

FORMULARIO EHB 2024

MCS LIFE INSURANCE COMPANY



EHB DRUG FORMULARY 2024

MCS LIFE INSURANCE COMPANY



Salud Completa



Formulario EHB 2024

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

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

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

Este formulario 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, 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 puede visitar nuestro sitio web: <https://www.mcs.com.pr>.

This formulary 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 formulario es dinámico y está sujeto a cambios. Por favor revise este documento para asegurarse de que contiene los medicamentos que usted utiliza. Si su medicamento no está en este formulario, debe referirse a la sección de **¿Cuáles son los requisitos y procedimientos para solicitar una excepción para medicamentos recetados?**, en la página 8 de su póliza o al certificado de beneficios para más información.

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

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

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

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

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

- *The American Hospital Formulary Service-Drug Information.*
- *The American Medical Association Drug Evaluation.*
- *The United States Pharmacopoeia-Drug Information.*
- En literatura médica evaluada por homólogos, lo cual significa un estudio científico que haya publicado en una revista académica o en otra publicación en la que los manuscritos originales se divulgan luego de que lo evalúen peritos independientes e imparciales y que el Comité Internacional de Editores de Revistas Médicas determine que cumple con los Requisitos de Uniformidad para Manuscritos enviados a revistas biomédicas. La literatura médica evaluada por homólogos no incluye publicaciones o suplementos de publicaciones que hayan recibido gran parte de su patrocinio de una compañía manufacturera de productos farmacéuticos o de una organización de seguros de salud o asegurador.

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

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

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

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

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

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

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

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

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

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

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

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

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

¿CÓMO AHORRAR DINERO EN RECETAS?

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

HOW TO SAVE MONEY ON PRESCRIPTIONS?

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

¿QUÉ SON LOS 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. Estos pueden ayudarle a mantener su calidad de vida y evitar tratamiento a largo plazo. Su cubierta incluye medicamentos preventivos que le pueden ayudar a mantenerse saludable. Puede encontrarlos bajo la categoría de ACA Medicamentos Preventivos.

WHAT IS A PREVENTIVE DRUG?

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

¿QUÉ SON MEDICAMENTOS OTC (Over the Counter)?

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

WHAT ARE OTC MEDICATIONS (Over the Counter)?

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

PROGRAMA DE MEDICAMENTOS ESPECIALIZADOS

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

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

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

SPECIALTY DRUGS PROGRAM

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

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

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

¿QUÉ ES COMPONENTE MÉDICO?

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

Por ejemplo:

- Quimioterapias intravenosas y premedicación
- Radioterapias

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

WHAT IS MEDICAL COMPONENT?

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

For example:

- *Intravenous Chemotherapies and premedication*
- *Radiotherapy*

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

¿EXISTEN LÍMITES, EXCLUSIONES Y RESTRICCIONES EN MI CUBIERTA?

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 usted o su médico obtengan autorización para ciertos medicamentos. Esto significa que debe cumplir con unos requisitos establecidos por la FDA para la aprobación de un medicamento. Generalmente se requiere, pero no se limita a diagnósticos y/o estudios clínicos como laboratorios, rayos X, electrocardiograma, etc. Si no cumple con los requisitos establecidos para que su medicamento sea aprobado, su plan puede no cubrir el medicamento.
- **Límites de cantidad (QL, por sus siglas en inglés):** Para ciertos medicamentos, MCS Life proveerá una cantidad de medicamento máxima, según la aprobación de la FDA. Esto puede ser adicional a un suministro estándar de un mes o tres meses. Por favor, refiérase a su póliza para más información sobre despachos de tres meses.
- **Terapia escalonada (ST, por sus siglas en inglés):** MCS Life se reserva el derecho de aplicar el beneficio de terapia escalonada para algunos medicamentos debidamente identificados en su formulario de medicamentos. Este programa requiere que el paciente utilice medicamentos de primera línea antes de utilizar cualquier otro medicamento de segunda línea de tratamiento. Se consideran medicamentos de primera línea aquellas opciones de tratamiento que están respaldadas por guías clínicas nacionales y

estándares de la práctica médica como alternativas para utilizarse en la terapia inicial. Los medicamentos de segunda línea son opciones de tratamiento, al igual que los de primera línea, pero las guías nacionales y estándares de la práctica los ubican como alternativas para utilizarse luego de haber utilizado los medicamentos de primera línea.

- **Límites de especialidad (PL, por sus siglas en inglés)** Algunos medicamentos requieren que la prescripción sea de ciertas especialidades médicas. Usualmente, estos medicamentos son productos especializados o medicamentos que deben ser monitoreados por médicos especializados en ciertas condiciones de salud. Si el médico que prescribe no se encuentra bajo la especialidad médica asignada a la categoría de medicamentos, recibirá un despacho para 15 días de suplido del medicamento prescrito sin repeticiones permitidas.

Para más información sobre los límites y exclusiones de su cubierta refiérase a su póliza o cubierta 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 formulary. This program requires the patient to use first-line drugs before using any second-line drug treatment. Those first-line drugs treatment options that are backed by national clinical guidelines and standards of medical practice as alternatives for use in the initial therapy are considered. The second-line drugs are treatment options, as well as the first line, but national guidelines and standards of practice place them as alternatives for use after using the first-line drugs.
- **Prescriber Specialty Limitation (PL)** There are some drugs that need to be prescribed by certain medical specialties. Usually, those drugs are specialty products or drugs that must be monitored by specialized doctors to certain health conditions. If the prescribing physician is not under the medical specialty assigned to the category of medications, you will receive a 15-day supply of the prescribed medication with no repetitions allowed.

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

Tabla de abreviaturas

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

Table of abbreviations

PA	Drugs that require prior authorization for dispenses. The authorization could apply to some or all the strengths of the drug.
QL	Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all strengths of the drug.
ST	Step therapy requires the use of a first-line drug recommended by clinical treatment guidelines before using a second-line drug.
PLI	Prescriber Specialty Limitation (except Neurologist, Pediatric Neurologist, Pediatrician, Psychiatrist, Pediatric Psychiatrist)
PL2	Prescriber Specialty Limitation (except Gastroenterologist, Pediatrician, Internist)
*	These drugs will be covered as zero (\$ 0) copay, if you meet the criteria described in the Preventive Services section of your policy.
**	Drugs on your formulary may have different copayment levels, as established in your policy.
UM	Utilization management.

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

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

- 1) Un medicamento con receta que no está cubierto en el formulario;
- 2) Cubierta continua de determinado medicamento con receta que MCS Life descontinúe del formulario por motivos que no sean de salud o porque el fabricante no pueda suplir el medicamento o lo haya retirado del mercado; o
- 3) Un medicamento con receta que no estará cubierto hasta que se cumpla con el requisito de terapia escalonada o que no estará cubierto por la cantidad de dosis recetada; o
- 4) No hay ningún medicamento con receta en el formulario que sea una alternativa clínicamente aceptable para tratar la enfermedad o condición médica de la persona cubierta o asegurado; o

- 5) Si el medicamento de receta alternativo que figura en el formulario o que se requiere como primera línea conforme a la terapia escalonada:
 - a. Ha sido ineficaz en el tratamiento de la enfermedad o si, en base a la evidencia clínica, médica y científica y las características físicas y mentales pertinentes que se conocen de la persona cubierta o asegurado y las características conocidas del régimen del medicamento de receta, es muy probable que sea ineficaz o se afectará la eficacia del medicamento de receta o el cumplimiento por parte del paciente o
 - b. Ha causado o, según la evidencia clínica, médica y científica, es muy probable que cause una reacción adversa u otro daño a la persona asegurada, o
 - c. La persona asegurada ya se encontraba en un nivel más avanzado en la terapia escalonada de otro plan médico, por lo cual sería irrazonable requerirle comenzar de nuevo en un nivel menor de terapia escalonada, o
 - d. Si la dosis disponible según la limitación de dosis del medicamento de receta ha sido ineficaz en el tratamiento de la enfermedad o condición médica de la persona.

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

1. Nombre del asegurado,
2. Número de grupo o contrato,
3. Historial del asegurado,
4. Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud de excepción médica, y
5. Razón por la cual: entiéndase:
 - a. El medicamento de receta que figura en el formulario no es aceptable para ese paciente en particular;
 - b. El medicamento de receta que se requiere que se use ya no es aceptable para ese paciente en particular, si la solicitud de excepción médica se relaciona con terapia escalonada; o
 - c. La dosis disponible para el medicamento de receta no es aceptable para ese paciente en particular, si la solicitud de excepción médica se relaciona con una limitación de dosis para ese paciente en particular.
6. Razón por la cual el medicamento de receta objeto de la solicitud de excepción médica se necesita para el paciente, o, si la razón por la que se requiere la excepción a la limitación de dosis para ese paciente en particular.

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

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

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

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

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

MCS Life requires that any exception for medical reasons includes:

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

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

- Is based on solid clinical, medical, and scientific evidence; and
- If any, guide appropriate practice, which may include practice guidelines accepted, practice guidelines, evidence-based practice guidelines developed by the MCS Life Committee of Pharmacy and Therapeutics or

other practice guidelines developed by the federal government or companies, boards or national or professionals in the field of pharmacy associations.

PROGRAMA DE MEDICAMENTOS POR CORREO

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

Opciones para registrarse:

- Llame al servicio al cliente de *WellDyneRx* al 1-866-448-3339, las 24 horas del día, los siete (7) días de la semana. Tenga su información a la mano.
- Complete la hoja de registro y envíela junto a la receta a la siguiente dirección o mediante fax:

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

- Regístrese en línea a través del enlace www.WellDyneRx.com.

Cómo obtener su receta:

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

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

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

Si necesita su receta con urgencia:

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

Recuerde:

- Permita de 10 a 14 días desde la fecha de envío para recibir su medicamento.
- Hay un servicio de entrega rápida, por un costo adicional. Para solicitarlo, comuníquese con servicio al cliente de *WellDyneRx*.

- Comuníquese con Servicio al Cliente de MCS para hojas de registro adicionales o visite nuestra página de internet <https://www.mcs.com.pr> donde puede imprimir todas las que necesite.

MAIL ORDER DRUG PROGRAM

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

Options to register:

- Call WellDyneRx customer service with your registration information at 1-866-448-3339, 24 hours a day, seven (7) days a week.
- Complete the registration form and send it along with the prescription to the following address or through fax:

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

- Register online at the link www.WellDyneRx.com.

How to get your prescription:

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

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

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

If you need your prescription urgently:

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

Remember:

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

¿CÓMO ENCONTRAR SUS MEDICAMENTOS EN ESTE FORMULARIO?

La manera más rápida en que usted puede conseguir sus medicamentos en este formulario es buscando su medicamento en el índice que comienza en la página 98. El índice coloca en orden alfabético todos los medicamentos incluidos en este formulario. Tanto los medicamentos de marca como los genéricos, están incluidos en el índice. Al lado de su medicamento, encontrará el número de la página dónde aparece el mismo. Vaya a la página indicada en el índice y encuentre el nombre del medicamento y la restricción, si aplica.

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

- Nivel 0: PREVENTIVO - Medicamento preventivo
- Nivel 1: GENÉRICO - Medicamento genérico preferido
- Nivel 2: GENÉRICO NO PREFERIDO – Medicamento genérico no preferido
- Nivel 3: PREFERIDO - Medicamento de marca preferido
- Nivel 4: NO PREFERIDO - Medicamento de marca no preferido
- Nivel 5: ESPECIALIZADO PREFERIDO - Medicamento especializado preferido
- Nivel 6: ESPECIALIZADO NO PREFERIDO - Medicamento especializado no preferido

HOW TO FIND DRUGS ON THIS FORMULARY?

The quickest way to find your prescription drugs on this formulary is by using the index on page 98. The index provides an alphabetical list of all the drugs included on this formulary. Both brand-name and generic drugs are listed in the index. Next to your prescription drug name, you will see the page number where you can find them. Turn to the page listed in the index and find the name of your prescription drug and any applicable restrictions.

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

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

¿LA LISTA DE MEDICAMENTOS CUBIERTOS PUEDE CAMBIAR?

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

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

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

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

- (1) Nueva evidencia científica y médica u otra información relacionada con los medicamentos de receta que figuren en el formulario o estén sujetos a otro procedimiento de manejo y nueva evidencia científica y médica sobre medicamentos de receta recién aprobados y de otra índole que no figuren en el formulario o estén sujetos a algún otro procedimiento de manejo, para determinar si se debe hacer un cambio al formulario o procedimiento de manejo.
- (2) Si fuera aplicable, información que reciba la MCS Life respecto a solicitudes de excepción médica para permitir que el Comité de Farmacia y Terapéutica de MCS Life evalúe si los medicamentos que figuran en el formulario o que están sujetos a otro procedimiento de manejo, cumplen con las necesidades de las personas cubiertas o asegurados; e
- (3) Información sobre la seguridad y eficacia de los medicamentos de receta que figuran en el formulario o están sujetos a otro procedimiento de manejo, información sobre medicamentos de receta que sean clínicamente similares o bioequivalentes pero que no figuran en el formulario ni están sujetos a otro procedimiento de manejo, información que surja de las actividades de garantía de calidad de MCS Life, o información incluida en reclamaciones recibidas después de la revisión más reciente del Comité de Farmacia y Terapéutica de MCS Life de dichos medicamentos de receta.

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

CAN THE LIST OF MEDICINES CHANGE?

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

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

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

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

- (1) *New scientific and medical evidence or other information related to prescription drugs that appear on the formulary or that are subject to another management procedure and new scientific and medical evidence about newly approved prescription and other medications not listed or are subject to some other management procedure, to determine if a change to the form or handling procedure should be made.*

- (2) *If applicable, information received by the MCS Life regarding medical exception requests to allow the MCS Life's Pharmacy and Therapeutics Committee to evaluate whether the medications that appear on the formulary or that are subject to another management procedure meet the needs of the covered or insured persons; and*
- (3) *Information on the safety and efficacy of prescription medications that are listed on the formulary or are subject to another management procedure, information on prescription drugs that are clinically similar or bioequivalent but that are not listed on the formulary or are not subject to another management procedure, information that arises from the quality assurance activities of MCS Life, or information included in claims received after the most recent review by the MCS Life's Pharmacy and Therapeutic Committee of said prescription medications.*

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

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Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Aca Preventive Drugs (Medicamentos Preventivos Aca)				
<i>Aspirin (Aspirina)</i>				
Aspirin 81 Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Aspirin Adult Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Aspirin Adult Low Strength Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Aspirin Childrens Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Aspirin Ec Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Aspirin Ec Low Strength Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Aspirin Low Dose Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Aspirin Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Aspirin Oral Tablet	325 mg	Bayer Aspirin	0	QL(30 in 30 Days)
Aspirin Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Aspirin Oral Tablet Delayed Release	325 mg, 81 mg	Acuprin ,Aspir-Trin	0	QL(30 in 30 Days)
Aspirin Rectal Suppository	300 mg	Aspirin	0	
Childrens Aspirin Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Eq_aspirin Adult Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
Eq_aspirin Low Dose Oral Tablet Chewable	81 mg	Aspirin Childrens	0	QL(30 in 30 Days)
Eq_aspirin Oral Tablet	325 mg	Bayer Aspirin	0	QL(30 in 30 Days)
Medi-Seltzer Oral Tablet Effervescent	325 mg	Effervescent Pain Relief	0	QL(30 in 30 Days)
Qc_aspirin Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	0	QL(30 in 30 Days)
<i>Bowel Preparation Agents (Agente De Preparacion Intestinal)</i>				
Gavilyte-G Oral Solution Reconstituted	236 gm	Golytely	0	
Peg_3350-Kcl-Na Bicarb-NaCl Oral Solution Reconstituted	420 gm	Nulytely	0	
Peg-3350/Electrolytes Oral Solution Reconstituted	236 gm	Golytely	0	
Peg-3350/Electrolytes/Ascorbat Oral Solution Reconstituted	100 gm	MoviPrep	0	
Peg-Kcl-NaCl-Nasulf-Na Asc-C Oral Solution Reconstituted	100 gm	MoviPrep	0	
Peg-Prep Oral Kit	5-210 mg-gm	HalfLytey Bowel Prep	0	
<i>Breast Cancer (Cancer De Mama)</i>				
Tamoxifen Citrate Oral Tablet	10 mg, 20 mg	Nolvadex	0	
<i>Cervical Caps With Spermicide (Capuchones Cervicales Con Espermicida)</i>				
Femcap Vaginal Device	22 mm, 26 mm, 30 mm	FemCap ,Prentif Cavity-Rim Cerv Cap	0	
<i>Combination Contraceptives - Oral (Combinaciones Anticonceptivas Orales)</i>				
Alyacen 1/35 Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	0	
Alyacen 7/7/7 Oral Tablet	0.5/0.75/1-35 mg-mcg	Ortho-Novum 7/7/7 (21)	0	
Desogestrel-Ethinyl Estradiol Oral Tablet	0.15-0.02/0.01 mg (21/5)	Mircette	0	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Drospiren-Eth Estrad-Levomefol Oral Tablet	3-0.02-0.451 mg, 3-0.03-0.451 mg	Beyaz , Safyral	0	
Drospirenone-Ethinyl Estradiol Oral Tablet	3-0.02 mg	YAZ	0	
Ethinodiol Diac-Eth Estradiol Oral Tablet	1-35 mg-mcg, 1-50 mg-mcg	Demulen 1/35 (28) ,Demulen 1/50 (28)	0	
Jaimiess Oral Tablet	0.15-0.03 & 0.01 mg	Seasonique	0	
Junel_1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	0	
Junel_1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	0	
Junel_fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	0	
Junel_fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	0	
Junel_fe 24 Oral Tablet	1-20 mg-mcg(24)	Loestrin 24 Fe	0	
Larin_1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	0	
Larin_1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	0	
Larin_24 Fe Oral Tablet	1-20 mg-mcg(24)	Loestrin 24 Fe	0	
Larin_fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	0	
Larin_fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	0	
Levonorgestrel-Ethinyl Estrad Oral Tablet	0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	Alesse (28) ,Levlen ,Lybrel	0	
Levonorg-Eth Estrad Triphasic Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	0	
Lojaimiess Oral Tablet	0.1-0.02 & 0.01 mg	LoSeasonique	0	
Lutera Oral Tablet	0.1-20 mg-mcg	Alesse (28)	0	
Microgestin 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	0	
Microgestin 1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	0	
Microgestin Fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	0	
Microgestin Fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	0	
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	0	
Norethin Ace-Eth Estrad-Fe Oral Tablet Chewable	1-20 mg-mcg(24)	Minastrin 24 Fe	0	
Sprintec 28 Oral Tablet	0.25-35 mg-mcg	Ortho-Cyclen (28)	0	
Tri-Lo-Sprintec Oral Tablet	0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	0	
Trivora (28) Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	0	
Vienva Oral Tablet	0.1-20 mg-mcg	Alesse (28)	0	
Volnea Oral Tablet	0.15-0.02/0.01 mg (21/5)	Mircette	0	
Combination Contraceptives - Transdermal Patch (Anticonceptivos De Combinacion - Parcho Transdermal)				
Norelgestromin-Eth Estradiol Transdermal Patch Weekly	150-35 mcg/24hr	Ortho Evra	0	
Xulane Transdermal Patch Weekly	150-35 mcg/24hr	Ortho Evra	0	
Combination Contraceptives - Vaginal Ring (Anticonceptivos De Combinacion - Anillo Vaginal)				
Eluryng Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	0	
Enilloring Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	0	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	0	
Haloette Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	0	
Condoms - Female (Condomes Femeninos)				
Fc2_female Condom Miscellaneous		Reality Female Condom Miscellaneous	0	
Condoms - Male (Condomes Masculinos)				
Condoms Miscellaneous		LifeStyles Extra Strength Miscellaneous	0	QL(12 in 30 Days)
Durex_realfeel Device		Durex RealFeel Device	0	QL(12 in 30 Days)
Kimono Ps Plus Miscellaneous		Premium Condoms Lubricated Miscellaneous	0	QL(12 in 30 Days)
Trustex Non-Lubricated Miscellaneous		Mentor Miscellaneous	0	QL(12 in 30 Days)
Trustex Ria Non-Lubricated Miscellaneous		Mentor Miscellaneous	0	QL(12 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Continuous Contraceptives - Oral (Anticonceptivos Orales Continuos)				
Dolishale Oral Tablet	90-20 mcg	Lybrel	0	
Levonorgestrel-Ethinyl Estrad Oral Tablet	0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	Alesse (28) ,Levlen ,Lybrel	0	
Diaphragms With Spermicide (Diafragmas Con Espermicida)				
Caya_vaginal Diaphragm		Caya	0	
Emergency Contraceptives (Contraceptivos De Emergencia)				
Ella_oral Tablet	30 mg	Ella	0	
Levonorgestrel Oral Tablet	1.5 mg	Plan B One-Step	0	
Extended-Cycle Contraceptives - Oral (Anticonceptivos Orales De Ciclo Extendido)				
Levonorgest-Eth Est & Eth Est Oral Tablet	42-21-21-7 days	Quartette	0	
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	0	
Fluoride (Fluoruro)				
Sodium Fluoride Oral Solution	1.1 (0.5 f) mg/ml	Altaflor	0	
Sodium Fluoride Oral Tablet	1.1 (0.5 f) mg, 2.2 (1 f) mg	Flura-Tab ,Sodium Fluoride	0	
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	0	
Folic Acid (Acido Folico)				
Folic_acid Oral Tablet	1 mg, 400 mcg, 800 mcg	FA-8 ,KP Folic Acid ,SM Folic Acid	0	QL(30 in 30 Days)
Iron (Hierro)				
Cvs_iron Oral Tablet	240 (27 fe) mg, 325 (65 fe) mg	Fe-Max ,Fergon	0	
Cvs_slow Release Dried Iron Oral Tablet Extended Release	45 mg	RA Slow Release Iron	0	
Cvs_slow Release Iron Oral Tablet Extended Release	45 mg	Slow Fe	0	
EqI_carbonyl Iron Oral Tablet	45 mg	Feosol	0	
EqI_iron Supplement Therapy Oral Tablet	325 mg	Fe-Max	0	
EqI_slow Release Iron Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	0	
Ezfe_200 Oral Capsule	434.8 (200 fe) mg	PIC 200	0	
Feosol Natural Release Oral Tablet	45 mg	Feosol	0	
Feosol Oral Tablet	200 (65 fe) mg	Feosol	0	
Fer-In-Sol Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	0	
Ferrimin 150 Oral Tablet	150 mg	Ferrimin 150	0	
Ferro-Sequels Oral Tablet Extended Release	65-25 mg	Ferro-Sequels	0	
Ferrous Fumarate Oral Tablet	29 mg, 324 (106 fe) mg	Ferrous Fumarate ,Hemocyte	0	
Ferrous Gluconate Oral Tablet	240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Fergon ,Ferrous Gluconate ,KP Ferrous Gluconate	0	
Ferrous Sulfate Er Oral Tablet Extended Release	45 mg	Slow Fe	0	
Ferrous Sulfate Oral Solution	220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Fer-In-Sol ,Ferascorb Forte ,Iron Supplement	0	
Ferrous Sulfate Oral Tablet	27 mg, 325 (65 fe) mg	Fe-Max ,RA High Potency Iron	0	
Ferrous Sulfate Oral Tablet Delayed Release	324 (65 fe) mg, 325 (65 fe) mg	Fe Tabs ,Ferrous Sulfate	0	
High_potency Iron Oral Capsule	86 (27 fe) mg	High Potency Iron	0	
Iron_(Ferrous Sulfate) Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	0	
Iron_(Ferrous Sulfate) Oral Tablet	325 (65 fe) mg	Fe-Max	0	
Iron_27 Oral Tablet	240 (27 fe) mg	Fergon	0	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Iron_chews Pediatric Oral Tablet Chewable	15 mg	Icar	0	
Iron_high-Potency Oral Tablet	325 mg	Fe-Max	0	
Iron_infant & Toddler Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	0	
Iron_infant/Toddler Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	0	
Iron_oral Tablet	240 (27 fe) mg, 28 mg, 325 (65 fe) mg	Fe-Max ,Fergon ,Iron	0	
Iron_slow Release Oral Tablet Extended Release	45 mg	Slow Fe	0	
Iron_up Oral Liquid	15 mg/0.5ml	Iron Up	0	
Kp_ferrous Gluconate Oral Tablet	324 (37.5 fe) mg	KP Ferrous Gluconate	0	
Kp_ferrous Sulfate Oral Tablet	325 (65 fe) mg	Fe-Max	0	
Novaferum 50 Oral Capsule	50 mg	NovaFerrum 50	0	
Novaferum Pediatric Drops Oral Liquid	15 mg/ml	NovaFerrum Pediatric Drops	0	
Poly-Iron 150 Oral Capsule	150 mg	Hytinic	0	
Profe_oral Capsule	391.3 (180 fe) mg	ProFe	0	
Proferrin Es Oral Tablet	12 mg	Proferrin ES	0	
Ra_iron Oral Tablet	325 (65 fe) mg	Fe-Max	0	
Slow_fe Oral Tablet Extended Release	45 mg	Slow Fe	0	
Slow_iron Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	0	
Slow_release Iron Oral Tablet Extended Release	45 mg, 47.5 mg, 50 mg	RA Slow Release Iron ,Slow Release Iron	0	
Sm_iron Oral Tablet	325 (65 fe) mg	Fe-Max	0	
Sm_iron Slow Release Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	0	
Sm_slow Release Iron Oral Tablet Extended Release	143 (45 fe) mg, 45 mg	Slow Fe ,SM Slow Release Iron	0	
Sv_iron Oral Tablet	325 mg	Fe-Max	0	
Wee_care Oral Suspension	15 mg/1.25ml	Icar	0	
Phenylalanine-Free Amino Acids (Aminoacidos Sin Fenilalanina)				
Phenylade Rtd Pku 10 Oral Liquid		Attain	0	
Pku_2 Oral Powder		Casec	0	
Pku_3 Oral Powder		Casec	0	
Pku_air20 Gold Oral Liquid		Attain	0	
Pku_air20 Green Oral Liquid		Attain	0	
Pku_air20 Yellow Oral Liquid		Attain	0	
Pku_cooler 10 Oral Liquid		Attain	0	
Pku_cooler 15 Oral Liquid		Attain	0	
Pku_cooler 20 Oral Liquid		Attain	0	
Pku_lophlex Lq 20 Oral Liquid		Attain	0	
Pku_periflex Early Years Oral Powder		Casec	0	
Pku_periflex Junior Plus Oral Powder		Casec	0	
Prenatal Vitamins (Vitaminas Prenatales)				
Atabex Ob Oral Tablet	29-1 mg	Duet	0	
Obstetrix Dha Oral Miscellaneous	29-1 & 350 mg	Obtrex DHA	0	
Obstetrix Ec Oral Tablet Delayed Release	29-1 mg	Obstetrix EC	0	
Obstetrix One Oral Capsule	38-1-225 mg	Folet One	0	
Prenatal Complete Oral Tablet	14-0.4 mg	Prenatal Complete	0	
Prenatal Oral Tablet	27-0.8 mg	Prenavite	0	
Progestin Contraceptives - Injectable (Anticonceptivos Inyectables De Progestina)				
Medroxyprogesterone Acetate Intramuscular Suspension	150 mg/ml	Depo-Provera	0	QL(1 in 90 Days)
Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe	150 mg/ml	Depo-Provera	0	QL(1 in 90 Days)
Progestin Contraceptives - Oral (Contraceptivos Orales De Progestina)				
Camila Oral Tablet	0.35 mg	Ortho Micronor	0	
Emzahh Oral Tablet	0.35 mg	Ortho Micronor	0	
Errin_oral Tablet	0.35 mg	Ortho Micronor	0	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Opill_oral Tablet	0.075 mg	Ovrette	0	
Smoking Cessation Agents (Agentes Para Cesacion De Fumar)				
Bupropion Hcl Er (Smoking Det) Oral Tablet Extended Release 12 Hour	150 mg	Zyban	0	QL(60 in 30 Days)
Cvs_nicotine Mouth/Throat Lozenge	2 mg	Commit	0	QL(1680 in 1 Year)
Cvs_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	0	QL(2016 in 1 Year)
Cvs_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	0	QL(1680 in 1 Year)
Cvs_nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	0	QL(14 in 1 Year)
Cvs_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	0	QL(42 in 1 Year)
Nicotine Mini Mouth/Throat Lozenge	2 mg, 4 mg	Commit	0	QL(1680 in 1 Year)
Nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	0	QL(2016 in 1 Year)
Nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	0	QL(1680 in 1 Year)
Nicotine Step 1 Transdermal Patch 24 Hour	21 mg/24hr	Habitrol	0	QL(42 in 1 Year)
Nicotine Step 2 Transdermal Patch 24 Hour	14 mg/24hr	Habitrol	0	QL(42 in 1 Year)
Nicotine Step 3 Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	0	QL(14 in 1 Year)
Nicotine Transdermal Kit	21-14-7 mg/24hr	Nicotine	0	QL(56 in 1 Year)
Nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	0	QL(14 in 1 Year)
Nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	0	QL(42 in 1 Year)
Nicotrol Inhalation Inhaler	10 mg	Nicotrol	0	
Nicotrol Ns Nasal Solution	10 mg/ml	Nicotrol NS	0	
Spermicide (Espermicida)				
Encare Vaginal Suppository	100 mg	Semicid Contraceptive	0	
Options Gynol Ii Contraceptive Vaginal Gel	3 %	Gynol II Extra Strength	0	
Vcf_vaginal Contraceptive Vaginal Film	28 %	Vaginal Contraceptive Film	0	
Vcf_vaginal Contraceptive Vaginal Gel	4 %	Conceptrol	0	
Sponge With Spermicide (Esponja Con Espermicida)				
Today_sponge Vaginal Miscellaneous	1000 mg	Today Sponge	0	
Vitamin D (Vitamina D)				
D_10000 Oral Capsule	250 mcg (10000 ut)	Maximum D3	0	
D_5000 Oral Capsule	125 mcg (5000 ut)	D-3-5	0	
D2000_ultra Strength Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	0	
D3_2000 Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	0	
D3_5000 Oral Capsule	125 mcg (5000 ut)	D-3-5	0	
D3_maximum Strength Oral Capsule	125 mcg (5000 ut)	D-3-5	0	
D3_oral Tablet	50 mcg (2000 ut)	Vitamin D3 Super Strength	0	
D3_super Strength Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	0	
D3-1000 Oral Capsule	25 mcg (1000 ut)	D 1000	0	
D-5000 Oral Tablet	125 mcg (5000 ut)	D 5000	0	
Gnp_vitamin D Super Strength Oral Tablet	125 mcg (5000 ut)	D 5000	0	
Gnp_vitamin D3 Oral Tablet	10 mcg (400 unit)	Delta D3	0	
Maximum D3 Oral Capsule	325 mcg (13000 ut)	Maximum D3	0	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Optimal D3 M Oral Capsule	350 mcg (14000 ut)	Optimal D3 M	0	
Optimal D3 Oral Capsule	1.25 mg (50000 ut)	D3-50	0	
Vitamin D (Ergocalciferol) Oral Capsule	1.25 mg (50000 ut)	Drisdol	0	
Vitamin D Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	0	
Vitamin D Oral Tablet	25 mcg (1000 ut), 50 mcg (2000 ut)	Vitamin D-1000 Max St ,Vitamin D3 Super Strength	0	
Vitamin D3 Oral Capsule	1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	D 1000 ,D-3-5 ,D2000 Ultra Strength ,D3-50 ,D400 ,Maximum D3	0	
Vitamin D3 Oral Tablet	125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	D 5000 ,Vitamin D-1000 Max St ,Vitamin D3 ,Vitamin D3 Super Strength	0	
Analgesics (Analgésicos)				
<i>Analgesics, Other (Analgésicos, Otros)</i>				
Bac_oral Tablet	50-325-40 mg	Americet	2	QL(180 in 30 Days)
Butalbital-Apap-Caffeine Oral Tablet	50-325-40 mg	Americet	1	QL(180 in 30 Days)
<i>Nonsteroidal Anti-Inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</i>				
Flurbiprofen Oral Tablet	100 mg, 50 mg	Ansaid	1	
Ibuprofen Oral Suspension	100 mg/5ml	Childrens Advil	1	
Ibuprofen Oral Tablet	400 mg, 600 mg, 800 mg	IB Pro	1	
Ketoprofen Oral Capsule	50 mg	Orudis	2	
Meloxicam Oral Tablet	15 mg, 7.5 mg	Mobic	1	QL(30 in 30 Days)
Nabumetone Oral Tablet	500 mg, 750 mg	Relafen	1	
Naproxen Dr Oral Tablet Delayed Release	500 mg	EC-Naprosyn	2	
Naproxen Oral Tablet	250 mg, 375 mg, 500 mg	Naprosyn	1	
Naproxen Oral Tablet Delayed Release	500 mg	EC-Naprosyn	1	
Naproxen Oral Tablet Delayed Release	375 mg	EC-Naprosyn	2	
Naproxen Sodium Oral Tablet	275 mg, 550 mg	Anaprox ,Anaprox DS	1	
Piroxicam Oral Capsule	10 mg, 20 mg	Feldene	1	
<i>Opioid Analgesics, Long-Acting (Analgésicos Opioides - Larga Duracion)</i>				
Fentanyl Transdermal Patch 72 Hour	100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Duragesic-100 ,Duragesic-12 ,Duragesic-25 ,Duragesic-50 ,Duragesic-75	2	QL(10 in 30 Days)
Hydromorphone Hcl Pf Injection Solution	2 mg/ml	HYDROmorphone HCl PF	2	
Morphine Sulfate Er Oral Tablet Extended Release	100 mg, 200 mg	MS Contin	2	QL(60 in 30 Days)
Morphine Sulfate Er Oral Tablet Extended Release	15 mg, 30 mg, 60 mg	MS Contin ,Oramorph SR	1	QL(60 in 30 Days)
Oxycontin Oral Tablet Er 12 Hour Abuse-Deterrent	10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	OxyCONTIN	3	QL(120 in 30 Days)
Tramadol Hcl Er Oral Tablet Extended Release 24 Hour	100 mg, 200 mg, 300 mg	Ultram ER	2	
<i>Opioid Analgesics, Short-Acting (Analgésicos Opioides - Corta Duracion)</i>				
Acetaminophen-Codeine Oral Solution	120-12 mg/5ml	Acetaminophen-Codeine	1	
Acetaminophen-Codeine Oral Tablet	300-30 mg	Tylagesic 3	2	
Acetaminophen-Codeine Oral Tablet	300-15 mg, 300-60 mg	Tylenol with Codeine #4 ,Tylenol/Codeine #2	1	
Endocet Oral Tablet	10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Percocet	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Hydrocodone-Acetaminophen Oral Tablet	10-325 mg, 5-325 mg, 7.5-325 mg	Norco	1	
Hydrocodone-Acetaminophen Oral Tablet	10-300 mg, 5-300 mg, 7.5-300 mg	Xodol	2	
Meperidine Hcl Injection Solution	50 mg/ml	Demerol	2	
Morphine Sulfate (Concentrate) Oral Solution	100 mg/5ml, 20 mg/ml	MSIR	2	QL(180 in 30 Days)
Oxycodone-Acetaminophen Oral Solution	5-325 mg/5ml	Roxicet	2	
Oxycodone-Acetaminophen Oral Tablet	10-325 mg, 5-325 mg, 7.5-325 mg	Percocet	1	
Oxycodone-Acetaminophen Oral Tablet	2.5-325 mg	Percocet	2	
Tramadol Hcl Oral Tablet	25 mg	traMADol HCl	2	
Tramadol Hcl Oral Tablet	50 mg	Ultram	1	
Tramadol-Acetaminophen Oral Tablet	37.5-325 mg	Ultracet	1	
Anesthetics (Anestésicos)				
<i>Local Anesthetics (Anestesia Local)</i>				
Lidocaine Hcl Injection Solution	1 %, 2 %	Lidoject 1 ,Lidoject-2	2	
Anti-Addiction/Substance Abuse Treatment Agents (Agentes Para El Tratamiento De Abuso De Sustancias / Contra La Adicción)				
<i>Alcohol Deterrents/Anti-Craving (Disuasivos Para El Alcohol / Deseo Compulsivo)</i>				
Acamprosate Calcium Oral Tablet Delayed Release	333 mg	Campral	1	
Disulfiram Oral Tablet	250 mg, 500 mg	Antabuse	2	
<i>Opioid Antagonists (Antagonistas Opioides)</i>				
Nalmefene Hcl Injection Solution	1 mg/ml	Revex	2	
Naloxone Hcl Injection Solution	0.4 mg/ml	Narcan	2	
Naloxone Hcl Nasal Liquid	4 mg/0.1ml	Narcan	2	
Naltrexone Hcl Oral Tablet	50 mg	ReVia	1	
<i>Opioid Dependence (Dependencia En Opioides)</i>				
Buprenorphine Hcl Sublingual Tablet Sublingual	2 mg	Subutex	2	QL(240 in 30 Days) , PA
Buprenorphine Hcl Sublingual Tablet Sublingual	8 mg	Subutex	2	QL(90 in 30 Days) , PA
Buprenorphine Hcl-Naloxone Hcl Sublingual Film	12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Suboxone	2	QL(60 in 30 Days) , PA
Buprenorphine Hcl-Naloxone Hcl Sublingual Tablet Sublingual	2-0.5 mg, 8-2 mg	Suboxone	2	QL(120 in 30 Days) , PA
Anti-Inflammatory Agents (Agentes Antiinflamatorios)				
<i>Glucocorticoids (Glucocorticoides)</i>				
Dexamethasone Sod Phos +rfid Injection Solution Prefilled Syringe	4 mg/ml	dexAMETHasone Sod Phos +RFID	2	
Dexamethasone Sod Phosphate Pf Injection Solution	10 mg/ml	Dexamethasone Sod Phosphate PF	2	
Dexamethasone Sodium Phosphate Injection Solution	10 mg/ml, 4 mg/ml	Adrenocot ,Dekasol-10	2	
Dexamethasone Sodium Phosphate Injection Solution	100 mg/10ml, 120 mg/30ml, 20 mg/5ml	Dexamethasone Sodium Phosphate	1	
Dexamethasone Sodium Phosphate Injection Solution Prefilled Syringe	4 mg/ml	dexAMETHasone Sodium Phosphate	2	
Solu-Cortef Injection Solution Reconstituted	100 mg, 1000 mg, 250 mg, 500 mg	Solu-CORTEF	3	
Triamcinolone Acetonide Injection Suspension	40 mg/ml	Acetocot	2	
<i>Nonsteroidal Anti-Inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</i>				
Celecoxib Oral Capsule	400 mg	CeleBREX	1	QL(30 in 30 Days) , ST , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Celecoxib Oral Capsule	100 mg, 200 mg, 50 mg	CeleBREX	1	QL(60 in 30 Days) , ST
Diclofenac Potassium Oral Tablet	50 mg	Cataflam	1	
Diclofenac Sodium Er Oral Tablet Extended Release 24 Hour	100 mg	Voltaren-XR	2	
Diclofenac Sodium Oral Tablet Delayed Release	25 mg, 50 mg, 75 mg	Voltaren	1	
Diflunisal Oral Tablet	500 mg	Dolobid	1	
Etodolac Er Oral Tablet Extended Release 24 Hour	400 mg	Lodine XL	1	
Etodolac Er Oral Tablet Extended Release 24 Hour	500 mg, 600 mg	Lodine XL	2	
Etodolac Oral Capsule	200 mg, 300 mg	Lodine	1	
Etodolac Oral Tablet	400 mg, 500 mg	Lodine	1	
Ketorolac Tromethamine Intramuscular Solution	60 mg/2ml	Ketorolac Tromethamine	2	
Ketorolac Tromethamine Oral Tablet	10 mg	Toradol	2	QL(20 in 30 Days)
Sulindac Oral Tablet	150 mg, 200 mg	Clinoril	1	
Antibacterials (Antibacteriales)				
<i>Aminoglycosides (Aminoglicosidos)</i>				
Gentamicin Sulfate Injection Solution	10 mg/ml, 40 mg/ml	G-Mycin ,Gentamicin Sulfate	2	
Humatin Oral Capsule	250 mg	Humatin	5	
Neomycin Sulfate Oral Tablet	500 mg	Neomycin Sulfate	1	
Streptomycin Sulfate Intramuscular Solution Reconstituted	1 gm	Streptomycin Sulfate	2	
Tobi_podhaler Inhalation Capsule	28 mg	Tobi Podhaler	5	QL(224 in 56 Days) , PA
Tobramycin Inhalation Nebulization Solution	300 mg/5ml	Tobi	5	PA
Tobramycin Sulfate Injection Solution	1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	Nebcin ,Tobramycin Sulfate	2	
Tobramycin Sulfate Injection Solution Reconstituted	1.2 gm	Nebcin	2	
<i>Antibacterials, Other (Antibacteriales, Otros)</i>				
Clindamycin Hcl Oral Capsule	150 mg, 300 mg, 75 mg	Cleocin	1	
Clindamycin Palmitate Hcl Oral Solution Reconstituted	75 mg/5ml	Cleocin	1	
Clindamycin Phosphate Vaginal Cream	2 %	Cleocin	2	
Linezolid Oral Tablet	600 mg	Zyvox	2	QL(60 in 30 Days)
Metronidazole Oral Capsule	375 mg	Flagyl	2	
Metronidazole Oral Tablet	250 mg, 500 mg	Flagyl	1	
Metronidazole Vaginal Gel	0.75 %	MetroGel-Vaginal	2	
Trimethoprim Oral Tablet	100 mg	Proloprim	1	
Vancomycin Hcl Oral Capsule	125 mg, 250 mg	Vancocin HCl	2	
Xifaxan Oral Tablet	200 mg, 550 mg	Xifaxan	3	PA
<i>Beta-Lactam, Cephalosporins (Cefalosporinas, Betalactamico)</i>				
Cefaclor Oral Capsule	250 mg, 500 mg	Ceclor	1	
Cefadroxil Oral Capsule	500 mg	Duricef	1	
Cefadroxil Oral Suspension Reconstituted	250 mg/5ml, 500 mg/5ml	Duricef	1	
Cefadroxil Oral Tablet	1 gm	Duricef	2	
Cefazolin Sodium Injection Solution Reconstituted	1 gm, 500 mg	Ancef	1	
Cefazolin Sodium Injection Solution Reconstituted	10 gm	Ancef	2	
Cefdinir Oral Capsule	300 mg	Omnicef	1	
Cefdinir Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Omnicef	1	
Cefepime Hcl Injection Solution Reconstituted	1 gm	Maxipime	2	
Cefixime Oral Suspension Reconstituted	100 mg/5ml, 200 mg/5ml	Suprax	2	
Cefpodoxime Proxetil Oral Suspension Reconstituted	100 mg/5ml, 50 mg/5ml	Vantin	1	
Cefpodoxime Proxetil Oral Tablet	100 mg	Vantin	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Cefpodoxime Proxetil Oral Tablet	200 mg	Vantin	2	
Cefprozil Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Cefzil	1	
Cefprozil Oral Tablet	250 mg, 500 mg	Cefzil	1	
Ceftriaxone Sodium Injection Solution Reconstituted	1 gm	Rocephin	1	
Cefuroxime Axetil Oral Tablet	250 mg, 500 mg	Ceftin	1	
Cephalexin Oral Capsule	250 mg, 500 mg	Keflex	1	
Cephalexin Oral Capsule	750 mg	Keflex	2	
Cephalexin Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Keflex	1	
Beta-Lactam, Penicillins (Penicilinas, Betalactamico)				
Amoxicillin Oral Capsule	250 mg, 500 mg	Amoxil	1	
Amoxicillin Oral Suspension Reconstituted	125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Amoxil	1	
Amoxicillin Oral Tablet	500 mg, 875 mg	Amoxil	1	
Amoxicillin-Pot Clavulanate Er Oral Tablet Extended Release 12 Hour	1000-62.5 mg	Augmentin XR	2	
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	1	
Amoxicillin-Pot Clavulanate Oral Tablet	500-125 mg, 875-125 mg	Augmentin	1	
Amoxicillin-Pot Clavulanate Oral Tablet	250-125 mg	Augmentin	2	
Amoxicillin-Pot Clavulanate Oral Tablet Chewable	400-57 mg	Augmentin	2	
Ampicillin Oral Capsule	500 mg	Marcillin	1	
Ampicillin Sodium Injection Solution Reconstituted	250 mg	Ampicillin Sodium	2	
Bicillin C-R Intramuscular Suspension	1200000 unit/2ml	Bicillin C-R	3	
Bicillin L-A Intramuscular Suspension Prefilled Syringe	1200000 unit/2ml, 600000 unit/ml	Bicillin L-A	3	
Dicloxacillin Sodium Oral Capsule	250 mg, 500 mg	Dycill	1	
Penicillin V Potassium Oral Solution Reconstituted	125 mg/5ml, 250 mg/5ml	Beepen-VK ,Ledercillin VK	1	
Penicillin V Potassium Oral Tablet	250 mg, 500 mg	Beepen-VK	1	
Macrolides (Macrolidos)				
Azithromycin Oral Suspension Reconstituted	100 mg/5ml, 200 mg/5ml	Zithromax	1	
Azithromycin Oral Tablet	250 mg, 500 mg	Zithromax	1	
Azithromycin Oral Tablet	600 mg	Zithromax	2	
Clarithromycin Er Oral Tablet Extended Release 24 Hour	500 mg	Biaxin XL	2	QL(28 in 30 Days)
Clarithromycin Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Biaxin	2	
Clarithromycin Oral Tablet	250 mg, 500 mg	Biaxin	1	
Erythromycin Base Oral Capsule Delayed Release Particles	250 mg	Eryc	2	
Erythromycin Base Oral Tablet	500 mg	Ery-Tab	2	
Erythromycin Base Oral Tablet Delayed Release	250 mg, 333 mg, 500 mg	E-Mycin ,Ery-Tab	2	
Erythromycin Oral Tablet Delayed Release	250 mg, 333 mg, 500 mg	E-Mycin ,Ery-Tab	2	
Quinolones (Quinolonas)				
Cipro_oral Suspension Reconstituted	250 mg/5ml (5%), 500 mg/5ml (10%)	Cipro	4	
Ciprofloxacin Hcl Oral Tablet	250 mg, 500 mg, 750 mg	Cipro	1	
Levofloxacin Oral Solution	25 mg/ml	Levaquin	2	
Levofloxacin Oral Tablet	250 mg, 500 mg, 750 mg	Levaquin	1	
Moxifloxacin Hcl Oral Tablet	400 mg	Avelox	2	
Ofloxacin Oral Tablet	300 mg, 400 mg	Floxin	2	
Sulfonamides (Sulfonamidas)				
Sulfadiazine Oral Tablet	500 mg	Microsulfon	2	
Sulfamethoxazole-Trimethoprim Oral Suspension	200-40 mg/5ml	Bactrim	1	
Sulfamethoxazole-Trimethoprim Oral Tablet	400-80 mg, 800-160 mg	Bactrim ,Bactrim DS	1	
Sulfisoxazole Crystals			2	
Tetracyclines (Tetraciclinas)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Demeclocycline Hcl Oral Tablet	150 mg, 300 mg	Declomycin	2	
Doxycycline Hyclate Oral Capsule	100 mg, 50 mg	Doxy ,Vibramycin	1	
Doxycycline Hyclate Oral Tablet	100 mg, 20 mg	Doxy ,Periostat	1	
Doxycycline Monohydrate Oral Capsule	100 mg, 50 mg	Monodox	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	25 mg/5ml	Vibramycin	2	
Doxycycline Monohydrate Oral Tablet	50 mg, 75 mg	Adoxa	1	
Doxycycline Monohydrate Oral Tablet	100 mg, 150 mg	Adoxa ,Adoxa Pak 1/150	2	
Minocycline Hcl Oral Capsule	100 mg, 50 mg, 75 mg	Dynacin	1	
Tetracycline Hcl Oral Capsule	250 mg, 500 mg	Achromycin V	2	
Tetracycline Hcl Oral Tablet	250 mg, 500 mg	Sumycin	2	
Anticonvulsants (Anticonvulsivos)				
<i>Anticonvulsants, Other (Anticonvulsivos, Otros)</i>				
Elepsia Xr Oral Tablet Extended Release 24 Hour	1000 mg, 1500 mg	Elepsia XR	4	
Epidiolex Oral Solution	100 mg/ml	Epidiolex	5	PA
Levetiracetam Er Oral Tablet Extended Release 24 Hour	750 mg	Keppra XR	1	QL(120 in 30 Days)
Levetiracetam Er Oral Tablet Extended Release 24 Hour	500 mg	Keppra XR	1	QL(180 in 30 Days)
Levetiracetam Oral Solution	100 mg/ml	Keppra	1	
Levetiracetam Oral Tablet	1000 mg, 250 mg, 500 mg, 750 mg	Keppra	1	
Phenobarbital Oral Elixir	20 mg/5ml	PHENobarbital	2	
Phenobarbital Oral Tablet	30 mg, 64.8 mg, 97.2 mg	PHENobarbital	1	
Phenobarbital Oral Tablet	100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg	PHENobarbital	2	
<i>Calcium Channel Modifying Agents (Agentes Modificadores De Canal De Calcio)</i>				
Ethosuximide Oral Capsule	250 mg	Zarontin	1	PL1
Ethosuximide Oral Solution	250 mg/5ml	Zarontin	2	PL1
Methsuximide Oral Capsule	300 mg	Celontin	2	PL1
Pregabalin Oral Capsule	150 mg, 225 mg, 25 mg, 300 mg, 75 mg	Lyrica	2	QL(60 in 30 Days)
Pregabalin Oral Capsule	100 mg, 200 mg, 50 mg	Lyrica	2	QL(90 in 30 Days)
Pregabalin Oral Solution	20 mg/ml	Lyrica	2	QL(900 in 30 Days)
Zonisamide Oral Capsule	100 mg, 25 mg, 50 mg	Zonegran	1	
<i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents (Agentes Aumentadores Del Acido Gamma-Aminobutirico)</i>				
Clonazepam Oral Tablet	2 mg	KlonoPIN	1	QL(300 in 30 Days)
Clonazepam Oral Tablet	0.5 mg, 1 mg	KlonoPIN	1	QL(90 in 30 Days)
Divalproex Sodium Er Oral Tablet Extended Release 24 Hour	250 mg, 500 mg	Depakote ER	1	PL1
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	125 mg	Depakote Sprinkles	1	
Divalproex Sodium Oral Tablet Delayed Release	125 mg, 250 mg, 500 mg	Depakote	1	PL1
Gabapentin Oral Capsule	400 mg	Neurontin	1	QL(270 in 30 Days)
Gabapentin Oral Capsule	100 mg, 300 mg	Neurontin	1	QL(300 in 30 Days)
Gabapentin Oral Solution	250 mg/5ml	Neurontin	1	QL(2160 in 30 Days)
Gabapentin Oral Solution	300 mg/6ml	Neurontin	2	QL(2160 in 30 Days)
Gabapentin Oral Tablet	800 mg	Neurontin	1	QL(120 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Gabapentin Oral Tablet	600 mg	Neurontin	1	QL(180 in 30 Days)
Primidone Oral Tablet	250 mg, 50 mg	Mysoline	1	
Primidone Oral Tablet	125 mg	Primidone	2	
Tiagabine Hcl Oral Tablet	12 mg, 16 mg, 2 mg, 4 mg	Gabitril	2	
Valproic Acid Oral Capsule	250 mg	Depakene	1	PL1
Valproic Acid Oral Solution	250 mg/5ml	Depakene	2	PL1
Glutamate Reducing Agents (Agentes Reductores De Glutamato)				
Lamotrigine Er Oral Tablet Extended Release 24 Hour	100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LaMICtal XR	2	
Lamotrigine Oral Tablet	100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	1	
Lamotrigine Oral Tablet Chewable	25 mg, 5 mg	LaMICtal	1	
Lamotrigine Oral Tablet Disintegrating	100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	2	
Topiramate Oral Capsule Sprinkle	15 mg, 25 mg	Topamax	1	
Topiramate Oral Tablet	100 mg, 200 mg, 25 mg, 50 mg	Topamax	1	
Sodium Channel Agents (Agentes Canal De Sodio)				
Carbamazepine Er Oral Capsule Extended Release 12 Hour	100 mg, 200 mg, 300 mg	Carbatrol	2	
Carbamazepine Er Oral Tablet Extended Release 12 Hour	100 mg, 200 mg, 400 mg	TEGretol-XR	2	
Carbamazepine Oral Suspension	100 mg/5ml	TEGretol	1	
Carbamazepine Oral Tablet	200 mg	Epitol	1	
Carbamazepine Oral Tablet Chewable	100 mg	TEGretol	1	
Dilantin Oral Capsule	30 mg	Dilantin	3	PL1
Oxcarbazepine Oral Suspension	300 mg/5ml	Trileptal	2	
Oxcarbazepine Oral Tablet	150 mg, 300 mg, 600 mg	Trileptal	1	
Phenytoin Oral Suspension	125 mg/5ml	Dilantin	1	PL1
Phenytoin Oral Tablet Chewable	50 mg	Dilantin Infatabs	2	PL1
Phenytoin Sodium Extended Oral Capsule	100 mg	Dilantin	1	PL1
Phenytoin Sodium Extended Oral Capsule	200 mg, 300 mg	Phenytek	2	PL1
Rufinamide Oral Suspension	40 mg/ml	Banzel	2	QL(2400 in 30 Days)
Rufinamide Oral Tablet	200 mg, 400 mg	Banzel	2	QL(240 in 30 Days)
Antidementia Agents (Agentes Contra La Demencia)				
Antidementia Agents, Other (Agentes Contra La Demencia, Otros)				
Ergoloid Mesylates Oral Tablet	1 mg	Gerimal	2	
Cholinesterase Inhibitors (Inhibidores De Colinesterasa)				
Donepezil Hcl Oral Tablet	10 mg, 5 mg	Aricept	1	QL(30 in 30 Days) , PL1
Donepezil Hcl Oral Tablet Disintegrating	10 mg, 5 mg	Aricept ODT	2	QL(30 in 30 Days) , PL1
Galantamine Hydrobromide Er Oral Capsule Extended Release 24 Hour	16 mg, 24 mg, 8 mg	Razadyne ER	2	QL(30 in 30 Days) , PL1
Galantamine Hydrobromide Oral Solution	4 mg/ml	Reminyl	2	QL(180 in 30 Days) , PL1
Galantamine Hydrobromide Oral Tablet	12 mg	Reminyl	1	QL(60 in 30 Days) , PL1
Galantamine Hydrobromide Oral Tablet	4 mg, 8 mg	Reminyl	2	QL(60 in 30 Days) , PL1
Rivastigmine Tartrate Oral Capsule	1.5 mg, 3 mg, 4.5 mg, 6 mg	Exelon	1	QL(60 in 30 Days) , PL1

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Rivastigmine Transdermal Patch 24 Hour	13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Exelon	2	QL(30 in 30 Days) , PL1
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist (Antagonistas Del Receptor De N-Metilo-D-Aspartato (Nmda))</i>				
Memantine Hcl Er Oral Capsule Extended Release 24 Hour	14 mg, 21 mg, 28 mg, 7 mg	Namenda XR	2	QL(30 in 30 Days) , PL1
Memantine Hcl Oral Solution	2 mg/ml	Namenda	2	QL(300 in 30 Days) , PL1
Memantine Hcl Oral Tablet	10 mg, 5 mg	Namenda	1	QL(60 in 30 Days) , PL1
Memantine Hcl Oral Tablet	28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	2	QL(49 in 28 Days) , PL1
Antidepressants (Antidepresivos)				
<i>Antidepressants, Other (Antidepresivos, Otros)</i>				
Bupropion Hcl Er (Sr) Oral Tablet Extended Release 12 Hour	100 mg, 150 mg, 200 mg	Wellbutrin SR	1	QL(60 in 30 Days)
Bupropion Hcl Er (XI) Oral Tablet Extended Release 24 Hour	150 mg, 300 mg	Wellbutrin XL	1	QL(30 in 30 Days)
Bupropion Hcl Oral Tablet	75 mg	Wellbutrin	1	QL(180 in 30 Days)
Bupropion Hcl Oral Tablet	100 mg	Wellbutrin	1	QL(90 in 30 Days)
Mirtazapine Oral Tablet	15 mg, 30 mg, 45 mg, 7.5 mg	Mirtazapine ,Remeron	1	QL(30 in 30 Days)
Nefazodone Hcl Oral Tablet	100 mg, 150 mg, 250 mg, 50 mg	Serzone	2	QL(60 in 30 Days)
Nefazodone Hcl Oral Tablet	200 mg	Serzone	2	QL(90 in 30 Days)
Perphenazine-Amitriptyline Oral Tablet	4-25 mg	Triavil 4-25	2	PL1
Trazodone Hcl Oral Tablet	100 mg, 50 mg	Desyrel	1	QL(60 in 30 Days)
Trazodone Hcl Oral Tablet	150 mg	Desyrel	1	QL(90 in 30 Days)
Trazodone Hcl Oral Tablet	300 mg	Desyrel	2	QL(60 in 30 Days)
Zurzuvae Oral Capsule	20 mg, 25 mg, 30 mg	Zurzuvae	4	QL(28 in 14 Days) , PA
<i>Monoamine Oxidase Inhibitors (Maois) (Inhibidores De Monoamina Oxidasa (Imao))</i>				
Emsam_transdermal Patch 24 Hour	12 mg/24hr, 6 mg/24hr, 9 mg/24hr	Emsam	6	QL(30 in 30 Days)
Phenelzine Sulfate Oral Tablet	15 mg	Nardil	2	QL(90 in 30 Days)
Tranlycypromine Sulfate Oral Tablet	10 mg	Parnate	2	QL(180 in 30 Days)
<i>Serotonin/Norepinephrine Reuptake Inhibitor (Inhibidores De La Recaptacion De Serotonina Y Norepinefrina)</i>				
Citalopram Hydrobromide Oral Solution	10 mg/5ml	CeleXA	1	QL(600 in 30 Days)
Citalopram Hydrobromide Oral Tablet	10 mg, 20 mg, 40 mg	CeleXA	1	QL(30 in 30 Days)
Desvenlafaxine Succinate Er Oral Tablet Extended Release 24 Hour	100 mg, 25 mg, 50 mg	Pristiq	2	QL(30 in 30 Days)
Duloxetine Hcl Oral Capsule Delayed Release Particles	20 mg, 30 mg	Cymbalta	1	QL(30 in 30 Days)
Duloxetine Hcl Oral Capsule Delayed Release Particles	60 mg	Cymbalta	1	QL(60 in 30 Days)
Fluoxetine Hcl Oral Capsule	10 mg, 20 mg	PROzac	1	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Fluoxetine Hcl Oral Capsule	40 mg	PROzac	1	QL(60 in 30 Days)
Fluoxetine Hcl Oral Capsule Delayed Release	90 mg	PROzac Weekly	2	QL(4 in 30 Days)
Fluoxetine Hcl Oral Solution	20 mg/5ml	PROzac	1	QL(600 in 30 Days)
Fluoxetine Hcl Oral Tablet	10 mg	PROzac	1	QL(30 in 30 Days)
Fluvoxamine Maleate Er Oral Capsule Extended Release 24 Hour	100 mg, 150 mg	Luvox CR	2	QL(60 in 30 Days)
Fluvoxamine Maleate Oral Tablet	25 mg, 50 mg	Luvox	1	QL(60 in 30 Days)
Fluvoxamine Maleate Oral Tablet	100 mg	Luvox	1	QL(90 in 30 Days)
Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour	150 mg, 37.5 mg	Effexor XR	1	QL(30 in 30 Days)
Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour	75 mg	Effexor XR	1	QL(90 in 30 Days)
Venlafaxine Hcl Er Oral Tablet Extended Release 24 Hour	150 mg, 37.5 mg, 75 mg	Venlafaxine HCl ER	2	QL(30 in 30 Days)
Venlafaxine Hcl Oral Tablet	100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Effexor	1	QL(60 in 30 Days)
Tricyclics (Triciclicos)				
Amoxapine Oral Tablet	100 mg, 150 mg, 25 mg, 50 mg	Amoxapine ,Asendin	1	
Clomipramine Hcl Oral Capsule	25 mg, 50 mg, 75 mg	Anafranil	1	
Desipramine Hcl Oral Tablet	10 mg, 25 mg, 50 mg, 75 mg	Norpramin	1	
Desipramine Hcl Oral Tablet	100 mg, 150 mg	Norpramin	2	
Doxepin Hcl Oral Capsule	25 mg	Adapin	2	
Doxepin Hcl Oral Capsule	10 mg, 100 mg, 150 mg, 50 mg, 75 mg	Adapin ,SINEquan	1	
Doxepin Hcl Oral Concentrate	10 mg/ml	SINEquan	1	
Imipramine Hcl Oral Tablet	10 mg, 25 mg, 50 mg	Tofranil	1	
Imipramine Pamoate Oral Capsule	100 mg, 125 mg, 150 mg, 75 mg	Tofranil-PM	2	
Nortriptyline Hcl Oral Capsule	10 mg, 25 mg, 50 mg, 75 mg	Aventyl ,Pamelor	1	
Nortriptyline Hcl Oral Solution	10 mg/5ml	Aventyl	1	
Protriptyline Hcl Oral Tablet	10 mg, 5 mg	Vivactil	2	
Antiemetics (Antiemeticos)				
<i>Antiemetics, Other (Antiemeticos, Otros)</i>				
Meclizine Hcl Oral Tablet	12.5 mg, 25 mg	Antivert	1	
Promethazine Hcl Injection Solution	50 mg/ml	Anergan 50	2	
Promethazine Hcl Injection Solution	25 mg/ml	Phenergan	1	
Promethazine Hcl Oral Solution	6.25 mg/5ml	Phenergan Plain	2	
Promethazine Hcl Oral Tablet	12.5 mg, 25 mg, 50 mg	Phenergan	1	
Promethazine Hcl Rectal Suppository	12.5 mg, 25 mg	Phenergan	2	
Scopolamine Transdermal Patch 72 Hour	1 mg/3days	Transderm-Scop	2	
Tigan_intramuscular Solution	100 mg/ml	Tigan	4	
Trimethobenzamide Hcl Oral Capsule	300 mg	Tigan	1	
Emetogenic Therapy Adjuncts (Adjuntivos De La Terapia Emetogena)				
Aprepitant Oral Capsule	40 mg	Emend	5	QL(1 in 30 Days)
Aprepitant Oral Capsule	125 mg	Emend	5	QL(4 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Aprepitant Oral Capsule	80 mg	Emend	5	QL(8 in 30 Days)
Aprepitant Oral Capsule	80 & 125 mg	Emend Tri-fold	5	QL(3 in 15 Days)
Aprepitant Oral Miscellaneous	80 & 125 mg	Emend Tri-fold	5	QL(3 in 15 Days)
Dronabinol Oral Capsule	10 mg, 2.5 mg, 5 mg	Marinol	2	QL(60 in 30 Days) , PA
Granisetron Hcl Oral Tablet	1 mg	Kytril	2	QL(8 in 30 Days)
Ondansetron Hcl Oral Solution	4 mg/5ml	Zofran	1	QL(450 in 30 Days)
Ondansetron Hcl Oral Tablet	4 mg	Zofran	1	QL(120 in 30 Days)
Ondansetron Hcl Oral Tablet	8 mg	Zofran	1	QL(60 in 30 Days)
Ondansetron Hcl Oral Tablet	24 mg	Zofran	2	QL(30 in 30 Days)
Ondansetron Oral Tablet Disintegrating	16 mg	Ondansetron	2	QL(30 in 30 Days)
Ondansetron Oral Tablet Disintegrating	4 mg	Zofran ODT	1	QL(120 in 30 Days)
Ondansetron Oral Tablet Disintegrating	8 mg	Zofran ODT	1	QL(60 in 30 Days)
Antifungals (Antifungales)				
<i>Antifungals (Antifungales)</i>				
Econazole Nitrate External Cream	1 %	Spectazole	1	
Fluconazole Oral Suspension Reconstituted	10 mg/ml, 40 mg/ml	Diflucan	1	
Fluconazole Oral Tablet	100 mg, 150 mg, 200 mg, 50 mg	Diflucan	1	
Flucytosine Oral Capsule	250 mg	Ancobon	2	
Griseofulvin Microsize Oral Suspension	125 mg/5ml	Grifulvin V	1	
Griseofulvin Microsize Oral Tablet	500 mg	Fulvicin U/F	2	
Griseofulvin Ultramicrosize Oral Tablet	125 mg, 250 mg	Fulvicin P/G	2	
Itraconazole Oral Capsule	100 mg	Sporanox	1	
Itraconazole Oral Solution	10 mg/ml	Sporanox	2	
Ketoconazole External Cream	2 %	Nizoral	1	
Ketoconazole External Shampoo	2 %	Nizoral	2	
Ketoconazole Oral Tablet	200 mg	Nizoral	1	PA
Nystatin Oral Tablet	500000 unit	Mycostatin	1	
Terbinafine Hcl Oral Tablet	250 mg	Lamisil	1	QL(84 in 168 Days)
Terconazole Vaginal Cream	0.4 %, 0.8 %	Terazol 3 ,Terazol 7	2	
Terconazole Vaginal Suppository	80 mg	Terazol 3	2	
Voriconazole Oral Suspension Reconstituted	40 mg/ml	Vfend	2	
Voriconazole Oral Tablet	200 mg, 50 mg	Vfend	2	
Antigout Agents (Agentes Contra La Gota)				
<i>Antigout Agents (Agentes Contra La Gota)</i>				
Allopurinol Oral Tablet	100 mg, 300 mg	Zyloprim	1	
Colchicine Oral Tablet	0.6 mg	Colcrys	2	
Colchicine-Probenecid Oral Tablet	0.5-500 mg	Col-Probenecid	1	
Febuxostat Oral Tablet	40 mg	Uloric	1	
Febuxostat Oral Tablet	80 mg	Uloric	2	
Probenecid Oral Tablet	500 mg	Probenecid	1	
Antimigraine Agents (Agentes Contra La Migraña)				
<i>Ergot Alkaloids (Alcaloides De Ergot)</i>				
Dihydroergotamine Mesylate Injection Solution	1 mg/ml	D.H.E. 45	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ergomar Sublingual Tablet Sublingual	2 mg	Ergomar	6	QL(20 in 28 Days)
Migraine Products - Nsaids (Productos Para La Migraña - Nsaids)				
Diclofenac Potassium(Migraine) Oral Packet	50 mg	Cambia	2	QL(9 in 30 Days)
Prophylactic (Profilacticos)				
Amitriptyline Hcl Oral Tablet	10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Elavil	1	
Propranolol Hcl Er Oral Capsule Extended Release 24 Hour	120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	1	
Propranolol Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Inderal	1	
Serotonin (5-Ht) 1b/1d Receptor Agonists (Agonistas De Receptores De Serotonina (5-Ht) 1b/1d)				
Eletriptan Hydrobromide Oral Tablet	20 mg, 40 mg	Relpax	2	QL(9 in 30 Days) , ST
Naratriptan Hcl Oral Tablet	1 mg, 2.5 mg	Amerge	2	QL(9 in 30 Days)
Rizatriptan Benzoate Oral Tablet	10 mg, 5 mg	Maxalt	2	QL(9 in 30 Days)
Rizatriptan Benzoate Oral Tablet Disintegrating	10 mg, 5 mg	Maxalt-MLT	2	QL(9 in 30 Days)
Sumatriptan Succinate Oral Tablet	100 mg, 25 mg, 50 mg	Imitrex	2	QL(9 in 30 Days)
Zolmitriptan Oral Tablet	2.5 mg, 5 mg	Zomig	2	QL(9 in 30 Days)
Zolmitriptan Oral Tablet Disintegrating	2.5 mg	Zomig ZMT	2	QL(9 in 30 Days)
Antimyasthenic Agents (Agentes Antimiastenia)				
Parasympathomimetics (Parasimpatomimeticos)				
Pyridostigmine Bromide Er Oral Tablet Extended Release	180 mg	Mestinon	2	
Pyridostigmine Bromide Oral Solution	60 mg/5ml	Mestinon	2	
Pyridostigmine Bromide Oral Tablet	60 mg	Mestinon	1	
Pyridostigmine Bromide Oral Tablet	30 mg	Pyridostigmine Bromide	2	
Antimycobacterials (Antimicobacterias)				
Antimycobacterials, Other (Antimicobacterias, Otros)				
Dapsone Oral Tablet	100 mg, 25 mg	Dapsone	2	
Rifabutin Oral Capsule	150 mg	Mycobutin	2	
Antituberculars (Antituberculares)				
Ethambutol Hcl Oral Tablet	100 mg, 400 mg	Myambutol	1	
Isoniazid Oral Syrup	50 mg/5ml	Isoniazid	1	
Isoniazid Oral Tablet	100 mg, 300 mg	Laniazid ,Tubizid	1	
Priftin Oral Tablet	150 mg	Priftin	3	
Pyrazinamide Oral Tablet	500 mg	Pyrazinamide	1	
Rifampin Oral Capsule	150 mg, 300 mg	Rifadin	1	
Antineoplastics (Antineoplasticos)				
Alkylating Agents (Agentes Alquilantes)				
Cyclophosphamide Oral Capsule	25 mg, 50 mg	Cyclophosphamide	5	
Cyclophosphamide Oral Tablet	25 mg, 50 mg	Cytoxan	5	
Gleostine Oral Capsule	10 mg, 100 mg, 40 mg	CeeNU	5	
Leukeran Oral Tablet	2 mg	Leukeran	5	PA
Matulane Oral Capsule	50 mg	Matulane	5	
Myleran Oral Tablet	2 mg	Myleran	5	
Temozolomide Oral Capsule	100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Temodar	5	PA
Antiangiogenic Agents (Agentes Antiangiogenicos)				

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Xpovio (60-Mg Once Weekly) Oral Tablet Therapy Pack	60 mg	Xpovio (60 MG Once Weekly)	6	PA
Xpovio (80 Mg Once Weekly) Oral Tablet Therapy Pack	40 mg	Xpovio (80 MG Once Weekly)	6	PA
Xpovio (80 Mg Twice Weekly) Oral Tablet Therapy Pack	20 mg	Xpovio (80 MG Twice Weekly)	6	PA
Zolanza Oral Capsule	100 mg	Zolanza	5	PA
Aromatase Inhibitors, 3rd Generation (Inhibidores De Aromatasa - 3ra Generacion)				
Anastrozole Oral Tablet	1 mg	Arimidex	5	
Exemestane Oral Tablet	25 mg	Aromasin	5	
Letrozole Oral Tablet	2.5 mg	Femara	1	
Enzyme Inhibitors (Inhibidores De Enzimas)				
Etoposide Oral Capsule	50 mg	VePesid	5	
Hycamtin Oral Capsule	0.25 mg, 1 mg	Hycamtin	5	
Molecular Target Inhibitors (Inhibidores De Objetivo Molecular)				
Alecensa Oral Capsule	150 mg	Alecensa	5	PA
Alunbrig Oral Tablet	180 mg, 30 mg, 90 mg	Alunbrig	5	PA
Alunbrig Oral Tablet Therapy Pack	90 & 180 mg	Alunbrig	5	PA
Ayvakit Oral Tablet	100 mg, 200 mg, 25 mg, 300 mg, 50 mg	Ayvakit	6	PA
Balversa Oral Tablet	5 mg	Balversa	5	QL(30 in 30 Days) , PA
Balversa Oral Tablet	4 mg	Balversa	5	QL(60 in 30 Days) , PA
Balversa Oral Tablet	3 mg	Balversa	5	QL(90 in 30 Days) , PA
Bosulif Oral Tablet	100 mg	Bosulif	5	QL(120 in 30 Days) , PA
Bosulif Oral Tablet	400 mg, 500 mg	Bosulif	5	QL(30 in 30 Days) , PA
Braftovi Oral Capsule	75 mg	Braftovi	6	PA
Brukinsa Oral Capsule	80 mg	Brukinsa	6	PA
Cabometyx Oral Tablet	20 mg, 40 mg, 60 mg	Cabometyx	5	PA
Cometriq (100 Mg Daily Dose) Oral Kit	80 & 20 mg	Cometriq (100 MG Daily Dose)	5	QL(60 in 30 Days) , PA
Cometriq (140 Mg Daily Dose) Oral Kit	3 x 20 mg & 80 mg	Cometriq (140 MG Daily Dose)	5	QL(120 in 30 Days) , PA
Cometriq (60 Mg Daily Dose) Oral Kit	20 mg	Cometriq (60 MG Daily Dose)	5	QL(90 in 30 Days) , PA
Cotellic Oral Tablet	20 mg	Cotellic	5	PA
Dasatinib Oral Tablet	140 mg	Sprycel	5	QL(30 in 30 Days) , PA
Dasatinib Oral Tablet	100 mg, 50 mg, 70 mg, 80 mg	Sprycel	5	QL(60 in 30 Days) , PA
Dasatinib Oral Tablet	20 mg	Sprycel	5	QL(90 in 30 Days) , PA
Daurismo Oral Tablet	100 mg, 25 mg	Daurismo	6	PA
Erivedge Oral Capsule	150 mg	Erivedge	5	QL(30 in 30 Days)
Erlotinib Hcl Oral Tablet	100 mg, 150 mg, 25 mg	Tarceva	5	PA
Everolimus Oral Tablet	10 mg, 5 mg, 7.5 mg	Afinitor	5	QL(30 in 30 Days) , PA
Everolimus Oral Tablet	2.5 mg	Afinitor	5	QL(60 in 30 Days) , PA
Everolimus Oral Tablet Soluble	2 mg, 3 mg	Afinitor Disperz	5	QL(30 in 30 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Everolimus Oral Tablet Soluble	5 mg	Afinitor Disperz	5	QL(60 in 30 Days) , PA
Gefitinib Oral Tablet	250 mg	Iressa	5	PA
Gilotrif Oral Tablet	20 mg, 30 mg, 40 mg	Gilotrif	5	PA
Ibrance Oral Tablet	100 mg, 125 mg, 75 mg	Ibrance	5	PA
Idhifa Oral Tablet	100 mg, 50 mg	IDHIFA	5	QL(30 in 30 Days) , PA
Imatinib Mesylate Oral Tablet	400 mg	Gleevec	5	QL(60 in 30 Days) , PA
Imatinib Mesylate Oral Tablet	100 mg	Gleevec	5	QL(90 in 30 Days) , PA
Imbruvica Oral Capsule	140 mg	Imbruvica	5	QL(120 in 30 Days) , PA
Imbruvica Oral Capsule	70 mg	Imbruvica	5	QL(28 in 28 Days) , PA
Imbruvica Oral Suspension	70 mg/ml	Imbruvica	5	PA
Imbruvica Oral Tablet	140 mg, 280 mg, 420 mg	Imbruvica	5	QL(28 in 28 Days) , PA
Jakafi Oral Tablet	10 mg, 15 mg, 20 mg, 25 mg, 5 mg	Jakafi	5	PA
Lapatinib Ditosylate Oral Tablet	250 mg	Tykerb	5	QL(180 in 30 Days) , PA
Lorbrena Oral Tablet	100 mg	Lorbrena	5	PA
Lorbrena Oral Tablet	25 mg	Lorbrena	5	QL(120 in 30 Days) , PA
Lumakras Oral Tablet	120 mg	Lumakras	6	QL(240 in 30 Days) , PA
Lumakras Oral Tablet	320 mg	Lumakras	6	QL(90 in 30 Days) , PA
Mekinist Oral Solution Reconstituted	0.05 mg/ml	Mekinist	5	PA
Mekinist Oral Tablet	0.5 mg, 2 mg	Mekinist	5	PA
Mektovi Oral Tablet	15 mg	Mektovi	6	PA
Nerlynx Oral Tablet	40 mg	Nerlynx	5	PA
Pazopanib Hcl Oral Tablet	200 mg	Votrient	5	QL(120 in 30 Days) , PA
Pemazyre Oral Tablet	13.5 mg, 4.5 mg, 9 mg	Pemazyre	5	PA
Retevmo Oral Capsule	80 mg	Retevmo	6	QL(120 in 30 Days) , PA
Retevmo Oral Capsule	40 mg	Retevmo	6	QL(60 in 30 Days) , PA
Rozlytrek Oral Capsule	200 mg	Rozlytrek	5	PA
Rozlytrek Oral Capsule	100 mg	Rozlytrek	5	QL(150 in 30 Days) , PA
Rydapt Oral Capsule	25 mg	Rydapt	5	PA
Sorafenib Tosylate Oral Tablet	200 mg	NexAVAR	5	PA
Stivarga Oral Tablet	40 mg	Stivarga	5	PA
Sunitinib Malate Oral Capsule	12.5 mg, 25 mg, 37.5 mg, 50 mg	Sutent	5	PA
Tabrecta Oral Tablet	150 mg, 200 mg	Tabrecta	5	QL(120 in 30 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Tafinlar Oral Capsule	50 mg, 75 mg	Tafinlar	5	PA
Tafinlar Oral Tablet Soluble	10 mg	Tafinlar	5	PA
Talzenna Oral Capsule	0.1 mg, 0.25 mg, 0.35 mg, 0.5 mg, 0.75 mg, 1 mg	Talzenna	5	QL(30 in 30 Days) , PA
Tasigna Oral Capsule	150 mg, 200 mg, 50 mg	Tasigna	5	QL(120 in 30 Days) , PA
Tazverik Oral Tablet	200 mg	Tazverik	6	PA
Tibsovo Oral Tablet	250 mg	Tibsovo	5	PA
Torpenz Oral Tablet	10 mg, 5 mg, 7.5 mg	Afinitor	5	QL(30 in 30 Days) , PA
Torpenz Oral Tablet	2.5 mg	Afinitor	5	QL(60 in 30 Days) , PA
Tukysa Oral Tablet	150 mg, 50 mg	Tukysa	6	QL(120 in 30 Days) , PA
Turalio Oral Capsule	125 mg	Turalio	6	PA
Venclexta Oral Tablet	10 mg, 100 mg, 50 mg	Venclexta	5	PA
Venclexta Starting Pack Oral Tablet Therapy Pack	10 & 50 & 100 mg	Venclexta Starting Pack	5	PA
Vitrakvi Oral Capsule	100 mg, 25 mg	Vitrakvi	5	PA
Vitrakvi Oral Solution	20 mg/ml	Vitrakvi	5	QL(600 in 30 Days) , PA
Vizimpro Oral Tablet	15 mg, 30 mg, 45 mg	Vizimpro	5	PA
Xalkori Oral Capsule	200 mg, 250 mg	Xalkori	5	QL(120 in 30 Days) , PA
Xospata Oral Tablet	40 mg	Xospata	5	PA
Zejula Oral Tablet	100 mg, 200 mg, 300 mg	Zejula	5	PA
Zelboraf Oral Tablet	240 mg	Zelboraf	5	PA
Zydelig Oral Tablet	100 mg, 150 mg	Zydelig	5	QL(60 in 30 Days) , PA
Zykadia Oral Tablet	150 mg	Zykadia	5	PA
Retinoids (Retinoides)				
Bexarotene Oral Capsule	75 mg	Targretin	5	
Tretinoin Oral Capsule	10 mg	Vesanoid	5	
Antiparasitics (Antiparasiticos)				
Anthelmintics (Antihelminticos)				
Albendazole Oral Tablet	200 mg	Albenza	2	PA
Benznidazole Oral Tablet	100 mg, 12.5 mg	Benznidazole	2	
Ivermectin Oral Tablet	3 mg	Stromectol	2	PA
Praziquantel Oral Tablet	600 mg	Biltricide	2	
Antiprotozoals (Antiprotozoarios)				
Atovaquone Oral Suspension	750 mg/5ml	Mepron	2	
Atovaquone-Proguanil Hcl Oral Tablet	250-100 mg, 62.5-25 mg	Malarone	2	
Chloroquine Phosphate Oral Tablet	250 mg, 500 mg	Aralen ,Chloroquine Phosphate	2	
Hydroxychloroquine Sulfate Oral Tablet	100 mg, 300 mg, 400 mg	Hydroxychloroquine Sulfate	2	
Hydroxychloroquine Sulfate Oral Tablet	200 mg	Plaquenil	1	
Krintafel Oral Tablet	150 mg	Krintafel	4	
Mefloquine Hcl Oral Tablet	250 mg	Lariam	2	
Nitazoxanide Oral Tablet	500 mg	Alinia	2	
Pentamidine Isethionate Inhalation Solution Reconstituted	300 mg	Nebupent	2	
Primaquine Phosphate Oral Tablet	26.3 (15 base) mg	Primaquine Phosphate	2	
Pyrimethamine Oral Tablet	25 mg	Daraprim	5	PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Quinine Sulfate Oral Capsule	324 mg	Qualaquin	2	
Tinidazole Oral Tablet	250 mg, 500 mg	Tindamax	2	
<i>Pediculicides/Scabicides (Pediculicidas / Escabicidas)</i>				
Permethrin External Cream	5 %	Elimite	2	
Antiparkinson Agents (Agentes Antiparkinson)				
<i>Anticholinergics (Anticolinergicos)</i>				
Benzotropine Mesylate Oral Tablet	0.5 mg, 1 mg, 2 mg	Cogentin	1	
Trihexyphenidyl Hcl Oral Tablet	2 mg, 5 mg	Artane	1	
<i>Antiparkinson Agents, Other (Agentes Antiparkinson, Otros)</i>				
Amantadine Hcl Oral Capsule	100 mg	Amantadine HCl	1	
Amantadine Hcl Oral Solution	50 mg/5ml	Amantadine HCl	2	
Carbidopa Oral Tablet	25 mg	Lodosyn	2	
Entacapone Oral Tablet	200 mg	Comtan	2	
<i>Dopamine Agonists (Agonistas De Dopamina)</i>				
Bromocriptine Mesylate Oral Capsule	5 mg	Parlodel	2	
Bromocriptine Mesylate Oral Tablet	2.5 mg	Parlodel	2	
Neupro Transdermal Patch 24 Hour	1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	Neupro	4	PA
Pramipexole Dihydrochloride Er Oral Tablet Extended Release 24 Hour	0.75 mg, 1.5 mg	Mirapex ER	2	
Pramipexole Dihydrochloride Oral Tablet	0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Mirapex	1	
Ropinirole Hcl Er Oral Tablet Extended Release 24 Hour	12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Requip XL	2	
Ropinirole Hcl Oral Tablet	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Requip	1	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors (Inhibidores De Precusores De Dopamina / L-Amino Acidos De Decarboxilasa)</i>				
Carbidopa-Levodopa Er Oral Tablet Extended Release	25-100 mg, 50-200 mg	Sinemet CR	1	
Carbidopa-Levodopa Oral Tablet	10-100 mg, 25-100 mg, 25-250 mg	Sinemet	1	
<i>Monoamine Oxidase B (Mao-B) Inhibitors (Inhibidores De Monoamina Oxidasa B (Imao-B))</i>				
Rasagiline Mesylate Oral Tablet	0.5 mg, 1 mg	Azilect	2	QL(30 in 30 Days)
Selegiline Hcl Oral Capsule	5 mg	Eldepryl	1	
Selegiline Hcl Oral Tablet	5 mg	Carbex	1	
Antipsychotics (Antipsicoticos)				
<i>1st Generation/Typical (Primera Generacion / Tipicos)</i>				
Chlorpromazine Hcl Oral Tablet	10 mg, 100 mg, 200 mg, 25 mg	Thorazine	1	
Chlorpromazine Hcl Oral Tablet	50 mg	Thorazine	2	
Fluphenazine Hcl Oral Tablet	1 mg, 10 mg, 2.5 mg, 5 mg	Permitil ,Prolixin	1	
Haloperidol Lactate Oral Concentrate	2 mg/ml	Haldol	1	
Haloperidol Oral Tablet	0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Haloperidol	1	
Perphenazine Oral Tablet	16 mg, 2 mg, 4 mg, 8 mg	Trilafon	1	
Prochlorperazine Maleate Oral Tablet	10 mg, 5 mg	Compazine	1	
Prochlorperazine Rectal Suppository	25 mg	Compazine	2	
Thioridazine Hcl Oral Tablet	10 mg, 100 mg, 25 mg, 50 mg	Mellaril	1	
Thiothixene Oral Capsule	1 mg, 10 mg, 2 mg, 5 mg	Navane	1	
Trifluoperazine Hcl Oral Tablet	1 mg, 10 mg, 2 mg, 5 mg	Stelazine	1	
<i>2nd Generation/Atypical (Segunda Generacion / Atipicos)</i>				
Asenapine Maleate Sublingual Tablet Sublingual	10 mg, 5 mg	Saphris	2	QL(60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Olanzapine Oral Tablet	10 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZyPREXA	1	QL(30 in 30 Days)
Olanzapine Oral Tablet	15 mg	ZyPREXA	1	QL(60 in 30 Days)
Quetiapine Fumarate Oral Tablet	150 mg	QUetiapine Fumarate	2	QL(60 in 30 Days)
Quetiapine Fumarate Oral Tablet	100 mg, 200 mg, 300 mg, 400 mg	SEROquel	1	QL(60 in 30 Days)
Quetiapine Fumarate Oral Tablet	25 mg, 50 mg	SEROquel	1	QL(90 in 30 Days)
Risperidone Oral Solution	1 mg/ml	RisperDAL	1	QL(240 in 30 Days)
Risperidone Oral Tablet	4 mg	RisperDAL	1	QL(120 in 30 Days)
Risperidone Oral Tablet	3 mg	RisperDAL	1	QL(150 in 30 Days)
Risperidone Oral Tablet	0.25 mg, 0.5 mg, 1 mg, 2 mg	RisperDAL	1	QL(60 in 30 Days)
Ziprasidone Hcl Oral Capsule	20 mg, 40 mg, 60 mg, 80 mg	Geodon	1	QL(60 in 30 Days)
Treatment-Resistant (Resistente A Tratamiento)				
Clozapine Oral Tablet	100 mg, 25 mg	Clozaril	1	QL(270 in 30 Days)
Clozapine Oral Tablet	200 mg	Clozaril	2	QL(120 in 30 Days)
Clozapine Oral Tablet	50 mg	Clozaril	2	QL(180 in 30 Days)
Antispasticity Agents (Agentes Antiespasticidad)				
<i>Antispasticity Agents (Agentes Antiespasticidad)</i>				
Baclofen Oral Tablet	15 mg, 5 mg	Baclofen	2	
Baclofen Oral Tablet	10 mg, 20 mg	Lioresal	1	
Dantrolene Sodium Oral Capsule	100 mg, 50 mg	Dantrium	1	
Dantrolene Sodium Oral Capsule	25 mg	Dantrium	2	
Tizanidine Hcl Oral Tablet	2 mg, 4 mg	Zanaflex	1	
Antivirals (Antivirales)				
<i>Anti-Cytomegalovirus (Cmv) Agents (Agentes Anti-Citomegalovirus (Cmv))</i>				
Valganciclovir Hcl Oral Solution Reconstituted	50 mg/ml	Valcyte	5	
Valganciclovir Hcl Oral Tablet	450 mg	Valcyte	5	
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) (Agentes Anti-Hiv, Inhibidores De La Transcriptasa Reversa No-Nucleosida)</i>				
Edurant Oral Tablet	25 mg	Edurant	5	QL(30 in 30 Days)
Efavirenz Oral Capsule	200 mg	Sustiva	5	QL(120 in 30 Days)
Efavirenz Oral Capsule	50 mg	Sustiva	5	QL(360 in 30 Days)
Efavirenz Oral Tablet	600 mg	Sustiva	5	QL(30 in 30 Days)
Efavirenz-Emtricitab-Tenofo Df Oral Tablet	600-200-300 mg	Atripla	5	QL(30 in 30 Days)
Efavirenz-Lamivudine-Tenofovir Oral Tablet	400-300-300 mg, 600-300-300 mg	Symfi ,Symfi Lo	5	QL(30 in 30 Days)
Etravirine Oral Tablet	100 mg, 200 mg	Intelence	5	QL(120 in 30 Days)
Intelence Oral Tablet	25 mg	Intelence	5	QL(120 in 30 Days)
Nevirapine Er Oral Tablet Extended Release 24 Hour	400 mg	Viramune XR	5	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Nevirapine Oral Suspension	50 mg/5ml	Viramune	5	QL(1200 in 30 Days)
Nevirapine Oral Tablet	200 mg	Viramune	5	QL(60 in 30 Days)
Odefsey Oral Tablet	200-25-25 mg	Odefsey	5	QL(30 in 30 Days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) (Agentes Anti-Hiv, Inhibidores De La Transcriptasa Reversa Nucleosida Y Nucleotida)</i>				
Abacavir Sulfate Oral Solution	20 mg/ml	Ziagen	5	QL(960 in 30 Days)
Abacavir Sulfate Oral Tablet	300 mg	Ziagen	5	QL(60 in 30 Days)
Cimduo Oral Tablet	300-300 mg	Cimduo	5	QL(30 in 30 Days)
Emtricitabine Oral Capsule	200 mg	Emtriva	5	QL(30 in 30 Days)
Emtricitabine-Tenofovir Df Oral Tablet	100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Truvada	5	QL(30 in 30 Days) , PA
Emtriva Oral Solution	10 mg/ml	Emtriva	5	QL(680 in 28 Days)
Lamivudine Oral Solution	10 mg/ml	Epivir	5	QL(900 in 30 Days)
Lamivudine Oral Tablet	300 mg	Epivir	5	QL(30 in 30 Days)
Lamivudine Oral Tablet	150 mg	Epivir	5	QL(45 in 30 Days)
Lamivudine-Zidovudine Oral Tablet	150-300 mg	Combivir	5	QL(60 in 30 Days)
Tenofovir Disoproxil Fumarate Oral Tablet	300 mg	Viread	5	QL(30 in 30 Days)
Viread Oral Powder	40 mg/gm	Viread	5	QL(240 in 30 Days)
Viread Oral Tablet	150 mg, 200 mg, 250 mg	Viread	5	QL(30 in 30 Days)
Zidovudine Oral Capsule	100 mg	Retrovir	5	QL(180 in 30 Days)
Zidovudine Oral Syrup	50 mg/5ml	Retrovir	5	QL(1680 in 28 Days)
Zidovudine Oral Tablet	300 mg	Retrovir	5	QL(60 in 30 Days)
<i>Anti-Hiv Agents, Other (Agentes Contra Vih, Otros)</i>				
Biktarvy Oral Tablet	30-120-15 mg, 50-200-25 mg	Biktarvy	5	QL(30 in 30 Days)
Maraviroc Oral Tablet	300 mg	Selzentry	5	QL(120 in 30 Days)
Maraviroc Oral Tablet	150 mg	Selzentry	5	QL(60 in 30 Days)
Tivicay Oral Tablet	50 mg	Tivicay	5	QL(60 in 30 Days)
Tivicay Pd Oral Tablet Soluble	5 mg	Tivicay PD	5	QL(360 in 30 Days)
Tybost Oral Tablet	150 mg	Tybost	6	QL(30 in 30 Days)
<i>Anti-Hiv Agents, Protease Inhibitors (Agentes Contra Vih, Inhibidores De Proteasa)</i>				
Aptivus Oral Capsule	250 mg	Aptivus	5	QL(120 in 30 Days)
Atazanavir Sulfate Oral Capsule	300 mg	Reyataz	5	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Atazanavir Sulfate Oral Capsule	150 mg, 200 mg	Reyataz	5	QL(60 in 30 Days)
Darunavir Oral Tablet	800 mg	Prezista	5	QL(30 in 30 Days)
Darunavir Oral Tablet	600 mg	Prezista	5	QL(60 in 30 Days)
Fosamprenavir Calcium Oral Tablet	700 mg	Lexiva	5	QL(120 in 30 Days)
Lopinavir-Ritonavir Oral Solution	400-100 mg/5ml	Kaletra	5	QL(300 in 30 Days)
Lopinavir-Ritonavir Oral Tablet	100-25 mg	Kaletra	5	
Lopinavir-Ritonavir Oral Tablet	200-50 mg	Kaletra	5	QL(120 in 30 Days)
Norvir Oral Packet	100 mg	Norvir	5	
Prezista Oral Suspension	100 mg/ml	Prezista	5	QL(360 in 30 Days)
Prezista Oral Tablet	150 mg	Prezista	5	QL(240 in 30 Days)
Prezista Oral Tablet	75 mg	Prezista	5	QL(420 in 30 Days)
Reyataz Oral Packet	50 mg	Reyataz	5	QL(180 in 30 Days)
Ritonavir Oral Tablet	100 mg	Norvir	5	
Symtuza Oral Tablet	800-150-200-10 mg	Symtuza	5	QL(30 in 30 Days)
Viracept Oral Tablet	625 mg	Viracept	5	QL(120 in 30 Days)
Viracept Oral Tablet	250 mg	Viracept	5	QL(300 in 30 Days)
Anti-Influenza Agents (Agentes Contra La Influenza)				
Oseltamivir Phosphate Oral Capsule	45 mg, 75 mg	Tamiflu	2	QL(10 in 6 Month)
Oseltamivir Phosphate Oral Capsule	30 mg	Tamiflu	2	QL(20 in 6 Month)
Oseltamivir Phosphate Oral Suspension Reconstituted	6 mg/ml	Tamiflu	1	QL(120 in 6 Month)
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated	5 mg/act	Relenza Diskhaler	4	QL(20 in 6 Month)
Rimantadine Hcl Oral Tablet	100 mg	Flumadine	1	
Antihepatitis Agents (Agentes Contra La Hepatitis)				
Adefovir Dipivoxil Oral Tablet	10 mg	Hepsera	5	QL(30 in 30 Days) , PA
Baraclude Oral Solution	0.05 mg/ml	Baraclude	5	QL(600 in 30 Days) , PA
Entecavir Oral Tablet	0.5 mg, 1 mg	Baraclude	5	QL(30 in 30 Days) , PA
Epclusa Oral Packet	150-37.5 mg, 200-50 mg	Epclusa	5	QL(28 in 28 Days) , PA
Epclusa Oral Tablet	200-50 mg	Epclusa	5	QL(28 in 28 Days) , PA
Lamivudine Oral Tablet	100 mg	Epivir HBV	5	
Mavyret Oral Packet	50-20 mg	Mavyret	6	PA
Mavyret Oral Tablet	100-40 mg	Mavyret	6	PA
Pegasys Subcutaneous Solution Prefilled Syringe	180 mcg/0.5ml	Pegasys	5	QL(2 in 28 Days) , PA
Ribavirin Oral Capsule	200 mg	Rebetol	5	
Ribavirin Oral Tablet	200 mg	Copegus	5	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Sofosbuvir-Velpatasvir Oral Tablet	400-100 mg	Epclusa	6	QL(28 in 28 Days) , PA
Antitherpetic Agents (Agentes Antiherpeticos)				
Acyclovir Oral Capsule	200 mg	Zovirax	1	
Acyclovir Oral Suspension	200 mg/5ml	Zovirax	2	
Acyclovir Oral Tablet	400 mg, 800 mg	Zovirax	1	
Famciclovir Oral Tablet	125 mg, 250 mg, 500 mg	Famvir	1	QL(90 in 30 Days)
Valacyclovir Hcl Oral Tablet	500 mg	Valtrex	1	QL(60 in 30 Days)
Valacyclovir Hcl Oral Tablet	1 gm	Valtrex	1	QL(90 in 30 Days)
Antivirals (Antivirales)				
Lagevrio Oral Capsule	200 mg	Lagevrio	0	
Paxlovid (150/100) Oral Tablet Therapy Pack	10 x 150 mg & 10 x 100mg	Paxlovid	0	
Paxlovid (300/100) Oral Tablet Therapy Pack	20 x 150 mg & 10 x 100mg	Paxlovid	0	
Anxiolytics (Ansioliticos)				
Anxiolytics, Other (Ansioliticos, Otros)				
Alprazolam Oral Tablet	0.25 mg, 0.5 mg, 1 mg	Xanax	1	QL(120 in 30 Days)
Alprazolam Oral Tablet	2 mg	Xanax	1	QL(150 in 30 Days)
Buspirone Hcl Oral Tablet	10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	BuSpar ,Vanspar	1	
Clorazepate Dipotassium Oral Tablet	15 mg, 7.5 mg	Gen-XENE	1	QL(180 in 30 Days)
Clorazepate Dipotassium Oral Tablet	3.75 mg	Gen-XENE	2	QL(180 in 30 Days)
Diazepam Intensol Oral Concentrate	5 mg/ml	diazePAM Intensol	2	QL(240 in 30 Days)
Diazepam Oral Concentrate	5 mg/ml	diazePAM Intensol	2	QL(240 in 30 Days)
Diazepam Oral Tablet	10 mg, 2 mg, 5 mg	Di Tran	1	QL(120 in 30 Days)
Hydroxyzine Hcl Oral Syrup	10 mg/5ml	Atarax	2	
Hydroxyzine Hcl Oral Tablet	10 mg, 25 mg, 50 mg	Atarax	1	
Hydroxyzine Pamoate Oral Capsule	25 mg, 50 mg	Hy-Pam	1	
Lorazepam Oral Concentrate	2 mg/ml	LORazepam Intensol	1	QL(150 in 30 Days)
Lorazepam Oral Tablet	0.5 mg, 1 mg	Ativan	1	QL(120 in 30 Days)
Lorazepam Oral Tablet	2 mg	Ativan	1	QL(150 in 30 Days)
Oxazepam Oral Capsule	10 mg, 15 mg, 30 mg	Serax	1	QL(120 in 30 Days)
Ssris/Snrirs (Selective Serotonin Reuptake Inhibitors/ Serotonin And Norepinephrine Reuptake Inhibitors (Inhibidores Selectivos De La Recaptacion De Serotonina / Norepinefrina (Ssris / Snrirs))				
Escitalopram Oxalate Oral Solution	5 mg/5ml	Lexapro	1	QL(600 in 30 Days)
Escitalopram Oxalate Oral Tablet	10 mg, 20 mg, 5 mg	Lexapro	1	QL(30 in 30 Days)
Paroxetine Hcl Er Oral Tablet Extended Release 24 Hour	12.5 mg	Paxil CR	2	QL(30 in 30 Days)
Paroxetine Hcl Er Oral Tablet Extended Release 24 Hour	25 mg, 37.5 mg	Paxil CR	2	QL(60 in 30 Days)
Paroxetine Hcl Oral Suspension	10 mg/5ml	Paxil	2	QL(900 in 30 Days) , ST

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Paroxetine Hcl Oral Tablet	10 mg, 20 mg, 40 mg	Paxil	1	QL(30 in 30 Days)
Paroxetine Hcl Oral Tablet	30 mg	Paxil	1	QL(60 in 30 Days)
Sertraline Hcl Oral Concentrate	20 mg/ml	Zoloft	1	QL(300 in 30 Days)
Sertraline Hcl Oral Tablet	25 mg, 50 mg	Zoloft	1	QL(45 in 30 Days)
Sertraline Hcl Oral Tablet	100 mg	Zoloft	1	QL(60 in 30 Days)
Bipolar Agents (Agentes Para Bipolaridad)				
<i>Bipolar Agents, Other (Agentes Para Bipolaridad, Otros)</i>				
Aripiprazole Oral Tablet	10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Abilify	1	QL(30 in 30 Days)
Aripiprazole Oral Tablet	2 mg	Abilify	1	QL(60 in 30 Days)
<i>Mood Stabilizers (Estabilizadores Del Animo)</i>				
Lithium Carbonate Er Oral Tablet Extended Release	300 mg, 450 mg	Eskalith CR ,Lithobid	1	
Lithium Carbonate Oral Capsule	150 mg, 300 mg, 600 mg	Eskalith ,Lithium Carbonate	1	
Lithium Carbonate Oral Tablet	300 mg	Lithotabs	1	
Lithium Oral Solution	8 meq/5ml	Lithium	2	
Blood Glucose Regulators (Reguladores De Glucosa En Sangre)				
<i>Antidiabetic Agents (Agentes Contra La Diabetes)</i>				
Byetta 10 Mcg Pen Subcutaneous Solution Pen-Injector	10 mcg/0.04ml	Byetta 10 MCG Pen	3	QL(2.400 in 30 Days) , ST
Byetta 5 Mcg Pen Subcutaneous Solution Pen-Injector	5 mcg/0.02ml	Byetta 5 MCG Pen	3	QL(1.200 in 30 Days) , ST
Farxiga Oral Tablet	10 mg, 5 mg	Farxiga	3	QL(30 in 30 Days) , ST , PA
Glimepiride Oral Tablet	1 mg, 2 mg	Amaryl	1	QL(30 in 30 Days)
Glimepiride Oral Tablet	4 mg	Amaryl	1	QL(60 in 30 Days)
Glipizide Er Oral Tablet Extended Release 24 Hour	2.5 mg, 5 mg	Glucotrol XL	1	QL(30 in 30 Days)
Glipizide Er Oral Tablet Extended Release 24 Hour	10 mg	Glucotrol XL	1	QL(60 in 30 Days)
Glipizide Oral Tablet	2.5 mg	glipiZIDE	2	QL(120 in 30 Days)
Glipizide Oral Tablet	10 mg, 5 mg	Glucotrol	1	QL(120 in 30 Days)
Glipizide XI Oral Tablet Extended Release 24 Hour	2.5 mg, 5 mg	Glucotrol XL	1	QL(30 in 30 Days)
Glipizide XI Oral Tablet Extended Release 24 Hour	10 mg	Glucotrol XL	1	QL(60 in 30 Days)
Glipizide-Metformin Hcl Oral Tablet	2.5-250 mg, 2.5-500 mg, 5-500 mg	Metaglip	1	QL(120 in 30 Days)
Glyburide Micronized Oral Tablet	1.5 mg, 3 mg	Glynase	1	QL(30 in 30 Days)
Glyburide Micronized Oral Tablet	6 mg	Glynase	1	QL(60 in 30 Days)
Glyburide Oral Tablet	5 mg	Diabeta	1	QL(120 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Glyburide Oral Tablet	1.25 mg, 2.5 mg	Diabeta	1	QL(240 in 30 Days)
Glyburide-Metformin Oral Tablet	2.5-500 mg, 5-500 mg	Glucovance	1	QL(120 in 30 Days)
Glyburide-Metformin Oral Tablet	1.25-250 mg	Glucovance	1	QL(240 in 30 Days)
Janumet Oral Tablet	50-1000 mg, 50-500 mg	Janumet	3	QL(60 in 30 Days) , ST
Janumet Xr Oral Tablet Extended Release 24 Hour	100-1000 mg	Janumet XR	3	QL(30 in 30 Days) , ST
Janumet Xr Oral Tablet Extended Release 24 Hour	50-1000 mg, 50-500 mg	Janumet XR	3	QL(60 in 30 Days) , ST
Januvia Oral Tablet	100 mg, 25 mg, 50 mg	Januvia	3	QL(30 in 30 Days) , ST
Jardiance Oral Tablet	10 mg, 25 mg	Jardiance	3	QL(30 in 30 Days) , ST , PA
Metformin Hcl Er Oral Tablet Extended Release 24 Hour	500 mg	Glucophage XR	1	QL(120 in 30 Days)
Metformin Hcl Er Oral Tablet Extended Release 24 Hour	750 mg	Glucophage XR	1	QL(60 in 30 Days)
Metformin Hcl Oral Tablet	500 mg	Glucophage	1	QL(120 in 30 Days)
Metformin Hcl Oral Tablet	1000 mg	Glucophage	1	QL(60 in 30 Days)
Metformin Hcl Oral Tablet	850 mg	Glucophage	1	QL(90 in 30 Days)
Pioglitazone Hcl Oral Tablet	15 mg, 30 mg, 45 mg	Actos	1	QL(30 in 30 Days)
Pioglitazone Hcl-Metformin Hcl Oral Tablet	15-500 mg, 15-850 mg	Actoplus Met	1	QL(90 in 30 Days)
Repaglinide Oral Tablet	0.5 mg, 1 mg	Prandin	2	QL(120 in 30 Days)
Repaglinide Oral Tablet	2 mg	Prandin	2	QL(240 in 30 Days)
Steglatro Oral Tablet	15 mg, 5 mg	Steglatro	3	QL(30 in 30 Days) , ST , PA
Trijardy Xr Oral Tablet Extended Release 24 Hour	10-5-1000 mg, 25-5-1000 mg	Trijardy XR	3	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	3	QL(60 in 30 Days) , ST
<i>Glycemic Agents (Agentes Glucemicos)</i>				
Baqsimi One Pack Nasal Powder	3 mg/dose	Baqsimi One Pack	3	
Baqsimi Two Pack Nasal Powder	3 mg/dose	Baqsimi One Pack	3	
Diazoxide Oral Suspension	50 mg/ml	Proglycem	2	
Glucagon Emergency Injection Kit	1 mg	GlucaGen HypoKit	2	QL(2 in 1 Year)
Glucagon Emergency Injection Solution Reconstituted	1 mg/ml	Glucagon Emergency	2	QL(2 in 1 Year)
<i>Insulins (Insulinas)</i>				
Humalog Injection Solution	100 unit/ml	HumaLOG	3	QL(30 in 30 Days)
Humalog Mix 50/50 Subcutaneous Suspension	(50-50) 100 unit/ml	HumaLOG Mix 50/50	3	QL(30 in 30 Days)
Humalog Mix 75/25 Subcutaneous Suspension	(75-25) 100 unit/ml	HumaLOG Pen	3	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Humalog Subcutaneous Solution Cartridge	100 unit/ml	HumaLOG	3	QL(30 in 30 Days)
Humulin 70/30 Subcutaneous Suspension	(70-30) 100 unit/ml	HumuLIN 70/30	3	QL(30 in 30 Days)
Humulin N Subcutaneous Suspension	100 unit/ml	HumuLIN N	3	QL(30 in 30 Days)
Humulin R Injection Solution	100 unit/ml	HumuLIN R	3	QL(30 in 30 Days)
Humulin R U-500 (Concentrated) Subcutaneous Solution	500 unit/ml	HumuLIN R U-500 (CONCENTRATED)	3	QL(30 in 30 Days) , PA
Lantus Subcutaneous Solution	100 unit/ml	Lantus	3	QL(30 in 30 Days)
Levemir Subcutaneous Solution	100 unit/ml	Levemir	3	QL(30 in 30 Days) , ST
Rezvoglar Kwikpen Subcutaneous Solution Pen-Injector	100 unit/ml	Rezvoglar KwikPen	1	QL(30 in 30 Days)
Semglee (Yfgn) Subcutaneous Solution	100 unit/ml	Semglee (yfgn)	1	QL(30 in 30 Days)
Semglee (Yfgn) Subcutaneous Solution Pen-Injector	100 unit/ml	Semglee (yfgn)	1	QL(30 in 30 Days)
Blood Products/Modifiers/Volume Expanders (Productos Para La Sangre / Modificadores/ Aumento De Volumen)				
<i>Anticoagulants (Anticoagulantes)</i>				
Enoxaparin Sodium Injection Solution Prefilled Syringe	40 mg/0.4ml	Enoxaparin Sodium	5	QL(12 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	60 mg/0.6ml	Enoxaparin Sodium	5	QL(18 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	80 mg/0.8ml	Enoxaparin Sodium	5	QL(24 in 30 Days)
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	1	
Xarelto Oral Tablet	10 mg, 20 mg	Xarelto	3	QL(30 in 30 Days)
Xarelto Oral Tablet	15 mg	Xarelto	3	QL(60 in 30 Days)
Xarelto Oral Tablet	2.5 mg	Xarelto	3	QL(60 in 30 Days) , PA
Xarelto Starter Pack Oral Tablet Therapy Pack	15 & 20 mg	Xarelto Starter Pack	3	QL(51 in 30 Days)
<i>Blood Formation Modifiers (Modificadores De Formacion De Sangre)</i>				
Anagrelide Hcl Oral Capsule	0.5 mg	Agrylin	1	
Anagrelide Hcl Oral Capsule	1 mg	Agrylin	2	
Fulphila Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Fulphila	5	PA
Methylergonovine Maleate Oral Tablet	0.2 mg	Methergine	2	
Nivestym Injection Solution	300 mcg/ml, 480 mcg/1.6ml	Nivestym	5	PA
Nivestym Injection Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Nivestym	5	PA
Promacta Oral Packet	25 mg	Promacta	5	QL(180 in 30 Days) , PA
Promacta Oral Packet	12.5 mg	Promacta	5	QL(360 in 30 Days) , PA
Promacta Oral Tablet	12.5 mg, 25 mg, 50 mg, 75 mg	Promacta	5	QL(30 in 30 Days) , PA
Retacrit Injection Solution	10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000	Retacrit	5	QL(12 in 28 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
	unit/ml, 4000 unit/ml, 40000 unit/ml			
Zarxio Injection Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Zarxio	5	PA
Ziextenzo Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Ziextenzo	5	PA
Coagulants (Coagulantes)				
Tranexamic Acid Oral Tablet	650 mg	Lysteda	5	
Platelet Modifying Agents (Agentes Modificadores De Plaquetas)				
Cilostazol Oral Tablet	100 mg, 50 mg	Pletal	1	
Clopidogrel Bisulfate Oral Tablet	75 mg	Plavix	1	
Clopidogrel Bisulfate Oral Tablet	300 mg	Plavix	2	
Dipyridamole Oral Tablet	25 mg, 50 mg, 75 mg	Permole	1	
Prasugrel Hcl Oral Tablet	10 mg, 5 mg	Effient	2	
Cardiovascular Agents (Agentes Cardiovasculares)				
Alpha-Adrenergic Agonists (Agonistas Alfa-Adrenergicos)				
Clonidine Hcl Oral Tablet	0.1 mg, 0.2 mg, 0.3 mg	Catapres	1	QL(60 in 30 Days)
Clonidine Transdermal Patch Weekly	0.1 mg/24hr, 0.2 mg/24hr	Catapres-TTS-1, Catapres-TTS-2	2	QL(4 in 28 Days)
Clonidine Transdermal Patch Weekly	0.3 mg/24hr	Catapres-TTS-3	2	QL(8 in 28 Days)
Guanfacine Hcl Oral Tablet	1 mg, 2 mg	Tenex	1	QL(30 in 30 Days)
Methyldopa Oral Tablet	500 mg	Aldomet	2	QL(120 in 30 Days)
Methyldopa Oral Tablet	250 mg	Aldomet	2	QL(90 in 30 Days)
Midodrine Hcl Oral Tablet	10 mg, 2.5 mg, 5 mg	ProAmatine	1	
Alpha-Adrenergic Blocking Agents (Agentes Bloqueadores Alfa-Adrenergicos)				
Doxazosin Mesylate Oral Tablet	1 mg, 2 mg, 4 mg	Cardura	1	QL(30 in 30 Days)
Doxazosin Mesylate Oral Tablet	8 mg	Cardura	1	QL(60 in 30 Days)
Prazosin Hcl Oral Capsule	5 mg	Minipress	1	QL(120 in 30 Days)
Prazosin Hcl Oral Capsule	1 mg, 2 mg	Minipress	1	QL(90 in 30 Days)
Angiotensin II Receptor Antagonists (Antagonistas Para Receptores De Angiotensina II)				
Candesartan Cilexetil Oral Tablet	32 mg	Atacand	1	QL(30 in 30 Days)
Candesartan Cilexetil Oral Tablet	16 mg, 8 mg	Atacand	1	QL(60 in 30 Days)
Candesartan Cilexetil Oral Tablet	4 mg	Atacand	2	QL(60 in 30 Days)
Irbesartan Oral Tablet	150 mg, 300 mg, 75 mg	Avapro	1	QL(30 in 30 Days)
Losartan Potassium Oral Tablet	100 mg, 25 mg, 50 mg	Cozaar	1	QL(30 in 30 Days)
Telmisartan Oral Tablet	40 mg, 80 mg	Micardis	1	QL(30 in 30 Days)
Telmisartan Oral Tablet	20 mg	Micardis	2	QL(30 in 30 Days)
Valsartan Oral Tablet	160 mg, 320 mg, 40 mg, 80 mg	Diovan	1	QL(30 in 30 Days)
Angiotensin-Converting Enzyme (Ace) Inhibitors (Inhibidores De Enzima Convertidora De Angiotensina II)				
Benazepril Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Lotensin	1	QL(60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Captopril Oral Tablet	100 mg, 12.5 mg, 25 mg, 50 mg	Capoten	1	QL(60 in 30 Days)
Enalapril Maleate Oral Tablet	10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	1	QL(60 in 30 Days)
Fosinopril Sodium Oral Tablet	10 mg, 20 mg, 40 mg	Monopril	1	QL(60 in 30 Days)
Lisinopril Oral Tablet	10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Prinivil ,Zestril	1	QL(30 in 30 Days)
Quinapril Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Accupril	1	QL(60 in 30 Days)
Ramipril Oral Capsule	1.25 mg, 10 mg, 2.5 mg, 5 mg	Altace	1	QL(60 in 30 Days)
Trandolapril Oral Tablet	1 mg, 2 mg	Mavik	1	QL(30 in 30 Days)
Trandolapril Oral Tablet	4 mg	Mavik	1	QL(60 in 30 Days)
Antiarrhythmics (Antiarritmicos)				
Amiodarone Hcl Oral Tablet	200 mg, 400 mg	Cordarone ,Pacerone	1	
Amiodarone Hcl Oral Tablet	100 mg	Pacerone	2	
Disopyramide Phosphate Oral Capsule	150 mg	Norpace	1	
Disopyramide Phosphate Oral Capsule	100 mg	Norpace	2	
Flecainide Acetate Oral Tablet	100 mg, 150 mg, 50 mg	Tambocor	1	
Mexiletine Hcl Oral Capsule	200 mg, 250 mg	Mexitil	1	
Mexiletine Hcl Oral Capsule	150 mg	Mexitil	2	
Propafenone Hcl Er Oral Capsule Extended Release 12 Hour	225 mg, 325 mg, 425 mg	Rythmol SR	2	
Propafenone Hcl Oral Tablet	150 mg, 225 mg, 300 mg	Rythmol	1	
Sotalol Hcl Oral Tablet	120 mg	Betapace	1	
Sotalol Hcl Oral Tablet	160 mg, 240 mg, 80 mg	Betapace	2	
Beta-Adrenergic Blocking Agents (Agentes Bloqueadores Beta-Adrenergicos)				
Acebutolol Hcl Oral Capsule	200 mg, 400 mg	Sectral	1	
Atenolol Oral Tablet	100 mg, 25 mg, 50 mg	Tenormin	1	
Betaxolol Hcl Oral Tablet	10 mg, 20 mg	Kerlone	1	
Bisoprolol Fumarate Oral Tablet	10 mg, 5 mg	Zebeta	1	
Carvedilol Oral Tablet	12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	1	
Labetalol Hcl Oral Tablet	100 mg, 200 mg, 300 mg	Normodyne	1	
Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour	100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	1	
Metoprolol Tartrate Oral Tablet	100 mg, 25 mg, 50 mg	Lopressor ,Metoprolol Tartrate	1	
Nadolol Oral Tablet	20 mg, 40 mg, 80 mg	Corgard	2	
Calcium Channel Blocking Agents (Agentes Bloqueadores De Canal De Calcio)				
Amlodipine Besylate Oral Tablet	10 mg, 2.5 mg, 5 mg	Norvasc	1	
Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour	120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tiazac	1	
Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour	420 mg	Tiazac	2	
Diltiazem Hcl Er Coated Beads Oral Capsule Extended Release 24 Hour	120 mg, 180 mg, 240 mg, 300 mg	Cardizem CD ,Cartia XT	1	
Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour	120 mg	Diltia XT	1	
Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour	180 mg, 240 mg	Diltia XT	2	
Diltiazem Hcl Er Oral Tablet Extended Release 24 Hour	180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Cardizem LA	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Diltiazem Hcl Oral Tablet	120 mg, 30 mg, 60 mg, 90 mg	Cardizem	1	
Dilt-Xr Oral Capsule Extended Release 24 Hour	120 mg, 180 mg, 240 mg	Diltia XT	2	
Felodipine Er Oral Tablet Extended Release 24 Hour	10 mg, 2.5 mg, 5 mg	Plendil	1	
Isradipine Oral Capsule	2.5 mg	DynaCirc	1	
Isradipine Oral Capsule	5 mg	DynaCirc	2	
Nicardipine Hcl Oral Capsule	20 mg, 30 mg	Cardene	1	
Nifedipine Er Oral Tablet Extended Release 24 Hour	30 mg, 60 mg	Adalat CC	1	
Nifedipine Er Oral Tablet Extended Release 24 Hour	90 mg	Adalat CC	2	
Nifedipine Er Osmotic Release Oral Tablet Extended Release 24 Hour	30 mg, 60 mg, 90 mg	Procardia XL	1	
Nifedipine Oral Capsule	10 mg	Adalat	1	
Nifedipine Oral Capsule	20 mg	Adalat	2	
Nimodipine Oral Capsule	30 mg	Nimotop	2	
Nisoldipine Er Oral Tablet Extended Release 24 Hour	17 mg, 34 mg, 8.5 mg	Sular	2	QL(30 in 30 Days)
Verapamil Hcl Er Oral Capsule Extended Release 24 Hour	200 mg, 240 mg, 300 mg, 360 mg	Verelan ,Verelan PM	2	
Verapamil Hcl Er Oral Tablet Extended Release	120 mg, 180 mg, 240 mg	Calan SR	1	
Verapamil Hcl Oral Tablet	120 mg, 40 mg, 80 mg	Calan	1	
<i>Cardiovascular Agents, Other (Agentes Cardiovasculares, Otros)</i>				
Aliskiren Fumarate Oral Tablet	150 mg, 300 mg	Tekturna	2	QL(30 in 30 Days) , ST
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	1	QL(30 in 30 Days)
Atenolol-Chlorthalidone Oral Tablet	100-25 mg, 50-25 mg	Tenoretic 100 ,Tenoretic 50	1	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	1	QL(30 in 30 Days)
Bisoprolol-Hydrochlorothiazide Oral Tablet	10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Ziac	1	QL(30 in 30 Days)
Candesartan Cilexetil-Hctz Oral Tablet	16-12.5 mg, 32-12.5 mg, 32-25 mg	Atacand HCT	2	QL(30 in 30 Days)
Digoxin Oral Tablet	250 mcg	Lanoxin	1	QL(30 in 30 Days)
Digoxin Oral Tablet	125 mcg	Lanoxin	2	QL(30 in 30 Days)
Enalapril-Hydrochlorothiazide Oral Tablet	10-25 mg, 5-12.5 mg	Vaseretic	1	QL(30 in 30 Days)
Fosinopril Sodium-Hctz Oral Tablet	20-12.5 mg	Monopril HCT	1	QL(30 in 30 Days)
Fosinopril Sodium-Hctz Oral Tablet	10-12.5 mg	Monopril HCT	2	QL(30 in 30 Days)
Irbesartan-Hydrochlorothiazide Oral Tablet	300-12.5 mg	Avalide	1	QL(30 in 30 Days)
Irbesartan-Hydrochlorothiazide Oral Tablet	150-12.5 mg	Avalide	1	QL(60 in 30 Days)
Lisinopril-Hydrochlorothiazide Oral Tablet	10-12.5 mg, 20-12.5 mg, 20-25 mg	Prinzide	1	QL(30 in 30 Days)
Losartan Potassium-Hctz Oral Tablet	100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	1	QL(30 in 30 Days)
Metoprolol-Hydrochlorothiazide Oral Tablet	50-25 mg	Lopressor HCT	1	QL(30 in 30 Days)
Metoprolol-Hydrochlorothiazide Oral Tablet	100-25 mg, 100-50 mg	Lopressor HCT	2	QL(30 in 30 Days)
Pentoxifylline Er Oral Tablet Extended Release	400 mg	TRENTal	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Quinapril-Hydrochlorothiazide Oral Tablet	20-12.5 mg, 20-25 mg	Accuretic	2	QL(30 in 30 Days)
Ranolazine Er Oral Tablet Extended Release 12 Hour	1000 mg, 500 mg	Ranexa	2	QL(60 in 30 Days)
Trandolapril-Verapamil Hcl Er Oral Tablet Extended Release	1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tarka	2	QL(30 in 30 Days)
Valsartan-Hydrochlorothiazide Oral Tablet	160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Diovan HCT	1	QL(30 in 30 Days)
<i>Diuretics, Carbonic Anhydrase Inhibitors (Diureticos, Inhibidores De Anhidrasa Carbonica)</i>				
Acetazolamide Er Oral Capsule Extended Release 12 Hour	500 mg	Diamox Sequels	1	
Acetazolamide Oral Tablet	125 mg	Diamox	1	
Acetazolamide Oral Tablet	250 mg	Diamox	2	
Methazolamide Oral Tablet	25 mg, 50 mg	Neptazane	1	
<i>Diuretics, Loop (Diureticos De Asa)</i>				
Bumetanide Oral Tablet	0.5 mg, 1 mg, 2 mg	Bumex	1	
Furosemide Oral Solution	10 mg/ml	Furosemide	2	
Furosemide Oral Tablet	20 mg, 40 mg, 80 mg	Lasix	1	
Torsemide Oral Tablet	10 mg, 100 mg, 20 mg, 5 mg	Demadex	1	
<i>Diuretics, Potassium-Sparing (Diureticos, Ahorradores De Potasio)</i>				
Amiloride Hcl Oral Tablet	5 mg	Midamor	1	
Amiloride-Hydrochlorothiazide Oral Tablet	5-50 mg	Moduretic	1	
Eplerenone Oral Tablet	25 mg, 50 mg	Inspra	1	
Spironolactone Oral Tablet	100 mg, 25 mg, 50 mg	Aldactone	1	
Spironolactone-Hctz Oral Tablet	25-25 mg	Aldactazide	1	
Triamterene-Hctz Oral Capsule	37.5-25 mg	Dyazide	1	
Triamterene-Hctz Oral Tablet	37.5-25 mg, 75-50 mg	Maxzide ,Maxzide-25	1	
<i>Diuretics, Thiazide (Diureticos, Tiazida)</i>				
Chlorthalidone Oral Tablet	25 mg, 50 mg	Hygroton	1	
Hydrochlorothiazide Oral Capsule	12.5 mg	Microzide	1	
Hydrochlorothiazide Oral Tablet	12.5 mg, 25 mg, 50 mg	Carozide ,Esidrix ,hydroCHLOROthiazide	1	
Indapamide Oral Tablet	1.25 mg, 2.5 mg	Lozol	1	
Metolazone Oral Tablet	10 mg, 2.5 mg, 5 mg	Zaroxolyn	1	
<i>Dyslipidemics, Fibric Acid Derivatives (Dislipidemicos, Derivados De Acido Fibrico)</i>				
Fenofibrate Micronized Oral Capsule	134 mg, 200 mg, 43 mg, 67 mg	Antara ,Tricor	1	QL(30 in 30 Days)
Fenofibrate Oral Capsule	134 mg, 200 mg, 67 mg	Tricor	2	QL(30 in 30 Days)
Fenofibrate Oral Tablet	145 mg, 48 mg, 54 mg	Tricor	1	QL(30 in 30 Days)
Fenofibric Acid Oral Capsule Delayed Release	135 mg, 45 mg	Trilipix	2	QL(30 in 30 Days)
Gemfibrozil Oral Tablet	600 mg	Lopid	1	QL(60 in 30 Days)
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors (Dislipidemicos, Inhibidores De La Hmg Coa Reductasa)</i>				
Atorvastatin Calcium Oral Tablet	40 mg, 80 mg	Lipitor	1	QL(30 in 30 Days)
Atorvastatin Calcium Oral Tablet	10 mg, 20 mg	Lipitor	1	QL(30 in 30 Days) , *
Lovastatin Oral Tablet	10 mg, 20 mg	Mevacor	1	QL(30 in 30 Days) , *
Lovastatin Oral Tablet	40 mg	Mevacor	1	QL(60 in 30 Days) , *

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Pravastatin Sodium Oral Tablet	10 mg, 20 mg, 40 mg, 80 mg	Pravachol	1	QL(30 in 30 Days) , *
Rosuvastatin Calcium Oral Tablet	20 mg, 40 mg	Crestor	1	QL(30 in 30 Days)
Rosuvastatin Calcium Oral Tablet	10 mg, 5 mg	Crestor	1	QL(30 in 30 Days) , *
Simvastatin Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Zocor	1	QL(30 in 30 Days) , *
Simvastatin Oral Tablet	80 mg	Zocor	1	QL(30 in 30 Days) , PA
Dyslipidemics, Other (Dislipidemicos, Otros)				
Cholestyramine Light Oral Packet	4 gm	Questran Light	2	
Cholestyramine Light Oral Powder	4 gm/dose	LoCholest Light	1	
Cholestyramine Oral Powder	4 gm/dose	Questran	1	
Colestipol Hcl Oral Granules	5 gm	Colestid	2	
Colestipol Hcl Oral Tablet	1 gm	Colestid	1	
Ezetimibe Oral Tablet	10 mg	Zetia	1	QL(30 in 30 Days)
Icosapent Ethyl Oral Capsule	1 gm	Vascepa	2	QL(120 in 30 Days) , PA
Omega-3-Acid Ethyl Esters Oral Capsule	1 gm	Omacor	1	QL(120 in 30 Days)
Vasodilators, Direct-Acting Arterial (Vasodilatadores, Arteriales De Accion Directa)				
Hydralazine Hcl Oral Tablet	10 mg, 100 mg, 25 mg, 50 mg	Apresoline	1	
Minoxidil Oral Tablet	10 mg, 2.5 mg	Loniten	1	
Vasodilators, Direct-Acting Arterial/Venous (Vasodilatadores, Arteriales / Venosos De Accion Directa)				
Isosorbide Dinitrate Oral Tablet	10 mg, 20 mg, 30 mg, 5 mg	I.S.D. ,Isordil Titradoso	1	
Isosorbide Mononitrate Er Oral Tablet Extended Release 24 Hour	120 mg, 30 mg, 60 mg	Imdur	1	
Isosorbide Mononitrate Oral Tablet	10 mg, 20 mg	Ismo ,Monoket	1	
Nitroglycerin Sublingual Tablet Sublingual	0.3 mg, 0.4 mg, 0.6 mg	Nitrostat	2	
Nitroglycerin Transdermal Patch 24 Hour	0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Deponit ,Minitran	1	
Nitro-Time Oral Capsule Extended Release	6.5 mg, 9 mg	Mi-Trates ,Nitro	4	
Central Nervous System Agents (Agentes Para El Sistema Nervioso Central)				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines (Agentes Para El Deficit De Atencion E Hiperactividad - Anfetamina)				
Amphetamine-Dextroamphetamine Er Oral Capsule Extended Release 24 Hour	10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Adderall XR	2	QL(30 in 30 Days)
Amphetamine-Dextroamphetamine Oral Tablet	30 mg	Adderall	1	QL(60 in 30 Days)
Amphetamine-Dextroamphetamine Oral Tablet	12.5 mg, 15 mg, 5 mg	Adderall	1	QL(90 in 30 Days)
Amphetamine-Dextroamphetamine Oral Tablet	20 mg	Adderall	2	QL(60 in 30 Days)
Amphetamine-Dextroamphetamine Oral Tablet	10 mg, 7.5 mg	Adderall	2	QL(90 in 30 Days)
Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour	5 mg	Dexedrine	1	QL(90 in 30 Days)
Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour	15 mg	Dexedrine	2	QL(120 in 30 Days)
Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour	10 mg	Dexedrine	2	QL(180 in 30 Days)
Dextroamphetamine Sulfate Oral Solution	5 mg/5ml	LIQUADD	2	QL(1800 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Dextroamphetamine Sulfate Oral Tablet	5 mg	Dexedrine	2	QL(90 in 30 Days)
Dextroamphetamine Sulfate Oral Tablet	10 mg	DextroStat	2	QL(180 in 30 Days)
Methamphetamine Hcl Oral Tablet	5 mg	Desoxyn	2	QL(150 in 30 Days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines (Agentes Para El Deficit De Atencion E Hiperactividad - No Anfetamina)</i>				
Atomoxetine Hcl Oral Capsule	10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Strattera	2	QL(30 in 30 Days)
Clonidine Hcl Er Oral Tablet Extended Release 12 Hour	0.1 mg	Kapvay	2	QL(120 in 30 Days)
Dexmethylphenidate Hcl Er Oral Capsule Extended Release 24 Hour	10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Focalin XR	2	QL(30 in 30 Days) , PL1
Dexmethylphenidate Hcl Oral Tablet	10 mg, 2.5 mg, 5 mg	Focalin	2	QL(60 in 30 Days) , PL1
Guanfacine Hcl Er Oral Tablet Extended Release 24 Hour	1 mg, 2 mg, 4 mg	Intuniv	2	QL(30 in 30 Days)
Guanfacine Hcl Er Oral Tablet Extended Release 24 Hour	3 mg	Intuniv	2	QL(60 in 30 Days)
Methylphenidate Hcl Er (Cd) Oral Capsule Extended Release	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Metadate CD	2	QL(30 in 30 Days) , PL1
Methylphenidate Hcl Er (La) Oral Capsule Extended Release 24 Hour	10 mg, 20 mg, 30 mg, 40 mg	Ritalin LA	2	QL(30 in 30 Days) , PL1
Methylphenidate Hcl Er (Osm) Oral Tablet Extended Release	27 mg, 54 mg	Concerta	2	QL(30 in 30 Days) , PL1
Methylphenidate Hcl Er (Osm) Oral Tablet Extended Release	36 mg	Concerta	2	QL(60 in 30 Days) , PL1
Methylphenidate Hcl Er Oral Tablet Extended Release	10 mg, 20 mg	Metadate ER ,Ritalin SR	2	QL(30 in 30 Days) , PL1
Methylphenidate Hcl Er Oral Tablet Extended Release 24 Hour	27 mg, 54 mg	Methylphenidate HCl ER	2	QL(30 in 30 Days) , PL1
Methylphenidate Hcl Er Oral Tablet Extended Release 24 Hour	36 mg	Methylphenidate HCl ER	2	QL(60 in 30 Days) , PL1
Methylphenidate Hcl Oral Solution	5 mg/5ml	Methylin	2	QL(1800 in 30 Days) , PL1
Methylphenidate Hcl Oral Solution	10 mg/5ml	Methylin	2	QL(900 in 30 Days) , PL1
Methylphenidate Hcl Oral Tablet	10 mg, 20 mg, 5 mg	Ritalin	1	QL(90 in 30 Days) , PL1
Methylphenidate Hcl Oral Tablet Chewable	10 mg, 2.5 mg, 5 mg	Methylin	2	QL(90 in 30 Days) , PL1
Quillivant Xr Oral Suspension Reconstituted Er	25 mg/5ml	Quillivant XR	3	QL(360 in 30 Days) , PL1
<i>Central Nervous System, Other (Agentes Para El Sistema Nervioso Central, Otros)</i>				
Exservan Oral Film	50 mg	Exservan	6	PA
Riluzole Oral Tablet	50 mg	Rilutek	2	QL(60 in 30 Days) , PA
Tetrabenazine Oral Tablet	12.5 mg, 25 mg	Xenazine	5	PA
<i>Fibromyalgia Agents (Agentes Para Fibromialgia)</i>				
Savella Oral Tablet	100 mg, 12.5 mg, 25 mg, 50 mg	Savella	3	QL(60 in 30 Days)
<i>Multiple Sclerosis Agents (Agentes Para La Esclerosis Multiple)</i>				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Avonex Prefilled Intramuscular Prefilled Syringe Kit	30 mcg/0.5ml	Avonex Prefilled	5	QL(1 in 28 Days) , PA
Dalfampridine Er Oral Tablet Extended Release 12 Hour	10 mg	Ampyra	5	QL(60 in 30 Days) , PA
Dimethyl Fumarate Oral Capsule Delayed Release	120 mg, 240 mg	Tecfidera	5	QL(60 in 30 Days) , PA
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	120 & 240 mg	Tecfidera	5	QL(60 in 30 Days) , PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	40 mg/ml	Copaxone	5	QL(12 in 28 Days) , PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	20 mg/ml	Copaxone	5	QL(30 in 30 Days) , PA
Vumerity Oral Capsule Delayed Release	231 mg	Vumerity	5	PA
Zeposia 7-Day Starter Pack Oral Capsule Therapy Pack	4 x 0.23mg & 3 x 0.46mg	Zeposia 7-Day Starter Pack	5	PA
Zeposia Oral Capsule	0.92 mg	Zeposia	5	PA
Zeposia Starter Kit Oral Capsule Therapy Pack	0.23mg & 0.46mg 0.92mg(21)	Zeposia Starter Kit	5	PA
Dental And Oral Agents (Agentes Dentales Y Orales)				
<i>Dental And Oral Agents (Agentes Dentales Y Orales)</i>				
Cevimeline Hcl Oral Capsule	30 mg	Evovac	2	
Chlorhexidine Gluconate Mouth/Throat Solution	0.12 %	Peridex	1	
Clotrimazole Mouth/Throat Troche	10 mg	Mycelex	1	
Lidocaine Viscous Hcl Mouth/Throat Solution	2 %	Lidomar Viscous	2	
Nystatin Mouth/Throat Suspension	100000 unit/ml	Mycostatin	1	
Oralene Mouth/Throat Paste	0.1 %	Kenalog in Orabase	2	
Triamcinolone Acetonide Mouth/Throat Paste	0.1 %	Kenalog in Orabase	2	
Dermatological Agents (Agentes Dermatologicos)				
<i>Dermatological Agents (Agentes Dermatologicos)</i>				
Accutane Oral Capsule	10 mg, 20 mg, 30 mg, 40 mg	Accutane ,Sotret	2	PA
Acitretin Oral Capsule	10 mg, 17.5 mg, 25 mg	Soriatane	2	QL(60 in 30 Days)
Acyclovir External Ointment	5 %	Zovirax	2	
Ala-Cort External Cream	1 %	Ala-Cort	2	
Alclometasone Dipropionate External Cream	0.05 %	Aclovate	2	
Alclometasone Dipropionate External Ointment	0.05 %	Aclovate	2	
Ammonium Lactate External Cream	12 %	Lac-Hydrin	1	
Ammonium Lactate External Lotion	12 %	Lac-Hydrin	1	
Arzol_silver Nit Applicators External Miscellaneous	75-25 %	Arzol Silver Nit Applicators	4	
Avar-E Emollient External Cream	10-5 %	Plexion SCT	2	
Benzepro Creamy Wash External Liquid	7 %	NeoBenz Micro Wash	4	
Benzepro External Foam	5.3 %	BenzEfoam	2	
Benzepro External Foam	5.2 %, 9.7 %	BenzePrO	4	
Benzepro External Liquid	6.8 %	BenzePrO	4	
Benzepro External Miscellaneous	5.8 %	BenzePrO	4	
Benzepro Foaming Cloths External Miscellaneous	6 %	Triaz Foaming Cloths	2	
Benzoyl Peroxide External Foam	9.8 %	BenzEfoamUltra	2	
Benzoyl Peroxide-Erythromycin External Gel	5-3 %	Benzamycin	2	
Betamethasone Dipropionate Aug External Cream	0.05 %	Diprolene AF	1	
Betamethasone Dipropionate Aug External Ointment	0.05 %	Diprolene	1	
Betamethasone Dipropionate External Cream	0.05 %	Alphatrex	1	
Betamethasone Dipropionate External Lotion	0.05 %	Alphatrex	1	
Betamethasone Dipropionate External Ointment	0.05 %	Alphatrex	2	
Betamethasone Valerate External Cream	0.1 %	Beta-Val	1	
Betamethasone Valerate External Lotion	0.1 %	Beta-Val	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Betamethasone Valerate External Ointment	0.1 %	Betatrex	1	
Bexarotene External Gel	1 %	Targretin	5	PA
Bp_10-1 External Emulsion	10-1 %	Rosac Wash	2	
Calcipotriene External Ointment	0.005 %	Dovonex	2	QL(120 in 30 Days)
Calcipotriene External Solution	0.005 %	Dovonex	2	QL(60 in 30 Days)
Cem-Urea External Solution	45 %	Uramaxin GT	4	
Ciclopirox External Gel	0.77 %	Loprox	2	
Ciclopirox External Shampoo	1 %	Loprox	1	
Ciclopirox External Solution	8 %	Penlac	2	QL(6.600 in 90 Days)
Ciclopirox Olamine External Cream	0.77 %	Loprox	2	
Ciclopirox Olamine External Suspension	0.77 %	Ciclopirox Topical Suspension	1	
Claravis Oral Capsule	10 mg, 20 mg, 30 mg, 40 mg	Accutane ,Sotret	2	PA
Clindamycin Phos-Benzoyl Perox External Gel	1-5 %, 1.2-5 %	BenzaClin ,Duac	2	
Clindamycin Phosphate External Lotion	1 %	Cleocin-T	2	
Clindamycin Phosphate External Solution	1 %	Cleocin-T	2	QL(120 in 30 Days)
Clobetasol Propionate E External Cream	0.05 %	Embeline E	1	
Clobetasol Propionate External Cream	0.05 %	Temovate	1	
Clobetasol Propionate External Gel	0.05 %	Temovate	1	
Clobetasol Propionate External Lotion	0.05 %	Clobex	2	
Clobetasol Propionate External Ointment	0.05 %	Temovate	1	
Clobetasol Propionate External Shampoo	0.05 %	Clobex	2	
Clobetasol Propionate External Solution	0.05 %	Temovate	1	QL(50 in 15 Days)
Clotrimazole External Cream	1 %	Lotrimin	1	
Clotrimazole External Solution	1 %	Lotrimin	2	
Clotrimazole-Betamethasone External Cream	1-0.05 %	Lotrisone	1	
Desonide External Cream	0.05 %	DesOwen	2	
Desonide External Lotion	0.05 %	DesOwen	2	
Desonide External Ointment	0.05 %	DesOwen	1	
Desoximetasone External Cream	0.25 %	Topicort	1	
Desoximetasone External Gel	0.05 %	Topicort	1	
Diclofenac Sodium External Gel	3 %	Solaraze	2	QL(100 in 30 Days)
Diclofenac Sodium External Gel	1 %	Voltaren	2	QL(1000 in 30 Days)
Diclofenac Sodium External Solution	1.5 %	Diclofenac Sodium	2	
Drysol External Solution	20 %	Drysol	4	
Dyclopro External Solution	0.5 %	Dyclone	4	
Ery_external Pad	2 %	Erycette	4	
Erythromycin External Gel	2 %	A/T/S	2	
Erythromycin External Solution	2 %	A/T/S	2	
Fluocinolone Acetonide Body External Oil	0.01 %	Derma-Smoothe/FS Body	2	
Fluocinolone Acetonide Scalp External Oil	0.01 %	Derma-Smoothe/FS Scalp	1	
Fluocinonide Emulsified Base External Cream	0.05 %	Lidex-E	2	
Fluocinonide External Cream	0.05 %, 0.1 %	Lidex ,Vanos	2	
Fluocinonide External Gel	0.05 %	Lidex	2	
Fluocinonide External Ointment	0.05 %	Lidex	1	
Fluocinonide External Solution	0.05 %	Lidex	1	
Fluorouracil External Cream	5 %	Efudex	2	
Fluorouracil External Solution	2 %, 5 %	Efudex	2	
Fluticasone Propionate External Cream	0.05 %	Cutivate	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Fluticasone Propionate External Ointment	0.005 %	Cutivate	1	
Halobetasol Propionate External Cream	0.05 %	Ultravate	2	
Halobetasol Propionate External Ointment	0.05 %	Ultravate	1	
Hydrocortisone Butyrate External Ointment	0.1 %	Locoid	2	
Hydrocortisone Butyrate External Solution	0.1 %	Locoid	2	
Hydrocortisone External Cream	1 %	Ala-Cort	2	
Hydrocortisone External Cream	2.5 %	HC Cream	1	
Hydrocortisone External Lotion	2.5 %	Hytone	1	
Hydrocortisone External Ointment	1 %, 2.5 %	Cortizone-10 ,Hytone	1	
Hydrocortisone Valerate External Cream	0.2 %	Westcort	1	
Imiquimod External Cream	5 %	Aldara	1	
Isotretinoin Oral Capsule	10 mg, 20 mg, 30 mg, 40 mg	Accutane ,Sotret	2	PA
Lactic Acid E External Cream	10-3500 %-unt/30gm	Lactinol-E	2	
Lactic Acid External Lotion	10 %	Lactinol	2	
Lidocaine External Ointment	5 %	Premium Lidocaine	2	
Lidocaine External Patch	5 %	Lidoderm	2	
Lidocaine Hcl External Solution	4 %	Xylocaine	1	
Lidorx External Gel	3 %	LidoRx	4	
Mafenide Acetate External Packet	5 %	Sulfamylon	2	
Metronidazole External Cream	0.75 %	MetroCream	1	
Metronidazole External Gel	0.75 %, 1 %	Metrogel	2	
Metronidazole External Lotion	0.75 %	MetroLotion	2	QL(59 in 15 Days)
Mometasone Furoate External Cream	0.1 %	Elocon	1	
Mometasone Furoate External Ointment	0.1 %	Elocon	1	
Mometasone Furoate External Solution	0.1 %	Elocon	1	
Mupirocin External Ointment	2 %	Bactroban	1	
Naftifine Hcl External Cream	2 %	Naftin	2	
Nystatin External Cream	100000 unit/gm	Mycostatin	1	
Nystatin External Ointment	100000 unit/gm	Nystex	2	
Nystatin-Triamcinolone External Cream	100000-0.1 unit/gm-%	Myco-Triacet II	1	
Nystatin-Triamcinolone External Ointment	100000-0.1 unit/gm-%	Myco-Triacet II	1	
Pimecrolimus External Cream	1 %	Elidel	2	
Podofilox External Solution	0.5 %	Condylox	2	
Santyl External Ointment	250 unit/gm	Santyl	3	
Selenium Sulfide External Lotion	2.5 %	Selsun	2	
Silver Sulfadiazine External Cream	1 %	SSD	2	
Skyrizi Pen Subcutaneous Solution Auto-Injector	150 mg/ml	Skyrizi Pen	5	QL(8 in 28 Days) , PA
Skyrizi Subcutaneous Solution Prefilled Syringe	150 mg/ml	Skyrizi	5	QL(8 in 28 Days) , PA
Sulfacetamide Sodium (Acne) External Lotion	10 %	Klaron	2	
Sulfacetamide Sodium External Liquid	10 %	Ovace Wash	2	
Sulfacetamide Sodium-Sulfur External Cream	10-2 %	Avar-e LS	2	
Sulfacetamide Sodium-Sulfur External Liquid	10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	Avar Cleanser ,Avar LS Cleanser ,Plexion Cleanser ,Sumaxin Wash	2	
Sulfacetamide Sodium-Sulfur External Liquid	9-4.5 %	Sumadan Wash	1	
Sulfacetamide Sodium-Sulfur External Lotion	10-5 %, 9.8-4.8 %	Novacet ,Plexion	2	
Sulfacetamide Sodium-Sulfur External Suspension	8-4 %	Sumaxin TS	1	
Sulfacetamide Sod-Sulfur Wash External Liquid	9-4 %, 9-4.5 %	Sumadan Wash ,Sumaxin Wash	2	
Sumaxin External Pad	10-4 %	Sumaxin	4	
Tacrolimus External Ointment	0.03 %, 0.1 %	Protopic	2	
Tazarotene External Cream	0.1 %	Tazorac	2	QL(60 in 30 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Tretinoin External Cream	0.025 %, 0.05 %, 0.1 %	Retin-A	2	PA
Tretinoin External Gel	0.01 %, 0.025 %	Retin-A	2	PA
Triamcinolone Acetonide External Cream	0.1 %	Aristocort A	1	
Triamcinolone Acetonide External Cream	0.025 %, 0.5 %	Aristocort A	2	
Triamcinolone Acetonide External Lotion	0.025 %, 0.1 %	Kenalog	1	
Triamcinolone Acetonide External Ointment	0.1 %	Aristocort A	1	
Triamcinolone Acetonide External Ointment	0.025 %	Triamcinolone Acetonide	2	
Umecta Mousse External Foam	40 %	Hydro 40	2	
Urea_external Cream	40 %, 45 %, 47 %	Carmol 40 ,Keralac ,Uramaxin	2	
Urea_external Foam	35 %	Urea	2	
Urea_external Lotion	40 %	Carmol 40	2	
Urea_hydrating External Foam	35 %	Hydro 35	4	
Urea_nail External Gel	45 %	Uramaxin	2	
Valchlor External Gel	0.016 %	Valchlor	5	QL(60 in 30 Days)
Enzyme Replacement/Modifiers (Reemplazo De Enzimas / Modificadores)				
<i>Enzyme Replacement/Modifiers (Reemplazo De Enzimas / Modificadores)</i>				
Betaine Oral Powder		Cystadane	5	
Creon_oral Capsule Delayed Release Particles	12000-38000 unit, 24000-76000 unit, 3000-9500 unit, 36000-114000 unit, 6000-19000 unit	Creon	5	
Galafold Oral Capsule	123 mg	Galafold	6	PA
Levocarnitine Oral Solution	1 gm/10ml	Carnitor	2	
Levocarnitine Oral Tablet	330 mg	Carnitor	2	PA
Nitisinone Oral Capsule	10 mg, 2 mg, 5 mg	Orfadin	5	
Sodium Phenylbutyrate Oral Powder	3 gm/tsp	Buphenyl	5	
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	5	
Gastrointestinal Agents (Agentes Gastrointestinales)				
<i>Antispasmodics, Gastrointestinal (Antiespasmodicos, Gastrointestinales)</i>				
Dicyclomine Hcl Oral Capsule	10 mg	Bentyl	1	PL2
Dicyclomine Hcl Oral Solution	10 mg/5ml	Bentyl	2	PL2
Dicyclomine Hcl Oral Tablet	20 mg	Bentyl	1	PL2
Glycopyrrolate Oral Tablet	1 mg, 2 mg	Robinul ,Robinul-Forte	1	PL2
Hyoscyamine Sulfate Sublingual Tablet Sublingual	0.125 mg	Hyosol/SL	1	
Oscimin Sublingual Tablet Sublingual	0.125 mg	Hyosol/SL	2	
<i>Gastrointestinal Agents, Other (Agentes Gastrointestinales, Otros)</i>				
Amoxicill-Clarithro-Lansopraz Oral Therapy Pack	500 & 500 & 30 mg	Prevpac	2	
Cromolyn Sodium Oral Concentrate	100 mg/5ml	Gastrocrom	2	
Diphenoxylate-Atropine Oral Tablet	2.5-0.025 mg	Di-Atro	1	
Gattex Subcutaneous Kit	5 mg	Gattex	6	PA
Loperamide Hcl Oral Capsule	2 mg	Imodium	1	
Metoclopramide Hcl Injection Solution	5 mg/ml	Reglan	2	
Metoclopramide Hcl Oral Solution	5 mg/5ml	Metoclopramide HCl	1	
Metoclopramide Hcl Oral Solution	10 mg/10ml	Metoclopramide HCl	2	
Metoclopramide Hcl Oral Tablet	10 mg, 5 mg	Reglan	1	
Ursodiol Oral Capsule	300 mg	Actigall	2	
Ursodiol Oral Tablet	250 mg	Urso 250	1	
Ursodiol Oral Tablet	500 mg	Urso Forte	2	
<i>Histamine2 (H2) Receptor Antagonists (Antagonistas De Receptores Histamina2 (H2))</i>				
Cimetidine Hcl Oral Solution	300 mg/5ml	Cimetidine HCl	1	PL2

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Cimetidine Oral Tablet	200 mg, 300 mg, 400 mg	Tagamet	1	PL2
Cimetidine Oral Tablet	800 mg	Tagamet	2	PL2
Famotidine Oral Suspension Reconstituted	40 mg/5ml	Pepcid	2	PL2
Famotidine Oral Tablet	20 mg, 40 mg	Pepcid	1	PL2
Nizatidine Oral Capsule	150 mg, 300 mg	Axid	1	PL2
Irritable Bowel Syndrome Agents (Agentes Para El Sindrome De Intestino Irritable)				
Linzess Oral Capsule	145 mcg, 290 mcg	Linzess	3	QL(30 in 30 Days)
Laxatives (Laxantes)				
Enulose Oral Solution	10 gm/15ml	Enulose	2	
Lactulose Encephalopathy Oral Solution	10 gm/15ml	Enulose	2	
Lactulose Oral Solution	10 gm/15ml	Constulose	1	
Lactulose Oral Solution	20 gm/30ml	Constulose	2	
Protectants (Protectores)				
Sucralfate Oral Suspension	1 gm/10ml	Carafate	2	PL2
Sucralfate Oral Tablet	1 gm	Carafate	1	PL2
Proton Pump Inhibitors (Inhibidores De Bomba De Protones)				
Esomeprazole Magnesium Oral Capsule Delayed Release	20 mg, 40 mg	NexIUM	1	QL(30 in 30 Days) , PL2
Lansoprazole Oral Capsule Delayed Release	15 mg, 30 mg	Prevacid	1	QL(30 in 30 Days) , PL2
Omeprazole Oral Capsule Delayed Release	10 mg, 20 mg, 40 mg	PriLOSEC	1	QL(30 in 30 Days) , PL2
Pantoprazole Sodium Oral Tablet Delayed Release	20 mg, 40 mg	Protonix	1	QL(30 in 30 Days) , PL2
Rabeprazole Sodium Oral Tablet Delayed Release	20 mg	Aciphex	1	QL(30 in 30 Days) , PA , PL2
Genitourinary Agents (Agentes Genitourinarios)				
Antispasmodics, Urinary (Antiespasmódicos, Urinarios)				
Bethanechol Chloride Oral Tablet	10 mg, 25 mg, 5 mg, 50 mg	Duvoid ,Urecholine	1	
Darifenacin Hydrobromide Er Oral Tablet Extended Release 24 Hour	15 mg, 7.5 mg	Enablex	2	QL(30 in 30 Days)
Flavoxate Hcl Oral Tablet	100 mg	flavoxATE HCl	1	
Mirabegron Er Oral Tablet Extended Release 24 Hour	25 mg, 50 mg	Myrbetriq	2	QL(30 in 30 Days)
Myrbetriq Oral Suspension Reconstituted Er	8 mg/ml	Myrbetriq	3	QL(300 in 30 Days)
Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour	5 mg	Ditropan XL	1	QL(30 in 30 Days)
Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour	10 mg, 15 mg	Ditropan XL	1	QL(60 in 30 Days)
Oxybutynin Chloride Oral Solution	5 mg/5ml	Oxybutynin Chloride	2	
Oxybutynin Chloride Oral Tablet	5 mg	Oxybutynin Chloride	1	
Oxybutynin Chloride Oral Tablet	2.5 mg	Oxybutynin Chloride	2	
Tolterodine Tartrate Er Oral Capsule Extended Release 24 Hour	2 mg, 4 mg	Detrol LA	1	
Tolterodine Tartrate Oral Tablet	1 mg, 2 mg	Detrol	1	QL(60 in 30 Days)
Trospium Chloride Er Oral Capsule Extended Release 24 Hour	60 mg	Sanctura XR	2	QL(30 in 30 Days)
Trospium Chloride Oral Tablet	20 mg	Sanctura	1	
Benign Prostatic Hypertrophy Agents (Agentes Para La Hipertrofia Prostatica Benigna)				
Alfuzosin Hcl Er Oral Tablet Extended Release 24 Hour	10 mg	Uroxatral	1	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Dutasteride Oral Capsule	0.5 mg	Avodart	2	QL(30 in 30 Days)
Finasteride Oral Tablet	5 mg	Proscar	1	QL(30 in 30 Days)
Tadalafil Oral Tablet	5 mg	Cialis	1	QL(30 in 30 Days) , PA
Tadalafil Oral Tablet	2.5 mg	Cialis	2	QL(30 in 30 Days) , PA
Tamsulosin Hcl Oral Capsule	0.4 mg	Flomax	1	QL(60 in 30 Days)
Terazosin Hcl Oral Capsule	1 mg, 10 mg, 2 mg, 5 mg	Hytrin	1	QL(60 in 30 Days)
Genitourinary Agents, Other (Agentes Genitourinarios, Otros)				
Elmiron Oral Capsule	100 mg	Elmiron	3	
Fosfomycin Tromethamine Oral Packet	3 gm	Monurol	2	
Methenamine Hippurate Oral Tablet	1 gm	Hiprex	2	
Methenamine Mandelate Oral Tablet	1 gm	Methenamine Mandelate	1	
Neomycin-Polymyxin B Gu Irrigation Solution	40-200000	Neosporin GU Irrigant	2	
Nitrofurantoin Macrocrystal Oral Capsule	100 mg, 50 mg	Macrodrantin	1	
Nitrofurantoin Monohyd Macro Oral Capsule	100 mg	Macrobid	1	
Phenazopyridine Hcl Oral Tablet	100 mg	Pyridiate	1	
Phenazopyridine Hcl Oral Tablet	200 mg	Pyridiate	2	
Urelle Oral Tablet	81 mg	Urelle	2	
Phosphate Binders (Aglutinantes De Fosfato)				
Calcium Acetate (Phos Binder) Oral Capsule	667 mg	PhosLo	2	
Calcium Acetate (Phos Binder) Oral Tablet	667 mg	Calphron	2	
Sevelamer Carbonate Oral Packet	2.4 gm	Renvela	2	QL(180 in 30 Days)
Sevelamer Carbonate Oral Packet	0.8 gm	Renvela	2	QL(540 in 30 Days)
Sevelamer Carbonate Oral Tablet	800 mg	Renvela	1	QL(540 in 30 Days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Adrenales))				
Glucocorticoids/Mineralocorticoids (Glucocorticoides/Mineralocorticoides)				
Budesonide Oral Capsule Delayed Release Particles	3 mg	Entocort EC	2	
Depo-Medrol Injection Suspension	20 mg/ml	DEPO-Medrol	4	
Dexamethasone Intensol Oral Concentrate	1 mg/ml	Dexamethasone Intensol	4	
Dexamethasone Oral Elixir	0.5 mg/5ml	Decadron	2	
Dexamethasone Oral Solution	0.5 mg/5ml	Dexamethasone	2	
Dexamethasone Oral Tablet	4 mg	Decadron	2	
Dexamethasone Oral Tablet	0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 6 mg	Decadron ,Dexamethasone ,Dexone	1	
Dexamethasone Oral Tablet Therapy Pack	1.5 mg (35)	DexPak 10 Day	2	
Fludrocortisone Acetate Oral Tablet	0.1 mg	Florinef	1	
Hydrocortisone Oral Tablet	20 mg	Cortef	1	
Hydrocortisone Oral Tablet	10 mg, 5 mg	Cortef	2	
Methylprednisolone Oral Tablet	4 mg	Medrol	1	
Methylprednisolone Oral Tablet	16 mg, 32 mg, 8 mg	Medrol	2	
Methylprednisolone Oral Tablet Therapy Pack	4 mg	Medrol (Pak)	1	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	125 mg, 40 mg	A-Methapred	2	
Prednisolone Oral Solution	15 mg/5ml	prednisoLONE	2	
Prednisolone Sodium Phosphate Oral Solution	15 mg/5ml, 6.7 (5 base) mg/5ml	Orapred ,Pediapred	2	
Prednisone Intensol Oral Concentrate	5 mg/ml	predniSONE Intensol	4	
Prednisone Oral Solution	5 mg/5ml	predniSONE	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Prednisone Oral Tablet	1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Deltasone ,Meticorten	1	
Prednisone Oral Tablet Therapy Pack	5 mg (48)	predniSONE	1	
Prednisone Oral Tablet Therapy Pack	10 mg (21), 5 mg (21)	predniSONE	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))				
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))</i>				
Desmopressin Ace Spray Refrig Nasal Solution	0.01 %	Minirin	2	
Desmopressin Acetate Oral Tablet	0.1 mg, 0.2 mg	DDAVP	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Prostaglandina))				
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Prostaglandina))</i>				
Misoprostol Oral Tablet	200 mcg	Cytotec	1	PL2
Misoprostol Oral Tablet	100 mcg	Cytotec	2	PL2
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Hormona Sexual))				
<i>Androgens (Androgenos)</i>				
Danazol Oral Capsule	50 mg	Danocrine	2	PA
Testosterone Cypionate Intramuscular Solution	100 mg/ml	Depo-Testosterone	2	PA
Testosterone Transdermal Gel	50 mg/5gm (1%)	AndroGel	2	QL(300 in 30 Days) , PA
Testosterone Transdermal Gel	12.5 mg/act (1%)	AndroGel Pump	2	PA
<i>Estrogens (Estrogenos)</i>				
Combipatch Transdermal Patch Twice Weekly	0.05-0.25 mg/day	CombiPatch	3	
Estradiol Oral Tablet	0.5 mg, 1 mg, 2 mg	Estrace	1	
Estradiol Transdermal Patch Twice Weekly	0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Esclim ,Estraderm ,Vivelle	2	
Estradiol Transdermal Patch Weekly	0.06 mg/24hr	Climara	2	
Estradiol Vaginal Cream	0.1 mg/gm	Estrace	2	QL(42.500 in 30 Days)
Estradiol Vaginal Tablet	10 mcg	Vagifem	2	
Estradiol Valerate Intramuscular Oil	10 mg/ml	Delestrogen	2	
Estradiol-Norethindrone Acet Oral Tablet	0.5-0.1 mg, 1-0.5 mg	Activella	2	
Jinteli Oral Tablet	1-5 mg-mcg	Femhrt 1/5	2	
Premarin Vaginal Cream	0.625 mg/gm	Premarin	3	
<i>Progestins (Progestinas)</i>				
Medroxyprogesterone Acetate Oral Tablet	10 mg, 2.5 mg, 5 mg	Amen ,Cycrin	1	
Norethindrone Acetate Oral Tablet	5 mg	Aygestin	1	
Progesterone Oral Capsule	200 mg	Prometrium	1	
Progesterone Oral Capsule	100 mg	Prometrium	2	
<i>Selective Estrogen Receptor Modifying Agents (Agentes Modificadores De Receptores Selectivos De Estrogeno)</i>				
Raloxifene Hcl Oral Tablet	60 mg	Evista	1	QL(30 in 30 Days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))				
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))</i>				
Armour Thyroid Oral Tablet	120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	Armour Thyroid	3	
Levothyroxine Sodium Oral Tablet	100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg,	Levo-T ,Levothroid	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
	300 mcg, 50 mcg, 75 mcg, 88 mcg			
Liothyronine Sodium Oral Tablet	25 mcg	Cytomel	2	QL(120 in 30 Days)
Liothyronine Sodium Oral Tablet	50 mcg	Cytomel	2	QL(60 in 30 Days)
Liothyronine Sodium Oral Tablet	5 mcg	Cytomel	2	QL(600 in 30 Days)
Np_thyroid Oral Tablet	120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Armour Thyroid	4	
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	3	
Thyroid Oral Tablet	120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Armour Thyroid	2	
Hormonal Agents, Suppressant (Adrenal) (Agentes Hormonales, Supresores (Adrenales))				
<i>Hormonal Agents, Suppressant (Adrenal) (Agentes Hormonales, Supresores (Adrenales))</i>				
Lysodren Oral Tablet	500 mg	Lysodren	5	
Hormonal Agents, Suppressant (Parathyroid) (Agentes Hormonales, Supresores (Paratiroidales))				
<i>Hormonal Agents, Suppressant (Parathyroid) (Agentes Hormonales, Supresores (Paratiroidales))</i>				
Calcitriol Oral Capsule	0.25 mcg, 0.5 mcg	Rocaltrol	1	
Calcitriol Oral Solution	1 mcg/ml	Rocaltrol	2	
Doxercalciferol Oral Capsule	0.5 mcg, 1 mcg, 2.5 mcg	Hectorol	2	
Paricalcitol Oral Capsule	1 mcg, 2 mcg, 4 mcg	Zemplar	2	
Hormonal Agents, Suppressant (Pituitary) (Agentes Hormonales, Supresores (Pituitaria))				
<i>Hormonal Agents, Suppressant (Pituitary) (Agentes Hormonales, Supresores (Pituitaria))</i>				
Cabergoline Oral Tablet	0.5 mg	Dostinex	2	
Octreotide Acetate Injection Solution	100 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	5	PA
Octreotide Acetate Subcutaneous Solution Prefilled Syringe	100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Octreotide Acetate	5	PA
Supprelin La Subcutaneous Kit	50 mg	Supprelin LA	6	QL(1 in 1 Year) , PA
Synarel Nasal Solution	2 mg/ml	Synarel	5	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers) (Agentes Hormonales, Supresores (Hormonas Sexuales / Modificadores))				
<i>Antiandrogens (Antiandrogenos)</i>				
Abiraterone Acetate Oral Tablet	250 mg	Zytiga	5	QL(120 in 30 Days) , PA
Bicalutamide Oral Tablet	50 mg	Casodex	1	
Erleada Oral Tablet	240 mg, 60 mg	Erleada	5	PA
Eulexin Oral Capsule	125 mg	Eulexin	6	
Nilutamide Oral Tablet	150 mg	Nilandron	5	QL(60 in 30 Days)
Orgovyx Oral Tablet	120 mg	Orgovyx	6	QL(60 in 30 Days) , PA
Orilissa Oral Tablet	150 mg	Orilissa	5	QL(28 in 28 Days) , PA
Orilissa Oral Tablet	200 mg	Orilissa	5	QL(56 in 28 Days) , PA
Xtandi Oral Capsule	40 mg	Xtandi	5	PA
Xtandi Oral Tablet	40 mg, 80 mg	Xtandi	5	PA
Yonsa_oral Tablet	125 mg	Yonsa	5	QL(120 in 30 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Hormonal Agents, Suppressant (Thyroid) (Agentes Hormonales, Supresores (Tiroide))				
<i>Antithyroid Agents (Agentes Antitiroideo)</i>				
Methimazole Oral Tablet	10 mg, 5 mg	Tapazole	1	
Propylthiouracil Oral Tablet	50 mg	Propylthiouracil	2	
Immunological Agents (Agentes Inmunologicos)				
<i>Immune Suppressants (Supresores Inmunologicos)</i>				
Azathioprine Oral Tablet	50 mg	Imuran	1	
Cyclosporine Modified Oral Capsule	100 mg, 25 mg	Neoral	5	
Cyclosporine Modified Oral Solution	100 mg/ml	Neoral	5	
Cyclosporine Oral Capsule	100 mg, 25 mg	SandIMMUNE	5	
Everolimus Oral Tablet	0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	5	PA
Methotrexate Sodium Oral Tablet	2.5 mg	Methotrexate Sodium	1	
Mycophenolate Mofetil Oral Capsule	250 mg	CellCept	5	
Mycophenolate Mofetil Oral Suspension Reconstituted	200 mg/ml	CellCept	5	
Mycophenolate Mofetil Oral Tablet	500 mg	CellCept	5	
Mycophenolate Sodium Oral Tablet Delayed Release	180 mg, 360 mg	Myfortic	5	
Mycophenolic Acid Oral Tablet Delayed Release	180 mg, 360 mg	Myfortic	5	
Sirolimus Oral Solution	1 mg/ml	Rapamune	5	
Sirolimus Oral Tablet	0.5 mg, 1 mg, 2 mg	Rapamune	5	
Tacrolimus Oral Capsule	0.5 mg, 1 mg, 5 mg	Prograf	5	
<i>Immunological Agents, Other (Agentes Inmunológicos, Otros)</i>				
Skyrizi Subcutaneous Solution Cartridge	180 mg/1.2ml, 360 mg/2.4ml	Skyrizi	5	PA
<i>Immunomodulators (Inmunomoduladores)</i>				
Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Cyltezo (2 Pen)	5	QL(2 in 28 Days) , PA
Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.8ml	Cyltezo (2 Pen)	5	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)	5	QL(2 in 28 Days) , PA
Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit	40 mg/0.8ml	Cyltezo (2 Syringe)	5	QL(4 in 28 Days) , PA
Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit	40 mg/0.8ml	Cyltezo (2 Pen)	5	QL(4 in 28 Days) , PA
Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Cyltezo (2 Pen)	5	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)	5	QL(4 in 28 Days) , PA
Amjevita Subcutaneous Solution Auto-Injector	40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml	Amjevita	5	PA
Amjevita Subcutaneous Solution Prefilled Syringe	40 mg/0.8ml	Amjevita	5	PA
Amjevita Subcutaneous Solution Prefilled Syringe 40 Mg/0.4ml	40 mg/0.4ml	Amjevita	5	PA
Amjevita-Ped 10kg To <15kg Subcutaneous Solution Prefilled Syringe	10 mg/0.2ml	Amjevita	5	PA
Amjevita-Ped 15kg To <30kg Subcutaneous Solution Prefilled Syringe	20 mg/0.2ml, 20 mg/0.4ml	Amjevita	5	PA
Humira (2 Pen) Subcutaneous Pen-Injector Kit	40 mg/0.4ml, 40 mg/0.8ml	Humira Pen	5	QL(4 in 28 Days) , PA
Humira (2 Pen) Subcutaneous Pen-Injector Kit	80 mg/0.8ml	Humira Pen-CD/UC/HS Starter	5	QL(3 in 28 Days) , PA
Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit	10 mg/0.1ml, 20 mg/0.2ml	Humira	5	QL(2 in 28 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit	40 mg/0.4ml, 40 mg/0.8ml	Humira	5	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	5	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	5	QL(3 in 28 Days) , PA
Leflunomide Oral Tablet	10 mg	Arava	1	QL(30 in 30 Days)
Leflunomide Oral Tablet	20 mg	Arava	2	QL(30 in 30 Days)
Methocarbamol Oral Tablet	500 mg	Robaxin	1	
Ridaura Oral Capsule	3 mg	Ridaura	3	
Simlandi (1 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Simlandi (2 Pen)	5	PA
Simlandi (2 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Simlandi (2 Pen)	5	PA
Inflammatory Bowel Disease Agents (Agentes Para El Síndrome De Intestino Inflamado)				
<i>Aminosalicylates (Aminosalicilatos)</i>				
Balsalazide Disodium Oral Capsule	750 mg	Colazal	1	
Mesalamine Er Oral Capsule Extended Release	500 mg	Pentasa	2	
Mesalamine Oral Capsule Delayed Release	400 mg	Delzicol	2	
Mesalamine Oral Tablet Delayed Release	1.2 gm	Lialda	2	
Mesalamine Rectal Enema	4 gm	Rowasa	2	
Mesalamine Rectal Suppository	1000 mg	Canasa	2	
Mesalamine-Cleanser Rectal Kit	4 gm	Rowasa	2	
Pentasa Oral Capsule Extended Release	250 mg	Pentasa	3	
<i>Glucocorticoids (Glucocorticoides)</i>				
Hydrocortisone (Perianal) External Cream	1 %	Hydrocortisone (Perianal)	2	
Hydrocortisone Ace-Pramoxine External Cream	1-1 %	Hydrocortisone Ace-Pramoxine	2	
Hydrocortisone Acetate Rectal Suppository	25 mg	Anucort-HC	1	
Hydrocortisone Rectal Enema	100 mg/60ml	Cortenema	2	
Lidocaine-Hydrocort (Perianal) External Cream	3-0.5 %	AnaMantle HC	2	
<i>Sulfonamides (Sulfonamidas)</i>				
Sulfasalazine Oral Tablet	500 mg	Azulfidine	1	
Sulfasalazine Oral Tablet Delayed Release	500 mg	Azulfidine EN-tabs	1	
Medical Devices (Equipo Medico)				
<i>Needles & Syringes (Agujas Y Jeringuillas)</i>				
Bd_insulin Syringe U/F Miscellaneous	30g x 1/2" 0.3 ml	Drug Emporium Insulin Syringe Miscellaneous	3	
Bd_pen Needle Mini U/F Miscellaneous	31g x 5 mm	BD Pen Needle Mini U/F Miscellaneous	3	QL(100 in 30 Days)
Bd_pen Needle Nano U/F Miscellaneous	32g x 4 mm	BD Pen Needle Nano U/F Miscellaneous	3	QL(100 in 30 Days)
Bd_pen Needle Original U/F Miscellaneous	29g x 12.7mm	BD U/F Original Pen Needle Miscellaneous	3	QL(100 in 30 Days)
Metabolic Bone Disease Agents (Agentes Metabolicos Para Enfermedad Osea)				
<i>Metabolic Bone Disease Agents (Agentes Metabolicos Para Enfermedad Osea)</i>				
Alendronate Sodium Oral Solution	70 mg/75ml	Fosamax	2	QL(300 in 30 Days)
Alendronate Sodium Oral Tablet	5 mg	Fosamax	1	
Alendronate Sodium Oral Tablet	10 mg	Fosamax	1	QL(30 in 30 Days)
Alendronate Sodium Oral Tablet	35 mg, 70 mg	Fosamax	1	QL(4 in 28 Days)
Calcitonin (Salmon) Nasal Solution	200 unit/act	Miacalcin	2	QL(4 in 28 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Cinacalcet Hcl Oral Tablet	30 mg, 90 mg	Sensipar	5	QL(120 in 30 Days) , PA
Cinacalcet Hcl Oral Tablet	60 mg	Sensipar	5	QL(150 in 30 Days) , PA
Ibandronate Sodium Oral Tablet	150 mg	Boniva	2	QL(1 in 28 Days)
Risedronate Sodium Oral Tablet	150 mg	Actonel	2	QL(1 in 28 Days) , ST
Risedronate Sodium Oral Tablet	30 mg, 5 mg	Actonel	2	QL(30 in 30 Days) , ST
Risedronate Sodium Oral Tablet	35 mg	Actonel	2	QL(4 in 28 Days) , ST
Teriparatide (Recombinant) Subcutaneous Solution Pen-Injector	600 mcg/2.4ml	Forteo	5	QL(2.400 in 28 Days) , PA
Teriparatide Subcutaneous Solution Pen-Injector	600 mcg/2.4ml	Forteo	5	QL(2.400 in 28 Days) , PA
Tymlos Subcutaneous Solution Pen-Injector	3120 mcg/1.56ml	Tymlos	5	PA
Ophthalmic Agents (Agentes Oftalmicos)				
<i>Ophthalmic Agents, Other (Agentes Oftalmicos, Otros)</i>				
Altaaine Ophthalmic Solution	0.5 %	AK-T-Caine	2	
Altafrin Ophthalmic Solution	10 % , 2.5 %	Altafrin	2	
Atropine Sulfate Ophthalmic Solution	1 %	Atropine-Care	2	
Bacitracin Ophthalmic Ointment	500 unit/gm	AK-Tracin	2	
Bacitracin-Polymyxin B Ophthalmic Ointment	500-10000 unit/gm	AK-Poly-Bac	2	
Bacitra-Neomycin-Polymyxin-Hc Ophthalmic Ointment	1 %	AK-Spore HC	2	
Ciprofloxacin Hcl Ophthalmic Solution	0.3 %	Ciloxan	2	
Cyclogyl Ophthalmic Solution	2 %	Cyclogyl	4	
Cyclopentolate Hcl Ophthalmic Solution	1 %	AK-Pentolate	1	
Cyclosporine Ophthalmic Emulsion	0.05 %	Restasis	2	QL(60 in 30 Days) , PA
Erythromycin Ophthalmic Ointment	5 mg/gm	Ilotycin	2	
Gentamicin Sulfate Ophthalmic Solution	0.3 %	Garamycin	2	
Moxifloxacin Hcl Ophthalmic Solution	0.5 %	Vigamox	2	
Natacyn Ophthalmic Suspension	5 %	Natacyn	3	
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment	3.5-400-10000, 5-400-10000	AK-Spore	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	3.5-10000-0.1	Dexasporin	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension	3.5-10000-0.1	AK-Trol	2	
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution	1.75-10000-.025	AK-Spore	2	
Ofloxacin Ophthalmic Solution	0.3 %	Ocuflox	2	
Polymyxin B-Trimethoprim Ophthalmic Solution	10000-0.1 unit/ml-%	Polytrim	2	
Proparacaine Hcl Ophthalmic Solution	0.5 %	AK-Taine	2	
Tobradex Ophthalmic Ointment	0.3-0.1 %	TobraDex	4	
Tobramycin Ophthalmic Solution	0.3 %	Tobrex	1	
Tobramycin-Dexamethasone Ophthalmic Suspension	0.3-0.1 %	TobraDex	2	
Tobrex Ophthalmic Ointment	0.3 %	Tobrex	4	
Trifluridine Ophthalmic Solution	1 %	Viroptic	2	
Tropicamide Ophthalmic Solution	0.5 % , 1 %	Mydral ,Mydriacyl	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Tyrvaya Nasal Solution	0.03 mg/act	Tyrvaya	4	PA
Ophthalmic Anti-Allergy Agents (Agentes Antialergicos Oftalmicos)				
Azelastine Hcl Ophthalmic Solution	0.05 %	Optivar	2	
Bepotastine Besilate Ophthalmic Solution	1.5 %	Bepreve	2	
Cromolyn Sodium Ophthalmic Solution	4 %	Opticrom	1	
Epinastine Hcl Ophthalmic Solution	0.05 %	Elestat	2	
Olopatadine Hcl Ophthalmic Solution	0.1 %, 0.2 %	Pataday ,Patanol	2	
Ophthalmic Anti-Inflammatories (Antiinflamatorios Oftalmicos)				
Bromfenac Sodium (Once-Daily) Ophthalmic Solution	0.09 %	Bromday	2	
Dexamethasone Sodium Phosphate Ophthalmic Solution	0.1 %	AK-Dex	2	
Diclofenac Sodium Ophthalmic Solution	0.1 %	Voltaren	2	
Fluorometholone Ophthalmic Suspension	0.1 %	FML Liquifilm	2	
Flurbiprofen Sodium Ophthalmic Solution	0.03 %	Ocufen	2	
Ilevro Ophthalmic Suspension	0.3 %	Ilevro	4	QL(4 in 1 Year)
Ketorolac Tromethamine Ophthalmic Solution	0.5 %	Acular	1	
Ketorolac Tromethamine Ophthalmic Solution	0.4 %	Acular LS	2	
Loteprednol Etabonate Ophthalmic Gel	0.5 %	Lotemax	2	
Loteprednol Etabonate Ophthalmic Suspension	0.5 %	Lotemax	2	
Prednisolone Acetate Ophthalmic Suspension	1 %	Econopred Plus	2	
Ophthalmic Antiglaucoma Agents (Agentes Oftalmicos Contra La Glaucoma)				
Apraclonidine Hcl Ophthalmic Solution	0.5 %	Ipidine	2	
Betaxolol Hcl Ophthalmic Solution	0.5 %	Betoptic	2	
Brimonidine Tartrate Ophthalmic Solution	0.2 %	Alphagan	1	
Brimonidine Tartrate Ophthalmic Solution	0.1 %, 0.15 %	Alphagan P	2	
Brimonidine Tartrate-Timolol Ophthalmic Solution	0.2-0.5 %	Combigan	2	QL(10 in 25 Days)
Brinzolamide Ophthalmic Suspension	1 %	Azopt	2	
Carteolol Hcl Ophthalmic Solution	1 %	Ocupress	1	
Dorzolamide Hcl Ophthalmic Solution	2 %	Trusopt	1	
Dorzolamide Hcl-Timolol Mal Ophthalmic Solution 2-0.5 %	22.3-6.8 mg/ml	Cosopt	1	
Ipidine Ophthalmic Solution	1 %	Ipidine	4	
Levobunolol Hcl Ophthalmic Solution	0.5 %	Betagan	1	
Timolol Maleate Ophthalmic Gel Forming Solution	0.25 %, 0.5 %	Timoptic-XE	2	
Timolol Maleate Ophthalmic Solution	0.25 %	Timoptic	1	
Timolol Maleate Ophthalmic Solution	0.5 %	Timoptic	2	
Ophthalmic Prostaglandin And Prostanamide Analogs (Analogos De Prostanamida Y Prostaglandina Oftalmica)				
Latanoprost Ophthalmic Solution	0.005 %	Xalatan	2	QL(2,500 in 20 Days)
Lumigan Ophthalmic Solution	0.01 %	Lumigan	4	QL(2,500 in 25 Days)
Travoprost (Bak Free) Ophthalmic Solution	0.004 %	Travatan Z	2	QL(2,500 in 25 Days) , ST
Otic Agents (Agentes Oticos)				
Otic Agents (Agentes Oticos)				
Acetic Acid Otic Solution	2 %	Acetasol	2	
Ciprofloxacin-Dexamethasone Otic Suspension	0.3-0.1 %	Ciprodex	2	
Flac_otic Oil	0.01 %	DermOtic	2	
Fluocinolone Acetonide Otic Oil	0.01 %	DermOtic	2	
Hydrocortisone-Acetic Acid Otic Solution	1-2 %	Acetasol HC	2	
Neomycin-Polymyxin-Hc Otic Solution	3.5-10000-1	AK-Spore HC	2	
Neomycin-Polymyxin-Hc Otic Suspension	3.5-10000-1	Cortisporin	2	
Ofloxacin Otic Solution	0.3 %	Floxin	2	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Respiratory Tract/Pulmonary Agents (Agentes Pulmonares Del Tracto Respiratorio)				
<i>Anti-Inflammatories, Inhaled Corticosteroids (Antiinflamatorios, Corticosteroides Inhalados)</i>				
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated	220 mcg/act	Asmanex (30 Metered Doses)	3	QL(1 in 30 Days)
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated	110 mcg/act	Asmanex (30 Metered Doses)	3	QL(1 in 30 Days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated	220 mcg/act	Asmanex (30 Metered Doses)	3	QL(1 in 30 Days)
Asmanex Hfa Inhalation Aerosol	100 mcg/act, 200 mcg/act, 50 mcg/act	Asmanex HFA	3	QL(13 in 30 Days)
Budesonide Inhalation Suspension	0.25 mg/2ml, 0.5 mg/2ml	Pulmicort	2	QL(120 in 30 Days)
Budesonide Inhalation Suspension	1 mg/2ml	Pulmicort	2	QL(60 in 30 Days)
Qvar_redihaler Inhalation Aerosol Breath Activated	40 mcg/act	Qvar RediHaler	3	QL(10.600 in 30 Days)
Qvar_redihaler Inhalation Aerosol Breath Activated	80 mcg/act	Qvar RediHaler	3	QL(21.200 in 30 Days)
<i>Antihistamines (Antihistaminicos)</i>				
Azelastine Hcl Nasal Solution	0.1 %	Astelin	1	QL(30 in 25 Days)
Azelastine Hcl Nasal Solution	0.15 %, 137 mcg/spray	Astelin ,Astepro	2	QL(30 in 25 Days)
Cetirizine Hcl Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	1	QL(300 in 30 Days)
Cetirizine Hcl Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	2	QL(300 in 30 Days)
Cyproheptadine Hcl Oral Syrup	2 mg/5ml	Cyproheptadine HCl	1	
Cyproheptadine Hcl Oral Tablet	4 mg	Periactin	1	
Desloratadine Oral Tablet	5 mg	Clarinx	1	QL(30 in 30 Days)
Desloratadine Oral Tablet Disintegrating	2.5 mg, 5 mg	Clarinx Reditabs	2	QL(30 in 30 Days)
Diphenhydramine Hcl Injection Solution	50 mg/ml	Bena-D 50	2	
Diphenhydramine Hcl Oral Elixir	12.5 mg/5ml	Allergia-C	2	
Levocetirizine Dihydrochloride Oral Solution	2.5 mg/5ml	Xyzal	2	QL(300 in 30 Days)
Levocetirizine Dihydrochloride Oral Tablet	5 mg	Xyzal	1	QL(30 in 30 Days)
Olopatadine Hcl Nasal Solution	0.6 %	Patanase	2	QL(30.500 in 30 Days)
<i>Antileukotrienes (Antileucotrienos)</i>				
Montelukast Sodium Oral Packet	4 mg	Singulair	2	QL(30 in 30 Days)
Montelukast Sodium Oral Tablet	10 mg	Singulair	1	QL(30 in 30 Days)
Montelukast Sodium Oral Tablet Chewable	4 mg, 5 mg	Singulair	1	QL(30 in 30 Days)
Zafirlukast Oral Tablet	20 mg	Accolate	1	QL(60 in 30 Days)
Zafirlukast Oral Tablet	10 mg	Accolate	2	QL(60 in 30 Days)
<i>Bronchodilators, Anticholinergic (Broncodilatadores, Anticolinergicos)</i>				
Atrovent Hfa Inhalation Aerosol Solution	17 mcg/act	Atrovent HFA	4	QL(25.800 in 30 Days)
Ipratropium Bromide Inhalation Solution	0.02 %	Atrovent	1	QL(312.500 in 30 Days)
<i>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) (Broncodilatadores, Inhibidores De La Fosfodiesterasa (Xantinas))</i>				

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Theophylline Er Oral Tablet Extended Release 12 Hour	100 mg, 200 mg, 300 mg, 450 mg	T-Phyl , Theo-Dur	2	
Theophylline Er Oral Tablet Extended Release 24 Hour	600 mg	Uni-Dur	2	
Theophylline Er Oral Tablet Extended Release 24 Hour	400 mg	Uniphyll	1	
Theophylline Oral Elixir	80 mg/15ml	Elixophyllin	2	
Theophylline Oral Solution	80 mg/15ml	Theophylline	2	
Bronchodilators, Sympathomimetic (Broncodilatadores, Simpatomimeticos)				
Albuterol Sulfate Hfa Inhalation Aerosol Solution	108 (90 base) mcg/act	Proventil HFA	2	QL(36 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	0.63 mg/3ml, 1.25 mg/3ml	AccuNeb	2	QL(375 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	(2.5 mg/3ml) 0.083%	Airet	1	QL(525 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	(5 mg/ml) 0.5%	Proventil	2	QL(100 in 30 Days)
Albuterol Sulfate Oral Syrup	2 mg/5ml	Proventil	1	
Albuterol Sulfate Oral Tablet	2 mg, 4 mg	Proventil	1	
Epinephrine Injection Solution Auto-Injector	0.15 mg/0.3ml, 0.3 mg/0.3ml	EpiPen Jr ,Twinject	2	QL(2 in 1 Year)
Levalbuterol Hcl Inhalation Nebulization Solution	1.25 mg/3ml	Xopenex	1	QL(270 in 30 Days)
Levalbuterol Hcl Inhalation Nebulization Solution	0.31 mg/3ml, 0.63 mg/3ml	Xopenex	1	QL(540 in 30 Days)
Levalbuterol Hcl Inhalation Nebulization Solution	1.25 mg/0.5ml	Xopenex Concentrate	2	QL(45 in 30 Days)
Terbutaline Sulfate Oral Tablet	2.5 mg, 5 mg	Brethine	1	
Mast Cell Stabilizers (Estabilizadores De Mastocitos)				
Cromolyn Sodium Inhalation Nebulization Solution	20 mg/2ml	Intal	2	QL(240 in 25 Days)
Phosphodiesterase Inhibitors, Airways Disease (Inhibidores De Fosfodiesterasa, Enfermedad De Las Vias Respiratorias)				
Roflumilast Oral Tablet	250 mcg, 500 mcg	Daliresp	2	QL(30 in 30 Days) , PA
Pulmonary Antihypertensives (Antihipertensivos Pulmonares)				
Adempas Oral Tablet	0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	Adempas	5	QL(90 in 30 Days) , PA
Ambrisentan Oral Tablet	10 mg, 5 mg	Letairis	5	QL(30 in 30 Days) , PA
Bosentan Oral Tablet	125 mg, 62.5 mg	Tracleer	5	QL(60 in 30 Days) , PA
Opsumit Oral Tablet	10 mg	Opsumit	5	QL(30 in 30 Days) , PA
Sildenafil Citrate Oral Tablet	20 mg	Revatio	5	QL(90 in 30 Days) , PA
Tracleer Oral Tablet Soluble	32 mg	Tracleer	5	QL(60 in 30 Days) , PA
Tyvaso Dpi Institutional Kit Inhalation Powder	16 mcg, 32 mcg, 48 mcg, 64 mcg	Tyvaso DPI Maintenance Kit	5	PA
Tyvaso Dpi Maintenance Kit Inhalation Powder	16 mcg, 32 mcg, 48 mcg, 64 mcg	Tyvaso DPI Maintenance Kit	5	PA
Tyvaso Dpi Titration Kit Inhalation Powder	16 & 32 & 48 mcg	Tyvaso DPI Titration Kit	5	PA
Tyvaso Inhalation Solution	0.6 mg/ml	Tyvaso	5	QL(87 in 30 Days) , PA
Respiratory Tract Agents, Other (Agentes Del Tracto Respiratorio, Otros)				
Acetylcysteine Inhalation Solution	10 % , 20 %	Mucomyst ,Mucomyst-10	2	
Benzonatate Oral Capsule	100 mg, 200 mg	Tessalon ,Tessalon Perles	1	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Breyna Inhalation Aerosol	160-4.5 mcg/act, 80-4.5 mcg/act	Symbicort	2	QL(10.300 in 30 Days)
Budesonide-Formoterol Fumarate Inhalation Aerosol	160-4.5 mcg/act, 80-4.5 mcg/act	Symbicort	2	QL(10.200 in 30 Days)
Combivent Respimat Inhalation Aerosol Solution	20-100 mcg/act	Combivent Respimat	3	QL(8 in 30 Days)
Dulera Inhalation Aerosol	100-5 mcg/act, 200-5 mcg/act, 50-5 mcg/act	Dulera	3	QL(13 in 30 Days)
Fasenra Pen Subcutaneous Solution Auto-Injector	30 mg/ml	Fasenra Pen	5	QL(1 in 56 Days) , PA
Flunisolide Nasal Solution	25 mcg/act (0.025%)	Nasalide	2	QL(50 in 30 Days) , ST
Fluticasone Propionate Nasal Suspension	50 mcg/act	Flonase	1	QL(16 in 30 Days)
Hydrocodone Bit-Homatrop Mbr Oral Solution	5-1.5 mg/5ml	Hycodan	2	
Hydrocodone Bit-Homatrop Mbr Oral Tablet	5-1.5 mg	Hycodan	2	
Ipratropium Bromide Nasal Solution	0.06 %	Atrovent	1	QL(30 in 30 Days)
Ipratropium Bromide Nasal Solution	0.03 %	Atrovent	1	QL(60 in 30 Days)
Ipratropium-Albuterol Inhalation Solution	0.5-2.5 (3) mg/3ml	DuoNeb	1	QL(540 in 30 Days)
Nucala Subcutaneous Solution Auto-Injector	100 mg/ml	Nucala	5	QL(3 in 28 Days) , PA
Nucala Subcutaneous Solution Prefilled Syringe	40 mg/0.4ml	Nucala	5	QL(0.400 in 28 Days) , PA
Nucala Subcutaneous Solution Prefilled Syringe	100 mg/ml	Nucala	5	QL(3 in 28 Days) , PA
Promethazine-Codeine Oral Syrup	6.25-10 mg/5ml	Phenergan/Codeine	2	
Promethazine-Dm Oral Syrup	6.25-15 mg/5ml	Phenergan DM	2	
Pseudoeph-Bromphen-Dm Oral Syrup	30-2-10 mg/5ml	BPM/PSE DX	2	
Pulmosal Inhalation Nebulization Solution	7 %	HyperSal	2	
Pulmozyme Inhalation Solution	2.5 mg/2.5ml	Pulmozyme	5	PA
Ribavirin Inhalation Solution Reconstituted	6 gm	Virazole	5	
Sodium Chloride Inhalation Nebulization Solution	0.9 % , 3 % , 7 %	HyperSal ,Nebusal ,Sodium Chloride	2	
Wixela Inhub Inhalation Aerosol Powder Breath Activated	100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Advair Diskus	2	QL(60 in 30 Days)
Skeletal Muscle Relaxants (Relajantes Musculares)				
<i>Skeletal Muscle Relaxants (Relajantes Musculares)</i>				
Chlorzoxazone Oral Tablet	500 mg	Parafon Forte DSC	2	
Cyclobenzaprine Hcl Oral Tablet	10 mg, 5 mg	Flexeril	1	
Metaxalone Oral Tablet	800 mg	Skelaxin	1	
Orphenadrine Citrate Er Oral Tablet Extended Release 12 Hour	100 mg	Norflex	1	
Orphenadrine Citrate Injection Solution	30 mg/ml	Banflex	2	
Sleep Disorder Agents (Agentes Para Problemas De Sueño)				
<i>Gaba Receptor Modulators (Moduladores Receptores Gaba)</i>				
Estazolam Oral Tablet	1 mg, 2 mg	Prosom	2	QL(30 in 30 Days)
Eszopiclone Oral Tablet	1 mg, 2 mg, 3 mg	Lunesta	1	QL(15 in 30 Days)
Midazolam Hcl (Pf) Injection Solution	10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Midazolam HCl (PF)	2	
Midazolam Hcl Injection Solution	10 mg/2ml, 5 mg/ml	Midazolam HCl ,Versed	1	
Temazepam Oral Capsule	15 mg, 30 mg	Restoril	1	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Temazepam Oral Capsule	7.5 mg	Restoril	2	QL(120 in 30 Days)
Temazepam Oral Capsule	22.5 mg	Restoril	2	QL(30 in 30 Days)
Zaleplon Oral Capsule	10 mg, 5 mg	Sonata	1	QL(15 in 30 Days)
Zolpidem Tartrate Oral Tablet	10 mg, 5 mg	Ambien	1	QL(30 in 30 Days)
Sleep Disorders, Other (Problemas De Sueño, Otros)				
Armodafinil Oral Tablet	250 mg	Nuvigil	1	QL(30 in 30 Days) , PA
Armodafinil Oral Tablet	150 mg, 200 mg	Nuvigil	2	QL(30 in 30 Days) , PA
Armodafinil Oral Tablet	50 mg	Nuvigil	2	QL(60 in 30 Days) , PA
Modafinil Oral Tablet	100 mg, 200 mg	Provigil	2	QL(30 in 30 Days) , PA
Therapeutic Nutrients/Minerals/Electrolytes (Nutrientes Terapeuticos / Minerales / Electrolitos)				
Electrolyte/Mineral Modifiers (Electroliticos / Modificadores Minerales)				
Deferasirox Oral Tablet Soluble	125 mg, 250 mg, 500 mg	Exjade	5	PA
Kionex Oral Suspension	15 gm/60ml	SPS	4	
Sodium Polystyrene Sulfonate Oral Powder		Kayexalate	1	
Sps_oral Suspension	15 gm/60ml	SPS	4	
Trientine Hcl Oral Capsule	250 mg, 500 mg	Syprine , Trientine HCl	5	
Electrolyte/Mineral Replacement (Electroliticos / Reemplazo De Minerales)				
Cytra_k Crystals Oral Packet	3300-1002 mg	Polycitra-K	4	
Infed_injection Solution	50 mg/ml	Infed	3	PA
Pot_ & Sod Cit-Cit Ac Oral Solution	550-500-334 mg/5ml	Polycitra-LC	2	
Potassium Chloride Crys Er Oral Tablet Extended Release	10 meq, 20 meq	K-Dur	2	
Potassium Chloride Er Oral Capsule Extended Release	10 meq, 8 meq	Micro-K	2	
Potassium Chloride Granules			2	
Potassium Citrate Er Oral Tablet Extended Release	10 meq (1080 mg), 5 meq (540 mg)	Urocit-K 10 ,Urocit-K 5	2	
Potassium Citrate Er Oral Tablet Extended Release	15 meq (1620 mg)	Urocit-K 15	1	
Ringers Irrigation Irrigation Solution		Tis-U-Sol	2	
Sod_citrate-Citric Acid Oral Solution	500-334 mg/5ml	Bicitra	1	
Sod_citrate-Citric Acid Oral Solution	1.5-1 gm/15ml, 3-2 gm/30ml	Bicitra	2	
Vasopressors (Vasopresores)				
Vasopressors (Vasopresores)				
Epinephrine Pf Injection Solution	1 mg/ml	EPINEPHrine PF	2	QL(2 in 1 Year)

MEDICAL COMPONENT (COMPONENTE MEDICO)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Medical Component (Componente Medico)			
<i>Intravenous Chemotherapies (Quimioterapias Intravenosas)</i>			
Abraxane Intravenous Suspension Reconstituted	100 mg	Abraxane	PA
Adcetris Intravenous Solution Reconstituted	50 mg	Adcetris	PA
Adriamycin Intravenous Solution Reconstituted	50 mg	Adriamycin RDF	
Aliqopa Intravenous Solution Reconstituted	60 mg	Aliqopa	PA
Alymsys Intravenous Solution	100 mg/4ml, 400 mg/16ml	Alymsys	PA
Arsenic Trioxide Intravenous Solution	10 mg/10ml, 12 mg/6ml	Trisenox	PA
Asparlas Intravenous Solution	3750 unit/5ml	Asparlas	PA
Avastin Intravenous Solution	100 mg/4ml, 400 mg/16ml	Avastin	ST
Azacitidine Injection Suspension Reconstituted	100 mg	AzaCITIDine	
Bavencio Intravenous Solution	200 mg/10ml	Bavencio	PA
Beleodaq Intravenous Solution Reconstituted	500 mg	Beleodaq	PA
Bendamustine Hcl Intravenous Solution Reconstituted	100 mg, 25 mg	Treanda	PA
Besponsa Intravenous Solution Reconstituted	0.9 mg	Besponsa	PA
Bleomycin Sulfate Injection Solution Reconstituted	15 unit, 30 unit	Blenoxane	
Blinicyto Intravenous Solution Reconstituted	35 mcg	Blinicyto	PA
Bortezomib Injection Solution Reconstituted	1 mg, 2.5 mg, 3.5 mg	Bortezomib	PA
Busulfan Intravenous Solution	6 mg/ml	Busulfex	PA
Capecitabine Oral Tablet	150 mg, 500 mg	Xeloda	PA
Carboplatin Intravenous Solution	150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	Paraplatin	
Carmustine Intravenous Solution Reconstituted	100 mg	BiCNU	PA
Cisplatin Intravenous Solution	100 mg/100ml, 200 mg/200ml, 50 mg/50ml	CISplatin ,Platinol AQ	
Cladribine Intravenous Solution	10 mg/10ml	Leustatin	
Clofarabine Intravenous Solution	1 mg/ml	Clolar	PA
Cyclophosphamide Injection Solution Reconstituted	1 gm, 2 gm, 500 mg	Cytoxan	
Cyclophosphamide Intravenous Solution	1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml	Cyclophosphamide	
Cyramza Intravenous Solution	100 mg/10ml, 500 mg/50ml	Cyramza	PA
Cytarabine (Pf) Injection Solution	100 mg/ml, 20 mg/ml	Cytarabine (PF)	
Cytarabine Injection Solution	20 mg/ml	Cytarabine	
Dacarbazine Intravenous Solution Reconstituted	100 mg, 200 mg	Dacarbazine ,DTIC- Dome	
Dactinomycin Intravenous Solution Reconstituted	0.5 mg	Cosmegen	PA
Daunorubicin Hcl Intravenous Solution	20 mg/4ml, 50 mg/10ml	DAUNOrubicin HCl	PA
Decitabine Intravenous Solution Reconstituted	50 mg	Dacogen	
Dexrazoxane Hcl Intravenous Solution Reconstituted	250 mg, 500 mg	Zinecard	PA
Dexrazoxane Intravenous Solution Reconstituted	250 mg	Zinecard	PA
Docetaxel Intravenous Concentrate	160 mg/8ml, 20 mg/ml, 80 mg/4ml	DOCEtaxel ,Taxotere	
Docetaxel Intravenous Solution	160 mg/16ml, 20 mg/2ml, 80 mg/8ml	DOCEtaxel	
Doxorubicin Hcl Intravenous Solution	2 mg/ml	Adriamycin PFS	
Doxorubicin Hcl Intravenous Solution Reconstituted	10 mg, 50 mg	Adriamycin RDF	
Doxorubicin Hcl Liposomal Intravenous Injectable	2 mg/ml	Doxil	
Eligard Subcutaneous Kit	22.5 mg, 30 mg, 45 mg, 7.5 mg	Eligard	PA
Elitek Intravenous Solution Reconstituted	1.5 mg, 7.5 mg	Elitek	PA
Ellence Intravenous Solution	200 mg/100ml, 50 mg/25ml	Ellence	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Elzonris Intravenous Solution	1000 mcg/ml	Elzonris	PA
Empliciti Intravenous Solution Reconstituted	300 mg, 400 mg	Empliciti	PA
Enhertu Intravenous Solution Reconstituted	100 mg	Enhertu	PA
Erbix Intravenous Solution	100 mg/50ml, 200 mg/100ml	Erbix	PA
Eribulin Mesylate Intravenous Solution	1 mg/2ml	Halaven	PA
Ethyol Intravenous Solution Reconstituted	500 mg	Ethyol	PA
Etopophos Intravenous Solution Reconstituted	100 mg	Etopophos	PA
Etoposide Intravenous Solution	1 gm/50ml, 100 mg/5ml, 500 mg/25ml	Toposar	
Firmagon (240 Mg Dose) Subcutaneous Solution Reconstituted	120 mg/vial	Firmagon	PA
Firmagon Subcutaneous Solution Reconstituted	80 mg	Firmagon	PA
Floxuridine Injection Solution Reconstituted	0.5 gm	FUDR	
Fludarabine Phosphate Intravenous Solution	50 mg/2ml	Fludarabine Phosphate	
Fludarabine Phosphate Intravenous Solution Reconstituted	50 mg	Fludara	
Fluorouracil Intravenous Solution	1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	Adrucil ,Fluorouracil	
Folotyn Intravenous Solution	20 mg/ml, 40 mg/2ml	Folotyn	PA
Fulvestrant Intramuscular Solution Prefilled Syringe	250 mg/5ml	Faslodex	PA
Gazyva Intravenous Solution	1000 mg/40ml	Gazyva	PA
Gemcitabine Hcl Intravenous Solution	1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	Gemcitabine HCl	
Gemcitabine Hcl Intravenous Solution Reconstituted	1 gm, 2 gm, 200 mg	Gemcitabine HCl ,Gemzar	
Herceptin Intravenous Solution Reconstituted	150 mg	Herceptin	ST
Herzuma Intravenous Solution Reconstituted	150 mg, 420 mg	Herzuma	PA
Idarubicin Hcl Intravenous Solution	10 mg/10ml, 20 mg/20ml, 5 mg/5ml	Idamycin PFS	
Ifex_intravenous Solution Reconstituted	3 gm	Ifex	PA
Ifosfamide Intravenous Solution	1 gm/20ml, 3 gm/60ml	Ifosfamide	
Ifosfamide Intravenous Solution Reconstituted	1 gm, 3 gm	Ifex	
Imfinzi Intravenous Solution	120 mg/2.4ml, 500 mg/10ml	Imfinzi	PA
Irinotecan Hcl Intravenous Solution	100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	Camptosar ,Irinotecan HCl	
Ixempra Kit Intravenous Solution Reconstituted	15 mg, 45 mg	Ixempra Kit	PA
Jemperli Intravenous Solution	500 mg/10ml	Jemperli	PA
Jevtana Intravenous Solution	60 mg/1.5ml	Jevtana	PA
Kadcyla Intravenous Solution Reconstituted	100 mg, 160 mg	Kadcyla	PA
Kanjinti Intravenous Solution Reconstituted	150 mg, 420 mg	Kanjinti	PA
Kepivance Intravenous Solution Reconstituted	5.16 mg	Kepivance	PA
Keytruda Intravenous Solution	100 mg/4ml	Keytruda	PA
Kimmtrak Intravenous Solution	100 mcg/0.5ml	Kimmtrak	PA
Kyprolis Intravenous Solution Reconstituted	10 mg, 30 mg, 60 mg	Kyprolis	PA
Leucovorin Calcium Injection Solution	100 mg/10ml, 500 mg/50ml	Leucovorin Calcium	
Leucovorin Calcium Injection Solution Reconstituted	100 mg, 200 mg, 350 mg, 50 mg, 500 mg	Leucovorin Calcium ,Wellcovorin Calcium	
Leuprolide Acetate (3 Month) Intramuscular Injectable	22.5 mg	Leuprolide Acetate (3 Month)	PA
Leuprolide Acetate Injection Kit	1 mg/0.2ml	Lupron	
Levoleucovorin Calcium Intravenous Solution Reconstituted	50 mg	Fusilev	PA
Levoleucovorin Calcium Pf Intravenous Solution	175 mg/17.5ml, 250 mg/25ml	LEVOleucovorin Calcium PF	
Levulan Kerastick External Solution Reconstituted	20 %	Levulan Kerastick	PA
Libtayo Intravenous Solution	350 mg/7ml	Libtayo	PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Lupron Depot (1-Month) Intramuscular Kit	3.75 mg	Lupron Depot (1-Month)	QL(1 in 30 Days) , PA
Lupron Depot (1-Month) Intramuscular Kit	7.5 mg	Lupron Depot (1-Month)	ST , PA
Lupron Depot (3-Month) Intramuscular Kit	11.25 mg	Lupron Depot (3-Month)	QL(1 in 90 Days) , PA
Lupron Depot (3-Month) Intramuscular Kit	22.5 mg	Lupron Depot (3-Month)	ST , PA
Lupron Depot (4-Month) Intramuscular Kit	30 mg	Lupron Depot (4-Month)	ST , PA
Lupron Depot (6-Month) Intramuscular Kit	45 mg	Lupron Depot (6-Month)	ST , PA
Melphalan Hcl Intravenous Solution Reconstituted	50 mg	Alkeran	PA
Mesna_intravenous Solution	100 mg/ml	Mesnex	
Methotrexate Sodium Injection Solution Reconstituted	1 gm	Methotrexate Sodium	
Mitomycin Intravenous Solution Reconstituted	20 mg, 40 mg, 5 mg	Mutamycin	PA
Mitoxantrone Hcl Intravenous Concentrate	20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	Novantrone	PA
Monjuvi Intravenous Solution Reconstituted	200 mg	Monjuvi	PA
Mvasi_intravenous Solution	100 mg/4ml, 400 mg/16ml	Mvasi	PA
Mylotarg Intravenous Solution Reconstituted	4.5 mg	Mylotarg	PA
Nelarabine Intravenous Solution	5 mg/ml	Arranon	PA
Nipent Intravenous Solution Reconstituted	10 mg	Nipent	PA
Ogivri Intravenous Solution Reconstituted	150 mg, 420 mg	Ogivri	PA
Oncaspar Injection Solution	750 unit/ml	Oncaspar	PA
Onivyde Intravenous Injectable	43 mg/10ml	Onivyde	PA
Ontruzant Intravenous Solution Reconstituted	150 mg, 420 mg	Ontruzant	PA
Opdivo Intravenous Solution	100 mg/10ml, 120 mg/12ml, 240 mg/24ml, 40 mg/4ml	Opdivo	PA
Oxaliplatin Intravenous Solution	100 mg/20ml, 200 mg/40ml, 50 mg/10ml	Eloxatin	
Oxaliplatin Intravenous Solution Reconstituted	100 mg, 50 mg	Eloxatin	
Paclitaxel Intravenous Concentrate	100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	Onxol ,Taxol	
Paclitaxel Protein-Bound Part Intravenous Suspension Reconstituted	100 mg	Abraxane	PA
Padcev Intravenous Solution Reconstituted	20 mg, 30 mg	Padcev	PA
Pemetrexed Disodium Intravenous Solution	1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml	PEMEtrexed Disodium	PA
Pemetrexed Disodium Intravenous Solution Reconstituted	100 mg, 1000 mg, 500 mg, 750 mg	Alimta ,PEMEtrexed Disodium	PA
Pemetrexed Intravenous Solution	1 gm/40ml, 100 mg/4ml, 500 mg/20ml	PEMEtrexed ,Pempfexy	PA
Pempfexy Intravenous Solution	500 mg/20ml	Pempfexy	PA
Perjeta Intravenous Solution	420 mg/14ml	Perjeta	PA
Photofrin Intravenous Solution Reconstituted	75 mg	Photofrin	
Polivy Intravenous Solution Reconstituted	140 mg, 30 mg	Polivy	PA
Poteligeo Intravenous Solution	20 mg/5ml	Poteligeo	PA
Proleukin Intravenous Solution Reconstituted	22000000 unit	Proleukin	PA
Riabni Intravenous Solution	100 mg/10ml, 500 mg/50ml	Riabni	PA
Rituxan Intravenous Solution	100 mg/10ml, 500 mg/50ml	Rituxan	ST
Romidepsin Intravenous Solution Reconstituted	10 mg	Istodax	PA
Ruxience Intravenous Solution	100 mg/10ml, 500 mg/50ml	Ruxience	PA
Rybrevant Intravenous Solution	350 mg/7ml	Rybrevant	PA
Rylaze Intramuscular Solution	10 mg/0.5ml	Rylaze	PA
Sarclisa Intravenous Solution	100 mg/5ml, 500 mg/25ml	Sarclisa	PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Tecentriq Intravenous Solution	1200 mg/20ml, 840 mg/14ml	Tecentriq	PA
Temodar Intravenous Solution Reconstituted	100 mg	Temodar	PA
Temsirolimus Intravenous Solution	25 mg/ml	Torisel	PA
Thiotepa Injection Solution Reconstituted	15 mg	Thioplex	
Tice_bcg Intravesical Suspension Reconstituted	50 mg	Tice BCG	PA
Topotecan Hcl Intravenous Solution	4 mg/4ml	Topotecan HCl	PA
Topotecan Hcl Intravenous Solution Reconstituted	4 mg	Hycamtin	PA
Trazimera Intravenous Solution Reconstituted	150 mg, 420 mg	Trazimera	PA
Trodely Intravenous Solution Reconstituted	180 mg	Trodely	PA
Truxima Intravenous Solution	100 mg/10ml, 500 mg/50ml	Truxima	PA
Valrubicin Intravesical Solution	40 mg/ml	Valstar	PA
Vectibix Intravenous Solution	100 mg/5ml, 400 mg/20ml	Vectibix	PA
Vegzelma Intravenous Solution	100 mg/4ml, 400 mg/16ml	Vegzelma	PA
Vinblastine Sulfate Intravenous Solution	1 mg/ml	VinBLAStine Sulfate	PA
Vincristine Sulfate Intravenous Solution	1 mg/ml, 2 mg/2ml	Oncovin	
Vinorelbine Tartrate Intravenous Solution	10 mg/ml, 50 mg/5ml	Navelbine	PA
Voraxaze Intravenous Solution Reconstituted	1000 unit	Voraxaze	PA
Yervoy Intravenous Solution	200 mg/40ml, 50 mg/10ml	Yervoy	PA
Yondelis Intravenous Solution Reconstituted	1 mg	Yondelis	PA
Zaltrap Intravenous Solution	100 mg/4ml, 200 mg/8ml	Zaltrap	PA
Zanosar Intravenous Solution Reconstituted	1 gm	Zanosar	PA
Zepzelca Intravenous Solution Reconstituted	4 mg	Zepzelca	PA
Zevalin Y-90 Intravenous Kit	3.2 mg/2ml	Zevalin Y-90	PA
Zirabev Intravenous Solution	100 mg/4ml, 400 mg/16ml	Zirabev	PA
Zoladex Subcutaneous Implant	10.8 mg, 3.6 mg	Zoladex	ST , PA
Zynlonta Intravenous Solution Reconstituted	10 mg	Zynlonta	PA
<i>Intravenous Medications (Medicamentos Intravenosos)</i>			
Beyfortus Intramuscular Solution Prefilled Syringe	100 mg/ml, 50 mg/0.5ml	Beyfortus	
Synagis Intramuscular Solution	100 mg/ml, 50 mg/0.5ml	Synagis	PA
Veklury Intravenous Solution Reconstituted	100 mg	Veklury	
Zoledronic Acid Intravenous Concentrate	4 mg/5ml	Zometa	PA
Zoledronic Acid Intravenous Solution	4 mg/100ml	Zometa	PA
<i>Premedications (Premedicaciones)</i>			
Dexamethasone Sod Phos +rfid Injection Solution Prefilled Syringe	4 mg/ml	dexAMETHasone Sod Phos +RFID	
Dexamethasone Sod Phosphate Pf Injection Solution	10 mg/ml	Dexamethasone Sod Phosphate PF	
Dexamethasone Sod Phosphate Pf Injection Solution Prefilled Syringe	10 mg/ml	Dexamethasone Sod Phosphate PF	
Dexamethasone Sodium Phosphate Injection Solution	10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	Adrenocot ,Dekasol-10 ,Dexamethasone Sodium Phosphate	
Dexamethasone Sodium Phosphate Injection Solution Prefilled Syringe	4 mg/ml	dexAMETHasone Sodium Phosphate	
Diphenhydramine Hcl Injection Solution	50 mg/ml	Bena-D 50	
Famotidine (Pf) Intravenous Solution	20 mg/2ml	Famotidine (PF)	
Famotidine Intravenous Solution	40 mg/4ml	Famotidine	
Fosaprepitant Dimeglumine Intravenous Solution Reconstituted	150 mg	Emend	
Infed_injection Solution	50 mg/ml	Infed	PA
Magnesium Sulfate Injection Solution	50 %	Magnesium Sulfate	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	1000 mg, 125 mg, 40 mg	A-Methapred	
Methylprednisolone Sodium Succ Injection Solution Reconstituted	500 mg	A-Methapred	PA
Metoclopramide Hcl Injection Solution	5 mg/ml	Reglan	
Na_ferric Gluc Cplx In Sucrose Intravenous Solution	12.5 mg/ml	Ferrlecit	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Ondansetron Hcl Injection Solution	4 mg/2ml, 40 mg/20ml	Zofran	
Potassium Chloride Intravenous Solution	2 meq/ml	Potassium Chloride PROAMP	
Promethazine Hcl Injection Solution	25 mg/ml, 50 mg/ml	Anergan 50 ,Phenergan	
Sodium Chloride Intravenous Solution	0.9 %	Monoject PreFill Advanced NaCl	
Solu-Cortef Injection Solution Reconstituted	100 mg, 1000 mg, 250 mg, 500 mg	Solu-CORTEF	
Solu-Medrol Injection Solution Reconstituted	2 gm	SOLU-Medrol	PA
<i>Preventive - Copper Contraceptives - IUD (Preventivo - Anticonceptivos De Cobre - IUD)</i>			
Paragard Intrauterine Copper Intrauterine Intrauterine Device		Paragard	PA
<i>Preventive - Progestin Contraceptives - Implants (Preventivo - Anticonceptivos De Progestina - Implants)</i>			
Nexplanon Subcutaneous Implant	68 mg	Implanon	PA
<i>Preventive - Progestin Contraceptives - IUD (Preventivo - Anticonceptivos De Progestina - IUD)</i>			
Liletta (52 Mg) Intrauterine Intrauterine Device	20.1 mcg/day	Liletta (52 MG)	
Skyla_intrauterine Intrauterine Device	13.5 mg	Skyla	
<i>Radiotherapy (Radioterapia)</i>			
Lutathera Intravenous Solution	370 mbq/ml	Lutathera	PA
Xofigo Intravenous Solution	30 mcci/ml	Xofigo	PA

OVER THE COUNTER DRUGS (MEDICAMENTOS OTC)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Over-The-Counter			
<i>Analgesics - Anti-Inflammatory (Analgesicos - Antiinflamatorios)</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	
Childrens Advil Oral Suspension	100 mg/5ml	Childrens Advil	
Childrens Ibuprofen 100 Oral Suspension	100 mg/5ml	Childrens Advil	
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	
Eql_ibuprofen Oral Capsule	200 mg	V-R Ibuprofen	
Eql_ibuprofen Oral Tablet	200 mg	Advil	
Flanax Oral Tablet	220 mg	Aleve	
Ft_all Day Pain Relief Oral Tablet	220 mg	Aleve	
Ft_ibuprofen Childrens Oral Suspension	100 mg/5ml	Childrens Advil	
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	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	
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	
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	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
<i>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</i>			
8_hour Arthritis Pain Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
8_hour Pain Reliever Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
8_hr Arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Acetaminophen 8 Hour Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	QL(180 in 30 Days)
Acetaminophen Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Acetaminophen Infants Oral Suspension	160 mg/5ml	APAP Childrens	
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	Actamin	QL(360 in 30 Days)
Acetaminophen Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Acetaminophen Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Acetaminophen Rectal Suppository	120 mg, 650 mg	Acephen	
Aminofen Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Apra_oral Elixir	160 mg/5ml	Altenol	
Arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Arthritis Pain Reliever Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Betatemp Childrens Oral Suspension	160 mg/5ml	APAP Childrens	
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	
Ed-Apap Oral Liquid	160 mg/5ml	Childrens Silapap	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	QL(180 in 30 Days)
Eq_acetaminophen Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Eq_acetaminophen Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Eq_arthritis Pain Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	QL(240 in 30 Days)
Eq_pain Reliever Oral Suspension	160 mg/5ml	APAP Childrens	
Eq_pain Reliever Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Eq_pain Reliever Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Eql_acetaminophen Ex St Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
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	QL(180 in 30 Days)
Ft_arthritis Pain Reliever Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	QL(240 in 30 Days)
Ft_pain Relief Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Ft_pain Relief Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Ft_pain Reliever Ex Str Adult Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Gnp_8 Hour Arthritis Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Gnp_8 Hour Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Gnp_8 Hour Pain Reliever Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Gnp_acetaminophen Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Gnp_acetaminophen Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Gnp_children's Pain & Fever Oral Suspension	160 mg/5ml	APAP Childrens	
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	QL(240 in 30 Days)
Gnp_pain Relief Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	QL(240 in 30 Days)
Healthy Mama Shake That Ache Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Hm_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Hm_pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Infants Pain & Fever Oral Suspension	160 mg/5ml	APAP Childrens	
Kls_acetaminophen Ex St Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
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	QL(240 in 30 Days)
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	QL(240 in 30 Days)
Medi-Tabs Junior Strength Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Meijer Aspirin Free Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Meijer Aspirin Free Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Meijer Jr St Aspirin Free Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Midol_oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Mm_acetaminophen Ex Str Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Mm_arthritis Pain Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
M-Pap_oral Liquid	160 mg/5ml	Childrens Silapap	
Non-Aspirin Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Non-Aspirin Jr Strength Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Non-Aspirin Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Non-Aspirin Pain Relief Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
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	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Pain_relief Extra Strength Oral Capsule	500 mg	Extra Strength Acetaminophen	QL(240 in 30 Days)
Pain_relief Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Pain_relief Oral Liquid	500 mg/15ml	S-T Febrol	
Pain_relief Regular Strength Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Pain_reliever Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Pain_reliever For Adults Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Pain_reliever Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
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	QL(240 in 30 Days)
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	QL(240 in 30 Days)
Pharbetol Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Qc_8 Hour Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Qc_acetaminophen 8hr Arth Pain Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Qc_acetaminophen 8hr Musc Ache Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Qc_acetaminophen Infants Oral Suspension	160 mg/5ml	APAP Childrens	
Qc_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Qc_non-Aspirin 8 Hour Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Qc_non-Aspirin Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
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	QL(240 in 30 Days)
Ra_8 Hour Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Ra_acetaminophen Childrens Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Ra_acetaminophen Ex St Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Ra_acetaminophen Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Ra_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	Actamin	QL(360 in 30 Days)
Ra_pain Relief Acetaminophen Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Ra_pain Reliever Ex St Oral Liquid	500 mg/15ml	S-T Febrol	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Sb_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Sb_childrens Non-Aspirin Oral Tablet Disintegrating	80 mg	Temptra Quicklets	
Sb_non-Aspirin Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Sb_non-Aspirin Jr Strength Oral Tablet Disintegrating	160 mg	FP Jr Strength Non-Aspirin	
Sb_non-Aspirin Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
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	QL(240 in 30 Days)
Sm_8 Hour Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Sm_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Sm_arthritis Pain Reliever Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	QL(240 in 30 Days)
Sm_pain Reliever Ex St Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Sm_pain Reliever Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
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	QL(180 in 30 Days)
Tylenol 8 Hour Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
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	QL(240 in 30 Days)
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	QL(360 in 30 Days)
Tylenol Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Antidiarrheal/Probiotic Agents (Agentes Antidiarrrales / Probioticos)			
Align_oral Capsule	4 mg	Bacid	
Anti-Diarrheal Oral Tablet	2 mg	Anti-Diarrheal	
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	
Restora Oral Capsule		Bacid	
Antihistamines (Antihistaminicos)			

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
12hr_allergy Relief Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
24hr_allergy Relief Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Alavert Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
All_day Allergy Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
All_day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Allegra Allergy Childrens Oral Suspension	30 mg/5ml	Allegra	QL(300 in 30 Days)
Allegra Allergy Childrens Oral Tablet Disintegrating	30 mg	Allegra ODT	QL(60 in 30 Days)
Allegra Allergy Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Allegra Allergy Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Allegra Hives 24hr Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Allergy (Cetirizine) Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Allergy 24hour Indoor/Outdoor Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Allergy 24-Hr Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Allergy Childrens Oral Suspension	30 mg/5ml	Allegra	QL(300 in 30 Days)
Allergy Rel Child (Loratadine) Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Allergy Relief (Cetirizine) Oral Capsule	10 mg	ZyrTEC Allergy	QL(30 in 30 Days)
Allergy Relief (Cetirizine) Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Allergy Relief (Loratadine) Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Allergy Relief 24-Hr Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Allergy Relief Cetirizine Oral Tablet	10 mg, 5 mg	ZyrTEC	QL(30 in 30 Days)
Allergy Relief Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Allergy Relief Childrens Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Allergy Relief Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Allergy Relief Oral Tablet	10 mg, 180 mg	Allegra ,Claritin	QL(30 in 30 Days)
Allergy Relief/Indoor/Outdoor Oral Tablet	10 mg, 180 mg	Allegra ,ZyrTEC	QL(30 in 30 Days)
Banophen Oral Capsule	25 mg, 50 mg	Allergia-C ,Trux-Adryl	
Cetirizine Hcl Allergy Child Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Cetirizine Hcl Childrens Alrgy Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cetirizine Hcl Oral Tablet	10 mg, 5 mg	ZyrTEC	QL(30 in 30 Days)
Cetirizine Hcl Oral Tablet Chewable	10 mg, 5 mg	ZyrTEC	QL(30 in 30 Days)
Childrens 24 Hour Allergy Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Childrens Loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Claritin Allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Claritin Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Claritin Oral Capsule	10 mg	Claritin	QL(30 in 30 Days)
Claritin Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Claritin Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Claritin Oral Tablet Chewable	10 mg	Claritin	QL(30 in 30 Days)
Claritin Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Claritin Reditabs Juniors Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Claritin Reditabs Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Claritin Reditabs Oral Tablet Disintegrating	5 mg	Claritin Reditabs	QL(60 in 30 Days)
Cvs_allerg Rel Child (Lorat) Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Cvs_allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Cvs_allergy Relief Oral Tablet Disintegrating	5 mg	Claritin Reditabs	QL(60 in 30 Days)
Diphenhydramine Hcl Oral Capsule	25 mg, 50 mg	Allergia-C ,Trux-Adryl	
Eq_all Day Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Eq_allerg Relief Child (Cetir) Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Eq_allerg Relief Child (Lorat) Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Eq_allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Eq_allergy Relief (Cetirizine) Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Eq_allergy Relief (Cetirizine) Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Eq_allergy Relief Childrens Oral Suspension	30 mg/5ml	Allegra	QL(300 in 30 Days)
Eq_allergy Relief Oral Tablet	10 mg, 180 mg	Allegra ,Claritin	QL(30 in 30 Days)
Eq_cetirizine Hcl Oral Tablet Chewable	10 mg	ZyrTEC	QL(30 in 30 Days)
Eq_loratadine Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Eq_loratadine Childrens Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Eq_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Eql_all Day Allergy Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Eql_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Eql_allergy Relief Oral Tablet	10 mg, 180 mg	Allegra ,Claritin	QL(30 in 30 Days)
Fexofenadine Hcl Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Fexofenadine Hcl Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Ft_all Day Allergy 24 Hour Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Ft_all Day Allergy Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Ft_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Ft_all Day Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Ft_allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Ft_allergy Relief 12 Hour Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Ft_allergy Relief 24 Hour Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Ft_allergy Relief Cetirizine Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Ft_allergy Relief Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Ft_allergy Relief Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Ft_allergy Relief Loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Ft_allergy Relief Oral Tablet	10 mg, 180 mg	Allegra ,Claritin	QL(30 in 30 Days)
Gnp_all Day Allergy Childrens Oral Solution	1 mg/ml, 5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Gnp_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Gnp_all Day Allergy Relief Oral Capsule	10 mg	ZyrTEC Allergy	QL(30 in 30 Days)
Gnp_allergy Relief Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Gnp_loratadine Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Gnp_loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Gnp_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Gnp_loratadine Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Goodsense All Day Allergy Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Goodsense All Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Goodsense Aller-Ease Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Goodsense Allergy Relief Child Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Goodsense Allergy Relief Oral Capsule	10 mg	Claritin	QL(30 in 30 Days)
Goodsense Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Hm_fexofenadine Hcl Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Hm_fexofenadine Hcl Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Hm_loratadine Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Hm_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Kls_allerclear Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Kls_aller-Fex Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Kls_aller-Tec Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Kp_fexofenadine Hcl Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Loradamed Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Loratadine Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Loratadine Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Loratadine Oral Capsule	10 mg	Claritin	QL(30 in 30 Days)
Loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Loratadine Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Meijer Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Meijer Allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Meijer Loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Mm_allergy Relief 24 Hour Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Mm_fexofenadine Hcl Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Qc_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Qc_all Day Allergy Relief Oral Capsule	10 mg	ZyrTEC Allergy	QL(30 in 30 Days)
Qc_allergy Relief Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Qc_allergy Relief Childrens Oral Syrup	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Qc_allergy Relief Oral Capsule	10 mg	Claritin	QL(30 in 30 Days)
Qc_allergy Relief Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Qc_allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Qc_cetirizine Allergy Relief Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Qc_loratadine Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Ra_allergy Relief (Cetirizine) Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Ra_allergy Relief (Loratadine) Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Ra_allergy Relief Childrens Oral Solution	1 mg/ml, 5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Ra_allergy Relief Childrens Oral Syrup	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Ra_allergy Relief Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Ra_allergy Relief Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Ra_loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Ra_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Sb_allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Sb_allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Sb_cetirizine Hcl Childrens Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Sb_loratadine Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Sb_loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Sb_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Sm_all Day Allergy Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Sm_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Sm_all Day Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Sm_allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Sm_allergy Relief Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Sm_allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Sm_childrens Loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Sm_fexofenadine Hcl Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Sm_fexofenadine Hcl Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Sm_loratadine Allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Sm_loratadine Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Sm_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Triaminic Allerchews Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Wal-Itin Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Wal-Zyr Allergy Childrens Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Zyrtec Allergy Childrens Oral Tablet Disintegrating	10 mg	ZyrTEC Allergy	QL(30 in 30 Days)
Zyrtec Allergy Oral Capsule	10 mg	ZyrTEC Allergy	QL(30 in 30 Days)
Zyrtec Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Zyrtec Childrens Allergy Oral Solution	1 mg/ml, 5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Zyrtec Childrens Allergy Oral Tablet Chewable	10 mg	ZyrTEC	QL(30 in 30 Days)
Zyrtec Childrens Allergy Oral Tablet Chewable	2.5 mg	ZyrTEC Childrens Allergy	QL(60 in 30 Days)
Zyrtec Oral Tablet Chewable	10 mg	ZyrTEC	QL(30 in 30 Days)
<i>Cough/Cold/Allergy (Tos/Catarro/Alergia)</i>			
12_hour Allergy-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
24hr_allergy & Congestion Reli Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	QL(15 in 15 Days)
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	QL(30 in 15 Days)
All_day Allergy D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Allegra-D Allergy & Congestion Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Allegra-D Allergy & Congestion Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	QL(15 in 15 Days)
Allergy D-12 Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Allergy Relief D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Allergy Relief D Oral Tablet Extended Release 24 Hour	10-240 mg, 180-240 mg	Allegra-D 24 Hour , Claritin-D 24 Hour	QL(15 in 15 Days)
Allergy Relief D12 Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Allergy Relief D-12 Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Allergy Relief D-24 Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Allergy Relief-D Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Bionel Oral Liquid	30-15-200 mg/5ml	Tusnel	
Cetirizine-Pseudoephedrine Er Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Claritin-D 12 Hour Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Claritin-D 24 Hour Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Conex_cold/Allergy Oral Solution	1-30 mg/5ml	Conex Cold/Allergy	
Conex_cold/Allergy Oral Tablet	2-60 mg	Sudex	
Cvs_allergy Relief D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Cvs_allergy Relief D24 Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	QL(15 in 15 Days)
Desgen Dm Oral Liquid	5-10-100 mg/5ml	Robitussin Cough/Cold CF	
Despec Dm Oral Syrup	5-10-100 mg/5ml	Cough	
Despec Eda Oral Liquid	2.5-5-50 mg/ml	Giltuss Pediatric	
Dologen Oral Tablet	2-650 mg	Dologen	
Dologesic Oral Tablet	1-500 mg	Dologesic-DF	
Dologesic-Df Oral Tablet	1-500 mg	Dologesic-DF	
Dometuss-Dmx Oral Liquid	10-30-200 mg/5ml	Tussidex	
Eq_allergy & Congestion Relief Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Eq_allergy Relief D 12 Hour Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Eq_allergy Relief Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Eq_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	QL(15 in 15 Days)
Ft_all Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Ft_allergy & Congestion-D 12hr Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Ft_allergy D-12 Hour Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Ft_allergy Relief-D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
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	QL(30 in 15 Days)
Gnp_allergy & Congestion Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Gnp_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Gnp_allergy-D Allergy & Conges Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Gnp_fexofenadine/Pse Er Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Goodsense All Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
G-Tusicof Oral Liquid	10-20-400 mg/5ml	Tusicof	
Guaifenesin-Codeine Oral Solution	100-10 mg/5ml	Cheratussin AC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
G-Zyncof Oral Syrup	20-400 mg/5ml	Zyncof	
Hm_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Kls_allerclear D-12hr Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Kls_allerclear D-24hr Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Kls_aller-Tec D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Loratadine-D 12hr Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Loratadine-D 24hr Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Meijer Allergy Relief-D Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Mucus_relief Dm Oral Tablet Extended Release 12 Hour	30-600 mg	Guiadrine DM	
Norel_ad Oral Tablet	4-10-325 mg	Norel AD	
Pecgen Dmx Oral Liquid	10-187 mg/5ml	Trispec DMX	
Percogesic Oral Tablet	12.5-325 mg	Percogesic	
Phenagil Oral Tablet	3.5-10 mg	Phenabid	
Pres_gen Oral Liquid	5-10-200 mg/5ml	Robitussin Cough/Cold CF Max	
Presgen B Oral Liquid	10-4-20 mg/5ml	BroveX PEB DM	
Qc_loratadine-D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Ra_allergy Relf & Nasal Decong Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Ra_allergy Rlf/Nasal Decongest Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Ra_allergy/Congestion Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Ra_allergy/Congestion Relief Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Ra_allergy/Congestion Relief-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Ra_cetiri-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Ra_lorata-D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Sb_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Sm_all Day Allergy-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Sm_loratadine D 12hr Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Sm_lorata-Dine D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Sorbugen Nr Oral Liquid	15-150 mg/7.5ml	Cheracol-D	
Tusicof Oral Liquid	10-20-400 mg/5ml	Tusicof	
Tusnel C Oral Syrup	30-10-100 mg/5ml	Suttar-SF	
Tusnel Diabetic Oral Liquid	10-100 mg/5ml	Cheracol-D	
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	
Virtussin A/C Oral Solution	100-10 mg/5ml	Cheratussin AC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Zyncof Oral Syrup	20-400 mg/5ml	Zyncof	
Zyrtec-D Allergy & Congestion Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Zyrtec-D Allergy & Sinus Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
<i>Dermatologicals (Dermatologicos)</i>			
Acne_foaming Wash External Liquid	10 %	Benzoyl Peroxide Wash	
Alevazol External Ointment	1 %	Alevazol	
Antifungal (Clotrimazole) External Cream	1 %	Lotrimin	
Anti-Fungal External Cream	1 %	Lotrimin	
Aquanil Hc External Lotion	1 %	Ala-Cort	
Athletes Foot (Clotrimazole) External Cream	1 %	Lotrimin	
Athletes Foot (Terbinafine) External Cream	1 %	Athlete's Foot	
Benzoyl Peroxide External Gel	10 %	Acne Medication-10	
Benzoyl Peroxide Wash External Liquid	10 %, 5 %	Benzoyl Peroxide Wash	
Bp_wash External Liquid	10 %, 2.5 %, 5 %	Benzac AC Wash ,Benzoyl Peroxide Wash	
Clotrimazole Af External Cream	1 %	Lotrimin	
Clotrimazole Anti-Fungal External Cream	1 %	Lotrimin	
Clotrimazole Athletes Foot External Cream	1 %	Lotrimin	
Clotrimazole External Solution	1 %	Lotrimin	
Desenex External Cream	1 %	Lotrimin	
Eq_antifungal External Cream	1 %	Lotrimin	
Eq_athletes Foot (Terbinafine) External Cream	1 %	Athlete's Foot	
Eq_athletes Foot External Cream	1 %	Lotrimin	
Eq_jock Itch External Cream	1 %	Lotrimin	
Eq_athletes Foot External Cream	1 %	Lotrimin	
Eq_athletes Foot(Terbinafine) External Cream	1 %	Athlete's Foot	
Ft_athletes Foot (Clotrimaz) External Cream	1 %	Lotrimin	
Ft_athletes Foot (Terbinafine) External Cream	1 %	Athlete's Foot	
Gnp_athletes Foot External Cream	1 %	Lotrimin	
Gnp_terbinafine Hydrochloride External Cream	1 %	Athlete's Foot	
Goodsense Athletes Foot External Cream	1 %	Lotrimin	
Jock_itch External Cream	1 %	Lotrimin	
Jock_itch Relief External Cream	1 %	Lotrimin	
Lamisil At External Cream	1 %	Athlete's Foot	
Lamisil At Jock Itch External Cream	1 %	Athlete's Foot	
Lotrimin Af External Cream	1 %	Lotrimin	
Lotrimin Af Jock Itch External Cream	1 %	Lotrimin	
Mycozyl Ac External Cream	1 %	Lotrimin	
Panoxyl Foaming Wash External Liquid	10 %	Benzoyl Peroxide Wash	
Qc_athletes Foot External Cream	1 %	Athlete's Foot	
Qc_clotrimazole External Cream	1 %	Lotrimin	
Ra_athletes Foot External Cream	1 %	Lotrimin	
Ra_clotrimazole External Cream	1 %	Lotrimin	
Ra_foot Care (Terbinafine) External Cream	1 %	Athlete's Foot	
Ra_foot Care (Tolnaftate) External Cream	1 %	Antifungal	
Ra_jock Itch External Cream	1 %	Lotrimin	
Sb_clotrimazole Foot External Cream	1 %	Lotrimin	
Sm_antifungal Clotrimazole External Cream	1 %	Lotrimin	
Sm_athletes Foot External Cream	1 %	Athlete's Foot	
Terbinafine Hcl External Cream	1 %	Athlete's Foot	
Tm-Clotrimazole External Cream	1 %	Lotrimin	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Votriza-AI External Lotion	1 %	Lotrimin	
<i>Digestive Aids (Digestivos)</i>			
Gastrace Digestive Support Oral Capsule		Digest II	
<i>Gastrointestinal Agents (Agentes Gastrointestinales)</i>			
Goodsense Omepr/Sod Bicarb Oral Capsule	20-1100 mg	Zegerid	QL(30 in 30 Days)
<i>Gastrointestinal Agents - Misc. (Agentes Gastrointestinales - Misc.)</i>			
Gas_relief Extra Strength Oral Capsule	125 mg	Phazyme-125	
Simethicone Oral Capsule	180 mg	RA Gas Relief Ultra Strength	
Simethicone Oral Tablet Chewable	80 mg	Anti-Gas/80	
<i>Laxatives (Laxantes)</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	
Clearlax Oral Powder	17 gm/scoop	MiraLax	
Cvs_purelax Oral Packet	17 gm	MiraLax	
Docusate Calcium Oral Capsule	240 mg	Calfax	
Docusate Sodium Oral Capsule	100 mg	Aqualax	
Dok_oral Capsule	100 mg	Aqualax	
Dulcolax Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Dulcolax Rectal Suppository	10 mg	Bisac-Evac	
Eq_clearlax Oral Powder	17 gm/scoop	MiraLax	
Eq_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Eq_laxative Oral Packet	17 gm	MiraLax	
Eq_clearlax Oral Powder	17 gm/scoop	MiraLax	
Eq_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_clearlax Oral Powder	17 gm/scoop	MiraLax	
Ft_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Ft_laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gavilax Oral Powder	17 gm/scoop	MiraLax	
Gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Gentlax 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	
Gnp_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gnp_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Gnp_stool Softener Oral Capsule	240 mg	Calfax	
Goodsense Bisacodyl Ec Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Goodsense Bisacodyl Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Goodsense Clearlax Oral Powder	17 gm/scoop	MiraLax	
Healthylax Oral Packet	17 gm	MiraLax	
Hm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Hyfiber With Fos Oral Liquid	12 gm/30ml	HyFiber with FOS	
Kls_laxaclear Oral Powder	17 gm/scoop	MiraLax	
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	
Miralax Mix-In Pax Oral Packet	17 gm	MiraLax	
Miralax Oral Packet	17 gm	MiraLax	
Miralax Oral Powder	17 gm/scoop	MiraLax	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Mm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Onelax Rectal Suppository	10 mg	Bisac-Evac	
Peg_3350 Oral Packet	17 gm	MiraLax	
Peg_3350 Oral Powder	17 gm/scoop	MiraLax	
Polyethylene Glycol 3350 Oral Packet	17 gm	MiraLax	
Polyethylene Glycol 3350 Oral Powder	17 gm/scoop	MiraLax	
Qc_docusate Calcium Oral Capsule	240 mg	Calfax	
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	
Qc_natura-Lax Oral Powder	17 gm/scoop	MiraLax	
Ra_fast Relief Laxative Rectal Suppository	10 mg	Bisac-Evac	
Ra_laxative Oral Powder	17 gm/scoop	MiraLax	
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	
Sb_polyethylene Glycol 3350 Oral Powder	17 gm/scoop	MiraLax	
Sb_stool Softener Oral Capsule	240 mg	Calfax	
Sm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Sm_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Sm_laxative Rectal Suppository	10 mg	Bisac-Evac	
Smooth Lax Oral Packet	17 gm	MiraLax	
Smooth Lax Oral Powder	17 gm/scoop	MiraLax	
Stool_softener Oral Capsule	100 mg, 240 mg	Aqualax ,Calfax	
Surfak Oral Capsule	240 mg	Calfax	
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>Minerals & Electrolytes (Minerales Y Electrolitos)</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	
<i>Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)</i>			
Orasep Mouth/Throat Solution	2-0.5-0.1 %	Orasep	
<i>Multivitamins (Multivitaminas)</i>			
Apetigen Oral Elixir		Apetigen	
Apetigen-Plus Oral Solution		Apetigen-Plus	
B_complex Oral Capsule		Varidin	
Biocal Oral Capsule		Actical	
Centrum Adult Oral Liquid		Centrum	
Centrum Ultra Womens Oral Tablet		Adavite-M	
Daflonex-XI Oral Tablet Extended Release		C Complex	
Lipoflavovit Oral Tablet		Akoline CB/Zinc	
Lysiplex Plus Oral Liquid		Centrum	
Multivitamin Adults 50+ Oral Tablet		Adavite-M	
Multivitamin Adults Oral Tablet		Adavite-M	
Multi-Vitamins Oral Tablet		Al-Vite	
One_daily Oral Tablet		Al-Vite	
Preservision Areds 2 Oral Capsule		Actical	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Protect Cardio Af Oral Capsule		Actical	
Protect Plus So Oral Capsule		Actical	
Qc_multi-Vite Oral Tablet		Adavite-M	
Vasoflex Hd Oral Tablet		C-Bioflavonoids	
Vasoflex Oral Tablet		C-Bioflavonoids	
<i>Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)</i>			
Allergy Spray 24 Hour Nasal Aerosol	55 mcg/act	Nasacort AQ	
Ayr_nasal Solution	0.65 %	Afrin Saline	
Ayr_saline Nasal Drops Nasal Solution	0.65 %	Ayr Saline	
Ayr_saline Nasal Nasal Gel		Ayr Saline	
Eq_nasal Allergy Nasal Aerosol	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	
Nasal_allergy 24 Hour Nasal Aerosol	55 mcg/act	Nasacort AQ	
Ra_nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Saline Nasal Spray Nasal Solution	0.65 %	Afrin Saline	
Sinus_rinse Kit Nasal Packet		Entsol	
Triamcinolone Acetonide Nasal Aerosol	55 mcg/act	Nasacort AQ	
<i>Nutrients (Nutrientes)</i>			
Fish_oil Omega-3 Oral Capsule	1000 mg	MarEPA	
Fish_oil Oral Capsule	1000 mg	MarEPA	
Omega_3 Oral Capsule	1000 mg	MarEPA	
Omega-3 Oral Capsule	1000 mg	MarEPA	
<i>Ophthalmic Agents (Agentes Oftalmicos)</i>			
Alaway Childrens Allergy Ophthalmic Solution	0.035 %	Zaditor	
Alaway Ophthalmic Solution	0.035 %	Zaditor	
Allergy Eye Ophthalmic Solution	0.025-0.3 %	AK-Con-A	
Cvs_allergy Eye Drops Ophthalmic Solution	0.035 %	Zaditor	
Eq_eye Allergy Relief Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Eq_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Eq_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Eye_allergy Relief Ophthalmic Solution	0.025-0.3 %, 0.027-0.315 %	AK-Con-A ,Opcon-A	
Eye_itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Ft_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
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 Eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Goodsense Ultra Lubricant Drop Ophthalmic Solution	0.4-0.3 %	Systane	
Ketotifen Fumarate Ophthalmic Solution	0.035 %	Zaditor	
Lubricant Drops/Dual-Action Ophthalmic Solution	0.5-0.9 %	Optive	
Lubricant Eye Drops (Pf) Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Lubricating Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Naphcon-A Ophthalmic Solution	0.025-0.3 %	AK-Con-A	
Opcon-A Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Ra_eye Allergy Relief Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Ra_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Ra_lubricant Eye Ophthalmic Solution	0.4-0.3 %	Systane	
Refresh Optive Advanced Ophthalmic Solution	0.5-1-0.5 %	Refresh Optive Advanced	
Refresh Optive Ophthalmic Solution	0.5-0.9 %	Optive	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Refresh Relieva Ophthalmic Solution	0.5-0.9 %	Optive	
Sm_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Sm_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Systane Hydration Pf Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Systane Ophthalmic Gel	0.4-0.3 %	Systane free	
Systane Ophthalmic Solution	0.4-0.3 %	Systane	
Systane Preservative Free Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Systane Ultra Ophthalmic Solution	0.4-0.3 %	Systane	
Systane Ultra Pf Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Ultra_lubricating Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Ultra_lubricating Eye Drops Pf Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Zaditor Ophthalmic Solution	0.035 %	Zaditor	
<i>Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)</i>			
Acid_controller Max St Oral Tablet	20 mg	Pepcid	
Acid_controller Oral Tablet	10 mg	Pepcid AC	
Acid_reducer Oral Capsule Delayed Release	20.6 (20 base) mg	CVS Omeprazole	QL(30 in 30 Days)
Acid_reducer Oral Tablet Delayed Release	20 mg	PriLOSEC OTC	QL(30 in 30 Days)
Eq_esomeprazole Magnesium Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Eq_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Eq_omeprazole Magnesium Oral Capsule Delayed Release	20 mg	CVS Omeprazole	QL(30 in 30 Days)
Eq_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Eq_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Eq_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Ft_acid Reducer Oral Capsule Delayed Release	15 mg, 20 mg	NexIUM ,Prevacid	QL(30 in 30 Days)
Ft_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Gnp_esomeprazole Magnesium Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Gnp_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Gnp_omeprazole Oral Capsule Delayed Release	20.6 (20 base) mg	CVS Omeprazole	QL(30 in 30 Days)
Gnp_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Goodsense Esomeprazole Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Goodsense Lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Kls_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Kls_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	
Kp_omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base) mg	CVS Omeprazole	QL(30 in 30 Days)
Lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Nexium 24hr Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Nexium 24hr Oral Tablet Delayed Release	20 mg	NexIUM 24HR	QL(30 in 30 Days)
Omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base) mg	CVS Omeprazole	QL(30 in 30 Days)
Omeprazole Magnesium Oral Tablet Delayed Release	20 mg	PriLOSEC OTC	QL(30 in 30 Days)
Omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Prevacid 24hr Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Prilosec Otc Oral Tablet Delayed Release	20 mg	PriLOSEC OTC	QL(30 in 30 Days)
Qc_esomeprazole Magnesium Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Qc_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Qc_omeprazole Magnesium Oral Capsule Delayed Release	20.6 (20 base) mg	CVS Omeprazole	QL(30 in 30 Days)
Qc_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Ra_esomeprazole Magnesium Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)
Ra_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Sb_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)
Sm_lansoprazole Oral Capsule Delayed Release	15 mg	Prevacid	QL(30 in 30 Days)
Sm_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	QL(30 in 30 Days)

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787.758.2500

MCS Plaza Suite 1600 255 Ave. Ponce de León, San Juan PR 00916 -1919