | PREFERRED SPECIALTY | PA                      |
| Promacta Oral Packet   | 25 mg   | Promacta                                       | PREFERRED SPECIALTY | QL(180 in 30 Days) , PA |
| Promacta Oral Packet   | 12.5 mg   | Promacta                                       | PREFERRED SPECIALTY | QL(360 in 30 Days) , PA |
| Promacta Oral Tablet   | 12.5 mg, 25 mg, 50 mg, 75 mg  | Promacta                                       | PREFERRED SPECIALTY | QL(30 in 30 Days) , PA  |
| Udenyca Onbody Subcutaneous Solution Prefilled Syringe   | 6 mg/0.6ml  | Udenyca Onbody                                 | PREFERRED SPECIALTY | PA                      |
| Udenyca Subcutaneous Solution Auto-Injector  | 6 mg/0.6ml  | Udenyca  | PREFERRED SPECIALTY | PA                      |
| Udenyca Subcutaneous Solution Prefilled Syringe  | 6 mg/0.6ml  | Udenyca  | PREFERRED SPECIALTY | PA                      |
| Zarxio Injection Solution Prefilled Syringe  | 300 mcg/0.5ml, 480 mcg/0.8ml  | Zarxio   | PREFERRED SPECIALTY | PA                      |
| Ziextenzo Subcutaneous Solution Prefilled Syringe  | 6 mg/0.6ml  | Ziextenzo                                      | PREFERRED SPECIALTY | PA                      |
| <b>Iron (Hierro)</b>   |   |  |                     |                         |
| Infed_injection Solution   | 50 mg/ml  | Infed  | PREFERRED BRAND     | PA                      |
| <b>Stem Cell Mobilizers (Mobilizadores De Celulas Madre)</b>   |   |  |                     |                         |
| Plerixafor Subcutaneous Solution   | 24 mg/1.2ml   | Mozobil  | PREFERRED SPECIALTY |                         |
| <b>Hemostatics (Hemostaticos)</b>  |   |  |                     |                         |
| <b>Hemostatics - Systemic (Hemostaticos - Sistemicos)</b>  |   |  |                     |                         |
| Tranexamic Acid Intravenous Solution   | 1000 mg/10ml  | Cyklokapron                                    | PREFERRED SPECIALTY |                         |
| Tranexamic Acid Oral Tablet  | 650 mg  | Lysteda  | PREFERRED SPECIALTY |                         |
| <b>Hemostatics - Topical (Hemostaticos - Topicos)</b>  |   |  |                     |                         |
| Monsels Ferric Subsulfate External Solution  |   | Monsels Ferric Subsulfate                      | PREFERRED BRAND     |                         |
| <b>Hypnotics/Sedatives/Sleep Disorder Agents (Hipnoticos/Sedantes/Agentes Para Problemas De Sueño)</b> |   |  |                     |                         |
| <b>Barbiturate Hypnotics (Hipnoticos Barbituricos)</b>   |   |  |                     |                         |
| Phenobarbital Oral Tablet  | 30 mg, 64.8 mg, 97.2 mg   | PHENobarbital                                  | PREFERRED GENERIC   |                         |
| <b>Non-Barbiturate Hypnotics (Hipnoticos No Barbituricos)</b>  |   |  |                     |                         |
| Eszopiclone Oral Tablet  | 1 mg, 2 mg, 3 mg  | Lunesta  | PREFERRED GENERIC   | QL(15 in 30 Days)       |
| Midazolam Hcl Injection Solution   | 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml  | Midazolam HCl ,Versed                          | PREFERRED GENERIC   |                         |
| Temazepam Oral Capsule   | 7.5 mg  | Restoril                                       | PREFERRED GENERIC   | QL(120 in 30 Days)      |
| Temazepam Oral Capsule   | 15 mg, 22.5 mg, 30 mg   | Restoril                                       | PREFERRED GENERIC   | QL(30 in 30 Days)       |
| Zaleplon Oral Capsule  | 10 mg, 5 mg   | Sonata   | PREFERRED GENERIC   | QL(15 in 30 Days)       |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia)  | Tier<br>(Nivel)        | UM                   |
|---|---|---|------------------------|----------------------|
| Zolpidem Tartrate Oral Tablet   | 10 mg, 5 mg   | Ambien  | PREFERRED<br>GENERIC   | QL(30 in<br>30 Days) |
| <i>Selective Melatonin Receptor Agonists (Agonistas Selectivos De Receptores De Melatonina)</i> |   |   |                        |                      |
| Tasimelteon Oral Capsule  | 20 mg   | Hetlioz   | PREFERRED<br>SPECIALTY | PA                   |
| <b>Laxatives (Laxantes)</b>   |   |   |                        |                      |
| <i>Laxative Combinations (Combinaciones Laxantes)</i>   |   |   |                        |                      |
| Clenpiq Oral Solution   | 10-3.5-12 mg-gm -<br>gm/175ml   | Clenpiq   | PREFERRED<br>BRAND     |                      |
| Sutab_oral Tablet   | 1479-225-188 mg   | Sutab   | PREFERRED<br>BRAND     | QL(24 in<br>30 Days) |
| <i>Laxatives - Miscellaneous (Laxantes - Miscelaneos)</i>                                       |   |   |                        |                      |
| Lactulose Oral Solution   | 10 gm/15ml  | Constulose  | PREFERRED<br>GENERIC   |                      |
| <i>Lubricant Laxatives (Laxantes Lubricantes)</i>   |   |   |                        |                      |
| Muri-Lube Oil   |   | Muri-Lube Oil   | PREFERRED<br>BRAND     |                      |
| <b>Local Anesthetics-Parenteral (Anestesia Local - Parenteral)</b>                              |   |   |                        |                      |
| <i>Local Anesthetic Combinations (Combinaciones De Anestésicos Locales)</i>                     |   |   |                        |                      |
| Sensorcaine-Mpf/Epinephrine Injection Solution  | 0.75-1:200000 %   | Sensorcaine-<br>MPF/EPINEPHrine   | PREFERRED<br>BRAND     |                      |
| <i>Local Anesthetics - Amides (Anestesia Local - Amidas)</i>                                    |   |   |                        |                      |
| Polocaine Injection Solution  | 2 %   | Carbocaine  | PREFERRED<br>BRAND     |                      |
| <b>Macrolides (Macrolidos)</b>  |   |   |                        |                      |
| <i>Azithromycin (Acitromicina)</i>  |   |   |                        |                      |
| Azithromycin Oral Suspension Reconstituted  | 100 mg/5ml, 200 mg/5ml  | Zithromax   | PREFERRED<br>GENERIC   |                      |
| Azithromycin Oral Tablet  | 250 mg, 500 mg  | Zithromax   | PREFERRED<br>GENERIC   |                      |
| <i>Clarithromycin (Claritromicina)</i>  |   |   |                        |                      |
| Clarithromycin Er Oral Tablet Extended Release<br>24 Hour                                       | 500 mg  | Biaxin XL   | PREFERRED<br>GENERIC   |                      |
| Clarithromycin Oral Tablet  | 250 mg, 500 mg  | Biaxin  | PREFERRED<br>GENERIC   |                      |
| <b>Medical Devices And Supplies (Equipo Medico Y Suplidos)</b>                                  |   |   |                        |                      |
| <i>Parenteral Therapy Supplies (Suplidos Para Terapia Parenteral)</i>                           |   |   |                        |                      |
| Bd_autoshield Duo Miscellaneous   | 30g x 5 mm  | BD AutoShield Duo<br>Miscellaneous  | PREFERRED<br>BRAND     |                      |
| Bd_insulin Syringe Half-Unit Miscellaneous  | 31g x 5/16" 0.3 ml  | Elite-Thin Insulin Syringe<br>Miscellaneous   | PREFERRED<br>BRAND     |                      |
| Bd_insulin Syringe Microfine Miscellaneous  | 27g x 5/8" 1 ml, 28g x<br>1/2" 0.5 ml, 28g x 1/2" 1<br>ml                                   | BD Insulin Syringe<br>MicroFine Miscellaneous<br>,Topco Insulin Syringe<br>Miscellaneous  | PREFERRED<br>BRAND     |                      |
| Bd_insulin Syringe Miscellaneous  | 27g x 1/2" 1 ml, 29g x<br>1/2" 0.3 ml, 29g x 1/2" 0.5<br>ml, 29g x 1/2" 1 ml, u-100<br>1 ml | BD Insulin Syringe<br>Ultrafine Miscellaneous<br>,Monoject Insulin Safety<br>Syr Miscellaneous<br>,Monoject Insulin Syringe<br>Miscellaneous ,Topco<br>Insulin Syringe<br>Miscellaneous | PREFERRED<br>BRAND     |                      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia)   | Tier<br>(Nivel)     | UM               |
|---|---|--|---------------------|------------------|
| Bd_insulin Syringe U/F Miscellaneous  | 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 1 ml                          | Drug Emporium Insulin Syringe Miscellaneous ,Elite-Thin Insulin Syringe Miscellaneous ,Ultra Comfort Insulin Syringe Miscellaneous                                     | PREFERRED BRAND     |                  |
| Bd_insulin Syringe U-500 Miscellaneous  | 31g x 6mm 0.5 ml  | BD Insulin Syringe U-500 Miscellaneous   | PREFERRED BRAND     |                  |
| Bd_insulin Syringe Ultrafine Miscellaneous  | 29g x 1/2" 0.5 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 31g x 5/16" 0.5 ml                       | B-D Insulin Syringe U/F Short Miscellaneous 30G X 5/16" 0.5 ML,BD Insulin Syringe Ultrafine Miscellaneous ,Drug Emporium Insulin Syringe Miscellaneous                 | PREFERRED BRAND     |                  |
| Bd_pen Needle Mini U/F Miscellaneous  | 31g x 5 mm  | BD Pen Needle Mini U/F Miscellaneous   | PREFERRED BRAND     |                  |
| Bd_pen Needle Nano 2nd Gen Miscellaneous  | 32g x 4 mm  | BD Pen Needle Nano U/F Miscellaneous   | PREFERRED BRAND     |                  |
| Bd_pen Needle Nano U/F Miscellaneous  | 32g x 4 mm  | BD Pen Needle Nano U/F Miscellaneous   | PREFERRED BRAND     |                  |
| Bd_pen Needle Original U/F Miscellaneous  | 29g x 12.7mm  | BD U/F Original Pen Needle Miscellaneous   | PREFERRED BRAND     |                  |
| Bd_pen Needle Short U/F Miscellaneous   | 31g x 8 mm  | BD Pen Needle Short U/F Miscellaneous  | PREFERRED BRAND     |                  |
| Bd_safetylide Insulin Syringe Miscellaneous   | 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 5/16" 0.3 ml | BD Insulin Syringe Ultrafine Miscellaneous ,Elite-Thin Insulin Syringe Miscellaneous ,Topco Insulin Syringe Miscellaneous ,Ultra Comfort Insulin Syringe Miscellaneous | PREFERRED BRAND     |                  |
| Novofine Pen Needle Miscellaneous   | 32g x 6 mm  | Novofine Pen Needle Miscellaneous  | PREFERRED BRAND     |                  |
| Novofine Plus Pen Needle Miscellaneous  | 32g x 4 mm  | BD Pen Needle Nano U/F Miscellaneous   | PREFERRED BRAND     |                  |
| <b>Migraine Products (Productos Para La Migraña)</b>  |   |  |                     |                  |
| <i>Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag (Antag Del Receptor Del Péptido Relacionado Con El Gen De La Calcitonina (Cgrp))</i> |   |  |                     |                  |
| Emgality (300 Mg Dose) Subcutaneous Solution Prefilled Syringe  | 100 mg/ml   | Emgality (300 MG Dose)   | PREFERRED SPECIALTY | PA               |
| Emgality Subcutaneous Solution Auto-Injector  | 120 mg/ml   | Emgality   | PREFERRED SPECIALTY | PA               |
| Emgality Subcutaneous Solution Prefilled Syringe  | 120 mg/ml   | Emgality   | PREFERRED SPECIALTY | PA               |
| <i>Serotonin Agonists (Agonistas De Serotonina)</i>   |   |  |                     |                  |
| Zolmitriptan Oral Tablet Disintegrating   | 5 mg  | Zomig ZMT  | PREFERRED GENERIC   | QL(9 in 30 Days) |
| <b>Miscellaneous Therapeutic Classes (Clases Terapeuticas Miscelaneas)</b>  |   |  |                     |                  |
| <i>Chelating Agents (Agentes Quelantes)</i>   |   |  |                     |                  |
| Penicillamine Oral Capsule  | 250 mg  | Cuprimine  | PREFERRED SPECIALTY | PA               |

| Product Name<br>(Nombre del Medicamento)                          | Dosage<br>(Presentacion)                 | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM      |
|---|--|--|---------------------|---------|
| Trientine Hcl Oral Capsule  | 250 mg, 500 mg                           | Syprine ,Trientine HCl                         | PREFERRED SPECIALTY |         |
| <i>Immunomodulators (Inmunomoduladores)</i>                       |  |  |                     |         |
| Lenalidomide Oral Capsule   | 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | Revlimid                                       | PREFERRED SPECIALTY | PA , ** |
| Revlimid Oral Capsule   | 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | Revlimid                                       | PREFERRED SPECIALTY | PA , ** |
| Thalomid Oral Capsule   | 100 mg, 50 mg                            | Thalomid                                       | PREFERRED SPECIALTY | PA , ** |
| <i>Immunosuppressive Agents (Agentes Inmunosupresores)</i>        |  |  |                     |         |
| Atgam_intravenous Injectable                                      | 50 mg/ml                                 | Atgam  | PREFERRED SPECIALTY |         |
| Azasan Oral Tablet  | 100 mg, 75 mg                            | Azasan   | PREFERRED SPECIALTY |         |
| Azathioprine Oral Tablet  | 100 mg, 75 mg                            | Azasan   | PREFERRED SPECIALTY |         |
| Azathioprine Oral Tablet  | 50 mg                                    | Imuran   | PREFERRED GENERIC   |         |
| Cyclosporine Modified Oral Capsule                                | 100 mg, 25 mg, 50 mg                     | Gengraf ,Neoral                                | PREFERRED SPECIALTY |         |
| Cyclosporine Modified Oral Solution                               | 100 mg/ml                                | Neoral   | PREFERRED SPECIALTY |         |
| Cyclosporine Oral Capsule   | 100 mg, 25 mg                            | SandIMMUNE                                     | PREFERRED SPECIALTY |         |
| Enspryng Subcutaneous Solution Prefilled Syringe                  | 120 mg/ml                                | Enspryng                                       | PREFERRED SPECIALTY | PA      |
| Everolimus Oral Tablet  | 0.25 mg, 0.5 mg, 0.75 mg, 1 mg           | Zortress                                       | PREFERRED SPECIALTY |         |
| Gengraf Oral Capsule  | 100 mg, 25 mg                            | Neoral   | PREFERRED SPECIALTY |         |
| Gengraf Oral Solution   | 100 mg/ml                                | Neoral   | PREFERRED SPECIALTY |         |
| Mycophenolate Mofetil Oral Capsule                                | 250 mg                                   | CellCept                                       | PREFERRED SPECIALTY |         |
| Mycophenolate Mofetil Oral Suspension Reconstituted               | 200 mg/ml                                | CellCept                                       | PREFERRED SPECIALTY |         |
| Mycophenolate Mofetil Oral Tablet                                 | 500 mg                                   | CellCept                                       | PREFERRED SPECIALTY |         |
| Mycophenolate Sodium Oral Tablet Delayed Release                  | 180 mg, 360 mg                           | Myfortic                                       | PREFERRED SPECIALTY |         |
| Mycophenolic Acid Oral Tablet Delayed Release                     | 180 mg, 360 mg                           | Myfortic                                       | PREFERRED SPECIALTY |         |
| Prograf Intravenous Solution                                      | 5 mg/ml                                  | Prograf  | PREFERRED SPECIALTY |         |
| Prograf Oral Packet   | 0.2 mg, 1 mg                             | Prograf  | PREFERRED SPECIALTY |         |
| Sirolimus Oral Solution   | 1 mg/ml                                  | Rapamune                                       | PREFERRED SPECIALTY |         |
| Sirolimus Oral Tablet   | 0.5 mg, 1 mg, 2 mg                       | Rapamune                                       | PREFERRED SPECIALTY |         |
| Tacrolimus Oral Capsule   | 0.5 mg, 1 mg, 5 mg                       | Prograf  | PREFERRED SPECIALTY |         |
| <i>Potassium Removing Agents (Agentes Removedores De Potasio)</i> |  |  |                     |         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM |
|---|--|--|------------------------|----|
| Sodium Polystyrene Sulfonate Oral Powder  |  | Kayexalate                                     | PREFERRED<br>GENERIC   |    |
| <b>Sclerosing Agents (Agentes Esclerosantes)</b>                                      |  |  |                        |    |
| Ethamolin Intravenous Solution  | 5 %  | Ethamolin                                      | PREFERRED<br>BRAND     |    |
| Sotradecol Intravenous Solution   | 1 %  | Sotradecol                                     | PREFERRED<br>BRAND     |    |
| <b>Systemic Lupus Erythematosus Agents (Agentes Para Lupus Eritematoso Sistémico)</b> |  |  |                        |    |
| Benlysta Subcutaneous Solution Auto-Injector  | 200 mg/ml  | Benlysta                                       | PREFERRED<br>SPECIALTY | PA |
| Benlysta Subcutaneous Solution Prefilled Syringe                                      | 200 mg/ml  | Benlysta                                       | PREFERRED<br>SPECIALTY | PA |
| <b>Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)</b>            |  |  |                        |    |
| <b>Anesthetics Topical Oral (Anestésicos Orales Tópicos)</b>                          |  |  |                        |    |
| Lidocaine Viscous Hcl Mouth/Throat Solution   | 2 %  | Lidomar Viscous                                | PREFERRED<br>GENERIC   |    |
| <b>Anti-Infectives - Throat (Antiinfectivos Garganta)</b>                             |  |  |                        |    |
| Clotrimazole Mouth/Throat Troche  | 10 mg  | Mycelex  | PREFERRED<br>GENERIC   |    |
| Nystatin Mouth/Throat Suspension  | 100000 unit/ml   | Mycostatin                                     | PREFERRED<br>GENERIC   |    |
| <b>Antiseptics - Mouth/Throat (Antisépticos - Boca Y Garganta)</b>                    |  |  |                        |    |
| Chlorhexidine Gluconate Mouth/Throat Solution   | 0.12 %   | Peridex  | PREFERRED<br>GENERIC   |    |
| <b>Throat Products - Misc. (Productos Para La Garganta - Misc.)</b>                   |  |  |                        |    |
| Pilocarpine Hcl Oral Tablet   | 5 mg, 7.5 mg   | Salagen  | PREFERRED<br>GENERIC   |    |
| <b>Musculoskeletal Therapy Agents (Agentes Para Terapia Musculo-esquelética)</b>      |  |  |                        |    |
| <b>Central Muscle Relaxants (Relajantes Del Sistema Muscular)</b>                     |  |  |                        |    |
| Baclofen Intrathecal Solution   | 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml | Gablofen                                       | PREFERRED<br>SPECIALTY |    |
| Baclofen Intrathecal Solution Prefilled Syringe                                       | 50 mcg/ml  | Gablofen                                       | PREFERRED<br>SPECIALTY |    |
| Baclofen Oral Tablet  | 10 mg, 20 mg   | Lioresal                                       | PREFERRED<br>GENERIC   |    |
| Carisoprodol Oral Tablet  | 350 mg   | Soma   | PREFERRED<br>GENERIC   |    |
| Cyclobenzaprine Hcl Oral Tablet   | 10 mg, 5 mg  | Flexeril                                       | PREFERRED<br>GENERIC   |    |
| Gablofen Intrathecal Solution Prefilled Syringe                                       | 10000 mcg/20ml, 20000 mcg/20ml, 40000 mcg/20ml         | Gablofen                                       | PREFERRED<br>SPECIALTY |    |
| Lioresal Intrathecal Solution   | 0.05 mg/ml, 10 mg/5ml                                  | Lioresal                                       | PREFERRED<br>SPECIALTY |    |
| Metaxalone Oral Tablet  | 800 mg   | Skelaxin                                       | PREFERRED<br>GENERIC   |    |
| Methocarbamol Oral Tablet   | 500 mg, 750 mg   | Robaxin ,Robaxin-750                           | PREFERRED<br>GENERIC   |    |
| Orphenadrine Citrate Er Oral Tablet Extended Release 12 Hour                          | 100 mg   | Norflex  | PREFERRED<br>GENERIC   |    |
| Tizanidine Hcl Oral Tablet  | 2 mg, 4 mg   | Zanaflex                                       | PREFERRED<br>GENERIC   |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                   |
|---|--------------------------|--|----------------------|----------------------|
| <b>Direct Muscle Relaxants (Relajantes Musculares Directos)</b>                     |                          |  |                      |                      |
| Dantrolene Sodium Oral Capsule  | 100 mg, 50 mg            | Dantrium                                       | PREFERRED<br>GENERIC |                      |
| <b>Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)</b> |                          |  |                      |                      |
| <b>Nasal Antiallergy (Antialergicos Nasales)</b>                                    |                          |  |                      |                      |
| Azelastine Hcl Nasal Solution   | 0.1 %                    | Astelin  | PREFERRED<br>GENERIC | QL(30 in<br>25 Days) |
| <b>Nasal Anticholinergics (Anticolinergicos Nasales)</b>                            |                          |  |                      |                      |
| Ipratropium Bromide Nasal Solution  | 0.06 %                   | Atrovent                                       | PREFERRED<br>GENERIC | QL(30 in<br>30 Days) |
| Ipratropium Bromide Nasal Solution  | 0.03 %                   | Atrovent                                       | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| <b>Nasal Steroids (Esteroides Nasales)</b>  |                          |  |                      |                      |
| Fluticasone Propionate Nasal Suspension   | 50 mcg/act               | Flonase  | PREFERRED<br>GENERIC | QL(16 in<br>30 Days) |
| Mometasone Furoate Nasal Suspension   | 50 mcg/act               | Nasonex  | PREFERRED<br>GENERIC | QL(17 in<br>30 Days) |
| Qnasl_childrens Nasal Aerosol Solution  | 40 mcg/act               | Qnasl Childrens                                | PREFERRED<br>BRAND   | ST                   |
| Qnasl_nasal Aerosol Solution  | 80 mcg/act               | Qnasl  | PREFERRED<br>BRAND   | ST                   |
| <b>Ophthalmic Agents (Agentes Oftalmicos)</b>                                       |                          |  |                      |                      |
| <b>Beta-Blockers - Ophthalmic (Bloqueadores Beta - Oftalmicos)</b>                  |                          |  |                      |                      |
| Carteolol Hcl Ophthalmic Solution   | 1 %                      | Ocupress                                       | PREFERRED<br>GENERIC |                      |
| Dorzolamide Hcl-Timolol Mal Ophthalmic Solution 2-0.5 %                             | 22.3-6.8 mg/ml           | Cosopt   | PREFERRED<br>GENERIC |                      |
| Levobunolol Hcl Ophthalmic Solution   | 0.5 %                    | Betagan  | PREFERRED<br>GENERIC |                      |
| Timolol Maleate Ophthalmic Gel Forming Solution                                     | 0.25 %                   | Timoptic-XE                                    | PREFERRED<br>GENERIC |                      |
| Timolol Maleate Ophthalmic Solution   | 0.25 %, 0.5 %            | Timoptic                                       | PREFERRED<br>GENERIC |                      |
| <b>Cycloplegic Mydriatics (Midriáticos Ciclopléjicos)</b>                           |                          |  |                      |                      |
| Cyclopentolate Hcl Ophthalmic Solution  | 1 %                      | AK-Pentolate                                   | PREFERRED<br>GENERIC |                      |
| Tropicamide Ophthalmic Solution   | 0.5 %, 1 %               | Mydral ,Mydracyl                               | PREFERRED<br>GENERIC |                      |
| <b>Miotics (Miotics)</b>  |                          |  |                      |                      |
| Phospholine Iodide Ophthalmic Solution Reconstituted                                | 0.125 %                  | Phospholine Iodide                             | PREFERRED<br>BRAND   |                      |
| <b>Ophthalmic Adrenergic Agents (Agentes Adrenergicos Oftalmicos)</b>               |                          |  |                      |                      |
| Brimonidine Tartrate Ophthalmic Solution  | 0.2 %                    | Alphagan                                       | PREFERRED<br>GENERIC |                      |
| <b>Ophthalmic Anti-Infectives (Antiinfectivos Oftalmicos)</b>                       |                          |  |                      |                      |
| Azasite Ophthalmic Solution   | 1 %                      | AzaSite  | PREFERRED<br>BRAND   |                      |
| Ciprofloxacin Hcl Ophthalmic Solution   | 0.3 %                    | Ciloxan  | PREFERRED<br>GENERIC |                      |
| Moxifloxacin Hcl Ophthalmic Solution  | 0.5 %                    | Vigamox  | PREFERRED<br>GENERIC |                      |
| Natacyn Ophthalmic Suspension   | 5 %                      | Natacyn  | PREFERRED<br>BRAND   |                      |



| Product Name<br>(Nombre del Medicamento)                        | Dosage<br>(Presentacion)                                 | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                      |
|---|--|--|------------------------|-------------------------|
| Ofloxacin Ophthalmic Solution                                   | 0.3 %  | Ocuflox  | PREFERRED<br>GENERIC   |                         |
| Sulfacetamide Sodium Ophthalmic Solution                        | 10 %   | AK-Sulf  | PREFERRED<br>GENERIC   |                         |
| Tobramycin Ophthalmic Solution                                  | 0.3 %  | Tobrex   | PREFERRED<br>GENERIC   |                         |
| Trifluridine Ophthalmic Solution                                | 1 %  | Viroptic                                       | PREFERRED<br>GENERIC   |                         |
| <b>Ophthalmics - Misc. (Oftalmicos - Misc.)</b>                 |  |  |                        |                         |
| Azelastine Hcl Ophthalmic Solution                              | 0.05 %   | Optivar  | PREFERRED<br>GENERIC   |                         |
| Cromolyn Sodium Ophthalmic Solution                             | 4 %  | Opticrom                                       | PREFERRED<br>GENERIC   |                         |
| Cystaran Ophthalmic Solution                                    | 0.44 %   | Cystaran                                       | PREFERRED<br>SPECIALTY |                         |
| Diclofenac Sodium Ophthalmic Solution                           | 0.1 %  | Voltaren                                       | PREFERRED<br>GENERIC   |                         |
| Dorzolamide Hcl Ophthalmic Solution                             | 2 %  | Trusopt  | PREFERRED<br>GENERIC   |                         |
| Epinastine Hcl Ophthalmic Solution                              | 0.05 %   | Elestat  | PREFERRED<br>GENERIC   |                         |
| Flurbiprofen Sodium Ophthalmic Solution                         | 0.03 %   | Ocufen   | PREFERRED<br>GENERIC   |                         |
| Ketorolac Tromethamine Ophthalmic Solution                      | 0.4 %, 0.5 %   | Acular ,Acular LS                              | PREFERRED<br>GENERIC   |                         |
| Olopatadine Hcl Ophthalmic Solution                             | 0.1 %, 0.2 %   | Pataday ,Patanol                               | PREFERRED<br>GENERIC   |                         |
| <b>Prostaglandins - Ophthalmic (Prostaglandinas Oftalmicas)</b> |  |  |                        |                         |
| Latanoprost Ophthalmic Solution                                 | 0.005 %  | Xalatan  | PREFERRED<br>GENERIC   | QL(2.500<br>in 20 Days) |
| <b>Otic Agents (Agentes Oticos)</b>                             |  |  |                        |                         |
| <b>Otic Anti-Infectives (Antiinfectivos Oticos)</b>             |  |  |                        |                         |
| Ofloxacin Otic Solution   | 0.3 %  | Floxin   | PREFERRED<br>GENERIC   |                         |
| <b>Penicillins (Penicilinas)</b>                                |  |  |                        |                         |
| <b>Aminopenicillins (Aminopenicilinas)</b>                      |  |  |                        |                         |
| Amoxicillin Oral Capsule  | 250 mg, 500 mg   | Amoxil   | PREFERRED<br>GENERIC   |                         |
| Amoxicillin Oral Suspension Reconstituted                       | 125 mg/5ml, 200 mg/5ml,<br>250 mg/5ml, 400 mg/5ml        | Amoxil   | PREFERRED<br>GENERIC   |                         |
| Amoxicillin Oral Tablet   | 500 mg, 875 mg   | Amoxil   | PREFERRED<br>GENERIC   |                         |
| Amoxicillin Oral Tablet Chewable                                | 125 mg, 250 mg   | Amoxil   | PREFERRED<br>GENERIC   |                         |
| Ampicillin Oral Capsule   | 500 mg   | Marcillin                                      | PREFERRED<br>GENERIC   |                         |
| <b>Natural Penicillins (Penicilinas Naturales)</b>              |  |  |                        |                         |
| Bicillin L-A Intramuscular Suspension Prefilled Syringe         | 1200000 unit/2ml,<br>2400000 unit/4ml, 600000<br>unit/ml | Bicillin L-A                                   | PREFERRED<br>BRAND     |                         |
| Penicillin V Potassium Oral Solution Reconstituted              | 125 mg/5ml, 250 mg/5ml                                   | Beepen-VK ,Ledercillin<br>VK                   | PREFERRED<br>GENERIC   |                         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                      |
|---|--|--|------------------------|-------------------------|
| Penicillin V Potassium Oral Tablet  | 250 mg, 500 mg   | Beepen-VK                                      | PREFERRED<br>GENERIC   |                         |
| <b>Penicillin Combinations (Combinaciones De Penicilina)</b>  |  |  |                        |                         |
| Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted   | 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | Augmentin ,Augmentin ES-600                    | PREFERRED<br>GENERIC   |                         |
| Amoxicillin-Pot Clavulanate Oral Tablet   | 250-125 mg, 500-125 mg, 875-125 mg                               | Augmentin                                      | PREFERRED<br>GENERIC   |                         |
| Amoxicillin-Pot Clavulanate Oral Tablet Chewable  | 400-57 mg  | Augmentin                                      | PREFERRED<br>GENERIC   |                         |
| Bicillin C-R 900/300 Intramuscular Suspension   | 900000-300000 unit/2ml   | Bicillin C-R 900/300                           | PREFERRED<br>BRAND     |                         |
| Bicillin C-R Intramuscular Suspension   | 1200000 unit/2ml   | Bicillin C-R                                   | PREFERRED<br>BRAND     |                         |
| <b>Penicillinase-Resistant Penicillins (Penicilinas Resistentes A La Penicilinas)</b>                       |  |  |                        |                         |
| Dicloxacillin Sodium Oral Capsule   | 250 mg, 500 mg   | Dycill   | PREFERRED<br>GENERIC   |                         |
| <b>Progestins (Progestinas)</b>   |  |  |                        |                         |
| <i>Progestins (Progestinas)</i>   |  |  |                        |                         |
| Medroxyprogesterone Acetate Oral Tablet   | 10 mg, 2.5 mg, 5 mg  | Amen ,Cycrin                                   | PREFERRED<br>GENERIC   |                         |
| Norethindrone Acetate Oral Tablet   | 5 mg   | Aygestin                                       | PREFERRED<br>GENERIC   |                         |
| Progesterone Oral Capsule   | 200 mg   | Prometrium                                     | PREFERRED<br>GENERIC   |                         |
| <b>Psychotherapeutic And Neurological Agents - Misc. (Agentes Psicoterapeuticos Y Neurologicos - Misc.)</b> |  |  |                        |                         |
| <i>Agents For Chemical Dependency (Agentes Para La Dependencia Quimica)</i>                                 |  |  |                        |                         |
| Acamprosate Calcium Oral Tablet Delayed Release   | 333 mg   | Campral  | PREFERRED<br>GENERIC   |                         |
| <b>Anti-Cataleptic Agents (Agentes Anti- Catalepticos)</b>  |  |  |                        |                         |
| Sodium Oxybate Oral Solution  | 500 mg/ml  | Xyrem  | PREFERRED<br>SPECIALTY | QL(540 in 30 Days) , PA |
| Xyrem_oral Solution   | 500 mg/ml  | Xyrem  | PREFERRED<br>SPECIALTY | QL(540 in 30 Days) , PA |
| <b>Antidementia Agents (Agentes Contra La Demencia)</b>   |  |  |                        |                         |
| Donepezil Hcl Oral Tablet   | 10 mg, 5 mg  | Aricept  | PREFERRED<br>GENERIC   | QL(30 in 30 Days)       |
| Galantamine Hydrobromide Er Oral Capsule Extended Release 24 Hour   | 16 mg, 24 mg   | Razadyne ER                                    | PREFERRED<br>GENERIC   | QL(30 in 30 Days)       |
| Galantamine Hydrobromide Oral Tablet  | 12 mg, 4 mg  | Reminyl  | PREFERRED<br>GENERIC   | QL(60 in 30 Days)       |
| Memantine Hcl Oral Tablet   | 10 mg, 5 mg  | Namenda  | PREFERRED<br>GENERIC   | QL(60 in 30 Days)       |
| Namzaric Oral Capsule Er 24 Hour Therapy Pack   | 7 & 14 & 21 &28 -10 mg   | Namzaric                                       | PREFERRED<br>BRAND     |                         |
| Namzaric Oral Capsule Extended Release 24 Hour  | 14-10 mg, 21-10 mg, 28-10 mg, 7-10 mg                            | Namzaric                                       | PREFERRED<br>BRAND     | QL(30 in 30 Days) , PA  |
| Rivastigmine Tartrate Oral Capsule  | 1.5 mg, 3 mg, 4.5 mg, 6 mg                                       | Exelon   | PREFERRED<br>GENERIC   | QL(60 in 30 Days)       |
| <b>Combination Psychotherapeutics (Combinaciones Psicoterapeuticas)</b>                                     |  |  |                        |                         |

| Product Name<br>(Nombre del Medicamento)                                       | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)        | UM                            |
|--|----------------------------------|--|------------------------|-------------------------------|
| Perphenazine-Amitriptyline Oral Tablet   | 2-25 mg                          | Duo-Vil 2-25                                   | PREFERRED<br>GENERIC   |                               |
| <i>Fibromyalgia Agents (Agentes Para Fibromialgia)</i>                         |                                  |  |                        |                               |
| Savella Oral Tablet  | 100 mg, 12.5 mg, 25 mg,<br>50 mg | Savella  | PREFERRED<br>BRAND     | QL(60 in<br>30 Days)          |
| Savella Titration Pack Oral Miscellaneous                                      | 12.5 & 25 & 50 mg                | Savella Titration Pack                         | PREFERRED<br>BRAND     | QL(55 in<br>28 Days)          |
| <i>Movement Disorder Drug Therapy (Terapia Para Desórdenes Del Movimiento)</i> |                                  |  |                        |                               |
| Tetrabenazine Oral Tablet  | 12.5 mg, 25 mg                   | Xenazine                                       | PREFERRED<br>SPECIALTY | PA                            |
| <i>Multiple Sclerosis Agents (Agentes Para La Esclerosis Multiple)</i>         |                                  |  |                        |                               |
| Avonex Pen Intramuscular Auto-Injector Kit                                     | 30 mcg/0.5ml                     | Avonex Pen                                     | PREFERRED<br>SPECIALTY | QL(1 in 28<br>Days) , PA      |
| Avonex Prefilled Intramuscular Prefilled Syringe Kit                           | 30 mcg/0.5ml                     | Avonex Prefilled                               | PREFERRED<br>SPECIALTY | QL(1 in 28<br>Days) , PA      |
| Betaseron Subcutaneous Kit   | 0.3 mg                           | Extavia  | PREFERRED<br>SPECIALTY | PA                            |
| Dalfampridine Er Oral Tablet Extended Release 12 Hour                          | 10 mg                            | Ampyra   | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA  |
| Dimethyl Fumarate Oral Capsule Delayed Release                                 | 120 mg, 240 mg                   | Tecfidera                                      | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA  |
| Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack       | 120 & 240 mg                     | Tecfidera                                      | PREFERRED<br>SPECIALTY | QL(60 in<br>30 Days) ,<br>PA  |
| Gilenya Oral Capsule   | 0.5 mg                           | Gilenya  | PREFERRED<br>SPECIALTY | PA                            |
| Glatiramer Acetate Subcutaneous Solution Prefilled Syringe                     | 40 mg/ml                         | Copaxone                                       | PREFERRED<br>SPECIALTY | QL(12 in<br>28 Days) ,<br>PA  |
| Glatiramer Acetate Subcutaneous Solution Prefilled Syringe                     | 20 mg/ml                         | Copaxone                                       | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA  |
| Glatopa Subcutaneous Solution Prefilled Syringe                                | 40 mg/ml                         | Copaxone                                       | PREFERRED<br>SPECIALTY | QL(12 in<br>28 Days) ,<br>PA  |
| Glatopa Subcutaneous Solution Prefilled Syringe                                | 20 mg/ml                         | Copaxone                                       | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA  |
| Kesimpta Subcutaneous Solution Auto-Injector                                   | 20 mg/0.4ml                      | Kesimpta                                       | PREFERRED<br>SPECIALTY | PA                            |
| Mayzent Oral Tablet  | 1 mg                             | Mayzent  | PREFERRED<br>SPECIALTY | PA                            |
| Mayzent Oral Tablet  | 0.25 mg                          | Mayzent  | PREFERRED<br>SPECIALTY | QL(210 in<br>30 Days) ,<br>PA |
| Mayzent Oral Tablet  | 2 mg                             | Mayzent  | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA  |
| Mayzent Starter Pack Oral Tablet Therapy Pack                                  | 12 x 0.25 mg                     | Mayzent Starter Pack                           | PREFERRED<br>SPECIALTY | QL(30 in<br>30 Days) ,<br>PA  |

| Product Name<br>(Nombre del Medicamento)                                      | Dosage<br>(Presentacion)                | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM |
|---|---|--|---------------------|----|
| Mayzent Starter Pack Oral Tablet Therapy Pack 7 X                             | 0.25 mg                                 | Mayzent Starter Pack                           | PREFERRED SPECIALTY | PA |
| Plegridy Intramuscular Solution Prefilled Syringe                             | 125 mcg/0.5ml                           | Plegridy                                       | PREFERRED SPECIALTY | PA |
| Plegridy Starter Pack Subcutaneous Solution Pen-Injector                      | 63 & 94 mcg/0.5ml                       | Plegridy Starter Pack                          | PREFERRED SPECIALTY | PA |
| Plegridy Starter Pack Subcutaneous Solution Prefilled Syringe                 | 63 & 94 mcg/0.5ml                       | Plegridy Starter Pack                          | PREFERRED SPECIALTY | PA |
| Plegridy Subcutaneous Solution Pen-Injector                                   | 125 mcg/0.5ml                           | Plegridy                                       | PREFERRED SPECIALTY | PA |
| Plegridy Subcutaneous Solution Prefilled Syringe                              | 125 mcg/0.5ml                           | Plegridy                                       | PREFERRED SPECIALTY | PA |
| Ponvory Oral Tablet   | 20 mg                                   | Ponvory  | PREFERRED SPECIALTY | PA |
| Ponvory Starter Pack Oral Tablet Therapy Pack                                 | 2-3-4-5-6-7-8-9 & 10 mg                 | Ponvory Starter Pack                           | PREFERRED SPECIALTY | PA |
| Rebif_rebidose Subcutaneous Solution Auto-Injector                            | 22 mcg/0.5ml, 44 mcg/0.5ml              | Rebif Rebidose                                 | PREFERRED SPECIALTY | PA |
| Rebif_rebidose Titration Pack Subcutaneous Solution Auto-Injector             | 6x8.8 & 6x22 mcg                        | Rebif Rebidose Titration Pack                  | PREFERRED SPECIALTY | PA |
| Rebif_subcutaneous Solution Prefilled Syringe                                 | 22 mcg/0.5ml, 44 mcg/0.5ml              | Rebif  | PREFERRED SPECIALTY | PA |
| Rebif_titration Pack Subcutaneous Solution Prefilled Syringe                  | 6x8.8 & 6x22 mcg                        | Rebif Titration Pack                           | PREFERRED SPECIALTY | PA |
| Teriflunomide Oral Tablet   | 14 mg, 7 mg                             | Aubagio  | PREFERRED SPECIALTY | PA |
| Vumerity Oral Capsule Delayed Release   | 231 mg                                  | Vumerity                                       | PREFERRED SPECIALTY | PA |
| Zeposia 7-Day Starter Pack Oral Capsule Therapy Pack                          | 4 x 0.23mg & 3 x 0.46mg                 | Zeposia 7-Day Starter Pack                     | PREFERRED SPECIALTY | PA |
| Zeposia Oral Capsule  | 0.92 mg                                 | Zeposia  | PREFERRED SPECIALTY | PA |
| Zeposia Starter Kit Oral Capsule Therapy Pack                                 | 0.23mg & 0.46mg<br>0.92mg(21)           | Zeposia Starter Kit                            | PREFERRED SPECIALTY | PA |
| <i>Pseudobulbar Affect (Pba) Agents (Agentes Afeccion Pseudobulbar (Pba))</i> |   |  |                     |    |
| Nuedexta Oral Capsule   | 20-10 mg                                | Nuedexta                                       | PREFERRED SPECIALTY | PA |
| <b>Respiratory Agents - Misc. (Agentes Respiratorios - Misc.)</b>             |   |  |                     |    |
| <i>Cystic Fibrosis Agents (Agentes Para La Fibrosis Quistica)</i>             |   |  |                     |    |
| Kalydeco Oral Packet  | 13.4 mg, 25 mg, 5.8 mg,<br>50 mg, 75 mg | Kalydeco                                       | PREFERRED SPECIALTY | PA |
| Kalydeco Oral Tablet  | 150 mg                                  | Kalydeco                                       | PREFERRED SPECIALTY | PA |
| Orkambi Oral Packet   | 100-125 mg, 150-188<br>mg, 75-94 mg     | Orkambi  | PREFERRED SPECIALTY | PA |
| Orkambi Oral Tablet   | 200-125 mg                              | Orkambi  | PREFERRED SPECIALTY | PA |
| Pulmozyme Inhalation Solution   | 2.5 mg/2.5ml                            | Pulmozyme                                      | PREFERRED SPECIALTY | PA |
| Symdeko Oral Tablet Therapy Pack  | 100-150 & 150 mg, 50-75<br>& 75 mg      | Symdeko  | PREFERRED SPECIALTY | PA |
| <i>Pulmonary Fibrosis Agents (Agentes Para La Fibrosis Pulmonar)</i>          |   |  |                     |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM |
|---|--|--|---------------------|----|
| Ofev_oral Capsule   | 100 mg, 150 mg   | Ofev   | PREFERRED SPECIALTY | PA |
| Pirfenidone Oral Capsule  | 267 mg   | Esbriet  | PREFERRED SPECIALTY | PA |
| Pirfenidone Oral Tablet   | 801 mg   | Esbriet  | PREFERRED SPECIALTY |    |
| Pirfenidone Oral Tablet   | 267 mg, 534 mg   | Esbriet ,Pirfenidone                           | PREFERRED SPECIALTY | PA |
| <b>Tetracyclines (Tetraciclinas)</b>  |  |  |                     |    |
| <i>Tetracyclines (Tetraciclinas)</i>  |  |  |                     |    |
| Doxycycline Hyclate Oral Capsule  | 100 mg, 50 mg  | Doxy ,Vibramycin                               | PREFERRED GENERIC   |    |
| Doxycycline Hyclate Oral Tablet   | 100 mg, 20 mg  | Doxy ,Periostat                                | PREFERRED GENERIC   |    |
| Doxycycline Monohydrate Oral Capsule  | 100 mg, 50 mg  | Monodox  | PREFERRED GENERIC   |    |
| Doxycycline Monohydrate Oral Tablet   | 50 mg, 75 mg   | Adoxa  | PREFERRED GENERIC   |    |
| Minocin Intravenous Solution Reconstituted  | 100 mg   | Minocin  | PREFERRED BRAND     |    |
| Minocycline Hcl Oral Capsule  | 100 mg, 50 mg, 75 mg   | Dynacin  | PREFERRED GENERIC   |    |
| Minocycline Hcl Oral Tablet   | 100 mg, 50 mg, 75 mg   | Dynacin  | PREFERRED GENERIC   |    |
| <b>Thyroid Agents (Agentes Para La Tiroides)</b>  |  |  |                     |    |
| <i>Antithyroid Agents (Agentes Antitiroideo)</i>  |  |  |                     |    |
| Methimazole Oral Tablet   | 10 mg, 5 mg  | Tapazole                                       | PREFERRED GENERIC   |    |
| <i>Thyroid Hormones (Hormonas Para La Tiroides)</i>   |  |  |                     |    |
| Armour Thyroid Oral Tablet  | 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg   | Armour Thyroid                                 | PREFERRED BRAND     |    |
| Levothyroxine Sodium Oral Tablet  | 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 75 mcg, 88 mcg         | Levo-T ,Levothroid                             | PREFERRED GENERIC   |    |
| Synthroid Oral Tablet   | 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | Levo-T ,Levothroid                             | PREFERRED BRAND     |    |
| <b>Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)</b> |  |  |                     |    |
| <i>Antispasmodics (Antiespasmodicos)</i>  |  |  |                     |    |
| Chlordiazepoxide-Clidinium Oral Capsule   | 5-2.5 mg   | H-Tran Plus                                    | PREFERRED GENERIC   |    |
| Dicyclomine Hcl Oral Capsule  | 10 mg  | Bentyl   | PREFERRED GENERIC   |    |
| Dicyclomine Hcl Oral Tablet   | 20 mg  | Bentyl   | PREFERRED GENERIC   |    |
| Glycopyrrolate Oral Tablet  | 1 mg, 2 mg   | Robinul ,Robinul-Forte                         | PREFERRED GENERIC   |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)      | UM                   |
|---|-----------------------------------|--|----------------------|----------------------|
| Hyoscyamine Sulfate Oral Elixir   | 0.125 mg/5ml                      | Levsin   | PREFERRED<br>GENERIC |                      |
| Hyoscyamine Sulfate Oral Solution   | 0.125 mg/ml                       | Colidrops                                      | PREFERRED<br>GENERIC |                      |
| Hyoscyamine Sulfate Oral Tablet   | 0.125 mg                          | Anaspaz  | PREFERRED<br>GENERIC |                      |
| Hyoscyamine Sulfate Sublingual Tablet<br>Sublingual   | 0.125 mg                          | Hyosol/SL                                      | PREFERRED<br>GENERIC |                      |
| <b>H-2 Antagonists (Antagonistas H-2)</b>   |                                   |  |                      |                      |
| Cimetidine Hcl Oral Solution  | 300 mg/5ml                        | Cimetidine HCl                                 | PREFERRED<br>GENERIC |                      |
| Cimetidine Oral Tablet  | 200 mg, 300 mg, 400<br>mg, 800 mg | Tagamet  | PREFERRED<br>GENERIC |                      |
| Famotidine Oral Suspension Reconstituted  | 40 mg/5ml                         | Pepcid   | PREFERRED<br>GENERIC |                      |
| Famotidine Oral Tablet  | 20 mg, 40 mg                      | Pepcid   | PREFERRED<br>GENERIC |                      |
| Nizatidine Oral Capsule   | 150 mg, 300 mg                    | Axid   | PREFERRED<br>GENERIC |                      |
| <b>Misc. Anti-Ulcer (Medicamentos Para La Ulcera - Misc.)</b>   |                                   |  |                      |                      |
| Sucralfate Oral Tablet  | 1 gm                              | Carafate                                       | PREFERRED<br>GENERIC |                      |
| <b>Proton Pump Inhibitors (Inhibidores De Bomba De Protones)</b>  |                                   |  |                      |                      |
| Esomeprazole Magnesium Oral Capsule<br>Delayed Release  | 20 mg, 40 mg                      | NexIUM   | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Lansoprazole Oral Capsule Delayed Release   | 15 mg, 30 mg                      | Prevacid                                       | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Omeprazole Oral Capsule Delayed Release   | 10 mg, 20 mg, 40 mg               | PriLOSEC                                       | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Pantoprazole Sodium Oral Tablet Delayed<br>Release  | 20 mg, 40 mg                      | Protonix                                       | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Rabeprazole Sodium Oral Tablet Delayed<br>Release   | 20 mg                             | Aciphex  | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| <b>Ulcer Drugs - Prostaglandins (Medicamentos Para La Ulcera - Prostaglandinas)</b>   |                                   |  |                      |                      |
| Misoprostol Oral Tablet   | 200 mcg                           | Cytotec  | PREFERRED<br>GENERIC |                      |
| <b>Urinary Antispasmodics (Antiespasmodicos Urinarios)</b>  |                                   |  |                      |                      |
| <b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic) (Antiespasmódicos Urinarios - Antimuscarinicos (Anticolinergicos))</b> |                                   |  |                      |                      |
| Gelnique Transdermal Gel  | 10 %                              | Gelnique                                       | PREFERRED<br>BRAND   |                      |
| Oxybutynin Chloride Er Oral Tablet Extended<br>Release 24 Hour  | 5 mg                              | Ditropan XL                                    | PREFERRED<br>GENERIC | QL(30 in<br>30 Days) |
| Oxybutynin Chloride Er Oral Tablet Extended<br>Release 24 Hour  | 10 mg, 15 mg                      | Ditropan XL                                    | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Oxybutynin Chloride Oral Tablet   | 5 mg                              | Oxybutynin Chloride                            | PREFERRED<br>GENERIC |                      |
| Tolterodine Tartrate Er Oral Capsule Extended<br>Release 24 Hour  | 2 mg, 4 mg                        | Detrol LA                                      | PREFERRED<br>GENERIC |                      |
| Tolterodine Tartrate Oral Tablet  | 1 mg, 2 mg                        | Detrol   | PREFERRED<br>GENERIC | QL(60 in<br>30 Days) |
| Tropium Chloride Oral Tablet  | 20 mg                             | Sanctura                                       | PREFERRED<br>GENERIC |                      |
| <b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists (Antiespasmodicos Urinarios - Agonistas Adrenergicos Beta-3)</b>             |                                   |  |                      |                      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel)     | UM                 |
|---|---------------------------|--|---------------------|--------------------|
| Myrbetriq Oral Suspension Reconstituted Er  | 8 mg/ml                   | Myrbetriq                                      | PREFERRED BRAND     | QL(300 in 30 Days) |
| <i>Urinary Antispasmodics - Cholinergic Agonists (Antiespasmódicos Urinarios Agonistas Colinérgicos)</i>              |                           |  |                     |                    |
| Bethanechol Chloride Oral Tablet  | 10 mg, 25 mg, 5 mg, 50 mg | Duvoid ,Urecholine                             | PREFERRED GENERIC   |                    |
| <i>Urinary Antispasmodics - Direct Muscle Relaxants (Antiespasmódicos Urinarios - Relajantes Musculares Directos)</i> |                           |  |                     |                    |
| Flavoxate Hcl Oral Tablet   | 100 mg                    | FlavoxATE HCl                                  | PREFERRED GENERIC   |                    |
| <b>Vaginal And Related Products (Vaginales Y Productos Relacionados)</b>  |                           |  |                     |                    |
| <i>Vaginal Estrogens (Estrogenos Vaginales)</i>   |                           |  |                     |                    |
| Estring Vaginal Ring  | 7.5 mcg/24hr              | Estring  | PREFERRED BRAND     | QL(1 in 90 Days)   |
| Premarin Vaginal Cream  | 0.625 mg/gm               | Premarin                                       | PREFERRED BRAND     |                    |
| <i>Vaginal Progestins (Progestinas Vaginales)</i>   |                           |  |                     |                    |
| Endometrin Vaginal Insert   | 100 mg                    | Endometrin                                     | PREFERRED SPECIALTY |                    |
| <b>Vasopressors (Vasopresores)</b>  |                           |  |                     |                    |
| <i>Neurogenic Orthostatic Hypotension (Noh) - Agents (Agentes Para Hipotension Neurogenica Ortostatica (Noh))</i>     |                           |  |                     |                    |
| Droxidopa Oral Capsule  | 100 mg, 200 mg, 300 mg    | Northera                                       | PREFERRED SPECIALTY |                    |
| <i>Vasopressors (Vasopresores)</i>  |                           |  |                     |                    |
| Midodrine Hcl Oral Tablet   | 10 mg, 2.5 mg, 5 mg       | ProAmatine                                     | PREFERRED GENERIC   |                    |



**PREVENTIVOS (PREVENTIVE)**

| Product Name<br>(Nombre del Medicamento)                      | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| <b>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</b> |                          |  |                   |
| <i>Salicylates (Salicilatos)</i>                              |                          |  |                   |
| Aspirin 81 Oral Tablet Chewable                               | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Aspirin 81 Oral Tablet Delayed Release                        | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Adult Low Dose Oral Tablet Delayed Release            | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Adult Low Strength Oral Tablet Delayed Release        | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Childrens Oral Tablet Chewable                        | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Aspirin Ec Low Dose Oral Tablet Delayed Release               | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Ec Low Strength Oral Tablet Delayed Release           | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Low Dose Oral Tablet Chewable                         | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Aspirin Low Dose Oral Tablet Delayed Release                  | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspirin Low Strength Oral Tablet Chewable                     | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Aspirin Oral Tablet   | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Aspirin Oral Tablet Chewable                                  | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Aspirin Oral Tablet Delayed Release                           | 325 mg, 81 mg            | Acuprin ,Aspir-Trin                            | QL(30 in 30 Days) |
| Aspirin Rectal Suppository                                    | 300 mg                   | Aspirin  |                   |
| Aspirin Regimen Oral Tablet Delayed Release                   | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Aspir-Low Oral Tablet Delayed Release                         | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Bayer_advanced Aspirin Reg St Oral Tablet                     | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Bayer_aspirin Ec Low Dose Oral Tablet Delayed Release         | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Bayer_aspirin Oral Tablet                                     | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Bayer_aspirin Oral Tablet Delayed Release                     | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Bayer_low Dose Oral Tablet Chewable                           | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Bayer_low Dose Oral Tablet Delayed Release                    | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Childrens Aspirin Oral Tablet Chewable                        | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Cvs_aspirin Adult Low Dose Oral Tablet Chewable               | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Cvs_aspirin Adult Low Strength Oral Tablet Delayed Release | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Cvs_aspirin Ec Oral Tablet Delayed Release                 | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Cvs_aspirin Low Dose Oral Tablet Delayed Release           | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Cvs_aspirin Low Strength Oral Tablet Delayed Release       | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Cvs_aspirin Oral Tablet                                    | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Cvs_genuine Aspirin Oral Tablet                            | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Ecotrin Low Strength Oral Tablet Delayed Release           | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Ecotrin Oral Tablet Delayed Release                        | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Eq_aspirin Adult Low Dose Oral Tablet Delayed Release      | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Eq_aspirin Low Dose Oral Tablet Chewable                   | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Eq_aspirin Oral Tablet                                     | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Eql_aspirin Ec Oral Tablet Delayed Release                 | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Eql_aspirin Low Dose Oral Tablet Chewable                  | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Eql_aspirin Low Dose Oral Tablet Delayed Release           | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Ft_aspirin Low Dose Oral Tablet Delayed Release            | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Ft_aspirin Oral Tablet                                     | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Ft_aspirin Oral Tablet Chewable                            | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Ft_enteric Coated Aspirin Oral Tablet Delayed Release      | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Genuine Aspirin Oral Tablet                                | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Gnp_adult Aspirin Low Strength Oral Tablet Chewable        | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Gnp_aspirin Low Dose Oral Tablet Delayed Release           | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Gnp_aspirin Oral Tablet                                    | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Gnp_aspirin Oral Tablet Delayed Release                    | 325 mg, 81 mg            | Acuprin ,Aspir-Trin                            | QL(30 in 30 Days) |
| Goodsense Aspirin Adults Oral Tablet                       | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Goodsense Aspirin Low Dose Oral Tablet Delayed Release     | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Goodsense Aspirin Oral Tablet                              | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)               | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Goodsense Aspirin Oral Tablet Chewable                 | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Hm_adult Aspirin Oral Tablet                           | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Kls_aspirin Low Dose Oral Tablet Delayed Release       | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Kp_aspirin Oral Tablet Delayed Release                 | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Medi-First Aspirin Oral Tablet                         | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Medique Aspirin Oral Tablet                            | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Medi-Seltzer Oral Tablet Effervescent                  | 325 mg                   | Effervescent Pain Relief                       | QL(30 in 30 Days) |
| Meijer Aspirin Ec Oral Tablet Delayed Release          | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Mm_aspirin Oral Tablet Delayed Release                 | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Qc_aspirin Low Dose Oral Tablet Chewable               | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Qc_aspirin Low Dose Oral Tablet Delayed Release        | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Qc_aspirin Oral Tablet                                 | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Qc_aspirin Oral Tablet Delayed Release                 | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Qc_childrens Aspirin Oral Tablet Chewable              | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Qc_enteric Aspirin Oral Tablet Delayed Release         | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Ra_aspirin Adult Low Dose Oral Tablet Chewable         | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Ra_aspirin Adult Low Strength Oral Tablet Chewable     | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Ra_aspirin Childrens Oral Tablet Chewable              | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Ra_aspirin Ec Adult Low St Oral Tablet Delayed Release | 81 mg                    | Acuprin  | QL(30 in 30 Days) |
| Ra_aspirin Ec Oral Tablet Delayed Release              | 325 mg, 81 mg            | Acuprin ,Aspir-Trin                            | QL(30 in 30 Days) |
| Ra_aspirin Oral Tablet                                 | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Ra_pain Relief Aspirin Oral Tablet                     | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Sb_aspirin Ec Oral Tablet Delayed Release              | 325 mg                   | Aspir-Trin                                     | QL(30 in 30 Days) |
| Sb_aspirin Oral Tablet                                 | 325 mg                   | Bayer Aspirin                                  | QL(30 in 30 Days) |
| Sb_childrens Aspirin Oral Tablet Chewable              | 81 mg                    | Aspirin Childrens                              | QL(30 in 30 Days) |
| Sb_low Dose Asa Ec Oral Tablet Delayed Release         | 81 mg                    | Acuprin  | QL(30 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM                     |
|--|----------------------------|--|------------------------|
| Sm_aspirin Adult Low Strength Oral Tablet Delayed Release  | 81 mg                      | Acuprin  | QL(30 in 30 Days)      |
| Sm_aspirin Ec Low Strength Oral Tablet Delayed Release   | 81 mg                      | Acuprin  | QL(30 in 30 Days)      |
| Sm_aspirin Ec Oral Tablet Delayed Release  | 325 mg                     | Aspir-Trin                                     | QL(30 in 30 Days)      |
| Sm_aspirin Low Dose Oral Tablet Delayed Release  | 81 mg                      | Acuprin  | QL(30 in 30 Days)      |
| Sm_childrens Aspirin Oral Tablet Chewable  | 81 mg                      | Aspirin Childrens                              | QL(30 in 30 Days)      |
| St_joseph Aspirin Oral Tablet Delayed Release  | 81 mg                      | Acuprin  | QL(30 in 30 Days)      |
| St_joseph Low Dose Oral Tablet Chewable  | 81 mg                      | Aspirin Childrens                              | QL(30 in 30 Days)      |
| St_joseph Low Dose Oral Tablet Delayed Release   | 81 mg                      | Acuprin  | QL(30 in 30 Days)      |
| <b>Antihyperlipidemics (Antihiperlipidemicos)</b>  |                            |  |                        |
| <i>Hmg Coa Reductase Inhibitors (Inhibidores De La Reductasa Hng Coa)</i>                                  |                            |  |                        |
| Altprev Oral Tablet Extended Release 24 Hour   | 20 mg, 40 mg, 60 mg        | Altacor  | QL(30 in 30 Days)      |
| Atorvastatin Calcium Oral Tablet   | 10 mg, 20 mg               | Lipitor  | QL(30 in 30 Days)      |
| Crestor Oral Tablet  | 10 mg, 5 mg                | Crestor  | QL(30 in 30 Days)      |
| Ezallor Sprinkle Oral Capsule Sprinkle   | 10 mg, 5 mg                | Ezallor Sprinkle                               | QL(30 in 30 Days)      |
| Fluvastatin Sodium Er Oral Tablet Extended Release 24 Hour   | 80 mg                      | Lescol XL                                      | QL(30 in 30 Days) , ST |
| Fluvastatin Sodium Oral Capsule  | 20 mg, 40 mg               | Lescol   | QL(60 in 30 Days) , ST |
| Lescol XI Oral Tablet Extended Release 24 Hour   | 80 mg                      | Lescol XL                                      | QL(30 in 30 Days) , ST |
| Lipitor Oral Tablet  | 10 mg, 20 mg               | Lipitor  | QL(30 in 30 Days)      |
| Livalo Oral Tablet   | 1 mg, 2 mg, 4 mg           | Livalo   | QL(30 in 30 Days) , ST |
| Lovastatin Oral Tablet   | 10 mg, 20 mg, 40 mg        | Mevacor  | QL(60 in 30 Days)      |
| Pitavastatin Calcium Oral Tablet   | 1 mg, 2 mg, 4 mg           | Livalo   | QL(30 in 30 Days) , ST |
| Pravastatin Sodium Oral Tablet   | 10 mg, 20 mg, 40 mg, 80 mg | Pravachol                                      | QL(30 in 30 Days)      |
| Rosuvastatin Calcium Oral Tablet   | 10 mg, 5 mg                | Crestor  | QL(30 in 30 Days)      |
| Simvastatin Oral Tablet  | 10 mg, 20 mg, 40 mg, 5 mg  | Zocor  | QL(30 in 30 Days)      |
| Zocor_oral Tablet  | 10 mg, 20 mg, 40 mg        | Zocor  | QL(30 in 30 Days)      |
| Zypitamag Oral Tablet  | 2 mg, 4 mg                 | Zypitamag                                      | QL(30 in 30 Days) , ST |
| <b>Antineoplastics And Adjunctive Therapies (Antineoplasticos Y Terapias Adyuvantes)</b>                   |                            |  |                        |
| <i>Antineoplastic - Hormonal And Related Agents (Antineoplasticos - Agentes Hormonales Y Relacionados)</i> |                            |  |                        |
| Tamoxifen Citrate Oral Tablet  | 10 mg, 20 mg               | Nolvadex                                       |                        |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|----------------------------------|--|----|
| <b>Contraceptives (Contraceptivos)</b>  |                                  |  |    |
| <i>Combination Contraceptives - Oral (Combinaciones Anticonceptivas Orales)</i> |                                  |  |    |
| Afirmelle Oral Tablet   | 0.1-20 mg-mcg                    | Alesse (28)                                    |    |
| Alyacen 1/35 Oral Tablet  | 1-35 mg-mcg                      | Genora 1/35 (21)                               |    |
| Alyacen 7/7/7 Oral Tablet   | 0.5/0.75/1-35 mg-mcg             | Ortho-Novum 7/7/7 (21)                         |    |
| Aurovela 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                    | Loestrin 1.5/30 (21)                           |    |
| Aurovela 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin 1/20 (21)                             |    |
| Aurovela 24 Fe Oral Tablet  | 1-20 mg-mcg(24)                  | Loestrin 24 Fe                                 |    |
| Aurovela Fe 1.5/30 Oral Tablet  | 1.5-30 mg-mcg                    | Loestrin Fe 1.5/30                             |    |
| Aurovela Fe 1/20 Oral Tablet  | 1-20 mg-mcg                      | Loestrin Fe 1/20                               |    |
| Aviane Oral Tablet  | 0.1-20 mg-mcg                    | Alesse (28)                                    |    |
| Ayuna_oral Tablet   | 0.15-30 mg-mcg                   | Levlen   |    |
| Balcoltra Oral Tablet   | 0.1-20 mg-mcg(21)                | Balcoltra                                      |    |
| Beyaz_oral Tablet   | 3-0.02-0.451 mg                  | Beyaz  |    |
| Blisovi Fe 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin Fe 1/20                               |    |
| Cryselle-28 Oral Tablet   | 0.3-30 mg-mcg                    | Lo/Ovral                                       |    |
| Dasetta 1/35 Oral Tablet  | 1-35 mg-mcg                      | Genora 1/35 (21)                               |    |
| Delyla Oral Tablet  | 0.1-20 mg-mcg                    | Alesse (28)                                    |    |
| Desogestrel-Ethinyl Estradiol Oral Tablet                                       | 0.15-0.02/0.01 mg (21/5)         | Mircette                                       |    |
| Dolishale Oral Tablet   | 90-20 mcg                        | Lybrel   |    |
| Drospiren-Eth Estrad-Levomefol Oral Tablet                                      | 3-0.02-0.451 mg, 3-0.03-0.451 mg | Beyaz ,Safyral                                 |    |
| Drospirenone-Ethinyl Estradiol Oral Tablet                                      | 3-0.02 mg, 3-0.03 mg             | Yasmin 28 ,YAZ                                 |    |
| Enpresse-28 Oral Tablet   | 50-30/75-40/ 125-30 mcg          | Triphasil                                      |    |
| Estarilla Oral Tablet   | 0.25-35 mg-mcg                   | Ortho-Cyclen (28)                              |    |
| Ethinodiol Diac-Eth Estradiol Oral Tablet                                       | 1-35 mg-mcg, 1-50 mg-mcg         | Demulen 1/35 (28)<br>,Demulen 1/50 (28)        |    |
| Falmina Oral Tablet   | 0.1-20 mg-mcg                    | Alesse (28)                                    |    |
| Finzala Oral Tablet Chewable  | 1-20 mg-mcg(24)                  | Minastrin 24 Fe                                |    |
| Hailey Fe 1/20 Oral Tablet  | 1-20 mg-mcg                      | Loestrin Fe 1/20                               |    |
| Iclevia Oral Tablet   | 0.15-0.03 mg                     | Seasonale                                      |    |
| Isibloom Oral Tablet  | 0.15-30 mg-mcg                   | Desogen  |    |
| Jaimiess Oral Tablet  | 0.15-0.03 & 0.01 mg              | Seasonique                                     |    |
| Jasmiel Oral Tablet   | 3-0.02 mg                        | YAZ  |    |
| Joyeaux Oral Tablet   | 0.1-20 mg-mcg(21)                | Balcoltra                                      |    |
| Junel_1.5/30 Oral Tablet  | 1.5-30 mg-mcg                    | Loestrin 1.5/30 (21)                           |    |
| Junel_1/20 Oral Tablet  | 1-20 mg-mcg                      | Loestrin 1/20 (21)                             |    |
| Junel_fe 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                    | Loestrin Fe 1.5/30                             |    |
| Junel_fe 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin Fe 1/20                               |    |
| Junel_fe 24 Oral Tablet   | 1-20 mg-mcg(24)                  | Loestrin 24 Fe                                 |    |
| Kalliga Oral Tablet   | 0.15-30 mg-mcg                   | Desogen  |    |
| Larin_1.5/30 Oral Tablet  | 1.5-30 mg-mcg                    | Loestrin 1.5/30 (21)                           |    |
| Larin_1/20 Oral Tablet  | 1-20 mg-mcg                      | Loestrin 1/20 (21)                             |    |
| Larin_24 Fe Oral Tablet   | 1-20 mg-mcg(24)                  | Loestrin 24 Fe                                 |    |
| Larin_fe 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                    | Loestrin Fe 1.5/30                             |    |
| Larin_fe 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin Fe 1/20                               |    |
| Lessina Oral Tablet   | 0.1-20 mg-mcg                    | Alesse (28)                                    |    |
| Levonest Oral Tablet  | 50-30/75-40/ 125-30 mcg          | Triphasil                                      |    |
| Levonorgest-Eth Est & Eth Est Oral Tablet                                       | 42-21-21-7 days                  | Quartette                                      |    |

| Product Name<br>(Nombre del Medicamento)        | Dosage<br>(Presentacion)                              | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|---|--|----|
| Levonorgest-Eth Estrad 91-Day Oral Tablet       | 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg | LoSeasonique ,Seasonale ,Seasonique            |    |
| Levonorgest-Eth Estradiol-Iron Oral Tablet      | 0.1-20 mg-mcg(21)                                     | Balcoltra                                      |    |
| Levonorgestrel-Ethinyl Estrad Oral Tablet       | 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg              | Alesse (28) ,Levlen ,Lybrel                    |    |
| Levonorg-Eth Estrad Triphasic Oral Tablet       | 50-30/75-40/ 125-30 mcg                               | Triphasil                                      |    |
| Lo_loestrin Fe Oral Tablet                      | 1 mg-10 mcg / 10 mcg                                  | Lo Loestrin Fe                                 |    |
| Lojaimiess Oral Tablet                          | 0.1-0.02 & 0.01 mg                                    | LoSeasonique                                   |    |
| Loryna Oral Tablet                              | 3-0.02 mg   | YAZ  |    |
| Low-Ogestrel Oral Tablet                        | 0.3-30 mg-mcg   | Lo/Ovral                                       |    |
| Lo-Zumandimine Oral Tablet                      | 3-0.02 mg   | YAZ  |    |
| Lutera Oral Tablet                              | 0.1-20 mg-mcg   | Alesse (28)                                    |    |
| Microgestin 1.5/30 Oral Tablet                  | 1.5-30 mg-mcg   | Loestrin 1.5/30 (21)                           |    |
| Microgestin 1/20 Oral Tablet                    | 1-20 mg-mcg   | Loestrin 1/20 (21)                             |    |
| Microgestin Fe 1.5/30 Oral Tablet               | 1.5-30 mg-mcg   | Loestrin Fe 1.5/30                             |    |
| Microgestin Fe 1/20 Oral Tablet                 | 1-20 mg-mcg   | Loestrin Fe 1/20                               |    |
| Mono-Linyah Oral Tablet                         | 0.25-35 mg-mcg  | Ortho-Cyclen (28)                              |    |
| Natazia Oral Tablet                             | 3/2-2/2-3/1 mg  | Natazia  |    |
| Necon_1/35 (28) Oral Tablet                     | 1-35 mg-mcg   | Genora 1/35 (21)                               |    |
| Nikki_oral Tablet                               | 3-0.02 mg   | YAZ  |    |
| Norethin Ace-Eth Estrad-Fe Oral Capsule         | 1-20 mg-mcg(24)                                       | Minastrin 24 Fe                                |    |
| Norethin Ace-Eth Estrad-Fe Oral Tablet          | 1-20 mg-mcg, 1.5-30 mg-mcg                            | Loestrin Fe 1.5/30 ,Loestrin Fe 1/20           |    |
| Norethin Ace-Eth Estrad-Fe Oral Tablet Chewable | 1-20 mg-mcg(24)                                       | Minastrin 24 Fe                                |    |
| Norethindrone Acet-Ethinyl Est Oral Tablet      | 1.5-30 mg-mcg   | Loestrin 1.5/30 (21)                           |    |
| Norethin-Eth Estradiol-Fe Oral Tablet Chewable  | 0.4-35 mg-mcg   | Ovcon 35 Fe                                    |    |
| Norgestimate-Eth Estradiol Oral Tablet          | 0.25-35 mg-mcg  | Ortho-Cyclen (28)                              |    |
| Norgestim-Eth Estrad Triphasic Oral Tablet      | 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg  | Ortho Tri-Cyclen (28) ,Ortho Tri-Cyclen Lo     |    |
| Nortrel 1/35 (21) Oral Tablet                   | 1-35 mg-mcg   | Genora 1/35 (21)                               |    |
| Nortrel 1/35 (28) Oral Tablet                   | 1-35 mg-mcg   | Genora 1/35 (21)                               |    |
| Orsythia Oral Tablet                            | 0.1-20 mg-mcg   | Alesse (28)                                    |    |
| Ortho_tri-Cyclen Lo Oral Tablet                 | 0.18/0.215/0.25 mg-25 mcg                             | Ortho Tri-Cyclen Lo                            |    |
| Safyral Oral Tablet                             | 3-0.03-0.451 mg                                       | Safyral  |    |
| Simpesse Oral Tablet                            | 0.15-0.03 & 0.01 mg                                   | Seasonique                                     |    |
| Sprintec 28 Oral Tablet                         | 0.25-35 mg-mcg  | Ortho-Cyclen (28)                              |    |
| Sronyx Oral Tablet                              | 0.1-20 mg-mcg   | Alesse (28)                                    |    |
| Tri-Estarylla Oral Tablet                       | 0.18/0.215/0.25 mg-35 mcg                             | Ortho Tri-Cyclen (28)                          |    |
| Tri-Linyah Oral Tablet                          | 0.18/0.215/0.25 mg-35 mcg                             | Ortho Tri-Cyclen (28)                          |    |
| Tri-Lo-Estarylla Oral Tablet                    | 0.18/0.215/0.25 mg-25 mcg                             | Ortho Tri-Cyclen Lo                            |    |
| Tri-Lo-Mili Oral Tablet                         | 0.18/0.215/0.25 mg-25 mcg                             | Ortho Tri-Cyclen Lo                            |    |
| Tri-Lo-Sprintec Oral Tablet                     | 0.18/0.215/0.25 mg-25 mcg                             | Ortho Tri-Cyclen Lo                            |    |
| Trinessa (28) Oral Tablet                       | 0.18/0.215/0.25 mg-35 mcg                             | Ortho Tri-Cyclen (28)                          |    |
| Tri-Sprintec Oral Tablet                        | 0.18/0.215/0.25 mg-35 mcg                             | Ortho Tri-Cyclen (28)                          |    |
| Trivora (28) Oral Tablet                        | 50-30/75-40/ 125-30 mcg                               | Triphasil                                      |    |
| Turqoz Oral Tablet                              | 0.3-30 mg-mcg   | Lo/Ovral                                       |    |
| Tyblume Oral Tablet Chewable                    | 0.1-20 mg-mcg   | Tyblume  |    |
| Tydemy Oral Tablet                              | 3-0.03-0.451 mg                                       | Safyral  |    |
| Vienva Oral Tablet                              | 0.1-20 mg-mcg   | Alesse (28)                                    |    |
| Volnea Oral Tablet                              | 0.15-0.02/0.01 mg (21/5)                              | Mircette                                       |    |
| Yaz_oral Tablet                                 | 3-0.02 mg   | YAZ  |    |

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| Zovia_1/35 (28) Oral Tablet  | 1-35 mg-mcg              | Demulen 1/35 (28)                              |                  |
| Zumandimine Oral Tablet  | 3-0.03 mg                | Yasmin 28                                      |                  |
| <b>Combination Contraceptives - Transdermal (Combinaciones Anticonceptivas Transdermales)</b>              |                          |  |                  |
| Norelgestromin-Eth Estradiol Transdermal Patch Weekly  | 150-35 mcg/24hr          | Ortho Evra                                     |                  |
| Twirla Transdermal Patch Weekly  | 120-30 mcg/24hr          | Twirla   |                  |
| Xulane Transdermal Patch Weekly  | 150-35 mcg/24hr          | Ortho Evra                                     |                  |
| <b>Combination Contraceptives - Vaginal (Combinaciones Anticonceptivas Vaginales)</b>                      |                          |  |                  |
| Eluryng Vaginal Ring   | 0.12-0.015 mg/24hr       | NuvaRing                                       |                  |
| Enilloring Vaginal Ring  | 0.12-0.015 mg/24hr       | NuvaRing                                       |                  |
| Etonogestrel-Ethinyl Estradiol Vaginal Ring  | 0.12-0.015 mg/24hr       | NuvaRing                                       |                  |
| Haloette Vaginal Ring  | 0.12-0.015 mg/24hr       | NuvaRing                                       |                  |
| Nuvaring Vaginal Ring  | 0.12-0.015 mg/24hr       | NuvaRing                                       |                  |
| <b>Emergency Contraceptives (Contraceptivos De Emergencia)</b>   |                          |  |                  |
| Aftera Oral Tablet   | 1.5 mg                   | Plan B One-Step                                |                  |
| Ella_oral Tablet   | 30 mg                    | Ella   |                  |
| Levonorgestrel Oral Tablet   | 1.5 mg                   | Plan B One-Step                                |                  |
| My_way Oral Tablet   | 1.5 mg                   | Plan B One-Step                                |                  |
| Opcicon One-Step Oral Tablet   | 1.5 mg                   | Plan B One-Step                                |                  |
| Plan_b One-Step Oral Tablet  | 1.5 mg                   | Plan B One-Step                                |                  |
| Take_action Oral Tablet  | 1.5 mg                   | Plan B One-Step                                |                  |
| <b>Progestin Contraceptives - Injectable (Anticonceptivos Inyectables De Progestina)</b>                   |                          |  |                  |
| Depo-Provera Intramuscular Suspension  | 150 mg/ml                | Depo-Provera                                   | QL(1 in 90 Days) |
| Medroxyprogesterone Acetate Intramuscular Suspension   | 150 mg/ml                | Depo-Provera                                   | QL(1 in 90 Days) |
| Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe                                     | 150 mg/ml                | Depo-Provera                                   | QL(1 in 90 Days) |
| <b>Progestin Contraceptives - Oral (Contraceptivos Orales De Progestina)</b>                               |                          |  |                  |
| Camila Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Deblitane Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 |                  |
| Emzahh Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Errin_oral Tablet  | 0.35 mg                  | Ortho Micronor                                 |                  |
| Heather Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 |                  |
| Incassia Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Jencycla Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Lyza_oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Nora-Be Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 |                  |
| Norethindrone Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 |                  |
| Norlyroc Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| Opill_oral Tablet  | 0.075 mg                 | Ovrette  |                  |
| Sharobel Oral Tablet   | 0.35 mg                  | Ortho Micronor                                 |                  |
| <b>Dietary Products/Dietary Management Products (Productos Dieteticos/Productos Para Manejo Dietetico)</b> |                          |  |                  |
| <b>Infant Foods (Alimentos Infantiles)</b>   |                          |  |                  |
| Babys_only Organic/Soy Oral Powder   |                          | Calcilo XD                                     |                  |
| Enfagrow Next Step Oral Liquid   |                          | Alimentum                                      |                  |
| Enfamil Gentlease Lipil Oral Liquid  |                          | Alimentum                                      |                  |
| Enfamil Gentlease Oral Liquid  |                          | Alimentum                                      |                  |
| Enfamil Gentlease Oral Powder  |                          | Calcilo XD                                     |                  |
| Enfamil Nutramigen Lipil Oral Concentrate  |                          | Enfamil  |                  |
| Enfamil Nutramigen Lipil Oral Liquid   |                          | Alimentum                                      |                  |
| Enfamil Nutramigen Oral Liquid   |                          | Alimentum                                      |                  |
| Enfamil Nutramigen Probiot Lgg Oral Powder   |                          | Calcilo XD                                     |                  |



| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
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| Enfamil Nutramigen Tod/Enf Lgg Oral Powder                 |                          | Calcilo XD                                     |    |
| Enfamil Pregestimil Lipil Oral Liquid                      |                          | Alimentum                                      |    |
| Enfamil Prosobee Lipil Oral Liquid                         |                          | Alimentum                                      |    |
| Enfamil Prosobee Soy Oral Powder                           |                          | Calcilo XD                                     |    |
| Enfamil Prosobee/Sensitive Oral Liquid                     |                          | Alimentum                                      |    |
| Enfamil Reguline-Iron Oral Powder                          |                          | Calcilo XD                                     |    |
| Gerber Good Start Gentle 2 Oral Powder                     |                          | Calcilo XD                                     |    |
| Gerber Good Start Premature Oral Liquid                    |                          | Alimentum                                      |    |
| Gerber Good Start Soy Oral Powder                          |                          | Calcilo XD                                     |    |
| Gerber Good Start Soy/Iron Oral Concentrate                |                          | Enfamil  |    |
| Gerber Good Start Soy/Iron Oral Liquid                     |                          | Alimentum                                      |    |
| Gerber Good Start Soy/Iron Oral Powder                     |                          | Calcilo XD                                     |    |
| Gerber Graduates Soy/Iron Oral Powder                      |                          | Calcilo XD                                     |    |
| Periflex Infant Oral Powder                                |                          | Calcilo XD                                     |    |
| Phenyl-Free 1 Oral Powder                                  |                          | Calcilo XD                                     |    |
| Similac Alimentum Advance-Iron Oral Liquid                 |                          | Alimentum                                      |    |
| Similac Alimentum-Iron Oral Powder                         |                          | Calcilo XD                                     |    |
| Similac Expert Care Alimentum Oral Liquid                  |                          | Alimentum                                      |    |
| Similac Expert Care Diarrhea Oral Liquid                   |                          | Alimentum                                      |    |
| Similac Go & Grow Early Shield Oral Powder                 |                          | Calcilo XD                                     |    |
| Similac Go & Grow Hmo Oral Powder                          |                          | Calcilo XD                                     |    |
| Similac Human Milk Fortifier Oral Concentrate              |                          | Enfamil  |    |
| Similac Soy Isomil Oral Concentrate                        |                          | Enfamil  |    |
| Similac Soy Isomil Oral Liquid                             |                          | Alimentum                                      |    |
| Similac Soy Isomil Oral Packet                             |                          | Enfamil Human Milk Fortifier                   |    |
| Similac Soy Isomil Oral Powder                             |                          | Calcilo XD                                     |    |
| Similac/Iron Oral Liquid                                   |                          | Alimentum                                      |    |
| Xphe-Xtyr Analog Oral Powder                               |                          | Calcilo XD                                     |    |
| Xptm_analog Oral Powder                                    |                          | Calcilo XD                                     |    |
| <i>Nutritional Supplements (Suplementos Nutricionales)</i> |                          |  |    |
| 3232a_infant Formula Oral Powder                           |                          | Casec  |    |
| 5-Htp_ tryptophan Oral Tablet                              | 50 mg                    | A/G Pro  |    |
| A/G_pro Oral Tablet  |                          | A/G Pro  |    |
| Acid_blockers Depletion Oral Miscellaneous                 | therapy pack             | Acid Blockers Support                          |    |
| Acid_blockers Support Oral Miscellaneous                   | therapy pack             | Acid Blockers Support                          |    |
| Adult_growth Hormone Support Oral Miscellaneous            | therapy pack             | Acid Blockers Support                          |    |
| Aminopmms Oral Capsule                                     |                          | Antioxidant Formula                            |    |
| Anti-Seizure Depletion Oral Miscellaneous                  | therapy pack             | Acid Blockers Support                          |    |
| Anti-Seizure Support Oral Miscellaneous                    | therapy pack             | Acid Blockers Support                          |    |
| App_slim Rms Oral Capsule                                  |                          | Dietex Forte                                   |    |
| Arginaid Extra Oral Liquid                                 |                          | Attain   |    |
| Asilnasalrms Oral Capsule                                  |                          | Antioxidant Formula                            |    |
| Bio-Immunex Oral Capsule                                   |                          | Antioxidant Formula                            |    |
| Boost_breeze Oral Liquid                                   |                          | Attain   |    |
| Boost_glucose Control Oral Liquid                          |                          | Attain   |    |
| Boost_kid Essentials 1.5/Fiber Oral Liquid                 |                          | Attain   |    |
| Boost_oral Liquid  |                          | Attain   |    |
| Boost_women Oral Liquid                                    |                          | Attain   |    |
| Chronic Kidney Disease Support Oral Miscellaneous          | therapy pack             | Acid Blockers Support                          |    |
| Chrono-Basic Oral Miscellaneous                            | therapy pack             | Acid Blockers Support                          |    |
| Chrono-Mature Oral Miscellaneous                           | therapy pack             | Acid Blockers Support                          |    |

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| Conceptionxr Reproductive Oral Tablet         |                          | A/G Pro  |    |
| Corticosteroids Depletion Oral Miscellaneous  | therapy pack             | Acid Blockers Support                          |    |
| Corticosteroids Support Oral Miscellaneous    | therapy pack             | Acid Blockers Support                          |    |
| Crohns Disease Support Oral Miscellaneous     | therapy pack             | Acid Blockers Support                          |    |
| Cvs_nutritional Shake Oral Liquid             |                          | Attain   |    |
| Cystic Fibrosis Support Oral Miscellaneous    | therapy pack             | Acid Blockers Support                          |    |
| Diabetes Support Oral Miscellaneous           | therapy pack             | Acid Blockers Support                          |    |
| Diabetisource Ac Oral Liquid                  |                          | Attain   |    |
| Diabetitrim Oral Powder                       |                          | Slim-Fast                                      |    |
| Ensure Bone Health Revigor Oral Liquid        |                          | Attain   |    |
| Ensure Immune Health Oral Liquid              |                          | Attain   |    |
| Ensure Muscle Health Revigor Oral Liquid      |                          | Attain   |    |
| Ensure Nutrition Shake Oral Liquid            |                          | Attain   |    |
| Ensure Oral Liquid                            |                          | Attain   |    |
| Enu_complete Nutrition Shake Oral Liquid      |                          | Attain   |    |
| Eq_estroblend Menopause Oral Tablet           |                          | A/G Pro  |    |
| Eq_nutritional Shake Oral Liquid              |                          | Attain   |    |
| Eq_nutritional Shake Plus Oral Liquid         |                          | Attain   |    |
| Estronatural Extra Strength Oral Tablet       |                          | A/G Pro  |    |
| Estronatural Oral Tablet                      |                          | A/G Pro  |    |
| Female Infertility Support Oral Miscellaneous | therapy pack             | Acid Blockers Support                          |    |
| Fibersource Hn Oral Liquid                    |                          | Attain   |    |
| Glucerna 1.2 Cal Oral Liquid                  |                          | Attain   |    |
| Glucerna Hunger Smart Shake Oral Liquid       |                          | Attain   |    |
| Glucerna Shake Oral Liquid                    |                          | Attain   |    |
| Glucerna Snack Shake Oral Liquid              |                          | Attain   |    |
| Glucose Management Oral Tablet                |                          | A/G Pro  |    |
| Glytactin Swirl 15pe Oral Packet              |                          | AlitraQ  |    |
| Haelan 951 Fermented Soy Oral Liquid          |                          | Attain   |    |
| Haelan Htpi Fermented Soy Oral Liquid         |                          | Attain   |    |
| Hemophilia Support Oral Miscellaneous         | therapy pack             | Acid Blockers Support                          |    |
| Hiv_support Oral Miscellaneous                | therapy pack             | Acid Blockers Support                          |    |
| Homocysteine Support Oral Capsule             |                          | Antioxidant Formula                            |    |
| Hrt_support Oral Miscellaneous                | therapy pack             | Acid Blockers Support                          |    |
| lbs_support Oral Miscellaneous                | therapy pack             | Acid Blockers Support                          |    |
| Impact Advanced Recovery Oral Liquid          |                          | Attain   |    |
| Impact Oral Liquid                            |                          | Attain   |    |
| Impact Peptide 1.5 Oral Liquid                |                          | Attain   |    |
| Isosource 1.5 Cal Oral Liquid                 |                          | Attain   |    |
| Juven_nutrivor Oral Packet                    |                          | AlitraQ  |    |
| Juven_oral Packet                             |                          | AlitraQ  |    |
| Juven_oral Powder                             |                          | Casec  |    |
| Juven_revigor Oral Packet                     |                          | AlitraQ  |    |
| Ketocal 3:1 Oral Powder                       |                          | Casec  |    |
| Ketocal 4:1 Lq Multi Fiber Oral Liquid        |                          | Attain   |    |
| Ketocal 4:1 Oral Liquid                       |                          | Attain   |    |
| K-Pax_protein Blend Immune Oral Powder        |                          | Casec  |    |
| Lanaflex Oral Packet                          |                          | AlitraQ  |    |
| Liver_defense Oral Tablet                     |                          | A/G Pro  |    |
| Lophlex Lq 20 Oral Liquid                     |                          | Attain   |    |
| Lophlex Oral Packet                           |                          | AlitraQ  |    |
| Lps_critical Care Sugar Free Oral Liquid      |                          | Attain   |    |

| Product Name<br>(Nombre del Medicamento)            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Male_infertility Support Oral Miscellaneous         | therapy pack             | Acid Blockers Support                          |    |
| Male_support Oral Capsule                           |                          | Antioxidant Formula                            |    |
| Methionine-200 Oral Capsule                         |                          | Antioxidant Formula                            |    |
| Monogen Oral Powder                                 |                          | Casec  |    |
| Multiple Sclerosis Support Oral Miscellaneous       | therapy pack             | Acid Blockers Support                          |    |
| Oncology Support Oral Miscellaneous                 | therapy pack             | Acid Blockers Support                          |    |
| Optimal Oral Liquid                                 |                          | Attain   |    |
| Organic Pedia Smart Oral Powder                     |                          | Casec  |    |
| Osteoporosis Support Oral Miscellaneous             | therapy pack             | Acid Blockers Support                          |    |
| Pediasure 1.0 Cal/Fiber Oral Liquid                 |                          | Attain   |    |
| Pediasure 1.5 Cal/Fiber Oral Liquid                 |                          | Attain   |    |
| Pediasure Oral Liquid                               |                          | Attain   |    |
| Pediasure Sidekicks Oral Liquid                     |                          | Attain   |    |
| Pediasure Sidekicks Shake Oral Liquid               |                          | Attain   |    |
| Perative Oral Liquid                                |                          | Attain   |    |
| Periflex Advance Oral Powder                        |                          | Casec  |    |
| Periflex Junior Oral Powder                         |                          | Casec  |    |
| Phenex Chews Oral Tablet Chewable                   |                          | Bee Pollen-1000/Royal Jelly                    |    |
| Phenex-2 Oral Powder                                |                          | Casec  |    |
| Phenylade Drink Mix Oral Powder                     |                          | Casec  |    |
| Phenylade Essential Drink Mix Oral Packet           |                          | AlitraQ  |    |
| Phenylade Essential Drink Mix Oral Powder           |                          | Casec  |    |
| Phenylade Essential Mix/Fiber Oral Packet           |                          | AlitraQ  |    |
| Phenylade Essential Mix/Fiber Oral Powder           |                          | Casec  |    |
| Phenylade Gmp Oral Packet                           |                          | AlitraQ  |    |
| Phenylade Gmp Oral Powder                           |                          | Casec  |    |
| Phenylade Rtd Pku 10 Oral Liquid                    |                          | Attain   |    |
| Phenylade60 Drink Mix Oral Packet                   |                          | AlitraQ  |    |
| Phenylade60 Drink Mix Oral Powder                   |                          | Casec  |    |
| Phenyl-Free 2 Oral Powder                           |                          | Casec  |    |
| Phenyl-Free 2hp Oral Powder                         |                          | Casec  |    |
| Phlexy-10 Oral Packet                               |                          | AlitraQ  |    |
| Pivot_1.5 Cal Oral Liquid                           |                          | Attain   |    |
| Pku_2 Oral Powder                                   |                          | Casec  |    |
| Pku_3 Oral Powder                                   |                          | Casec  |    |
| Pku_air20 Gold Oral Liquid                          |                          | Attain   |    |
| Pku_air20 Green Oral Liquid                         |                          | Attain   |    |
| Pku_air20 Yellow Oral Liquid                        |                          | Attain   |    |
| Pku_cooler 10 Oral Liquid                           |                          | Attain   |    |
| Pku_cooler 15 Oral Liquid                           |                          | Attain   |    |
| Pku_cooler 20 Oral Liquid                           |                          | Attain   |    |
| Pku_easy Microtabs Oral Tablet Delayed Release      |                          | PKU Easy Microtabs                             |    |
| Pku_easy Microtabs Plus Oral Tablet Delayed Release |                          | PKU Easy Microtabs                             |    |
| Pku_gel Oral Packet                                 |                          | AlitraQ  |    |
| Pku_lophlex Lq 20 Oral Liquid                       |                          | Attain   |    |
| Pku_periflex Early Years Oral Powder                |                          | Casec  |    |
| Pku_periflex Junior Plus Oral Powder                |                          | Casec  |    |
| Pku_trio Oral Powder                                |                          | Casec  |    |
| Promote Oral Liquid                                 |                          | Attain   |    |
| Promote/Fiber Oral Liquid                           |                          | Attain   |    |
| Prostate 2.4 Oral Capsule                           |                          | Antioxidant Formula                            |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Provimin Oral Powder   |                          | Casec  |                   |
| Psoriasis Support Oral Miscellaneous   | therapy pack             | Acid Blockers Support                          |                   |
| Pulmonary Hypertension Support Oral Miscellaneous  | therapy pack             | Acid Blockers Support                          |                   |
| Replete Oral Liquid  |                          | Attain   |                   |
| Resurgex Oral Packet   |                          | AlitraQ  |                   |
| Resurgex Plus Oral Packet  |                          | AlitraQ  |                   |
| Rheumatoid Arthritis Support Oral Miscellaneous  | therapy pack             | Acid Blockers Support                          |                   |
| Sm_estroplus Extra Strength Oral Tablet  |                          | A/G Pro  |                   |
| Statins Depletion Oral Miscellaneous   | therapy pack             | Acid Blockers Support                          |                   |
| Statins Support Oral Miscellaneous   | therapy pack             | Acid Blockers Support                          |                   |
| Tyr_anamix Early Years Oral Powder   |                          | Casec  |                   |
| Tyr_anamix Next Oral Powder  |                          | Casec  |                   |
| Tyr_cooler Oral Liquid   |                          | Attain   |                   |
| Tyr_gel Oral Packet  |                          | AlitraQ  |                   |
| Tyr_lophlex Lq Oral Liquid   |                          | Attain   |                   |
| Tyros_1 Oral Powder  |                          | Casec  |                   |
| Tyros_2 Oral Powder  |                          | Casec  |                   |
| Ultra_energy Oral Tablet   |                          | A/G Pro  |                   |
| Wellness Essentials Ai Oral Kit  |                          | Wellness Essentials                            |                   |
| Wellness Essentials Blood Sugr Oral Kit  |                          | Wellness Essentials                            |                   |
| Wellness Essentials For Joint Oral Kit   |                          | Wellness Essentials                            |                   |
| Wellness Essentials For Men Oral Kit   |                          | Wellness Essentials                            |                   |
| Wellness Essentials For Women Oral Kit   |                          | Wellness Essentials                            |                   |
| Wellness Essentials Oral Kit   |                          | Wellness Essentials                            |                   |
| Womens Health Support Oral Miscellaneous   | therapy pack             | Acid Blockers Support                          |                   |
| Xphe_maxamaid Oral Powder  |                          | Casec  |                   |
| Xphe-Xtyr Maxamaid Oral Powder   |                          | Casec  |                   |
| Xtracal Plus Oral Liquid   |                          | Attain   |                   |
| <b>Endocrine And Metabolic Agents - Misc. (Agentes Endocrinos Y Metabolicos - Misc.)</b> |                          |  |                   |
| <i>Hormone Receptor Modulators (Moduladores De Receptores Hormonales)</i>                |                          |  |                   |
| Raloxifene Hcl Oral Tablet   | 60 mg                    | Evista   | QL(30 in 30 Days) |
| <b>Hematopoietic Agents (Agentes Hematopoyeticos)</b>                                    |                          |  |                   |
| <i>Folic Acid/Folates (Acido Folico / Folatos)</i>                                       |                          |  |                   |
| Cvs_folic Acid Oral Tablet   | 800 mcg                  | FA-8   | QL(30 in 30 Days) |
| Fa-8_oral Capsule  | 0.8 mg                   | FA-8   | QL(30 in 30 Days) |
| Folic_acid Oral Capsule  | 0.8 mg, 20 mg, 5 mg      | FA-8 ,Folic Acid                               | QL(30 in 30 Days) |
| Folic_acid Oral Tablet   | 400 mcg, 800 mcg         | FA-8 ,SM Folic Acid                            | QL(30 in 30 Days) |
| Ft_folic Acid Oral Tablet  | 800 mcg                  | FA-8   | QL(30 in 30 Days) |
| Gnp_folic Acid Oral Tablet   | 400 mcg                  | SM Folic Acid                                  | QL(30 in 30 Days) |
| Kp_folic Acid Oral Tablet  | 1 mg, 800 mcg            | FA-8 ,KP Folic Acid                            | QL(30 in 30 Days) |
| Qc_folic Acid Oral Tablet  | 800 mcg                  | FA-8   | QL(30 in 30 Days) |
| Ra_folic Acid Oral Tablet  | 400 mcg, 800 mcg         | FA-8 ,SM Folic Acid                            | QL(30 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion)                                 | Brand Name<br>(Nombre Comercial de Referencia)  | UM                |
|--|--|---|-------------------|
| Sm_folic Acid Oral Tablet                                | 400 mcg  | SM Folic Acid                                   | QL(30 in 30 Days) |
| True_folic Acid Oral Tablet                              | 400 mcg  | SM Folic Acid                                   | QL(30 in 30 Days) |
| YI_folic Acid Oral Tablet                                | 400 mcg  | SM Folic Acid                                   | QL(30 in 30 Days) |
| <i>Hematopoietic Mixtures (Mezclas Hematopoyeticas)</i>  |  |   |                   |
| Ferro-Sequels Oral Tablet Extended Release               | 65-25 mg   | Ferro-Sequels                                   |                   |
| <i>Iron (Hierro)</i>                                     |  |   |                   |
| Bprotected Pedia Iron Oral Solution                      | 75 (15 fe) mg/ml   | Fer-In-Sol                                      |                   |
| Cvs_iron Oral Tablet                                     | 240 (27 fe) mg, 325 (65 fe) mg                           | Fe-Max ,Fergon                                  |                   |
| Cvs_slow Release Dried Iron Oral Tablet Extended Release | 45 mg  | RA Slow Release Iron                            |                   |
| Cvs_slow Release Iron Oral Tablet Extended Release       | 45 mg  | Slow Fe   |                   |
| Eq_slow-Release Iron Oral Tablet Extended Release        | 45 mg  | RA Slow Release Iron                            |                   |
| EqL_carbonyl Iron Oral Tablet                            | 45 mg  | Feosol  |                   |
| EqL_iron Supplement Therapy Oral Tablet                  | 325 mg   | Fe-Max  |                   |
| EqL_slow Release Iron Oral Tablet Extended Release       | 160 (50 fe) mg   | Slow Fe   |                   |
| Ezfe_200 Oral Capsule                                    | 434.8 (200 fe) mg  | PIC 200   |                   |
| Feosol Natural Release Oral Tablet                       | 45 mg  | Feosol  |                   |
| Feosol Oral Tablet                                       | 200 (65 fe) mg   | Feosol  |                   |
| Ferate Oral Tablet                                       | 240 (27 fe) mg   | Fergon  |                   |
| Fergon Oral Tablet                                       | 240 (27 fe) mg   | Fergon  |                   |
| Fer-In-Sol Oral Solution                                 | 75 (15 fe) mg/ml   | Fer-In-Sol                                      |                   |
| Ferretts Ips Oral Solution                               | 40 mg/15ml   | Ferretts IPS                                    |                   |
| Ferretts Oral Tablet                                     | 325 (106 fe) mg  | Ferretts  |                   |
| Ferrex 150 Oral Capsule                                  | 150 mg   | Hytinic   |                   |
| Ferric X-150 Oral Capsule                                | 150 mg   | Hytinic   |                   |
| Ferrimin 150 Oral Tablet                                 | 150 mg   | Ferrimin 150                                    |                   |
| Ferrotabs Oral Tablet                                    | 240 mg   | Fergon  |                   |
| Ferrous Fumarate Oral Tablet                             | 29 mg, 324 (106 fe) mg                                   | Ferrous Fumarate ,Hemocyte                      |                   |
| Ferrous Gluconate Oral Tablet                            | 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg         | Fergon ,Ferrous Gluconate ,KP Ferrous Gluconate |                   |
| Ferrous Sulfate Er Oral Tablet Extended Release          | 45 mg  | Slow Fe   |                   |
| Ferrous Sulfate Oral Solution                            | 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml | Fer-In-Sol ,Ferasorb Forte ,Iron Supplement     |                   |
| Ferrous Sulfate Oral Tablet                              | 27 mg, 325 (65 fe) mg                                    | Fe-Max ,RA High Potency Iron                    |                   |
| Ferrous Sulfate Oral Tablet Delayed Release              | 324 (65 fe) mg, 325 (65 fe) mg                           | Fe Tabs ,Ferrous Sulfate                        |                   |
| Fe-Vite Iron Oral Solution                               | 75 (15 fe) mg/ml   | Fer-In-Sol                                      |                   |
| Gnp_iron Oral Tablet                                     | 200 (65 fe) mg   | Feosol  |                   |
| Gnp_iron Oral Tablet Extended Release                    | 45 mg  | Slow Fe   |                   |
| Goodsense Iron Oral Tablet                               | 325 mg   | Fe-Max  |                   |
| High_potency Iron Oral Capsule                           | 86 (27 fe) mg  | High Potency Iron                               |                   |
| Icar_oral Suspension                                     | 15 mg/1.25ml   | Icar  |                   |
| Iferex 150 Oral Capsule                                  | 150 mg   | Hytinic   |                   |
| Iron_(Ferrous Sulfate) Oral Solution                     | 75 (15 fe) mg/ml   | Fer-In-Sol                                      |                   |
| Iron_(Ferrous Sulfate) Oral Tablet                       | 325 (65 fe) mg   | Fe-Max  |                   |
| Iron_27 Oral Tablet                                      | 240 (27 fe) mg   | Fergon  |                   |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|---------------------------------------|--|----|
| Iron_chews Pediatric Oral Tablet Chewable                 | 15 mg                                 | Icar   |    |
| Iron_high-Potency Oral Tablet                             | 325 mg                                | Fe-Max   |    |
| Iron_infant & Toddler Oral Solution                       | 75 (15 fe) mg/ml                      | Fer-In-Sol                                     |    |
| Iron_infant/Toddler Oral Solution                         | 75 (15 fe) mg/ml                      | Fer-In-Sol                                     |    |
| Iron_oral Tablet  | 240 (27 fe) mg, 28 mg, 325 (65 fe) mg | Fe-Max ,Fergon ,Iron                           |    |
| Iron_slow Release Oral Tablet Extended Release            | 45 mg                                 | Slow Fe  |    |
| Iron_supplement Oral Solution                             | 15 mg/ml, 220 (44 fe) mg/5ml          | Fer-In-Sol ,Iron Supplement                    |    |
| Iron_up Oral Liquid                                       | 15 mg/0.5ml                           | Iron Up  |    |
| Kp_ferrous Gluconate Oral Tablet                          | 324 (37.5 fe) mg                      | KP Ferrous Gluconate                           |    |
| Kp_ferrous Sulfate Oral Tablet                            | 325 (65 fe) mg                        | Fe-Max   |    |
| Meijer Ferrous Sulfate Oral Tablet                        | 325 (65 fe) mg                        | Fe-Max   |    |
| Novaferrum 50 Oral Capsule                                | 50 mg                                 | NovaFerrum 50                                  |    |
| Novaferrum Pediatric Drops Oral Liquid                    | 15 mg/ml                              | NovaFerrum Pediatric Drops                     |    |
| Nu-Iron Oral Capsule                                      | 150 mg                                | Hytinic  |    |
| Poly-Iron 150 Oral Capsule                                | 150 mg                                | Hytinic  |    |
| Polysaccharide Iron Complex Oral Capsule                  | 150 mg                                | Hytinic  |    |
| Polysaccharide-Iron Complex Oral Capsule                  | 150 mg                                | Hytinic  |    |
| Profe_oral Capsule  | 391.3 (180 fe) mg                     | ProFe  |    |
| Proferrin Es Oral Tablet                                  | 12 mg                                 | Proferrin ES                                   |    |
| Qc_ferrous Sulfate Oral Tablet                            | 325 (65 fe) mg                        | Fe-Max   |    |
| Ra_high Potency Iron Oral Tablet                          | 27 mg                                 | RA High Potency Iron                           |    |
| Ra_iron Oral Tablet                                       | 27 mg, 325 (65 fe) mg                 | Fe-Max ,RA High Potency Iron                   |    |
| Ra_slow Release Iron Oral Tablet Extended Release         | 45 mg                                 | RA Slow Release Iron                           |    |
| Slow_fe Oral Tablet Extended Release                      | 45 mg                                 | Slow Fe  |    |
| Slow_iron Oral Tablet Extended Release                    | 160 (50 fe) mg                        | Slow Fe  |    |
| Slow_release Iron Oral Tablet Extended Release            | 45 mg, 47.5 mg, 50 mg                 | RA Slow Release Iron ,Slow Release Iron        |    |
| Sm_iron Oral Tablet                                       | 325 (65 fe) mg                        | Fe-Max   |    |
| Sm_iron Slow Release Oral Tablet Extended Release         | 160 (50 fe) mg                        | Slow Fe  |    |
| Sm_slow Release Dried Iron Oral Tablet Extended Release   | 45 mg                                 | RA Slow Release Iron                           |    |
| Sm_slow Release Iron Oral Tablet Extended Release         | 143 (45 fe) mg, 45 mg                 | Slow Fe ,SM Slow Release Iron                  |    |
| Sv_iron Oral Tablet 325 (65 Fe) Mg                        | 325 mg                                | Fe-Max   |    |
| True_ferrous Sulfate Oral Tablet Delayed Release          | 324 mg                                | True Ferrous Sulfate                           |    |
| Wee_care Oral Suspension                                  | 15 mg/1.25ml                          | Icar   |    |
| <b>Laxatives (Laxantes)</b>                               |                                       |  |    |
| <i>Laxative Combinations (Combinaciones Laxantes)</i>     |                                       |  |    |
| Gavilyte-C Oral Solution Reconstituted                    | 240 gm                                | Colyte-Flavored                                |    |
| Gavilyte-G Oral Solution Reconstituted                    | 236 gm                                | Golytely                                       |    |
| Na_sulfate-K Sulfate-Mg Sulf Oral Solution                | 17.5-3.13-1.6 gm/177ml                | Suprep Bowel Prep Kit                          |    |
| Peg_3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted   | 420 gm                                | Nulytely                                       |    |
| Peg-3350/Electrolytes Oral Solution Reconstituted         | 236 gm                                | Golytely                                       |    |
| Plenvu Oral Solution Reconstituted                        | 140 gm                                | Plenvu   |    |
| Suprep Bowel Prep Kit Oral Solution                       | 17.5-3.13-1.6 gm/177ml                | Suprep Bowel Prep Kit                          |    |
| <i>Laxatives - Miscellaneous (Laxantes - Miscelaneos)</i> |                                       |  |    |
| Peg_3350 Oral Packet                                      | 17 gm                                 | MiraLax  |    |
| Peg_3350 Oral Powder                                      | 17 gm/scoop                           | MiraLax  |    |
| Polyethylene Glycol 3350 Oral Packet                      | 17 gm                                 | MiraLax  |    |



| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--|--|-------------------|
| Polyethylene Glycol 3350 Oral Powder                           | 17 gm/scoop                                    | MiraLax  |                   |
| Sb_polyethylene Glycol 3350 Oral Powder                        | 17 gm/scoop                                    | MiraLax  |                   |
| <b>Medical Devices And Supplies (Equipo Medico Y Suplidos)</b> |  |  |                   |
| <i>Contraceptives (Contraceptivos)</i>                         |  |  |                   |
| Caya_vaginal Diaphragm   |  | Caya   |                   |
| Condoms Miscellaneous  |  | LifeStyles Extra Strength Miscellaneous        | QL(12 in 30 Days) |
| Durex_realfeel Device  |  | Durex RealFeel Device                          | QL(12 in 30 Days) |
| Fc2_female Condom Miscellaneous                                |  | Reality Female Condom Miscellaneous            |                   |
| Femcap Vaginal Device  | 22 mm, 26 mm, 30 mm                            | FemCap ,Prentif Cavity-Rim Cerv Cap            |                   |
| Kimono Ps Plus Miscellaneous                                   |  | Premium Condoms Lubricated Miscellaneous       | QL(12 in 30 Days) |
| Trustex Non-Lubricated Miscellaneous                           |  | Mentor Miscellaneous                           | QL(12 in 30 Days) |
| Trustex Ria Non-Lubricated Miscellaneous                       |  | Mentor Miscellaneous                           | QL(12 in 30 Days) |
| <b>Minerals &amp; Electrolytes (Minerales Y Electrolitos)</b>  |  |  |                   |
| <i>Fluoride (Fluoruro)</i>                                     |  |  |                   |
| Sodium Fluoride Oral Solution                                  | 1.1 (0.5 f) mg/ml                              | Altaflor                                       |                   |
| Sodium Fluoride Oral Tablet                                    | 1.1 (0.5 f) mg, 2.2 (1 f) mg                   | Flura-Tab ,Sodium Fluoride                     |                   |
| Sodium Fluoride Oral Tablet Chewable                           | 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg | Fluorabon ,Fluoritab ,Luride                   |                   |
| Solvita Oral Solution  | 0.5 mg/ml                                      | Altaflor                                       |                   |
| <b>Multivitamins (Multivitaminas)</b>                          |  |  |                   |
| <i>Prenatal Vitamins (Vitaminas Prenatales)</i>                |  |  |                   |
| Atabex Ec Oral Tablet Delayed Release                          | 29-1 mg  | Atabex EC                                      |                   |
| Atabex Ob Oral Tablet  | 29-1 mg  | Duet   |                   |
| Atabex Oral Tablet Chewable                                    | 18-0.8 mg                                      | Atabex   |                   |
| Centrum Specialist Prenatal Oral Miscellaneous                 | 27-0.8 & 200 mg                                | Centrum Specialist Prenatal                    |                   |
| Classic Prenatal Oral Tablet                                   | 28-0.8 mg                                      | Stuart Prenatal                                |                   |
| Complete Natal Dha Oral Miscellaneous                          | 29-1-200 & 200 mg                              | Complete Natal DHA                             |                   |
| Co-Natal Fa Oral Tablet  |  | Nestabs FA                                     |                   |
| Cvs_prenatal Gummy Oral Tablet Chewable                        | 0.4-113.5 mg                                   | CVS Prenatal Gummy                             |                   |
| Cvs_prenatal Multi+dha Oral Capsule                            | 27-0.8-250 mg                                  | CVS Prenatal Multi+DHA                         |                   |
| Enfamil Expecta Oral Miscellaneous                             | 28-0.8 & 200 mg                                | Prenatal Multivitamin + DHA                    |                   |
| EqI_prenatal Formula Oral Tablet                               | 28-0.8 mg                                      | Stuart Prenatal                                |                   |
| Gnp_prenatal Oral Tablet                                       | 28-0.8 mg                                      | Stuart Prenatal                                |                   |
| Healthy Mama Be Well Rounded Oral Therapy Pack                 | 28-0.8 & 450 mg                                | Healthy Mama Be Well Rounded                   |                   |
| Kp_prenatal Multivitamins Oral Tablet                          | 28-0.8 mg                                      | Stuart Prenatal                                |                   |
| Kpn_prenatal Oral Tablet                                       | 0.1 mg   | KPN Prenatal                                   |                   |
| Masonatal Oral Tablet  | 28-0.8 mg                                      | Stuart Prenatal                                |                   |
| Multi_prenatal Oral Tablet                                     | 27-0.8 mg                                      | Prenavite                                      |                   |



| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | UM              |
|---|-----------------------------------|--|-----------------|
| Neonatal Vitamin Oral Tablet  | 27-0.8 mg                         | Prenavite                                      |                 |
| Obstetrix Dha Oral Miscellaneous  | 29-1 & 350 mg                     | Obtrex DHA                                     |                 |
| Obstetrix Ec Oral Tablet Delayed Release  | 29-1 mg                           | Obstetrix EC                                   |                 |
| Obstetrix One Oral Capsule  | 38-1-225 mg                       | Folet One                                      |                 |
| One_vite Womens Oral Tablet   | 27-0.8 mg                         | Prenavite                                      |                 |
| One-A-Day Womens Prenatal 1 Oral Capsule  | 28-0.8-235 mg                     | One-A-Day Womens Prenatal 1                    |                 |
| One-A-Day Womens Prenatal Oral Miscellaneous  | 28-0.8 & 223 mg, 28-0.8 & 440 mg  | One-A-Day Womens Prenatal                      |                 |
| Pnv_prenatal Plus Multivitamin Oral Tablet  | 27-1 mg                           | Prenatal/Folic Acid                            |                 |
| Pnv-Dha Oral Capsule  | 27-0.6-0.4-300 mg                 | Prenate DHA                                    |                 |
| Pnv-Select Oral Tablet  | 27-0.6-0.4 mg                     | Prenate Elite                                  |                 |
| Prenatabs Rx Oral Tablet  | 29-1 mg                           | Nestabs RX                                     |                 |
| Prenatal 19 Oral Tablet   |                                   | Strongstart                                    |                 |
| Prenatal Complete Oral Tablet   | 14-0.4 mg                         | Prenatal Complete                              |                 |
| Prenatal Formula A-Free Oral Tablet   | 9-0.267 mg                        | Prenatal Formula A-Free                        |                 |
| Prenatal Formula Oral Capsule   | 28-0.8-235 mg                     | Prenatal Formula                               |                 |
| Prenatal Forte Oral Tablet  |                                   | Nestabs  |                 |
| Prenatal Multi +dha Oral Capsule  | 27-0.8-228 mg                     | Prenatal Multi +DHA                            |                 |
| Prenatal One Daily Oral Tablet  | 27-0.8 mg                         | Prenavite                                      |                 |
| Prenatal Oral Tablet  | 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg | Prenatal ,Prenavite ,Stuart Prenatal           |                 |
| Prenatal Vitamin And Mineral Oral Tablet  | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Prenatal Vitamins Oral Tablet   | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Prenatal/Iron Oral Tablet   |                                   | Nestabs  |                 |
| Prenatal-U Oral Capsule   | 106.5-1 mg                        | Prenatal-U                                     |                 |
| Qc_prenatal Oral Tablet   | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Ra_prenatal Formula Oral Tablet   | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Ra_prenatal Oral Tablet   | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Right_step Prenatal Oral Tablet   | 27-0.8 mg                         | Prenavite                                      |                 |
| Sm_one Daily Prenatal Oral Miscellaneous  | 28-0.8 & 440 mg                   | One-A-Day Womens Prenatal                      |                 |
| Sm_prenatal Vitamins Oral Tablet  | 28-0.8 mg                         | Stuart Prenatal                                |                 |
| Stuart One Oral Capsule   | 27-0.8-200 mg                     | Stuart One                                     |                 |
| Thernatal Core Nutrition Oral Tablet  | 27-1 mg                           | Prenatal/Folic Acid                            |                 |
| Trinate Oral Tablet   |                                   | StuartNatal Plus 3                             |                 |
| Wesnatal Dha Complete Oral Miscellaneous  | 29-1-200 & 200 mg                 | Complete Natal DHA                             |                 |
| <b>Psychotherapeutic And Neurological Agents - Misc. (Agentes Psicoterapeuticos Y Neurologicos - Misc.)</b> |                                   |  |                 |
| <b>Smoking Deterrents (Disuasivos De Fumar)</b>   |                                   |  |                 |
| Bupropion Hcl Er (Smoking Det) Oral Tablet Extended Release 12 Hour   | 150 mg                            | Zyban  | (540 in 1 Year) |
| Cvs_nicotine Mouth/Throat Gum   | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                 |
| Cvs_nicotine Mouth/Throat Lozenge   | 2 mg                              | Commit   |                 |
| Cvs_nicotine Polacrilex Mouth/Throat Gum  | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                 |
| Cvs_nicotine Polacrilex Mouth/Throat Lozenge  | 2 mg, 4 mg                        | Commit   |                 |
| Cvs_nicotine Transdermal Patch 24 Hour  | 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Habitrol                                       |                 |
| Eq_nicotine Mouth/Throat Gum  | 4 mg                              | Nicorette DS                                   |                 |
| Eq_nicotine Mouth/Throat Lozenge  | 4 mg                              | Commit   |                 |
| Eq_nicotine Polacrilex Mouth/Throat Gum   | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                 |
| Eq_nicotine Polacrilex Mouth/Throat Lozenge   | 2 mg, 4 mg                        | Commit   |                 |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|-----------------------------------|--|--------------------|
| Eq_nicotine Step 3 Transdermal Patch 24 Hour             | 7 mg/24hr                         | Habitrol                                       |                    |
| Eq_nicotine Transdermal Patch 24 Hour                    | 14 mg/24hr, 21 mg/24hr            | Habitrol                                       |                    |
| Ft_nicotine Mini Mouth/Throat Lozenge                    | 2 mg, 4 mg                        | Commit   |                    |
| Ft_nicotine Mouth/Throat Gum                             | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Ft_nicotine Mouth/Throat Lozenge                         | 2 mg, 4 mg                        | Commit   |                    |
| Gnp_nicotine Mini Mouth/Throat Lozenge                   | 2 mg, 4 mg                        | Commit   |                    |
| Gnp_nicotine Mouth/Throat Gum                            | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Gnp_nicotine Polacrilex Mouth/Throat Gum                 | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Gnp_nicotine Polacrilex Mouth/Throat Lozenge             | 2 mg, 4 mg                        | Commit   |                    |
| Gnp_nicotine Transdermal Patch 24 Hour                   | 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Habitrol                                       |                    |
| Goodsense Nicotine Mouth/Throat Gum                      | 2 mg                              | Nicorette                                      |                    |
| Goodsense Nicotine Mouth/Throat Lozenge                  | 2 mg, 4 mg                        | Commit   |                    |
| Hm_nicotine Polacrilex Mouth/Throat Gum                  | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Hm_nicotine Polacrilex Mouth/Throat Lozenge              | 2 mg                              | Commit   |                    |
| Kls_quit2 Mouth/Throat Gum                               | 2 mg                              | Nicorette                                      |                    |
| Kls_quit2 Mouth/Throat Lozenge                           | 2 mg                              | Commit   |                    |
| Kls_quit4 Mouth/Throat Gum                               | 4 mg                              | Nicorette DS                                   |                    |
| Kls_quit4 Mouth/Throat Lozenge                           | 4 mg                              | Commit   |                    |
| Nicoderm Cq Transdermal Patch 24 Hour                    | 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Habitrol                                       |                    |
| Nicorelief Mouth/Throat Gum                              | 2 mg                              | Nicorette                                      |                    |
| Nicorette Mini Mouth/Throat Lozenge                      | 2 mg, 4 mg                        | Commit   |                    |
| Nicorette Mouth/Throat Gum                               | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Nicorette Mouth/Throat Lozenge                           | 2 mg, 4 mg                        | Commit   |                    |
| Nicorette Starter Kit Mouth/Throat Gum                   | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Nicotine Mini Mouth/Throat Lozenge                       | 2 mg, 4 mg                        | Commit   |                    |
| Nicotine Polacrilex Mini Mouth/Throat Lozenge            | 2 mg                              | Commit   |                    |
| Nicotine Polacrilex Mouth/Throat Gum                     | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Nicotine Polacrilex Mouth/Throat Lozenge                 | 2 mg, 4 mg                        | Commit   |                    |
| Nicotine Step 1 Transdermal Patch 24 Hour                | 21 mg/24hr                        | Habitrol                                       |                    |
| Nicotine Step 2 Transdermal Patch 24 Hour                | 14 mg/24hr                        | Habitrol                                       |                    |
| Nicotine Step 3 Transdermal Patch 24 Hour                | 7 mg/24hr                         | Habitrol                                       |                    |
| Nicotine Transdermal Kit                                 | 21-14-7 mg/24hr                   | Nicotine                                       |                    |
| Nicotine Transdermal Patch 24 Hour                       | 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Habitrol                                       |                    |
| Nicotrol Inhalation Inhaler                              | 10 mg                             | Nicotrol                                       | QL(2688 in 1 Year) |
| Nicotrol Ns Nasal Solution                               | 10 mg/ml                          | Nicotrol NS                                    | QL(360 in 1 Year)  |
| Qc_nicotine Transdermal System Transdermal Patch 24 Hour | 14 mg/24hr, 21 mg/24hr            | Habitrol                                       |                    |
| Ra_mini Nicotine Mouth/Throat Lozenge                    | 2 mg, 4 mg                        | Commit   |                    |
| Ra_nicotine Gum Mouth/Throat Gum                         | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Ra_nicotine Mouth/Throat Gum                             | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Ra_nicotine Polacrilex Mouth/Throat Lozenge              | 2 mg, 4 mg                        | Commit   |                    |
| Ra_nicotine Transdermal Patch 24 Hour                    | 14 mg/24hr, 21 mg/24hr            | Habitrol                                       |                    |
| Sm_nicotine Mouth/Throat Gum                             | 4 mg                              | Nicorette DS                                   |                    |
| Sm_nicotine Mouth/Throat Lozenge                         | 2 mg                              | Commit   |                    |
| Sm_nicotine Polacrilex Mouth/Throat Gum                  | 2 mg, 4 mg                        | Nicorette ,Nicorette DS                        |                    |
| Sm_nicotine Polacrilex Mouth/Throat Lozenge              | 2 mg, 4 mg                        | Commit   |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia)        | UM                |
|--|--|---|-------------------|
| Sm_nicotine Transdermal Patch 24 Hour  | 14 mg/24hr, 21 mg/24hr, 7 mg/24hr  | Habitrol  |                   |
| Thrive Mouth/Throat Gum  | 2 mg   | Nicorette   |                   |
| Varenicline Tartrate (Starter) Oral Tablet Therapy Pack                                      | 0.5 mg x 11 & 1 mg x 42  | Chantix Starting Month Pak                            | QL(159 in 1 Year) |
| Varenicline Tartrate Oral Tablet   | 0.5 mg, 1 mg   | Chantix ,Chantix Continuing Month Pak                 | QL(504 in 1 Year) |
| Varenicline Tartrate(Continue) Oral Tablet   | 1 mg   | Chantix Continuing Month Pak                          | QL(504 in 1 Year) |
| <b>Vaginal And Related Products (Vaginales Y Productos Relacionados)</b>                     |  |   |                   |
| <i>Spermicides (Espermicidas)</i>  |  |   |                   |
| Encare Vaginal Suppository   | 100 mg   | Semicid Contraceptive                                 |                   |
| Options Gynol Ii Contraceptive Vaginal Gel   | 3 %  | Gynol II Extra Strength                               |                   |
| Today_sponge Vaginal Miscellaneous   | 1000 mg  | Today Sponge  |                   |
| Vcf_vaginal Contraceptive Vaginal Film   | 28 %   | Vaginal Contraceptive Film                            |                   |
| Vcf_vaginal Contraceptive Vaginal Gel  | 4 %  | Conceptrol  |                   |
| <i>Vaginal Contraceptive - Ph Modulators (Anticonceptivos Vaginales - Moduladores De Ph)</i> |  |   |                   |
| Phexxi Vaginal Gel   | 1.8-1-0.4 %  | Phexxi  |                   |
| <b>Vitamins (Vitaminas)</b>  |  |   |                   |
| <i>Oil Soluble Vitamins (Vitaminas Solubles En Aceite)</i>                                   |  |   |                   |
| Aqueous Vitamin D Oral Liquid  | 10 mcg/ml  | Just D  |                   |
| Baby_ddrops Oral Liquid  | 10 mcg/0.03ml  | Baby Ddrops   |                   |
| Baby_super Daily D3 Oral Liquid  | 10 mcg /0.028ml  | Baby Vitamin D3                                       |                   |
| Baby_vitamin D3 Oral Liquid  | 10 mcg /0.028ml  | Baby Vitamin D3                                       |                   |
| Bio-D-Mulsion Forte Oral Liquid  | 50 mcg/0.04ml  | Bio-D-Mulsion Forte                                   |                   |
| Bio-D-Mulsion Oral Liquid  | 10 mcg/0.04ml  | Bio-D-Mulsion   |                   |
| Bprotected Pedia D-Vite Oral Liquid  | 10 mcg/ml  | Just D  |                   |
| Calcidol Oral Solution   | 200 mcg/ml   | Calciferol  |                   |
| Cvs_d3 Oral Capsule  | 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut) | D 1000 ,D-3-5 ,D2000 Ultra Strength ,D400 ,Maximum D3 |                   |
| Cvs_vitamin D3 Oral Capsule  | 250 mcg (10000 ut)   | Maximum D3  |                   |
| Cvs_vitamin D3 Oral Tablet Chewable  | 25 mcg (1000 ut)   | D 1000  |                   |
| D_1000 Oral Capsule  | 25 mcg (1000 ut)   | D 1000  |                   |
| D_1000 Oral Tablet Chewable  | 25 mcg (1000 ut)   | D 1000  |                   |
| D_10000 Oral Capsule   | 250 mcg (10000 ut)   | Maximum D3  |                   |
| D_400 Oral Tablet  | 10 mcg (400 unit)  | Delta D3  |                   |
| D_5000 Oral Capsule  | 125 mcg (5000 ut)  | D-3-5   |                   |
| D-1000 Extra Strength Oral Tablet  | 25 mcg (1000 ut)   | Vitamin D-1000 Max St                                 |                   |
| D2000_ultra Strength Oral Capsule  | 50 mcg (2000 ut)   | D2000 Ultra Strength                                  |                   |
| D3_2000 Oral Capsule   | 50 mcg (2000 ut)   | D2000 Ultra Strength                                  |                   |
| D3_5000 Oral Capsule   | 125 mcg (5000 ut)  | D-3-5   |                   |
| D3_adult Oral Tablet Chewable  | 25 mcg (1000 ut)   | D 1000  |                   |
| D3_extra Strength Oral Capsule   | 125 mcg (5000 ut)  | D-3-5   |                   |
| D3_high Potency Oral Capsule   | 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)            | D 1000 ,D-3-5 ,D2000 Ultra Strength ,Maximum D3       |                   |
| D3_high Potency Oral Tablet  | 10 mcg (400 unit)  | Delta D3  |                   |
| D3_kids Oral Tablet Chewable   | 10 mcg (400 unit)  | Healthy Kids Vitamin D3                               |                   |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)                                       | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--|--|----|
| D3_liquid Oral Liquid                              | 25 mcg/0.04ml  | D3 Liquid                                      |    |
| D3_max St Oral Capsule                             | 250 mcg (10000 ut)   | Maximum D3                                     |    |
| D3_maximum Strength Oral Capsule                   | 125 mcg (5000 ut)  | D-3-5  |    |
| D3_oral Capsule                                    | 25 mcg (1000 ut)   | D 1000   |    |
| D3_oral Tablet                                     | 50 mcg (2000 ut)   | Vitamin D3 Super Strength                      |    |
| D3_oral Tablet Chewable                            | 50 mcg (2000 ut), 62.5 mcg (2500 ut)                           | D3 ,YumVs Vitamin D3 ZERO                      |    |
| D3_super Strength Oral Capsule                     | 50 mcg (2000 ut)   | D2000 Ultra Strength                           |    |
| D3-1000 Oral Capsule                               | 25 mcg (1000 ut)   | D 1000   |    |
| D3-1000 Oral Tablet                                | 25 mcg (1000 ut)   | Vitamin D-1000 Max St                          |    |
| D-3-5_oral Capsule                                 | 125 mcg (5000 ut)  | D-3-5  |    |
| D3-50_oral Capsule                                 | 1.25 mg (50000 ut)   | D3-50  |    |
| D-400_oral Tablet                                  | 10 mcg (400 unit)  | Delta D3                                       |    |
| D-5000 Oral Tablet                                 | 125 mcg (5000 ut)  | D 5000   |    |
| Ddrops Booster Oral Liquid                         | 15 mcg /0.028ml  | Ddrops Booster                                 |    |
| Ddrops Oral Liquid                                 | 25 mcg /0.028ml, 25 mcg/0.03ml, 50 mcg /0.028ml, 50 mcg/0.03ml | Ddrops ,Super Daily D3                         |    |
| Decara Oral Capsule                                | 1.25 mg (50000 ut), 625 mcg (25000 ut)                         | D3-50 ,Decara                                  |    |
| Delta_d3 Oral Tablet                               | 10 mcg (400 unit)  | Delta D3                                       |    |
| Dialyvite Vitamin D 5000 Oral Capsule              | 125 mcg (5000 ut)  | D-3-5  |    |
| Dialyvite Vitamin D3 Max Oral Tablet               | 1.25 mg (50000 ut)   | Dialyvite Vitamin D3 Max                       |    |
| D-Vi-Sol Oral Liquid                               | 10 mcg/ml  | Just D   |    |
| D-Vite Pediatric Oral Liquid                       | 10 mcg/ml  | Just D   |    |
| EqL_vitamin D3 Oral Capsule                        | 25 mcg (1000 ut)   | D 1000   |    |
| Ergocalciferol Oral Capsule                        | 1.25 mg (50000 ut)   | Drisdol  |    |
| Ergocalciferol Oral Solution                       | 200 mcg/ml   | Calciferol                                     |    |
| Ft_vitamin D3 Oral Capsule                         | 25 mcg, 50 mcg   | D 1000 ,D2000 Ultra Strength                   |    |
| Ft_vitamin D3 Oral Tablet                          | 50 mcg   | Vitamin D3 Super Strength                      |    |
| Gnp_d 2000 Oral Tablet Chewable                    | 25 mcg (1000 ut)   | D 1000   |    |
| Gnp_d3 Oral Capsule                                | 250 mcg (10000 ut)   | Maximum D3                                     |    |
| Gnp_vitamin D Maximum Strength Oral Tablet         | 50 mcg (2000 ut)   | Vitamin D3 Super Strength                      |    |
| Gnp_vitamin D Oral Tablet                          | 25 mcg (1000 ut)   | Vitamin D-1000 Max St                          |    |
| Gnp_vitamin D Oral Tablet Chewable                 | 10 mcg (400 unit)  | Healthy Kids Vitamin D3                        |    |
| Gnp_vitamin D Super Strength Oral Tablet           | 125 mcg (5000 ut)  | D 5000   |    |
| Gnp_vitamin D3 Extra Strength Oral Tablet          | 25 mcg (1000 ut)   | Vitamin D-1000 Max St                          |    |
| Gnp_vitamin D3 Oral Tablet                         | 10 mcg (400 unit)  | Delta D3                                       |    |
| Kids_first Vitamin D3 Gummies Oral Tablet Chewable | 25 mcg (1000 ut)   | D 1000   |    |
| Kls_d3 Oral Capsule                                | 50 mcg (2000 ut)   | D2000 Ultra Strength                           |    |
| Kp_vitamin D Oral Capsule                          | 25 mcg (1000 ut)   | D 1000   |    |
| Kp_vitamin D Oral Tablet Chewable                  | 10 mcg (400 unit)  | Healthy Kids Vitamin D3                        |    |
| Kp_vitamin D3 Oral Capsule                         | 25 mcg (1000 ut), 50 mcg (2000 ut)                             | D 1000 ,D2000 Ultra Strength                   |    |
| Maximum D3 Oral Capsule                            | 325 mcg (13000 ut)   | Maximum D3                                     |    |

| Product Name<br>(Nombre del Medicamento)       | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia)                     | UM |
|--|--|--|----|
| Mommy's Bliss Vit D Organic Oral Liquid        | 10 mcg /0.036ml  | Mommy's Bliss Vit D Organic  |    |
| Nat-Rul Vitamin D Oral Tablet                  | 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)  | D 5000 ,Vitamin D-1000 Max St ,Vitamin D3 Super Strength           |    |
| Natural Vitamin D-3 Oral Tablet                | 125 mcg (5000 ut)  | D 5000   |    |
| Optimal D3 M Oral Capsule                      | 350 mcg (14000 ut)   | Optimal D3 M   |    |
| Optimal D3 Oral Capsule                        | 1.25 mg (50000 ut)   | D3-50  |    |
| Opurity Vitamin D Oral Tablet Chewable         | 125 mcg (5000 ut)  | Opurity Vitamin D  |    |
| Pronutrients Vitamin D3 Oral Capsule           | 25 mcg (1000 ut)   | D 1000   |    |
| Qc_vitamin D3 Oral Capsule                     | 25 mcg (1000 ut), 50 mcg (2000 ut)   | D 1000 ,D2000 Ultra Strength                                       |    |
| Qc_vitamin D3 Oral Tablet                      | 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)   | D 5000 ,Delta D3 ,Vitamin D-1000 Max St ,Vitamin D3 Super Strength |    |
| Ra_vitamin D-3 Oral Capsule                    | 125 mcg (5000 ut), 50 mcg (2000 ut)  | D-3-5 ,D2000 Ultra Strength  |    |
| Ra_vitamin D-3 Oral Tablet                     | 25 mcg (1000 ut)   | Vitamin D-1000 Max St  |    |
| Radiance Platinum Vitamin D3 Oral Tablet       | 125 mcg (5000 ut)  | D 5000   |    |
| Replesta Nx Oral Wafer                         | 350 mcg (14000 ut)   | Replesta NX  |    |
| Replesta Oral Wafer                            | 1.25 mg (50000 ut)   | Replesta   |    |
| Sm_vitamin D Oral Tablet                       | 10 mcg (400 unit)  | Delta D3   |    |
| Sm_vitamin D3 Oral Capsule                     | 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)   | D-3-5 ,D2000 Ultra Strength ,HM Vitamin D3                         |    |
| Sm_vitamin D3 Oral Tablet                      | 25 mcg (1000 ut)   | Vitamin D-1000 Max St  |    |
| Super_daily D3 Oral Liquid                     | 25 mcg /0.028ml, 50 mcg /0.028ml   | Ddrops ,Super Daily D3   |    |
| Sv_vitamin D3 Oral Capsule                     | 25 mcg, 50 mcg   | D 1000 ,D2000 Ultra Strength                                       |    |
| Sv_vitamin D3 Oral Tablet Chewable             | 25 mcg   | D 1000   |    |
| Thera-D 2000 Oral Tablet                       | 50 mcg (2000 ut)   | Vitamin D3 Super Strength  |    |
| Thera-D 4000 Oral Tablet                       | 100 mcg (4000 ut)  | Thera-D 4000   |    |
| Thera-D Rapid Repletion Oral Tablet            | 50 mcg (2000 ut)   | Vitamin D3 Super Strength  |    |
| True_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) | D-3-5 ,D2000 Ultra Strength ,D3-50 ,D400 ,Maximum D3 ,Vitamin D3   |    |
| True_vitamin D3 Oral Tablet                    | 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)                   | D 5000 ,Delta D3 ,Dialyvite Vitamin D3 Max ,Vitamin D3             |    |
| Vitajoy Daily D Gummies Oral Tablet Chewable   | 25 mcg (1000 ut)   | D 1000   |    |
| Vitamelts Vitamin D Oral Tablet Disintegrating | 25 mcg (1000 ut)   | VitaMelts Vitamin D  |    |
| Vitamin D (Cholecalciferol) Oral Capsule       | 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)  | D 1000 ,D2000 Ultra Strength ,D400                                 |    |
| Vitamin D (Cholecalciferol) Oral Tablet        | 10 mcg (400 unit), 25 mcg (1000 ut)  | Delta D3 ,Vitamin D-1000 Max St                                    |    |
| Vitamin D (Ergocalciferol) Oral Capsule        | 1.25 mg (50000 ut), 50000 unit   | Drisdol  |    |

| Product Name<br>(Nombre del Medicamento)            | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia)                                 | UM |
|---|---|--|----|
| Vitamin D High Potency Oral Capsule                 | 25 mcg (1000 ut)  | D 1000   |    |
| Vitamin D Infant Oral Liquid                        | 10 mcg/ml   | Just D   |    |
| Vitamin D Oral Capsule                              | 50 mcg (2000 ut)  | D2000 Ultra Strength   |    |
| Vitamin D Oral Liquid                               | 10 mcg/ml   | Just D   |    |
| Vitamin D Oral Tablet                               | 25 mcg (1000 ut), 50 mcg (2000 ut)  | Vitamin D-1000 Max St ,Vitamin D3 Super Strength                               |    |
| Vitamin D-1000 Max St Oral Tablet                   | 25 mcg (1000 ut)  | Vitamin D-1000 Max St  |    |
| Vitamin D2 Oral Tablet                              | 10 mcg (400 unit), 50 mcg (2000 ut)   | Vitamin D2   |    |
| Vitamin D3 Adult Gummies Oral Tablet Chewable       | 25 mcg (1000 ut)  | D 1000   |    |
| Vitamin D3 Extra Strength Oral Tablet Chewable      | 25 mcg (1000 ut)  | D 1000   |    |
| Vitamin D3 Fast Dissolve Oral Tablet Disintegrating | 50 mcg (2000 ut)  | D3 Dots  |    |
| Vitamin D3 Gummies Oral Tablet Chewable             | 25 mcg (1000 ut)  | D 1000   |    |
| Vitamin D3 Immune Health Oral Liquid                | 25 mcg/10ml   | Wellesse Vitamin D3  |    |
| Vitamin D3 Maximum Strength Oral Capsule            | 125 mcg (5000 ut)   | D-3-5  |    |
| Vitamin D3 Oral Capsule                             | 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut), 62.5 mcg | D 1000 ,D-3-5 ,D2000 Ultra Strength ,D3-50 ,D400 ,Maximum D3 ,Vitamin D3       |    |
| Vitamin D-3 Oral Capsule                            | 25 mcg (1000 ut)  | D 1000   |    |
| Vitamin D3 Oral Liquid                              | 10 mcg/ml, 125 mcg/ml, 30 mcg/15ml  | D3 Maximum Strength ,Just D ,Vitamin D3  |    |
| Vitamin D3 Oral Tablet                              | 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)                        | D 5000 ,Delta D3 ,Vitamin D-1000 Max St ,Vitamin D3 ,Vitamin D3 Super Strength |    |
| Vitamin D3 Oral Tablet Chewable                     | 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)  | D 1000 ,Healthy Kids Vitamin D3 ,Opurity Vitamin D ,Vitamin D3                 |    |
| Vitamin D3 Oral Tablet Disintegrating               | 125 mcg (5000 ut)   | Vitamin D3   |    |
| Vitamin D3 Super Strength Oral Tablet               | 50 mcg (2000 ut)  | Vitamin D3 Super Strength  |    |
| Vitamin D3 Ultra Potency Oral Tablet                | 1250 mcg  | Dialyvite Vitamin D3 Max   |    |
| Weekly-D Oral Capsule                               | 1.25 mg (50000 ut)  | D3-50  |    |
| Yumvs_vitamin D3 Oral Tablet Chewable               | 25 mcg (1000 ut)  | D 1000   |    |
| Yumvs_vitamin D3 Zero Oral Tablet Chewable          | 25 mcg (1000 ut), 62.5 mcg (2500 ut)  | D 1000 ,YumVs Vitamin D3 ZERO  |    |
| Yumvskids Vitamin D3 Zero Oral Tablet Chewable      | 25 mcg (1000 ut)  | D 1000   |    |



**MEDICAMENTOS OTC (OVER THE COUNTER)**

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| <b>Analgesics - Anti-Inflammatory (Analgésicos - Antiinflamatorios)</b>                           |                          |  |    |
| <i>Nonsteroidal Anti-Inflammatory Agents (Nsaids) (Agentes Antiinflamatorios No Esteroidales)</i> |                          |  |    |
| Addaprin Oral Tablet  | 200 mg                   | Advil  |    |
| Advil_junior Strength Oral Tablet   | 100 mg                   | Motrin Junior Strength                         |    |
| Advil_liqui-Gels Minis Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_migraine Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_oral Tablet   | 200 mg                   | Advil  |    |
| Aleve_oral Tablet   | 220 mg                   | Aleve  |    |
| All_day Pain Relief Oral Tablet   | 220 mg                   | Aleve  |    |
| All_day Relief Oral Tablet  | 220 mg                   | Aleve  |    |
| Cvs_all Day Pain Relief Oral Tablet   | 220 mg                   | Aleve  |    |
| Cvs_ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Cvs_ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Cvs_naproxen Sodium Oral Tablet   | 220 mg                   | Aleve  |    |
| Eq_all Day Pain Relief Oral Tablet  | 220 mg                   | Aleve  |    |
| Eq_ibuprofen Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Eq_ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Eq_naproxen Sodium Oral Tablet  | 220 mg                   | Aleve  |    |
| Eq_ibuprofen Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Eq_ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Flanax Oral Tablet  | 220 mg                   | Aleve  |    |
| Ft_all Day Pain Relief Oral Tablet  | 220 mg                   | Aleve  |    |
| Ft_ibuprofen Minis Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Ft_ibuprofen Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Ft_ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Ft_pain Relief Oral Tablet  | 200 mg, 325 mg           | Actamin ,Advil                                 |    |
| Gnp_ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Gnp_ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Gnp_naproxen Sodium Oral Tablet   | 220 mg                   | Aleve  |    |
| Goodsense Ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Goodsense Ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Goodsense Naproxen Sodium Oral Tablet   | 220 mg                   | Aleve  |    |
| Hy-Vee All Day Relief Oral Tablet   | 220 mg                   | Aleve  |    |
| Ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Kls_ibuprofen Ib Oral Tablet  | 200 mg                   | Advil  |    |
| Kls_ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Medi-First Ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Medi-Profen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Medi-Profen Oral Tablet   | 200 mg                   | Advil  |    |
| Mediproxen Oral Tablet  | 220 mg                   | Aleve  |    |
| Meijer Ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Mm_ibuprofen Oral Tablet 200  | mg                       | Advil Oral Tablet 2                            |    |
| Motrin Ib Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Motrin Ib Oral Tablet   | 200 mg                   | Advil  |    |
| Naproxen Sodium Oral Tablet   | 220 mg                   | Aleve  |    |
| Pamprin All Day Relief Max St Oral Tablet   | 220 mg                   | Aleve  |    |



| Product Name<br>(Nombre del Medicamento)                      | Dosage<br>(Presentacion)                  | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|---|--|----|
| Proprinal Oral Capsule  | 200 mg                                    | V-R Ibuprofen                                  |    |
| Qc_ibuprofen Ib Oral Tablet                                   | 200 mg                                    | Advil  |    |
| Qc_ibuprofen Oral Capsule                                     | 200 mg                                    | V-R Ibuprofen                                  |    |
| Qc_ibuprofen Oral Tablet                                      | 200 mg                                    | Advil  |    |
| Qc_naproxen Sodium Oral Tablet                                | 220 mg                                    | Aleve  |    |
| Ra_ibuprofen Oral Capsule                                     | 200 mg                                    | V-R Ibuprofen                                  |    |
| Ra_ibuprofen Oral Tablet                                      | 200 mg                                    | Advil  |    |
| Ra_naproxen Sodium Oral Tablet                                | 220 mg                                    | Aleve  |    |
| Ra_pain Relief Ibuprofen Oral Tablet                          | 200 mg                                    | Advil  |    |
| Sb_ibuprofen Oral Tablet                                      | 200 mg                                    | Advil  |    |
| Sb_naproxen Sodium Oral Tablet                                | 220 mg                                    | Aleve  |    |
| Sm_ibuprofen Ib Oral Tablet                                   | 200 mg                                    | Advil  |    |
| Sm_ibuprofen Jr Oral Tablet                                   | 100 mg                                    | Motrin Junior Strength                         |    |
| Sm_ibuprofen Oral Capsule                                     | 200 mg                                    | V-R Ibuprofen                                  |    |
| Sm_ibuprofen Oral Tablet                                      | 200 mg                                    | Advil  |    |
| Sm_naproxen Sodium Oral Tablet                                | 220 mg                                    | Aleve  |    |
| Wal-Profen Oral Capsule                                       | 200 mg                                    | V-R Ibuprofen                                  |    |
| Wal-Profen Oral Tablet  | 200 mg                                    | Advil  |    |
| <b>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</b> |   |  |    |
| <i>Analgesics Other (Analgesicos - Otros)</i>                 |   |  |    |
| 8_hour Arthritis Pain Oral Tablet Extended Release            | 650 mg                                    | Tylenol Extended Release                       |    |
| 8_hour Pain Reliever Oral Tablet Extended Release             | 650 mg                                    | Tylenol Extended Release                       |    |
| 8_hr Arthritis Pain Relief Oral Tablet Extended Release       | 650 mg                                    | Tylenol Extended Release                       |    |
| Acetaminophen 8 Hour Oral Tablet Extended Release             | 650 mg                                    | Tylenol Extended Release                       |    |
| Acetaminophen Childrens Oral Solution                         | 160 mg/5ml                                | Non-Aspirin Extra Strength                     |    |
| Acetaminophen Childrens Oral Suspension                       | 160 mg/5ml                                | APAP Childrens                                 |    |
| Acetaminophen Childrens Oral Tablet Chewable                  | 160 mg                                    | Acetaminophen Jr                               |    |
| Acetaminophen Er Oral Tablet Extended Release                 | 650 mg                                    | Tylenol Extended Release                       |    |
| Acetaminophen Extra Strength Oral Tablet                      | 500 mg                                    | APAP Extra Strength                            |    |
| Acetaminophen Junior Strength Oral Tablet Disintegrating      | 160 mg                                    | FP Jr Strength Non-Aspirin                     |    |
| Acetaminophen Oral Liquid                                     | 160 mg/5ml                                | Childrens Silapap                              |    |
| Acetaminophen Oral Solution                                   | 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml | Non-Aspirin Extra Strength                     |    |
| Acetaminophen Oral Suspension                                 | 160 mg/5ml, 650 mg/20.3ml                 | APAP Childrens                                 |    |
| Acetaminophen Oral Tablet                                     | 325 mg, 500 mg                            | Actamin ,APAP Extra Strength                   |    |
| Acetaminophen Oral Tablet Chewable                            | 160 mg                                    | Acetaminophen Jr                               |    |
| Acetaminophen Rectal Suppository                              | 120 mg, 650 mg                            | Acephen  |    |
| Aminofen Oral Tablet  | 325 mg                                    | Actamin  |    |
| Apra_oral Elixir  | 160 mg/5ml                                | Altenol  |    |
| Arthritis Pain Relief Oral Tablet Extended Release            | 650 mg                                    | Tylenol Extended Release                       |    |
| Arthritis Pain Reliever Oral Tablet Extended Release          | 650 mg                                    | Tylenol Extended Release                       |    |
| Betatemp Childrens Oral Suspension                            | 160 mg/5ml                                | APAP Childrens                                 |    |

| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Childrens Apap Oral Tablet Chewable                        | 80 mg                    | APAP Child                                     |    |
| Childrens Aspirin Free Oral Elixir                         | 80 mg/2.5ml              | Altenol  |    |
| Childrens Medi-Tabs Oral Tablet Chewable                   | 80 mg                    | APAP Child                                     |    |
| Childrens Non-Aspirin Oral Suspension                      | 160 mg/5ml               | APAP Childrens                                 |    |
| Childrens Non-Aspirin Oral Tablet Chewable                 | 80 mg                    | APAP Child                                     |    |
| Childrens Pain Reliever Oral Tablet Chewable               | 80 mg                    | APAP Child                                     |    |
| Curanol Oral Liquid  | 160 mg/5ml               | Childrens Silapap                              |    |
| Cvs_8hr Arthritis Pain Relief Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       |    |
| Cvs_8hr Muscle Aches & Pain Oral Tablet Extended Release   | 650 mg                   | Tylenol Extended Release                       |    |
| Cvs_acetaminophen Ex St Oral Liquid                        | 500 mg/15ml              | S-T Febrol                                     |    |
| Cvs_acetaminophen Ex St Oral Tablet                        | 500 mg                   | APAP Extra Strength                            |    |
| Cvs_acetaminophen Oral Tablet                              | 325 mg                   | Actamin  |    |
| Cvs_arthritis Pain Relief Oral Tablet Extended Release     | 650 mg                   | Tylenol Extended Release                       |    |
| Cvs_childs Non-Aspirin Oral Tablet Chewable                | 80 mg                    | APAP Child                                     |    |
| Cvs_fever Reducing Childrens Rectal Suppository            | 120 mg                   | Acephen  |    |
| Cvs_infants Pain Relief Drops Oral Suspension              | 160 mg/5ml               | APAP Childrens                                 |    |
| Cvs_non-Aspirin Childrens Oral Tablet Chewable             | 80 mg                    | APAP Child                                     |    |
| Cvs_non-Aspirin Extra Strength Oral Tablet                 | 500 mg                   | APAP Extra Strength                            |    |
| Cvs_pain & Fever Childrens Oral Suspension                 | 160 mg/5ml               | APAP Childrens                                 |    |
| Cvs_pain & Fever Infants Oral Suspension                   | 160 mg/5ml               | APAP Childrens                                 |    |
| Cvs_pain Relief Childrens Oral Tablet Chewable             | 160 mg                   | Acetaminophen Jr                               |    |
| Cvs_pain Relief Extra Strength Oral Tablet                 | 500 mg                   | APAP Extra Strength                            |    |
| Cvs_pain Relief Oral Tablet Extended Release               | 650 mg                   | Tylenol Extended Release                       |    |
| Ed-Apap Oral Liquid  | 160 mg/5ml               | Childrens Silapap                              |    |
| Elixsure Fever/Pain Oral Gel                               | 160 mg/5ml               | ElixSure Fever/Pain                            |    |
| Eq_8hr Arthritis Pain Relief Oral Tablet Extended Release  | 650 mg                   | Tylenol Extended Release                       |    |
| Eq_acetaminophen Oral Tablet                               | 325 mg, 500 mg           | Actamin ,APAP Extra Strength                   |    |
| Eq_arthritis Pain Oral Tablet Extended Release             | 650 mg                   | Tylenol Extended Release                       |    |
| Eq_pain & Fever Childrens Oral Suspension                  | 160 mg/5ml               | APAP Childrens                                 |    |
| Eq_pain & Fever Childrens Oral Tablet Chewable             | 160 mg                   | Acetaminophen Jr                               |    |
| Eq_pain & Fever Infants Oral Suspension                    | 160 mg/5ml               | APAP Childrens                                 |    |
| Eq_pain Relief/Rapid Burst Oral Liquid                     | 500 mg/15ml              | S-T Febrol                                     |    |
| Eq_pain Reliever Ex St Oral Tablet                         | 500 mg                   | APAP Extra Strength                            |    |
| Eq_pain Reliever Oral Suspension                           | 160 mg/5ml               | APAP Childrens                                 |    |
| Eq_pain Reliever Oral Tablet                               | 325 mg, 500 mg           | Actamin ,APAP Extra Strength                   |    |
| EqL_acetaminophen Ex St Oral Tablet                        | 500 mg                   | APAP Extra Strength                            |    |
| Feverall Adults Rectal Suppository                         | 650 mg                   | Acephen  |    |
| Feverall Childrens Rectal Suppository                      | 120 mg                   | Acephen  |    |
| Feverall Infants Rectal Suppository                        | 80 mg                    | Feverall                                       |    |
| Feverall Junior Strength Rectal Suppository                | 325 mg                   | Acephen  |    |
| Ft_8 Hour Pain Relief Oral Tablet Extended Release         | 650 mg                   | Tylenol Extended Release                       |    |
| Ft_arthritis Pain Reliever Oral Tablet Extended Release    | 650 mg                   | Tylenol Extended Release                       |    |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Ft_children's Pain/Fever Oral Tablet Chewable            | 160 mg                   | Acetaminophen Jr                               |    |
| Ft_pain & Fever Childrens Oral Suspension                | 160 mg/5ml               | APAP Childrens                                 |    |
| Ft_pain & Fever Infants Oral Suspension                  | 160 mg/5ml               | APAP Childrens                                 |    |
| Ft_pain Relief Adult Extra St Oral Tablet                | 500 mg                   | APAP Extra Strength                            |    |
| Ft_pain Relief Extra Strength Oral Tablet                | 500 mg                   | APAP Extra Strength                            |    |
| Ft_pain Relief Oral Tablet                               | 200 mg, 325 mg           | Actamin ,Advil                                 |    |
| Ft_pain Reliever Ex Str Adult Oral Tablet                | 500 mg                   | APAP Extra Strength                            |    |
| Gnp_8 Hour Arthritis Relief Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       |    |
| Gnp_8 Hour Pain Relief Oral Tablet Extended Release      | 650 mg                   | Tylenol Extended Release                       |    |
| Gnp_8 Hour Pain Reliever Oral Tablet Extended Release    | 650 mg                   | Tylenol Extended Release                       |    |
| Gnp_acetaminophen Oral Tablet                            | 325 mg                   | Actamin  |    |
| Gnp_acetaminophen Oral Tablet Chewable                   | 160 mg                   | Acetaminophen Jr                               |    |
| Gnp_children's Pain & Fever Oral Suspension 160          | mg/5ml                   | APAP Childrens Oral Suspension 1               |    |
| Gnp_infants Pain/Fever Oral Suspension                   | 160 mg/5ml               | APAP Childrens                                 |    |
| Gnp_pain & Fever Childrens Oral Suspension               | 160 mg/5ml               | APAP Childrens                                 |    |
| Gnp_pain & Fever Infants Oral Suspension                 | 160 mg/5ml               | APAP Childrens                                 |    |
| Gnp_pain Relief Extra Strength Oral Tablet               | 500 mg                   | APAP Extra Strength                            |    |
| Gnp_pain Relief Oral Tablet                              | 325 mg                   | Actamin  |    |
| Goodsense Pain & Fever Child Oral Suspension             | 160 mg/5ml               | APAP Childrens                                 |    |
| Goodsense Pain & Fever Infants Oral Suspension           | 160 mg/5ml               | APAP Childrens                                 |    |
| Goodsense Pain Relief Extra St Oral Tablet               | 500 mg                   | APAP Extra Strength                            |    |
| Healthy Mama Shake That Ache Oral Tablet                 | 500 mg                   | APAP Extra Strength                            |    |
| Hm_arthritis Pain Relief Oral Tablet Extended Release    | 650 mg                   | Tylenol Extended Release                       |    |
| Hm_pain Relief Oral Tablet Extended Release              | 650 mg                   | Tylenol Extended Release                       |    |
| Infants Pain & Fever Oral Suspension                     | 160 mg/5ml               | APAP Childrens                                 |    |
| Kls_acetaminophen Ex St Oral Tablet                      | 500 mg                   | APAP Extra Strength                            |    |
| Liquid Acetaminophen Oral Liquid                         | 160 mg/5ml               | Childrens Silapap                              |    |
| Liquid Pain Relief Oral Liquid                           | 160 mg/5ml               | Childrens Silapap                              |    |
| Little Remedies For Fever Oral Liquid                    | 160 mg/5ml               | Childrens Silapap                              |    |
| Mapap_acetaminophen Extra Str Oral Liquid                | 500 mg/15ml              | S-T Febrol                                     |    |
| Mapap_childrens Oral Tablet Chewable                     | 160 mg, 80 mg            | Acetaminophen Jr ,APAP Child                   |    |
| Mapap_oral Capsule                                       | 500 mg                   | Extra Strength Acetaminophen                   |    |
| Max_relief Jr Child Pain/Fever Oral Liquid               | 160 mg/5ml               | Childrens Silapap                              |    |
| Max_relief Jr Child Pain/Fever Oral Suspension           | 160 mg/5ml               | APAP Childrens                                 |    |
| Max_relief Junior Oral Elixir                            | 160 mg/5ml               | Altenol  |    |
| Medi-Tabs Childrens Oral Elixir                          | 80 mg/2.5ml              | Altenol  |    |
| Medi-Tabs Extra Strength Oral Tablet                     | 500 mg                   | APAP Extra Strength                            |    |
| Medi-Tabs Junior Strength Oral Tablet Chewable           | 160 mg                   | Acetaminophen Jr                               |    |
| Meijer Aspirin Free Oral Tablet                          | 325 mg, 500 mg           | Actamin ,APAP Extra Strength                   |    |
| Meijer Jr St Aspirin Free Oral Tablet Chewable           | 160 mg                   | Acetaminophen Jr                               |    |
| Midol_oral Tablet Extended Release                       | 650 mg                   | Tylenol Extended Release                       |    |
| Mm_acetaminophen Ex Str Oral Tablet                      | 500 mg                   | APAP Extra Strength                            |    |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Mm_arthritis Pain Oral Tablet Extended Release              | 650 mg                   | Tylenol Extended Release                       |    |
| M-Pap_oral Liquid   | 160 mg/5ml               | Childrens Silapap                              |    |
| Non-Aspirin Extra Strength Oral Tablet                      | 500 mg                   | APAP Extra Strength                            |    |
| Non-Aspirin Jr Strength Oral Tablet Chewable                | 160 mg                   | Acetaminophen Jr                               |    |
| Non-Aspirin Oral Tablet                                     | 325 mg                   | Actamin  |    |
| Non-Aspirin Pain Relief Oral Tablet                         | 325 mg                   | Actamin  |    |
| Pain_ & Fever Childrens Oral Suspension                     | 160 mg/5ml               | APAP Childrens                                 |    |
| Pain_ & Fever Childrens Oral Tablet Chewable                | 160 mg                   | Acetaminophen Jr                               |    |
| Pain_ & Fever Dissolve Packs Oral Packet                    | 160 mg                   | Tylenol Childrens Pain + Fever                 |    |
| Pain_ & Fever Infants Oral Suspension                       | 160 mg/5ml               | APAP Childrens                                 |    |
| Pain_ & Fever Kids Oral Suspension                          | 160 mg/5ml               | APAP Childrens                                 |    |
| Pain_and Fever Relief Kids Oral Liquid                      | 160 mg/5ml               | Childrens Silapap                              |    |
| Pain_relief Childrens Oral Elixir                           | 160 mg/5ml               | Altenol  |    |
| Pain_relief Childrens Oral Suspension                       | 160 mg/5ml               | APAP Childrens                                 |    |
| Pain_relief Extra Strength Oral Capsule                     | 500 mg                   | Extra Strength Acetaminophen                   |    |
| Pain_relief Extra Strength Oral Tablet                      | 500 mg                   | APAP Extra Strength                            |    |
| Pain_relief Oral Liquid                                     | 500 mg/15ml              | S-T Febrol                                     |    |
| Pain_relief Regular Strength Oral Tablet                    | 325 mg                   | Actamin  |    |
| Pain_reliever Extra Strength Oral Tablet                    | 500 mg                   | APAP Extra Strength                            |    |
| Pain_reliever For Adults Oral Tablet                        | 500 mg                   | APAP Extra Strength                            |    |
| Pain_reliever Oral Tablet                                   | 325 mg                   | Actamin  |    |
| Pain_reliever/Fever Reducer Rectal Suppository              | 120 mg                   | Acephen  |    |
| Panadol Childrens Oral Suspension                           | 160 mg/5ml               | APAP Childrens                                 |    |
| Panadol Extra Strength Oral Tablet                          | 500 mg                   | APAP Extra Strength                            |    |
| Panadol Infants Oral Suspension                             | 160 mg/5ml               | APAP Childrens                                 |    |
| Pediacare Children Oral Suspension                          | 160 mg/5ml               | APAP Childrens                                 |    |
| Pediacare Infant Fever/Pain Oral Suspension                 | 160 mg/5ml               | APAP Childrens                                 |    |
| Pediacare Infants Oral Suspension                           | 160 mg/5ml               | APAP Childrens                                 |    |
| Pharbetol Extra Strength Oral Tablet                        | 500 mg                   | APAP Extra Strength                            |    |
| Pharbetol Oral Tablet                                       | 325 mg                   | Actamin  |    |
| Qc_8 Hour Pain Relief Oral Tablet Extended Release          | 650 mg                   | Tylenol Extended Release                       |    |
| Qc_acetaminophen 8hr Arth Pain Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       |    |
| Qc_acetaminophen 8hr Musc Ache Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       |    |
| Qc_acetaminophen Infants Oral Suspension                    | 160 mg/5ml               | APAP Childrens                                 |    |
| Qc_arthritis Pain Relief Oral Tablet Extended Release       | 650 mg                   | Tylenol Extended Release                       |    |
| Qc_non-Aspirin 8 Hour Oral Tablet Extended Release          | 650 mg                   | Tylenol Extended Release                       |    |
| Qc_non-Aspirin Childrens Oral Tablet Chewable               | 160 mg                   | Acetaminophen Jr                               |    |
| Qc_non-Aspirin Extra Strength Oral Tablet                   | 500 mg                   | APAP Extra Strength                            |    |
| Qc_pain Relief Extra Strength Oral Liquid                   | 500 mg/15ml              | S-T Febrol                                     |    |
| Qc_pain Relief Extra Strength Oral Tablet                   | 500 mg                   | APAP Extra Strength                            |    |
| Ra_8 Hour Pain Relief Oral Tablet Extended Release          | 650 mg                   | Tylenol Extended Release                       |    |
| Ra_acetaminophen Childrens Oral Tablet Chewable             | 160 mg                   | Acetaminophen Jr                               |    |
| Ra_acetaminophen Ex St Oral Tablet                          | 500 mg                   | APAP Extra Strength                            |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Ra_acetaminophen Oral Tablet  | 325 mg                   | Actamin  |    |
| Ra_arthritis Pain Relief Oral Tablet Extended Release                                   | 650 mg                   | Tylenol Extended Release                       |    |
| Ra_childrens Fever/Pain Oral Suspension   | 160 mg/5ml               | APAP Childrens                                 |    |
| Ra_fever Reducer/Pain Reliever Oral Suspension  | 160 mg/5ml               | APAP Childrens                                 |    |
| Ra_pain Relief Acetaminophen Oral Tablet  | 325 mg, 500 mg           | Actamin ,APAP Extra Strength                   |    |
| Ra_pain Reliever Ex St Oral Liquid  | 500 mg/15ml              | S-T Febrol                                     |    |
| Sb_arthritis Pain Relief Oral Tablet Extended Release                                   | 650 mg                   | Tylenol Extended Release                       |    |
| Sb_childrens Non-Aspirin Oral Tablet Disintegrating                                     | 80 mg                    | Tempra Quicklets                               |    |
| Sb_non-Aspirin Extra Strength Oral Tablet   | 500 mg                   | APAP Extra Strength                            |    |
| Sb_non-Aspirin Jr Strength Oral Tablet Disintegrating                                   | 160 mg                   | FP Jr Strength Non-Aspirin                     |    |
| Sb_non-Aspirin Oral Tablet  | 325 mg                   | Actamin  |    |
| Sb_non-Aspirin Oral Tablet Chewable   | 160 mg, 80 mg            | Acetaminophen Jr ,APAP Child                   |    |
| Sb_pain Reliever Childrens Oral Suspension  | 160 mg/5ml               | APAP Childrens                                 |    |
| Sb_pain Reliever Ex St Oral Tablet  | 500 mg                   | APAP Extra Strength                            |    |
| Sm_8 Hour Pain Relief Oral Tablet Extended Release                                      | 650 mg                   | Tylenol Extended Release                       |    |
| Sm_arthritis Pain Relief Oral Tablet Extended Release                                   | 650 mg                   | Tylenol Extended Release                       |    |
| Sm_arthritis Pain Reliever Oral Tablet Extended Release                                 | 650 mg                   | Tylenol Extended Release                       |    |
| Sm_pain & Fever Childrens Oral Suspension   | 160 mg/5ml               | APAP Childrens                                 |    |
| Sm_pain & Fever Infants Oral Suspension   | 160 mg/5ml               | APAP Childrens                                 |    |
| Sm_pain Relief Extra Strength Oral Tablet   | 500 mg                   | APAP Extra Strength                            |    |
| Sm_pain Reliever Ex St Oral Tablet  | 500 mg                   | APAP Extra Strength                            |    |
| Sm_pain Reliever Oral Tablet  | 325 mg                   | Actamin  |    |
| Sm_rapid Melts Junior Oral Tablet Disintegrating  | 160 mg                   | FP Jr Strength Non-Aspirin                     |    |
| Triaminic Fever Reducer Oral Syrup  | 160 mg/5ml               | Triaminic Fever Reducer                        |    |
| Tylenol 8 Hour Arthritis Pain Oral Tablet Extended Release                              | 650 mg                   | Tylenol Extended Release                       |    |
| Tylenol 8 Hour Oral Tablet Extended Release   | 650 mg                   | Tylenol Extended Release                       |    |
| Tylenol Childrens Oral Suspension   | 160 mg/5ml               | APAP Childrens                                 |    |
| Tylenol Childrens Pain + Fever Oral Packet  | 160 mg                   | Tylenol Childrens Pain + Fever                 |    |
| Tylenol Extra Strength Oral Tablet  | 500 mg                   | APAP Extra Strength                            |    |
| Tylenol For Children + Adults Oral Suspension   | 160 mg/5ml               | APAP Childrens                                 |    |
| Tylenol Infants Pain+fever Oral Suspension  | 160 mg/5ml               | APAP Childrens                                 |    |
| Tylenol Oral Capsule  | 325 mg                   | Tylenol  |    |
| Tylenol Oral Tablet   | 325 mg                   | Actamin  |    |
| <b>Antidiarrheal/Probiotic Agents (Agentes Antidiarreales / Probioticos)</b>            |                          |  |    |
| <i>Antidiarrheal/Probiotic Agents - Misc. (Antidiareicos/Agentes Probioticos Misc.)</i> |                          |  |    |
| Biotinex Oral Capsule   |                          | Acidopholus                                    |    |
| Flora_vance Oral Capsule  |                          | Bacid  |    |
| Florajen Digestion Oral Capsule   |                          | Bacid  |    |
| Florastor Oral Capsule  | 250 mg                   | Florastor                                      |    |
| Intestinex Oral Capsule   | 600 mg                   | Acidopholus                                    |    |

| Product Name<br>(Nombre del Medicamento)                                | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| <b>Antihistamines (Antihistaminicos)</b>                                |                          |  |    |
| <i>Antihistamines - Ethanolamines (Antihistaminicos - Etanolaminas)</i> |                          |  |    |
| Diphenhydramine Hcl Oral Capsule  | 25 mg, 50 mg             | Allergia-C ,Trux-Adryl                         |    |
| <i>Antihistamines - Non-Sedating (Antihistaminicos - No Sedantes)</i>   |                          |  |    |
| 12hr_allergy Relief Oral Tablet   | 60 mg                    | Allegra  |    |
| 24hr_allergy Relief Oral Tablet   | 180 mg                   | Allegra  |    |
| Alavert Oral Tablet Disintegrating                                      | 10 mg                    | Claritin Reditabs                              |    |
| All_day Allergy Childrens Oral Solution                                 | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| All_day Allergy Oral Tablet   | 10 mg                    | ZyrTEC   |    |
| Allegra Allergy Childrens Oral Suspension                               | 30 mg/5ml                | Allegra  |    |
| Allegra Allergy Childrens Oral Tablet Disintegrating                    | 30 mg                    | Allegra ODT                                    |    |
| Allegra Allergy Oral Tablet   | 180 mg, 60 mg            | Allegra  |    |
| Allegra Hives 24hr Oral Tablet  | 180 mg                   | Allegra  |    |
| Allergy (Cetirizine) Oral Tablet  | 10 mg                    | ZyrTEC   |    |
| Allergy 24hour Indoor/Outdoor Oral Tablet                               | 10 mg                    | ZyrTEC   |    |
| Allergy 24-Hr Oral Tablet   | 180 mg                   | Allegra  |    |
| Allergy Childrens Oral Solution   | 5 mg/5ml                 | Claritin                                       |    |
| Allergy Childrens Oral Suspension                                       | 30 mg/5ml                | Allegra  |    |
| Allergy Rel Child (Cetirizine) Oral Tablet Disintegrating               | 10 mg                    | ZyrTEC Allergy                                 |    |
| Allergy Rel Child (Loratadine) Oral Solution                            | 5 mg/5ml                 | Claritin                                       |    |
| Allergy Relief (Cetirizine) Oral Capsule                                | 10 mg                    | ZyrTEC Allergy                                 |    |
| Allergy Relief (Cetirizine) Oral Tablet                                 | 10 mg                    | ZyrTEC   |    |
| Allergy Relief (Loratadine) Oral Capsule                                | 10 mg                    | Claritin                                       |    |
| Allergy Relief (Loratadine) Oral Tablet                                 | 10 mg                    | Claritin                                       |    |
| Allergy Relief 24-Hr Oral Tablet  | 10 mg                    | Claritin                                       |    |
| Allergy Relief Cetirizine Oral Tablet                                   | 10 mg, 5 mg              | ZyrTEC   |    |
| Allergy Relief Childrens Oral Solution                                  | 1 mg/ml, 5 mg/5ml        | Claritin ,ZyrTEC Childrens Allergy             |    |
| Allergy Relief Oral Tablet  | 10 mg, 180 mg, 60 mg     | Allegra ,Claritin                              |    |
| Allergy Relief/Indoor/Outdoor Oral Tablet                               | 10 mg, 180 mg            | Allegra ,ZyrTEC                                |    |
| Cetirizine Hcl Allergy Child Oral Solution                              | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Cetirizine Hcl Childrens Alrgy Oral Solution                            | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Cetirizine Hcl Oral Tablet  | 10 mg, 5 mg              | ZyrTEC   |    |
| Cetirizine Hcl Oral Tablet Chewable                                     | 10 mg, 5 mg              | ZyrTEC   |    |
| Childrens 24 Hour Allergy Oral Solution                                 | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Childrens Loratadine Oral Solution                                      | 5 mg/5ml                 | Claritin                                       |    |
| Claritin Allergy Childrens Oral Solution                                | 5 mg/5ml                 | Claritin                                       |    |
| Claritin Childrens Oral Tablet Chewable                                 | 5 mg                     | Claritin                                       |    |
| Claritin Oral Capsule   | 10 mg                    | Claritin                                       |    |
| Claritin Oral Solution  | 5 mg/5ml                 | Claritin                                       |    |
| Claritin Oral Tablet  | 10 mg                    | Claritin                                       |    |
| Claritin Oral Tablet Chewable   | 10 mg, 5 mg              | Claritin                                       |    |
| Claritin Reditabs Oral Tablet Disintegrating                            | 10 mg, 5 mg              | Claritin Reditabs                              |    |
| Cvs_allerg Rel Child (Lorat) Oral Solution                              | 5 mg/5ml                 | Claritin                                       |    |
| Cvs_allergy Childrens Oral Solution                                     | 5 mg/5ml                 | Claritin                                       |    |
| Cvs_allergy Relief Childrens Oral Solution                              | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Cvs_allergy Relief Childrens Oral Suspension                            | 30 mg/5ml                | Allegra  |    |



| Product Name<br>(Nombre del Medicamento)          | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Cvs_allergy Relief Childrens Oral Tablet Chewable | 5 mg                     | Claritin                                       |    |
| Cvs_allergy Relief Oral Tablet                    | 10 mg, 180 mg, 60 mg     | Allegra ,Claritin                              |    |
| Cvs_allergy Relief Oral Tablet Disintegrating     | 10 mg, 5 mg              | Claritin Reditabs                              |    |
| Cvs_allergy Relief(Cetirizine) Oral Tablet        | 10 mg                    | ZyrTEC   |    |
| Cvs_indoor/Outdoor Allergy Rlf Oral Tablet        | 10 mg                    | ZyrTEC   |    |
| Eq_all Day Allergy Relief Oral Tablet             | 10 mg                    | Claritin                                       |    |
| Eq_allerg Relief Child (Cetir) Oral Solution      | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Eq_allerg Relief Child (Lorat) Oral Solution      | 5 mg/5ml                 | Claritin                                       |    |
| Eq_allergy Childrens Oral Solution                | 5 mg/5ml                 | Claritin                                       |    |
| Eq_allergy Relief (Cetirizine) Oral Solution      | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Eq_allergy Relief (Cetirizine) Oral Tablet        | 10 mg                    | ZyrTEC   |    |
| Eq_allergy Relief Childrens Oral Suspension       | 30 mg/5ml                | Allegra  |    |
| Eq_allergy Relief Oral Tablet                     | 10 mg, 180 mg            | Allegra ,Claritin                              |    |
| Eq_cetirizine Hcl Oral Tablet Chewable            | 10 mg                    | ZyrTEC   |    |
| Eq_loratadine Childrens Oral Tablet Chewable      | 5 mg                     | Claritin                                       |    |
| Eq_loratadine Oral Tablet                         | 10 mg                    | Claritin                                       |    |
| Eq_loratadine Oral Tablet Disintegrating          | 10 mg                    | Claritin Reditabs                              |    |
| Eql_all Day Allergy Childrens Oral Solution       | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Eql_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   |    |
| Eql_allergy Relief Oral Tablet                    | 10 mg                    | Claritin                                       |    |
| Eql_allergy Relief Oral Tablet 180                | mg                       | Allegra Oral Tablet 1                          |    |
| Fexofenadine Hcl Oral Tablet                      | 180 mg, 60 mg            | Allegra  |    |
| Ft_all Day Allergy 24 Hour Oral Tablet            | 10 mg                    | ZyrTEC   |    |
| Ft_all Day Allergy Childrens Oral Solution        | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Ft_all Day Allergy Oral Tablet                    | 10 mg                    | ZyrTEC   |    |
| Ft_all Day Allergy Relief Oral Tablet             | 10 mg                    | Claritin                                       |    |
| Ft_allergy Childrens Oral Solution                | 5 mg/5ml                 | Claritin                                       |    |
| Ft_allergy Relief 12 Hour Oral Tablet             | 60 mg                    | Allegra  |    |
| Ft_allergy Relief 24 Hour Oral Tablet             | 180 mg                   | Allegra  |    |
| Ft_allergy Relief Cetirizine Oral Tablet          | 10 mg                    | ZyrTEC   |    |
| Ft_allergy Relief Childrens Oral Solution         | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Ft_allergy Relief Childrens Oral Tablet Chewable  | 5 mg                     | Claritin                                       |    |
| Ft_allergy Relief Loratadine Oral Tablet          | 10 mg                    | Claritin                                       |    |
| Ft_allergy Relief Oral Tablet                     | 10 mg, 180 mg            | Allegra ,Claritin                              |    |
| Gnp_all Day Allergy Childrens Oral Solution       | 1 mg/ml, 5 mg/5ml        | ZyrTEC Childrens Allergy                       |    |
| Gnp_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   |    |
| Gnp_all Day Allergy Relief Oral Capsule           | 10 mg                    | ZyrTEC Allergy                                 |    |
| Gnp_allergy Relief Oral Tablet                    | 180 mg                   | Allegra  |    |
| Gnp_loratadine Childrens Oral Solution            | 5 mg/5ml                 | Claritin                                       |    |
| Gnp_loratadine Oral Solution                      | 5 mg/5ml                 | Claritin                                       |    |
| Gnp_loratadine Oral Tablet                        | 10 mg                    | Claritin                                       |    |
| Gnp_loratadine Oral Tablet Disintegrating         | 10 mg                    | Claritin Reditabs                              |    |
| Goodsense All Day Allergy Oral Solution           | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Goodsense All Day Allergy Oral Tablet             | 10 mg                    | ZyrTEC   |    |
| Goodsense Aller-Ease Oral Tablet                  | 180 mg                   | Allegra  |    |



| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Goodsense Allergy Relief Child Oral Solution     | 5 mg/5ml                 | Claritin                                       |    |
| Goodsense Allergy Relief Oral Capsule            | 10 mg                    | Claritin                                       |    |
| Goodsense Allergy Relief Oral Tablet             | 10 mg                    | Claritin                                       |    |
| Hm_fexofenadine Hcl Oral Tablet                  | 180 mg, 60 mg            | Allegra  |    |
| Hm_loratadine Childrens Oral Solution            | 5 mg/5ml                 | Claritin                                       |    |
| Hm_loratadine Oral Tablet                        | 10 mg                    | Claritin                                       |    |
| Kls_allerclear Oral Tablet                       | 10 mg                    | Claritin                                       |    |
| Kls_aller-Fex Oral Tablet                        | 180 mg                   | Allegra  |    |
| Kls_aller-Tec Oral Tablet                        | 10 mg                    | ZyrTEC   |    |
| Kp_fexofenadine Hcl Oral Tablet                  | 60 mg                    | Allegra  |    |
| Loradamed Oral Tablet                            | 10 mg                    | Claritin                                       |    |
| Loratadine Childrens Oral Solution               | 5 mg/5ml                 | Claritin                                       |    |
| Loratadine Childrens Oral Tablet Chewable        | 5 mg                     | Claritin                                       |    |
| Loratadine Oral Capsule                          | 10 mg                    | Claritin                                       |    |
| Loratadine Oral Solution                         | 5 mg/5ml                 | Claritin                                       |    |
| Loratadine Oral Tablet                           | 10 mg                    | Claritin                                       |    |
| Loratadine Oral Tablet Disintegrating            | 10 mg                    | Claritin Reditabs                              |    |
| Meijer Allergy Relief Oral Tablet                | 10 mg                    | Claritin                                       |    |
| Meijer Allergy Relief Oral Tablet Disintegrating | 10 mg                    | Claritin Reditabs                              |    |
| Meijer Loratadine Oral Solution                  | 5 mg/5ml                 | Claritin                                       |    |
| Mm_allergy Relief 24 Hour Oral Tablet            | 180 mg                   | Allegra  |    |
| Mm_fexofenadine Hcl Oral Tablet                  | 180 mg                   | Allegra  |    |
| Qc_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   |    |
| Qc_all Day Allergy Relief Oral Capsule           | 10 mg                    | ZyrTEC Allergy                                 |    |
| Qc_allergy Relief Childrens Oral Solution        | 5 mg/5ml                 | Claritin                                       |    |
| Qc_allergy Relief Childrens Oral Syrup           | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Qc_allergy Relief Oral Capsule                   | 10 mg                    | Claritin                                       |    |
| Qc_allergy Relief Oral Tablet                    | 60 mg                    | Allegra  |    |
| Qc_allergy Relief Oral Tablet Disintegrating     | 10 mg                    | Claritin Reditabs                              |    |
| Qc_cetirizine Allergy Relief Oral Tablet         | 10 mg                    | ZyrTEC   |    |
| Qc_loratadine Allergy Relief Oral Tablet         | 10 mg                    | Claritin                                       |    |
| Ra_allergy Relief (Cetirizine) Oral Tablet       | 10 mg                    | ZyrTEC   |    |
| Ra_allergy Relief (Loratadine) Oral Tablet       | 10 mg                    | Claritin                                       |    |
| Ra_allergy Relief Childrens Oral Solution        | 1 mg/ml, 5 mg/5ml        | ZyrTEC Childrens Allergy                       |    |
| Ra_allergy Relief Childrens Oral Syrup           | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Ra_allergy Relief Childrens Oral Tablet Chewable | 5 mg                     | Claritin                                       |    |
| Ra_allergy Relief Oral Tablet                    | 180 mg                   | Allegra  |    |
| Ra_loratadine Oral Solution                      | 5 mg/5ml                 | Claritin                                       |    |
| Ra_loratadine Oral Tablet                        | 10 mg                    | Claritin                                       |    |
| Sb_allergy Oral Tablet                           | 10 mg                    | ZyrTEC   |    |
| Sb_allergy Relief Oral Tablet Disintegrating     | 10 mg                    | Claritin Reditabs                              |    |
| Sb_cetirizine Hcl Childrens Oral Solution        | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Sb_loratadine Allergy Relief Oral Tablet         | 10 mg                    | Claritin                                       |    |
| Sb_loratadine Oral Solution                      | 5 mg/5ml                 | Claritin                                       |    |
| Sb_loratadine Oral Tablet                        | 10 mg                    | Claritin                                       |    |
| Sm_all Day Allergy Childrens Oral Solution       | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Sm_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Sm_all Day Allergy Relief Oral Tablet   | 10 mg                    | Claritin                                       |    |
| Sm_allergy Childrens Oral Solution  | 5 mg/5ml                 | Claritin                                       |    |
| Sm_allergy Relief Oral Tablet   | 60 mg                    | Allegra  |    |
| Sm_allergy Relief Oral Tablet Disintegrating                                    | 10 mg                    | Claritin Reditabs                              |    |
| Sm_childrens Loratadine Oral Solution   | 5 mg/5ml                 | Claritin                                       |    |
| Sm_fexofenadine Hcl Oral Tablet   | 180 mg, 60 mg            | Allegra  |    |
| Sm_loratadine Allergy Relief Oral Tablet Disintegrating                         | 10 mg                    | Claritin Reditabs                              |    |
| Sm_loratadine Oral Solution   | 5 mg/5ml                 | Claritin                                       |    |
| Sm_loratadine Oral Tablet   | 10 mg                    | Claritin                                       |    |
| Triaminic Allerchews Oral Tablet Disintegrating                                 | 10 mg                    | Claritin Reditabs                              |    |
| Wal-Fex Allergy Oral Tablet   | 180 mg, 60 mg            | Allegra  |    |
| Wal-Fex Oral Tablet   | 180 mg                   | Allegra  |    |
| Wal-Itin Allergy Childrens Oral Tablet Chewable                                 | 5 mg                     | Claritin                                       |    |
| Wal-Itin Allergy Reditabs Oral Tablet Disintegrating                            | 10 mg                    | Claritin Reditabs                              |    |
| Wal-Itin Aller-Melts Oral Tablet Disintegrating                                 | 10 mg                    | Claritin Reditabs                              |    |
| Wal-Itin Childrens Oral Solution  | 5 mg/5ml                 | Claritin                                       |    |
| Wal-Itin Oral Solution  | 5 mg/5ml                 | Claritin                                       |    |
| Wal-Itin Oral Tablet  | 10 mg                    | Claritin                                       |    |
| Wal-Vert Oral Tablet Disintegrating   | 10 mg                    | Claritin Reditabs                              |    |
| Wal-Zyr All Day Allergy Child Oral Solution                                     | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Wal-Zyr Allergy Childrens Oral Solution   | 1 mg/ml                  | ZyrTEC Childrens Allergy                       |    |
| Wal-Zyr Childrens Oral Solution   | 1 mg/ml, 5 mg/5ml        | ZyrTEC Childrens Allergy                       |    |
| Wal-Zyr Childrens Oral Tablet Chewable  | 10 mg, 5 mg              | ZyrTEC   |    |
| Wal-Zyr Oral Solution   | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       |    |
| Wal-Zyr Oral Tablet   | 10 mg                    | ZyrTEC   |    |
| Zyrtec Allergy Childrens Oral Tablet Disintegrating                             | 10 mg                    | ZyrTEC Allergy                                 |    |
| Zyrtec Allergy Oral Capsule   | 10 mg                    | ZyrTEC Allergy                                 |    |
| Zyrtec Allergy Oral Tablet  | 10 mg                    | ZyrTEC   |    |
| Zyrtec Childrens Allergy Oral Solution  | 1 mg/ml, 5 mg/5ml        | ZyrTEC Childrens Allergy                       |    |
| Zyrtec Childrens Allergy Oral Tablet Chewable                                   | 10 mg, 2.5 mg            | ZyrTEC ,ZyrTEC Childrens Allergy               |    |
| Zyrtec Oral Tablet Chewable   | 10 mg                    | ZyrTEC   |    |
| <b>Cough/Cold/Allergy (Tos/Catarro/Alergia)</b>                                 |                          |  |    |
| <i>Cough/Cold/Allergy Combinations (Combinaciones Para Tos/Catarro/Alergia)</i> |                          |  |    |
| 12_hour Allergy-D Oral Tablet Extended Release 12 Hour                          | 5-120 mg                 | ZyrTEC-D                                       |    |
| 24hr_allergy & Congestion Reli Oral Tablet Extended Release 24 Hour             | 180-240 mg               | Allegra-D 24 Hour                              |    |
| Actinel Dm Oral Liquid  | 10-20-400 mg/5ml         | Tusicof  |    |
| Alavert D-12 Hour Allergy/Cong Oral Tablet Extended Release 12 Hour             | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| All_day Allergy D Oral Tablet Extended Release 12 Hour                          | 5-120 mg                 | ZyrTEC-D                                       |    |
| Allegra-D Allergy & Congestion Oral Tablet Extended Release 12 Hour             | 60-120 mg                | Allegra-D                                      |    |
| Allegra-D Allergy & Congestion Oral Tablet Extended Release 24 Hour             | 180-240 mg               | Allegra-D 24 Hour                              |    |
| Allergy D-12 Oral Tablet Extended Release 12 Hour                               | 5-120 mg                 | ZyrTEC-D                                       |    |
| Allergy Relief D Oral Tablet Extended Release 12 Hour                           | 5-120 mg                 | ZyrTEC-D                                       |    |

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|---|--------------------------|--|----|
| Allergy Relief D Oral Tablet Extended Release 24 Hour               | 10-240 mg, 180-240 mg    | Allegra-D 24 Hour<br>Claritin-D 24 Hour        |    |
| Allergy Relief D12 Oral Tablet Extended Release 12 Hour             | 60-120 mg                | Allegra-D                                      |    |
| Allergy Relief D-12 Oral Tablet Extended Release 12 Hour            | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Allergy Relief D-24 Oral Tablet Extended Release 24 Hour            | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       |    |
| Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Allergy Relief-D Oral Tablet Extended Release 12 Hour               | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour      | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Bionel Oral Liquid  | 30-15-200 mg/5ml         | Tusnel   |    |
| Cetirizine-Pseudoephedrine Er Oral Tablet Extended Release 12 Hour  | 5-120 mg                 | ZyrTEC-D                                       |    |
| Claritin-D 12 Hour Oral Tablet Extended Release 12 Hour             | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Claritin-D 24 Hour Oral Tablet Extended Release 24 Hour             | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Conex_cold/Allergy Oral Solution                                    | 1-30 mg/5ml              | Conex Cold/Allergy                             |    |
| Cvs_allergy Relief D Oral Tablet Extended Release 12 Hour           | 5-120 mg, 60-120 mg      | Allegra-D ,ZyrTEC-D                            |    |
| Cvs_allergy Relief D24 Oral Tablet Extended Release 24 Hour         | 180-240 mg               | Allegra-D 24 Hour                              |    |
| Cvs_allergy Relief-D Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | ZyrTEC-D                                       |    |
| Cvs_allergy Relief-D Oral Tablet Extended Release 24 Hour           | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Cvs_allergy Relief-D12 Oral Tablet Extended Release 12 Hour         | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Despec Dm Oral Syrup  | 5-10-100 mg/5ml          | Cough  |    |
| Dologen Oral Tablet   | 2-650 mg                 | Dologen  |    |
| Eq_allergy & Congestion Relief Oral Tablet Extended Release 12 Hour | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Eq_allergy Relief D 12 Hour Oral Tablet Extended Release 12 Hour    | 60-120 mg                | Allegra-D                                      |    |
| Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       |    |
| Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Eq_allergy Relief Oral Tablet Extended Release 12 Hour              | 5-120 mg                 | ZyrTEC-D                                       |    |
| Eq_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour   | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 12 Hour    | 60-120 mg                | Allegra-D                                      |    |
| Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 24 Hour    | 180-240 mg               | Allegra-D 24 Hour                              |    |
| Ft_all Day Allergy-D Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | ZyrTEC-D                                       |    |
| Ft_allergy & Congestion-D 12hr Oral Tablet Extended Release 12 Hour | 60-120 mg                | Allegra-D                                      |    |
| Ft_allergy D-12 Hour Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Ft_allergy Relief-D Oral Tablet Extended Release 24 Hour            | 10-240 mg                | Claritin-D 24 Hour                             |    |
| G-Dologen Oral Tablet   | 2-650 mg                 | Dologen  |    |
| Giltuss Cough & Cold Oral Liquid                                    | 10-15-300 mg/5ml         | Giltuss  |    |
| Gnp_all Day Allergy-D Oral Tablet Extended Release 12 Hour          | 5-120 mg                 | ZyrTEC-D                                       |    |
| Gnp_allergy & Congestion Oral Tablet Extended Release 24 Hour       | 10-240 mg                | Claritin-D 24 Hour                             |    |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Gnp_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour  | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Gnp_allergy-D Allergy & Conges Oral Tablet Extended Release 12 Hour | 60-120 mg                | Allegra-D                                      |    |
| Gnp_fexofenadine/Pse Er Oral Tablet Extended Release 12 Hour        | 60-120 mg                | Allegra-D                                      |    |
| Goodsense All Day Allergy-D Oral Tablet Extended Release 12 Hour    | 5-120 mg                 | ZyrTEC-D                                       |    |
| G-Tusicof Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |    |
| Hm_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Kls_allerclear D-12hr Oral Tablet Extended Release 12 Hour          | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Kls_allerclear D-24hr Oral Tablet Extended Release 24 Hour          | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Kls_aller-Tec D Oral Tablet Extended Release 12 Hour                | 5-120 mg                 | ZyrTEC-D                                       |    |
| Loratadine-D 12hr Oral Tablet Extended Release 12 Hour              | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Loratadine-D 24hr Oral Tablet Extended Release 24 Hour              | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Meijer Allergy Relief-D Oral Tablet Extended Release 12 Hour        | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Pecgen Dmx Oral Liquid  | 10-187 mg/5ml            | Trispec DMX                                    |    |
| Qc_loratadine-D Oral Tablet Extended Release 24 Hour                | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Ra_allergy Relf & Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Ra_allergy Rlf/Nasal Decongest Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Ra_allergy/Congestion Oral Tablet Extended Release 12 Hour          | 60-120 mg                | Allegra-D                                      |    |
| Ra_allergy/Congestion Relief Oral Tablet Extended Release 12 Hour   | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Ra_allergy/Congestion Relief-D Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       |    |
| Ra_cetiri-D Oral Tablet Extended Release 12 Hour                    | 5-120 mg                 | ZyrTEC-D                                       |    |
| Ra_lorata-D Oral Tablet Extended Release 24 Hour                    | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Sb_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Sm_all Day Allergy-D Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | ZyrTEC-D                                       |    |
| Sm_loratadine D 12hr Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | Claritin-D 12 Hour                             |    |
| Sm_lorata-Dine D Oral Tablet Extended Release 24 Hour               | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Tusicof Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |    |
| Tusnel C Oral Syrup   | 30-10-100 mg/5ml         | Suttar-SF                                      |    |
| Tusnel Dm Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |    |
| Tusnel Oral Liquid  | 30-15-200 mg/5ml         | Tusnel   |    |
| Tusnel-Dm Pediatric Oral Liquid                                     | 1.25-2.5-25 mg/ml        | Tusnel-DM Pediatric                            |    |
| Tussi-Pres B Oral Liquid  | 10-4-20 mg/5ml           | BroveX PEB DM                                  |    |
| Tussi-Pres Oral Liquid  | 5-10-200 mg/5ml          | Robitussin Cough/Cold CF Max                   |    |
| Wal-Fex D Allergy & Congestion Oral Tablet Extended Release 12 Hour | 60-120 mg                | Allegra-D                                      |    |
| Wal-Fex D Allergy & Congestion Oral Tablet Extended Release 24 Hour | 180-240 mg               | Allegra-D 24 Hour                              |    |
| Wal-Itin D 24 Hour Oral Tablet Extended Release 24 Hour             | 10-240 mg                | Claritin-D 24 Hour                             |    |
| Wal-Itin D Oral Tablet Extended Release 12 Hour                     | 5-120 mg                 | Claritin-D 12 Hour                             |    |

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|--|--------------------------|--|----|
| Wal-Zyr D Oral Tablet Extended Release 12 Hour                     | 5-120 mg                 | ZyrTEC-D                                       |    |
| Zyrtec-D Allergy & Congestion Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       |    |
| Zyrtec-D Allergy & Sinus Oral Tablet Extended Release 12 Hour      | 5-120 mg                 | ZyrTEC-D                                       |    |
| <b>Dermatologicals (Dermatologicos)</b>                            |                          |  |    |
| <i>Acne Products (Productos Para El Acne)</i>                      |                          |  |    |
| Acne_foaming Wash External Liquid                                  | 10 %                     | Benzoyl Peroxide Wash                          |    |
| 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 %         | Benzac AC Wash ,Benzoyl Peroxide Wash          |    |
| Cvs_acne Foaming Face Wash External Liquid                         | 10 %                     | Benzoyl Peroxide Wash                          |    |
| Cvs_advanced 3-In-1 Cleanser External Liquid                       | 5 %                      | Benzoyl Peroxide Wash                          |    |
| Cvs_foaming Acne Face Wash External Liquid                         | 10 %                     | Benzoyl Peroxide Wash                          |    |
| Panoxyl Foaming Wash External Liquid                               | 10 %                     | Benzoyl Peroxide Wash                          |    |
| <i>Antifungals - Topical (Antifungales - Topicos)</i>              |                          |  |    |
| Alevazol External Ointment   | 1 %                      | Alevazol                                       |    |
| Antifungal (Clotrimazole) External Cream                           | 1 %                      | Lotrimin                                       |    |
| Anti-Fungal External Cream   | 1 %                      | Lotrimin                                       |    |
| Athletes Foot (Clotrimazole) External Cream                        | 1 %                      | Lotrimin                                       |    |
| Athletes Foot (Terbinafine) External Cream                         | 1 %                      | Athlete's Foot                                 |    |
| Clotrimazole Af External Cream                                     | 1 %                      | Lotrimin                                       |    |
| Clotrimazole Anti-Fungal External Cream                            | 1 %                      | Lotrimin                                       |    |
| Clotrimazole Athletes Foot External Cream                          | 1 %                      | Lotrimin                                       |    |
| Clotrimazole External Cream  | 1 %                      | Lotrimin                                       |    |
| Clotrimazole External Solution                                     | 1 %                      | Lotrimin                                       |    |
| Cvs_athletes Foot External Cream                                   | 1 %                      | Athlete's Foot                                 |    |
| Cvs_clotrimazole External Cream                                    | 1 %                      | Lotrimin                                       |    |
| Cvs_clotrimazole External Solution                                 | 1 %                      | Lotrimin                                       |    |
| Cvs_itch Relief External Cream                                     | 1 %                      | Lotrimin                                       |    |
| Cvs_jock Itch External Cream                                       | 1 %                      | Athlete's Foot                                 |    |
| Cvs_ringworm External Cream  | 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                                       |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Jock_itch External Cream   | 1 %                      | Lotrimin                                       |    |
| Jock_itch Relief External Cream  | 1 %                      | Lotrimin                                       |    |
| Lamisil At External Cream  | 1 %                      | Athlete's Foot                                 |    |
| 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                                       |    |
| 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                                       |    |
| <b>Dietary Products/Dietary Management Products (Productos Dieteticos/Productos Para Manejo Dietetico)</b> |                          |  |    |
| <i>Nutritional Supplements (Suplementos Nutricionales)</i>   |                          |  |    |
| Antioxidant Formula Oral Capsule   | , 250-10000-200          | Antioxidant<br>,Antioxidant Formula            |    |
| <b>Hematopoietic Agents (Agentes Hematopoyeticos)</b>  |                          |  |    |
| <i>Hematopoietic Mixtures (Mezclas Hematopoyeticas)</i>  |                          |  |    |
| Abatron Af Oral Tablet   | 150-1 mg                 | Hematron-AF                                    |    |
| <b>Laxatives (Laxantes)</b>  |                          |  |    |
| <i>Laxatives - Miscellaneous (Laxantes - Miscelaneos)</i>  |                          |  |    |
| Clearlax Oral Powder   | 17 gm/scoop              | MiraLax  |    |
| Cvs_purelax Oral Packet  | 17 gm                    | MiraLax  |    |
| Cvs_purelax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Eq_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Eq_laxative Oral Packet  | 17 gm                    | MiraLax  |    |
| Eq_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Ft_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Gavilax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Gentlelax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Glycolax Oral Powder   | 17 gm/scoop              | MiraLax  |    |
| Gnp_clearlax Oral Packet   | 17 gm                    | MiraLax  |    |
| Gnp_clearlax Oral Powder   | 17 gm/scoop              | MiraLax  |    |
| Goodsense Clearlax Oral Powder   | 17 gm/scoop              | MiraLax  |    |
| Healthylax Oral Packet   | 17 gm                    | MiraLax  |    |
| Hm_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Kls_laxaclear Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Miralax Mix-In Pax Oral Packet   | 17 gm                    | MiraLax  |    |
| Miralax Oral Packet  | 17 gm                    | MiraLax  |    |
| Miralax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Mm_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Qc_natura-Lax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Ra_laxative Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Sm_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Smooth Lax Oral Packet   | 17 gm                    | MiraLax  |    |



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|--|--------------------------|--|----|
| Smooth Lax Oral Powder                                   | 17 gm/scoop              | MiraLax  |    |
| True_laxative Oral Powder                                | 17 gm/scoop              | MiraLax  |    |
| <i>Stimulant Laxatives (Laxantes Estimulantes)</i>       |                          |  |    |
| Alophen Oral Tablet Delayed Release                      | 5 mg                     | Bisac-Evac                                     |    |
| Bisacodyl Ec Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Bisacodyl Laxative Rectal Suppository                    | 10 mg                    | Bisac-Evac                                     |    |
| Bisacodyl Oral Tablet Delayed Release                    | 5 mg                     | Bisac-Evac                                     |    |
| Bisacodyl Rectal Suppository                             | 10 mg                    | Bisac-Evac                                     |    |
| Cvs_c-Lax Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Cvs_gentle Laxative Oral Tablet Delayed Release          | 5 mg                     | Bisac-Evac                                     |    |
| Cvs_gentle Laxative Rectal Suppository                   | 10 mg                    | Bisac-Evac                                     |    |
| Cvs_gentle Laxative Womens Oral Tablet Delayed Release   | 5 mg                     | Bisac-Evac                                     |    |
| Dulcolax Oral Tablet Delayed Release                     | 5 mg                     | Bisac-Evac                                     |    |
| Dulcolax Pink Laxative Oral Tablet Delayed Release       | 5 mg                     | Bisac-Evac                                     |    |
| Dulcolax Rectal Suppository                              | 10 mg                    | Bisac-Evac                                     |    |
| Eq_gentle Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Eq_l_laxative Oral Tablet Delayed Release                | 5 mg                     | Bisac-Evac                                     |    |
| Ex-Lax Ultra Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Fleet_bisacodyl Rectal Enema                             | 10 mg/30ml               | Fleet Bisacodyl                                |    |
| Ft_gentle Laxative Rectal Suppository                    | 10 mg                    | Bisac-Evac                                     |    |
| Ft_laxative Oral Tablet Delayed Release                  | 5 mg                     | Bisac-Evac                                     |    |
| Gentle Laxative Oral Tablet Delayed Release              | 5 mg                     | Bisac-Evac                                     |    |
| Gentle Laxative Rectal Suppository                       | 10 mg                    | Bisac-Evac                                     |    |
| Gnp_gentle Laxative Oral Tablet Delayed Release          | 5 mg                     | Bisac-Evac                                     |    |
| Gnp_gentle Laxative Rectal Suppository                   | 10 mg                    | Bisac-Evac                                     |    |
| Goodsense Bisacodyl Ec Oral Tablet Delayed Release       | 5 mg                     | Bisac-Evac                                     |    |
| Goodsense Bisacodyl Laxative Oral Tablet Delayed Release | 5 mg                     | Bisac-Evac                                     |    |
| Kp_bisacodyl Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Laxative Oral Tablet Delayed Release                     | 5 mg                     | Bisac-Evac                                     |    |
| Laxative Rectal Suppository                              | 10 mg                    | Bisac-Evac                                     |    |
| Onelax Rectal Suppository                                | 10 mg                    | Bisac-Evac                                     |    |
| Qc_gentle Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Qc_gentle Laxative Rectal Suppository                    | 10 mg                    | Bisac-Evac                                     |    |
| Qc_gentle Laxative Womens Oral Tablet Delayed Release    | 5 mg                     | Bisac-Evac                                     |    |
| Qc_laxative Oral Tablet Delayed Release                  | 5 mg                     | Bisac-Evac                                     |    |
| Ra_fast Relief Laxative Rectal Suppository               | 10 mg                    | Bisac-Evac                                     |    |
| Ra_laxative Oral Tablet Delayed Release                  | 5 mg                     | Bisac-Evac                                     |    |
| Ra_womens Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Sb_bisacodyl Laxative Ec Oral Tablet Delayed Release     | 5 mg                     | Bisac-Evac                                     |    |
| Sb_gentle Lax-Women Oral Tablet Delayed Release          | 5 mg                     | Bisac-Evac                                     |    |
| Sb_laxative Rectal Suppository                           | 10 mg                    | Bisac-Evac                                     |    |
| Sm_gentle Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Sm_laxative Rectal Suppository                           | 10 mg                    | Bisac-Evac                                     |    |
| The_magic Bullet Rectal Suppository                      | 10 mg                    | Bisac-Evac                                     |    |
| Womans Laxative Oral Tablet Delayed Release              | 5 mg                     | Bisac-Evac                                     |    |
| Womens Laxative Oral Tablet Delayed Release              | 5 mg                     | Bisac-Evac                                     |    |
| <i>Surfactant Laxatives (Laxantes Surfactantes)</i>      |                          |  |    |
| Cvs_stool Softener Oral Capsule                          | 240 mg                   | Calfax   |    |
| Docusate Calcium Oral Capsule                            | 240 mg                   | Calfax   |    |
| Gnp_stool Softener Oral Capsule                          | 240 mg                   | Calfax   |    |
| Qc_docusate Calcium Oral Capsule                         | 240 mg                   | Calfax   |    |
| Sb_stool Softener Oral Capsule                           | 240 mg                   | Calfax   |    |



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|--|--------------------------|--|----|
| Stool_softener Oral Capsule  | 240 mg                   | Calfax   |    |
| Surfak Oral Capsule  | 240 mg                   | Calfax   |    |
| <b>Minerals &amp; Electrolytes (Minerales Y Electrolitos)</b>              |                          |  |    |
| <i>Calcium (Calcio)</i>  |                          |  |    |
| 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                                    |    |
| Super_calcium Oral Tablet  | 1500 (600 ca) mg         | Calcarb 600                                    |    |
| <b>Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)</b> |                          |  |    |
| <i>Anesthetics Topical Oral (Anestésicos Orales Tópicos)</i>               |                          |  |    |
| Orasep Mouth/Throat Solution   | 2-0.5-0.1 %              | Orasep   |    |
| <b>Multivitamins (Multivitaminas)</b>                                      |                          |  |    |
| <i>B-Complex W/ Minerals (Complejo B Con Minerales)</i>                    |                          |  |    |
| Eldertonic Oral Liquid   |                          | Eldertonic                                     |    |
| <i>Multiple Vitamins W/ Iron (Multivitaminas Con Hierro)</i>               |                          |  |    |
| Tab-A-Vite/Iron/Beta Carotene Oral Tablet                                  |                          | Daily Iron Complete                            |    |
| <i>Multiple Vitamins W/ Minerals (Multivitaminas Con Minerales)</i>        |                          |  |    |
| 50+_adult Eye Health Oral Capsule  |                          | Actical  |    |
| A_thru Z Advanced Oral Tablet  |                          | Adavite-M                                      |    |
| A_thru Z High Potency Oral Tablet  |                          | Adavite-M                                      |    |
| A_thru Z Select 50+ Advanced Oral Tablet                                   |                          | Adavite-M                                      |    |
| A_thru Z Select 50+ Mens Oral Tablet                                       |                          | Adavite-M                                      |    |
| A_thru Z Select Advanced Oral Tablet                                       |                          | Adavite-M                                      |    |
| A_thru Z Select Oral Tablet  |                          | Adavite-M                                      |    |
| A_thru Z Select Oral Tablet Chewable                                       |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| A_thru Z Select Ultimate Women Oral Tablet                                 |                          | Adavite-M                                      |    |
| A_thru Z Ultimate Mens Oral Tablet   |                          | Adavite-M                                      |    |
| Abc_complete Adult Oral Tablet   |                          | Adavite-M                                      |    |
| Abc_complete Mens Oral Tablet  |                          | Adavite-M                                      |    |
| Abc_complete Senior 50+ Oral Tablet  |                          | Adavite-M                                      |    |
| Abc_complete Senior Mens 50+ Oral Tablet                                   |                          | Adavite-M                                      |    |
| Abc_complete Womens Oral Tablet  |                          | Adavite-M                                      |    |
| Actical Oral Capsule   |                          | Actical  |    |
| Activessentials For Women Oral Miscellaneous                               |                          | Life-Pack Mens                                 |    |
| Activessentials Oral Packet  |                          | Balance PMS Formula                            |    |
| Activessentials/Oncoplex & D3 Oral Miscellaneous                           |                          | Life-Pack Mens                                 |    |
| Activnutrients Oral Capsule  |                          | Actical  |    |
| Activnutrients Performance Oral Capsule                                    |                          | Actical  |    |
| Activnutrients W/O Copper/Iron Oral Powder                                 |                          | Oesto-Mins Oral<br>Powder                      |    |
| Activnutrients W/O Iron Oral Capsule                                       |                          | Actical  |    |
| Adek_gummies Plus Zn Oral Tablet Chewable                                  |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Adult_one Daily Gummies Oral Tablet Chewable                               |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Advanced Multi Ea Oral Tablet Chewable                                     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |

| Product Name<br>(Nombre del Medicamento)            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Airborne Elderberry Oral Tablet Chewable            |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Airborne Kids Oral Tablet Chewable                  |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Airborne Oral Tablet Chewable                       |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Airborne Oral Tablet Effervescent                   |                          | Berocca  |    |
| Alive_calcium Bone Support Oral Tablet              |                          | Adavite-M                                      |    |
| Alive_daily Energy Oral Tablet                      |                          | Adavite-M                                      |    |
| Alive_diabetic Multivitamin Oral Tablet             |                          | Adavite-M Oral Tablet                          |    |
| Alive_energy 50+ Oral Tablet                        |                          | Adavite-M                                      |    |
| Alive_everyday Immune Health Oral Capsule           |                          | Actical Oral Capsule                           |    |
| Alive_hair, Skin & Nails Oral Capsule               |                          | Actical  |    |
| Alive_hair, Skin & Nails Oral Tablet Chewable       |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_mens 50+ Multi Gummy Oral Tablet Chewable     |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_mens 50+ Oral Tablet                          |                          | Adavite-M                                      |    |
| Alive_mens Complete Multi Oral Tablet               |                          | Adavite-M                                      |    |
| Alive_mens Gummy Multivitamins Oral Tablet Chewable |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_multi-Vitamin Oral Liquid                     |                          | Centrum  |    |
| Alive_multi-Vitamin Oral Tablet Chewable            |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_ultra Potency Womens 50+ Oral Tablet          |                          | Adavite-M                                      |    |
| Alive_womens 50+ Complete Mv Oral Tablet            |                          | Adavite-M                                      |    |
| Alive_womens 50+ Gummy Oral Tablet Chewable         |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_womens 50+ Oral Tablet Chewable               |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alive_womens Energy Oral Tablet                     |                          | Adavite-M                                      |    |
| Alive_womens Gummy Oral Tablet Chewable             |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Alpha_betic Oral Tablet                             |                          | Adavite-M                                      |    |
| Amoryn Mood Booster Oral Capsule                    |                          | Actical  |    |
| Antioxidant A/C/E/Selenium Oral Tablet              |                          | Adavite-M                                      |    |
| Antioxidant Formula Oral Tablet                     |                          | Adavite-M                                      |    |
| Antioxidant Formula/Minerals Oral Capsule           |                          | Actical  |    |
| Antioxidant Oral Capsule                            |                          | Actical  |    |
| Antioxidant Vitamins Oral Tablet                    |                          | Adavite-M                                      |    |
| Apetibex Oral Capsule                               |                          | Actical  |    |
| Appe-Curb Oral Capsule                              |                          | Actical  |    |
| Atp_ignite Oral Packet                              |                          | Balance PMS Formula                            |    |
| Atp_ignite Workout Oral Powder                      |                          | Oesto-Mins                                     |    |
| Bariatric Fusion Oral Tablet Chewable               |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Basic_am Oral Tablet                                |                          | Adavite-M                                      |    |
| Basic_pm Oral Tablet                                |                          | Adavite-M                                      |    |
| Berocca Oral Tablet Effervescent                    |                          | Berocca  |    |
| Bio-35 Gluten-Free Oral Capsule                     |                          | Actical  |    |
| Bio-35 Iron Free Oral Capsule                       |                          | Actical  |    |
| Biocal Oral Capsule                                 |                          | Actical  |    |

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|---|--------------------------|--|----|
| Body/Hair/Skin/Nails Oral Capsule                   |                          | Actical  |    |
| Boneup 3 Per Day Oral Capsule                       |                          | Actical  |    |
| Boneup Oral Capsule                                 |                          | Actical  |    |
| Boneup Vegetarian Oral Tablet                       |                          | Adavite-M                                      |    |
| Boostnow Immune Support Oral Capsule                |                          | Actical  |    |
| Boostnow Immune Support Oral Powder                 |                          | Oesto-Mins                                     |    |
| Bprotected Multi-Vite Oral Liquid                   |                          | Centrum  |    |
| Buried Treasure Active 55 Plus Oral Liquid          |                          | Centrum  |    |
| C-Buff Oral Powder                                  |                          | Oesto-Mins                                     |    |
| Celebrate Multi-Complete 18 Oral Capsule            |                          | Actical  |    |
| Celebrate Multi-Complete 18 Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Celebrate Multi-Complete 36 Oral Capsule            |                          | Actical  |    |
| Celebrate Multi-Complete 36 Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Celebrate Multi-Complete 45 Oral Capsule            |                          | Actical  |    |
| Celebrate Multi-Complete 45 Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Celebrate Multi-Complete 60 Oral Capsule            |                          | Actical  |    |
| Celebrate Multi-Complete 60 Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centavite A-Z Complete-Mineral Oral Tablet          |                          | Adavite-M                                      |    |
| Centravites 50 Plus Oral Tablet                     |                          | Adavite-M                                      |    |
| Centravites Adults Oral Tablet                      |                          | Adavite-M                                      |    |
| Centravites Oral Tablet                             |                          | Adavite-M                                      |    |
| Centrum Adult 50+ Multigummies Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Adult Oral Liquid                           |                          | Centrum  |    |
| Centrum Adults Multigummies Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Adults Oral Tablet                          |                          | Adavite-M                                      |    |
| Centrum Cardio Oral Tablet                          |                          | Adavite-M                                      |    |
| Centrum Flavor Burst Adult Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Flavor Burst Drink Oral Packet              |                          | Balance PMS Formula                            |    |
| Centrum Flavor Burst Oral Tablet Chewable           |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Fresh/Fruity 50+ Oral Tablet Chewable       |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Fresh/Fruity Adult Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Men Oral Tablet                             |                          | Adavite-M                                      |    |
| Centrum Minis Adults 50+ Oral Tablet                |                          | Adavite-M                                      |    |
| Centrum Minis Men 50+ Oral Tablet                   |                          | Adavite-M                                      |    |
| Centrum Minis Women 50+ Oral Tablet                 |                          | Adavite-M                                      |    |
| Centrum Minis Women Immune Sup Oral Tablet          |                          | Adavite-M                                      |    |
| Centrum Multi + Omega 3 Oral Tablet Chewable        |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Oral Liquid                                 |                          | Centrum  |    |
| Centrum Silver 50+men Oral Tablet                   |                          | Adavite-M                                      |    |
| Centrum Silver 50+women Oral Tablet                 |                          | Adavite-M                                      |    |
| Centrum Silver Adult 50+ Oral Tablet                |                          | Adavite-M                                      |    |

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|---|--------------------------|--|----|
| Centrum Silver Oral Tablet                          |                          | Adavite-M                                      |    |
| Centrum Silver Oral Tablet Chewable                 |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Centrum Silver Ultra Womens Oral Tablet             |                          | Adavite-M                                      |    |
| Centrum Specialist Heart Oral Tablet                |                          | Adavite-M                                      |    |
| Centrum Specialist Immune Oral Tablet               |                          | Adavite-M                                      |    |
| Centrum Specialist Vision Oral Tablet               |                          | Adavite-M                                      |    |
| Centrum Ultra Womens Oral Tablet                    |                          | Adavite-M                                      |    |
| Centrum Women Oral Tablet                           |                          | Adavite-M                                      |    |
| Century Mature Oral Tablet                          |                          | Adavite-M                                      |    |
| Century Oral Tablet                                 |                          | Adavite-M                                      |    |
| Cerovite Senior Oral Tablet                         |                          | Adavite-M                                      |    |
| Certavite Senior Oral Tablet                        |                          | Adavite-M                                      |    |
| Certavite Senior/Antioxidant Oral Tablet            |                          | Adavite-M                                      |    |
| Certavite/Antioxidants Oral Tablet                  |                          | Adavite-M                                      |    |
| Choiceful Multivitamin Oral Capsule                 |                          | Actical  |    |
| Choiceful Multivitamin Oral Tablet Chewable         |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Companion Oral Tablet                               |                          | Adavite-M                                      |    |
| Compete Oral Tablet                                 |                          | Adavite-M                                      |    |
| Complete Multivitamin/Mineral Oral Liquid           |                          | Centrum  |    |
| Conceptionxr Motility Support Oral Miscellaneous    |                          | Life-Pack Mens                                 |    |
| Coral calcium Plus Oral Capsule                     |                          | Actical  |    |
| Culturelle Probiotics + Multiv Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_adult 50+ Eye Health Oral Capsule               |                          | Actical  |    |
| Cvs_airshield Immunity Support Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_airshield Oral Tablet Chewable                  |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_daily Gummies Adult Oral Tablet Chewable        |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_daily Gummies Oral Tablet Chewable              |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_daily Multiple For Men Oral Tablet              |                          | Adavite-M                                      |    |
| Cvs_daily Multiple Women 50+ Oral Tablet            |                          | Adavite-M                                      |    |
| Cvs_daily Multiv/Mineral Mens Oral Tablet           |                          | Adavite-M                                      |    |
| Cvs_diabetes Health Support Oral Miscellaneous      |                          | Life-Pack Mens                                 |    |
| Cvs_eye Health & Lutein Oral Tablet                 |                          | Adavite-M                                      |    |
| Cvs_eye Health Adult 50+ Oral Capsule               |                          | Actical  |    |
| Cvs_immune Support Oral Capsule                     |                          | Actical  |    |
| Cvs_immune Support Vitamin C Oral Packet            |                          | Balance PMS Formula                            |    |
| Cvs_mens Daily Gummies Oral Tablet Chewable         |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_one Daily Essential Oral Tablet                 |                          | Adavite-M                                      |    |
| Cvs_one Daily Mens 50+ Adv Oral Tablet              |                          | Adavite-M                                      |    |
| Cvs_one Daily Mens Formula Oral Tablet              |                          | Adavite-M                                      |    |
| Cvs_one Daily Womens 50+ Adv Oral Tablet            |                          | Adavite-M                                      |    |
| Cvs_one Daily Womens Formula Oral Tablet            |                          | Adavite-M                                      |    |
| Cvs_spectravite Adult 50+ Oral Tablet               |                          | Adavite-M                                      |    |
| Cvs_spectravite Adult 50+ Oral Tablet Chewable      |                          | Bugs Bunny<br>Vitamins/Minerals                |    |

| Product Name<br>(Nombre del Medicamento)          | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Cvs_spectravite Adults Oral Tablet                |                          | Adavite-M                                      |    |
| Cvs_spectravite Advanced Oral Tablet              |                          | Adavite-M                                      |    |
| Cvs_spectravite Men 50+ Oral Tablet               |                          | Adavite-M                                      |    |
| Cvs_spectravite Men Oral Tablet                   |                          | Adavite-M                                      |    |
| Cvs_spectravite Senior Oral Tablet                |                          | Adavite-M                                      |    |
| Cvs_spectravite Ultra Men 50+ Oral Tablet         |                          | Adavite-M                                      |    |
| Cvs_spectravite Ultra Mens Oral Tablet            |                          | Adavite-M                                      |    |
| Cvs_spectravite Ultra Women Oral Tablet           |                          | Adavite-M                                      |    |
| Cvs_spectravite Women 50+ Oral Tablet             |                          | Adavite-M                                      |    |
| Cvs_spectravite Women Oral Tablet                 |                          | Adavite-M                                      |    |
| Cvs_spectravite Women Oral Tablet Chewable        |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Cvs_spectravite Womens Senior Oral Tablet         |                          | Adavite-M                                      |    |
| Cvs_vision Health Oral Capsule                    |                          | Actical  |    |
| Cvs_womens Active Daily Oral Tablet               |                          | Adavite-M                                      |    |
| Cvs_womens Daily Gummies Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Daily_betic Oral Tablet                           |                          | Adavite-M                                      |    |
| Daily_combo Multi Vitamins Oral Tablet            |                          | Adavite-M                                      |    |
| Daily_diabetes Health Pack Oral Miscellaneous     |                          | Life-Pack Mens                                 |    |
| Daily_heart Health Support Oral Miscellaneous     |                          | Life-Pack Mens                                 |    |
| Daily_multiple Vitamins/Min Oral Tablet           |                          | Adavite-M                                      |    |
| Daily_multivitamin Oral Capsule                   |                          | Actical  |    |
| Daily_pak Maximum Multivitamin Oral Miscellaneous |                          | Life-Pack Mens                                 |    |
| Decubi-Vite Oral Capsule                          |                          | Actical  |    |
| Dekas_bariatric Oral Tablet Chewable              |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Dermavite Oral Tablet                             |                          | Adavite-M                                      |    |
| Diabetes Health Formula Oral Tablet               |                          | Adavite-M                                      |    |
| Diabetes Health Oral Miscellaneous                |                          | Life-Pack Mens                                 |    |
| Dialyvite 800/Ultra D Oral Tablet                 |                          | Adavite-M                                      |    |
| Dry_eye Formula Oral Capsule                      |                          | Actical  |    |
| Emergen-C Blue Oral Packet                        |                          | Balance PMS Formula                            |    |
| Emergen-C Five Oral Packet                        |                          | Balance PMS Formula                            |    |
| Emergen-C Heart Health Oral Packet                |                          | Balance PMS Formula                            |    |
| Emergen-C Immune Oral Packet                      |                          | Balance PMS Formula                            |    |
| Emergen-C Immune Plus Oral Packet                 |                          | Balance PMS Formula                            |    |
| Emergen-C Immune+ Oral Tablet Chewable            |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Emergen-C Immune+warmers Oral Packet              |                          | Balance PMS Formula                            |    |
| Emergen-C Joint Health Oral Packet                |                          | Balance PMS Formula                            |    |
| Emergen-C Kidz Oral Packet                        |                          | Balance PMS Formula                            |    |
| Emergen-C Msm Lite Oral Packet                    |                          | Balance PMS Formula                            |    |
| Emergen-C Pink Oral Packet                        |                          | Balance PMS Formula                            |    |
| Emergen-C Vitamin C Lite Oral Packet              |                          | Balance PMS Formula                            |    |
| Emergen-C Vitamin C Oral Packet                   |                          | Balance PMS Formula                            |    |
| Emergen-C Vitamin D/Calcium Oral Packet           |                          | Balance PMS Formula                            |    |
| Endur-Vm Oral Tablet Extended Release             |                          | ABC-Z  |    |
| Endur-Vm With Iron Oral Tablet Extended Release   |                          | ABC-Z  |    |
| Energy Booster Oral Packet                        |                          | Balance PMS Formula                            |    |
| Eq_complete Multivit Adult 50+ Oral Tablet        |                          | Adavite-M                                      |    |
| Eq_complete Multivitamin-Adult Oral Tablet        |                          | Adavite-M                                      |    |

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|---|--------------------------|--|----|
| Eq_multivitamins Adult Gummy Oral Tablet Chewable |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Eq_one Daily Mens 50+ Oral Tablet                 |                          | Adavite-M                                      |    |
| Eq_one Daily Mens Health Oral Tablet              |                          | Adavite-M                                      |    |
| Eq_one Daily Womens 50+ Oral Tablet               |                          | Adavite-M                                      |    |
| Eq_one Daily Womens Health Oral Tablet            |                          | Adavite-M                                      |    |
| Eq_vision Formula 50+ Oral Capsule                |                          | Actical  |    |
| EqL_century Mature Oral Tablet                    |                          | Adavite-M                                      |    |
| EqL_century Oral Tablet                           |                          | Adavite-M                                      |    |
| EqL_one Daily Mens Health Oral Tablet             |                          | Adavite-M                                      |    |
| EqL_one Daily Mens Oral Tablet                    |                          | Adavite-M                                      |    |
| EqL_vision Formula Oral Tablet                    |                          | Adavite-M                                      |    |
| Essentia Oral Tablet                              |                          | Adavite-M                                      |    |
| Essential Balance Oral Tablet                     |                          | Adavite-M                                      |    |
| Evolution60 Oral Packet                           |                          | Balance PMS Formula                            |    |
| Eye_health + Lutein Oral Tablet                   |                          | Adavite-M                                      |    |
| Eye_multivitamin/Sodium Oral Tablet               |                          | Adavite-M                                      |    |
| Eye_vitamins Oral Capsule                         |                          | Actical  |    |
| Eye-Vites Oral Tablet                             |                          | Adavite-M                                      |    |
| Fitness Tabs For Men Am/Pm Oral Tablet            |                          | Adavite-M                                      |    |
| Fitness Tabs For Women Am/Pm Oral Tablet          |                          | Adavite-M                                      |    |
| Freedavite Oral Tablet                            |                          | Adavite-M                                      |    |
| Geri-Freeda Senior Formula Oral Tablet            |                          | Adavite-M                                      |    |
| Gerivite Complete Oral Tablet                     |                          | Adavite-M                                      |    |
| Glucoten Oral Capsule                             |                          | Actical  |    |
| Gnp_century Adult Oral Tablet                     |                          | Adavite-M                                      |    |
| Gnp_century Mature Women's 50+ Oral Tablet        |                          | Adavite-M                                      |    |
| Gnp_hair/Skin/Nails Oral Tablet                   |                          | Adavite-M                                      |    |
| Gnp_healthy Eyes Oral Tablet                      |                          | Adavite-M                                      |    |
| Gnp_healthy Eyes Supervision 2 Oral Capsule       |                          | Actical  |    |
| Gnp_immune Support Oral Packet                    |                          | Balance PMS Formula                            |    |
| Gnp_immune Support Oral Tablet Effervescent       |                          | Berocca  |    |
| Gnp_mega Multi For Men Oral Tablet                |                          | Adavite-M                                      |    |
| Gnp_mega Multi For Women Oral Tablet              |                          | Adavite-M                                      |    |
| Gnp_one Daily Mens Health 50+ Oral Tablet         |                          | Adavite-M                                      |    |
| Gnp_one Daily Mens/Lycopene Oral Tablet           |                          | Adavite-M                                      |    |
| Gnp_one Daily Womens 50+ Oral Tablet              |                          | Adavite-M                                      |    |
| Gnp_one Daily Womens Oral Tablet                  |                          | Adavite-M                                      |    |
| Gnp_therapeutic-M Oral Tablet                     |                          | Adavite-M                                      |    |
| Hair/Skin/Nails Oral Capsule                      |                          | Actical  |    |
| Hair/Skin/Nails Oral Tablet                       |                          | Adavite-M                                      |    |
| Hair_skin & Nails Advanced Oral Tablet            |                          | Adavite-M                                      |    |
| Hair_skin & Nails Oral Tablet                     |                          | Adavite-M                                      |    |
| Hair_skin Nails Oral Capsule                      |                          | Actical  |    |
| Head_care Proactive Health Oral Tablet            |                          | Adavite-M                                      |    |
| Healthy Eyes Oral Tablet                          |                          | Adavite-M                                      |    |
| Healthy Eyes Supervision 2 Oral Capsule           |                          | Actical  |    |
| Healthy Eyes/Lutein-Zeaxanthin Oral Capsule       |                          | Actical  |    |
| High_potency Multivit/Fa Oral Tablet              |                          | Adavite-M                                      |    |
| Hi-Kovite 2-Part Formula Oral Tablet              |                          | Adavite-M                                      |    |
| Hm_complete Women Oral Tablet                     |                          | Adavite-M                                      |    |
| Hm_womens 50+ Advanced Daily Oral Tablet          |                          | Adavite-M                                      |    |

| Product Name<br>(Nombre del Medicamento)          | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Icaps_areds Formula Oral Tablet                   |                          | Adavite-M                                      |    |
| Icaps_lutein & Omega-3 Oral Capsule               |                          | Actical  |    |
| Icaps_mv Oral Tablet                              |                          | Adavite-M                                      |    |
| Icaps_oral Capsule                                |                          | Actical  |    |
| Immublast-C Oral Packet                           |                          | Balance PMS Formula                            |    |
| Immune Essentials Daily Oral Capsule              |                          | Actical  |    |
| Immune Support Oral Tablet Chewable               |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| I-Vite Oral Tablet                                |                          | Adavite-M                                      |    |
| Kp_adults 50+ Daily Formula Oral Tablet           |                          | Adavite-M                                      |    |
| Kp_adults Daily Formula Oral Tablet               |                          | Adavite-M                                      |    |
| Kp_mens 50+ Daily Formula Oral Tablet             |                          | Adavite-M                                      |    |
| Kp_mens Daily Formula Oral Tablet                 |                          | Adavite-M                                      |    |
| Kp_mens Daily Pack Oral Miscellaneous             |                          | Life-Pack Mens                                 |    |
| Kp_vision Formula Oral Tablet                     |                          | Adavite-M                                      |    |
| Kp_vision Formula/Lutein Oral Tablet              |                          | Adavite-M                                      |    |
| Kp_womens 50+ Daily Formula Oral Tablet           |                          | Adavite-M                                      |    |
| Kp_womens Daily Formula Oral Tablet               |                          | Adavite-M                                      |    |
| Kp_womens Daily Oral Miscellaneous                |                          | Life-Pack Mens                                 |    |
| K-Pax_immune Professional St Oral Tablet          |                          | Adavite-M                                      |    |
| Life_pack Mens Oral Miscellaneous                 |                          | Life-Pack Mens                                 |    |
| Life_pack Womens Oral Miscellaneous               |                          | Life-Pack Mens                                 |    |
| Liver_detox Oral Tablet                           |                          | Adavite-M                                      |    |
| Lutein-Zeaxanthin Oral Tablet                     |                          | Adavite-M                                      |    |
| Lysiplex Plus Oral Liquid                         |                          | Centrum  |    |
| Macular Health Formula Oral Capsule               |                          | Actical  |    |
| Macuvite Eye Care Oral Tablet                     |                          | Adavite-M                                      |    |
| Macuvite Oral Tablet                              |                          | Adavite-M                                      |    |
| Macuvite/Lutein Oral Tablet                       |                          | Adavite-M                                      |    |
| Maximum Daily Green Oral Tablet                   |                          | Adavite-M                                      |    |
| Mega_multi For Women Oral Tablet                  |                          | Adavite-M                                      |    |
| Mega_multi Men Oral Tablet                        |                          | Adavite-M                                      |    |
| Mega-Marathon 100 Tr Oral Tablet Extended Release |                          | ABC-Z  |    |
| Megavite Fruits & Veggies Oral Tablet             |                          | Adavite-M                                      |    |
| Meijer Advanced Formula Oral Tablet               |                          | Adavite-M                                      |    |
| Mens_50+ Advanced Oral Capsule                    |                          | Actical  |    |
| Mens_50+ Multivitamin Oral Tablet                 |                          | Adavite-M                                      |    |
| Mens_daily Pack Oral Packet                       |                          | Balance PMS Formula                            |    |
| Mens_life Pack Oral Tablet                        |                          | Adavite-M                                      |    |
| Mens_multivitamin Oral Tablet                     |                          | Adavite-M                                      |    |
| Mens_multivitamin Oral Tablet Chewable            |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Mens_pack Oral Miscellaneous                      |                          | Life-Pack Mens                                 |    |
| Mood_food Es Oral Capsule                         |                          | Actical  |    |
| Mood_food Oral Capsule                            |                          | Actical  |    |
| Multi_adult Gummies Oral Tablet Chewable          |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Multi_complete Oral Capsule                       |                          | Actical  |    |
| Multi_complete/Iron Oral Tablet                   |                          | Adavite-M                                      |    |
| Multi_for Her 50+ Oral Capsule                    |                          | Actical  |    |
| Multi_for Her 50+ Oral Tablet                     |                          | Adavite-M                                      |    |
| Multi_for Her Oral Capsule                        |                          | Actical  |    |



| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Multi_for Her Oral Packet                        |                          | Balance PMS Formula                            |    |
| Multi_for Her Oral Tablet                        |                          | Adavite-M                                      |    |
| Multi_for Him 50+ Oral Tablet                    |                          | Adavite-M                                      |    |
| Multi_for Him Oral Capsule                       |                          | Actical  |    |
| Multi_for Him Oral Packet                        |                          | Balance PMS Formula                            |    |
| Multi_for Him Oral Tablet                        |                          | Adavite-M                                      |    |
| Multi_vitamin/Minerals Oral Tablet               |                          | Adavite-M                                      |    |
| Multia Oral Capsule                              |                          | Actical  |    |
| Multiple Vit/Minerals/No Iron Oral Tablet        |                          | Adavite-M                                      |    |
| Multiple Vitamins/Womens Oral Tablet             |                          | Adavite-M                                      |    |
| Multiple Vitamins-Minerals Oral Liquid           |                          | Centrum  |    |
| Multivit/Multimineral Adult Oral Liquid          |                          | Centrum Oral Liquid                            |    |
| Multivitamin Adults 50+ Oral Tablet              |                          | Adavite-M                                      |    |
| Multivitamin Adults Oral Tablet                  |                          | Adavite-M                                      |    |
| Multivitamin Gummies Adult Oral Tablet Chewable  |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Multivitamin Gummies Mens Oral Tablet Chewable   |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Multi-Vitamin Gummies Oral Tablet Chewable       |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Multivitamin Gummies Womens Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Multivitamin Men 50+ Oral Tablet                 |                          | Adavite-M                                      |    |
| Multivitamin Men Oral Tablet                     |                          | Adavite-M                                      |    |
| Multi-Vitamin Monocaps Oral Tablet               |                          | Adavite-M                                      |    |
| Multivitamin Oral Liquid                         |                          | Centrum  |    |
| Multivitamin Women 50+ Oral Tablet               |                          | Adavite-M                                      |    |
| Multivitamin Women Oral Tablet                   |                          | Adavite-M                                      |    |
| Multivitamin Womens 50+ Adv Oral Tablet          |                          | Adavite-M                                      |    |
| Multi-Vitamin/Minerals Oral Tablet               |                          | Adavite-M                                      |    |
| Multivitamin/Zinc Stress Oral Tablet             |                          | Adavite-M                                      |    |
| Multi-Vite Oral Liquid                           |                          | Centrum  |    |
| Mvw_complete Formulation D3000 Oral Capsule      |                          | Actical  |    |
| Mvw_complete Formulation Minis Oral Capsule      |                          | Actical  |    |
| Mvw_complete Formulation Oral Capsule            |                          | Actical  |    |
| Mvw_hi-D Adek Gummies Oral Tablet Chewable       |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Mvw_modulator Formulation Oral Capsule           |                          | Actical  |    |
| Mvw_orange Chewables Oral Tablet Chewable        |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Myamulti Oral Tablet                             |                          | Adavite-M                                      |    |
| Natrul-Vites Oral Tablet                         |                          | Adavite-M                                      |    |
| No_iron Mult Vitamin-Minerals Oral Tablet        |                          | Adavite-M                                      |    |
| Ocular Vitamins Oral Tablet                      |                          | Adavite-M                                      |    |
| Ocutabs Oral Tablet                              |                          | Adavite-M                                      |    |
| Ocutabs-Lutein Oral Tablet                       |                          | Adavite-M                                      |    |
| Ocuvite Adult 50+ Oral Capsule                   |                          | Actical  |    |
| Ocuvite Adult Formula Oral Capsule               |                          | Actical  |    |
| Ocuvite Extra Oral Tablet                        |                          | Adavite-M                                      |    |
| Ocuvite Eye + Multi Oral Tablet                  |                          | Adavite-M                                      |    |
| Ocuvite Eye Health Formula Oral Capsule          |                          | Actical  |    |
| Ocuvite-Lutein Oral Capsule                      |                          | Actical  |    |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Ocuvite-Lutein Oral Tablet                         |                          | Adavite-M                                      |    |
| Oncovite Oral Tablet                               |                          | Adavite-M                                      |    |
| One_a Day Immunity Defense Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One_a Day Men 50 Plus Oral Tablet                  |                          | Adavite-M                                      |    |
| One_a Day Mens Vitacraves Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One_a Day Triple Immune Supprt Oral Tablet         |                          | Adavite-M                                      |    |
| One_a Day Women 50 Plus Oral Tablet                |                          | Adavite-M                                      |    |
| One_a Day Women 50 Plus Oral Tablet Chewable       |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One_daily 50 Plus Oral Tablet                      |                          | Adavite-M                                      |    |
| One_daily Calcium/Iron Oral Tablet                 |                          | Adavite-M                                      |    |
| One_daily Complete Oral Tablet                     |                          | Adavite-M                                      |    |
| One_daily For Men 50+ Advanced Oral Tablet         |                          | Adavite-M                                      |    |
| One_daily For Men/Lycopene Oral Tablet             |                          | Adavite-M                                      |    |
| One_daily For Women 50+ Adv Oral Tablet            |                          | Adavite-M                                      |    |
| One_daily For Women Oral Tablet                    |                          | Adavite-M                                      |    |
| One_daily Healthy Weight Adv Oral Tablet           |                          | Adavite-M                                      |    |
| One_daily Healthy Weight Oral Tablet               |                          | Adavite-M                                      |    |
| One_daily Maximum Oral Tablet                      |                          | Adavite-M                                      |    |
| One_daily Men Formula W/O Iron Oral Tablet         |                          | Adavite-M                                      |    |
| One_daily Mens 50+ Multivit Oral Tablet            |                          | Adavite-M                                      |    |
| One_daily Mens Health Oral Tablet                  |                          | Adavite-M                                      |    |
| One_daily Mens Oral Tablet                         |                          | Adavite-M                                      |    |
| One_daily Multivitamin Men Oral Tablet             |                          | Adavite-M                                      |    |
| One_daily Multivitamin Women Oral Tablet           |                          | Adavite-M                                      |    |
| One_daily Womens 50 Plus Oral Tablet               |                          | Adavite-M                                      |    |
| One_daily Womens 50+ Oral Tablet                   |                          | Adavite-M                                      |    |
| One_daily Womens Oral Tablet                       |                          | Adavite-M                                      |    |
| One_daily/Minerals Oral Tablet                     |                          | Adavite-M                                      |    |
| One-A-Day Energy Oral Tablet                       |                          | Adavite-M                                      |    |
| One-A-Day For Him Vitacraves Oral Tablet Chewable  |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One-A-Day Menopause Formula Oral Tablet            |                          | Adavite-M                                      |    |
| One-A-Day Mens (Minerals) Oral Tablet              |                          | Adavite-M                                      |    |
| One-A-Day Mens 50+ Advantage Oral Tablet           |                          | Adavite-M                                      |    |
| One-A-Day Mens 50+ Oral Tablet                     |                          | Adavite-M                                      |    |
| One-A-Day Mens Health Formula Oral Tablet          |                          | Adavite-M                                      |    |
| One-A-Day Mens Pro Edge Oral Tablet                |                          | Adavite-M                                      |    |
| One-A-Day Mens Vitacraves Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One-A-Day Proactive 65+ Oral Tablet                |                          | Adavite-M                                      |    |
| One-A-Day Teen Advantage/Her Oral Tablet           |                          | Adavite-M                                      |    |
| One-A-Day Teen Advantage/Him Oral Tablet           |                          | Adavite-M                                      |    |
| One-A-Day Vitacraves Adult Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One-A-Day Vitacraves Immunity Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| One-A-Day Vitacraves Oral Tablet Chewable          |                          | Bugs Bunny<br>Vitamins/Minerals                |    |

| Product Name<br>(Nombre del Medicamento)            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| One-A-Day Vitacraves Sour Oral Tablet Chewable      |                          | Bugs Bunny Vitamins/Minerals                   |    |
| One-A-Day Weight Smart Advance Oral Tablet          |                          | Adavite-M                                      |    |
| One-A-Day Womens 50 Plus Oral Tablet                |                          | Adavite-M                                      |    |
| One-A-Day Womens 50+ Advantage Oral Tablet          |                          | Adavite-M                                      |    |
| One-A-Day Womens 50+ Oral Tablet                    |                          | Adavite-M                                      |    |
| One-A-Day Womens Healthy Skin Oral Tablet           |                          | Adavite-M                                      |    |
| One-A-Day Womens Mind & Body Oral Tablet            |                          | Adavite-M                                      |    |
| One-A-Day Womens Oral Tablet                        |                          | Adavite-M                                      |    |
| One-A-Day Womens Petites Oral Tablet                |                          | Adavite-M                                      |    |
| One-A-Day Womens Vitacraves Oral Tablet Chewable    |                          | Bugs Bunny Vitamins/Minerals                   |    |
| One-Daily Multi Caps Oral Capsule                   |                          | Actical  |    |
| One-Daily Multi-Vit/Mineral Oral Tablet             |                          | Adavite-M                                      |    |
| Optic-Vites Oral Tablet                             |                          | Adavite-M                                      |    |
| Optifast Post Bariatric Oral Tablet Chewable        |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Optimum Airvites Oral Tablet Chewable               |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Optimum Pms Oral Tablet                             |                          | Adavite-M                                      |    |
| Optisource Post Bariatric Surg Oral Tablet Chewable |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Optivite P.m.t. Oral Tablet                         |                          | Adavite-M                                      |    |
| Opurity Bypass Optimized Oral Tablet Chewable       |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Opurity Oral Tablet                                 |                          | Adavite-M                                      |    |
| Osteoprime Plus Oral Tablet                         |                          | Adavite-M                                      |    |
| Osteoprime Ultra Oral Tablet                        |                          | Adavite-M                                      |    |
| Parvlex Oral Tablet                                 |                          | Adavite-M                                      |    |
| Phlexy-Vits Oral Powder                             |                          | Oesto-Mins                                     |    |
| Premium Packets Oral Miscellaneous                  |                          | Life-Pack Mens                                 |    |
| Prescription Support Oral Capsule                   |                          | Actical  |    |
| Preservision Areds 2 Oral Capsule                   |                          | Actical  |    |
| Preservision Areds 2 Oral Tablet Chewable           |                          | Bugs Bunny Vitamins/Minerals                   |    |
| Preservision Areds 2+multi Vit Oral Capsule         |                          | Actical  |    |
| Preservision Areds Oral Capsule                     |                          | Actical  |    |
| Preservision Areds Oral Tablet                      |                          | Adavite-M                                      |    |
| Preservision/Lutein Oral Capsule                    |                          | Actical  |    |
| Prevent Oral Capsule                                |                          | Actical  |    |
| Pro-Cal Oral Tablet                                 |                          | Adavite-M                                      |    |
| Procerv Hp Oral Tablet                              |                          | Adavite-M                                      |    |
| Prorenal + D Oral Tablet                            |                          | Adavite-M                                      |    |
| Prorenal + D W/ Omega-3 Oral Capsule                |                          | Actical  |    |
| Prosight Oral Tablet                                |                          | Adavite-M                                      |    |
| Protect Cardio Af Oral Capsule                      |                          | Actical  |    |
| Protect Plus So Oral Capsule                        |                          | Actical  |    |
| Protegra Oral Capsule                               |                          | Actical  |    |
| Provit Oral Tablet                                  |                          | Adavite-M                                      |    |
| Proxceed Plus Oral Packet                           |                          | Balance PMS Formula                            |    |
| Qc_daily Multivit/Multimineral Oral Tablet          |                          | Adavite-M                                      |    |
| Qc_hair Skin & Nails Oral Tablet                    |                          | Adavite-M                                      |    |

| Product Name<br>(Nombre del Medicamento)      | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Qc_mens Daily Multivitamin Oral Tablet        |                          | Adavite-M                                      |    |
| Qc_multi-Vite 50 & Over Oral Tablet           |                          | Adavite-M                                      |    |
| Qc_multi-Vite Oral Tablet                     |                          | Adavite-M                                      |    |
| Qc_ocuhealth Vision Support 2 Oral Capsule    |                          | Actical  |    |
| Qc_therin-M Oral Tablet                       |                          | Adavite-M                                      |    |
| Qc_womens Daily Multivitamin Oral Tablet      |                          | Adavite-M                                      |    |
| Quin_b Strong Oral Tablet                     |                          | Adavite-M                                      |    |
| Quintabs-M Oral Tablet                        |                          | Adavite-M                                      |    |
| Ra_central-Vite Mens Mature Oral Tablet       |                          | Adavite-M                                      |    |
| Ra_central-Vite Oral Tablet                   |                          | Adavite-M                                      |    |
| Ra_central-Vite Womens Mature Oral Tablet     |                          | Adavite-M                                      |    |
| Ra_essence-C Oral Packet                      |                          | Balance PMS Formula                            |    |
| Ra_one Daily Maximum Oral Tablet              |                          | Adavite-M                                      |    |
| Ra_one Daily Mens 50+ W/Vit D3 Oral Tablet    |                          | Adavite-M                                      |    |
| Ra_one Daily Mens Multi Oral Tablet           |                          | Adavite-M                                      |    |
| Ra_one Daily Mens/Vit D-3 Oral Tablet         |                          | Adavite-M                                      |    |
| Rayavit Oral Tablet                           |                          | Adavite-M                                      |    |
| Renaplex Oral Tablet                          |                          | Adavite-M                                      |    |
| Renaplex-D Oral Tablet                        |                          | Adavite-M                                      |    |
| Senior Tabs Oral Tablet                       |                          | Adavite-M                                      |    |
| Sentry Oral Tablet                            |                          | Adavite-M                                      |    |
| Sentry Senior Oral Tablet                     |                          | Adavite-M                                      |    |
| Sentry Senior/Lutein Oral Tablet              |                          | Adavite-M                                      |    |
| Skin_beauty & Wellness Oral Packet            |                          | Balance PMS Formula                            |    |
| Skin_hair & Nails Advanced Oral Capsule       |                          | Actical  |    |
| Sm_antioxidant Vitamins Oral Tablet           |                          | Adavite-M                                      |    |
| Sm_complete 50+ Oral Tablet                   |                          | Adavite-M                                      |    |
| Sm_complete 50+ Ultimate Mens Oral Tablet     |                          | Adavite-M                                      |    |
| Sm_complete 50+ Ultimate Women Oral Tablet    |                          | Adavite-M                                      |    |
| Sm_complete Advanced Formula Oral Tablet      |                          | Adavite-M                                      |    |
| Sm_complete Oral Tablet                       |                          | Adavite-M                                      |    |
| Sm_complete Senior Formula Oral Tablet        |                          | Adavite-M                                      |    |
| Sm_daily Diet Support Oral Tablet             |                          | Adavite-M                                      |    |
| Sm_hair/Skin/Nails Oral Tablet                |                          | Adavite-M                                      |    |
| Sm_one Daily Mens Oral Tablet                 |                          | Adavite-M                                      |    |
| Sm_one Daily Womens Oral Tablet               |                          | Adavite-M                                      |    |
| Sm_opti-Vitamins Oral Tablet                  |                          | Adavite-M                                      |    |
| Solo_oral Tablet                              |                          | Adavite-M                                      |    |
| Spectravite Oral Tablet                       |                          | Adavite-M                                      |    |
| Super_antioxidant Oral Capsule                |                          | Actical  |    |
| Super_antioxidants Protector Oral Capsule     |                          | Actical  |    |
| Super_aytinal 50 Plus Oral Tablet             |                          | Adavite-M                                      |    |
| Super_aytinal Oral Tablet                     |                          | Adavite-M                                      |    |
| Super_multiple Oral Tablet                    |                          | Adavite-M                                      |    |
| Super_natrul-100 Oral Tablet Extended Release |                          | ABC-Z  |    |
| Super_thera Vite M Oral Tablet                |                          | Adavite-M                                      |    |
| Super_vita-Mins Oral Tablet                   |                          | Adavite-M                                      |    |
| Superior Mens Multi Oral Tablet               |                          | Adavite-M                                      |    |
| Superior Womens Multi Oral Tablet             |                          | Adavite-M                                      |    |
| Systane Icaps Areds2 Oral Tablet              |                          | Adavite-M                                      |    |
| Systane Icaps Areds2 Oral Tablet Chewable     |                          | Bugs Bunny<br>Vitamins/Minerals                |    |

| Product Name<br>(Nombre del Medicamento)          | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Thera_vital M Oral Tablet                         |                          | Adavite-M                                      |    |
| Thera_vital-M Oral Tablet                         |                          | Adavite-M                                      |    |
| Therabasic-M Oral Tablet                          |                          | Adavite-M                                      |    |
| Theragran-M Advanced 50 Plus Oral Tablet          |                          | Adavite-M                                      |    |
| Theragran-M Advanced Oral Tablet                  |                          | Adavite-M                                      |    |
| Theragran-M Oral Tablet                           |                          | Adavite-M                                      |    |
| Theragran-M Premier 50 Plus Oral Tablet           |                          | Adavite-M                                      |    |
| Theragran-M Premier Oral Tablet                   |                          | Adavite-M                                      |    |
| Theramill Forte Oral Capsule                      |                          | Actical  |    |
| Therapeutic Formula/Hematinics Oral Tablet        |                          | Adavite-M                                      |    |
| Therapeutic-M Oral Tablet                         |                          | Adavite-M                                      |    |
| Thera-Tabs M Oral Tablet                          |                          | Adavite-M                                      |    |
| Theratrums Complete 50 Plus Oral Tablet           |                          | Adavite-M                                      |    |
| Theratrums Complete Oral Tablet                   |                          | Adavite-M                                      |    |
| Thera-Vite Max-M Oral Tablet                      |                          | Adavite-M                                      |    |
| Thrive For Life Womens Oral Tablet                |                          | Adavite-M                                      |    |
| Totalday Multiple Oral Tablet Extended Release    |                          | ABC-Z  |    |
| T-Vites Oral Tablet                               |                          | Adavite-M                                      |    |
| Ultra_boneup Oral Tablet                          |                          | Adavite-M                                      |    |
| Ultra_freeda Oral Tablet                          |                          | Adavite-M                                      |    |
| Ultra_freeda/Iron Oral Tablet                     |                          | Adavite-M                                      |    |
| Ultra_mega Gold Oral Tablet Extended Release      |                          | ABC-Z  |    |
| Ultra_mega Oral Tablet Extended Release           |                          | ABC-Z  |    |
| Ultra_mega Two Oral Tablet Extended Release       |                          | ABC-Z  |    |
| Ultra_multi Formula/Iron Oral Capsule             |                          | Actical  |    |
| Ultrachoice Adv Formula Mature Oral Tablet        |                          | Adavite-M                                      |    |
| Ultrachoice Advanced Formula Oral Tablet          |                          | Adavite-M                                      |    |
| Ultra-Mega Oral Tablet Extended Release           |                          | ABC-Z  |    |
| Vision Formula 2 Oral Capsule                     |                          | Actical  |    |
| Vision Formula/Lutein Oral Tablet                 |                          | Adavite-M                                      |    |
| Vision Health Oral Capsule                        |                          | Actical  |    |
| Vision Optimizer Oral Capsule                     |                          | Actical  |    |
| Vision Plus Oral Capsule                          |                          | Actical  |    |
| Vision Vitamins Oral Tablet                       |                          | Adavite-M                                      |    |
| Vista_advanced Areds2 Formula Oral Capsule        |                          | Actical  |    |
| Vista_advanced Dry Eye Formula Oral Capsule       |                          | Actical  |    |
| Vita_hair Oral Tablet                             |                          | Adavite-M                                      |    |
| Vitabasic Complete Oral Tablet                    |                          | Adavite-M                                      |    |
| Vitabasic Senior Oral Tablet                      |                          | Adavite-M                                      |    |
| Vitabex Oral Capsule                              |                          | Actical  |    |
| Vitabex Plus Oral Capsule                         |                          | Actical  |    |
| Vitachew Adult Multi Vitamin Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Vitajoy Multi Gummies Adult Oral Tablet Chewable  |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Vita-Min Oral Capsule                             |                          | Actical  |    |
| Vitamins A-D-E/Selenium Oral Tablet               |                          | Adavite-M                                      |    |
| Vitasana Oral Tablet                              |                          | Adavite-M                                      |    |
| Viteyes Classic Advanced Oral Capsule             |                          | Actical  |    |
| Viteyes Classic Macular Suppor Oral Capsule       |                          | Actical  |    |
| Viteyes Classic Multivitamin Oral Tablet          |                          | Adavite-M                                      |    |
| Viteyes Classic+omega-3 Oral Capsule              |                          | Actical  |    |

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|---|--------------------------|--|----|
| Viteyes Complete Oral Capsule                         |                          | Actical  |    |
| Viteyes Optic Nerve Support Oral Tablet               |                          | Adavite-M                                      |    |
| Wal-Born Vitamin C Oral Tablet Chewable               |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Womens 50+ Advanced Oral Capsule                      |                          | Actical  |    |
| Womens 50+ Multi Vitamin Oral Tablet                  |                          | Adavite-M                                      |    |
| Womens Daily Formula Oral Tablet                      |                          | Adavite-M                                      |    |
| Womens Daily Pack Oral Packet                         |                          | Balance PMS Formula                            |    |
| Womens Life Pack Oral Tablet                          |                          | Adavite-M                                      |    |
| Womens Multi Gummies Oral Tablet Chewable             |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Womens Multi Oral Capsule                             |                          | Actical  |    |
| Womens Multivitamin + Collagen Oral Tablet Chewable   |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Womens Multivitamin Oral Tablet                       |                          | Adavite-M                                      |    |
| Womens Pack Oral Miscellaneous                        |                          | Life-Pack Mens                                 |    |
| Yelets Teenage Formula Oral Tablet                    |                          | Adavite-M                                      |    |
| Your_life Multi Adult Gummies Oral Tablet Chewable    |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Yumvs_multi Zero Oral Tablet Chewable                 |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Yumvs_zero Diabetic Multivitamin Oral Tablet Chewable |                          | Bugs Bunny<br>Vitamins/Minerals                |    |
| Zinc_oral Lozenge                                     |                          | Airborne                                       |    |
| <b>Multivitamins (Multivitaminas)</b>                 |                          |  |    |
| Amladex Oral Tablet                                   |                          | Al-Vite  |    |
| Antioxidant Formula Oral Capsule                      | , 250-10000-200          | Antioxidant<br>,Antioxidant Formula            |    |
| Anti-Oxidant Oral Tablet                              |                          | Al-Vite  |    |
| Chlorocaps Oral Capsule                               |                          | Antioxidant                                    |    |
| Daily_multiple Vitamins Oral Tablet                   |                          | Al-Vite  |    |
| Daily_stress Relief Tr Oral Tablet Extended Release   |                          | Daily Stress Relief TR                         |    |
| Daily_value Multivitamin Oral Tablet                  |                          | Al-Vite  |    |
| Daily_vitamins Oral Tablet                            |                          | Al-Vite  |    |
| Daily_vite Oral Tablet                                |                          | Al-Vite  |    |
| Daily_vites Oral Tablet                               |                          | Al-Vite  |    |
| Daily-Vite Multivitamin Oral Tablet                   |                          | Al-Vite  |    |
| Dialyvit 800 Oral Liquid                              |                          | Lanavite                                       |    |
| Estrofactors Oral Tablet                              |                          | Al-Vite  |    |
| Gnp_essential One Daily Oral Tablet                   |                          | Al-Vite  |    |
| Healthy Hair/Skin/Nails Oral Tablet                   |                          | Al-Vite  |    |
| High_potency Multivitamin Oral Tablet                 |                          | Al-Vite  |    |
| Mommy's Bliss Mv Organic Drops Oral Liquid            |                          | Lysiplex                                       |    |
| Multiple Vitamin-Folic Acid Oral Tablet               |                          | Al-Vite  |    |
| Multiple Vitamins Essential Oral Tablet               |                          | Al-Vite  |    |
| Multiple Vitamins Oral Tablet                         |                          | Al-Vite  |    |
| Multivitamin Adult Oral Tablet                        |                          | Al-Vite  |    |
| Multivitamin Oral Tablet                              |                          | Al-Vite  |    |
| Multi-Vitamin Oral Tablet                             |                          | Al-Vite  |    |
| Multi-Vitamins Oral Tablet                            |                          | Al-Vite  |    |
| Mv-One Oral Capsule                                   |                          | Antioxidant                                    |    |
| Neomultivite Oral Tablet                              |                          | Al-Vite  |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Nutra-Z+ Oral Capsule  |                          | Antioxidant                                    |    |
| Omnicap Oral Tablet  |                          | Al-Vite  |    |
| Once_daily Oral Tablet   |                          | Al-Vite  |    |
| One_daily Essential Oral Tablet  |                          | Al-Vite  |    |
| One_daily Essentials Oral Tablet   |                          | Al-Vite  |    |
| One_daily Multivitamin Adult Oral Tablet   |                          | Al-Vite  |    |
| One_daily Oral Tablet  |                          | Al-Vite  |    |
| One_vite Daily Multivitamin Oral Tablet  |                          | Al-Vite  |    |
| One-A-Day Essential Oral Tablet  |                          | Al-Vite  |    |
| One-A-Day Mens Oral Tablet   |                          | Al-Vite  |    |
| One-Daily Multi Vitamins Oral Tablet   |                          | Al-Vite  |    |
| One-Daily Multi-Vitamin Oral Tablet  |                          | Al-Vite  |    |
| Qc_essentials Oral Tablet  |                          | Al-Vite  |    |
| Quintabs Oral Tablet   |                          | Al-Vite  |    |
| Sm_multiple Vitamins Essential Oral Tablet   |                          | Al-Vite  |    |
| Stress Formula/Zinc/Energy Oral Tablet   |                          | Al-Vite  |    |
| Tab-A-Vite Oral Tablet   |                          | Al-Vite  |    |
| Tab-A-Vite/Beta Carotene Oral Tablet   |                          | Al-Vite  |    |
| Thera_oral Tablet  |                          | Al-Vite  |    |
| Thera-Tabs Oral Tablet   |                          | Al-Vite  |    |
| Therems Oral Tablet  |                          | Al-Vite  |    |
| Tm-Daily Vite Oral Tablet  |                          | Al-Vite  |    |
| True_daily Vite Oral Tablet  |                          | Al-Vite  |    |
| True_multivitamin Oral Tablet  |                          | Al-Vite  |    |
| Vit_e-Vit C-Beta Carotene Oral Tablet  | 200-250-5000             | Al-Vite  |    |
| Vitalee Oral Tablet  |                          | Al-Vite  |    |
| Viteyes Classic Zinc Free Oral Capsule   |                          | Antioxidant                                    |    |
| Zeldana Oral Capsule   |                          | Antioxidant                                    |    |
| Ze-Plus Oral Capsule   |                          | Antioxidant                                    |    |
| <i>Ped Multiple Vitamins W/ Minerals (Vitaminas Multiples Pediatricas Con Minerales)</i> |                          |  |    |
| Centrum Flavor Burst Kids Oral Tablet Chewable   |                          | Cerovite Jr                                    |    |
| Just_4 Kidz Multivit/Probiotic Oral Tablet Chewable                                      |                          | Cerovite Jr                                    |    |
| Mvw_complete Formulation Oral Tablet Chewable  |                          | Cerovite Jr                                    |    |
| <i>Specialty Vitamins Products (Productos Especiales De Vitaminas)</i>                   |                          |  |    |
| A_thru Z Advantage Oral Tablet   |                          | Brain  |    |
| Adrenaliv Oral Capsule   |                          | Aminobrain                                     |    |
| Adrenoid Oral Capsule  |                          | Aminobrain                                     |    |
| Allerwell Allergy Formula Oral Tablet  |                          | Brain  |    |
| Bilberry Plus Oral Capsule   |                          | Aminobrain                                     |    |
| Cardiopress Oral Capsule   |                          | Aminobrain                                     |    |
| Centrum Performance Oral Tablet  |                          | Brain  |    |
| Centrum Specialist Energy Oral Tablet  |                          | Brain  |    |
| Cholase Control Oral Capsule   |                          | Aminobrain                                     |    |
| Cognium Complete Gummies Oral Tablet Chewable  |                          | Cognium Complete Gummies                       |    |
| Collagen Ultra Oral Capsule  |                          | Aminobrain                                     |    |
| Complete Balance Menopause Rlf Oral Miscellaneous  |                          | Womens Menopause Vita Pak                      |    |
| Complete Menopause Am/Pm Oral Miscellaneous  |                          | Womens Menopause Vita Pak                      |    |
| Corticare B Oral Capsule   |                          | Aminobrain                                     |    |
| Cvs_hair/Skin/Nails Oral Tablet  |                          | Brain  |    |



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|---|--------------------------|--|----|
| Cvs_menopause Support Oral Tablet   |                          | Brain  |    |
| Elon_matrix 5000 Complete Oral Tablet   |                          | Brain  |    |
| Elon_matrix 5000 Oral Tablet  |                          | Brain  |    |
| Elon_matrix Complete Oral Tablet  |                          | Brain  |    |
| Elon_matrix Plus Oral Tablet  | 3000-50-100 mcg-mg-mg    | Brain  |    |
| Femquil Oral Capsule  |                          | Aminobrain                                     |    |
| Germ_defense Pm Oral Tablet Effervescent  |                          | Germ Defense                                   |    |
| Glycotrol Complete Oral Capsule   |                          | Aminobrain                                     |    |
| Glycotrol Oral Capsule  |                          | Aminobrain                                     |    |
| Heart_savior Oral Capsule   |                          | Aminobrain                                     |    |
| Heart_tabs Oral Tablet  |                          | Brain  |    |
| Icaps_lutein & Zeaxanthin Oral Tablet Delayed Release                               |                          | Catemine                                       |    |
| Immunicare Oral Capsule   |                          | Aminobrain                                     |    |
| Inulose Blood Sugar Support Oral Capsule  |                          | Aminobrain                                     |    |
| Lipidshield Plus Oral Tablet  |                          | Brain  |    |
| Medcaps Dpo Oral Capsule  |                          | Aminobrain                                     |    |
| Medcaps Gi Oral Capsule   |                          | Aminobrain                                     |    |
| Medcaps Is Oral Capsule   |                          | Aminobrain Oral Capsule                        |    |
| Medcaps T3 Oral Capsule   |                          | Aminobrain                                     |    |
| Memorall Oral Capsule   |                          | Aminobrain                                     |    |
| Memory Complex Brain Health Oral Tablet   |                          | Brain  |    |
| Methyl Protect Oral Capsule   |                          | Aminobrain                                     |    |
| Methyl-Guard Oral Capsule   |                          | Aminobrain                                     |    |
| Methyl-Guard Plus Oral Capsule  |                          | Aminobrain                                     |    |
| Mg_plus Protein Oral Tablet   | 133 mg                   | Brain  |    |
| Mil_adregen Oral Tablet   |                          | Brain  |    |
| Ra_ear Care Oral Tablet   |                          | Brain  |    |
| Ra_effervescent Formula Oral Tablet Effervescent                                    |                          | Germ Defense                                   |    |
| Retaine Vision Oral Capsule   |                          | Aminobrain                                     |    |
| Synertropin Oral Capsule  |                          | Aminobrain                                     |    |
| Ultimate Fat Burner Oral Tablet   |                          | Brain  |    |
| Upspring He Natal Oral Tablet   |                          | Brain  |    |
| Varisan Vitality Oral Tablet  |                          | Brain  |    |
| Vitamins For Hair Oral Tablet   |                          | Brain  |    |
| Wal-Born Oral Tablet Effervescent   |                          | Germ Defense                                   |    |
| Womens Menopause Vita Pak Oral Miscellaneous  |                          | Womens Menopause Vita Pak                      |    |
| Womens Vita Pak Oral Miscellaneous  |                          | Womens Menopause Vita Pak                      |    |
| <b>Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)</b> |                          |  |    |
| <i>Nasal Steroids (Esteroides Nasaes)</i>   |                          |  |    |
| Allergy Spray 24 Hour Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |
| Allergy Spray 24 Hour Nasal Suspension  | 50 mcg/act               | Flonase  |    |
| Eq_nasal Allergy Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| Flonase Allergy Relief Nasal Suspension   | 50 mcg/act               | Flonase  |    |
| Flonase Sensimist Nasal Suspension  | 27.5 mcg/spray           | Veramyst                                       |    |
| Ft_24 Hour Nasal Allergy Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| Gnp_24 Hour Nasal Allergy Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |
| Goodsense Nasal Allergy Spray Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |
| Hm_24 Hour Nasal Allergy Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| Nasacort Allergy 24hr Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |

| Product Name<br>(Nombre del Medicamento)                                     | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Nasal_allergy 24 Hour Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| Ra_nasal Allergy Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |
| Triamcinolone Acetonide Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| <b>Nutrients (Nutrientes)</b>  |                          |  |    |
| <i>Misc. Nutritional Substances (Sustancias Nutricionales Misc.)</i>         |                          |  |    |
| Cvs_fish Oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Cvs_natural Fish Oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Eq_l_fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Eq_l_omega 3 Fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Fish_oil Burp-Less Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Fish_oil Concentrate Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Fish_oil Omega-3 Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Fish_oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Gnp_fish Oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Hm_fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Maximum Epa Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Norwegian Salmon Oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Omega_3 Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Omega_iii Epa+dha Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Omega-3 Cf Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Omega-3 Fish Oil Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Omega-3 Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Qc_fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Ra_fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Sb_omega-3 Fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Sea-Omega Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Sm_fish Oil Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Super_dha Gems Oral Capsule  | 1000 mg                  | MarEPA   |    |
| Super_omega-3 Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Theromega Oral Capsule   | 1000 mg                  | MarEPA   |    |
| Ultra_omega 3 Oral Capsule   | 1000 mg                  | MarEPA   |    |
| <b>Ophthalmic Agents (Agentes Oftalmicos)</b>                                |                          |  |    |
| <i>Artificial Tears And Lubricants (Lagrimas Artificiales Y Lubricantes)</i> |                          |  |    |
| Cvs_lubricant Drops Fast Act Ophthalmic Solution                             | 0.4-0.3 %                | Systane  |    |
| Cvs_lubricant Eye Drops Ophthalmic Solution                                  | 0.4-0.3 %                | Systane  |    |
| Eq_lubricant Eye Drops Ophthalmic Solution                                   | 0.4-0.3 %                | Systane  |    |
| Ft_lubricant Eye Drops Ophthalmic Solution                                   | 0.4-0.3 %                | Systane  |    |
| Genteal 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  |    |
| 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  |    |
| Ra_lubricant Eye Ophthalmic Solution   | 0.4-0.3 %                | Systane  |    |
| Refresh Optive Ophthalmic Solution   | 0.5-0.9 %                | Optive   |    |
| Refresh Relieva Ophthalmic Solution  | 0.5-0.9 %                | Optive   |    |
| Sm_lubricant Eye Drops Ophthalmic Solution                                   | 0.4-0.3 %                | Systane  |    |
| 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  |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|----------------------------|--|----|
| 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                      |    |
| <b>Ophthalmic Decongestants (Descongestionantes Oftalmicos)</b>   |                            |  |    |
| Allergy Eye Ophthalmic Solution   | 0.025-0.3 %                | AK-Con-A                                       |    |
| Cvs_eye Allergy Relief Ophthalmic Solution  | 0.027-0.315 %              | Opcon-A  |    |
| Eq_eye Allergy Relief Ophthalmic Solution   | 0.027-0.315 %              | Opcon-A  |    |
| Eye_allergy Relief Ophthalmic Solution  | 0.025-0.3 %, 0.027-0.315 % | AK-Con-A ,Opcon-A                              |    |
| 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  |    |
| Visine Ophthalmic Solution  | 0.025-0.3 %                | AK-Con-A                                       |    |
| <b>Ophthalmics - Misc. (Oftalmicos - Misc.)</b>   |                            |  |    |
| Alaway Childrens Allergy Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Alaway Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Cvs_allergy Eye Drops Ophthalmic Solution   | 0.035 %                    | Zaditor  |    |
| Cvs_eye Itch Relief Ophthalmic Solution   | 0.035 %                    | Zaditor  |    |
| Eq_eye Itch Relief Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Eye_itch Relief Ophthalmic Solution   | 0.035 %                    | Zaditor  |    |
| Goodsense Eye Itch Relief Ophthalmic Solution   | 0.035 %                    | Zaditor  |    |
| Ketotifen Fumarate Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Ra_eye Itch Relief Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Sm_eye Itch Relief Ophthalmic Solution  | 0.035 %                    | Zaditor  |    |
| Zaditor Ophthalmic Solution   | 0.035 %                    | Zaditor  |    |
| <b>Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)</b> |                            |  |    |
| <b>H-2 Antagonists (Antagonistas H-2)</b>   |                            |  |    |
| Acid_controller Max St Oral Tablet  | 20 mg                      | Pepcid   |    |
| Acid_controller Oral Tablet   | 10 mg                      | Pepcid AC                                      |    |
| <b>Proton Pump Inhibitors (Inhibidores De Bomba De Protones)</b>  |                            |  |    |
| Acid_reducer Oral Capsule Delayed Release   | 20.6 (20 base) mg          | CVS Omeprazole                                 |    |
| Acid_reducer Oral Tablet Delayed Release  | 20 mg                      | PriLOSEC OTC                                   |    |
| Cvs_esomeprazole Magnesium Oral Capsule Delayed Release   | 20 mg                      | NexIUM   |    |
| Cvs_omeprazole Magnesium Oral Capsule Delayed Release   | 20 mg, 20.6 mg             | CVS Omeprazole                                 |    |
| Cvs_omeprazole Oral Tablet Delayed Release  | 20 mg                      | RA Omeprazole                                  |    |
| Eq_esomeprazole Magnesium Oral Capsule Delayed Release  | 20 mg                      | NexIUM   |    |
| Eq_lansoprazole Oral Capsule Delayed Release  | 15 mg                      | Prevacid                                       |    |
| Eq_omeprazole Magnesium Oral Capsule Delayed Release  | 20 mg                      | CVS Omeprazole                                 |    |
| Eq_omeprazole Oral Tablet Delayed Release   | 20 mg                      | RA Omeprazole                                  |    |
| Eq_lansoprazole Oral Capsule Delayed Release 15   | mg                         | Prevacid Oral Capsule Delayed Release 1        |    |
| Eq_omeprazole Oral Tablet Delayed Release   | 20 mg                      | RA Omeprazole                                  |    |
| Ft_acid Reducer Oral Capsule Delayed Release  | 15 mg, 20 mg               | NexIUM ,Prevacid                               |    |
| Ft_omeprazole Oral Tablet Delayed Release   | 20 mg                      | RA Omeprazole                                  |    |
| Gnp_esomeprazole Magnesium Oral Capsule Delayed Release   | 20 mg                      | NexIUM   |    |

| Product Name<br>(Nombre del Medicamento)                                 | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Gnp_lansoprazole Oral Capsule Delayed Release                            | 15 mg                    | Prevacid                                       |                   |
| Gnp_omeprazole Oral Capsule Delayed Release                              | 20.6 (20 base) mg        | CVS Omeprazole                                 |                   |
| Gnp_omeprazole Oral Tablet Delayed Release                               | 20 mg                    | RA Omeprazole                                  |                   |
| Goodsense Esomeprazole Oral Capsule Delayed Release                      | 20 mg                    | NexIUM   |                   |
| Goodsense Lansoprazole Oral Capsule Delayed Release                      | 15 mg                    | Prevacid                                       |                   |
| Kls_lansoprazole Oral Capsule Delayed Release                            | 15 mg                    | Prevacid                                       |                   |
| Kls_omeprazole Oral Tablet Delayed Release                               | 20 mg                    | RA Omeprazole                                  |                   |
| Kp_omeprazole Magnesium Oral Capsule Delayed Release                     | 20.6 (20 base) mg        | CVS Omeprazole                                 |                   |
| Lansoprazole Oral Capsule Delayed Release                                | 15 mg                    | Prevacid                                       |                   |
| Nexium 24hr Oral Capsule Delayed Release                                 | 20 mg                    | NexIUM   |                   |
| Nexium 24hr Oral Tablet Delayed Release                                  | 20 mg                    | NexIUM 24HR                                    |                   |
| Omeprazole Magnesium Oral Capsule Delayed Release                        | 20.6 (20 base) mg        | CVS Omeprazole                                 |                   |
| Omeprazole Magnesium Oral Tablet Delayed Release                         | 20 mg                    | PriLOSEC OTC                                   |                   |
| Omeprazole Oral Tablet Delayed Release                                   | 20 mg                    | RA Omeprazole                                  |                   |
| Prevacid 24hr Oral Capsule Delayed Release                               | 15 mg                    | Prevacid                                       |                   |
| PriLOSEC Otc Oral Tablet Delayed Release                                 | 20 mg                    | PriLOSEC OTC                                   |                   |
| Qc_esomeprazole Magnesium Oral Capsule Delayed Release                   | 20 mg                    | NexIUM   |                   |
| Qc_lansoprazole Oral Capsule Delayed Release                             | 15 mg                    | Prevacid                                       |                   |
| Qc_omeprazole Magnesium Oral Capsule Delayed Release                     | 20.6 (20 base) mg        | CVS Omeprazole                                 |                   |
| Qc_omeprazole Oral Tablet Delayed Release                                | 20 mg                    | RA Omeprazole                                  |                   |
| Ra_esomeprazole Magnesium Oral Capsule Delayed Release                   | 20 mg                    | NexIUM   |                   |
| Ra_omeprazole Oral Tablet Delayed Release                                | 20 mg                    | RA Omeprazole                                  |                   |
| Sb_omeprazole Oral Tablet Delayed Release                                | 20 mg                    | RA Omeprazole                                  |                   |
| Sm_lansoprazole Oral Capsule Delayed Release                             | 15 mg                    | Prevacid                                       |                   |
| Sm_omeprazole Oral Tablet Delayed Release                                | 20 mg                    | RA Omeprazole                                  |                   |
| <b>Ulcer Therapy Combinations (Combinaciones Para Terapia De Ulcera)</b> |                          |  |                   |
| Cvs_omeprazole-Sod Bicarbonate Oral Capsule                              | 20-1100 mg               | Zegerid  | QL(30 in 30 Days) |
| Goodsense Omep/Sod Bicarb Oral Capsule                                   | 20-1100 mg               | Zegerid  | QL(30 in 30 Days) |
| Omeprazole-Sodium Bicarbonate Oral Capsule                               | 20-1100 mg               | Zegerid  | QL(30 in 30 Days) |

## INDEX / INDICE

|                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <b>1</b>                           | Acetazolamide, 55                       | 49, 51, 52, 54, 56, 58, 59, 60, 61,   |
| 12_hour, 104                       | Acid_blockers, 82                       | 62, 64, 65, 66, 67, 68, 69, 70, 71,   |
| 12hr_allergy, 101                  | Acid_controller, 126                    | 72, 74, 78, 85, 89, 95, 100, 108,     |
|                                    | Acid_reducer, 126                       | 110, 124, 125                         |
| <b>2</b>                           | Acne, 51, 107                           | Airborne, 111, 122                    |
| 24hr_allergy, 101, 104             | Acne_foaming, 107                       | Alavert, 101, 104                     |
|                                    | Actemra, 17                             | Alaway, 126                           |
| <b>3</b>                           | Actical, 110, 111, 112, 113, 114, 115,  | Albuterol, 22                         |
| 3232a_infant, 82                   | 116, 117, 119, 120, 121, 122            | Alclometasone, 53                     |
|                                    | Acticoat, 54, 55                        | Alecensa, 38                          |
| <b>5</b>                           | Actimmune, 41                           | Alendronate, 56                       |
| 50+_adult, 110                     | Actinel, 104                            | Alevazol, 107                         |
| 5-Ht3, 31                          | Activase, 61                            | Aleve_oral, 95                        |
| 5-Htp_tryptophan, 82               | Activessentials, 110                    | Alfuzosin, 60                         |
|                                    | Activessentials/Oncoplex, 110           | Alive_calcium, 111                    |
| <b>8</b>                           | Activnutrients, 110                     | Alive_daily, 111                      |
| 8_hour, 96                         | Acyclovir, 47                           | Alive_diabetic, 111                   |
| 8_hr, 96                           | Adalimumab-Adbm, 15                     | Alive_energy, 111                     |
|                                    | Adalimumab-Adbm(Cd/Uc/Hs, 15            | Alive_everyday, 111                   |
| <b>A</b>                           | Adalimumab-Adbm(Ps/Uv, 15               | Alive_hair,, 111                      |
| A/G_pro, 82                        | Addaprin, 95                            | Alive_mens, 111                       |
| A_thru, 110, 123                   | Adefovir, 46                            | Alive_multi-Vitamin, 111              |
| Abacavir, 44                       | Adek_gummies, 110                       | Alive_ultra, 111                      |
| Abatron, 108                       | Adempas, 50                             | Alive_womens, 111                     |
| Abc_complete, 110                  | Adrenaliv, 123                          | Alkylating, 36                        |
| Abelcet, 31                        | Adrenoid, 123                           | All_day, 95, 101, 104                 |
| Abilify, 43                        | Adult_growth, 82                        | Allegra, 101, 102, 103, 104, 105, 106 |
| Abiraterone, 37                    | Adult_one, 110                          | Allegra-D, 104, 105, 106              |
| Acamprosate, 69                    | Advair, 22                              | Allergy, 32, 51, 101, 102, 103, 104,  |
| Acarbose, 27                       | Advanced, 83, 110, 114, 115, 116,       | 105, 106, 107, 123, 124, 125, 126     |
| Acd_formula, 23                    | 118, 120, 121, 122                      | Allergy/Congestion, 105               |
| Acd-A_noclot-50, 23                | Advil_junior, 95                        | Allerwell, 123                        |
| Ace, 33, 80                        | Advil_liqui-Gels, 95                    | Allopurinol, 60                       |
| Acebutolol, 48                     | Advil_migraine, 95                      | Alophen, 109                          |
| Acetaminophen, 18, 19, 96, 97, 98, | Advil_oral, 95                          | Alpha_betic, 111                      |
| 99, 100                            | Afirmelle, 79                           | Alpha-2, 25                           |
| Acetaminophen-Codeine, 19          | Aftera, 81                              | Alpha-Beta, 48                        |
|                                    | Agents, 17, 18, 19, 20, 21, 23, 26, 28, | Alpha-Glucosidase, 27                 |
|                                    | 29, 30, 35, 36, 37, 42, 46, 47, 48,     | Alprazolam, 20                        |

Altoprev, 78  
 Alunbrig, 38  
 Alyacen, 79  
 Alyq\_oral, 50  
 Amantadine, 42  
 Ambrisentan, 50  
 Amiloride, 56  
 Amiloride-Hydrochlorothiazide, 56  
 Aminofen, 96  
 Aminopmrms, 82  
 Amiodarone, 21  
 Amitriptyline, 26, 70  
 Amjevita, 15, 16  
 Amjevita-Ped, 16  
 Amladex, 122  
 Amlodipine, 34, 48  
 Amlodipine-Olmesartan, 34  
 Ammonium, 54  
 Amoryn, 111  
 Amoxapine, 26  
 Amoxicillin, 68, 69  
 Amoxicillin-Pot, 69  
 Ampa, 23  
 Amphetamine-Dextroamphetamine,  
 15  
 Ampicillin, 68  
 Anagrelide, 60  
 Analgesic, 18  
 Analgesics, 15, 18, 60, 75, 95, 96  
 Analgesics-Peptide, 18  
 Anastrozole, 37  
 Anesthetics, 54, 63, 66, 110  
 Angiotensin, 33  
 Anorectal, 19  
 Anoro\_ellipta, 22  
 Antiadrenergic, 34  
 Antianginal, 20  
 Antianxiety, 20  
 Antiarrhythmics, 21  
 Antiasthmatic, 21  
 Antibiotics, 52  
 Anti-Cataplectic, 69  
 Anticonvulsants, 23  
 Antidementia, 69  
 Antidepressants, 25  
 Antidiabetic, 27  
 Antidiarrheal/Probiotic, 30, 100  
 Antidotes, 30  
 Antiemetics, 31  
 Antifungal, 31, 107, 108  
 Anti-Fungal, 107  
 Antifungals, 31, 52, 107  
 Antihistamines, 31, 32, 101  
 Antihyperlipidemics, 32, 78  
 Antihypertensive, 34  
 Anti-Infective, 19, 20, 66, 67, 68  
 Anti-Infectives, 20, 66, 67, 68  
 Anti-Inflammatory, 15, 17, 51, 95  
 Antimalarial, 35  
 Antimanic, 42  
 Antimyasthenic/Cholinergic, 35  
 Antimycobacterial, 35  
 Antineoplastic, 36, 37, 38, 52, 78  
 Antineoplastics, 36, 41, 78  
 Antioxidant, 82, 83, 84, 108, 111,  
 113, 122, 123  
 Anti-Oxidant, 122  
 Antiparkinson, 42  
 Antiperistaltic, 30  
 Antipsychotics, 42  
 Antipsychotics/Antimanic, 42  
 Antirheumatic, 16  
 Anti-Seizure, 82  
 Antiseptics, 44, 66  
 Antithyroid, 72  
 Anti-Tnf-Alpha, 15  
 Apetibex, 111  
 Apomorphine, 42  
 App\_slim, 82  
 Appe-Curb, 111  
 Apra\_oral, 96  
 Aptivus, 44  
 Aqueous, 91  
 Aranesp, 61  
 Arginaid, 82  
 Aripiprazole, 43  
 Aristada, 44  
 Armodafinil, 15  
 Armour, 72  
 Arnuity, 22  
 Arthritis, 85, 96, 97, 98, 100  
 Artificial, 125  
 Asilnasalrms, 82  
 Asmanex, 22  
 Aspirin, 75, 76, 77, 78, 96, 97, 98, 99,  
 100  
 Aspir-Low, 75  
 Atabex, 88  
 Atazanavir, 44  
 Atenolol, 34, 48  
 Atenolol-Chlorthalidone, 34  
 Atgam\_intravenous, 65  
 Athletes, 107  
 Atorvastatin, 32, 78  
 Atp\_ignite, 111  
 Aurovela, 79  
 Aviane, 79  
 Avonex, 70  
 Avycaz, 50  
 Ayuna\_oral, 79  
 Azasan, 65  
 Azasite, 67  
 Azathioprine, 65  
 Azelastine, 67, 68  
 Azithromycin, 63  

**B**

 Baby\_ddrops, 91  
 Baby\_super, 91  
 Baby\_vitamin, 91  
 Babys\_only, 81  
 Baclofen, 66  
 Balcoltra, 79, 80

|                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| Balsalazide, 59                    | Bio-D-Mulsion, 91                  | Calcidol, 91   |
| Balversa, 38                       | Bio-Immunex, 82                    | Calcitonin, 64   |
| Baqsimi, 28                        | Bionel, 105                        | Calcitriol, 57   |
| Baraclude, 47                      | Biotinex, 100                      | Calcium, 32, 33, 42, 45, 48, 69, 78,<br>109, 110, 114, 118 |
| Barbiturate, 62                    | Bisacodyl, 109                     | Caldolor, 17   |
| Bariatric, 111, 119                | Bisoprolol, 34, 48                 | Camila, 81   |
| Basic_am, 111                      | Bisoprolol-Hydrochlorothiazide, 34 | Candesartan, 33  |
| Basic_pm, 111                      | Blisovi, 79                        | Capecitabine, 36   |
| Baxdela, 58                        | Body/Hair/Skin/Nails, 112          | Caprelsa, 38   |
| Bayer_advanced, 75                 | Bone, 56, 83, 111                  | Captopril, 33  |
| Bayer_aspirin, 75                  | Boneup, 112                        | Carbamazepine, 24  |
| Bayer_low, 75                      | Boost_breeze, 82                   | Carbidopa-Levodopa, 42                                     |
| B-Complex, 110                     | Boost_glucose, 82                  | Carbonic, 55   |
| Bd_autoshield, 63                  | Boost_kid, 82                      | Cardiac, 49  |
| Bd_insulin, 63, 64                 | Boost_oral, 82                     | Cardiopress, 123   |
| Bd_pen, 64                         | Boost_women, 82                    | Cardiovascular, 49   |
| Bd_safetyglide, 64                 | Boostnow, 112                      | Carglumic, 57  |
| Benazepril, 33, 34                 | Bosentan, 50                       | Carisoprodol, 66   |
| Benazepril-Hydrochlorothiazide, 34 | Bosulif, 38                        | Carteolol, 67  |
| Benlysta, 66                       | Bp_wash, 107                       | Carvedilol, 48   |
| Benzodiazepine, 30                 | Bprotected, 86, 91, 112            | Cathflo, 61  |
| Benzonatate, 51                    | Bradykinin, 60                     | Cauterizing, 52  |
| Benzoyl, 107                       | Breo_ellipta, 22                   | Caya_vaginal, 88   |
| Benztropine, 42                    | Breztri, 22                        | Cayston, 20  |
| Berocca, 111, 115                  | Brilinta, 60                       | C-Buffer, 112  |
| Beta, 17, 48, 53, 67, 73, 110, 123 | Brimonidine, 67                    | Cefaclor, 50   |
| Beta-Blockers, 67                  | Bromocriptine, 42                  | Cefadroxil, 50   |
| Betaine, 57                        | Bronchodilators, 21                | Cefazolin, 50  |
| Betamethasone, 52, 53              | Bumetanide, 56                     | Cefdinir, 51   |
| Betaseron, 70                      | Bupropion, 25, 89                  | Cefepime, 51   |
| Betatemp, 96                       | Buried, 112                        | Cefepime, 51   |
| Betaxolol, 48                      | Burn, 52, 55                       | Ceftriaxone, 51  |
| Bethanechol, 74                    | Buspiron, 20                       | Cefuroxime, 51   |
| Bexarotene, 41, 52                 | Butalbital-Acetaminophen, 18       | Celebrate, 112   |
| Beyaz_oral, 79                     | Butalbital-Apap-Caffeine, 18       | Celecoxib, 17  |
| Bicillin, 68, 69                   | Bydureon, 28                       | Centavite, 112   |
| Biktarvy, 44                       | Byetta, 28                         | Central, 66  |
| Bilberry, 123                      |                                    | Centravites, 112   |
| Bile, 32, 59                       |                                    | Centrum, 88, 111, 112, 113, 116,<br>117, 123               |
| Bio-35, 111                        |                                    |  |
| Biocal, 111                        |                                    |  |

C



Century, 113  
 Cephalexin, 50  
 Cephalosporin, 50  
 Cephalosporins, 50, 51  
 Cerovite, 113, 123  
 Certavite, 113  
 Certavite/Antioxidants, 113  
 Cetirizine, 32, 101, 102, 103, 105  
 Cetirizine-Pseudoephedrine, 105  
 Chelating, 30, 64  
 Chemet, 30  
 Chemotherapy, 42  
 Chenodal, 59  
 Childrens, 17, 32, 67, 75, 76, 77, 78,  
 96, 97, 98, 99, 100, 101, 102, 103,  
 104, 126  
 Chlordiazepoxide, 21, 72  
 Chlordiazepoxide-Clidinium, 72  
 Chlorhexidine, 66  
 Chlorocaps, 122  
 Chlorpromazine, 43  
 Chlorthalidone, 34, 56  
 Choiceful, 113  
 Cholase, 123  
 Cholbam, 59  
 Cholestyramine, 32  
 Chronic, 82  
 Chrono-Basic, 82  
 Chrono-Mature, 82  
 Ciclopirox, 52  
 Cilostazol, 61  
 Cimduo, 44  
 Cimetidine, 73  
 Ciprofloxacin, 58, 67  
 Citalopram, 25  
 Clarithromycin, 63  
 Claritin, 101, 102, 103, 104, 105, 106  
 Claritin-D, 104, 105, 106  
 Classic, 88, 121, 123  
 Clearlax, 108  
 Clemastine, 32  
 Clenpiq, 63  
 Clindamycin, 20  
 Clobetasol, 53  
 Clomipramine, 26  
 Clonazepam, 23  
 Clonidine, 18, 34  
 Clopidogrel, 61  
 Clorazepate, 21  
 Clotrimazole, 52, 66, 107, 108  
 Clotrimazole-Betamethasone, 52  
 Clozapine, 43  
 Cmv, 46  
 Coartem, 35  
 Cognium, 123  
 Colchicine-Probenecid, 60  
 Colestipol, 32  
 Colistimethate, 20  
 Collagen, 122, 123  
 Combination, 69, 79, 81  
 Combipatch, 58  
 Combivent, 22  
 Cometriq, 38, 39  
 Companion, 113  
 Compete, 113  
 Complete, 5, 6, 88, 89, 110, 111,  
 112, 113, 115, 118, 121, 122, 123,  
 124  
 Co-Natal, 88  
 Conceptionxr, 83, 113  
 Condoms, 88  
 Conex\_cold/Allergy, 105  
 Coral\_calcium, 113  
 Corlanor, 50  
 Corticare, 123  
 Corticosteroids, 51, 53, 83  
 Cotellic, 39  
 Cough/Cold/Allergy, 51, 104  
 Coumarin, 23  
 Creon\_oral, 55  
 Cresemba, 31  
 Crestor, 33, 78  
 Crohns, 83  
 Cromolyn, 68  
 Cryselle-28, 79  
 Culturelle, 113  
 Curanol, 97  
 Cvs\_8hr, 97  
 Cvs\_acetaminophen, 97  
 Cvs\_acne, 107  
 Cvs\_adult, 113  
 Cvs\_advanced, 107  
 Cvs\_airshield, 113  
 Cvs\_all, 95, 101, 102, 105, 126  
 Cvs\_allerg, 101, 102, 105, 126  
 Cvs\_allergy, 101, 102, 105, 126  
 Cvs\_arthritis, 97  
 Cvs\_aspirin, 75, 76  
 Cvs\_athletes, 107  
 Cvs\_childs, 97  
 Cvs\_c-Lax, 109  
 Cvs\_clotrimazole, 107  
 Cvs\_d3, 91  
 Cvs\_daily, 113  
 Cvs\_diabetes, 113  
 Cvs\_esomeprazole, 126  
 Cvs\_eye, 113, 126  
 Cvs\_fever, 97  
 Cvs\_fish, 125  
 Cvs\_foaming, 107  
 Cvs\_folic, 85  
 Cvs\_gentle, 109  
 Cvs\_genuine, 76  
 Cvs\_hair/Skin/Nails, 123  
 Cvs\_ibuprofen, 95  
 Cvs\_immune, 113  
 Cvs\_indoor/Outdoor, 102  
 Cvs\_infants, 97  
 Cvs\_iron, 86  
 Cvs\_itch, 107  
 Cvs\_jock, 107  
 Cvs\_lubricant, 125  
 Cvs\_menopause, 124

Cvs\_mens, 113  
 Cvs\_naproxen, 95  
 Cvs\_natural, 125  
 Cvs\_nicotine, 89  
 Cvs\_non-Aspirin, 97  
 Cvs\_nutritional, 83  
 Cvs\_omeprazole, 126, 127  
 Cvs\_omeprazole-Sod, 127  
 Cvs\_one, 113  
 Cvs\_pain, 97  
 Cvs\_prenatal, 88  
 Cvs\_purelax, 108  
 Cvs\_ringworm, 107  
 Cvs\_slow, 86  
 Cvs\_spectravite, 113, 114  
 Cvs\_stool, 109  
 Cvs\_vision, 114  
 Cvs\_vitamin, 91  
 Cvs\_womens, 114  
 Cyclobenzaprine, 66  
 Cyclopentolate, 67  
 Cyclophosphamide, 36  
 Cycloplegic, 67  
 Cyclosporine, 65  
 Cyproheptadine, 32  
 Cystagon, 59  
 Cystaran, 68  
 Cystic, 71, 83  
 Cystinosis, 59

**D**

D\_1000, 91  
 D\_10000, 91  
 D\_400, 91  
 D\_5000, 91  
 D-1000, 91, 92, 93, 94  
 D2000\_ultra, 91  
 D3\_2000, 91  
 D3\_5000, 91  
 D3\_adult, 91  
 D3\_extra, 91

D3\_high, 91  
 D3\_kids, 91  
 D3\_liquid, 92  
 D3\_max, 92  
 D3\_maximum, 92  
 D3\_oral, 92  
 D3\_super, 92  
 D3-1000, 92  
 D-3-5\_oral, 92  
 D3-50\_oral, 92  
 D-400\_oral, 92  
 D-5000, 92  
 Daily\_betic, 114  
 Daily\_combo, 114  
 Daily\_diabetes, 114  
 Daily\_heart, 114  
 Daily\_multiple, 114, 122  
 Daily\_multivitamin, 114  
 Daily\_pak, 114  
 Daily\_stress, 122  
 Daily\_value, 122  
 Daily\_vitamins, 122  
 Daily\_vite, 122  
 Daily\_vites, 122  
 Daily-Vite, 122  
 Dalfampridine, 70  
 Dalvance, 20  
 Dantrolene, 67  
 Darunavir, 44  
 Dasatinib, 39  
 Dasetta, 79  
 Ddrops, 91, 92, 93  
 Deblitane, 81  
 Decara, 92  
 Decubi-Vite, 114  
 Deferasirox, 30  
 Deferiprone, 30  
 Dekas\_bariatric, 114  
 Delta\_d3, 92  
 Delyla, 79  
 Depo-Estradiol, 58

Depo-Provera, 81  
 Dermavite, 114  
 Descovy, 44  
 Desenex, 107  
 Desipramine, 26  
 Desloratadine, 32  
 Desmopressin, 57, 58  
 Desogestrel-Ethinyl, 79  
 Desonide, 53  
 Desoximetasone, 53  
 Despec, 105  
 Dexamethasone, 51  
 Dextroamphetamine, 15  
 Diabetes, 27, 28, 83, 114  
 Diabetic, 28, 122  
 Diabetisource, 83  
 Diabetitrim, 83  
 Dialyvite, 92, 93, 94, 114, 122  
 Diazepam, 21  
 Diclofenac, 17, 51, 68  
 Dicloxacin, 69  
 Dicyclomine, 72  
 Dietary, 81, 108  
 Diflunisal, 18  
 Digestive, 55  
 Digoxin, 49  
 Dilantin, 25  
 Diltiazem, 48, 49  
 Dimethyl, 70  
 Dipeptidyl, 28  
 Diphenhydramine, 101  
 Diphenoxylate-Atropine, 30  
 Dipyrindamole, 61  
 Direct, 23, 67, 74  
 Disopyramide, 21  
 Diuretic, 56  
 Divalproex, 25  
 Docusate, 109  
 Dolishale, 79  
 Dologen, 105  
 Donepezil, 69

Dorzolamide, 67, 68  
 Doxazosin, 34  
 Doxepin, 26  
 Doxycycline, 72  
 Drospiren-Eth, 79  
 Drospirenone-Ethinyl, 79  
 Droxia, 61  
 Droxidopa, 74  
 Dry\_eye, 114  
 Duavee, 58  
 Dulcolax, 109  
 Dulera, 22  
 Duloxetine, 26  
 Dupixent, 54  
 Durex\_realfeel, 88  
 D-Vi-Sol, 92  
 D-Vite, 91, 92  
 Dyanavel, 15

**E**

Econazole, 52  
 Ecotrin, 76  
 Eczema, 54  
 Ed-Apap, 97  
 Edarbi, 34  
 Edarbyclor, 34  
 Edurant, 44  
 Efavirenz, 44  
 Efavirenz-Emtricitab-Tenofo, 44  
 Efavirenz-Lamivudine-Tenofovir, 44  
 Eldertonic, 110  
 Eliquis, 23  
 Elixsure, 97  
 Ella\_oral, 81  
 Elmiron, 60  
 Elon\_matrix, 124  
 Eluryng, 81  
 Emcyt\_oral, 37  
 Emergen-C, 114  
 Emergency, 81  
 Emgality, 64

Emtricitabine, 45  
 Emtricitabine-Tenofovir, 45  
 Emtriva, 45  
 Emzahh, 81  
 Enalapril, 33, 34  
 Enalapril-Hydrochlorothiazide, 34  
 Enbrel, 18  
 Encare, 91  
 Endocrine, 56, 85  
 Endometrin, 74  
 Endur-Vm, 114  
 Energy, 111, 114, 118, 123  
 Enfagrow, 81  
 Enfamil, 81, 82, 88  
 Enilloring, 81  
 Enpresse-28, 79  
 Enspryng, 65  
 Ensure, 83  
 Entecavir, 47  
 Entresto, 49  
 Enu\_complete, 83  
 Epclusa, 47  
 Epidiolex, 24  
 Epinastine, 68  
 Eplerenone, 35  
 Eq\_8hr, 97  
 Eq\_acetaminophen, 97  
 Eq\_all, 95, 102, 105  
 Eq\_allerg, 102, 105  
 Eq\_allergy, 102, 105  
 Eq\_antifungal, 107  
 Eq\_arthritis, 97  
 Eq\_aspirin, 76  
 Eq\_athletes, 107  
 Eq\_cetirizine, 102  
 Eq\_clearlax, 108  
 Eq\_complete, 114  
 Eq\_esomeprazole, 126  
 Eq\_estroblend, 83  
 Eq\_eye, 126  
 Eq\_gentle, 109

Eq\_ibuprofen, 95  
 Eq\_jock, 107  
 Eq\_lansoprazole, 126  
 Eq\_laxative, 108  
 Eq\_loratadine, 102  
 Eq\_lubricant, 125  
 Eq\_multivitamins, 115  
 Eq\_naproxen, 95  
 Eq\_nasal, 124  
 Eq\_nicotine, 89, 90  
 Eq\_nutritional, 83  
 Eq\_omeprazole, 126  
 Eq\_one, 115  
 Eq\_pain, 97  
 Eq\_slow-Release, 86  
 Eq\_vision, 115  
 Eql\_acetaminophen, 97  
 Eql\_all, 102, 105  
 Eql\_allergy, 102, 105  
 Eql\_allergy/Congestion, 105  
 Eql\_aspirin, 76  
 Eql\_athletes, 107  
 Eql\_carbonyl, 86  
 Eql\_century, 115  
 Eql\_clearlax, 108  
 Eql\_fish, 125  
 Eql\_ibuprofen, 95  
 Eql\_iron, 86  
 Eql\_lansoprazole, 126  
 Eql\_laxative, 109  
 Eql\_omega, 125  
 Eql\_omeprazole, 126  
 Eql\_one, 115  
 Eql\_prenatal, 88  
 Eql\_slow, 86  
 Eql\_vision, 115  
 Eql\_vitamin, 92  
 Eraxis, 31  
 Ergocalciferol, 92, 93  
 Erivedge, 37  
 Erleada, 37

Erlotinib, 37  
 Errin\_oral, 81  
 Escitalopram, 25  
 Esomeprazole, 73, 127  
 Essentia, 115  
 Essential, 84, 113, 115, 122, 123  
 Estarylla, 79, 80  
 Estradiol, 58, 79, 80, 81  
 Estring, 74  
 Estrofactores, 122  
 Estrogen, 58  
 Estronatural, 83  
 Eszopiclone, 62  
 Ethambutol, 35  
 Ethamolin, 66  
 Ethosuximide, 25  
 Ethynodiol, 79  
 Etodolac, 17  
 Etonogestrel-Ethinyl, 81  
 Etoposide, 42  
 Etravirine, 45  
 Everolimus, 39, 65  
 Evolution60, 115  
 Exemestane, 37  
 Ex-Lax, 109  
 Eye\_allergy, 126  
 Eye\_health, 115  
 Eye\_itch, 126  
 Eye\_multivitamin/Sodium, 115  
 Eye\_vitamins, 115  
 Eye-Vites, 115  
 Ezallor, 78  
 Ezetimibe, 33  
 Ezfe\_200, 86

**F**

Fa-8\_oral, 85  
 Falmina, 79  
 Famciclovir, 47  
 Famotidine, 73  
 Farxiga, 29, 30

Fasenra, 21  
 Fc2\_female, 88  
 Felbamate, 24  
 Felodipine, 49  
 Female, 83, 88  
 Femcap, 88  
 Femquil, 124  
 Fenofibrate, 32  
 Feosol, 86  
 Ferate, 86  
 Fergon, 86, 87  
 Fer-In-Sol, 86, 87  
 Ferrets, 86  
 Ferrex, 86  
 Ferric, 62, 86  
 Ferrimin, 86  
 Ferriprox, 30  
 Ferro-Sequels, 86  
 Ferrotabs, 86  
 Ferrous, 86, 87  
 Fetzima, 26  
 Feverall, 97  
 Fe-Vite, 86  
 Fexofenadine, 102, 105  
 Fexofenadine-Pseudoephed, 105  
 Fibersource, 83  
 Fibric, 32  
 Fibromyalgia, 70  
 Finacea, 54  
 Finasteride, 60  
 Finzala, 79  
 Fish\_oil, 125  
 Fitness, 115  
 Flanax, 95  
 Flavoxate, 74  
 Flecainide, 21  
 Flector, 52  
 Fleet\_bisacodyl, 109  
 Flonase, 67, 124  
 Flora\_vance, 100  
 Florajen, 100

Florastor, 100  
 Fluconazole, 31  
 Fludrocortisone, 51  
 Flumazenil, 31  
 Fluocinolone, 53  
 Fluocinonide, 53  
 Fluoxetine, 25, 26  
 Fluphenazine, 43  
 Flurbiprofen, 17, 68  
 Fluticasone, 53, 67  
 Fluvastatin, 78  
 Fluvoxamine, 26  
 Folic, 61, 85, 86, 89, 122  
 Folic\_acid, 61, 85  
 Fondaparinux, 23  
 Formaldehyde, 44  
 Fosamprenavir, 45  
 Fosinopril, 33, 35  
 Fragmin, 23  
 Freedavite, 115  
 Ft\_24, 124  
 Ft\_8, 97  
 Ft\_acid, 126  
 Ft\_all, 95, 102, 105  
 Ft\_allergy, 102, 105  
 Ft\_arthritis, 97  
 Ft\_aspirin, 76  
 Ft\_athletes, 107  
 Ft\_children's, 98  
 Ft\_clearlax, 108  
 Ft\_enteric, 76  
 Ft\_folic, 85  
 Ft\_gentle, 109  
 Ft\_ibuprofen, 95  
 Ft\_laxative, 109  
 Ft\_lubricant, 125  
 Ft\_nicotine, 90  
 Ft\_omeprazole, 126  
 Ft\_pain, 95, 98  
 Ft\_vitamin, 92  
 Fulphila, 61

Furosemide, 56  
Fuzeon, 45  
Fycompa, 23

## G

Gaba, 24  
Gabapentin, 24  
Gablofen, 66  
Galantamine, 69  
Gallstone, 59  
Ganciclovir, 46  
Gastrointestinal, 59  
Gavilax, 108  
Gavilyte-C, 87  
Gavilyte-G, 87  
Gavreto, 39  
G-Dologen, 105  
Gefitinib, 37  
Gelnique, 73  
Gemfibrozil, 32  
Gengraf, 65  
Genitourinary, 59, 60  
Genteal, 125  
Gentle, 82, 109  
Gentlelax, 108  
Genuine, 76  
Genvoya, 45  
Gerber, 82  
Geri-Freeda, 115  
Gerivite, 115  
Germ\_defense, 124  
Gilenya, 70  
Gilotrif, 37  
Giltuss, 105  
Glatiramer, 70  
Glatopa, 70  
Gleostine, 36  
Glimepiride, 30  
Glipizide, 27, 30  
Glipizide-Metformin, 27  
Glucerna, 83

Glucose, 29, 83  
Glucoten, 115  
Glyburide, 27, 30  
Glyburide-Metformin, 27  
Glycolax, 108  
Glycopyrrolate, 72  
Glycotrol, 124  
Glytactin, 83  
Glyxambi, 27  
Gnp\_24, 124  
Gnp\_8, 98  
Gnp\_acetaminophen, 98  
Gnp\_adult, 76  
Gnp\_all, 102, 105, 106  
Gnp\_allergy, 102, 105, 106  
Gnp\_allergy/Congestion, 106  
Gnp\_allergy-D, 106  
Gnp\_aspirin, 76  
Gnp\_athletes, 107  
Gnp\_calcium, 110  
Gnp\_century, 115  
Gnp\_children's, 98  
Gnp\_clearlax, 108  
Gnp\_d, 92  
Gnp\_d3, 92  
Gnp\_esomeprazole, 126  
Gnp\_essential, 122  
Gnp\_eye, 125  
Gnp\_fexofenadine/Pse, 106  
Gnp\_fish, 125  
Gnp\_folic, 85  
Gnp\_gentle, 109  
Gnp\_hair/Skin/Nails, 115  
Gnp\_healthy, 115  
Gnp\_ibuprofen, 95  
Gnp\_immune, 115  
Gnp\_infants, 98  
Gnp\_iron, 86  
Gnp\_lansoprazole, 127  
Gnp\_loratadine, 102  
Gnp\_mega, 115

Gnp\_naproxen, 95  
Gnp\_nicotine, 90  
Gnp\_omeprazole, 127  
Gnp\_one, 115  
Gnp\_pain, 98  
Gnp\_prenatal, 88  
Gnp\_stool, 109  
Gnp\_terbinafine, 107  
Gnp\_therapeutic-M, 115  
Gnp\_vitamin, 92  
Gnrh/Lhrh, 56  
Gold, 17, 84, 121  
Goodsense, 76, 77, 86, 90, 95, 98,  
102, 103, 106, 107, 108, 109, 124,  
125, 126, 127  
Gout, 60  
Granix, 61  
Griseofulvin, 31  
Growth, 57, 61  
G-Tusicof, 106  
Guanfacine, 34

## H

H-2, 73, 126  
Haelan, 83  
Hailey, 79  
Hair/Skin/Nails, 112, 115, 122  
Hair\_skin, 115  
Halobetasol, 53  
Haloette, 81  
Haloperidol, 43  
Harvoni, 47  
Head\_care, 115  
Healthy, 88, 91, 92, 94, 98, 115, 118,  
119, 122  
Healthylax, 108  
Heart\_savior, 124  
Heart\_tabs, 124  
Heather, 81  
Hematological, 60  
Hematopoietic, 61, 85, 86, 108

Hematorheologic, 60  
Hemophilia, 83  
Hemostatics, 62  
Heparins, 23  
Hepatitis, 46  
Herpes, 47  
High\_potency, 86, 115, 122  
Hi-Kovite, 115  
Hiv\_support, 83  
Hm\_24, 124  
Hm\_adult, 77  
Hm\_allergy, 106  
Hm\_arthritis, 98  
Hm\_clearlax, 108  
Hm\_complete, 115  
Hm\_fexofenadine, 103  
Hm\_fish, 125  
Hm\_loratadine, 103  
Hm\_nicotine, 90  
Hm\_pain, 98  
Hm\_womens, 115  
Hmg, 32, 78  
Homocysteine, 83  
Hormone, 57, 82, 85  
Hrt\_support, 83  
Humalog, 29  
Humira, 16  
Humira-Cd/Uc/Hs, 16  
Humira-Psoriasis/Uveit, 16  
Humulin, 29  
Hycamtin, 42  
Hydralazine, 35  
Hydrochlorothiazide, 34, 35, 56  
Hydrocodone-Acetaminophen, 19  
Hydrocortisone, 19, 51, 53, 54  
Hydromorphone, 18  
Hydroxychloroquine, 35  
Hydroxyurea, 41  
Hydroxyzine, 20  
Hyoscyamine, 73  
Hypnotics/Sedatives/Sleep, 62

Hy-Vee, 95

**I**

Ibrance, 39  
lbs\_support, 83  
Ibuprofen, 17, 95, 96  
Icaps\_areds, 116  
Icaps\_lutein, 116, 124  
Icaps\_mv, 116  
Icaps\_oral, 116  
Icar\_oral, 86  
Icatibant, 60  
Iclevia, 79  
Iclusig, 39  
Idhifa, 39  
Iferex, 86  
Ilaris, 17  
Imatinib, 39  
Imbruvica, 39, 40  
Imidazole-Related, 31  
Imipramine, 27  
Imiquimod, 54  
Immublast-C, 116  
Immune, 83, 94, 111, 112, 113, 114, 116, 118  
Immunicare, 124  
Immunomodulating, 54  
Immunosuppressive, 65  
Impact, 83  
Impotence, 49  
In, 3, 23, 36, 86, 87, 107, 108  
Incassia, 81  
Increlex, 57  
Incretin, 28  
Incruse, 21  
Indapamide, 56  
Indomethacin, 17  
Infant, 81, 82, 94, 99  
Infants, 97, 98, 99, 100  
Infed\_injection, 62  
Inflammatory, 15, 17, 51, 59, 95

Influenza, 47  
Inlyta, 36  
Insulin, 29, 57, 63, 64  
Insulin-Like, 57  
Intelence, 45  
Interleukin-1beta, 17  
Interleukin-6, 17  
Interstitial, 60  
Intestinal, 33  
Intestinex, 100  
Inulose, 124  
Invokamet, 27  
Invokana, 30  
Ipratropium, 21, 22, 67  
Ipratropium-Albuterol, 22  
Irbesartan, 34, 35  
Irbesartan-Hydrochlorothiazide, 35  
Iron\_(Ferrous, 86  
Iron\_27, 86  
Iron\_chews, 87  
Iron\_high-Potency, 87  
Iron\_infant, 87  
Iron\_infant/Toddler, 87  
Iron\_oral, 87  
Iron\_slow, 87  
Iron\_supplement, 87  
Iron\_up, 87  
Irritable, 59  
Isentress, 45  
Isibloom, 79  
Isoniazid, 35  
Isosorbide, 20  
Isosource, 83  
Isradipine, 49  
Itraconazole, 31  
I-Vite, 116

**J**

Jaimiess, 79  
Jakafi, 40  
Janumet, 27

Januvia, 28  
Jardiance, 30  
Jasmiel, 79  
Jencycla, 81  
Jentaducto, 27  
Jock\_itch, 108  
Joyeaux, 79  
Juluca, 45  
Junel\_1.5/30, 79  
Junel\_1/20, 79  
Junel\_fe, 79  
Just\_4, 123  
Juven\_nutrivigor, 83  
Juven\_oral, 83  
Juven\_revigor, 83  
Juxtapid, 33

## K

Kalliga, 79  
Kalydeco, 71  
Kendall, 54  
Kesimpta, 70  
Ketocal, 83  
Ketoconazole, 31, 52  
Ketorolac, 17, 68  
Ketotifen, 126  
Kids\_first, 92  
Kimono, 88  
Kitabis, 15  
Kls\_acetaminophen, 98  
Kls\_allerclear, 103, 106  
Kls\_aller-Fex, 103  
Kls\_aller-Tec, 103, 106  
Kls\_aspirin, 77  
Kls\_d3, 92  
Kls\_ibuprofen, 95  
Kls\_lansoprazole, 127  
Kls\_laxaclear, 108  
Kls\_omeprazole, 127  
Kls\_quit2, 90  
Kls\_quit4, 90

Kp\_adults, 116  
Kp\_aspirin, 77  
Kp\_bisacodyl, 109  
Kp\_ferrous, 87  
Kp\_fexofenadine, 103  
Kp\_folic, 85  
Kp\_mens, 116  
Kp\_omeprazole, 127  
Kp\_prenatal, 88  
Kp\_vision, 116  
Kp\_vitamin, 92  
Kp\_womens, 116  
K-Pax\_immune, 116  
K-Pax\_protein, 83  
Kpn\_prenatal, 88

## L

Labetalol, 48  
Lactulose, 63  
Lamisil, 108  
Lamivudine, 44, 45, 47  
Lamivudine-Zidovudine, 45  
Lamotrigine, 24  
Lanaflex, 83  
Lanoxin, 49  
Lansoprazole, 73, 127  
Lantus, 29  
Lapatinib, 40  
Larin\_1.5/30, 79  
Larin\_1/20, 79  
Larin\_24, 79  
Larin\_fe, 79  
Latanoprost, 68  
Laxative, 63, 87, 109  
Laxatives, 63, 87, 108, 109  
Leflunomide, 18  
Lenalidomide, 65  
Lenvima, 36  
Lescol, 78  
Lessina, 79  
Leucovorin, 42

Leukeran, 36  
Leukotriene, 21  
Levalbuterol, 22  
Levemir, 29  
Levetiracetam, 24  
Levobunolol, 67  
Levocetirizine, 32  
Levofloxacin, 58  
Levonest, 79  
Levonorgest-Eth, 79, 80  
Levonorgestrel, 80, 81  
Levonorgestrel-Ethinyl, 80  
Levonorg-Eth, 80  
Levothyroxine, 72  
Lhrh/Gnrh, 57  
Licart, 52  
Lidocaine, 54, 66  
Lidocaine-Prilocaine, 54  
Life, 2, 3, 4, 5, 6  
Life\_pack, 116  
Linzess, 59  
Lioresal, 66  
Lipidshield, 124  
Lipitor, 32, 78  
Lipofen, 32  
Liquid, 51, 57, 81, 82, 83, 84, 85, 87, 91, 92, 93, 94, 96, 97, 98, 99, 100, 104, 105, 106, 107, 110, 111, 112, 113, 116, 117, 122  
Lisinopril, 33, 35  
Lisinopril-Hydrochlorothiazide, 35  
Lithium, 42  
Little, 98  
Livalo, 78  
Liver\_defense, 83  
Liver\_detox, 116  
Lo\_loestrin, 80  
Local, 54, 63  
Lojaimiess, 80  
Lonsurf, 38  
Loop, 56



Loperamide, 30  
Lophlex, 83  
Lopinavir-Ritonavir, 45  
Loradamed, 103  
Loratadine, 101, 102, 103, 104, 106  
Loratadine-D, 106  
Lorazepam, 21  
Lorbrena, 40  
Loryna, 80  
Losartan, 34, 35  
Lotrimin, 52, 107, 108  
Lovastatin, 32, 78  
Low-Ogestrel, 80  
Lo-Zumandimine, 80  
Lps\_critical, 83  
Lubricant, 63, 125  
Lupron, 37, 57  
Lutein-Zeaxanthin, 115, 116  
Lutera, 80  
Lynparza, 40  
Lysiplex, 116, 122  
Lysodren, 37  
Lyza\_oral, 81

## M

Macular, 116, 121  
Macuvite, 116  
Macuvite/Lutein, 116  
Malathion, 54  
Male\_infertility, 84  
Male\_support, 84  
Mapap\_acetaminophen, 98  
Mapap\_childrens, 98  
Mapap\_oral, 98  
Maraviroc, 45  
Masonatal, 88  
Matulane, 41  
Max\_relief, 98  
Maximum, 91, 92, 93, 94, 114, 116,  
118, 120, 125  
Mayzent, 70, 71

Meclizine, 31  
Medcaps, 124  
Medical, 2, 3, 63, 88  
Medi-First, 77, 95  
Medihoney, 54, 55  
Medi-Profen, 95  
Mediproxen, 95  
Medique, 77  
Medi-Seltzer, 77  
Medi-Tabs, 97, 98  
Medroxyprogesterone, 69, 81  
Mega\_multi, 116  
Mega-Marathon, 116  
Megavite, 116  
Megestrol, 37  
Meglitinide, 29  
Meijer, 77, 87, 95, 98, 103, 106, 116  
Mekinist, 40  
Meloxicam, 17  
Memantine, 69  
Memorall, 124  
Memory, 124  
Mens\_50+, 116  
Mens\_daily, 116  
Mens\_life, 116  
Mens\_multivitamin, 116  
Mens\_pack, 116  
Meperidine, 18  
Mercaptopurine, 36  
Mesnex, 42  
Metabolic, 56, 57, 85  
Metaxalone, 66  
Metformin, 27, 28  
Methadone, 18  
Methazolamide, 56  
Methenamine, 20  
Methimazole, 72  
Methionine-200, 84  
Methocarbamol, 66  
Methyl, 124  
Methyl-Guard, 124

Methylphenidate, 15  
Methylprednisolone, 51  
Metoclopramide, 59  
Metolazone, 56  
Metoprolol, 35, 48  
Metoprolol-Hydrochlorothiazide, 35  
Metronidazole, 19, 54  
Mg\_plus, 124  
Microgestin, 80  
Microsomal, 33  
Midazolam, 62  
Midodrine, 74  
Midol\_oral, 98  
Mifepristone, 28  
Migraine, 64  
Mil\_adregen, 124  
Minerals, 88, 110, 111, 112, 113,  
114, 115, 116, 117, 118, 119, 120,  
121, 122, 123  
Minocin, 72  
Minocycline, 72  
Minoxidil, 35  
Miralax, 108  
Mirtazapine, 25  
Misc., 15, 19, 20, 23, 25, 32, 41, 42,  
49, 56, 59, 60, 66, 68, 69, 71, 73,  
85, 89, 100, 125, 126  
Miscellaneous, 55, 59, 63, 64, 70, 82,  
83, 84, 85, 87, 88, 89, 91, 108,  
110, 113, 114, 116, 119, 122, 123,  
124  
Misoprostol, 73  
Mitigare, 60  
Mitotic, 42  
Mm\_acetaminophen, 98  
Mm\_allergy, 103  
Mm\_arthritis, 99  
Mm\_aspirin, 77  
Mm\_clearlax, 108  
Mm\_fexofenadine, 103  
Mm\_ibuprofen, 95

Moexipril, 33  
 Mometasone, 54, 67  
 Mommy's, 93, 122  
 Monoamine, 25, 42  
 Monogen, 84  
 Mono-Linyah, 80  
 Monsels, 62  
 Montelukast, 21  
 Mood\_food, 116  
 Morphine, 18, 19  
 Motrin, 95, 96  
 Mounjaro, 29  
 Mouth/Throat/Dental, 66, 110  
 Movantik, 59  
 Movement, 70  
 Moxifloxacin, 59, 67  
 M-Pap\_oral, 99  
 Multi\_adult, 116  
 Multi\_complete, 116  
 Multi\_complete/Iron, 116  
 Multi\_for, 116, 117  
 Multi\_prenatal, 88  
 Multi\_vitamin/Minerals, 117  
 Multia, 117  
 Multiple, 70, 84, 110, 113, 117, 121, 122, 123  
 Multivit/Multimineral, 117, 119  
 Multivitamin, 88, 89, 111, 113, 114, 116, 117, 118, 120, 121, 122, 123  
 Multi-Vitamin, 117, 122, 123  
 Multi-Vitamin/Minerals, 117  
 Multivitamin/Zinc, 117  
 Multi-Vitamins, 122  
 Multi-Vite, 112, 117  
 Mupirocin, 52  
 Muri-Lube, 63  
 Musculoskeletal, 66  
 Mv-One, 122  
 Mvw\_complete, 117, 123  
 Mvw\_hi-D, 117  
 Mvw\_modulator, 117

Mvw\_orange, 117  
 My\_way, 81  
 Myalept, 57  
 Myamulti, 117  
 Mycophenolate, 65  
 Mycophenolic, 65  
 Mycozyl, 108  
 Myleran, 36  
 Myrbetriq, 74

## N

Na\_sulfate-K, 87  
 Nabumetone, 17  
 Nalbuphine, 19  
 Naltrexone, 31  
 Namzaric, 69  
 Naphcon-A, 126  
 Naproxen, 17, 95  
 Nasacort, 124, 125  
 Nasal, 28, 57, 67, 90, 105, 106, 124, 125  
 Nasal\_allergy, 125  
 Natacyn, 67  
 Natazia, 80  
 Nateglinide, 29  
 Nat-Rul, 93  
 Natrul-Vites, 117  
 Natural, 68, 86, 93  
 Necon\_1/35, 80  
 Neomultivite, 122  
 Neomycin, 15  
 Neonatal, 89  
 Nerlynx, 40  
 Neulasta, 61  
 Neupogen, 61  
 Neurogenic, 74  
 Nevirapine, 45  
 Nexium, 127  
 Nicardipine, 49  
 Nicoderm, 90  
 Nicorelief, 90

Nicorette, 89, 90, 91  
 Nicotine, 90  
 Nicotrol, 90  
 Nifedipine, 49  
 Nikki\_oral, 80  
 Nilutamide, 37  
 Nimodipine, 49  
 Ninlaro, 40  
 Nisoldipine, 49  
 Nitisinone, 57  
 Nitrofurantoin, 20  
 Nitroglycerin, 20  
 Nivestym, 61  
 Nizatidine, 73  
 No\_iron, 117  
 Non-Aspirin, 96, 97, 99, 100  
 Non-Barbiturate, 62  
 Nonsteroidal, 17, 95  
 Nora-Be, 81  
 Norelgestromin-Eth, 81  
 Norethin, 80  
 Norethindrone, 69, 80, 81  
 Norethin-Eth, 80  
 Norgestimate-Eth, 80  
 Norgestim-Eth, 80  
 Norlyroc, 81  
 Nortrel, 80  
 Nortriptyline, 27  
 Norvir, 45, 46  
 Norwegian, 125  
 Novaferum, 87  
 Novofine, 64  
 Noxafil, 31  
 Nplate, 61  
 Nubeqa, 37  
 Nucala, 21  
 Nuedexta, 71  
 Nu-Iron, 87  
 Nutra-Z+, 123  
 Nutritional, 82, 108, 125  
 Nuvaring, 81

Nystatin, 31, 52, 66  
Nystatin-Triamcinolone, 52  
Nyvepria, 61

**O**

Obstetrix, 89  
Octreotide, 58  
Ocular, 117  
Ocutabs, 117  
Ocutabs-Lutein, 117  
Ocuville, 117, 118  
Ocuville-Lutein, 117, 118  
Odefsey, 45  
Odomzo, 37  
Ofev\_oral, 72  
Ofloxacin, 68  
Oil, 53, 55, 58, 63, 91, 125  
Olanzapine, 43  
Olmesartan, 34, 35  
Olopatadine, 68  
Olumiant, 16  
Omega\_3, 125  
Omega\_iii, 125  
Omega-3, 32, 116, 119, 125  
Omega-3-Acid, 32  
Omeprazole, 73, 126, 127  
Omeprazole-Sodium, 127  
Omnicap, 123  
Once\_daily, 123  
Oncology, 84  
Oncovite, 118  
Ondansetron, 31  
One\_a, 118  
One\_daily, 118, 123  
One\_daily/Minerals, 118  
One\_vite, 89, 123  
One-A-Day, 89, 118, 119, 123  
One-Daily, 119, 123  
Onelax, 109  
Opcicon, 81  
Opcon-A, 126

Ophthalmic, 67, 68, 125, 126  
Ophthalmics, 68, 126  
Opill\_oral, 81  
Opioid, 18, 19, 31, 59  
Opsumit, 50  
Optic-Vites, 119  
Optifast, 119  
Optimal, 93  
Optimental, 84  
Optimum, 119  
Options, 6, 91  
Optisource, 119  
Optivite, 119  
Opurity, 93, 94, 119  
Orasep, 110  
Orbactiv, 20  
Organic, 81, 84, 93, 122  
Oriahnn, 58  
Orilissa, 57  
Orkambi, 71  
Orphenadrine, 66  
Orsythia, 80  
Ortho\_tri-Cyclen, 80  
Oseltamivir, 47, 48  
Osteoporosis, 84  
Osteoprime, 119  
Otezla, 18  
Otic, 68  
Otrexup, 16  
Oxaprozin, 18  
Oxazepam, 21  
Oxcarbazepine, 24  
Oxybutynin, 73  
Oxycodone, 19  
Oxycodone-Acetaminophen, 19  
Oxycontin, 19  
Ozempic, 29

**P**

Pain\_&, 99  
Pain\_and, 99

Pain\_relief, 99  
Pain\_reliever, 99  
Pain\_reliever/Fever, 99  
Palonosetron, 31  
Pamprin, 95  
Panadol, 99  
Pancreaze, 55  
Panoxyl, 107  
Pantoprazole, 73  
Parenteral, 63  
Paroxetine, 26  
Parvlex, 119  
Pazopanib, 40  
Pecgen, 106  
Ped, 16, 57, 123  
Pediicare, 99  
Pediasure, 84  
Peg\_3350, 87  
Peg\_3350-KCl-Na, 87  
Peg-3350/Electrolytes, 87  
Pegasys, 47  
Pemazyre, 40  
Penicillamine, 64  
Penicillin, 68, 69  
Penicillinase-Resistant, 69  
Pentamidine, 19  
Pentasa, 59  
Pentoxifylline, 60  
Perative, 84  
Periflex, 82, 84  
Perindopril, 33  
Peripheral, 59  
Perphenazine, 43, 70  
Perphenazine-Amitriptyline, 70  
Pharbetol, 99  
Phenazopyridine, 60  
Phenelzine, 25  
Phenex, 84  
Phenex-2, 84  
Phenobarbital, 62  
Phenylade, 84

Phenylade60, 84  
 Phenyl-Free, 82, 84  
 Phenytoin, 25  
 Phexxi, 91  
 Phlexy-10, 84  
 Phlexy-Vits, 119  
 Phosphate, 21, 47, 48, 51, 59  
 Phosphodiesterase, 18, 50  
 Phospholine, 67  
 Photofrin, 41  
 Pilocarpine, 66  
 Pindolol, 48  
 Pioglitazone, 27, 29  
 Pirfenidone, 72  
 Piroxicam, 18  
 Pitavastatin, 78  
 Pivot\_1.5, 84  
 Pku\_2, 84  
 Pku\_3, 84  
 Pku\_air20, 84  
 Pku\_cooler, 84  
 Pku\_easy, 84  
 Pku\_gel, 84  
 Pku\_lophlex, 84  
 Pku\_periflex, 84  
 Pku\_trio, 84  
 Plan\_b, 81  
 Plasma, 60  
 Platelet, 60  
 Plegridy, 71  
 Plenvu, 87  
 Plerixafor, 62  
 Pnv\_prenatal, 89  
 Pnv-Dha, 89  
 Pnv-Select, 89  
 Polocaine, 63  
 Polyethylene, 87, 88  
 Poly-Iron, 87  
 Polysaccharide, 87  
 Polysaccharide-Iron, 87  
 Pomalyst, 38  
 Ponvory, 71  
 Posterior, 57  
 Potassium, 34, 35, 56, 65, 68, 69  
 pr, 2  
 Pramipexole, 42  
 Pravastatin, 32, 78  
 Prazosin, 34  
 Prednisolone, 51  
 Prednisone, 51  
 Pregabalin, 24  
 Premarin, 58, 74  
 Premium, 88, 119  
 Premphase, 58  
 Prempro, 58  
 Prenatabs, 89  
 Prenatal, 88, 89  
 Prenatal/Iron, 89  
 Prenatal-U, 89  
 Prescription, 119  
 Preservision, 119  
 Preservision/Lutein, 119  
 Prevacid, 73, 126, 127  
 Prevent, 119  
 Prezista, 44, 46  
 Prialt, 18  
 Priftin, 36  
 Prilosec, 127  
 Primidone, 24  
 Probenecid, 60  
 Pro-Cal, 119  
 Procerv, 119  
 Prochlorperazine, 43  
 Procrit, 62  
 Profe\_oral, 87  
 Proferrin, 87  
 Progesterone, 69  
 Progestin, 81  
 Prograf, 65  
 Prolactin, 58  
 Promacta, 62  
 Promethazine, 32  
 Promote, 84  
 Promote/Fiber, 84  
 Pronutrients, 93  
 Propafenone, 21  
 Propranolol, 48  
 Proprinal, 96  
 Proprotein, 33  
 Prorenal, 119  
 Prosgight, 119  
 Prostaglandin, 49  
 Prostaglandins, 68, 73  
 Prostate, 84  
 Prostatic, 60  
 Protect, 119, 124  
 Protegra, 119  
 Proton, 73, 126  
 Protopam, 30  
 Provimin, 85  
 Provit, 119  
 Proxead, 119  
 Pseudobulbar, 71  
 Psoriasis, 16, 85  
 Psychotherapeutic, 69, 89  
 Pulmicort, 22  
 Pulmonary, 49, 50, 71, 85  
 Pulmozyme, 71  
 Pure\_calcium, 110  
 Purixan, 36  
 Pyrazinamide, 36  
 Pyridostigmine, 35  
 Pyrimethamine, 35  
 Pyrimidine, 18

**Q**

Qc\_8, 99  
 Qc\_acetaminophen, 99  
 Qc\_all, 103  
 Qc\_allergy, 103  
 Qc\_arthritis, 99  
 Qc\_aspirin, 77  
 Qc\_athletes, 108

Qc\_calcium, 110  
 Qc\_cetirizine, 103  
 Qc\_childrens, 77  
 Qc\_clotrimazole, 108  
 Qc\_daily, 119  
 Qc\_docusate, 109  
 Qc\_enteric, 77  
 Qc\_esomeprazole, 127  
 Qc\_essentials, 123  
 Qc\_ferrous, 87  
 Qc\_fish, 125  
 Qc\_folic, 85  
 Qc\_gentle, 109  
 Qc\_hair, 119  
 Qc\_ibuprofen, 96  
 Qc\_lansoprazole, 127  
 Qc\_laxative, 109  
 Qc\_loratadine, 103, 106  
 Qc\_loratadine-D, 106  
 Qc\_mens, 120  
 Qc\_multi-Vite, 120  
 Qc\_naproxen, 96  
 Qc\_natura-Lax, 108  
 Qc\_nicotine, 90  
 Qc\_non-Aspirin, 99  
 Qc\_ocuhealth, 120  
 Qc\_omeprazole, 127  
 Qc\_pain, 99  
 Qc\_prenatal, 89  
 Qc\_therin-M, 120  
 Qc\_vitamin, 93  
 Qc\_womens, 120  
 Qnasl\_childrens, 67  
 Qnasl\_nasal, 67  
 Quetiapine, 43  
 Quillichew, 15  
 Quillivant, 15  
 Quin\_b, 120  
 Quinapril, 33, 35  
 Quinapril-Hydrochlorothiazide, 35  
 Quinolinone, 43

Quintabs, 120, 123  
 Quintabs-M, 120  
 Qvar\_redihaler, 22

R

Ra\_8, 99  
 Ra\_acetaminophen, 99, 100  
 Ra\_allergy, 103, 106  
 Ra\_allergy/Congestion, 106  
 Ra\_arthritis, 100  
 Ra\_aspirin, 77  
 Ra\_athletes, 108  
 Ra\_calcium, 110  
 Ra\_central-Vite, 120  
 Ra\_cetiri-D, 106  
 Ra\_childrens, 100  
 Ra\_clotrimazole, 108  
 Ra\_ear, 124  
 Ra\_effervescent, 124  
 Ra\_esomeprazole, 127  
 Ra\_essence-C, 120  
 Ra\_eye, 126  
 Ra\_fast, 109  
 Ra\_fever, 100  
 Ra\_fish, 125  
 Ra\_folic, 85  
 Ra\_foot, 108  
 Ra\_high, 87  
 Ra\_ibuprofen, 96  
 Ra\_iron, 87  
 Ra\_jock, 108  
 Ra\_laxative, 108, 109  
 Ra\_lorata-D, 106  
 Ra\_loratadine, 103  
 Ra\_lubricant, 125  
 Ra\_mini, 90  
 Ra\_naproxen, 96  
 Ra\_nasal, 125  
 Ra\_nicotine, 90  
 Ra\_omeprazole, 127  
 Ra\_one, 120

Ra\_pain, 77, 96, 100  
 Ra\_prenatal, 89  
 Ra\_slow, 87  
 Ra\_vitamin, 93  
 Ra\_womens, 109  
 Rabeprazole, 73  
 Radiance, 93  
 Raloxifene, 57, 85  
 Ramipril, 33  
 Rapivab, 48  
 Rasuvo, 16  
 Ravicti, 57  
 Rayavit, 120  
 Rebif\_rebidose, 71  
 Rebif\_subcutaneous, 71  
 Rebif\_titration, 71  
 Rectal, 19, 75, 96, 97, 99, 109  
 Refresh, 125  
 Regranex, 55  
 Relistor, 59  
 Renacidin, 60  
 Renaplex, 120  
 Renaplex-D, 120  
 Repatha, 33  
 Replesta, 93  
 Replete, 85  
 Respiratory, 48, 71  
 Restore, 55  
 Resurgex, 85  
 Retaine, 124  
 Revlimid, 65  
 Reyataz, 44, 46  
 Rezvoglar, 29  
 Rheumatoid, 85  
 Ribavirin, 47, 48  
 Ridaura, 17  
 Rifampin, 36  
 Right\_step, 89  
 Rimantadine, 48  
 Rinvoq, 16  
 Risperidone, 43

Ritonavir, 45, 46  
Rivastigmine, 69  
Ropinirole, 42  
Rosacea, 54  
Rosuvastatin, 33, 78  
Rozlytrek, 40  
Rubraca, 40  
Rybelsus, 29  
Rydapt, 40

**S**

Safyral, 79, 80  
Salsalate, 18  
Sapropterin, 57  
Savella, 70  
Sb\_allergy, 103, 106  
Sb\_arthritis, 100  
Sb\_aspirin, 77  
Sb\_bisacodyl, 109  
Sb\_cetirizine, 103  
Sb\_childrens, 77, 100  
Sb\_clotrimazole, 108  
Sb\_gentle, 109  
Sb\_ibuprofen, 96  
Sb\_laxative, 109  
Sb\_loratadine, 103  
Sb\_low, 77  
Sb\_naproxen, 96  
Sb\_non-Aspirin, 100  
Sb\_omega-3, 125  
Sb\_omeprazole, 127  
Sb\_pain, 100  
Sb\_polyethylene, 88  
Sb\_stool, 109  
Scabicides, 54  
Sclerosing, 66  
Sea-Omega, 125  
Segluromet, 27  
Selective, 25, 35, 48, 63  
Selegiline, 42  
Selzentry, 45, 46

Semglee, 29  
Senior, 110, 113, 114, 115, 120, 121  
Sensorcaine-Mpf/Epinephrine, 63  
Sentry, 120  
Serevent, 22  
Serotonin, 25, 26, 64  
Serotonin-Norepinephrine, 26  
Sertraline, 26  
Sharobel, 81  
Signifor, 58  
Sildenafil, 50  
Silver, 53, 55, 112, 113  
Similac, 82  
Similac/Iron, 82  
Simlandi, 16  
Simpesse, 80  
Simponi, 16  
Simvastatin, 33, 78  
Sinus, 50, 107  
Sirolimus, 65  
Sirturo, 36  
Skin\_beauty, 120  
Skin\_hair, 120  
Skyrizi, 52, 59  
Slow\_fe, 87  
Slow\_iron, 87  
Slow\_release, 87  
Sm\_8, 100  
Sm\_all, 103, 104, 106  
Sm\_allergy, 104  
Sm\_antifungal, 108  
Sm\_antioxidant, 120  
Sm\_arthritis, 100  
Sm\_aspirin, 78  
Sm\_athletes, 108  
Sm\_childrens, 78, 104  
Sm\_clearlax, 108  
Sm\_complete, 120  
Sm\_daily, 120  
Sm\_estroplus, 85  
Sm\_eye, 126

Sm\_fexofenadine, 104  
Sm\_fish, 125  
Sm\_folic, 86  
Sm\_gentle, 109  
Sm\_hair/Skin/Nails, 120  
Sm\_ibuprofen, 96  
Sm\_iron, 87  
Sm\_lansoprazole, 127  
Sm\_laxative, 109  
Sm\_loratadine, 104, 106  
Sm\_lorata-Dine, 106  
Sm\_lubricant, 125  
Sm\_multiple, 123  
Sm\_naproxen, 96  
Sm\_nicotine, 90, 91  
Sm\_omeprazole, 127  
Sm\_one, 89, 120  
Sm\_opti-Vitamins, 120  
Sm\_pain, 100  
Sm\_prenatal, 89  
Sm\_rapid, 100  
Sm\_slow, 87  
Sm\_vitamin, 93  
Smoking, 89  
Smooth, 108, 109  
Sod\_citrate-Citric, 59  
Sodium, 17, 20, 21, 23, 25, 29, 32, 33, 35, 46, 50, 51, 56, 57, 65, 66, 67, 68, 69, 72, 73, 78, 88, 95, 96, 115, 127  
Sodium-Glucose, 29  
Sofosbuvir-Velpatasvir, 47  
Soliqua, 27  
Solo\_oral, 120  
Soluble, 18, 30, 39, 40, 46, 50, 57, 91  
Solu-Cortef, 51  
Soluvita, 88  
Somatostatic, 58  
Somatuline, 58  
Somavert, 57  
Sorafenib, 40

Sotalol, 48  
 Sotradecol, 66  
 Sotylize, 48  
 Sovaldi, 47  
 Specialty, 5, 123  
 Spectravite, 120  
 Spiriva, 21  
 Spironolactone, 56  
 Spironolactone-Hctz, 56  
 Sprintec, 80  
 Sronyx, 80  
 St\_joseph, 78  
 Statins, 85  
 Steglatro, 30  
 Stelara, 52  
 Stem, 62  
 Steroid, 21  
 Stimulant, 109  
 Stimulants, 15, 59  
 Stiolto, 22  
 Stivarga, 40  
 Stool\_softener, 110  
 Stress, 117, 122, 123  
 Striverdi, 22  
 Stuart, 88, 89  
 Sucraid, 55  
 Sucralfate, 73  
 Sulfacetamide, 51, 68  
 Sulfamethoxazole-Trimethoprim, 19, 20  
 Sulfamylon, 52  
 Sulfasalazine, 59  
 Sulindac, 18  
 Sunitinib, 40  
 Super\_antioxidant, 120  
 Super\_antioxidants, 120  
 Super\_aytinal, 120  
 Super\_calcium, 110  
 Super\_daily, 93  
 Super\_dha, 125  
 Super\_multiple, 120

Super\_natrul-100, 120  
 Super\_omega-3, 125  
 Super\_thera, 120  
 Super\_vita-Mins, 120  
 Superior, 120  
 Suprep, 87  
 Surfactant, 109  
 Surfak, 110  
 Sutab\_oral, 63  
 Sv\_iron, 87  
 Sv\_vitamin, 93  
 Symdeko, 71  
 Symlinpen, 27  
 Symproic, 59  
 Symtuza, 46  
 Synarel, 57  
 Synertropin, 124  
 Synjardy, 28  
 Synthroid, 72  
 Systane, 120, 125, 126  
 Systemic, 62, 66, 67, 124

## T

Tab-A-Vite, 110, 123  
 Tab-A-Vite/Beta, 123  
 Tab-A-Vite/Iron/Beta, 110  
 Tabrecta, 40  
 Tacrolimus, 65  
 Tadalafil, 49, 50  
 Tafinlar, 40  
 Tagrisso, 37  
 Take\_action, 81  
 Takhzyro, 60  
 Taltz\_subcutaneous, 52  
 Talzenna, 41  
 Tamoxifen, 38, 78  
 Tamsulosin, 60  
 Tasigna, 41  
 Tasimelteon, 63  
 Telmisartan, 34  
 Temazepam, 62

Temozolomide, 36  
 Tenofovir, 44, 45, 46  
 Terazosin, 34  
 Terbinafine, 31, 107, 108  
 Terbutaline, 22  
 Teriflunomide, 71  
 Teriparatide, 56  
 Tetrabenazine, 70  
 Thalomid, 65  
 The\_magic, 109  
 Theophylline, 22  
 Thera\_oral, 123  
 Thera\_vital, 121  
 Thera\_vital-M, 121  
 Therabasic-M, 121  
 Thera-D, 93  
 Theragran-M, 121  
 Theramill, 121  
 Theranatal, 89  
 Therapeutic, 9, 64, 121  
 Therapeutic-M, 121  
 Thera-Tabs, 121, 123  
 Theratrum, 121  
 Thera-Vite, 121  
 Therems, 123  
 Theromega, 125  
 Thiazides, 56  
 Thioridazine, 43  
 Thiotepa, 36  
 Thiothixene, 44  
 Thrive, 91, 121  
 Throat, 66, 89, 90, 91, 110  
 Thrombolytic, 61  
 Thyroid, 72  
 Tibsovo, 41  
 Timolol, 67  
 Tiopronin, 60  
 Tivicay, 46  
 Tizanidine, 66  
 Tm-Clotrimazole, 108  
 Tm-Daily, 123



Tobi\_podhaler, 15  
 Tobramycin, 15, 68  
 Today\_sponge, 91  
 Tolterodine, 73  
 Tolvaptan, 58  
 Topiramate, 24  
 Topoisomerase, 42  
 Torpenz, 41  
 Toremide, 56  
 Totalday, 121  
 Tracleer, 50  
 Tradjenta, 28  
 Tramadol, 19  
 Tramadol-Acetaminophen, 19  
 Trandolapril, 33  
 Tranexamic, 62  
 Trazodone, 26  
 Tretinoin, 42  
 Triamcinolone, 52, 54, 125  
 Triaminic, 100, 104  
 Triamterene-Hctz, 56  
 Tricidasol, 23  
 Tricitrates, 59  
 Tricyclic, 26  
 Trientine, 65  
 Tri-Estarylla, 80  
 Trifluoperazine, 43  
 Trifluridine, 68  
 Trihexyphenidyl, 42  
 Trijardy, 28  
 Tri-Linyah, 80  
 Tri-Lo-Estarylla, 80  
 Tri-Lo-Mili, 80  
 Tri-Lo-Sprintec, 80  
 Trimethobenzamide, 31  
 Trimethoprim, 19, 20  
 Trinate, 89  
 Trinessa, 80  
 Tri-Sprintec, 80  
 Triumeq, 46  
 Trivora, 80

Tropicamide, 67  
 Trospium, 73  
 True\_daily, 123  
 True\_ferrous, 87  
 True\_folic, 86  
 True\_laxative, 109  
 True\_multivitamin, 123  
 True\_vitamin, 93  
 Trulicity, 29  
 Trustex, 88  
 Turqoz, 80  
 Tusicof, 104, 106  
 Tusnel, 105, 106  
 Tusnel-Dm, 106  
 Tussi-Pres, 106  
 T-Vites, 121  
 Twirla, 81  
 Tyblume, 80  
 Tydemy, 80  
 Tylenol, 19, 96, 97, 98, 99, 100  
 Tymlos, 56  
 Tyr\_anamix, 85  
 Tyr\_cooler, 85  
 Tyr\_gel, 85  
 Tyr\_lophlex, 85  
 Tyros\_1, 85  
 Tyros\_2, 85  
 Tyvaso, 49

## U

Udenyca, 62  
 Ulcer, 72, 73, 126, 127  
 Ultimate, 110, 120, 124  
 Ultra\_boneup, 121  
 Ultra\_energy, 85  
 Ultra\_freeda, 121  
 Ultra\_freeda/Iron, 121  
 Ultra\_lubricating, 126  
 Ultra\_mega, 121  
 Ultra\_multi, 121  
 Ultra\_omega, 125

Ultrachoice, 121  
 Ultra-Mega, 121  
 Unituxin, 36  
 Upspring, 124  
 Urinary, 20, 60, 73, 74  
 Ursodiol, 59  
 Uvadex, 42

## V

Vaginal, 74, 81, 88, 91  
 Valacyclovir, 47  
 Valchlor, 52  
 Valganciclovir, 46  
 Valproic, 25  
 Valsartan, 34, 35  
 Valsartan-Hydrochlorothiazide, 35  
 Varenicline, 91  
 Varisan, 124  
 Vasopressin, 58  
 Vcf\_vaginal, 91  
 Velforo, 59  
 Vemlidy, 47  
 Venclexta, 37  
 Venlafaxine, 26  
 Ventolin, 22  
 Verapamil, 49  
 Verzenio, 41  
 Vibativ, 20  
 Victoza, 29  
 Vienva, 80  
 Vigabatrin, 24, 25  
 Vigadrone, 25  
 Viokace, 55  
 Viracept, 46  
 Viread, 46  
 Visine, 126  
 Vision, 113, 120, 121, 124  
 Vista\_advanced, 121  
 Vit\_e-Vit, 123  
 Vita\_hair, 121  
 Vitabasic, 121

Vitabex, 121  
 Vitachew, 121  
 Vitajoy, 93, 121  
 Vitalee, 123  
 Vitamelts, 93  
 Vitamin, 89, 91, 92, 93, 94, 111, 113,  
 114, 117, 121, 122, 123  
 Vita-Min, 121  
 Vitamins, 88, 89, 91, 110, 111, 112,  
 113, 114, 115, 116, 117, 118, 119,  
 120, 121, 122, 123, 124  
 Vitasana, 121  
 Viteyes, 121, 122, 123  
 Vitrakvi, 41  
 Vivitrol, 31  
 Vizimpro, 37  
 Volnea, 80  
 Vumerity, 71

**W**

Wal-Born, 122, 124  
 Wal-Fex, 104, 106  
 Wal-Itin, 104, 106  
 Wal-Profen, 96  
 Wal-Vert, 104  
 Wal-Zyr, 104, 107  
 Warfarin, 23  
 Wee\_care, 87  
 Weekly-D, 94  
 Wellness, 85, 120  
 Wesnatal, 89  
 Womans, 109

Womens, 85, 89, 109, 110, 111, 113,  
 114, 115, 116, 117, 118, 119, 120,  
 121, 122, 123, 124  
 Wound, 54, 55

**X**

Xalkori, 41  
 Xarelto, 23  
 Xeljanz, 16  
 Xeroform, 55  
 Xifaxan, 19  
 Xigduo, 28  
 Xospata, 41  
 Xphe\_maxamaid, 85  
 Xphe-Xtyr, 82, 85  
 Xptm\_analog, 82  
 Xtandi, 38  
 Xtracal, 85  
 Xulane, 81  
 Xyrem\_oral, 69

**Y**

Yaz\_oral, 80  
 Yelets, 122  
 Yl\_folic, 86  
 Yonsa\_oral, 38  
 Your, 4  
 Your\_life, 122  
 Yumvs\_multi, 122  
 Yumvs\_vitamin, 94  
 Yumvs\_zero, 122  
 Yumvskids, 94

**Z**

Zaditor, 126  
 Zafirlukast, 21  
 Zaleplon, 62  
 Zarxio, 62  
 Zejula, 41  
 Zelboraf, 41  
 Zeldana, 123  
 Zenpep, 55  
 Ze-Plus, 123  
 Zeposia, 71  
 Zerbaxa, 50  
 Zidovudine, 45, 46  
 Ziextenzo, 62  
 Zinc\_oral, 122  
 Ziprasidone, 43  
 Zocor\_oral, 78  
 Zolanza, 41  
 Zolmitriptan, 64  
 Zolpidem, 63  
 Zonisamide, 24  
 Zovia\_1/35, 81  
 Zubsolv, 19  
 Zumandimine, 80, 81  
 Zydelig, 41  
 Zykadia, 41  
 Zypitamag, 78  
 Zyrtec, 104, 107  
 Zyrtec-D, 107



# Salud Completa

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