

LISTA DE MEDICAMENTOS PREFERIDOS 2024

MCS LIFE INSURANCE COMPANY



PREFERED DRUG LIST 2024

MCS LIFE INSURANCE COMPANY



Salud Completa



Lista de Medicamentos Preferidos 2024

2024 Preferred Drug List

(PDL, por sus siglas en inglés)

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

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

Esta lista se revisó por última vez el 10/08/2024. Para información más reciente u otras preguntas, por favor comuníquese con MCS Life al 1-888-758-1616 o, para usuarios de TTY, al 1-866-627-8182. El horario de servicio es de lunes a viernes, de 8:00 a.m. a 8:00 p.m., y sábado, de 8:00 a.m. a 4:30 p.m. También puedes visitar nuestro sitio web: <https://www.mcs.com.pr>.

This list was last updated on 10/08/2024. For more recent information or other questions, please contact MCS Life at 1-888-758-1616, or for TTY users, 1-866-627-8182. Service hours are Monday through Friday, from 8:00 a.m. to 8:00 p.m., and Saturday, from 8:00 a.m. to 4:30 p.m. You can also visit our website: <https://www.mcs.com.pr>.

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

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

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

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

MCS Life provee beneficio del pago de medicamentos recetados por un médico, que estén aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés), adquiridos por una persona asegurada y que prepare y despache un farmacéutico autorizado.

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

- *The American Hospital List Service-Drug Information.*
- *The American Medical Association Drug Evaluation.*
- *The United States Pharmacopoeia-Drug Information.*

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

MCS Life provides payment benefit for medications approved by the Food and Drug Administration (FDA), prescribed by a physician, acquired by an insured person, and prepared and dispensed by a licensed pharmacist.

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

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

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

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

¿QUÉ SON LOS MEDICAMENTOS GENÉRICOS?

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

WHAT ARE GENERIC DRUGS?

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

¿QUÉ ES UN MEDICAMENTO PREVENTIVO?

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

WHAT IS A PREVENTIVE DRUG?

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

¿QUÉ SON MEDICAMENTOS OTC (Over the counter)?

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

WHAT ARE OTC MEDICATIONS (Over the counter)?

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

PROGRAMA DE MEDICAMENTOS ESPECIALIZADOS

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

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

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

SPECIALTY DRUGS PROGRAM

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

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

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

PROGRAMA DE MEDICAMENTOS POR CORREO

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

Opciones para registrarse:

- 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 la información a la mano.
- Complete la hoja de registro y envíela junto a la receta a la siguiente dirección o mediante fax:

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

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

Cómo obtener su receta:

- Una vez inscrito, el paciente puede enviar la receta por correo. En el caso que el médico la envíe, tendría la opción de receta electrónica y fax (si es de la oficina del médico).
- Es importante solicitarle a su médico que escriba la receta para 90 días, con las repeticiones autorizadas hasta un año (de ser necesario).

- Repeticiones automáticas están disponibles para los asegurados. Por favor comuníquese con servicio al cliente para más información.

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

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

Si necesita su receta con urgencia:

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

Recuerde:

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

MAIL ORDER DRUG PROGRAM

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

Options to register:

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

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

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

How to get your prescription:

- Once registered, the patient may send the prescription by mail. The doctor's office has the option to send the prescription electronically or by fax.

- *It is important to ask your doctor to write a prescription for 90 days, with the authorized refills for up to a year (if necessary).*
- *Automatic refills are available for members. Please contact customer service for more information.*

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

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

If you need your prescription urgently:

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

Remember:

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

¿CÓMO ENCONTRAR TUS MEDICAMENTOS EN ESTE LISTADO?

La manera más rápida en que puede conseguir sus medicamentos en este listado es buscando su medicamento en el índice, que comienza en la página 129. El índice coloca en orden alfabético todos los medicamentos incluidos en este listado. Tanto los medicamentos de marca, como los genéricos, están incluidos en el índice. Al lado de su medicamento, encontrará el número de la página dónde aparece el mismo. Vaya a la página indicada en el índice y encuentre el nombre del medicamento y la restricción, si aplica.

HOW TO FIND DRUGS ON THIS LIST?

The quickest way to find your prescription drugs on this list is by using the index on page 129. The index provides an alphabetical list of all the drugs included on this list. Both brand-name and generic drugs are listed in the index. Next to your prescription drug name, you will see the page number where you can find them. Turn to the page listed in the index and find the name of your prescription drug and any applicable restrictions.

¿LA LISTA DE MEDICAMENTOS CUBIERTOS PUEDE CAMBIAR?

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

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

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

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

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

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

CAN THE LIST OF MEDICINES CHANGE?

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

- *New adverse information about the safety or effectiveness of a drug is published,*
- *The manufacturer has withdrawn it from the market or cannot supply it.*
- *It is important that you have continuous access, for the remainder of the coverage year, to the drugs that were available on the list when you chose our plan.*

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

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

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

¿EXISTEN LÍMITES, EXCLUSIONES Y RESTRICCIONES EN MI CUBIERTA?

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

- **Preautorización (PA, por sus siglas en inglés):** MCS Life requiere que su médico o usted obtenga autorización para ciertos medicamentos. Esto significa que debe cumplir con unos requisitos establecidos por la FDA para la aprobación de un medicamento, generalmente se requiere, pero no se limita a diagnósticos y/o estudios clínicos como laboratorios, rayos X, electrocardiograma, etc. Si no cumple con los requisitos establecidos para que su medicamento sea aprobado, su plan puede no cubrir el medicamento.
- **Límites de cantidad (QL, por sus siglas en inglés):** Para ciertos medicamentos, MCS Life proveerá una cantidad de medicamento máxima, según la aprobación de la FDA. Esto puede ser adicional a un suministro estándar de un (1) mes o tres (3) meses. Por favor, consulte su póliza para más información sobre despachos de tres (3) meses.
- **Terapia escalonada (ST, por sus siglas en inglés):** MCS Life se reserva el derecho de aplicar el beneficio de terapia escalonada para algunos medicamentos debidamente identificados en su lista de medicamentos. Este programa requiere que el paciente utilice medicamentos de primera línea antes de

utilizar cualquier otro medicamento de segunda línea de tratamiento. Se consideran medicamentos de primera línea aquellas opciones de tratamiento que están respaldadas por guías clínicas nacionales y estándares de la práctica médica como alternativas para utilizarse en la terapia inicial. Los medicamentos de segunda línea son opciones de tratamiento, al igual que los de primera línea, pero las guías nacionales y estándares de la práctica los ubican como alternativas para utilizarse luego de haber utilizado los medicamentos de primera línea.

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

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

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

Tabla de abreviaturas

PA	Medicamentos que requieren autorización previa a su despacho. La autorización podría aplicar a algunas o todas las potencias del medicamento.
QL	Medicamentos que tienen 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.

*	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 lista 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.
ST	Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all 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.
*	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 list may have different copayment levels, as established in your policy.
UM	Utilization Management

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

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

- 1) Un medicamento de receta que no está cubierto en la lista;
- 2) Cubierta continua de determinado medicamento de receta que MCS Life descontinúe de la lista por motivos que no sean de salud o porque el fabricante no pueda suplir el medicamento o lo haya retirado del mercado; o
- 3) Un medicamento de receta que no estará cubierto hasta que se cumpla con el requisito de terapia escalonada o que no estará cubierto por la cantidad de dosis recetada; o
- 4) No hay ningún medicamento de receta en la lista que sea una alternativa clínicamente aceptable para tratar la enfermedad o condición médica de la persona cubierta o asegurado; o
- 5) Si el medicamento de receta alternativo que figura en la lista o que se requiere como primera línea conforme a la terapia escalonada:
 - a. Ha sido ineficaz en el tratamiento de la enfermedad o si, en base a la evidencia clínica, médica y científica y las características físicas y mentales pertinentes que se conocen de la persona cubierta o asegurado y las características conocidas del régimen del medicamento de receta,

es muy probable que sea ineficaz o se afectará la eficacia del medicamento de receta o el cumplimiento por parte del paciente, o

- b. Ha causado o, según la evidencia clínica, médica y científica, es muy probable que cause una reacción adversa u otro daño a la persona asegurada, o
- c. La persona asegurada ya se encontraba en un nivel más avanzado en la terapia escalonada de otro plan médico, por lo cual sería irrazonable requerirle comenzar de nuevo en un nivel menor de terapia escalonada, o
- d. Si la dosis disponible según la limitación de dosis del medicamento de receta ha sido ineficaz en el tratamiento de la enfermedad o condición médica de la persona.

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

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

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

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

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

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

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

MCS Life requires that any exception for medical reasons includes:

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

c. The dose available for prescription medicine is not acceptable for that patient if the medical exception request is related to dose limitation for that patient.

6) Reason for the prescription drug object of the application of medical exception is needed for the patient, or if the reason for the exception is related to dose limitation for that patient.

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

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant (Adhd / Anti-Narcolepsia / Anti-Obesidad / Anoréxicos)				
<i>Amphetamines (Amfetaminas)</i>				
Amphetamine-Dextroamphetamine Oral Tablet	30 mg	Adderall	PREFERRED GENERIC	QL(60 in 30 Days)
Amphetamine-Dextroamphetamine Oral Tablet	12.5 mg, 15 mg, 5 mg	Adderall	PREFERRED GENERIC	QL(90 in 30 Days)
Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour	5 mg	Dexedrine	PREFERRED GENERIC	QL(90 in 30 Days)
Dyanavel Xr Oral Suspension Extended Release	2.5 mg/ml	Dyanavel XR	PREFERRED BRAND	QL(240 in 30 Days)
<i>Stimulants - Misc. (Estimulantes - Misc.)</i>				
Armodafinil Oral Tablet	250 mg	Nuvigil	PREFERRED GENERIC	QL(30 in 30 Days) , PA
Methylphenidate Hcl Oral Tablet	10 mg, 20 mg, 5 mg	Ritalin	PREFERRED GENERIC	QL(90 in 30 Days)
Quillichew Er Oral Tablet Chewable Extended Release	20 mg, 40 mg	QuilliChew ER	PREFERRED BRAND	QL(30 in 30 Days)
Quillichew Er Oral Tablet Chewable Extended Release	30 mg	QuilliChew ER	PREFERRED BRAND	QL(60 in 30 Days)
Quillivant Xr Oral Suspension Reconstituted Er	25 mg/5ml	Quillivant XR	PREFERRED BRAND	QL(360 in 30 Days)
Aminoglycosides (Aminoglicosidos)				
<i>Aminoglycosides (Aminoglicosidos)</i>				
Kitabis Pak Inhalation Nebulization Solution	300 mg/5ml	Tobi	PREFERRED SPECIALTY	PA
Neomycin Sulfate Oral Tablet	500 mg	Neomycin Sulfate	PREFERRED GENERIC	
Tobi_podhaler Inhalation Capsule	28 mg	Tobi Podhaler	PREFERRED SPECIALTY	QL(224 in 56 Days) , PA
Tobramycin Inhalation Nebulization Solution	300 mg/4ml	Bethkis	PREFERRED SPECIALTY	
Tobramycin Inhalation Nebulization Solution	300 mg/5ml	Tobi	PREFERRED SPECIALTY	PA
Analgesics - Anti-Inflammatory (Analgesicos - Antiinflamatorios)				
<i>Anti-Tnf-Alpha - Monoclonal Antibodies (Anticuerpos Monoclonales - Anti-Tnf-Alfa)</i>				
Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Cyltezo (2 Pen)	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit	40 mg/0.8ml	Cyltezo (2 Pen)	PREFERRED SPECIALTY	QL(4 in 28 Days) , PA
Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit	10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml	Cyltezo (2 Syringe)	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit	40 mg/0.8ml	Cyltezo (2 Syringe)	PREFERRED SPECIALTY	QL(4 in 28 Days) , PA
Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit	40 mg/0.8ml	Cyltezo (2 Pen)	PREFERRED SPECIALTY	QL(4 in 28 Days) , PA
Adalimumab-Adbm(Cd/Uc/Hs Strt) Subcutaneous Auto-Injector Kit	40 mg/0.4ml	Cyltezo (2 Pen)	PREFERRED SPECIALTY	QL(6 in 28 Days) , PA
Adalimumab-Adbm(Ps/Uv Starter) Subcutaneous Auto-Injector Kit	40 mg/0.4ml, 40 mg/0.8ml	Cyltezo (2 Pen)	PREFERRED SPECIALTY	QL(4 in 28 Days) , PA
Amjevita Subcutaneous Solution Auto-Injector	40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml	Amjevita	PREFERRED SPECIALTY	PA

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Otrexup Subcutaneous Solution Auto-Injector	10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	Otrexup	PREFERRED SPECIALTY	ST
Rasuvo Subcutaneous Solution Auto-Injector	10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml, 7.5 mg/0.15ml	Otrexup ,Rasuvo	PREFERRED SPECIALTY	ST
Gold Compounds (Compuestos De Oro)				
Ridaura Oral Capsule	3 mg	Ridaura	PREFERRED BRAND	
Interleukin-1beta Blockers (Bloqueadores Beta De Interleukina 1)				
Ilaris Subcutaneous Solution	150 mg/ml	Ilaris	PREFERRED SPECIALTY	
Interleukin-6 Receptor Inhibitors (Inhibidores De Receptores Interleukina 6)				
Actemra Actpen Subcutaneous Solution Auto-Injector	162 mg/0.9ml	Actemra ACTPen	PREFERRED SPECIALTY	PA
Actemra Subcutaneous Solution Prefilled Syringe	162 mg/0.9ml	Actemra	PREFERRED SPECIALTY	PA
Nonsteroidal Anti-Inflammatory Agents (Nsaids) (Agentes Antiinflamatorios No Esteroidales)				
Celecoxib Oral Capsule	400 mg	CeleBREX	PREFERRED GENERIC	QL(30 in 30 Days) , ST , PA
Celecoxib Oral Capsule	100 mg, 200 mg, 50 mg	CeleBREX	PREFERRED GENERIC	QL(60 in 30 Days) , ST
Diclofenac Potassium Oral Tablet	50 mg	Cataflam	PREFERRED GENERIC	
Diclofenac Sodium Oral Tablet Delayed Release	25 mg, 50 mg, 75 mg	Voltaren	PREFERRED GENERIC	
Etodolac Er Oral Tablet Extended Release 24 Hour	400 mg	Lodine XL	PREFERRED GENERIC	
Etodolac Oral Capsule	200 mg, 300 mg	Lodine	PREFERRED GENERIC	
Etodolac Oral Tablet	400 mg, 500 mg	Lodine	PREFERRED GENERIC	
Fenoprofen Calcium Oral Tablet	600 mg	Nalfon	PREFERRED GENERIC	ST
Flurbiprofen Oral Tablet	100 mg, 50 mg	Ansaid	PREFERRED GENERIC	
Ibuprofen Oral Suspension	100 mg/5ml	Childrens Advil	PREFERRED GENERIC	
Ibuprofen Oral Tablet	400 mg, 600 mg, 800 mg	IB Pro	PREFERRED GENERIC	
Indomethacin Er Oral Capsule Extended Release	75 mg	Indocin SR	PREFERRED GENERIC	QL(60 in 30 Days)
Indomethacin Oral Capsule	50 mg	Indocin	PREFERRED GENERIC	QL(120 in 30 Days)
Indomethacin Oral Capsule	25 mg	Indocin	PREFERRED GENERIC	QL(180 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ketorolac Tromethamine Injection Solution	30 mg/ml	Toradol	PREFERRED GENERIC	
Meloxicam Oral Tablet	15 mg, 7.5 mg	Mobic	PREFERRED GENERIC	QL(30 in 30 Days)
Nabumetone Oral Tablet	500 mg, 750 mg	Relafen	PREFERRED GENERIC	
Naproxen Oral Tablet	250 mg, 375 mg, 500 mg	Naprosyn	PREFERRED GENERIC	
Naproxen Oral Tablet Delayed Release	500 mg	EC-Naprosyn	PREFERRED GENERIC	
Naproxen Sodium Oral Tablet	275 mg, 550 mg	Anaprox ,Anaprox DS	PREFERRED GENERIC	
Oxaprozin Oral Tablet	600 mg	Daypro	PREFERRED GENERIC	
Piroxicam Oral Capsule	10 mg, 20 mg	Feldene	PREFERRED GENERIC	
Sulindac Oral Tablet	150 mg, 200 mg	Clinoril	PREFERRED GENERIC	
Phosphodiesterase 4 (Pde4) Inhibitors (Inhibidores De La Fosfodiesterasa 4 (Pde4))				
Otezla Oral Tablet	20 mg, 30 mg	Otezla	PREFERRED SPECIALTY	PA
Otezla Oral Tablet Therapy Pack	10 & 20 & 30 mg, 4 x 10 & 51 x20 mg	Otezla	PREFERRED SPECIALTY	PA
Pyrimidine Synthesis Inhibitors (Inhibidores De La Sintesis De Pirimidina)				
Leflunomide Oral Tablet	10 mg	Arava	PREFERRED GENERIC	QL(30 in 30 Days)
Soluble Tumor Necrosis Factor Receptor Agents (Agentes Del Receptor Para Factor Soluble De Necrosis Tumoral)				
Enbrel Mini Subcutaneous Solution Cartridge	50 mg/ml	Enbrel Mini	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Enbrel Subcutaneous Solution	25 mg/0.5ml	Enbrel	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Enbrel Subcutaneous Solution Prefilled Syringe	25 mg/0.5ml, 50 mg/ml	Enbrel	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Enbrel Sureclick Subcutaneous Solution Auto-Injector	50 mg/ml	Enbrel SureClick	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)				
Analgesic Combinations (Combinaciones De Analgesicos)				
Butalbital-Acetaminophen Oral Tablet	50-325 mg	Phrenilin	PREFERRED GENERIC	QL(180 in 30 Days)
Butalbital-Apap-Caffeine Oral Tablet	50-325-40 mg	Americet	PREFERRED GENERIC	QL(180 in 30 Days)
Analgesics Other (Analgesicos - Otros)				
Clonidine Hcl (Analgesia) Epidural Solution	100 mcg/ml, 500 mcg/ml	Duraclon	PREFERRED SPECIALTY	
Analgesics-Peptide Channel Blockers (Analgesicos - Bloqueadores De Los Canales De Péptido)				
Prialt Intrathecal Solution	500 mcg/5ml	Prialt	PREFERRED SPECIALTY	
Salicylates (Salicilatos)				
Diflunisal Oral Tablet	500 mg	Dolobid	PREFERRED GENERIC	
Salsalate Oral Tablet	500 mg, 750 mg	Amigesic	PREFERRED GENERIC	
Analgesics - Opioid (Analgesicos - Opioides)				

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Xifaxan Oral Tablet	200 mg, 550 mg	Xifaxan	PREFERRED BRAND	PA
Anti-Infective Misc. - Combinations (Antiinfectivos Misc. - Combinaciones)				
Sulfamethoxazole-Trimethoprim Oral Suspension	200-40 mg/5ml	Bactrim	PREFERRED GENERIC	
Sulfamethoxazole-Trimethoprim Oral Tablet	400-80 mg, 800-160 mg	Bactrim ,Bactrim DS	PREFERRED GENERIC	
Lincosamides (Lincosamidas)				
Clindamycin Hcl Oral Capsule	150 mg, 300 mg, 75 mg	Cleocin	PREFERRED GENERIC	
Clindamycin Palmitate Hcl Oral Solution Reconstituted	75 mg/5ml	Cleocin	PREFERRED GENERIC	
Monobactams (Monobactams)				
Cayston Inhalation Solution Reconstituted	75 mg	Cayston	PREFERRED SPECIALTY	
Polymyxins (Polimixinas)				
Colistimethate Sodium (Cba) Injection Solution Reconstituted	150 mg	Coly-Mycin M	PREFERRED SPECIALTY	
Urinary Anti-Infectives (Antinfectivos Urinarios)				
Methenamine Mandelate Oral Tablet	1 gm	Methenamine Mandelate	PREFERRED GENERIC	
Nitrofurantoin Macrocrystal Oral Capsule	100 mg, 50 mg	Macrochantin	PREFERRED GENERIC	
Nitrofurantoin Monohyd Macro Oral Capsule	100 mg	Macrobid	PREFERRED GENERIC	
Antianginal Agents (Agentes Antianginales)				
Nitrates (Nitratos)				
Isosorbide Dinitrate Oral Tablet	10 mg, 20 mg, 30 mg, 5 mg	I.S.D. ,Isordil Titradose	PREFERRED GENERIC	
Isosorbide Mononitrate Er Oral Tablet Extended Release 24 Hour	120 mg, 30 mg, 60 mg	Imdur	PREFERRED GENERIC	
Isosorbide Mononitrate Oral Tablet	10 mg, 20 mg	Ismo ,Monoket	PREFERRED GENERIC	
Nitroglycerin Transdermal Patch 24 Hour	0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Deponit ,Minitran	PREFERRED GENERIC	
Antianxiety Agents (Agentes Contra La Ansiedad)				
Antianxiety Agents - Misc. (Agentes Contra La Ansiedad - Misc.)				
Bupirone Hcl Oral Tablet	10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	BuSpar ,Vanspar	PREFERRED GENERIC	
Hydroxyzine Hcl Oral Tablet	10 mg, 25 mg, 50 mg	Atarax	PREFERRED GENERIC	
Hydroxyzine Pamoate Oral Capsule	25 mg, 50 mg	Hy-Pam	PREFERRED GENERIC	
Benzodiazepines (Benzodiazepinas)				
Alprazolam Er Oral Tablet Extended Release 24 Hour	2 mg	Xanax XR	PREFERRED GENERIC	QL(150 in 30 Days)
Alprazolam Er Oral Tablet Extended Release 24 Hour	0.5 mg	Xanax XR	PREFERRED GENERIC	QL(30 in 30 Days)
Alprazolam Oral Tablet	0.25 mg, 0.5 mg, 1 mg	Xanax	PREFERRED GENERIC	QL(120 in 30 Days)
Alprazolam Oral Tablet	2 mg	Xanax	PREFERRED GENERIC	QL(150 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Chlordiazepoxide Hcl Oral Capsule	10 mg, 25 mg, 5 mg	H-Tran	PREFERRED GENERIC	
Clorazepate Dipotassium Oral Tablet	15 mg, 7.5 mg	Gen-XENE	PREFERRED GENERIC	QL(180 in 30 Days)
Diazepam Oral Tablet	10 mg, 2 mg, 5 mg	Di Tran	PREFERRED GENERIC	QL(120 in 30 Days)
Lorazepam Oral Concentrate	2 mg/ml	LORazepam Intensol	PREFERRED GENERIC	QL(150 in 30 Days)
Lorazepam Oral Tablet	0.5 mg, 1 mg	Ativan	PREFERRED GENERIC	QL(120 in 30 Days)
Lorazepam Oral Tablet	2 mg	Ativan	PREFERRED GENERIC	QL(150 in 30 Days)
Oxazepam Oral Capsule	10 mg, 15 mg, 30 mg	Serax	PREFERRED GENERIC	QL(120 in 30 Days)
Antiarrhythmics (Antiarrítmicos)				
<i>Antiarrhythmics Type I-A (Antiarrítmicos Tipo I-A)</i>				
Disopyramide Phosphate Oral Capsule	150 mg	Norpace	PREFERRED GENERIC	
<i>Antiarrhythmics Type I-B (Antiarrítmicos Tipo I-B)</i>				
Mexiletine Hcl Oral Capsule	200 mg, 250 mg	Mexitil	PREFERRED GENERIC	
<i>Antiarrhythmics Type I-C (Antiarrítmicos Tipo I-C)</i>				
Flecainide Acetate Oral Tablet	100 mg, 150 mg, 50 mg	Tambocor	PREFERRED GENERIC	
Propafenone Hcl Oral Tablet	150 mg, 225 mg, 300 mg	Rythmol	PREFERRED GENERIC	
<i>Antiarrhythmics Type Iii (Antiarrítmicos Tipo Iii)</i>				
Amiodarone Hcl Oral Tablet	200 mg, 400 mg	Cordarone ,Pacerone	PREFERRED GENERIC	
Antiasthmatic And Bronchodilator Agents (Agentes Antiasmáticos Y Broncodilatadores)				
<i>Antiasthmatic - Monoclonal Antibodies (Anticuerpos Antiasmáticos Monoclonales)</i>				
Fasenra Pen Subcutaneous Solution Auto-Injector	30 mg/ml	Fasenra Pen	PREFERRED SPECIALTY	QL(1 in 56 Days) , PA
Nucala Subcutaneous Solution Auto-Injector	100 mg/ml	Nucala	PREFERRED SPECIALTY	QL(3 in 28 Days) , PA
Nucala Subcutaneous Solution Prefilled Syringe	40 mg/0.4ml	Nucala	PREFERRED SPECIALTY	QL(0.400 in 28 Days) , PA
Nucala Subcutaneous Solution Prefilled Syringe	100 mg/ml	Nucala	PREFERRED SPECIALTY	QL(3 in 28 Days) , PA
<i>Bronchodilators - Anticholinergics (Broncodilatadores - Anticolinérgicos)</i>				
Incruse Ellipta Inhalation Aerosol Powder Breath Activated	62.5 mcg/act	Incruse Ellipta	PREFERRED BRAND	QL(30 in 30 Days)
Ipratropium Bromide Inhalation Solution	0.02 %	Atrovent	PREFERRED GENERIC	QL(312.500 in 30 Days)
Spiriva Respimat Inhalation Aerosol Solution	1.25 mcg/act, 2.5 mcg/act	Spiriva Respimat	PREFERRED BRAND	QL(4 in 30 Days)
<i>Leukotriene Modulators (Moduladores Leucotrienos)</i>				
Montelukast Sodium Oral Tablet	10 mg	Singulair	PREFERRED GENERIC	QL(30 in 30 Days)
Montelukast Sodium Oral Tablet Chewable	4 mg, 5 mg	Singulair	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Zafirlukast Oral Tablet	20 mg	Accolate	PREFERRED GENERIC	QL(60 in 30 Days)
<i>Steroid Inhalants (Inhalantes Esteroidales)</i>				
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated	100 mcg/act, 200 mcg/act, 50 mcg/act	Arnuity Ellipta	PREFERRED BRAND	QL(30 in 30 Days) , ST
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated	220 mcg/act	Asmanex (30 Metered Doses)	PREFERRED BRAND	QL(1 in 30 Days)
Asmanex (14 Metered Doses) Inhalation Aerosol Powder Breath Activated	220 mcg/act	Asmanex (30 Metered Doses)	PREFERRED BRAND	QL(1 in 30 Days)
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated	110 mcg/act, 220 mcg/act	Asmanex (30 Metered Doses)	PREFERRED BRAND	QL(1 in 30 Days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated	220 mcg/act	Asmanex (30 Metered Doses)	PREFERRED BRAND	QL(1 in 30 Days)
Asmanex Hfa Inhalation Aerosol	100 mcg/act, 200 mcg/act, 50 mcg/act	Asmanex HFA	PREFERRED BRAND	QL(13 in 30 Days)
Pulmicort Flexhaler Inhalation Aerosol Powder Breath Activated	180 mcg/act, 90 mcg/act	Pulmicort Flexhaler	PREFERRED BRAND	QL(2 in 30 Days) , ST
Qvar_redihaler Inhalation Aerosol Breath Activated	40 mcg/act	Qvar RediHaler	PREFERRED BRAND	QL(10.600 in 30 Days)
Qvar_redihaler Inhalation Aerosol Breath Activated	80 mcg/act	Qvar RediHaler	PREFERRED BRAND	QL(21.200 in 30 Days)
<i>Sympathomimetics (Simpatomimeticos)</i>				
Advair Hfa Inhalation Aerosol	115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Advair HFA	PREFERRED BRAND	QL(12 in 30 Days)
Albuterol Sulfate Inhalation Nebulization Solution	(2.5 mg/3ml) 0.083%	Airet	PREFERRED GENERIC	QL(525 in 30 Days)
Albuterol Sulfate Oral Syrup	2 mg/5ml	Proventil	PREFERRED GENERIC	
Albuterol Sulfate Oral Tablet	2 mg, 4 mg	Proventil	PREFERRED GENERIC	
Anoro_ellipta Inhalation Aerosol Powder Breath Activated	62.5-25 mcg/act	Anoro Ellipta	PREFERRED BRAND	QL(60 in 30 Days)
Breo_ellipta Inhalation Aerosol Powder Breath Activated	100-25 mcg/act, 200-25 mcg/act, 50-25 mcg/inh	Breo Ellipta	PREFERRED BRAND	QL(60 in 30 Days)
Breztri Aerosphere Inhalation Aerosol	160-9-4.8 mcg/act	Breztri Aerosphere	PREFERRED BRAND	QL(10.700 in 30 Days)
Combivent Respimat Inhalation Aerosol Solution	20-100 mcg/act	Combivent Respimat	PREFERRED BRAND	QL(8 in 30 Days)
Dulera Inhalation Aerosol	100-5 mcg/act, 200-5 mcg/act, 50-5 mcg/act	Dulera	PREFERRED BRAND	QL(13 in 30 Days)
Ipratropium-Albuterol Inhalation Solution	0.5-2.5 (3) mg/3ml	DuoNeb	PREFERRED GENERIC	QL(540 in 30 Days)
Levalbuterol Hcl Inhalation Nebulization Solution	1.25 mg/3ml	Xopenex	PREFERRED GENERIC	QL(270 in 30 Days)
Levalbuterol Hcl Inhalation Nebulization Solution	0.31 mg/3ml, 0.63 mg/3ml	Xopenex	PREFERRED GENERIC	QL(540 in 30 Days)
Serevent Diskus Inhalation Aerosol Powder Breath Activated	50 mcg/act	Serevent Diskus	PREFERRED BRAND	QL(60 in 30 Days)
Stiolto Respimat Inhalation Aerosol Solution	2.5-2.5 mcg/act	Stiolto Respimat	PREFERRED BRAND	QL(4 in 30 Days)
Striverdi Respimat Inhalation Aerosol Solution	2.5 mcg/act	Striverdi Respimat	PREFERRED BRAND	QL(60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Terbutaline Sulfate Oral Tablet	2.5 mg, 5 mg	Brethine	PREFERRED GENERIC	
Ventolin Hfa Inhalation Aerosol Solution	108 (90 base) mcg/act	Proventil HFA	PREFERRED BRAND	QL(36 in 30 Days)
<i>Xanthines (Xantinas)</i>				
Theophylline Er Oral Tablet Extended Release 24 Hour	400 mg	Uniphyll	PREFERRED GENERIC	
Anticoagulants (Anticoagulantes)				
<i>Coumarin Anticoagulants (Anticoagulantes De Cumarina)</i>				
Warfarin Sodium Oral Tablet	1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Coumadin	PREFERRED GENERIC	
<i>Direct Factor Xa Inhibitors (Inhibidores De Factor Directo Xa)</i>				
Eliquis Dvt/Pe Starter Pack Oral Tablet Therapy Pack	5 mg	Eliquis DVT/PE Starter Pack	PREFERRED BRAND	QL(74 in 30 Days)
Eliquis Oral Tablet	2.5 mg, 5 mg	Eliquis	PREFERRED BRAND	QL(60 in 30 Days)
Xarelto Oral Tablet	10 mg, 20 mg	Xarelto	PREFERRED BRAND	QL(30 in 30 Days)
Xarelto Oral Tablet	15 mg	Xarelto	PREFERRED BRAND	QL(60 in 30 Days)
Xarelto Oral Tablet	2.5 mg	Xarelto	PREFERRED BRAND	QL(60 in 30 Days) , PA
Xarelto Starter Pack Oral Tablet Therapy Pack	15 & 20 mg	Xarelto Starter Pack	PREFERRED BRAND	QL(51 in 30 Days)
<i>Heparins And Heparinoid-Like Agents (Heparinas Y Agentes Similares A Heparinoides)</i>				
Enoxaparin Sodium Injection Solution	300 mg/3ml	Lovenox	PREFERRED SPECIALTY	QL(105 in 90 Days) , PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	120 mg/0.8ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(24 in 30 Days) , PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	100 mg/ml, 150 mg/ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	30 mg/0.3ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(9 in 30 Days) , PA
Enoxaparin Sodium Injection Solution Prefilled Syringe	40 mg/0.4ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(12 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	60 mg/0.6ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(18 in 30 Days)
Enoxaparin Sodium Injection Solution Prefilled Syringe	80 mg/0.8ml	Enoxaparin Sodium	PREFERRED SPECIALTY	QL(24 in 30 Days)
Fondaparinux Sodium Subcutaneous Solution	10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Arixtra	PREFERRED SPECIALTY	QL(14 in 30 Days)
Fondaparinux Sodium Subcutaneous Solution	2.5 mg/0.5ml	Arixtra	PREFERRED SPECIALTY	QL(24 in 30 Days)
Fragmin Subcutaneous Solution	10000 unit/4ml, 95000 unit/3.8ml	Fragmin	PREFERRED SPECIALTY	
Fragmin Subcutaneous Solution Prefilled Syringe	10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml, 2500 unit/0.2ml, 5000	Fragmin	PREFERRED SPECIALTY	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
	unit/0.2ml, 7500 unit/0.3ml			
<i>In Vitro/Lock Anticoagulants (Anticoagulantes In Vitro / Lock)</i>				
Acd_formula A In Vitro Solution	0.73-2.45-2.2 gm/100ml	ACD Formula A	PREFERRED BRAND	
Acd-A_noclot-50 In Vitro Solution	0.73-2.45-2.2 gm/100ml	ACD Formula A	PREFERRED BRAND	
Tricitrasol In Vitro Concentrate	46.7 %	TriCitrasol	PREFERRED BRAND	
Anticonvulsants (Anticonvulsivos)				
<i>Ampa Glutamate Receptor Antagonists (Antagonistas Del Receptor Ampa Glutamato)</i>				
Fycompa Oral Suspension	0.5 mg/ml	Fycompa	PREFERRED BRAND	
Fycompa Oral Tablet	10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Fycompa	PREFERRED BRAND	
<i>Anticonvulsants - Benzodiazepines (Anticonvulsivos - Benzodiacepinas)</i>				
Clonazepam Oral Tablet	2 mg	KlonoPIN	PREFERRED GENERIC	QL(300 in 30 Days)
Clonazepam Oral Tablet	0.5 mg, 1 mg	KlonoPIN	PREFERRED GENERIC	QL(90 in 30 Days)
<i>Anticonvulsants - Misc. (Anticonvulsivos - Misc.)</i>				
Carbamazepine Oral Suspension	100 mg/5ml	TEGretol	PREFERRED GENERIC	
Carbamazepine Oral Tablet	200 mg	Epitol	PREFERRED GENERIC	
Carbamazepine Oral Tablet Chewable	100 mg	TEGretol	PREFERRED GENERIC	
Epidiolex Oral Solution	100 mg/ml	Epidiolex	PREFERRED SPECIALTY	PA
Gabapentin Oral Capsule	400 mg	Neurontin	PREFERRED GENERIC	QL(270 in 30 Days)
Gabapentin Oral Capsule	100 mg, 300 mg	Neurontin	PREFERRED GENERIC	QL(300 in 30 Days)
Gabapentin Oral Solution	250 mg/5ml	Neurontin	PREFERRED GENERIC	QL(2160 in 30 Days)
Gabapentin Oral Tablet	800 mg	Neurontin	PREFERRED GENERIC	QL(120 in 30 Days)
Gabapentin Oral Tablet	600 mg	Neurontin	PREFERRED GENERIC	QL(180 in 30 Days)
Lamotrigine Oral Tablet	100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	PREFERRED GENERIC	
Lamotrigine Oral Tablet Chewable	25 mg, 5 mg	LaMICtal	PREFERRED GENERIC	
Levetiracetam Er Oral Tablet Extended Release 24 Hour	750 mg	Keppra XR	PREFERRED GENERIC	QL(120 in 30 Days)
Levetiracetam Er Oral Tablet Extended Release 24 Hour	500 mg	Keppra XR	PREFERRED GENERIC	QL(180 in 30 Days)
Levetiracetam Oral Solution	100 mg/ml	Keppra	PREFERRED GENERIC	
Levetiracetam Oral Tablet	1000 mg, 250 mg, 500 mg, 750 mg	Keppra	PREFERRED GENERIC	
Oxcarbazepine Oral Tablet	150 mg, 300 mg, 600 mg	Trileptal	PREFERRED GENERIC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Pregabalin Oral Capsule	225 mg, 25 mg, 300 mg	Lyrica	PREFERRED GENERIC	QL(60 in 30 Days)
Pregabalin Oral Capsule	100 mg, 200 mg, 50 mg	Lyrica	PREFERRED GENERIC	QL(90 in 30 Days)
Primidone Oral Tablet	250 mg, 50 mg	Mysoline	PREFERRED GENERIC	
Topiramate Oral Capsule Sprinkle	15 mg, 25 mg	Topamax	PREFERRED GENERIC	
Topiramate Oral Tablet	100 mg, 200 mg, 25 mg, 50 mg	Topamax	PREFERRED GENERIC	
Zonisamide Oral Capsule	100 mg, 25 mg, 50 mg	Zonegran	PREFERRED GENERIC	
Carbamates (Carbamatos)				
Felbamate Oral Suspension	600 mg/5ml	Felbatol	PREFERRED GENERIC	
Gaba Modulators (Moduladores Gaba)				
Vigabatrin Oral Packet	500 mg	Sabril	PREFERRED SPECIALTY	QL(180 in 30 Days)
Vigabatrin Oral Tablet	500 mg	Sabril	PREFERRED SPECIALTY	
Vigadrone Oral Packet	500 mg	Sabril	PREFERRED SPECIALTY	QL(180 in 30 Days)
Hydantoins (Hidantoinas)				
Dilantin Oral Capsule	30 mg	Dilantin	PREFERRED BRAND	
Phenytoin Oral Suspension	125 mg/5ml	Dilantin	PREFERRED GENERIC	
Phenytoin Sodium Extended Oral Capsule	100 mg	Dilantin	PREFERRED GENERIC	
Succinimides (Succinimidias)				
Ethosuximide Oral Capsule	250 mg	Zarontin	PREFERRED GENERIC	
Valproic Acid (Acido Valproico)				
Divalproex Sodium Er Oral Tablet Extended Release 24 Hour	250 mg, 500 mg	Depakote ER	PREFERRED GENERIC	
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	125 mg	Depakote Sprinkles	PREFERRED GENERIC	
Divalproex Sodium Oral Tablet Delayed Release	125 mg, 250 mg, 500 mg	Depakote	PREFERRED GENERIC	
Valproic Acid Oral Capsule	250 mg	Depakene	PREFERRED GENERIC	
Valproic Acid Oral Solution	250 mg/5ml	Depakene	PREFERRED GENERIC	
Antidepressants (Antidepresivos)				
Alpha-2 Receptor Antagonists (Tetracyclics) (Antagonistas De Receptores Alfa-2 (Tetraciclicos))				
Mirtazapine Oral Tablet	15 mg, 30 mg, 45 mg, 7.5 mg	Mirtazapine ,Remeron	PREFERRED GENERIC	QL(30 in 30 Days)
Mirtazapine Oral Tablet Disintegrating	15 mg, 30 mg, 45 mg	Remeron SolTab	PREFERRED GENERIC	QL(30 in 30 Days)
Antidepressants - Misc. (Antidepresivos - Misc.)				
Bupropion Hcl Er (Sr) Oral Tablet Extended Release 12 Hour	100 mg, 150 mg, 200 mg	Wellbutrin SR	PREFERRED GENERIC	QL(60 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Bupropion Hcl Er (XI) Oral Tablet Extended Release 24 Hour	150 mg, 300 mg	Wellbutrin XL	PREFERRED GENERIC	QL(30 in 30 Days)
Bupropion Hcl Oral Tablet	75 mg	Wellbutrin	PREFERRED GENERIC	QL(180 in 30 Days)
Bupropion Hcl Oral Tablet	100 mg	Wellbutrin	PREFERRED GENERIC	QL(90 in 30 Days)
Selective Serotonin Reuptake Inhibitors (Ssrís) (Inhibidores Selectivos De La Recaptación De Serotonina (Ssrís))				
Citalopram Hydrobromide Oral Solution	10 mg/5ml	CeleXA	PREFERRED GENERIC	QL(600 in 30 Days)
Citalopram Hydrobromide Oral Tablet	10 mg, 20 mg, 40 mg	CeleXA	PREFERRED GENERIC	QL(30 in 30 Days)
Escitalopram Oxalate Oral Solution	5 mg/5ml	Lexapro	PREFERRED GENERIC	QL(600 in 30 Days)
Escitalopram Oxalate Oral Tablet	10 mg, 20 mg, 5 mg	Lexapro	PREFERRED GENERIC	QL(30 in 30 Days)
Fluoxetine Hcl Oral Capsule	10 mg, 20 mg	PROzac	PREFERRED GENERIC	QL(30 in 30 Days)
Fluoxetine Hcl Oral Capsule	40 mg	PROzac	PREFERRED GENERIC	QL(60 in 30 Days)
Fluoxetine Hcl Oral Solution	20 mg/5ml	PROzac	PREFERRED GENERIC	QL(600 in 30 Days)
Fluoxetine Hcl Oral Tablet	10 mg	PROzac	PREFERRED GENERIC	QL(30 in 30 Days)
Fluvoxamine Maleate Oral Tablet	25 mg, 50 mg	Luvox	PREFERRED GENERIC	QL(60 in 30 Days)
Fluvoxamine Maleate Oral Tablet	100 mg	Luvox	PREFERRED GENERIC	QL(90 in 30 Days)
Paroxetine Hcl Oral Tablet	10 mg, 20 mg, 40 mg	Paxil	PREFERRED GENERIC	QL(30 in 30 Days)
Paroxetine Hcl Oral Tablet	30 mg	Paxil	PREFERRED GENERIC	QL(60 in 30 Days)
Sertraline Hcl Oral Concentrate	20 mg/ml	Zoloft	PREFERRED GENERIC	QL(300 in 30 Days)
Sertraline Hcl Oral Tablet	25 mg, 50 mg	Zoloft	PREFERRED GENERIC	QL(45 in 30 Days)
Sertraline Hcl Oral Tablet	100 mg	Zoloft	PREFERRED GENERIC	QL(60 in 30 Days)
Serotonin Modulators (Moduladores De Serotonina)				
Trazodone Hcl Oral Tablet	100 mg, 50 mg	Desyrel	PREFERRED GENERIC	QL(60 in 30 Days)
Trazodone Hcl Oral Tablet	150 mg	Desyrel	PREFERRED GENERIC	QL(90 in 30 Days)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris) (Inhibidores De La Recaptación De Serotonina Y Norepinefrina (Snris))				
Duloxetine Hcl Oral Capsule Delayed Release Particles	20 mg, 30 mg	Cymbalta	PREFERRED GENERIC	QL(30 in 30 Days)
Duloxetine Hcl Oral Capsule Delayed Release Particles	60 mg	Cymbalta	PREFERRED GENERIC	QL(60 in 30 Days)
Fetzima Oral Capsule Extended Release 24 Hour	120 mg, 20 mg, 40 mg, 80 mg	Fetzima	PREFERRED BRAND	QL(30 in 30 Days) , ST
Fetzima Titration Oral Capsule Er 24 Hour Therapy Pack	20 & 40 mg	Fetzima Titration	PREFERRED BRAND	QL(1 in 28 Days)
Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour	150 mg, 37.5 mg	Effexor XR	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour	75 mg	Effexor XR	PREFERRED GENERIC	QL(90 in 30 Days)
Venlafaxine Hcl Oral Tablet	100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Effexor	PREFERRED GENERIC	QL(60 in 30 Days)
Tricyclic Agents (Agentes Triciclicos)				
Amitriptyline Hcl Oral Tablet	10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Elavil	PREFERRED GENERIC	
Amoxapine Oral Tablet	100 mg, 150 mg, 25 mg, 50 mg	Amoxapine ,Asendin	PREFERRED GENERIC	
Clomipramine Hcl Oral Capsule	25 mg, 50 mg, 75 mg	Anafranil	PREFERRED GENERIC	
Desipramine Hcl Oral Tablet	10 mg, 25 mg, 50 mg, 75 mg	Norpramin	PREFERRED GENERIC	
Doxepin Hcl Oral Capsule	10 mg, 100 mg, 150 mg, 50 mg, 75 mg	Adapin ,SINEquan	PREFERRED GENERIC	
Doxepin Hcl Oral Concentrate	10 mg/ml	SINEquan	PREFERRED GENERIC	
Imipramine Hcl Oral Tablet	10 mg, 25 mg, 50 mg	Tofranil	PREFERRED GENERIC	
Nortriptyline Hcl Oral Capsule	10 mg, 25 mg, 50 mg, 75 mg	Aventyl ,Pamelor	PREFERRED GENERIC	
Nortriptyline Hcl Oral Solution	10 mg/5ml	Aventyl	PREFERRED GENERIC	
Antidiabetics (Antidiabeticos)				
Alpha-Glucosidase Inhibitors (Inhibidores De Alfa-Glucosidasa)				
Acarbose Oral Tablet	100 mg, 25 mg, 50 mg	Precose	PREFERRED GENERIC	QL(90 in 30 Days)
Antidiabetic - Amylin Analogs (Antidiabeticos - Analogos De Amilina)				
Symlinpen 120 Subcutaneous Solution Pen-Injector	2700 mcg/2.7ml	SymlinPen 120	PREFERRED BRAND	QL(10.800 in 30 Days) , ST
Symlinpen 60 Subcutaneous Solution Pen-Injector	1500 mcg/1.5ml	SymlinPen 60	PREFERRED BRAND	QL(6 in 30 Days) , ST
Antidiabetic Combinations (Combinaciones Contra La Diabetes)				
Glipizide-Metformin Hcl Oral Tablet	2.5-250 mg, 2.5-500 mg, 5-500 mg	Metaglip	PREFERRED GENERIC	QL(120 in 30 Days)
Glyburide-Metformin Oral Tablet	2.5-500 mg, 5-500 mg	Glucovance	PREFERRED GENERIC	QL(120 in 30 Days)
Glyburide-Metformin Oral Tablet	1.25-250 mg	Glucovance	PREFERRED GENERIC	QL(240 in 30 Days)
Glyxambi Oral Tablet	10-5 mg, 25-5 mg	Glyxambi	PREFERRED BRAND	QL(30 in 30 Days) , ST
Invokamet Oral Tablet	150-1000 mg, 150-500 mg, 50-1000 mg, 50-500 mg	Invokamet	PREFERRED BRAND	QL(60 in 30 Days) , ST , PA
Invokamet Xr Oral Tablet Extended Release 24 Hour	150-1000 mg, 150-500 mg, 50-1000 mg, 50-500 mg	Invokamet XR	PREFERRED BRAND	QL(60 in 30 Days) , ST , PA
Janumet Oral Tablet	50-1000 mg, 50-500 mg	Janumet	PREFERRED BRAND	QL(60 in 30 Days) , ST
Janumet Xr Oral Tablet Extended Release 24 Hour	100-1000 mg	Janumet XR	PREFERRED BRAND	QL(30 in 30 Days) , ST

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Janumet Xr Oral Tablet Extended Release 24 Hour	50-1000 mg, 50-500 mg	Janumet XR	PREFERRED BRAND	QL(60 in 30 Days) , ST
Jentadueto Oral Tablet	2.5-1000 mg, 2.5-500 mg, 2.5-850 mg	Jentadueto	PREFERRED BRAND	QL(60 in 30 Days) , ST
Jentadueto Xr Oral Tablet Extended Release 24 Hour	5-1000 mg	Jentadueto XR	PREFERRED BRAND	QL(30 in 30 Days) , ST
Jentadueto Xr Oral Tablet Extended Release 24 Hour	2.5-1000 mg	Jentadueto XR	PREFERRED BRAND	QL(60 in 30 Days) , ST
Pioglitazone Hcl-Metformin Hcl Oral Tablet	15-500 mg, 15-850 mg	Actoplus Met	PREFERRED GENERIC	QL(90 in 30 Days)
Segluromet Oral Tablet	2.5-1000 mg, 2.5-500 mg, 7.5-1000 mg, 7.5-500 mg	Segluromet	PREFERRED BRAND	QL(60 in 30 Days) , ST
Soliqua Subcutaneous Solution Pen-Injector	100-33 unt-mcg/ml	Soliqua	PREFERRED BRAND	QL(18 in 30 Days) , PA
Synjardy Oral Tablet	12.5-1000 mg, 12.5-500 mg, 5-1000 mg, 5-500 mg	Synjardy	PREFERRED BRAND	QL(60 in 30 Days) , ST
Synjardy Xr Oral Tablet Extended Release 24 Hour	25-1000 mg	Synjardy XR	PREFERRED BRAND	QL(30 in 30 Days) , ST
Synjardy Xr Oral Tablet Extended Release 24 Hour	10-1000 mg, 12.5-1000 mg, 5-1000 mg	Synjardy XR	PREFERRED BRAND	QL(60 in 30 Days) , ST
Trijardy Xr Oral Tablet Extended Release 24 Hour	10-5-1000 mg, 25-5-1000 mg	Trijardy XR	PREFERRED BRAND	QL(30 in 30 Days) , ST
Trijardy Xr Oral Tablet Extended Release 24 Hour	12.5-2.5-1000 mg, 5-2.5-1000 mg	Trijardy XR	PREFERRED BRAND	QL(60 in 30 Days) , ST
Xigduo Xr Oral Tablet Extended Release 24 Hour	10-1000 mg, 10-500 mg, 5-500 mg	Xigduo XR	PREFERRED BRAND	QL(30 in 30 Days) , ST
Xigduo Xr Oral Tablet Extended Release 24 Hour	2.5-1000 mg, 5-1000 mg	Xigduo XR	PREFERRED BRAND	QL(60 in 30 Days) , ST
Biguanides (Biguanidas)				
Metformin Hcl Er Oral Tablet Extended Release 24 Hour	500 mg	Glucophage XR	PREFERRED GENERIC	QL(120 in 30 Days)
Metformin Hcl Er Oral Tablet Extended Release 24 Hour	750 mg	Glucophage XR	PREFERRED GENERIC	QL(60 in 30 Days)
Metformin Hcl Oral Tablet	500 mg	Glucophage	PREFERRED GENERIC	QL(120 in 30 Days)
Metformin Hcl Oral Tablet	1000 mg	Glucophage	PREFERRED GENERIC	QL(60 in 30 Days)
Metformin Hcl Oral Tablet	850 mg	Glucophage	PREFERRED GENERIC	QL(90 in 30 Days)
Diabetic Other (Diabetes - Otros)				
Baqsimi One Pack Nasal Powder	3 mg/dose	Baqsimi One Pack	PREFERRED BRAND	
Baqsimi Two Pack Nasal Powder	3 mg/dose	Baqsimi One Pack	PREFERRED BRAND	
Mifepristone Oral Tablet	300 mg	Korlym	PREFERRED SPECIALTY	QL(120 in 30 Days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors (Inhibidores De Dipeptidil Peptidasa-4 (Dpp-4))				
Januvia Oral Tablet	100 mg, 25 mg, 50 mg	Januvia	PREFERRED BRAND	QL(30 in 30 Days) , ST
Tradjenta Oral Tablet	5 mg	Tradjenta	PREFERRED BRAND	QL(30 in 30 Days) , ST
Incretin Mimetic Agents (Agentes Miméticos De Incretina (Agonistas Del Receptor Glp-1))				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Bydureon Bcise Subcutaneous Auto-Injector	2 mg/0.85ml	Bydureon BCise	PREFERRED BRAND	QL(3.400 in 28 Days) , ST
Byetta 10 Mcg Pen Subcutaneous Solution Pen-Injector	10 mcg/0.04ml	Byetta 10 MCG Pen	PREFERRED BRAND	QL(2.400 in 30 Days) , ST
Byetta 5 Mcg Pen Subcutaneous Solution Pen-Injector	5 mcg/0.02ml	Byetta 5 MCG Pen	PREFERRED BRAND	QL(1.200 in 30 Days) , ST
Mounjaro Subcutaneous Solution Pen-Injector	10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml, 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml	Mounjaro	PREFERRED BRAND	QL(4 in 28 Days) , PA
Ozempic (0.25 Or 0.5 Mg/Dose) Subcutaneous Solution Pen-Injector	2 mg/3ml	Ozempic (0.25 or 0.5 MG/DOSE)	PREFERRED BRAND	QL(3 in 28 Days) , PA
Ozempic (1 Mg/Dose) Subcutaneous Solution Pen-Injector	4 mg/3ml	Ozempic (1 MG/DOSE)	PREFERRED BRAND	QL(3 in 28 Days) , PA
Ozempic (2 Mg/Dose) Subcutaneous Solution Pen-Injector	8 mg/3ml	Ozempic (2 MG/DOSE)	PREFERRED BRAND	QL(3 in 28 Days) , PA
Rybelsus Oral Tablet	14 mg, 3 mg, 7 mg	Rybelsus	PREFERRED BRAND	QL(30 in 30 Days) , PA
Trulicity Subcutaneous Solution Pen-Injector	0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	Trulicity	PREFERRED BRAND	QL(2 in 28 Days) , PA
Victoza Subcutaneous Solution Pen-Injector	18 mg/3ml	Victoza	PREFERRED BRAND	QL(9 in 30 Days) , PA
Insulin (Insulina)				
Humalog Injection Solution	100 unit/ml	HumaLOG	PREFERRED BRAND	QL(30 in 30 Days)
Humalog Mix 50/50 Subcutaneous Suspension	(50-50) 100 unit/ml	HumaLOG Mix 50/50	PREFERRED BRAND	QL(30 in 30 Days)
Humalog Mix 75/25 Subcutaneous Suspension	(75-25) 100 unit/ml	HumaLOG Pen	PREFERRED BRAND	QL(30 in 30 Days)
Humalog Subcutaneous Solution Cartridge	100 unit/ml	HumaLOG	PREFERRED BRAND	QL(30 in 30 Days)
Humulin 70/30 Subcutaneous Suspension	(70-30) 100 unit/ml	HumuLIN 70/30	PREFERRED BRAND	QL(30 in 30 Days)
Humulin N Subcutaneous Suspension	100 unit/ml	HumuLIN N	PREFERRED BRAND	QL(30 in 30 Days)
Humulin R Injection Solution	100 unit/ml	HumuLIN R	PREFERRED BRAND	QL(30 in 30 Days)
Humulin R U-500 (Concentrated) Subcutaneous Solution	500 unit/ml	HumuLIN R U-500 (CONCENTRATED)	PREFERRED BRAND	QL(30 in 30 Days) , PA
Insulin Lispro Injection Solution	100 unit/ml	Insulin Lispro	PREFERRED GENERIC	QL(30 in 30 Days)
Lantus Subcutaneous Solution	100 unit/ml	Lantus	PREFERRED BRAND	QL(30 in 30 Days)
Levemir Subcutaneous Solution	100 unit/ml	Levemir	PREFERRED BRAND	QL(30 in 30 Days) , ST
Rezvoglar Kwikpen Subcutaneous Solution Pen-Injector	100 unit/ml	Rezvoglar KwikPen	PREFERRED GENERIC	QL(30 in 30 Days)
Semglee (Yfgn) Subcutaneous Solution	100 unit/ml	Semglee (yfgn)	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Semglee (Yfgn) Subcutaneous Solution Pen-Injector	100 unit/ml	Semglee (yfgn)	PREFERRED GENERIC	QL(30 in 30 Days)
Insulin Sensitizing Agents (Agentes Sensibilizadores De Insulina)				
Pioglitazone Hcl Oral Tablet	15 mg, 30 mg, 45 mg	Actos	PREFERRED GENERIC	QL(30 in 30 Days)
Meglitinide Analogues (Analogos De Meglitinida)				
Nateglinide Oral Tablet	120 mg, 60 mg	Starlix	PREFERRED GENERIC	QL(90 in 30 Days)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors (Inhibidores De Sglt2)				
Farxiga Oral Tablet	10 mg, 5 mg	Farxiga	PREFERRED BRAND	QL(30 in 30 Days) , ST , PA
Invokana Oral Tablet	100 mg, 300 mg	Invokana	PREFERRED BRAND	QL(30 in 30 Days) , ST , PA
Jardiance Oral Tablet	10 mg, 25 mg	Jardiance	PREFERRED BRAND	QL(30 in 30 Days) , ST , PA
Steglatro Oral Tablet	15 mg, 5 mg	Steglatro	PREFERRED BRAND	QL(30 in 30 Days) , ST , PA
Sulfonylureas (Sulfonilureas)				
Glimepiride Oral Tablet	1 mg, 2 mg	Amaryl	PREFERRED GENERIC	QL(30 in 30 Days)
Glimepiride Oral Tablet	4 mg	Amaryl	PREFERRED GENERIC	QL(60 in 30 Days)
Glipizide Er Oral Tablet Extended Release 24 Hour	2.5 mg, 5 mg	Glucotrol XL	PREFERRED GENERIC	QL(30 in 30 Days)
Glipizide Er Oral Tablet Extended Release 24 Hour	10 mg	Glucotrol XL	PREFERRED GENERIC	QL(60 in 30 Days)
Glipizide Oral Tablet	10 mg, 5 mg	Glucotrol	PREFERRED GENERIC	QL(120 in 30 Days)
Glipizide XI Oral Tablet Extended Release 24 Hour	2.5 mg, 5 mg	Glucotrol XL	PREFERRED GENERIC	QL(30 in 30 Days)
Glipizide XI Oral Tablet Extended Release 24 Hour	10 mg	Glucotrol XL	PREFERRED GENERIC	QL(60 in 30 Days)
Glyburide Micronized Oral Tablet	1.5 mg, 3 mg	Glynase	PREFERRED GENERIC	QL(30 in 30 Days)
Glyburide Micronized Oral Tablet	6 mg	Glynase	PREFERRED GENERIC	QL(60 in 30 Days)
Glyburide Oral Tablet	5 mg	Diabeta	PREFERRED GENERIC	QL(120 in 30 Days)
Glyburide Oral Tablet	1.25 mg, 2.5 mg	Diabeta	PREFERRED GENERIC	QL(240 in 30 Days)
Antidiarrheal/Probiotic Agents (Agentes Antidiarreales / Probioticos)				
Antiperistaltic Agents (Agentes Antiperistalticos)				
Diphenoxylate-Atropine Oral Tablet	2.5-0.025 mg	Di-Atro	PREFERRED GENERIC	
Loperamide Hcl Oral Capsule	2 mg	Imodium	PREFERRED GENERIC	
Antidotes And Specific Antagonists (Antidotos Y Antagonistas Especificos)				
Antidotes - Chelating Agents (Antidotos - Agentes Quelantes)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Chemet Oral Capsule	100 mg	Chemet	PREFERRED BRAND	
Deferasirox Granules Oral Packet	180 mg, 360 mg, 90 mg	Jadenu Sprinkle	PREFERRED SPECIALTY	PA
Deferasirox Oral Packet	180 mg, 360 mg, 90 mg	Jadenu Sprinkle	PREFERRED SPECIALTY	PA
Deferasirox Oral Tablet	180 mg, 360 mg, 90 mg	Jadenu	PREFERRED SPECIALTY	PA
Deferasirox Oral Tablet Soluble	125 mg, 250 mg, 500 mg	Exjade	PREFERRED SPECIALTY	PA
Deferiprone Oral Tablet	1000 mg, 500 mg	Ferriprox	PREFERRED SPECIALTY	PA
Ferriprox Twice-A-Day Oral Tablet	1000 mg	Ferriprox Twice-A-Day	PREFERRED SPECIALTY	PA
Benzodiazepine Antagonists (Antagonistas De Benzodiazepina)				
Flumazenil Intravenous Solution	0.5 mg/5ml, 1 mg/10ml	Romazicon	PREFERRED GENERIC	
Opioid Antagonists (Antagonistas Opioides)				
Naltrexone Hcl Oral Tablet	50 mg	ReVia	PREFERRED GENERIC	
Vivitrol Intramuscular Suspension Reconstituted	380 mg	Vivitrol	PREFERRED SPECIALTY	
Antiemetics (Antiemeticos)				
5-Ht3 Receptor Antagonists (Antagonistas De Receptores 5-Ht3)				
Ondansetron Hcl Oral Solution	4 mg/5ml	Zofran	PREFERRED GENERIC	QL(450 in 30 Days)
Ondansetron Hcl Oral Tablet	4 mg	Zofran	PREFERRED GENERIC	QL(120 in 30 Days)
Ondansetron Hcl Oral Tablet	8 mg	Zofran	PREFERRED GENERIC	QL(60 in 30 Days)
Ondansetron Oral Tablet Disintegrating	4 mg	Zofran ODT	PREFERRED GENERIC	QL(120 in 30 Days)
Ondansetron Oral Tablet Disintegrating	8 mg	Zofran ODT	PREFERRED GENERIC	QL(60 in 30 Days)
Antiemetics - Anticholinergic (Antiemeticos - Anticolinergicos)				
Meclizine Hcl Oral Tablet	12.5 mg, 25 mg	Antivert	PREFERRED GENERIC	
Trimethobenzamide Hcl Oral Capsule	300 mg	Tigan	PREFERRED GENERIC	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists (Antagonistas Del Receptor De Nk1)				
Aprepitant Oral Capsule	40 mg	Emend	PREFERRED SPECIALTY	QL(1 in 30 Days)
Aprepitant Oral Capsule	125 mg	Emend	PREFERRED SPECIALTY	QL(4 in 30 Days)
Aprepitant Oral Capsule	80 mg	Emend	PREFERRED SPECIALTY	QL(8 in 30 Days)
Aprepitant Oral Capsule	80 & 125 mg	Emend Tri-fold	PREFERRED SPECIALTY	QL(3 in 15 Days)
Aprepitant Oral Miscellaneous	80 & 125 mg	Emend Tri-fold	PREFERRED SPECIALTY	QL(3 in 15 Days)
Antifungals (Antifungales)				
Antifungals (Antifungales)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Griseofulvin Microsize Oral Suspension	125 mg/5ml	Grifulvin V	PREFERRED GENERIC	
Nystatin Oral Tablet	500000 unit	Mycostatin	PREFERRED GENERIC	
Terbinafine Hcl Oral Tablet	250 mg	LamISIL	PREFERRED GENERIC	QL(84 in 168 Days)
Imidazole-Related Antifungals (Antifungales Relacionados Al Imidazole)				
Cresemba Oral Capsule	186 mg, 74.5 mg	Cresemba	PREFERRED BRAND	PA
Fluconazole Oral Suspension Reconstituted	10 mg/ml, 40 mg/ml	Diflucan	PREFERRED GENERIC	
Fluconazole Oral Tablet	100 mg, 150 mg, 200 mg, 50 mg	Diflucan	PREFERRED GENERIC	
Itraconazole Oral Capsule	100 mg	Sporanox	PREFERRED GENERIC	
Ketoconazole Oral Tablet	200 mg	Nizoral	PREFERRED GENERIC	PA
Noxafil Oral Packet	300 mg	Noxafil	PREFERRED BRAND	PA
Antihistamines (Antihistaminicos)				
Antihistamines - Ethanolamines (Antihistaminicos - Etanolaminas)				
Clemastine Fumarate Oral Tablet	2.68 mg	Tavist	PREFERRED GENERIC	
Antihistamines - Non-Sedating (Antihistaminicos - No Sedantes)				
Cetirizine Hcl Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	PREFERRED GENERIC	QL(300 in 30 Days)
Desloratadine Oral Tablet	5 mg	Clarinx	PREFERRED GENERIC	QL(30 in 30 Days)
Levocetirizine Dihydrochloride Oral Tablet	5 mg	Xyzal	PREFERRED GENERIC	QL(30 in 30 Days)
Antihistamines - Phenothiazines (Antihistaminicos - Fenotiazinas)				
Promethazine Hcl Injection Solution	25 mg/ml	Phenergan	PREFERRED GENERIC	
Promethazine Hcl Oral Tablet	12.5 mg, 25 mg, 50 mg	Phenergan	PREFERRED GENERIC	
Antihistamines - Piperidines (Antihistaminicos - Piperidinas)				
Cyproheptadine Hcl Oral Syrup	2 mg/5ml	Cyproheptadine HCl	PREFERRED GENERIC	
Cyproheptadine Hcl Oral Tablet	4 mg	Periactin	PREFERRED GENERIC	
Antihyperlipidemics (Antihiperlipidemicos)				
Antihyperlipidemics - Misc. (Antihiperlipidemicos - Misc.)				
Omega-3-Acid Ethyl Esters Oral Capsule	1 gm	Omacor	PREFERRED GENERIC	QL(120 in 30 Days)
Bile Acid Sequestrants (Secuestrantes Del Acido Biliar)				
Cholestyramine Light Oral Powder	4 gm/dose	LoCholest Light	PREFERRED GENERIC	
Cholestyramine Oral Powder	4 gm/dose	Questran	PREFERRED GENERIC	
Colestipol Hcl Oral Tablet	1 gm	Colestid	PREFERRED GENERIC	
Fibric Acid Derivatives (Derivados De Acido Fibrico)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Fenofibrate Micronized Oral Capsule	134 mg, 200 mg, 43 mg, 67 mg	Antara ,Tricor	PREFERRED GENERIC	QL(30 in 30 Days)
Fenofibrate Oral Tablet	145 mg, 48 mg, 54 mg	Tricor	PREFERRED GENERIC	QL(30 in 30 Days)
Gemfibrozil Oral Tablet	600 mg	Lopid	PREFERRED GENERIC	QL(60 in 30 Days)
Hmg Coa Reductase Inhibitors (Inhibidores De La Reductasa Hng Coa)				
Atorvastatin Calcium Oral Tablet	40 mg, 80 mg	Lipitor	PREFERRED GENERIC	QL(30 in 30 Days)
Atorvastatin Calcium Oral Tablet	10 mg, 20 mg	Lipitor	PREFERRED GENERIC	QL(30 in 30 Days) , *
Lovastatin Oral Tablet	10 mg, 20 mg	Mevacor	PREFERRED GENERIC	QL(30 in 30 Days) , *
Lovastatin Oral Tablet	40 mg	Mevacor	PREFERRED GENERIC	QL(60 in 30 Days) , *
Pravastatin Sodium Oral Tablet	10 mg, 20 mg, 40 mg, 80 mg	Pravachol	PREFERRED GENERIC	QL(30 in 30 Days) , *
Rosuvastatin Calcium Oral Tablet	20 mg, 40 mg	Crestor	PREFERRED GENERIC	QL(30 in 30 Days)
Rosuvastatin Calcium Oral Tablet	10 mg, 5 mg	Crestor	PREFERRED GENERIC	QL(30 in 30 Days) , *
Simvastatin Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Zocor	PREFERRED GENERIC	QL(30 in 30 Days) , *
Simvastatin Oral Tablet	80 mg	Zocor	PREFERRED GENERIC	QL(30 in 30 Days) , PA
Intestinal Cholesterol Absorption Inhibitors (Inhibidores De La Absorcion Intestinal Del Colesterol)				
Ezetimibe Oral Tablet	10 mg	Zetia	PREFERRED GENERIC	QL(30 in 30 Days)
Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors (Inhibidores De La Proteina De Transferencia Microsomal Triglicerida)				
Juxtapid Oral Capsule	10 mg, 5 mg	Juxtapid	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Juxtapid Oral Capsule	20 mg, 30 mg	Juxtapid	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors (Inhibidores De La Convertasa De Proproteina Sibtilisina/Kexina Tipo 9)				
Repatha Pushtronex System Subcutaneous Solution Cartridge	420 mg/3.5ml	Repatha Pushtronex System	PREFERRED SPECIALTY	QL(3.500 in 28 Days) , PA
Repatha Subcutaneous Solution Prefilled Syringe	140 mg/ml	Repatha	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Repatha Sureclick Subcutaneous Solution Auto-Injector	140 mg/ml	Repatha SureClick	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Antihypertensives (Antihipertensivos)				
Ace Inhibitors (Inhibidores Ace)				
Benazepril Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Lotensin	PREFERRED GENERIC	QL(60 in 30 Days)
Captopril Oral Tablet	100 mg, 12.5 mg, 25 mg, 50 mg	Capoten	PREFERRED GENERIC	QL(60 in 30 Days)
Enalapril Maleate Oral Tablet	10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	PREFERRED GENERIC	QL(60 in 30 Days)
Fosinopril Sodium Oral Tablet	10 mg, 20 mg, 40 mg	Monopril	PREFERRED GENERIC	QL(60 in 30 Days)
Lisinopril Oral Tablet	10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Prinivil ,Zestril	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Moexipril Hcl Oral Tablet	15 mg	Univasc	PREFERRED GENERIC	QL(120 in 30 Days)
Moexipril Hcl Oral Tablet	7.5 mg	Univasc	PREFERRED GENERIC	QL(60 in 30 Days)
Perindopril Erbumine Oral Tablet	2 mg, 4 mg, 8 mg	Aceon	PREFERRED GENERIC	QL(60 in 30 Days)
Quinapril Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Accupril	PREFERRED GENERIC	QL(60 in 30 Days)
Ramipril Oral Capsule	1.25 mg, 10 mg, 2.5 mg, 5 mg	Altace	PREFERRED GENERIC	QL(60 in 30 Days)
Trandolapril Oral Tablet	1 mg, 2 mg	Mavik	PREFERRED GENERIC	QL(30 in 30 Days)
Trandolapril Oral Tablet	4 mg	Mavik	PREFERRED GENERIC	QL(60 in 30 Days)
Angiotensin II Receptor Antagonists (Antagonistas Para Receptores De Angiotensina II)				
Candesartan Cilexetil Oral Tablet	32 mg	Atacand	PREFERRED GENERIC	QL(30 in 30 Days)
Candesartan Cilexetil Oral Tablet	16 mg, 8 mg	Atacand	PREFERRED GENERIC	QL(60 in 30 Days)
Edarbi Oral Tablet	40 mg, 80 mg	Edarbi	PREFERRED BRAND	QL(30 in 30 Days)
Irbesartan Oral Tablet	150 mg, 300 mg, 75 mg	Avapro	PREFERRED GENERIC	QL(30 in 30 Days)
Losartan Potassium Oral Tablet	100 mg, 25 mg, 50 mg	Cozaar	PREFERRED GENERIC	QL(30 in 30 Days)
Olmesartan Medoxomil Oral Tablet	20 mg, 40 mg	Benicar	PREFERRED GENERIC	QL(30 in 30 Days)
Olmesartan Medoxomil Oral Tablet	5 mg	Benicar	PREFERRED GENERIC	QL(60 in 30 Days)
Telmisartan Oral Tablet	40 mg, 80 mg	Micardis	PREFERRED GENERIC	QL(30 in 30 Days)
Valsartan Oral Tablet	160 mg, 320 mg, 40 mg, 80 mg	Diovan	PREFERRED GENERIC	QL(30 in 30 Days)
Antiadrenergic Antihypertensives (Antihipertensivos Antiadrenergicos)				
Clonidine Hcl Oral Tablet	0.1 mg, 0.2 mg, 0.3 mg	Catapres	PREFERRED GENERIC	QL(60 in 30 Days)
Doxazosin Mesylate Oral Tablet	1 mg, 2 mg, 4 mg	Cardura	PREFERRED GENERIC	QL(30 in 30 Days)
Doxazosin Mesylate Oral Tablet	8 mg	Cardura	PREFERRED GENERIC	QL(60 in 30 Days)
Guanfacine Hcl Oral Tablet	1 mg, 2 mg	Tenex	PREFERRED GENERIC	QL(30 in 30 Days)
Prazosin Hcl Oral Capsule	5 mg	Minipress	PREFERRED GENERIC	QL(120 in 30 Days)
Prazosin Hcl Oral Capsule	1 mg, 2 mg	Minipress	PREFERRED GENERIC	QL(90 in 30 Days)
Terazosin Hcl Oral Capsule	1 mg, 10 mg, 2 mg, 5 mg	Hytrin	PREFERRED GENERIC	QL(60 in 30 Days)
Antihypertensive Combinations (Combinaciones De Antihipertensivos)				
Amlodipine Besy-Benazepril Hcl Oral Capsule	10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Lotrel	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Amlodipine-Olmesartan Oral Tablet	10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	PREFERRED GENERIC	QL(30 in 30 Days)
Atenolol-Chlorthalidone Oral Tablet	100-25 mg, 50-25 mg	Tenoretic 100 ,Tenoretic 50	PREFERRED GENERIC	QL(30 in 30 Days)
Benazepril-Hydrochlorothiazide Oral Tablet	10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Lotensin HCT	PREFERRED GENERIC	QL(30 in 30 Days)
Bisoprolol-Hydrochlorothiazide Oral Tablet	10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Ziac	PREFERRED GENERIC	QL(30 in 30 Days)
Edarbyclor Oral Tablet	40-12.5 mg, 40-25 mg	Edarbyclor	PREFERRED BRAND	QL(30 in 30 Days)
Enalapril-Hydrochlorothiazide Oral Tablet	10-25 mg, 5-12.5 mg	Vaseretic	PREFERRED GENERIC	QL(30 in 30 Days)
Fosinopril Sodium-Hctz Oral Tablet	20-12.5 mg	Monopril HCT	PREFERRED GENERIC	QL(30 in 30 Days)
Irbesartan-Hydrochlorothiazide Oral Tablet	300-12.5 mg	Avalide	PREFERRED GENERIC	QL(30 in 30 Days)
Irbesartan-Hydrochlorothiazide Oral Tablet	150-12.5 mg	Avalide	PREFERRED GENERIC	QL(60 in 30 Days)
Lisinopril-Hydrochlorothiazide Oral Tablet	10-12.5 mg, 20-12.5 mg, 20-25 mg	Prinzide	PREFERRED GENERIC	QL(30 in 30 Days)
Losartan Potassium-Hctz Oral Tablet	100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	PREFERRED GENERIC	QL(30 in 30 Days)
Metoprolol-Hydrochlorothiazide Oral Tablet	50-25 mg	Lopressor HCT	PREFERRED GENERIC	QL(30 in 30 Days)
Olmesartan Medoxomil-Hctz Oral Tablet	20-12.5 mg, 40-12.5 mg, 40-25 mg	Benicar HCT	PREFERRED GENERIC	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	PREFERRED GENERIC	QL(30 in 30 Days)
Selective Aldosterone Receptor Antagonists (Saras) (Antagonistas Selectivos Del Receptor De Aldosterona (Saras))				
Eplerenone Oral Tablet	25 mg, 50 mg	Inspra	PREFERRED GENERIC	
Vasodilators (Vasodilatadores)				
Hydralazine Hcl Oral Tablet	10 mg, 100 mg, 25 mg, 50 mg	Apresoline	PREFERRED GENERIC	
Minoxidil Oral Tablet	10 mg, 2.5 mg	Loniten	PREFERRED GENERIC	
Antimalarials (Antimalariales)				
Antimalarial Combinations (Combinaciones Contra La Malaria)				
Coartem Oral Tablet	20-120 mg	Coartem	PREFERRED BRAND	
Antimalarials (Antimalariales)				
Hydroxychloroquine Sulfate Oral Tablet	200 mg	Plaquenil	PREFERRED GENERIC	
Pyrimethamine Oral Tablet	25 mg	Daraprim	PREFERRED SPECIALTY	PA
Antimyasthenic/Cholinergic Agents (Agentes Antimiastenia/Colinergicos)				
Antimyasthenic/Cholinergic Agents (Agentes Antimiastenia/Colinergicos)				
Pyridostigmine Bromide Oral Tablet	60 mg	Mestinon	PREFERRED GENERIC	
Antimycobacterial Agents (Agentes Antimicobacteriales)				
Antimycobacterial Agents (Agentes Antimicobacteriales)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Ethambutol Hcl Oral Tablet	100 mg, 400 mg	Myambutol	PREFERRED GENERIC	
Isoniazid Oral Syrup	50 mg/5ml	Isoniazid	PREFERRED GENERIC	
Isoniazid Oral Tablet	100 mg, 300 mg	Laniazid ,Tubizid	PREFERRED GENERIC	
Priftin Oral Tablet	150 mg	Priftin	PREFERRED BRAND	
Pyrazinamide Oral Tablet	500 mg	Pyrazinamide	PREFERRED GENERIC	
Rifampin Oral Capsule	150 mg, 300 mg	Rifadin	PREFERRED GENERIC	
Sirturo Oral Tablet	100 mg, 20 mg	Sirturo	PREFERRED SPECIALTY	
Antineoplastics And Adjunctive Therapies (Antineoplasticos Y Terapias Adyuvantes)				
<i>Alkylating Agents (Agentes Alquilantes)</i>				
Cyclophosphamide Oral Capsule	25 mg, 50 mg	Cyclophosphamide	PREFERRED SPECIALTY	**
Cyclophosphamide Oral Tablet	25 mg, 50 mg	Cytoxan	PREFERRED SPECIALTY	**
Gleostine Oral Capsule	10 mg, 100 mg, 40 mg	CeeNU	PREFERRED SPECIALTY	**
Leukeran Oral Tablet	2 mg	Leukeran	PREFERRED SPECIALTY	PA , **
Myleran Oral Tablet	2 mg	Myleran	PREFERRED SPECIALTY	**
Temozolomide Oral Capsule	100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Temodar	PREFERRED SPECIALTY	PA , **
<i>Antimetabolites (Antimetabolitos)</i>				
Capecitabine Oral Tablet	150 mg, 500 mg	Xeloda	PREFERRED SPECIALTY	PA , **
Mercaptopurine Oral Tablet	50 mg	Purinethol	PREFERRED SPECIALTY	**
Methotrexate Sodium Oral Tablet	2.5 mg	Methotrexate Sodium	PREFERRED GENERIC	**
Purixan Oral Suspension	2000 mg/100ml	Purixan	PREFERRED SPECIALTY	**
<i>Antineoplastic - Angiogenesis Inhibitors (Antineoplasticos - Inhibidores De La Angiogenesis)</i>				
Inlyta Oral Tablet	1 mg, 5 mg	Inlyta	PREFERRED SPECIALTY	PA , **
Lenvima (10-Mg Daily Dose) Oral Capsule Therapy Pack	10 mg	Lenvima (10 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (12 Mg Daily Dose) Oral Capsule Therapy Pack	3 x 4 mg	Lenvima (12 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (14 Mg Daily Dose) Oral Capsule Therapy Pack	10 & 4 mg	Lenvima (14 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (18 Mg Daily Dose) Oral Capsule Therapy Pack	10 mg & 2 x 4 mg	Lenvima (18 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (20 Mg Daily Dose) Oral Capsule Therapy Pack	2 x 10 mg	Lenvima (20 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (24 Mg Daily Dose) Oral Capsule Therapy Pack	2 x 10 mg & 4 mg	Lenvima (24 MG Daily Dose)	PREFERRED SPECIALTY	PA , **

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Lenvima (4-Mg Daily Dose) Oral Capsule Therapy Pack	4 mg	Lenvima (4 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Lenvima (8 Mg Daily Dose) Oral Capsule Therapy Pack	2 x 4 mg	Lenvima (8 MG Daily Dose)	PREFERRED SPECIALTY	PA , **
Antineoplastic - Bcl-2 Inhibitors (Inhibidores Antineoplásicos Bcl-2)				
Venclexta Oral Tablet	10 mg, 100 mg, 50 mg	Venclexta	PREFERRED SPECIALTY	PA , **
Venclexta Starting Pack Oral Tablet Therapy Pack	10 & 50 & 100 mg	Venclexta Starting Pack	PREFERRED SPECIALTY	PA , **
Antineoplastic - Egfr Inhibitors (Antineoplástico - Inhibidores De Egfr)				
Erlotinib Hcl Oral Tablet	100 mg, 150 mg, 25 mg	Tarceva	PREFERRED SPECIALTY	PA , **
Gefitinib Oral Tablet	250 mg	Iressa	PREFERRED SPECIALTY	PA , **
Gilotrif Oral Tablet	20 mg, 30 mg, 40 mg	Gilotrif	PREFERRED SPECIALTY	PA , **
Tagrisso Oral Tablet	40 mg, 80 mg	Tagrisso	PREFERRED SPECIALTY	PA , **
Vizimpro Oral Tablet	15 mg, 30 mg, 45 mg	Vizimpro	PREFERRED SPECIALTY	PA , **
Antineoplastic - Hedgehog Pathway Inhibitors (Antineoplásicos - Inhibidores Del Trayecto De "hedgehog")				
Erivedge Oral Capsule	150 mg	Erivedge	PREFERRED SPECIALTY	QL(30 in 30 Days) , **
Odomzo Oral Capsule	200 mg	Odomzo	PREFERRED SPECIALTY	PA , **
Antineoplastic - Hormonal And Related Agents (Antineoplásticos - Agentes Hormonales Y Relacionados)				
Abiraterone Acetate Oral Tablet	250 mg	Zytiga	PREFERRED SPECIALTY	QL(120 in 30 Days) , PA , **
Abiraterone Acetate Oral Tablet	500 mg	Zytiga	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA , **
Anastrozole Oral Tablet	1 mg	Arimidex	PREFERRED SPECIALTY	**
Bicalutamide Oral Tablet	50 mg	Casodex	PREFERRED GENERIC	**
Emcyt_oral Capsule	140 mg	Emcyt	PREFERRED SPECIALTY	**
Erleada Oral Tablet	240 mg, 60 mg	Erleada	PREFERRED SPECIALTY	PA , **
Letrozole Oral Tablet	2.5 mg	Femara	PREFERRED GENERIC	**
Lysodren Oral Tablet	500 mg	Lysodren	PREFERRED SPECIALTY	**
Megestrol Acetate Oral Suspension	40 mg/ml, 400 mg/10ml, 800 mg/20ml	Megace	PREFERRED SPECIALTY	**
Megestrol Acetate Oral Tablet	20 mg, 40 mg	Megace	PREFERRED SPECIALTY	**
Nilutamide Oral Tablet	150 mg	Nilandron	PREFERRED SPECIALTY	QL(60 in 30 Days) , **
Nubeqa Oral Tablet	300 mg	Nubeqa	PREFERRED SPECIALTY	QL(120 in 30 Days) , PA , **

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

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

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

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Uvadex Extracorporeal Solution	20 mcg/ml	Uvadex	PREFERRED SPECIALTY	
Chemotherapy Rescue/Antidote/Protective Agents (Agentes Para El Rescate/Antídoto De Quimioterapia/ Agente Protector)				
Leucovorin Calcium Oral Tablet	5 mg	Leucovorin Calcium	PREFERRED GENERIC	**
Mesnex Oral Tablet	400 mg	Mesnex	PREFERRED SPECIALTY	**
Mitotic Inhibitors (Inhibidores Mitoticos)				
Etoposide Oral Capsule	50 mg	VePesid	PREFERRED SPECIALTY	**
Topoisomerase I Inhibitors (Inhibidores De La Topoisomerase I)				
Hycamtin Oral Capsule	0.25 mg, 1 mg	Hycamtin	PREFERRED SPECIALTY	**
Antiparkinson And Related Therapy Agents (Agentes Antiparkinson Y Relacionados)				
Antiparkinson Anticholinergics (Anticolinergicos Antiparkinson)				
Benzotropine Mesylate Oral Tablet	0.5 mg, 1 mg, 2 mg	Cogentin	PREFERRED GENERIC	
Trihexyphenidyl Hcl Oral Tablet	2 mg, 5 mg	Artane	PREFERRED GENERIC	
Antiparkinson Dopaminergics (Dopaminergicos Antiparkinson)				
Amantadine Hcl Oral Capsule	100 mg	Amantadine HCl	PREFERRED GENERIC	
Amantadine Hcl Oral Tablet	100 mg	Symmetrel	PREFERRED GENERIC	
Apomorphine Hcl Subcutaneous Solution Cartridge	30 mg/3ml	Apokyn	PREFERRED SPECIALTY	
Carbidopa-Levodopa Er Oral Tablet Extended Release	25-100 mg, 50-200 mg	Sinemet CR	PREFERRED GENERIC	
Carbidopa-Levodopa Oral Tablet	10-100 mg, 25-100 mg, 25-250 mg	Sinemet	PREFERRED GENERIC	
Pramipexole Dihydrochloride Oral Tablet	0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Mirapex	PREFERRED GENERIC	
Ropinirole Hcl Oral Tablet	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Requip	PREFERRED GENERIC	
Antiparkinson Monoamine Oxidase Inhibitors (Inhibidores De Oxidasa De Monoamina Antiparkinson)				
Selegiline Hcl Oral Capsule	5 mg	Eldepryl	PREFERRED GENERIC	
Selegiline Hcl Oral Tablet	5 mg	Carbex	PREFERRED GENERIC	
Antipsychotics/Antimanic Agents (Agentes Antipsicoticos/Antimaniaticos)				
Antimanic Agents (Agentes Antimaniaticos)				
Lithium Carbonate Er Oral Tablet Extended Release	300 mg, 450 mg	Eskalith CR ,Lithobid	PREFERRED GENERIC	
Lithium Carbonate Oral Capsule	150 mg, 300 mg, 600 mg	Eskalith ,Lithium Carbonate	PREFERRED GENERIC	
Lithium Carbonate Oral Tablet	300 mg	Lithotabs	PREFERRED GENERIC	
Antipsychotics - Misc. (Antipsicoticos - Misc.)				
Ziprasidone Hcl Oral Capsule	20 mg, 40 mg, 60 mg, 80 mg	Geodon	PREFERRED GENERIC	QL(60 in 30 Days)
Benzisoxazoles (Benzoisoxazoles)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Risperidone Microspheres Er Intramuscular Suspension Reconstituted Er	12.5 mg, 25 mg, 37.5 mg, 50 mg	RisperDAL Consta	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Risperidone Oral Solution	1 mg/ml	RisperDAL	PREFERRED GENERIC	QL(240 in 30 Days)
Risperidone Oral Tablet	4 mg	RisperDAL	PREFERRED GENERIC	QL(120 in 30 Days)
Risperidone Oral Tablet	3 mg	RisperDAL	PREFERRED GENERIC	QL(150 in 30 Days)
Risperidone Oral Tablet	0.25 mg, 0.5 mg, 1 mg, 2 mg	RisperDAL	PREFERRED GENERIC	QL(60 in 30 Days)
Butyrophenones (Butiroferonas)				
Haloperidol Decanoate Intramuscular Solution	100 mg/ml, 50 mg/ml	Haldol Decanoate	PREFERRED SPECIALTY	
Haloperidol Lactate Oral Concentrate	2 mg/ml	Haldol	PREFERRED GENERIC	
Haloperidol Oral Tablet	0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Haloperidol	PREFERRED GENERIC	
Dibenzapines (Dibenzapinas)				
Clozapine Oral Tablet	100 mg, 25 mg	Clozaril	PREFERRED GENERIC	QL(270 in 30 Days)
Olanzapine Oral Tablet	10 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZyPREXA	PREFERRED GENERIC	QL(30 in 30 Days)
Olanzapine Oral Tablet	15 mg	ZyPREXA	PREFERRED GENERIC	QL(60 in 30 Days)
Quetiapine Fumarate Er Oral Tablet Extended Release 24 Hour	150 mg	SEROquel XR	PREFERRED GENERIC	QL(30 in 30 Days)
Quetiapine Fumarate Er Oral Tablet Extended Release 24 Hour	300 mg, 400 mg	SEROquel XR	PREFERRED GENERIC	QL(60 in 30 Days)
Quetiapine Fumarate Oral Tablet	100 mg, 200 mg, 300 mg, 400 mg	SEROquel	PREFERRED GENERIC	QL(60 in 30 Days)
Quetiapine Fumarate Oral Tablet	25 mg, 50 mg	SEROquel	PREFERRED GENERIC	QL(90 in 30 Days)
Phenothiazines (Fenotiazinas)				
Chlorpromazine Hcl Oral Tablet	10 mg, 100 mg, 200 mg, 25 mg	Thorazine	PREFERRED GENERIC	
Fluphenazine Decanoate Injection Solution	25 mg/ml	Prolixin Decanoate	PREFERRED SPECIALTY	
Fluphenazine Hcl Oral Tablet	1 mg, 10 mg, 2.5 mg, 5 mg	Permitil ,Prolixin	PREFERRED GENERIC	
Perphenazine Oral Tablet	16 mg, 2 mg, 4 mg, 8 mg	Trilafon	PREFERRED GENERIC	
Prochlorperazine Maleate Oral Tablet	10 mg, 5 mg	Compazine	PREFERRED GENERIC	
Thioridazine Hcl Oral Tablet	10 mg, 100 mg, 25 mg, 50 mg	Mellaril	PREFERRED GENERIC	
Trifluoperazine Hcl Oral Tablet	1 mg, 10 mg, 2 mg, 5 mg	Stelazine	PREFERRED GENERIC	
Quinolinone Derivatives (Derivados De La Quinolona)				
Abilify Maintena Intramuscular Prefilled Syringe	300 mg, 400 mg	Abilify Maintena	PREFERRED SPECIALTY	QL(1 in 26 Days) , PA
Abilify Maintena Intramuscular Suspension Reconstituted Er	300 mg, 400 mg	Abilify Maintena	PREFERRED SPECIALTY	QL(1 in 26 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Aripiprazole Oral Tablet	10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Abilify	PREFERRED GENERIC	QL(30 in 30 Days)
Aripiprazole Oral Tablet	2 mg	Abilify	PREFERRED GENERIC	QL(60 in 30 Days)
Aristada Initio Intramuscular Prefilled Syringe	675 mg/2.4ml	Aristada Initio	PREFERRED SPECIALTY	PA
Aristada Intramuscular Prefilled Syringe	1064 mg/3.9ml, 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	Aristada	PREFERRED SPECIALTY	PA
Thioxanthenes (Tioxantenos)				
Thiothixene Oral Capsule	1 mg, 10 mg, 2 mg, 5 mg	Navane	PREFERRED GENERIC	
Antivirals (Antivirales)				
Antiretrovirals (Antiretrovirales)				
Abacavir Sulfate Oral Solution	20 mg/ml	Ziagen	PREFERRED SPECIALTY	QL(960 in 30 Days)
Abacavir Sulfate Oral Tablet	300 mg	Ziagen	PREFERRED SPECIALTY	QL(60 in 30 Days)
Aptivus Oral Capsule	250 mg	Aptivus	PREFERRED SPECIALTY	QL(120 in 30 Days)
Atazanavir Sulfate Oral Capsule	300 mg	Reyataz	PREFERRED SPECIALTY	QL(30 in 30 Days)
Atazanavir Sulfate Oral Capsule	150 mg, 200 mg	Reyataz	PREFERRED SPECIALTY	QL(60 in 30 Days)
Biktarvy Oral Tablet	30-120-15 mg, 50-200-25 mg	Biktarvy	PREFERRED SPECIALTY	QL(30 in 30 Days)
Cimduo Oral Tablet	300-300 mg	Cimduo	PREFERRED SPECIALTY	QL(30 in 30 Days)
Darunavir Oral Tablet	800 mg	Prezista	PREFERRED SPECIALTY	QL(30 in 30 Days)
Darunavir Oral Tablet	600 mg	Prezista	PREFERRED SPECIALTY	QL(60 in 30 Days)
Descovy Oral Tablet	120-15 mg	Descovy	PREFERRED SPECIALTY	QL(30 in 30 Days) , ST
Descovy Oral Tablet	200-25 mg	Descovy	PREFERRED SPECIALTY	QL(30 in 30 Days) , ST , PA
Edurant Oral Tablet	25 mg	Edurant	PREFERRED SPECIALTY	QL(30 in 30 Days)
Efavirenz Oral Capsule	200 mg	Sustiva	PREFERRED SPECIALTY	QL(120 in 30 Days)
Efavirenz Oral Capsule	50 mg	Sustiva	PREFERRED SPECIALTY	QL(360 in 30 Days)
Efavirenz Oral Tablet	600 mg	Sustiva	PREFERRED SPECIALTY	QL(30 in 30 Days)
Efavirenz-Emtricitab-Tenofo Df Oral Tablet	600-200-300 mg	Atripla	PREFERRED SPECIALTY	QL(30 in 30 Days)
Efavirenz-Lamivudine-Tenofovir Oral Tablet	400-300-300 mg, 600-300-300 mg	Symfi ,Symfi Lo	PREFERRED SPECIALTY	QL(30 in 30 Days)
Emtricitabine Oral Capsule	200 mg	Emtriva	PREFERRED SPECIALTY	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Emtricitabine-Tenofovir Df Oral Tablet	100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Truvada	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA , *
Emtriva Oral Solution	10 mg/ml	Emtriva	PREFERRED SPECIALTY	QL(680 in 28 Days)
Etravirine Oral Tablet	100 mg, 200 mg	Intelence	PREFERRED SPECIALTY	QL(120 in 30 Days)
Fosamprenavir Calcium Oral Tablet	700 mg	Lexiva	PREFERRED SPECIALTY	QL(120 in 30 Days)
Fuzeon Subcutaneous Solution Reconstituted	90 mg	Fuzeon	PREFERRED SPECIALTY	QL(60 in 30 Days)
Genvoya Oral Tablet	150-150-200-10 mg	Genvoya	PREFERRED SPECIALTY	QL(60 in 30 Days)
Intelence Oral Tablet	25 mg	Intelence	PREFERRED SPECIALTY	QL(120 in 30 Days)
Isentress Hd Oral Tablet	600 mg	Isentress HD	PREFERRED SPECIALTY	QL(60 in 30 Days)
Isentress Oral Packet	100 mg	Isentress	PREFERRED SPECIALTY	
Isentress Oral Tablet	400 mg	Isentress	PREFERRED SPECIALTY	QL(60 in 30 Days)
Isentress Oral Tablet Chewable	100 mg, 25 mg	Isentress	PREFERRED SPECIALTY	
Juluca Oral Tablet	50-25 mg	Juluca	PREFERRED SPECIALTY	QL(30 in 30 Days)
Lamivudine Oral Solution	10 mg/ml	Epivir	PREFERRED SPECIALTY	QL(900 in 30 Days)
Lamivudine Oral Tablet	300 mg	Epivir	PREFERRED SPECIALTY	QL(30 in 30 Days)
Lamivudine Oral Tablet	150 mg	Epivir	PREFERRED SPECIALTY	QL(45 in 30 Days)
Lamivudine-Zidovudine Oral Tablet	150-300 mg	Combivir	PREFERRED SPECIALTY	QL(60 in 30 Days)
Lopinavir-Ritonavir Oral Solution	400-100 mg/5ml	Kaletra	PREFERRED SPECIALTY	QL(300 in 30 Days)
Lopinavir-Ritonavir Oral Tablet	100-25 mg	Kaletra	PREFERRED SPECIALTY	
Lopinavir-Ritonavir Oral Tablet	200-50 mg	Kaletra	PREFERRED SPECIALTY	QL(120 in 30 Days)
Maraviroc Oral Tablet	300 mg	Selzentry	PREFERRED SPECIALTY	QL(120 in 30 Days)
Maraviroc Oral Tablet	150 mg	Selzentry	PREFERRED SPECIALTY	QL(60 in 30 Days)
Nevirapine Er Oral Tablet Extended Release 24 Hour	400 mg	Viramune XR	PREFERRED SPECIALTY	QL(30 in 30 Days)
Nevirapine Oral Suspension	50 mg/5ml	Viramune	PREFERRED SPECIALTY	QL(1200 in 30 Days)
Nevirapine Oral Tablet	200 mg	Viramune	PREFERRED SPECIALTY	QL(60 in 30 Days)
Norvir Oral Packet	100 mg	Norvir	PREFERRED SPECIALTY	
Odefsey Oral Tablet	200-25-25 mg	Odefsey	PREFERRED SPECIALTY	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Prezista Oral Suspension	100 mg/ml	Prezista	PREFERRED SPECIALTY	QL(360 in 30 Days)
Prezista Oral Tablet	150 mg	Prezista	PREFERRED SPECIALTY	QL(240 in 30 Days)
Prezista Oral Tablet	75 mg	Prezista	PREFERRED SPECIALTY	QL(420 in 30 Days)
Reyataz Oral Packet	50 mg	Reyataz	PREFERRED SPECIALTY	QL(180 in 30 Days)
Ritonavir Oral Tablet	100 mg	Norvir	PREFERRED SPECIALTY	
Selzentry Oral Solution	20 mg/ml	Selzentry	PREFERRED SPECIALTY	QL(1800 in 30 Days)
Symtuza Oral Tablet	800-150-200-10 mg	Symtuza	PREFERRED SPECIALTY	QL(30 in 30 Days)
Tenofovir Disoproxil Fumarate Oral Tablet	300 mg	Viread	PREFERRED SPECIALTY	QL(30 in 30 Days)
Tivicay Oral Tablet	50 mg	Tivicay	PREFERRED SPECIALTY	QL(60 in 30 Days)
Tivicay Pd Oral Tablet Soluble	5 mg	Tivicay PD	PREFERRED SPECIALTY	QL(360 in 30 Days)
Triumeq Oral Tablet	600-50-300 mg	Triumeq	PREFERRED SPECIALTY	QL(30 in 30 Days)
Triumeq Pd Oral Tablet Soluble	60-5-30 mg	Triumeq PD	PREFERRED SPECIALTY	QL(180 in 30 Days)
Viracept Oral Tablet	625 mg	Viracept	PREFERRED SPECIALTY	QL(120 in 30 Days)
Viracept Oral Tablet	250 mg	Viracept	PREFERRED SPECIALTY	QL(300 in 30 Days)
Viread Oral Powder	40 mg/gm	Viread	PREFERRED SPECIALTY	QL(240 in 30 Days)
Viread Oral Tablet	150 mg, 200 mg, 250 mg	Viread	PREFERRED SPECIALTY	QL(30 in 30 Days)
Zidovudine Oral Capsule	100 mg	Retrovir	PREFERRED SPECIALTY	QL(180 in 30 Days)
Zidovudine Oral Syrup	50 mg/5ml	Retrovir	PREFERRED SPECIALTY	QL(1680 in 28 Days)
Zidovudine Oral Tablet	300 mg	Retrovir	PREFERRED SPECIALTY	QL(60 in 30 Days)
Cmv Agents (Agentes Cmv)				
Valganciclovir Hcl Oral Solution Reconstituted	50 mg/ml	Valcyte	PREFERRED SPECIALTY	
Valganciclovir Hcl Oral Tablet	450 mg	Valcyte	PREFERRED SPECIALTY	
Hepatitis Agents (Agentes Para La Hepatitis)				
Adefovir Dipivoxil Oral Tablet	10 mg	Hepsera	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Baraclude Oral Solution	0.05 mg/ml	Baraclude	PREFERRED SPECIALTY	QL(600 in 30 Days) , PA
Entecavir Oral Tablet	0.5 mg, 1 mg	Baraclude	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Epclusa Oral Packet	150-37.5 mg, 200-50 mg	Epclusa	PREFERRED SPECIALTY	QL(28 in 28 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Epclusa Oral Tablet	200-50 mg	Epclusa	PREFERRED SPECIALTY	QL(28 in 28 Days) , PA
Harvoni Oral Packet	33.75-150 mg, 45-200 mg	Harvoni	PREFERRED SPECIALTY	PA
Harvoni Oral Tablet	45-200 mg, 90-400 mg	Harvoni	PREFERRED SPECIALTY	PA
Lamivudine Oral Tablet	100 mg	Epivir HBV	PREFERRED SPECIALTY	
Pegasys Subcutaneous Solution	180 mcg/ml	Pegasys	PREFERRED SPECIALTY	QL(4 in 28 Days) , PA
Pegasys Subcutaneous Solution Prefilled Syringe	180 mcg/0.5ml	Pegasys	PREFERRED SPECIALTY	QL(2 in 28 Days) , PA
Ribavirin Oral Capsule	200 mg	Rebetol	PREFERRED SPECIALTY	
Ribavirin Oral Tablet	200 mg	Copegus	PREFERRED SPECIALTY	
Sovaldi Oral Packet	150 mg, 200 mg	Sovaldi	PREFERRED SPECIALTY	PA
Sovaldi Oral Tablet	200 mg, 400 mg	Sovaldi	PREFERRED SPECIALTY	PA
Vemlidy Oral Tablet	25 mg	Vemlidy	PREFERRED SPECIALTY	QL(28 in 28 Days) , PA
Herpes Agents (Agentes Para El Herpes)				
Acyclovir Oral Capsule	200 mg	Zovirax	PREFERRED GENERIC	
Acyclovir Oral Tablet	400 mg, 800 mg	Zovirax	PREFERRED GENERIC	
Famciclovir Oral Tablet	125 mg, 250 mg, 500 mg	Famvir	PREFERRED GENERIC	QL(90 in 30 Days)
Valacyclovir Hcl Oral Tablet	500 mg	Valtrex	PREFERRED GENERIC	QL(60 in 30 Days)
Valacyclovir Hcl Oral Tablet	1 gm	Valtrex	PREFERRED GENERIC	QL(90 in 30 Days)
Influenza Agents (Agentes Para La Influenza)				
Oseltamivir Phosphate Oral Suspension Reconstituted	6 mg/ml	Tamiflu	PREFERRED GENERIC	QL(120 in 6 Month)
Rimantadine Hcl Oral Tablet	100 mg	Flumadine	PREFERRED GENERIC	
Respiratory Syncytial Virus (Rsv) Agents (Agentes Para El Virus Respiratorio Sincital (Rsv))				
Ribavirin Inhalation Solution Reconstituted	6 gm	Virazole	PREFERRED SPECIALTY	
Beta Blockers (Bloqueadores Beta)				
Alpha-Beta Blockers (Bloqueadores Alfa-Beta)				
Carvedilol Oral Tablet	12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	PREFERRED GENERIC	
Labetalol Hcl Oral Tablet	100 mg, 200 mg, 300 mg	Normodyne	PREFERRED GENERIC	
Beta Blockers Cardio-Selective (Bloqueadores Beta Cardioselectivos)				
Acebutolol Hcl Oral Capsule	200 mg, 400 mg	Sectral	PREFERRED GENERIC	
Atenolol Oral Tablet	100 mg, 25 mg, 50 mg	Tenormin	PREFERRED GENERIC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Betaxolol Hcl Oral Tablet	10 mg, 20 mg	Kerlone	PREFERRED GENERIC	
Bisoprolol Fumarate Oral Tablet	10 mg, 5 mg	Zebeta	PREFERRED GENERIC	
Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour	100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	PREFERRED GENERIC	
Metoprolol Tartrate Oral Tablet	100 mg, 25 mg, 50 mg	Lopressor ,Metoprolol Tartrate	PREFERRED GENERIC	
Beta Blockers Non-Selective (Bloqueadores Beta No Selectivos)				
Pindolol Oral Tablet	5 mg	Visken	PREFERRED GENERIC	
Propranolol Hcl Er Oral Capsule Extended Release 24 Hour	120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	PREFERRED GENERIC	
Propranolol Hcl Oral Solution	40 mg/5ml	Propranolol HCl	PREFERRED GENERIC	
Propranolol Hcl Oral Tablet	10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Inderal	PREFERRED GENERIC	
Sotalol Hcl (Af) Oral Tablet	120 mg, 160 mg, 80 mg	Betapace AF	PREFERRED GENERIC	
Sotalol Hcl Oral Tablet	120 mg, 80 mg	Betapace	PREFERRED GENERIC	
Sotylize Oral Solution	5 mg/ml	Sotylize	PREFERRED BRAND	
Calcium Channel Blockers (Bloqueadores De Canal De Calcio)				
<i>Calcium Channel Blockers (Bloqueadores De Canal De Calcio)</i>				
Amlodipine Besylate Oral Tablet	10 mg, 2.5 mg, 5 mg	Norvasc	PREFERRED GENERIC	
Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour	120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tiazac	PREFERRED GENERIC	
Diltiazem Hcl Er Coated Beads Oral Capsule Extended Release 24 Hour	120 mg, 180 mg, 240 mg, 300 mg	Cardizem CD ,Cartia XT	PREFERRED GENERIC	
Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour	120 mg	Diltia XT	PREFERRED GENERIC	
Diltiazem Hcl Oral Tablet	120 mg, 30 mg, 60 mg, 90 mg	Cardizem	PREFERRED GENERIC	
Felodipine Er Oral Tablet Extended Release 24 Hour	10 mg, 2.5 mg, 5 mg	Plendil	PREFERRED GENERIC	
Isradipine Oral Capsule	2.5 mg	DynaCirc	PREFERRED GENERIC	
Nicardipine Hcl Oral Capsule	20 mg, 30 mg	Cardene	PREFERRED GENERIC	
Nifedipine Er Oral Tablet Extended Release 24 Hour	30 mg, 60 mg	Adalat CC	PREFERRED GENERIC	
Nifedipine Er Osmotic Release Oral Tablet Extended Release 24 Hour	30 mg, 60 mg, 90 mg	Procardia XL	PREFERRED GENERIC	
Nifedipine Oral Capsule	10 mg	Adalat	PREFERRED GENERIC	
Verapamil Hcl Er Oral Tablet Extended Release	120 mg, 180 mg, 240 mg	Calan SR	PREFERRED GENERIC	
Verapamil Hcl Oral Tablet	120 mg, 40 mg, 80 mg	Calan	PREFERRED GENERIC	
Cardiotonics (Cardiotonicos)				
<i>Cardiac Glycosides (Glucosidos Cardiacos)</i>				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Digoxin Oral Tablet	250 mcg	Lanoxin	PREFERRED GENERIC	QL(30 in 30 Days)
Lanoxin Pediatric Injection Solution	0.1 mg/ml	Lanoxin	PREFERRED BRAND	
Cardiovascular Agents - Misc. (Agentes Cardiovasculares - Misc.)				
<i>Cardiovascular Agents Misc. - Combinations (Agentes Cardiovasculares - Misc. - Combinaciones)</i>				
Entresto Oral Tablet	24-26 mg, 49-51 mg, 97-103 mg	Entresto	PREFERRED BRAND	QL(60 in 30 Days) , PA
<i>Impotence Agents (Agentes Para La Impotencia)</i>				
Tadalafil Oral Tablet	5 mg	Cialis	PREFERRED GENERIC	QL(30 in 30 Days) , PA
<i>Prostaglandin Vasodilators (Vasodilatadores De Prostaglandina)</i>				
Tyvaso Dpi Institutional Kit Inhalation Powder	16 mcg, 32 mcg, 48 mcg, 64 mcg	Tyvaso DPI Maintenance Kit	PREFERRED SPECIALTY	PA
Tyvaso Dpi Maintenance Kit Inhalation Powder	16 mcg, 32 mcg, 48 mcg, 64 mcg	Tyvaso DPI Maintenance Kit	PREFERRED SPECIALTY	PA
Tyvaso Dpi Titration Kit Inhalation Powder	16 & 32 & 48 mcg	Tyvaso DPI Titration Kit	PREFERRED SPECIALTY	PA
Tyvaso Inhalation Solution	0.6 mg/ml	Tyvaso	PREFERRED SPECIALTY	QL(87 in 30 Days) , PA
Tyvaso Refill Kit Inhalation Solution	0.6 mg/ml	Tyvaso Refill Kit	PREFERRED SPECIALTY	QL(87 in 30 Days) , PA
Tyvaso Starter Kit Inhalation Solution	0.6 mg/ml	Tyvaso Starter Kit	PREFERRED SPECIALTY	QL(87 in 30 Days) , PA
<i>Pulmonary Hypertension - Endothelin Receptor Antagonists (Hipertension Pulmonar - Antagonistas De Receptores De Endotelina)</i>				
Ambrisentan Oral Tablet	10 mg, 5 mg	Letairis	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Bosentan Oral Tablet	125 mg, 62.5 mg	Tracleer	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Opsumit Oral Tablet	10 mg	Opsumit	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Tracleer Oral Tablet Soluble	32 mg	Tracleer	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
<i>Pulmonary Hypertension - Phosphodiesterase Inhibitors (Hipertension Pulmonar - Inhibidores De La Fosfodiesterasa)</i>				
Alyq_oral Tablet	20 mg	Adcirca	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Sildenafil Citrate Oral Suspension Reconstituted	10 mg/ml	Revatio	PREFERRED SPECIALTY	PA
Sildenafil Citrate Oral Tablet	20 mg	Revatio	PREFERRED SPECIALTY	QL(90 in 30 Days) , PA
Tadalafil (Pah) Oral Tablet	20 mg	Adcirca	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
<i>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator (Hipertension Pulmonar - Estimulador De Ciclasa Sol Guanylate)</i>				
Adempas Oral Tablet	0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	Adempas	PREFERRED SPECIALTY	QL(90 in 30 Days) , PA
<i>Sinus Node Inhibitor (Inhibidor Del Nodo Sinusal)</i>				
Corlanor Oral Solution	5 mg/5ml	Corlanor	PREFERRED SPECIALTY	QL(450 in 30 Days) , PA
Ivabradine Hcl Oral Tablet	5 mg, 7.5 mg	Corlanor	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Cephalosporins (Cefalosporinas)				
<i>Cephalosporins - 1st Generation (Cefalosporinas De 1ra Generacion)</i>				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Cefadroxil Oral Capsule	500 mg	Duricef	PREFERRED GENERIC	
Cefadroxil Oral Suspension Reconstituted	250 mg/5ml, 500 mg/5ml	Duricef	PREFERRED GENERIC	
Cefazolin Sodium Injection Solution Reconstituted	1 gm, 500 mg	Ancef	PREFERRED GENERIC	
Cephalexin Oral Capsule	250 mg, 500 mg	Keflex	PREFERRED GENERIC	
Cephalexin Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Keflex	PREFERRED GENERIC	
Cephalexin Oral Tablet	250 mg, 500 mg	Cephalexin	PREFERRED GENERIC	
Cephalosporins - 2nd Generation (Cefalosporinas De 2da Generacion)				
Cefaclor Oral Capsule	250 mg, 500 mg	Ceclor	PREFERRED GENERIC	
Cefprozil Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Cefzil	PREFERRED GENERIC	
Cefprozil Oral Tablet	250 mg, 500 mg	Cefzil	PREFERRED GENERIC	
Cefuroxime Axetil Oral Tablet	250 mg, 500 mg	Ceftin	PREFERRED GENERIC	
Cephalosporins - 3rd Generation (Cefalosporinas De 3ra Generacion)				
Cefdinir Oral Capsule	300 mg	Omnicef	PREFERRED GENERIC	
Cefdinir Oral Suspension Reconstituted	125 mg/5ml, 250 mg/5ml	Omnicef	PREFERRED GENERIC	
Cefpodoxime Proxetil Oral Suspension Reconstituted	100 mg/5ml, 50 mg/5ml	Vantin	PREFERRED GENERIC	
Cefpodoxime Proxetil Oral Tablet	100 mg	Vantin	PREFERRED GENERIC	
Ceftriaxone Sodium Injection Solution Reconstituted	1 gm, 250 mg, 500 mg	Rocephin	PREFERRED GENERIC	
Corticosteroids (Corticosteroides)				
Glucocorticosteroids (Glucocorticosteroides)				
Dexamethasone Oral Tablet	0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 6 mg	Decadron ,Dexamethasone ,Dexone	PREFERRED GENERIC	
Dexamethasone Sodium Phosphate Injection Solution	100 mg/10ml, 120 mg/30ml, 20 mg/5ml	Dexamethasone Sodium Phosphate	PREFERRED GENERIC	
Hydrocortisone Oral Tablet	20 mg	Cortef	PREFERRED GENERIC	
Methylprednisolone Oral Tablet	4 mg	Medrol	PREFERRED GENERIC	
Methylprednisolone Oral Tablet Therapy Pack	4 mg	Medrol (Pak)	PREFERRED GENERIC	
Prednisone Oral Tablet	1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Deltasone ,Meticorten	PREFERRED GENERIC	
Prednisone Oral Tablet Therapy Pack	5 mg (48)	PredniSONE	PREFERRED GENERIC	
Solu-Cortef Injection Solution Reconstituted	100 mg, 1000 mg, 250 mg, 500 mg	Solu-CORTEF	PREFERRED BRAND	
Mineralocorticoids (Mineralocorticoides)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Fludrocortisone Acetate Oral Tablet	0.1 mg	Florinef	PREFERRED GENERIC	
Cough/Cold/Allergy (Tos/Catarro/Alergia)				
<i>Antitussives (Antitusivos)</i>				
Benzonatate Oral Capsule	100 mg, 200 mg	Tessalon ,Tessalon Perles	PREFERRED GENERIC	
Dermatologicals (Dermatologicos)				
<i>Acne Products (Productos Para El Acne)</i>				
Sulfacetamide Sodium-Sulfur External Liquid	9-4.5 %	Sumadan Wash	PREFERRED GENERIC	
Sulfacetamide Sodium-Sulfur External Suspension	8-4 %	Sumaxin TS	PREFERRED GENERIC	
<i>Anti-Inflammatory Agents - Topical (Agentes Antiinflamatorios - Topicos)</i>				
Diclofenac Sodium External Gel	1 %	Voltaren	PREFERRED GENERIC	QL(1000 in 30 Days)
Flector External Patch	1.3 %	Flector	PREFERRED BRAND	
Licart External Patch 24 Hour	1.3 %	Licart	PREFERRED BRAND	
<i>Antibiotics - Topical (Antibioticos Topicos)</i>				
Mupirocin External Ointment	2 %	Bactroban	PREFERRED GENERIC	
<i>Antifungals - Topical (Antifungales - Topicos)</i>				
Ciclopirox External Shampoo	1 %	Loprox	PREFERRED GENERIC	
Ciclopirox Olamine External Suspension	0.77 %	Ciclopirox Topical Suspension	PREFERRED GENERIC	
Clotrimazole External Cream	1 %	Lotrimin	PREFERRED GENERIC	
Clotrimazole-Betamethasone External Cream	1-0.05 %	Lotrisone	PREFERRED GENERIC	
Econazole Nitrate External Cream	1 %	Spectazole	PREFERRED GENERIC	
Ketoconazole External Cream	2 %	Nizoral	PREFERRED GENERIC	
Nystatin External Cream	100000 unit/gm	Mycostatin	PREFERRED GENERIC	
Nystatin-Triamcinolone External Cream	100000-0.1 unit/gm-%	Myco-Triacet II	PREFERRED GENERIC	
Nystatin-Triamcinolone External Ointment	100000-0.1 unit/gm-%	Myco-Triacet II	PREFERRED GENERIC	
<i>Antineoplastic Or Premalignant Lesion Agents - Topical (Agentes Tópicos - Antineoplásicos O Lesiones Pre-Malignas)</i>				
Bexarotene External Gel	1 %	Targretin	PREFERRED SPECIALTY	PA
Valchlor External Gel	0.016 %	Valchlor	PREFERRED SPECIALTY	QL(60 in 30 Days)
<i>Antipsoriatics (Antisoriasicos)</i>				
Skyrizi Pen Subcutaneous Solution Auto-Injector	150 mg/ml	Skyrizi Pen	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Skyrizi Subcutaneous Solution Prefilled Syringe	150 mg/ml	Skyrizi	PREFERRED SPECIALTY	QL(8 in 28 Days) , PA
Stelara Subcutaneous Solution	45 mg/0.5ml	Stelara	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Stelara Subcutaneous Solution Prefilled Syringe	45 mg/0.5ml	Stelara	PREFERRED SPECIALTY	QL(0.500 in 28 Days) , PA
Stelara Subcutaneous Solution Prefilled Syringe	90 mg/ml	Stelara	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Taltz_subcutaneous Solution Auto-Injector	80 mg/ml	Taltz	PREFERRED SPECIALTY	PA
Taltz_subcutaneous Solution Prefilled Syringe	20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	Taltz	PREFERRED SPECIALTY	PA
Cauterizing Agents (Agentes Cauterizantes)				
Silver Nitrate External Solution	0.5 %	Silver Nitrate	PREFERRED GENERIC	
Corticosteroids - Topical (Corticosteroides Topicos)				
Betamethasone Dipropionate Aug External Cream	0.05 %	Diprolene AF	PREFERRED GENERIC	
Betamethasone Dipropionate Aug External Ointment	0.05 %	Diprolene	PREFERRED GENERIC	
Betamethasone Dipropionate External Cream	0.05 %	Alphatrex	PREFERRED GENERIC	
Betamethasone Dipropionate External Lotion	0.05 %	Alphatrex	PREFERRED GENERIC	
Betamethasone Valerate External Cream	0.1 %	Beta-Val	PREFERRED GENERIC	
Betamethasone Valerate External Ointment	0.1 %	Betatrex	PREFERRED GENERIC	
Clobetasol Propionate E External Cream	0.05 %	Embeline E	PREFERRED GENERIC	
Clobetasol Propionate External Cream	0.05 %	Temovate	PREFERRED GENERIC	
Clobetasol Propionate External Gel	0.05 %	Temovate	PREFERRED GENERIC	
Clobetasol Propionate External Ointment	0.05 %	Temovate	PREFERRED GENERIC	
Clobetasol Propionate External Solution	0.05 %	Temovate	PREFERRED GENERIC	QL(50 in 15 Days)
Desonide External Ointment	0.05 %	DesOwen	PREFERRED GENERIC	
Desoximetasone External Cream	0.25 %	Topicort	PREFERRED GENERIC	
Desoximetasone External Gel	0.05 %	Topicort	PREFERRED GENERIC	
Fluocinolone Acetonide Scalp External Oil	0.01 %	Derma-Smoother/FS Scalp	PREFERRED GENERIC	
Fluocinonide External Ointment	0.05 %	Lidex	PREFERRED GENERIC	
Fluocinonide External Solution	0.05 %	Lidex	PREFERRED GENERIC	
Fluticasone Propionate External Cream	0.05 %	Cutivate	PREFERRED GENERIC	
Fluticasone Propionate External Ointment	0.005 %	Cutivate	PREFERRED GENERIC	
Halobetasol Propionate External Ointment	0.05 %	Ultravate	PREFERRED GENERIC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Hydrocortisone External Cream	2.5 %	HC Cream	PREFERRED GENERIC	
Hydrocortisone External Lotion	2.5 %	Hytone	PREFERRED GENERIC	
Hydrocortisone External Ointment	1 %, 2.5 %	Cortizone-10 ,Hytone	PREFERRED GENERIC	
Hydrocortisone Valerate External Cream	0.2 %	Westcort	PREFERRED GENERIC	
Mometasone Furoate External Cream	0.1 %	Elocon	PREFERRED GENERIC	
Mometasone Furoate External Ointment	0.1 %	Elocon	PREFERRED GENERIC	
Mometasone Furoate External Solution	0.1 %	Elocon	PREFERRED GENERIC	
Triamcinolone Acetonide External Cream	0.1 %	Aristocort A	PREFERRED GENERIC	
Triamcinolone Acetonide External Lotion	0.025 %, 0.1 %	Kenalog	PREFERRED GENERIC	
Triamcinolone Acetonide External Ointment	0.1 %	Aristocort A	PREFERRED GENERIC	
<i>Eczema Agents (Agentes Para La Eczema)</i>				
Dupixent Subcutaneous Solution Pen-Injector	200 mg/1.14ml, 300 mg/2ml	Dupixent	PREFERRED SPECIALTY	PA
Dupixent Subcutaneous Solution Prefilled Syringe	200 mg/1.14ml, 300 mg/2ml	Dupixent	PREFERRED SPECIALTY	PA
<i>Emollients (Emolientes)</i>				
Ammonium Lactate External Cream	12 %	Lac-Hydrin	PREFERRED GENERIC	
Ammonium Lactate External Lotion	12 %	Lac-Hydrin	PREFERRED GENERIC	
<i>Immunomodulating Agents - Topical (Agentes Inmunomodulares - Topicos)</i>				
Imiquimod External Cream	5 %	Aldara	PREFERRED GENERIC	
<i>Local Anesthetics - Topical (Anestesia Local - Topica)</i>				
Lidocaine Hcl External Solution	4 %	Xylocaine	PREFERRED GENERIC	
Lidocaine-Prilocaine External Cream	2.5-2.5 %	EMLA	PREFERRED GENERIC	
<i>Rosacea Agents (Agentes Rosacea)</i>				
Finacea External Foam	15 %	Finacea	PREFERRED BRAND	
Metronidazole External Cream	0.75 %	MetroCream	PREFERRED GENERIC	
<i>Wound Care Products (Productos Para Curar Heridas)</i>				
Acticoat 7 External Pad	4"x5"	Tegaderm Ag Mesh 4"x5"	PREFERRED BRAND	
Kendall Amorphous Wound External Gel		Woun'Dres Hydrogel Wound Dress	PREFERRED BRAND	
Medihoney Ca Alginate 2"x2" External Pad		Dome-Paste Bandages	PREFERRED BRAND	
Medihoney Ca Alginate 4"x5" External Pad		Dome-Paste Bandages	PREFERRED BRAND	

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

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Tymlos Subcutaneous Solution Pen-Injector	3120 mcg/1.56ml	Tymlos	PREFERRED SPECIALTY	PA
<i>Gnrh/Lhrh Antagonists (Antagonistas Gnrh/Lhrh)</i>				
Orilissa Oral Tablet	150 mg	Orilissa	PREFERRED SPECIALTY	QL(28 in 28 Days) , PA
Orilissa Oral Tablet	200 mg	Orilissa	PREFERRED SPECIALTY	QL(56 in 28 Days) , PA
<i>Growth Hormone Receptor Antagonists (Antagonistas De Receptores De La Hormona De Crecimiento)</i>				
Somavert Subcutaneous Solution Reconstituted	20 mg	Somavert	PREFERRED SPECIALTY	PA
Somavert Subcutaneous Solution Reconstituted	10 mg, 15 mg, 25 mg, 30 mg	Somavert	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
<i>Hormone Receptor Modulators (Moduladores De Receptores Hormonales)</i>				
Raloxifene Hcl Oral Tablet	60 mg	Evista	PREFERRED GENERIC	QL(30 in 30 Days)
<i>Insulin-Like Growth Factors (Somatomedins) (Factores De Crecimiento Parecidos A La Insulina (Somatomedinas))</i>				
Increlex Subcutaneous Solution	40 mg/4ml	Increlex	PREFERRED SPECIALTY	PA
<i>Lhrh/Gnrh Agonist Analog Pituitary Suppressants (Supresores De Agonistas Analogos Lhrh/Gnrh De La Pituitaria)</i>				
Synarel Nasal Solution	2 mg/ml	Synarel	PREFERRED SPECIALTY	
<i>Metabolic Modifiers (Modificadores Metabolicos)</i>				
Betaine Oral Powder		Cystadane	PREFERRED SPECIALTY	
Calcitriol Oral Capsule	0.25 mcg, 0.5 mcg	Rocaltrol	PREFERRED GENERIC	
Carglumic Acid Oral Tablet Soluble	200 mg	Carbaglu	PREFERRED SPECIALTY	PA
Cinacalcet Hcl Oral Tablet	30 mg, 90 mg	Sensipar	PREFERRED SPECIALTY	QL(120 in 30 Days) , PA
Cinacalcet Hcl Oral Tablet	60 mg	Sensipar	PREFERRED SPECIALTY	QL(150 in 30 Days) , PA
Myalept Subcutaneous Solution Reconstituted	11.3 mg	Myalept	PREFERRED SPECIALTY	PA
Nitisinone Oral Capsule	10 mg, 2 mg, 20 mg, 5 mg	Orfadin	PREFERRED SPECIALTY	
Ravicti Oral Liquid	1.1 gm/ml	Ravicti	PREFERRED SPECIALTY	PA
Sapropterin Dihydrochloride Oral Packet	100 mg, 500 mg	Kuvan	PREFERRED SPECIALTY	PA
Sapropterin Dihydrochloride Oral Tablet	100 mg	Kuvan	PREFERRED SPECIALTY	PA
Sodium Phenylbutyrate Oral Powder	3 gm/tsp	Buphenyl	PREFERRED SPECIALTY	
Sodium Phenylbutyrate Oral Tablet	500 mg	Buphenyl	PREFERRED SPECIALTY	
<i>Posterior Pituitary Hormones (Hormonas De La Pituitaria Posterior)</i>				
Desmopressin Acetate Injection Solution	4 mcg/ml	DDAVP	PREFERRED SPECIALTY	
Desmopressin Acetate Oral Tablet	0.1 mg, 0.2 mg	DDAVP	PREFERRED GENERIC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Desmopressin Acetate Pf Injection Solution	4 mcg/ml	DDAVP Pf	PREFERRED SPECIALTY	
Somatostatic Agents (Agentes Somatostaticos)				
Octreotide Acetate Injection Solution	100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	PREFERRED SPECIALTY	PA
Octreotide Acetate Subcutaneous Solution Prefilled Syringe	100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Octreotide Acetate	PREFERRED SPECIALTY	PA
Signifor Subcutaneous Solution	0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml	Signifor	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Somatuline Depot Subcutaneous Solution	120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml	Somatuline Depot	PREFERRED SPECIALTY	PA
Vasopressin Receptor Antagonists (Antagonistas De Receptores De Vasopresina)				
Tolvaptan Oral Tablet	15 mg	Samsca	PREFERRED SPECIALTY	QL(30 in 1 Lft) , PA
Tolvaptan Oral Tablet	30 mg	Samsca	PREFERRED SPECIALTY	QL(60 in 1 Lft) , PA
Estrogens (Estrógenos)				
Estrogen Combinations (Combinaciones De Estrógenos)				
Combipatch Transdermal Patch Twice Weekly	0.05-0.14 mg/day, 0.05-0.25 mg/day	CombiPatch	PREFERRED BRAND	
Duavee Oral Tablet	0.45-20 mg	Duavee	PREFERRED BRAND	
Oriahnn Oral Capsule Therapy Pack	300-1-0.5 & 300 mg	Oriahnn	PREFERRED SPECIALTY	PA
Premphase Oral Tablet	0.625-5 mg	Premphase	PREFERRED BRAND	
Prempro Oral Tablet	0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	Prempro	PREFERRED BRAND	
Estrogens (Estrógenos)				
Depo-Estradiol Intramuscular Oil	5 mg/ml	Depo-Estradiol	PREFERRED BRAND	
Estradiol Oral Tablet	0.5 mg, 1 mg, 2 mg	Estrace	PREFERRED GENERIC	
Premarin Injection Solution Reconstituted	25 mg	Premarin	PREFERRED BRAND	
Premarin Oral Tablet	0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Premarin	PREFERRED BRAND	
Fluoroquinolones (Fluoroquinolonas)				
Fluoroquinolones (Fluoroquinolonas)				
Baxdela Oral Tablet	450 mg	Baxdela	PREFERRED BRAND	
Ciprofloxacin Hcl Oral Tablet	250 mg, 500 mg, 750 mg	Cipro	PREFERRED GENERIC	
Levofloxacin Oral Tablet	250 mg, 500 mg, 750 mg	Levaquin	PREFERRED GENERIC	
Gastrointestinal Agents - Misc. (Agentes Gastrointestinales - Misc.)				
Bile Acid Synthesis Disorder Agents (Agentes Para El Desorden De La Sintesis Del Acido Biliar)				
Cholbam Oral Capsule	250 mg, 50 mg	Cholbam	PREFERRED SPECIALTY	PA
Gallstone Solubilizing Agents (Agentes Solubilizantes De Calculos Biliares)				
Chenodal Oral Tablet	250 mg	Chenodal	PREFERRED SPECIALTY	

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Ursodiol Oral Tablet	250 mg	Urso 250	PREFERRED GENERIC	
Gastrointestinal Stimulants (Estimulantes Gastrointestinales)				
Metoclopramide Hcl Oral Solution	5 mg/5ml	Metoclopramide HCl	PREFERRED GENERIC	
Metoclopramide Hcl Oral Tablet	10 mg, 5 mg	Reglan	PREFERRED GENERIC	
Inflammatory Bowel Agents (Agentes Para El Síndrome De Intestino Inflamado)				
Balsalazide Disodium Oral Capsule	750 mg	Colazal	PREFERRED GENERIC	
Pentasa Oral Capsule Extended Release	250 mg	Pentasa	PREFERRED BRAND	
Skyrizi Subcutaneous Solution Cartridge	180 mg/1.2ml, 360 mg/2.4ml	Skyrizi	PREFERRED SPECIALTY	PA
Sulfasalazine Oral Tablet	500 mg	Azulfidine	PREFERRED GENERIC	
Sulfasalazine Oral Tablet Delayed Release	500 mg	Azulfidine EN-tabs	PREFERRED GENERIC	
Irritable Bowel Syndrome (Ibs) Agents (Agentes Para El Síndrome De Intestino Irritable)				
Linzess Oral Capsule	145 mcg, 290 mcg, 72 mcg	Linzess	PREFERRED BRAND	QL(30 in 30 Days)
Peripheral Opioid Receptor Antagonists (Antagonistas De Receptores Opiodes Periferales)				
Movantik Oral Tablet	12.5 mg, 25 mg	Movantik	PREFERRED BRAND	
Relistor Oral Tablet	150 mg	Relistor	PREFERRED BRAND	
Relistor Subcutaneous Solution	12 mg/0.6ml, 8 mg/0.4ml	Relistor	PREFERRED BRAND	
Symproic Oral Tablet	0.2 mg	Symproic	PREFERRED BRAND	
Phosphate Binder Agents (Agentes Aglutinantes De Fosfato)				
Sevelamer Carbonate Oral Tablet	800 mg	Renvela	PREFERRED GENERIC	QL(540 in 30 Days)
Velphoro Oral Tablet Chewable	500 mg	Velphoro	PREFERRED BRAND	
Genitourinary Agents - Miscellaneous (Agentes Genitourinarios - Misc.)				
Alkalinizers (Alkalinizadores)				
Sod_citrate-Citric Acid Oral Solution	500-334 mg/5ml	Bicitra	PREFERRED GENERIC	
Tricitrates Oral Solution	550-500-334 mg/5ml	Polycitra-LC	PREFERRED GENERIC	
Cystinosis Agents (Agentes Para La Cistinosis)				
Cystagon Oral Capsule	150 mg, 50 mg	Cystagon	PREFERRED SPECIALTY	
Genitourinary Irrigants (Irrigantes Genitourinarios)				
Renacidin Irrigation Solution		Renacidin	PREFERRED BRAND	
Interstitial Cystitis Agents (Agentes Para La Cistitis Intersticial)				
Elmiron Oral Capsule	100 mg	Elmiron	PREFERRED BRAND	
Prostatic Hypertrophy Agents (Agentes Para La Hipertrofia Prostatica)				
Alfuzosin Hcl Er Oral Tablet Extended Release 24 Hour	10 mg	Uroxatral	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Finasteride Oral Tablet	5 mg	Proscar	PREFERRED GENERIC	QL(30 in 30 Days)
Tamsulosin Hcl Oral Capsule	0.4 mg	Flomax	PREFERRED GENERIC	QL(60 in 30 Days)
<i>Urinary Analgesics (Analgésicos Urinarios)</i>				
Phenazopyridine Hcl Oral Tablet	100 mg	Pyridiate	PREFERRED GENERIC	
<i>Urinary Stone Agents (Agentes Para Piedras Urinarias)</i>				
Tiopronin Oral Tablet	100 mg	Thiola	PREFERRED SPECIALTY	
Tiopronin Oral Tablet Delayed Release	100 mg, 300 mg	Thiola EC	PREFERRED SPECIALTY	
Gout Agents (Agentes Para La Gota)				
<i>Gout Agent Combinations (Combinaciones De Agentes Para La Gota)</i>				
Colchicine-Probenecid Oral Tablet	0.5-500 mg	Col-Probenecid	PREFERRED GENERIC	
<i>Gout Agents (Agentes Para La Gota)</i>				
Allopurinol Oral Tablet	100 mg, 300 mg	Zyloprim	PREFERRED GENERIC	
Febuxostat Oral Tablet	40 mg	Uloric	PREFERRED GENERIC	
Mitigare Oral Capsule	0.6 mg	Mitigare	PREFERRED BRAND	
<i>Uricosurics (Uricosuricos)</i>				
Probenecid Oral Tablet	500 mg	Probenecid	PREFERRED GENERIC	
Hematological Agents - Misc. (Agentes Hematológicos - Misc.)				
<i>Bradykinin B2 Receptor Antagonists (Antagonistas De Receptores De Bradikina B2)</i>				
Icatibant Acetate Subcutaneous Solution Prefilled Syringe	30 mg/3ml	Firazyr	PREFERRED SPECIALTY	QL(18 in 30 Days) , PA
<i>Hematorheologic Agents (Agentes Hematológicos)</i>				
Pentoxifylline Er Oral Tablet Extended Release	400 mg	TRENtal	PREFERRED GENERIC	
<i>Plasma Kallikrein Inhibitors (Inhibidores De Plasma Kallikrein)</i>				
Takhzyro Subcutaneous Solution	300 mg/2ml	Takhzyro	PREFERRED SPECIALTY	PA
Takhzyro Subcutaneous Solution Prefilled Syringe	150 mg/ml, 300 mg/2ml	Takhzyro	PREFERRED SPECIALTY	PA
<i>Platelet Aggregation Inhibitors (Inhibidores De Agregacion De Plaquetas)</i>				
Anagrelide Hcl Oral Capsule	0.5 mg	Agrylin	PREFERRED GENERIC	
Brilinta Oral Tablet	60 mg, 90 mg	Brilinta	PREFERRED BRAND	QL(60 in 30 Days) , PA
Cilostazol Oral Tablet	100 mg, 50 mg	Pletal	PREFERRED GENERIC	
Clopidogrel Bisulfate Oral Tablet	75 mg	Plavix	PREFERRED GENERIC	
Dipyridamole Oral Tablet	25 mg, 50 mg, 75 mg	Permole	PREFERRED GENERIC	
<i>Thrombolytic Enzymes (Enzimas Trombolíticas)</i>				
Cathflo Activase Injection Solution Reconstituted	2 mg	Cathflo Activase	PREFERRED BRAND	
Hematopoietic Agents (Agentes Hematopoyéticos)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
<i>Agents For Sickle Cell Disease (Agentes Para La Anemia De Células Falciformes)</i>				
Droxia Oral Capsule	200 mg, 300 mg, 400 mg	Droxia	PREFERRED BRAND	
<i>Folic Acid/Folates (Acido Folico / Folatos)</i>				
Folic_acid Oral Tablet	1 mg	KP Folic Acid	PREFERRED GENERIC	QL(30 in 30 Days)
<i>Hematopoietic Growth Factors (Factores Hematopoyeticos De Crecimiento)</i>				
Aranesp (Albumin Free) Injection Solution	100 mcg/ml, 200 mcg/ml, 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	Aranesp (Albumin Free)	PREFERRED SPECIALTY	PA
Aranesp (Albumin Free) Injection Solution Prefilled Syringe	10 mcg/0.4ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 25 mcg/0.42ml, 300 mcg/0.6ml, 40 mcg/0.4ml, 500 mcg/ml, 60 mcg/0.3ml	Aranesp (Albumin Free)	PREFERRED SPECIALTY	PA
Fulphila Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Fulphila	PREFERRED SPECIALTY	PA
Granix Subcutaneous Solution	300 mcg/ml, 480 mcg/1.6ml	Granix	PREFERRED SPECIALTY	PA
Granix Subcutaneous Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Granix	PREFERRED SPECIALTY	PA
Neulasta Onpro Subcutaneous Prefilled Syringe Kit	6 mg/0.6ml	Neulasta Delivery Kit	PREFERRED SPECIALTY	ST , PA
Neulasta Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Neulasta	PREFERRED SPECIALTY	ST , PA
Neupogen Injection Solution	300 mcg/ml, 480 mcg/1.6ml	Neupogen	PREFERRED SPECIALTY	PA
Neupogen Injection Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Neupogen	PREFERRED SPECIALTY	PA
Nivestym Injection Solution	300 mcg/ml, 480 mcg/1.6ml	Nivestym	PREFERRED SPECIALTY	PA
Nivestym Injection Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Nivestym	PREFERRED SPECIALTY	PA
Nplate Subcutaneous Solution Reconstituted	125 mcg, 250 mcg, 500 mcg	Nplate	PREFERRED SPECIALTY	
Nyvepria Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Nyvepria	PREFERRED SPECIALTY	PA
Procrit Injection Solution	10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000 unit/ml, 4000 unit/ml, 40000 unit/ml	Epogen ,Procrit	PREFERRED SPECIALTY	PA
Promacta Oral Packet	25 mg	Promacta	PREFERRED SPECIALTY	QL(180 in 30 Days) , PA
Promacta Oral Packet	12.5 mg	Promacta	PREFERRED SPECIALTY	QL(360 in 30 Days) , PA
Promacta Oral Tablet	12.5 mg, 25 mg, 50 mg, 75 mg	Promacta	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Udenyca Onbody Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Udenyca Onbody	PREFERRED SPECIALTY	PA
Udenyca Subcutaneous Solution Auto-Injector	6 mg/0.6ml	Udenyca	PREFERRED SPECIALTY	PA
Udenyca Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Udenyca	PREFERRED SPECIALTY	PA
Zarxio Injection Solution Prefilled Syringe	300 mcg/0.5ml, 480 mcg/0.8ml	Zarxio	PREFERRED SPECIALTY	PA
Ziextenzo Subcutaneous Solution Prefilled Syringe	6 mg/0.6ml	Ziextenzo	PREFERRED SPECIALTY	PA
Iron (Hierro)				
Infed_injection Solution	50 mg/ml	Infed	PREFERRED BRAND	PA
Stem Cell Mobilizers (Mobilizadores De Celulas Madre)				
Plerixafor Subcutaneous Solution	24 mg/1.2ml	Mozobil	PREFERRED SPECIALTY	
Hemostatics (Hemostaticos)				
Hemostatics - Systemic (Hemostaticos - Sistemicos)				
Tranexamic Acid Oral Tablet	650 mg	Lysteda	PREFERRED SPECIALTY	
Hemostatics - Topical (Hemostaticos - Topicos)				
Monsels Ferric Subsulfate External Solution		Monsels Ferric Subsulfate	PREFERRED BRAND	
Hypnotics/Sedatives/Sleep Disorder Agents (Hipnoticos/Sedantes/Agentes Para Problemas De Sueño)				
Barbiturate Hypnotics (Hipnoticos Barbituricos)				
Phenobarbital Oral Tablet	30 mg, 64.8 mg, 97.2 mg	PHENobarbital	PREFERRED GENERIC	
Non-Barbiturate Hypnotics (Hipnoticos No Barbituricos)				
Eszopiclone Oral Tablet	1 mg, 2 mg, 3 mg	Lunesta	PREFERRED GENERIC	QL(15 in 30 Days)
Midazolam Hcl Injection Solution	10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Midazolam HCl ,Versed	PREFERRED GENERIC	
Temazepam Oral Capsule	15 mg, 30 mg	Restoril	PREFERRED GENERIC	QL(30 in 30 Days)
Zaleplon Oral Capsule	10 mg, 5 mg	Sonata	PREFERRED GENERIC	QL(15 in 30 Days)
Zolpidem Tartrate Oral Tablet	10 mg, 5 mg	Ambien	PREFERRED GENERIC	QL(30 in 30 Days)
Selective Melatonin Receptor Agonists (Agonistas Selectivos De Receptores De Melatonina)				
Tasimelteon Oral Capsule	20 mg	Hetlioz	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Laxatives (Laxantes)				
Laxatives - Miscellaneous (Laxantes - Miscelaneos)				
Lactulose Oral Solution	10 gm/15ml	Constulose	PREFERRED GENERIC	
Lubricant Laxatives (Laxantes Lubricantes)				
Muri-Lube Oil		Muri-Lube Oil	PREFERRED BRAND	
Local Anesthetics-Parenteral (Anestesia Local - Parenteral)				
Local Anesthetic Combinations (Combinaciones De Anesteticos Locales)				
Sensorcaine-Mpf/Epinephrine Injection Solution	0.75-1:200000 %	Sensorcaine-MPF/EPINEPHrine	PREFERRED BRAND	
Local Anesthetics - Amides (Anestesia Local - Amidas)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Polocaine Injection Solution	2 %	Carbocaine	PREFERRED BRAND	
Macrolides (Macrolidos)				
<i>Azithromycin (Acitromicina)</i>				
Azithromycin Oral Suspension Reconstituted	100 mg/5ml, 200 mg/5ml	Zithromax	PREFERRED GENERIC	
Azithromycin Oral Tablet	250 mg, 500 mg	Zithromax	PREFERRED GENERIC	
<i>Clarithromycin (Claritromicina)</i>				
Clarithromycin Oral Tablet	250 mg, 500 mg	Biaxin	PREFERRED GENERIC	
Medical Devices And Supplies (Equipo Medico Y Suplidos)				
<i>Parenteral Therapy Supplies (Suplidos Para Terapia Parenteral)</i>				
Bd_autoshield Duo Miscellaneous	30g x 5 mm	BD AutoShield Duo Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_insulin Syringe Half-Unit Miscellaneous	31g x 5/16" 0.3 ml	Elite-Thin Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_insulin Syringe Microfine Miscellaneous	27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	BD Insulin Syringe MicroFine Miscellaneous ,Topco Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_insulin Syringe Miscellaneous	27.5g x 5/8" 2 ml, 27g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, u-100 1 ml	BD Insulin Syringe Miscellaneous ,BD Insulin Syringe Ultrafine Miscellaneous ,Monoject Insulin Syringe Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_insulin Syringe Miscellaneous	29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml	Monoject Insulin Safety Syr Miscellaneous ,Topco Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_insulin Syringe U/F Miscellaneous	30g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 1 ml	Drug Emporium Insulin Syringe Miscellaneous ,Elite-Thin Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_insulin Syringe U/F Miscellaneous	30g x 1/2" 1 ml	Ultra Comfort Insulin Syringe Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_insulin Syringe U-500 Miscellaneous	31g x 6mm 0.5 ml	BD Insulin Syringe U-500 Miscellaneous	PREFERRED BRAND	
Bd_insulin Syringe Ultrafine Miscellaneous	29g x 1/2" 0.5 ml, 30g x 1/2" 0.3 ml, 31g x 5/16" 0.5 ml	B-D Insulin Syringe U/F Short Miscellaneous 30G X 5/16" 0.5 ML,BD Insulin Syringe Ultrafine Miscellaneous ,Drug Emporium Insulin Syringe Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_insulin Syringe Ultrafine Miscellaneous	30g x 1/2" 0.5 ml	Drug Emporium Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_pen Needle Mini U/F Miscellaneous	31g x 5 mm	BD Pen Needle Mini U/F Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_pen Needle Nano 2nd Gen Miscellaneous	32g x 4 mm	BD Pen Needle Nano U/F Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Bd_pen Needle Nano U/F Miscellaneous	32g x 4 mm	BD Pen Needle Nano U/F Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_pen Needle Original U/F Miscellaneous	29g x 12.7mm	BD U/F Original Pen Needle Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_pen Needle Short U/F Miscellaneous	31g x 8 mm	BD Pen Needle Short U/F Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Bd_safetyglide Insulin Syringe Miscellaneous	29g x 1/2" 0.3 ml, 31g x 15/64" 0.3 ml, 31g x 5/16" 0.3 ml	BD Insulin Syringe Ultrafine Miscellaneous ,Elite-Thin Insulin Syringe Miscellaneous ,Topco Insulin Syringe Miscellaneous	PREFERRED BRAND	
Bd_safetyglide Insulin Syringe Miscellaneous	29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml	BD Insulin Syringe Ultrafine Miscellaneous ,Ultra Comfort Insulin Syringe Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Novofine Pen Needle Miscellaneous	32g x 6 mm	Novofine Pen Needle Miscellaneous	PREFERRED BRAND	
Novofine Plus Pen Needle Miscellaneous	32g x 4 mm	BD Pen Needle Nano U/F Miscellaneous	PREFERRED BRAND	QL(100 in 30 Days)
Migraine Products (Productos Para La Migraña)				
<i>Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag (Antag Del Receptor Del Péptido Relacionado Con El Gen De La Calcitonina (Cgrp))</i>				
Emgality (300 Mg Dose) Subcutaneous Solution Prefilled Syringe	100 mg/ml	Emgality (300 MG Dose)	PREFERRED SPECIALTY	QL(3 in 30 Days) , PA
Emgality Subcutaneous Solution Auto-Injector	120 mg/ml	Emgality	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Emgality Subcutaneous Solution Prefilled Syringe	120 mg/ml	Emgality	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Miscellaneous Therapeutic Classes (Clases Terapeuticas Miscelaneas)				
<i>Chelating Agents (Agentes Quelantes)</i>				
Penicillamine Oral Capsule	250 mg	Cuprimine	PREFERRED SPECIALTY	PA
Penicillamine Oral Tablet	250 mg	Depen Titratabs	PREFERRED SPECIALTY	
Trientine Hcl Oral Capsule	250 mg, 500 mg	Syprine ,Trientine HCl	PREFERRED SPECIALTY	
<i>Immunomodulators (Inmunomoduladores)</i>				
Lenalidomide Oral Capsule	10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Revlimid	PREFERRED SPECIALTY	PA , **
Revlimid Oral Capsule	10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Revlimid	PREFERRED SPECIALTY	PA , **
Thalomid Oral Capsule	100 mg, 50 mg	Thalomid	PREFERRED SPECIALTY	PA , **
<i>Immunosuppressive Agents (Agentes Inmunosupresores)</i>				
Azasan Oral Tablet	100 mg, 75 mg	Azasan	PREFERRED SPECIALTY	
Azathioprine Oral Tablet	50 mg	Imuran	PREFERRED GENERIC	
Cyclosporine Modified Oral Capsule	100 mg, 25 mg, 50 mg	Gengraf ,Neoral	PREFERRED SPECIALTY	
Cyclosporine Modified Oral Solution	100 mg/ml	Neoral	PREFERRED SPECIALTY	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Cyclosporine Oral Capsule	100 mg, 25 mg	SandIMMUNE	PREFERRED SPECIALTY	
Enspryng Subcutaneous Solution Prefilled Syringe	120 mg/ml	Enspryng	PREFERRED SPECIALTY	PA
Everolimus Oral Tablet	0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	PREFERRED SPECIALTY	PA
Gengraf Oral Capsule	100 mg, 25 mg	Neoral	PREFERRED SPECIALTY	
Gengraf Oral Solution	100 mg/ml	Neoral	PREFERRED SPECIALTY	
Mycophenolate Mofetil Oral Capsule	250 mg	CellCept	PREFERRED SPECIALTY	
Mycophenolate Mofetil Oral Suspension Reconstituted	200 mg/ml	CellCept	PREFERRED SPECIALTY	
Mycophenolate Mofetil Oral Tablet	500 mg	CellCept	PREFERRED SPECIALTY	
Mycophenolate Sodium Oral Tablet Delayed Release	180 mg, 360 mg	Myfortic	PREFERRED SPECIALTY	
Mycophenolic Acid Oral Tablet Delayed Release	180 mg, 360 mg	Myfortic	PREFERRED SPECIALTY	
Prograf Oral Packet	0.2 mg, 1 mg	Prograf	PREFERRED SPECIALTY	
Sirolimus Oral Solution	1 mg/ml	Rapamune	PREFERRED SPECIALTY	
Sirolimus Oral Tablet	0.5 mg, 1 mg, 2 mg	Rapamune	PREFERRED SPECIALTY	
Tacrolimus Oral Capsule	0.5 mg, 1 mg, 5 mg	Prograf	PREFERRED SPECIALTY	
Potassium Removing Agents (Agentes Removedores De Potasio)				
Sodium Polystyrene Sulfonate Oral Powder		Kayexalate	PREFERRED GENERIC	
Systemic Lupus Erythematosus Agents (Agentes Para Lupus Eritematoso Sistemico)				
Benlysta Subcutaneous Solution Auto-Injector	200 mg/ml	Benlysta	PREFERRED SPECIALTY	PA
Benlysta Subcutaneous Solution Prefilled Syringe	200 mg/ml	Benlysta	PREFERRED SPECIALTY	PA
Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)				
Anti-Infectives - Throat (Antiinfectivos Garganta)				
Clotrimazole Mouth/Throat Troche	10 mg	Mycelex	PREFERRED GENERIC	
Nystatin Mouth/Throat Suspension	100000 unit/ml	Mycostatin	PREFERRED GENERIC	
Antiseptics - Mouth/Throat (Antisepticos - Boca Y Garganta)				
Chlorhexidine Gluconate Mouth/Throat Solution	0.12 %	Peridex	PREFERRED GENERIC	
Throat Products - Misc. (Productos Para La Garganta - Misc.)				
Pilocarpine Hcl Oral Tablet	5 mg	Salagen	PREFERRED GENERIC	
Musculoskeletal Therapy Agents (Agentes Para Terapia Musculoesekeletal)				
Central Muscle Relaxants (Relajantes Del Sistema Muscular)				
Baclofen Intrathecal Solution	10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	Gablofen	PREFERRED SPECIALTY	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Baclofen Intrathecal Solution Prefilled Syringe	50 mcg/ml	Gablofen	PREFERRED SPECIALTY	
Baclofen Oral Tablet	10 mg, 20 mg	Lioresal	PREFERRED GENERIC	
Carisoprodol Oral Tablet	350 mg	Soma	PREFERRED GENERIC	
Cyclobenzaprine Hcl Oral Tablet	10 mg, 5 mg	Flexeril	PREFERRED GENERIC	
Gablofen Intrathecal Solution Prefilled Syringe	10000 mcg/20ml, 20000 mcg/20ml, 40000 mcg/20ml	Gablofen	PREFERRED SPECIALTY	
Lioresal Intrathecal Solution	0.05 mg/ml, 10 mg/5ml	Lioresal	PREFERRED SPECIALTY	
Metaxalone Oral Tablet	800 mg	Skelaxin	PREFERRED GENERIC	
Orphenadrine Citrate Er Oral Tablet Extended Release 12 Hour	100 mg	Norflex	PREFERRED GENERIC	
Tizanidine Hcl Oral Tablet	2 mg, 4 mg	Zanaflex	PREFERRED GENERIC	
<i>Direct Muscle Relaxants (Relajantes Musculares Directos)</i>				
Dantrolene Sodium Oral Capsule	100 mg, 50 mg	Dantrium	PREFERRED GENERIC	
Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)				
<i>Nasal Antiallergy (Antialergicos Nasales)</i>				
Azelastine Hcl Nasal Solution	0.1 %	Astelin	PREFERRED GENERIC	QL(30 in 25 Days)
<i>Nasal Anticholinergics (Anticolinergicos Nasales)</i>				
Ipratropium Bromide Nasal Solution	0.06 %	Atrovent	PREFERRED GENERIC	QL(30 in 30 Days)
Ipratropium Bromide Nasal Solution	0.03 %	Atrovent	PREFERRED GENERIC	QL(60 in 30 Days)
<i>Nasal Steroids (Esteroides Nasales)</i>				
Fluticasone Propionate Nasal Suspension	50 mcg/act	Flonase	PREFERRED GENERIC	QL(16 in 30 Days)
Qnasl_childrens Nasal Aerosol Solution	40 mcg/act	Qnasl Childrens	PREFERRED BRAND	ST
Qnasl_nasal Aerosol Solution	80 mcg/act	Qnasl	PREFERRED BRAND	ST
Ophthalmic Agents (Agentes Oftalmicos)				
<i>Beta-Blockers - Ophthalmic (Bloqueadores Beta - Oftalmicos)</i>				
Carteolol Hcl Ophthalmic Solution	1 %	Ocupress	PREFERRED GENERIC	
Dorzolamide Hcl-Timolol Mal Ophthalmic Solution	2-0.5 %	Cosopt	PREFERRED GENERIC	
Levobunolol Hcl Ophthalmic Solution	0.5 %	Betagan	PREFERRED GENERIC	
Timolol Maleate Ophthalmic Solution	0.25 %	Timoptic	PREFERRED GENERIC	
<i>Cycloplegic Mydriatics (Midriáticos Ciclopléjicos)</i>				
Cyclopentolate Hcl Ophthalmic Solution	1 %	AK-Pentolate	PREFERRED GENERIC	
Tropicamide Ophthalmic Solution	0.5 %, 1 %	Mydral ,Mydriacyl	PREFERRED GENERIC	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Miotics (Mioticos)				
Phospholine Iodide Ophthalmic Solution Reconstituted	0.125 %	Phospholine Iodide	PREFERRED SPECIALTY	
Ophthalmic Adrenergic Agents (Agentes Adrenergicos Oftalmicos)				
Brimonidine Tartrate Ophthalmic Solution	0.2 %	Alphagan	PREFERRED GENERIC	
Ophthalmic Anti-Infectives (Antiinfectivos Oftalmicos)				
Azasite Ophthalmic Solution	1 %	AzaSite	PREFERRED BRAND	
Natacyn Ophthalmic Suspension	5 %	Natacyn	PREFERRED BRAND	
Sulfacetamide Sodium Ophthalmic Solution	10 %	AK-Sulf	PREFERRED GENERIC	
Tobramycin Ophthalmic Solution	0.3 %	Tobrex	PREFERRED GENERIC	
Ophthalmics - Misc. (Oftalmicos - Misc.)				
Cromolyn Sodium Ophthalmic Solution	4 %	Opticrom	PREFERRED GENERIC	
Cystaran Ophthalmic Solution	0.44 %	Cystaran	PREFERRED SPECIALTY	QL(60 in 28 Days) , PA
Dorzolamide Hcl Ophthalmic Solution	2 %	Trusopt	PREFERRED GENERIC	
Ketorolac Tromethamine Ophthalmic Solution	0.5 %	Acular	PREFERRED GENERIC	
Penicillins (Penicilinas)				
Aminopenicillins (Aminopenicilinas)				
Amoxicillin Oral Capsule	250 mg, 500 mg	Amoxil	PREFERRED GENERIC	
Amoxicillin Oral Suspension Reconstituted	125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Amoxil	PREFERRED GENERIC	
Amoxicillin Oral Tablet	500 mg, 875 mg	Amoxil	PREFERRED GENERIC	
Amoxicillin Oral Tablet Chewable	125 mg, 250 mg	Amoxil	PREFERRED GENERIC	
Ampicillin Oral Capsule	500 mg	Marcillin	PREFERRED GENERIC	
Natural Penicillins (Penicilinas Naturales)				
Bicillin L-A Intramuscular Suspension Prefilled Syringe	1200000 unit/2ml, 2400000 unit/4ml, 600000 unit/ml	Bicillin L-A	PREFERRED BRAND	
Penicillin V Potassium Oral Solution Reconstituted	125 mg/5ml, 250 mg/5ml	Beepen-VK ,Ledercillin VK	PREFERRED GENERIC	
Penicillin V Potassium Oral Tablet	250 mg, 500 mg	Beepen-VK	PREFERRED GENERIC	
Penicillin Combinations (Combinaciones De Penicilina)				
Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted	200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Augmentin ,Augmentin ES-600	PREFERRED GENERIC	
Amoxicillin-Pot Clavulanate Oral Tablet	500-125 mg, 875-125 mg	Augmentin	PREFERRED GENERIC	
Bicillin C-R 900/300 Intramuscular Suspension	900000-300000 unit/2ml	Bicillin C-R 900/300	PREFERRED BRAND	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Bicillin C-R Intramuscular Suspension	1200000 unit/2ml	Bicillin C-R	PREFERRED BRAND	
<i>Penicillinase-Resistant Penicillins (Penicilinas Resistentes A La Penicilinas)</i>				
Dicloxacillin Sodium Oral Capsule	250 mg, 500 mg	Dycill	PREFERRED GENERIC	
Progestins (Progestinas)				
<i>Progestins (Progestinas)</i>				
Medroxyprogesterone Acetate Oral Tablet	10 mg, 2.5 mg, 5 mg	Amen ,Cycrin	PREFERRED GENERIC	
Megestrol Acetate Oral Suspension	625 mg/5ml	Megace ES	PREFERRED SPECIALTY	
Norethindrone Acetate Oral Tablet	5 mg	Aygestin	PREFERRED GENERIC	
Progesterone Intramuscular Oil	50 mg/ml	Eveready Progesterone	PREFERRED SPECIALTY	
Progesterone Oral Capsule	200 mg	Prometrium	PREFERRED GENERIC	
Psychotherapeutic And Neurological Agents - Misc. (Agentes Psicoterapeuticos Y Neurologicos - Misc.)				
<i>Agents For Chemical Dependency (Agentes Para La Dependencia Quimica)</i>				
Acamprosate Calcium Oral Tablet Delayed Release	333 mg	Campral	PREFERRED GENERIC	
<i>Anti-Cataleptic Agents (Agentes Anti- Catalepticos)</i>				
Sodium Oxybate Oral Solution	500 mg/ml	Xyrem	PREFERRED SPECIALTY	QL(540 in 30 Days) , PA
Xyrem_oral Solution	500 mg/ml	Xyrem	PREFERRED SPECIALTY	QL(540 in 30 Days) , PA
<i>Antidementia Agents (Agentes Contra La Demencia)</i>				
Donepezil Hcl Oral Tablet	10 mg, 5 mg	Aricept	PREFERRED GENERIC	QL(30 in 30 Days)
Galantamine Hydrobromide Oral Tablet	12 mg	Reminyl	PREFERRED GENERIC	QL(60 in 30 Days)
Memantine Hcl Oral Tablet	10 mg, 5 mg	Namenda	PREFERRED GENERIC	QL(60 in 30 Days)
Namzaric Oral Capsule Er 24 Hour Therapy Pack	7 & 14 & 21 & 28 -10 mg	Namzaric	PREFERRED BRAND	
Namzaric Oral Capsule Extended Release 24 Hour	14-10 mg, 21-10 mg, 28-10 mg, 7-10 mg	Namzaric	PREFERRED BRAND	QL(30 in 30 Days) , PA
Rivastigmine Tartrate Oral Capsule	1.5 mg, 3 mg, 4.5 mg, 6 mg	Exelon	PREFERRED GENERIC	QL(60 in 30 Days)
<i>Combination Psychotherapeutics (Combinaciones Psicoterapeuticas)</i>				
Perphenazine-Amitriptyline Oral Tablet	2-25 mg	Duo-Vil 2-25	PREFERRED GENERIC	
<i>Fibromyalgia Agents (Agentes Para Fibromialgia)</i>				
Savella Oral Tablet	100 mg, 12.5 mg, 25 mg, 50 mg	Savella	PREFERRED BRAND	QL(60 in 30 Days)
Savella Titration Pack Oral Miscellaneous	12.5 & 25 & 50 mg	Savella Titration Pack	PREFERRED BRAND	QL(55 in 28 Days)
<i>Movement Disorder Drug Therapy (Terapia Para Desórdenes Del Movimiento)</i>				
Tetrabenazine Oral Tablet	12.5 mg, 25 mg	Xenazine	PREFERRED SPECIALTY	PA
<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 Pen Intramuscular Auto-Injector Kit	30 mcg/0.5ml	Avonex Pen	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Avonex Prefilled Intramuscular Prefilled Syringe Kit	30 mcg/0.5ml	Avonex Prefilled	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Betaseron Subcutaneous Kit	0.3 mg	Extavia	PREFERRED SPECIALTY	QL(15 in 30 Days) , PA
Dalfampridine Er Oral Tablet Extended Release 12 Hour	10 mg	Ampyra	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Dimethyl Fumarate Oral Capsule Delayed Release	120 mg, 240 mg	Tecfidera	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	120 & 240 mg	Tecfidera	PREFERRED SPECIALTY	QL(60 in 30 Days) , PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	40 mg/ml	Copaxone	PREFERRED SPECIALTY	QL(12 in 28 Days) , PA
Glatiramer Acetate Subcutaneous Solution Prefilled Syringe	20 mg/ml	Copaxone	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Glatopa Subcutaneous Solution Prefilled Syringe	40 mg/ml	Copaxone	PREFERRED SPECIALTY	QL(12 in 28 Days) , PA
Glatopa Subcutaneous Solution Prefilled Syringe	20 mg/ml	Copaxone	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Kesimpta Subcutaneous Solution Auto-Injector	20 mg/0.4ml	Kesimpta	PREFERRED SPECIALTY	PA
Mayzent Oral Tablet	1 mg	Mayzent	PREFERRED SPECIALTY	PA
Mayzent Oral Tablet	0.25 mg	Mayzent	PREFERRED SPECIALTY	QL(210 in 30 Days) , PA
Mayzent Oral Tablet	2 mg	Mayzent	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Mayzent Starter Pack Oral Tablet Therapy Pack	7 x 0.25 mg	Mayzent Starter Pack	PREFERRED SPECIALTY	PA
Mayzent Starter Pack Oral Tablet Therapy Pack	12 x 0.25 mg	Mayzent Starter Pack	PREFERRED SPECIALTY	QL(30 in 30 Days) , PA
Plegridy Intramuscular Solution Prefilled Syringe	125 mcg/0.5ml	Plegridy	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Plegridy Starter Pack Subcutaneous Solution Pen-Injector	63 & 94 mcg/0.5ml	Plegridy Starter Pack	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Plegridy Starter Pack Subcutaneous Solution Prefilled Syringe	63 & 94 mcg/0.5ml	Plegridy Starter Pack	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Plegridy Subcutaneous Solution Pen-Injector	125 mcg/0.5ml	Plegridy	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Plegridy Subcutaneous Solution Prefilled Syringe	125 mcg/0.5ml	Plegridy	PREFERRED SPECIALTY	QL(1 in 28 Days) , PA
Ponvory Oral Tablet	20 mg	Ponvory	PREFERRED SPECIALTY	PA
Ponvory Starter Pack Oral Tablet Therapy Pack	2-3-4-5-6-7-8-9 & 10 mg	Ponvory Starter Pack	PREFERRED SPECIALTY	PA
Rebif_rebidoze Subcutaneous Solution Auto-Injector	22 mcg/0.5ml, 44 mcg/0.5ml	Rebif Rebidoze	PREFERRED SPECIALTY	PA
Rebif_rebidoze Titration Pack Subcutaneous Solution Auto-Injector	6x8.8 & 6x22 mcg	Rebif Rebidoze Titration Pack	PREFERRED SPECIALTY	QL(4.200 in 28 Days) , PA

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Rebif_subcutaneous Solution Prefilled Syringe	22 mcg/0.5ml, 44 mcg/0.5ml	Rebif	PREFERRED SPECIALTY	QL(6 in 28 Days) , PA
Rebif_titration Pack Subcutaneous Solution Prefilled Syringe	6x8.8 & 6x22 mcg	Rebif Titration Pack	PREFERRED SPECIALTY	PA
Teriflunomide Oral Tablet	14 mg, 7 mg	Aubagio	PREFERRED SPECIALTY	PA
Vumerity Oral Capsule Delayed Release	231 mg	Vumerity	PREFERRED SPECIALTY	PA
Zeposia 7-Day Starter Pack Oral Capsule Therapy Pack	4 x 0.23mg & 3 x 0.46mg	Zeposia 7-Day Starter Pack	PREFERRED SPECIALTY	PA
Zeposia Oral Capsule	0.92 mg	Zeposia	PREFERRED SPECIALTY	PA
Zeposia Starter Kit Oral Capsule Therapy Pack	0.23mg & 0.46mg 0.92mg(21)	Zeposia Starter Kit	PREFERRED SPECIALTY	PA
<i>Pseudobulbar Affect (Pba) Agents (Agentes Afecccion Pseudobulbar (Pba))</i>				
Nuedexta Oral Capsule	20-10 mg	Nuedexta	PREFERRED SPECIALTY	PA
Respiratory Agents - Misc. (Agentes Respiratorios - Misc.)				
<i>Cystic Fibrosis Agents (Agentes Para La Fibrosis Quistica)</i>				
Kalydeco Oral Packet	13.4 mg, 25 mg, 5.8 mg, 50 mg, 75 mg	Kalydeco	PREFERRED SPECIALTY	PA
Kalydeco Oral Tablet	150 mg	Kalydeco	PREFERRED SPECIALTY	PA
Orkambi Oral Packet	100-125 mg, 150-188 mg, 75-94 mg	Orkambi	PREFERRED SPECIALTY	PA
Orkambi Oral Tablet	200-125 mg	Orkambi	PREFERRED SPECIALTY	PA
Pulmozyme Inhalation Solution	2.5 mg/2.5ml	Pulmozyme	PREFERRED SPECIALTY	PA
Symdeko Oral Tablet Therapy Pack	100-150 & 150 mg, 50-75 & 75 mg	Symdeko	PREFERRED SPECIALTY	PA
<i>Pulmonary Fibrosis Agents (Agentes Para La Fibrosis Pulmonar)</i>				
Ofev_oral Capsule	100 mg, 150 mg	Ofev	PREFERRED SPECIALTY	PA
Pirfenidone Oral Capsule	267 mg	Esbriet	PREFERRED SPECIALTY	PA
Pirfenidone Oral Tablet	801 mg	Esbriet	PREFERRED SPECIALTY	
Pirfenidone Oral Tablet	267 mg, 534 mg	Esbriet ,Pirfenidone	PREFERRED SPECIALTY	PA
Tetracyclines (Tetraciclinas)				
<i>Tetracyclines (Tetraciclinas)</i>				
Doxycycline Hyclate Oral Capsule	100 mg, 50 mg	Doxy ,Vibramycin	PREFERRED GENERIC	
Doxycycline Hyclate Oral Tablet	100 mg, 20 mg	Doxy ,Periostat	PREFERRED GENERIC	
Doxycycline Monohydrate Oral Capsule	100 mg, 50 mg	Monodox	PREFERRED GENERIC	
Doxycycline Monohydrate Oral Tablet	50 mg, 75 mg	Adoxa	PREFERRED GENERIC	
Minocycline Hcl Oral Capsule	100 mg, 50 mg, 75 mg	Dynacin	PREFERRED GENERIC	
Thyroid Agents (Agentes Para La Tiroides)				

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Antithyroid Agents (Agentes Antitiroideo)				
Methimazole Oral Tablet	10 mg, 5 mg	Tapazole	PREFERRED GENERIC	
Thyroid Hormones (Hormonas Para La Tiroides)				
Armour Thyroid Oral Tablet	120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	Armour Thyroid	PREFERRED BRAND	
Levothyroxine Sodium Oral Tablet	100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Levo-T ,Levothroid	PREFERRED GENERIC	
Synthroid Oral Tablet	100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Levo-T ,Levothroid	PREFERRED BRAND	
Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)				
Antispasmodics (Antiespasmodicos)				
Chlordiazepoxide-Clidinium Oral Capsule	5-2.5 mg	H-Tran Plus	PREFERRED GENERIC	
Dicyclomine Hcl Oral Capsule	10 mg	Bentyl	PREFERRED GENERIC	
Dicyclomine Hcl Oral Tablet	20 mg	Bentyl	PREFERRED GENERIC	
Glycopyrrolate Oral Tablet	1 mg, 2 mg	Robinul ,Robinul-Forte	PREFERRED GENERIC	
Hyoscyamine Sulfate Oral Elixir	0.125 mg/5ml	Levsin	PREFERRED GENERIC	
Hyoscyamine Sulfate Oral Solution	0.125 mg/ml	Colidrops	PREFERRED GENERIC	
Hyoscyamine Sulfate Oral Tablet	0.125 mg	Anaspaz	PREFERRED GENERIC	
Hyoscyamine Sulfate Sublingual Tablet Sublingual	0.125 mg	Hyosol/SL	PREFERRED GENERIC	
H-2 Antagonists (Antagonistas H-2)				
Cimetidine Hcl Oral Solution	300 mg/5ml	Cimetidine HCl	PREFERRED GENERIC	
Cimetidine Oral Tablet	200 mg, 300 mg, 400 mg	Tagamet	PREFERRED GENERIC	
Famotidine Oral Tablet	20 mg, 40 mg	Pepcid	PREFERRED GENERIC	
Nizatidine Oral Capsule	150 mg, 300 mg	Axid	PREFERRED GENERIC	
Misc. Anti-Ulcer (Medicamentos Para La Ulcera - Misc.)				
Sucralfate Oral Tablet	1 gm	Carafate	PREFERRED GENERIC	
Proton Pump Inhibitors (Inhibidores De Bomba De Protones)				
Esomeprazole Magnesium Oral Capsule Delayed Release	20 mg, 40 mg	NexIUM	PREFERRED GENERIC	QL(30 in 30 Days)
Lansoprazole Oral Capsule Delayed Release	15 mg, 30 mg	Prevacid	PREFERRED GENERIC	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	Tier (Nivel)	UM
Omeprazole Oral Capsule Delayed Release	10 mg, 20 mg, 40 mg	PriLOSEC	PREFERRED GENERIC	QL(30 in 30 Days)
Pantoprazole Sodium Oral Tablet Delayed Release	20 mg, 40 mg	Protonix	PREFERRED GENERIC	QL(30 in 30 Days)
Rabeprazole Sodium Oral Tablet Delayed Release	20 mg	Aciphex	PREFERRED GENERIC	QL(30 in 30 Days) , PA
Ulcer Drugs - Prostaglandins (Medicamentos Para La Ulcera - Prostaglandinas)				
Misoprostol Oral Tablet	200 mcg	Cytotec	PREFERRED GENERIC	
Urinary Antispasmodics (Antiespasmodicos Urinarios)				
Urinary Antispasmodic - Antimuscarinics (Anticholinergic) (Antiespasmódicos Urinarios - Antimuscarinicos (Anticolinergicos))				
Gelnique Transdermal Gel	10 %	Gelnique	PREFERRED BRAND	
Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour	5 mg	Ditropan XL	PREFERRED GENERIC	QL(30 in 30 Days)
Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour	10 mg, 15 mg	Ditropan XL	PREFERRED GENERIC	QL(60 in 30 Days)
Oxybutynin Chloride Oral Tablet	5 mg	Oxybutynin Chloride	PREFERRED GENERIC	
Tolterodine Tartrate Er Oral Capsule Extended Release 24 Hour	2 mg, 4 mg	Detrol LA	PREFERRED GENERIC	
Tolterodine Tartrate Oral Tablet	1 mg, 2 mg	Detrol	PREFERRED GENERIC	QL(60 in 30 Days)
Tropium Chloride Oral Tablet	20 mg	Sanctura	PREFERRED GENERIC	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists (Antiespasmodicos Urinarios - Agonistas Adrenergicos Beta-3)				
Myrbetriq Oral Suspension Reconstituted Er	8 mg/ml	Myrbetriq	PREFERRED BRAND	QL(300 in 30 Days)
Urinary Antispasmodics - Cholinergic Agonists (Antiespasmodicos Urinarios Agonistas Colinergicos)				
Bethanechol Chloride Oral Tablet	10 mg, 25 mg, 5 mg, 50 mg	Duvoid ,Urecholine	PREFERRED GENERIC	
Urinary Antispasmodics - Direct Muscle Relaxants (Antiespasmodicos Urinarios - Relajantes Musculares Directos)				
Flavoxate Hcl Oral Tablet	100 mg	FlavoxATE HCl	PREFERRED GENERIC	
Vaginal And Related Products (Vaginales Y Productos Relacionados)				
Vaginal Estrogens (Estrogenos Vaginales)				
Estring Vaginal Ring	7.5 mcg/24hr	Estring	PREFERRED BRAND	QL(1 in 90 Days)
Premarin Vaginal Cream	0.625 mg/gm	Premarin	PREFERRED BRAND	
Vaginal Progestins (Progestinas Vaginales)				
Endometrin Vaginal Insert	100 mg	Endometrin	PREFERRED SPECIALTY	
Vasopressors (Vasopresores)				
Neurogenic Orthostatic Hypotension (Noh) - Agents (Agentes Para Hypotension Neurogenica Ortostatica (Noh))				
Droxidopa Oral Capsule	100 mg, 200 mg, 300 mg	Nothera	PREFERRED SPECIALTY	
Vasopressors (Vasopresores)				
Midodrine Hcl Oral Tablet	10 mg, 2.5 mg, 5 mg	ProAmatine	PREFERRED GENERIC	

PREVENTIVOS (PREVENTIVE)

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

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

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Sm_aspirin Adult Low Strength Oral Tablet Delayed Release	81 mg	Acuprin	QL(30 in 30 Days)
Sm_aspirin Ec Low Strength Oral Tablet Delayed Release	81 mg	Acuprin	QL(30 in 30 Days)
Sm_aspirin Ec Oral Tablet Delayed Release	325 mg	Aspir-Trin	QL(30 in 30 Days)
Sm_aspirin Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	QL(30 in 30 Days)
Sm_childrens Aspirin Oral Tablet Chewable	81 mg	Aspirin Childrens	QL(30 in 30 Days)
St_joseph Aspirin Oral Tablet Delayed Release	81 mg	Acuprin	QL(30 in 30 Days)
St_joseph Low Dose Oral Tablet Chewable	81 mg	Aspirin Childrens	QL(30 in 30 Days)
St_joseph Low Dose Oral Tablet Delayed Release	81 mg	Acuprin	QL(30 in 30 Days)
Antihyperlipidemics (Antihiperlipidemicos)			
<i>Hmg Coa Reductase Inhibitors (Inhibidores De La Reductasa Hng Coa)</i>			
Altoprev Oral Tablet Extended Release 24 Hour	20 mg, 40 mg, 60 mg	Altacor	QL(30 in 30 Days)
Atorvastatin Calcium Oral Tablet	10 mg, 20 mg	Lipitor	QL(30 in 30 Days)
Crestor Oral Tablet	10 mg, 5 mg	Crestor	QL(30 in 30 Days)
Ezallor Sprinkle Oral Capsule Sprinkle	10 mg, 5 mg	Ezallor Sprinkle	QL(30 in 30 Days)
Fluvastatin Sodium Er Oral Tablet Extended Release 24 Hour	80 mg	Lescol XL	QL(30 in 30 Days) , ST
Lescol XI Oral Tablet Extended Release 24 Hour	80 mg	Lescol XL	QL(30 in 30 Days) , ST
Lipitor Oral Tablet	10 mg, 20 mg	Lipitor	QL(30 in 30 Days)
Lovastatin Oral Tablet	10 mg, 20 mg	Mevacor	QL(30 in 30 Days)
Lovastatin Oral Tablet	40 mg	Mevacor	QL(60 in 30 Days)
Pravastatin Sodium Oral Tablet	10 mg, 20 mg, 40 mg, 80 mg	Pravachol	QL(30 in 30 Days)
Rosuvastatin Calcium Oral Tablet	10 mg, 5 mg	Crestor	QL(30 in 30 Days)
Simvastatin Oral Tablet	10 mg, 20 mg, 40 mg, 5 mg	Zocor	QL(30 in 30 Days)
Zocor_oral Tablet	10 mg, 20 mg, 40 mg	Zocor	QL(30 in 30 Days)
Antineoplastics And Adjunctive Therapies (Antineoplasticos Y Terapias Adyuvantes)			
<i>Antineoplastic - Hormonal And Related Agents (Antineoplasticos - Agentes Hormonales Y Relacionados)</i>			
Tamoxifen Citrate Oral Tablet	10 mg, 20 mg	Nolvadex	
Contraceptives (Contraceptivos)			
<i>Combination Contraceptives - Oral (Combinaciones Anticonceptivas Orales)</i>			
Afirmelle Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Alyacen 1/35 Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	
Alyacen 7/7/7 Oral Tablet	0.5/0.75/1-35 mg-mcg	Ortho-Novum 7/7/7 (21)	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Aurovela 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	
Aurovela 1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	
Aurovela 24 Fe Oral Tablet	1-20 mg-mcg(24)	Loestrin 24 Fe	
Aurovela Fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	
Aurovela Fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Aviane Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Ayuna_oral Tablet	0.15-30 mg-mcg	Levlen	
Balcoltra Oral Tablet	0.1-20 mg-mcg(21)	Balcoltra	
Beyaz_oral Tablet	3-0.02-0.451 mg	Beyaz	
Blisovi Fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Cryselle-28 Oral Tablet	0.3-30 mg-mcg	Lo/Ovral	
Dasetta 1/35 Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	
Delyla Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Desogestrel-Ethinyl Estradiol Oral Tablet	0.15-0.02/0.01 mg (21/5)	Mircette	
Dolishale Oral Tablet	90-20 mcg	Lybrel	
Drospiren-Eth Estrad-Levomefol Oral Tablet	3-0.02-0.451 mg, 3-0.03-0.451 mg	Beyaz ,Safyral	
Drospirenone-Ethinyl Estradiol Oral Tablet	3-0.02 mg, 3-0.03 mg	Yasmin 28 ,YAZ	
Enpresse-28 Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	
Estarilla Oral Tablet	0.25-35 mg-mcg	Ortho-Cyclen (28)	
Ethinodiol Diac-Eth Estradiol Oral Tablet	1-35 mg-mcg, 1-50 mg-mcg	Demulen 1/35 (28) ,Demulen 1/50 (28)	
Falmina Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Finzala Oral Tablet Chewable	1-20 mg-mcg(24)	Minastrin 24 Fe	
Hailey Fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Iclevia Oral Tablet	0.15-0.03 mg	Seasonale	
Isibloom Oral Tablet	0.15-30 mg-mcg	Desogen	
Jaimiess Oral Tablet	0.15-0.03 & 0.01 mg	Seasonique	
Jasmiel Oral Tablet	3-0.02 mg	YAZ	
Joyeaux Oral Tablet	0.1-20 mg-mcg(21)	Balcoltra	
Junel_1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	
Junel_1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	
Junel_fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	
Junel_fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Junel_fe 24 Oral Tablet	1-20 mg-mcg(24)	Loestrin 24 Fe	
Kalliga Oral Tablet	0.15-30 mg-mcg	Desogen	
Larin_1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	
Larin_1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	
Larin_24 Fe Oral Tablet	1-20 mg-mcg(24)	Loestrin 24 Fe	
Larin_fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	
Larin_fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Lessina Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Levonest Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	
Levonorgest-Eth Est & Eth Est Oral Tablet	42-21-21-7 days	Quartette	
Levonorgest-Eth Estrad 91-Day Oral Tablet	0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	LoSeasonique ,Seasonale ,Seasonique	
Levonorgest-Eth Estradiol-Iron Oral Tablet	0.1-20 mg-mcg(21)	Balcoltra	
Levonorgestrel-Ethinyl Estrad Oral Tablet	0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	Alesse (28) ,Levlen ,Lybrel	
Levonorg-Eth Estrad Triphasic Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	
Lo_loestrin Fe Oral Tablet	1 mg-10 mcg / 10 mcg	Lo Loestrin Fe	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Lojaimiess Oral Tablet	0.1-0.02 & 0.01 mg	LoSeasonique	
Loryna Oral Tablet	3-0.02 mg	YAZ	
Low-Ogestrel Oral Tablet	0.3-30 mg-mcg	Lo/Ovral	
Lo-Zumandimine Oral Tablet	3-0.02 mg	YAZ	
Lutera Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Microgestin 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	
Microgestin 1/20 Oral Tablet	1-20 mg-mcg	Loestrin 1/20 (21)	
Microgestin Fe 1.5/30 Oral Tablet	1.5-30 mg-mcg	Loestrin Fe 1.5/30	
Microgestin Fe 1/20 Oral Tablet	1-20 mg-mcg	Loestrin Fe 1/20	
Mono-Linyah Oral Tablet	0.25-35 mg-mcg	Ortho-Cyclen (28)	
Natazia Oral Tablet	3/2-2/2-3/1 mg	Natazia	
Necon_1/35 (28) Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	
Nikki_oral Tablet	3-0.02 mg	YAZ	
Norethin Ace-Eth Estrad-Fe Oral Tablet	1-20 mg-mcg, 1.5-30 mg-mcg	Loestrin Fe 1.5/30, Loestrin Fe 1/20	
Norethin Ace-Eth Estrad-Fe Oral Tablet Chewable	1-20 mg-mcg(24)	Minastrin 24 Fe	
Norethindrone Acet-Ethinyl Est Oral Tablet	1.5-30 mg-mcg	Loestrin 1.5/30 (21)	
Norethin-Eth Estradiol-Fe Oral Tablet Chewable	0.4-35 mg-mcg	Ovcon 35 Fe	
Norgestimate-Eth Estradiol Oral Tablet	0.25-35 mg-mcg	Ortho-Cyclen (28)	
Norgestim-Eth Estrad Triphasic Oral Tablet	0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Ortho Tri-Cyclen (28), Ortho Tri-Cyclen Lo	
Nortrel 1/35 (21) Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	
Nortrel 1/35 (28) Oral Tablet	1-35 mg-mcg	Genora 1/35 (21)	
Orsythia Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Ortho_tri-Cyclen Lo Oral Tablet	0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	
Safyral Oral Tablet	3-0.03-0.451 mg	Safyral	
Simpesse Oral Tablet	0.15-0.03 & 0.01 mg	Seasonique	
Sprintec 28 Oral Tablet	0.25-35 mg-mcg	Ortho-Cyclen (28)	
Sronyx Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Tri-Estarylla Oral Tablet	0.18/0.215/0.25 mg-35 mcg	Ortho Tri-Cyclen (28)	
Tri-Linyah Oral Tablet	0.18/0.215/0.25 mg-35 mcg	Ortho Tri-Cyclen (28)	
Tri-Lo-Estarylla Oral Tablet	0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	
Tri-Lo-Mili Oral Tablet	0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	
Tri-Lo-Sprintec Oral Tablet	0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	
Trinessa (28) Oral Tablet	0.18/0.215/0.25 mg-35 mcg	Ortho Tri-Cyclen (28)	
Tri-Sprintec Oral Tablet	0.18/0.215/0.25 mg-35 mcg	Ortho Tri-Cyclen (28)	
Trivora (28) Oral Tablet	50-30/75-40/ 125-30 mcg	Triphasil	
Turqoz Oral Tablet	0.3-30 mg-mcg	Lo/Ovral	
Tyblume Oral Tablet Chewable	0.1-20 mg-mcg	Tyblume	
Tydemy Oral Tablet	3-0.03-0.451 mg	Safyral	
Vienva Oral Tablet	0.1-20 mg-mcg	Alesse (28)	
Volnea Oral Tablet	0.15-0.02/0.01 mg (21/5)	Mircette	
Yaz_oral Tablet	3-0.02 mg	YAZ	
Zovia_1/35 (28) Oral Tablet	1-35 mg-mcg	Demulen 1/35 (28)	
Zumandimine Oral Tablet	3-0.03 mg	Yasmin 28	
Combination Contraceptives - Transdermal (Combinaciones Anticonceptivas Transdermales)			
Norelgestromin-Eth Estradiol Transdermal Patch Weekly	150-35 mcg/24hr	Ortho Evra	
Twirla Transdermal Patch Weekly	120-30 mcg/24hr	Twirla	
Xulane Transdermal Patch Weekly	150-35 mcg/24hr	Ortho Evra	
Combination Contraceptives - Vaginal (Combinaciones Anticonceptivas Vaginales)			
Eluryng Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	
Enilloring Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Etonogestrel-Ethinyl Estradiol Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	
Haloette Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	
Nuvaring Vaginal Ring	0.12-0.015 mg/24hr	NuvaRing	
Emergency Contraceptives (Contraceptivos De Emergencia)			
Aftera Oral Tablet	1.5 mg	Plan B One-Step	
Ella_oral Tablet	30 mg	Ella	
Levonorgestrel Oral Tablet	1.5 mg	Plan B One-Step	
My_way Oral Tablet	1.5 mg	Plan B One-Step	
Opcicon One-Step Oral Tablet	1.5 mg	Plan B One-Step	
Plan_b One-Step Oral Tablet	1.5 mg	Plan B One-Step	
Take_action Oral Tablet	1.5 mg	Plan B One-Step	
Progestin Contraceptives - Injectable (Anticonceptivos Inyectables De Progestina)			
Depo-Provera Intramuscular Suspension	150 mg/ml	Depo-Provera	QL(1 in 90 Days)
Medroxyprogesterone Acetate Intramuscular Suspension	150 mg/ml	Depo-Provera	QL(1 in 90 Days)
Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe	150 mg/ml	Depo-Provera	QL(1 in 90 Days)
Progestin Contraceptives - Oral (Contraceptivos Orales De Progestina)			
Camila Oral Tablet	0.35 mg	Ortho Micronor	
Deblitane Oral Tablet	0.35 mg	Ortho Micronor	
Emzahh Oral Tablet	0.35 mg	Ortho Micronor	
Errin_oral Tablet	0.35 mg	Ortho Micronor	
Heather Oral Tablet	0.35 mg	Ortho Micronor	
Incassia Oral Tablet	0.35 mg	Ortho Micronor	
Jencycla Oral Tablet	0.35 mg	Ortho Micronor	
Lyza_oral Tablet	0.35 mg	Ortho Micronor	
Nora-Be Oral Tablet	0.35 mg	Ortho Micronor	
Norethindrone Oral Tablet	0.35 mg	Ortho Micronor	
Norlyroc Oral Tablet	0.35 mg	Ortho Micronor	
Opill_oral Tablet	0.075 mg	Ovrette	
Sharobel Oral Tablet	0.35 mg	Ortho Micronor	
Dietary Products/Dietary Management Products (Productos Dieteticos/Productos Para Manejo Dietetico)			
Nutritional Supplements (Suplementos Nutricionales)			
Phenylade Rtd Pku 10 Oral Liquid		Attain	
Pku_2 Oral Powder		Casec	
Pku_3 Oral Powder		Casec	
Pku_air20 Gold Oral Liquid		Attain	
Pku_air20 Green Oral Liquid		Attain	
Pku_air20 Yellow Oral Liquid		Attain	
Pku_cooler 10 Oral Liquid		Attain	
Pku_cooler 15 Oral Liquid		Attain	
Pku_cooler 20 Oral Liquid		Attain	
Pku_lophlex Lq 20 Oral Liquid		Attain	
Pku_periflex Early Years Oral Powder		Casec	
Pku_periflex Junior Plus Oral Powder		Casec	
Endocrine And Metabolic Agents - Misc. (Agentes Endocrinos Y Metabolicos - Misc.)			
Hormone Receptor Modulators (Moduladores De Receptores Hormonales)			
Raloxifene Hcl Oral Tablet	60 mg	Evista	QL(30 in 30 Days)
Hematopoietic Agents (Agentes Hematopoyeticos)			
Folic Acid/Folates (Acido Folico / Folatos)			

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cvs_folic Acid Oral Tablet	800 mcg	FA-8	QL(30 in 30 Days)
Fa-8_oral Capsule	0.8 mg	FA-8	QL(30 in 30 Days)
Folic_acid Oral Capsule	0.8 mg, 20 mg, 5 mg	FA-8 ,Folic Acid	QL(30 in 30 Days)
Folic_acid Oral Tablet	400 mcg, 800 mcg	FA-8 ,SM Folic Acid	QL(30 in 30 Days)
Ft_folic Acid Oral Tablet	800 mcg	FA-8	QL(30 in 30 Days)
Gnp_folic Acid Oral Tablet	400 mcg	SM Folic Acid	QL(30 in 30 Days)
Kp_folic Acid Oral Tablet	1 mg, 800 mcg	FA-8 ,KP Folic Acid	QL(30 in 30 Days)
Qc_folic Acid Oral Tablet	800 mcg	FA-8	QL(30 in 30 Days)
Ra_folic Acid Oral Tablet	400 mcg, 800 mcg	FA-8 ,SM Folic Acid	QL(30 in 30 Days)
Sm_folic Acid Oral Tablet	400 mcg	SM Folic Acid	QL(30 in 30 Days)
True_folic Acid Oral Tablet	400 mcg	SM Folic Acid	QL(30 in 30 Days)
Yl_folic Acid Oral Tablet	400 mcg	SM Folic Acid	QL(30 in 30 Days)
Hematopoietic Mixtures (Mezclas Hematopoyeticas)			
Abatron Af Oral Tablet	150-1 mg	TL-Hem 150	
Ferro-Sequels Oral Tablet Extended Release	65-25 mg	Ferro-Sequels	
Iron (Hierro)			
Bprotected Pedia Iron Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Cvs_iron Oral Tablet	240 (27 fe) mg, 325 (65 fe) mg	Fe-Max ,Fergon	
Cvs_slow Release Dried Iron Oral Tablet Extended Release	45 mg	RA Slow Release Iron	
Cvs_slow Release Iron Oral Tablet Extended Release	45 mg	Slow Fe	
Eq_slow-Release Iron Oral Tablet Extended Release	45 mg	RA Slow Release Iron	
Eq_carbonyl Iron Oral Tablet	45 mg	Feosol	
Eq_iron Supplement Therapy Oral Tablet	325 mg	Fe-Max	
Eq_slow Release Iron Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	
Ezfe_200 Oral Capsule	434.8 (200 fe) mg	PIC 200	
Feosol Natural Release Oral Tablet	45 mg	Feosol	
Feosol Oral Tablet	200 (65 fe) mg	Feosol	
Ferate Oral Tablet	240 (27 fe) mg	Fergon	
Fergon Oral Tablet	240 (27 fe) mg	Fergon	
Fer-In-Sol Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Ferretts Ips Oral Solution	40 mg/15ml	Ferretts IPS	
Ferretts Oral Tablet	325 (106 fe) mg	Ferretts	
Ferrex 150 Oral Capsule	150 mg	Hytinic	
Ferric X-150 Oral Capsule	150 mg	Hytinic	
Ferrimin 150 Oral Tablet	150 mg	Ferrimin 150	
Ferrotabs Oral Tablet	240 mg	Fergon	
Ferrous Fumarate Oral Tablet	29 mg, 324 (106 fe) mg	Ferrous Fumarate ,Hemocyte	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Ferrous Gluconate Oral Tablet	240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Fergon ,Ferrous Gluconate ,KP Ferrous Gluconate	
Ferrous Sulfate Er Oral Tablet Extended Release	45 mg	Slow Fe	
Ferrous Sulfate Oral Solution	220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Fer-In-Sol ,Ferasorb Forte ,Iron Supplement	
Ferrous Sulfate Oral Tablet	27 mg, 325 (65 fe) mg	Fe-Max ,RA High Potency Iron	
Ferrous Sulfate Oral Tablet Delayed Release	324 (65 fe) mg, 325 (65 fe) mg	Fe Tabs ,Ferrous Sulfate	
Fe-Vite Iron Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Gnp_iron Oral Tablet	200 (65 fe) mg	Feosol	
Gnp_iron Oral Tablet Extended Release	45 mg	Slow Fe	
Goodsense Iron Oral Tablet	325 mg	Fe-Max	
High_potency Iron Oral Capsule	86 (27 fe) mg	High Potency Iron	
Icar_oral Suspension	15 mg/1.25ml	Icar	
Iferex 150 Oral Capsule	150 mg	Hytinic	
Iron_(Ferrous Sulfate) Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Iron_(Ferrous Sulfate) Oral Tablet	325 (65 fe) mg	Fe-Max	
Iron_27 Oral Tablet	240 (27 fe) mg	Fergon	
Iron_chews Pediatric Oral Tablet Chewable	15 mg	Icar	
Iron_high-Potency Oral Tablet	325 mg	Fe-Max	
Iron_infant & Toddler Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Iron_infant/Toddler Oral Solution	75 (15 fe) mg/ml	Fer-In-Sol	
Iron_oral Tablet	240 (27 fe) mg, 28 mg, 325 (65 fe) mg	Fe-Max ,Fergon ,Iron	
Iron_slow Release Oral Tablet Extended Release	45 mg	Slow Fe	
Iron_supplement Oral Solution	15 mg/ml, 220 (44 fe) mg/5ml	Fer-In-Sol ,Iron Supplement	
Iron_up Oral Liquid	15 mg/0.5ml	Iron Up	
Kp_ferrous Gluconate Oral Tablet	324 (37.5 fe) mg	KP Ferrous Gluconate	
Kp_ferrous Sulfate Oral Tablet	325 (65 fe) mg	Fe-Max	
Meijer Ferrous Sulfate Oral Tablet	325 (65 fe) mg	Fe-Max	
Novaferrum 50 Oral Capsule	50 mg	NovaFerrum 50	
Novaferrum Pediatric Drops Oral Liquid	15 mg/ml	NovaFerrum Pediatric Drops	
Nu-Iron Oral Capsule	150 mg	Hytinic	
Poly-Iron 150 Oral Capsule	150 mg	Hytinic	
Polysaccharide Iron Complex Oral Capsule	150 mg	Hytinic	
Polysaccharide-Iron Complex Oral Capsule	150 mg	Hytinic	
Profe_oral Capsule	391.3 (180 fe) mg	ProFe	
Proferrin Es Oral Tablet	12 mg	Proferrin ES	
Qc_ferrous Sulfate Oral Tablet	325 (65 fe) mg	Fe-Max	
Ra_high Potency Iron Oral Tablet	27 mg	RA High Potency Iron	
Ra_iron Oral Tablet	27 mg, 325 (65 fe) mg	Fe-Max ,RA High Potency Iron	
Ra_slow Release Iron Oral Tablet Extended Release	45 mg	RA Slow Release Iron	
Slow_fe Oral Tablet Extended Release	45 mg	Slow Fe	
Slow_iron Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	
Slow_release Iron Oral Tablet Extended Release	45 mg, 47.5 mg, 50 mg	RA Slow Release Iron ,Slow Release Iron	
Sm_iron Oral Tablet	325 (65 fe) mg	Fe-Max	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Sm_iron Slow Release Oral Tablet Extended Release	160 (50 fe) mg	Slow Fe	
Sm_slow Release Dried Iron Oral Tablet Extended Release	45 mg	RA Slow Release Iron	
Sm_slow Release Iron Oral Tablet Extended Release	143 (45 fe) mg, 45 mg	Slow Fe ,SM Slow Release Iron	
Sv_iron Oral Tablet 325 (65 Fe) Mg	325 mg	Fe-Max	
True_ferrous Sulfate Oral Tablet Delayed Release	324 mg	True Ferrous Sulfate	
Wee_care Oral Suspension	15 mg/1.25ml	Icar	
Laxatives (Laxantes)			
<i>Laxative Combinations (Combinaciones Laxantes)</i>			
Clenpiq Oral Solution	10-3.5-12 mg-gm -gm/175ml	Clenpiq	
Gavilyte-C Oral Solution Reconstituted	240 gm	Colyte-Flavored	
Gavilyte-G Oral Solution Reconstituted	236 gm	Golytely	
Golytely Oral Solution Reconstituted	236 gm	Golytely	
Moviprep Oral Solution Reconstituted	100 gm	MoviPrep	
Na_sulfate-K Sulfate-Mg Sulf Oral Solution	17.5-3.13-1.6 gm/177ml	Suprep Bowel Prep Kit	
Peg_3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted	420 gm	Nulytely	
Peg-3350/Electrolytes Oral Solution Reconstituted	236 gm	Golytely	
Peg-3350/Electrolytes/Ascorbat Oral Solution Reconstituted	100 gm	MoviPrep	
Peg-KCl-NaCl-Nasulf-Na Asc-C Oral Solution Reconstituted	100 gm	MoviPrep	
Peg-Prep Oral Kit	5-210 mg-gm	HalfLyately Bowel Prep	
Plenvu Oral Solution Reconstituted	140 gm	Plenvu	
Suprep Bowel Prep Kit Oral Solution	17.5-3.13-1.6 gm/177ml	Suprep Bowel Prep Kit	
Sutab_oral Tablet	1479-225-188 mg	Sutab	QL(24 in 30 Days)
<i>Laxatives - Miscellaneous (Laxantes - Miscelaneos)</i>			
Peg_3350 Oral Packet	17 gm	MiraLax	
Peg_3350 Oral Powder	17 gm/scoop	MiraLax	
Polyethylene Glycol 3350 Oral Packet	17 gm	MiraLax	
Polyethylene Glycol 3350 Oral Powder	17 gm/scoop	MiraLax	
Sb_polyethylene Glycol 3350 Oral Powder	17 gm/scoop	MiraLax	
Medical Devices And Supplies (Equipo Medico Y Soplidos)			
<i>Contraceptives (Contraceptivos)</i>			
Caya_vaginal Diaphragm		Caya	
Condoms Miscellaneous		LifeStyles Extra Strength Miscellaneous	QL(12 in 30 Days)
Durex_realfeel Device		Durex RealFeel Device	QL(12 in 30 Days)
Fc2_female Condom Miscellaneous		Reality Female Condom Miscellaneous	
Femcap Vaginal Device	22 mm, 26 mm, 30 mm	FemCap ,Prentif Cavity-Rim Cerv Cap	
Kimono Ps Plus Miscellaneous		Premium Condoms Lubricated Miscellaneous	QL(12 in 30 Days)
Trustex Non-Lubricated Miscellaneous		Mentor Miscellaneous	QL(12 in 30 Days)
Trustex Ria Non-Lubricated Miscellaneous		Mentor Miscellaneous	QL(12 in 30 Days)
Minerals & Electrolytes (Minerales Y Electrolitos)			
<i>Fluoride (Fluoruro)</i>			

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Sodium Fluoride Oral Solution	1.1 (0.5 f) mg/ml	Altaflor	
Sodium Fluoride Oral Tablet	1.1 (0.5 f) mg, 2.2 (1 f) mg	Flura-Tab ,Sodium Fluoride	
Sodium Fluoride Oral Tablet Chewable	0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Fluorabon ,Fluoritab ,Luride	
Solvita Oral Solution	0.5 mg/ml	Altaflor	
Multivitamins (Multivitaminas)			
<i>Prenatal Vitamins (Vitaminas Prenatales)</i>			
Atabex Ec Oral Tablet Delayed Release	29-1 mg	Atabex EC	
Atabex Ob Oral Tablet	29-1 mg	Duet	
Atabex Oral Tablet Chewable	18-0.8 mg	Atabex	
Azesco Oral Tablet	13-1 mg	Azesco	
Centrum Specialist Prenatal Oral Miscellaneous	27-0.8 & 200 mg	Centrum Specialist Prenatal	
Citranatal 90 Dha Oral Miscellaneous	90-1 & 300 mg	CitraNatal 90 DHA	
Citranatal Assure Oral Miscellaneous	35-1 & 300 mg	CitraNatal Assure	
Citranatal B-Calm Oral Miscellaneous	20-1 mg & 2 x 25 mg	CitraNatal B-Calm	
Citranatal Harmony Oral Capsule	27-1-260 mg	CitraNatal Harmony	
Citranatal Medley Oral Capsule	27-1-200 mg	CitraNatal Medley	
Classic Prenatal Oral Tablet	28-0.8 mg	Stuart Prenatal	
C-Nate Dha Oral Capsule	28-1-200 mg	Viva DHA	
Complete Natal Dha Oral Miscellaneous	29-1-200 & 200 mg	Complete Natal DHA	
Completenate Oral Tablet Chewable	29-1 mg	NataChew	
Co-Natal Fa Oral Tablet		Nestabs FA	
Concept Dha Oral Capsule	53.5-38-1 mg	Concept DHA	
Concept Ob Oral Capsule	130-92.4-1 mg	Concept OB	
Cvs_prenatal Gummy Oral Tablet Chewable	0.4-113.5 mg	CVS Prenatal Gummy	
Cvs_prenatal Multi+dha Oral Capsule	27-0.8-250 mg	CVS Prenatal Multi+DHA	
Elite-Ob Oral Tablet	50-1.25 mg	OB Complete	
Enbrace Hr Oral Capsule		EnBrace HR	
Enfamil Expecta Oral Miscellaneous	28-0.8 & 200 mg	Prenatal Multivitamin + DHA	
EqI_prenatal Formula Oral Tablet	28-0.8 mg	Stuart Prenatal	
Folivane-Ob Oral Capsule	85-1 mg	Folivane-OB	
Gnp_prenatal Oral Tablet	28-0.8 mg	Stuart Prenatal	
Healthy Mama Be Well Rounded Oral Therapy Pack	28-0.8 & 450 mg	Healthy Mama Be Well Rounded	
Inatal Gt Oral Tablet		Prenate Ultra	
Kp_prenatal Multivitamins Oral Tablet	28-0.8 mg	Stuart Prenatal	
Kpn_prenatal Oral Tablet	0.1 mg	KPN Prenatal	
Masonatal Oral Tablet	28-0.8 mg	Stuart Prenatal	
M-Natal Plus Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Multi_prenatal Oral Tablet	27-0.8 mg	Prenavite	
Natalvit Oral Tablet		Natalvit	
Neevo_dha Oral Capsule	27-1.13 mg	Neevo DHA	
Neonatal Vitamin Oral Tablet	27-0.8 mg	Prenavite	
Nestabs Dha Oral Miscellaneous	32-1 mg	Nestabs DHA	
Nestabs One Oral Capsule	38-1-225 mg	Nestabs One	
Nestabs Oral Tablet	32-1 mg	Nestabs	
Niva-Plus Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Ob_complete Oral Tablet	50-1.25 mg	OB Complete	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Ob_complete Petite Oral Capsule	35-5-1-200 mg	OB Complete Petite	
Ob_complete Premier Oral Tablet	30-20-1 mg	OB Complete Premier	
Ob_complete/Dha Oral Capsule	30-10-1-200 mg	OB Complete/DHA	
Obstetrix Dha Oral Miscellaneous	29-1 & 350 mg	Obtrex DHA	
Obstetrix Ec Oral Tablet Delayed Release	29-1 mg	Obstetrix EC	
Obstetrix One Oral Capsule	38-1-225 mg	Obstetrix One	
One_vite Womens Oral Tablet	27-0.8 mg	Prenavite	
One_vite Womens Plus Oral Tablet	27-1 mg	Prenatal/Folic Acid	
One-A-Day Womens Prenatal 1 Oral Capsule	28-0.8-235 mg	One-A-Day Womens Prenatal 1	
One-A-Day Womens Prenatal Oral Miscellaneous	28-0.8 & 223 mg, 28-0.8 & 440 mg	One-A-Day Womens Prenatal	
Pnv_prenatal Plus Multivit+dha Oral Miscellaneous	27-1 & 312 mg	PNV Prenatal Plus Multivit+DHA	
Pnv_prenatal Plus Multivitamin Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Pnv-Dha Oral Capsule	27-0.6-0.4-300 mg	Prenate DHA	
Pnv-Dha+docusate Oral Capsule	27-1.25-300 mg	PreNexa	
Pnv-Omega Oral Capsule	28-0.6-0.4-340 mg	Prenate Essential	
Pnv-Select Oral Tablet	27-0.6-0.4 mg	Prenate Elite	
Premesisrx Oral Tablet	1 mg	Prenate AM	
Prena1 Pearl Oral Capsule Extended Release	30-1.4-200 mg	VitaPearl	
Prenaissance Oral Capsule	29-1.25-325 mg	Nexa Select	
Prenaissance Plus Oral Capsule	28-1-250 mg	CitraNatal Harmony	
Prenatabs Rx Oral Tablet	29-1 mg	Nestabs RX	
Prenatal 19 Oral Tablet	, 29-1 mg	Strongstart	
Prenatal 19 Oral Tablet Chewable	, 29-1 mg	NataChew	
Prenatal Complete Oral Tablet	14-0.4 mg	Prenatal Complete	
Prenatal Formula A-Free Oral Tablet	9-0.267 mg	Prenatal Formula A-Free	
Prenatal Formula Oral Capsule	28-0.8-235 mg	Prenatal Formula	
Prenatal Forte Oral Tablet		Nestabs	
Prenatal Multi +dha Oral Capsule	27-0.8-228 mg	Prenatal Multi +DHA	
Prenatal One Daily Oral Tablet	27-0.8 mg	Prenavite	
Prenatal Oral Tablet	27-0.8 mg, 27-1 mg, 28-0.8 mg, 6.75-0.2 mg	Prenatal ,Prenatal/Folic Acid ,Prenavite ,Stuart Prenatal	
Prenatal Plus Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Prenatal Vitamin And Mineral Oral Tablet	28-0.8 mg	Stuart Prenatal	
Prenatal Vitamins Oral Tablet	28-0.8 mg	Stuart Prenatal	
Prenatal/Iron Oral Tablet		Nestabs	
Prenatal-U Oral Capsule	106.5-1 mg	Prenatal-U	
Prenate Am Oral Tablet	1 mg	Prenate AM	
Prenate Dha Oral Capsule	18-0.6-0.4-300 mg	Prenate DHA	
Prenate Elite Oral Tablet	20-0.6-0.4 mg	Prenate Elite	
Prenate Enhance Oral Capsule	28-0.6-0.4-400 mg	Prenate Enhance	
Prenate Essential Oral Capsule	18-0.6-0.4-300 mg	Prenate DHA	
Prenate Mini Oral Capsule	18-0.6-0.4-350 mg	Prenate Mini	
Prenate Oral Tablet Chewable	0.6-0.4 mg	Prenate	
Prenate Pixie Oral Capsule	10-0.6-0.4-200 mg	Prenate Pixie	
Prenate Restore Oral Capsule	27-0.6-0.4-400 mg	Prenate Restore	
Provida Ob Oral Capsule	20-20-1.25 mg	Provida OB	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Qc_prenatal Oral Tablet	28-0.8 mg	Stuart Prenatal	
Ra_prenatal Formula Oral Tablet	28-0.8 mg	Stuart Prenatal	
Ra_prenatal Oral Tablet	28-0.8 mg	Stuart Prenatal	
Relnate Dha Oral Capsule	28-1-200 mg	Viva DHA	
Right_step Prenatal Oral Tablet	27-0.8 mg	Prenavite	
Select-Ob Oral Tablet Chewable	29-0.6-0.4 mg, 29-1 mg	Select-OB	
Se-Natal 19 Oral Tablet	29-1 mg	Strongstart	
Se-Natal 19 Oral Tablet Chewable	29-1 mg	NataChew	
Sm_one Daily Prenatal Oral Miscellaneous	28-0.8 & 440 mg	One-A-Day Womens Prenatal	
Sm_prenatal Vitamins Oral Tablet	28-0.8 mg	Stuart Prenatal	
Stuart One Oral Capsule	27-0.8-200 mg	Stuart One	
Taron-C Dha Oral Capsule	35-1 mg	Taron-C DHA	
Theranatal Core Nutrition Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Thrivite Rx Oral Tablet	29-1 mg	Nestabs RX	
Tricare Oral Tablet		Prenatal/Folic Acid	
Trinatal Rx 1 Oral Tablet	60-1 mg	Marnatal-F	
Trinate Oral Tablet		StuartNatal Plus 3	
Tristart Dha Oral Capsule	31-0.6-0.4-200 mg	TriStart DHA	
Vinate Dha Rf Oral Capsule	27-1.13 mg	Neevo DHA	
Vitafof Fe+ Oral Capsule	90-0.6-0.4-200 mg	Vitafof FE+	
Vitafof Strips Oral Film	1 mg	Vitafof Strips	
Vitafof-Nano Oral Tablet	18-0.6-0.4 mg	Vitafof-Nano	
Vitafof-Ob Oral Tablet		Lactocal-F	
Vitafof-Ob+dha Oral Miscellaneous	65-1 & 250 mg	Vitafof-OB+DHA	
Vitafof-One Oral Capsule	29-1-200 mg	Vitafof-One	
Vitapearl Oral Capsule Extended Release	30-1.4-200 mg	VitaPearl	
Viva_dha Oral Capsule	28-1-200 mg	Viva DHA	
Wescap-C Dha Oral Capsule	53.5-38-1 mg	Concept DHA	
Wescap-Pn Dha Oral Capsule	27-0.6-0.4-300 mg	Prenate DHA	
Wesnatal Dha Complete Oral Miscellaneous	29-1-200 & 200 mg	Complete Natal DHA	
Wesnate Dha Oral Capsule	28-1-200 mg	Viva DHA	
Westab Plus Oral Tablet	27-1 mg	Prenatal/Folic Acid	
Westgel Dha Oral Capsule	31-0.6-0.4-200 mg	TriStart DHA	
Psychotherapeutic And Neurological Agents - Misc. (Agentes Psicoterapeuticos Y Neurologicos - Misc.)			
<i>Smoking Deterrents (Disuasivos De Fumar)</i>			
Bupropion Hcl Er (Smoking Det) Oral Tablet Extended Release 12 Hour	150 mg	Zyban	QL(60 in 30 Days)
Cvs_nicotine Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Cvs_nicotine Mouth/Throat Lozenge	2 mg	Commit	QL(1680 in 1 Year)
Cvs_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Cvs_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Cvs_nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Cvs_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Eq_nicotine Mouth/Throat Gum	4 mg	Nicorette DS	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Eq_nicotine Mouth/Throat Lozenge	4 mg	Commit	QL(1680 in 1 Year)
Eq_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Eq_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Eq_nicotine Step 3 Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Eq_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Ft_nicotine Mini Mouth/Throat Lozenge	2 mg, 4 mg	Commit	
Ft_nicotine Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	
Ft_nicotine Mouth/Throat Lozenge	2 mg, 4 mg	Commit	
Gnp_nicotine Mini Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Gnp_nicotine Mouth/Throat Gum	2 mg	Nicorette	
Gnp_nicotine Mouth/Throat Gum	4 mg	Nicorette DS	QL(2016 in 1 Year)
Gnp_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Gnp_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Gnp_nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Gnp_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Goodsense Nicotine Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Hm_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Hm_nicotine Polacrilex Mouth/Throat Lozenge	2 mg	Commit	QL(1680 in 1 Year)
Kls_quit2 Mouth/Throat Gum	2 mg	Nicorette	QL(2016 in 1 Year)
Kls_quit2 Mouth/Throat Lozenge	2 mg	Commit	QL(1680 in 1 Year)
Kls_quit4 Mouth/Throat Gum	4 mg	Nicorette DS	QL(2016 in 1 Year)
Kls_quit4 Mouth/Throat Lozenge	4 mg	Commit	QL(1680 in 1 Year)
Nicoderm Cq Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Nicoderm Cq Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Nicorelief Mouth/Throat Gum	2 mg	Nicorette	QL(2016 in 1 Year)
Nicorette Mini Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Nicorette Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Nicorette Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Nicorette Starter Kit Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Nicotine Mini Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Nicotine Polacrilex Mini Mouth/Throat Lozenge	2 mg	Commit	QL(1680 in 1 Year)
Nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Nicotine Step 1 Transdermal Patch 24 Hour	21 mg/24hr	Habitrol	QL(42 in 1 Year)
Nicotine Step 2 Transdermal Patch 24 Hour	14 mg/24hr	Habitrol	QL(42 in 1 Year)
Nicotine Step 3 Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Nicotine Transdermal Kit	21-14-7 mg/24hr	Nicotine	QL(56 in 1 Year)
Nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Nicotrol Inhalation Inhaler	10 mg	Nicotrol	QL(2688 in 1 Year)
Nicotrol Ns Nasal Solution	10 mg/ml	Nicotrol NS	QL(360 in 1 Year)
Qc_nicotine Transdermal System Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Ra_mini Nicotine Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Ra_nicotine Gum Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Ra_nicotine Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Ra_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Ra_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Sm_nicotine Mouth/Throat Gum	4 mg	Nicorette DS	QL(2016 in 1 Year)
Sm_nicotine Mouth/Throat Lozenge	2 mg	Commit	QL(1680 in 1 Year)
Sm_nicotine Polacrilex Mouth/Throat Gum	2 mg, 4 mg	Nicorette ,Nicorette DS	QL(2016 in 1 Year)
Sm_nicotine Polacrilex Mouth/Throat Lozenge	2 mg, 4 mg	Commit	QL(1680 in 1 Year)
Sm_nicotine Transdermal Patch 24 Hour	7 mg/24hr	Habitrol	QL(14 in 1 Year)
Sm_nicotine Transdermal Patch 24 Hour	14 mg/24hr, 21 mg/24hr	Habitrol	QL(42 in 1 Year)
Thrive Mouth/Throat Gum	2 mg	Nicorette	QL(2016 in 1 Year)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Varenicline Tartrate (Starter) Oral Tablet Therapy Pack	0.5 mg x 11 & 1 mg x 42	Chantix Starting Month Pak	QL(159 in 1 Year)
Varenicline Tartrate Oral Tablet	0.5 mg, 1 mg	Chantix ,Chantix Continuing Month Pak	QL(504 in 1 Year)
Varenicline Tartrate(Continue) Oral Tablet	1 mg	Chantix Continuing Month Pak	QL(504 in 1 Year)
Vaginal And Related Products (Vaginales Y Productos Relacionados)			
<i>Spermicides (Espermicidas)</i>			
Encare Vaginal Suppository	100 mg	Semicid Contraceptive	
Options Gynol Ii Contraceptive Vaginal Gel	3 %	Gynol II Extra Strength	
Today_sponge Vaginal Miscellaneous	1000 mg	Today Sponge	
Vcf_vaginal Contraceptive Vaginal Film	28 %	Vaginal Contraceptive Film	
Vcf_vaginal Contraceptive Vaginal Gel	4 %	Conceptrol	
<i>Vaginal Contraceptive - Ph Modulators (Anticonceptivos Vaginales - Moduladores De Ph)</i>			
Phexxi Vaginal Gel	1.8-1-0.4 %	Phexxi	
Vitamins (Vitaminas)			
<i>Oil Soluble Vitamins (Vitaminas Solubles En Aceite)</i>			
Aqueous Vitamin D Oral Liquid	10 mcg/ml	Just D	
Baby_ddrops Oral Liquid	10 mcg/0.03ml	Baby Ddrops	
Baby_super Daily D3 Oral Liquid	10 mcg /0.028ml	Baby Vitamin D3	
Baby_vitamin D3 Oral Liquid	10 mcg /0.028ml	Baby Vitamin D3	
Bio-D-Mulsion Forte Oral Liquid	50 mcg/0.04ml	Bio-D-Mulsion Forte	
Bio-D-Mulsion Oral Liquid	10 mcg/0.04ml	Bio-D-Mulsion	
Bprotected Pedia D-Vite Oral Liquid	10 mcg/ml	Just D	
Calcidol Oral Solution	200 mcg/ml	Calciferol	
Cvs_d3 Oral Capsule	10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	D 1000 ,D-3-5 ,D2000 Ultra Strength ,D400 ,Maximum D3	
Cvs_vitamin D3 Oral Capsule	250 mcg (10000 ut)	Maximum D3	
Cvs_vitamin D3 Oral Tablet Chewable	25 mcg (1000 ut)	D 1000	
D_1000 Oral Capsule	25 mcg (1000 ut)	D 1000	
D_1000 Oral Tablet Chewable	25 mcg (1000 ut)	D 1000	
D_10000 Oral Capsule	250 mcg (10000 ut)	Maximum D3	
D_400 Oral Tablet	10 mcg (400 unit)	Delta D3	
D_5000 Oral Capsule	125 mcg (5000 ut)	D-3-5	
D-1000 Extra Strength Oral Tablet	25 mcg (1000 ut)	Vitamin D-1000 Max St	
D2000_ultra Strength Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	
D3_2000 Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	
D3_5000 Oral Capsule	125 mcg (5000 ut)	D-3-5	
D3_adult Oral Tablet Chewable	25 mcg (1000 ut)	D 1000	
D3_extra Strength Oral Capsule	125 mcg (5000 ut)	D-3-5	
D3_high Potency Oral Capsule	125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	D 1000 ,D-3-5 ,D2000 Ultra Strength ,Maximum D3	
D3_high Potency Oral Tablet	10 mcg (400 unit)	Delta D3	
D3_kids Oral Tablet Chewable	10 mcg (400 unit)	Healthy Kids Vitamin D3	
D3_liquid Oral Liquid	25 mcg/0.04ml	D3 Liquid	
D3_max St Oral Capsule	250 mcg (10000 ut)	Maximum D3	
D3_maximum Strength Oral Capsule	125 mcg (5000 ut)	D-3-5	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
D3_oral Capsule	25 mcg (1000 ut)	D 1000	
D3_oral Tablet	50 mcg (2000 ut)	Vitamin D3 Super Strength	
D3_oral Tablet Chewable	50 mcg (2000 ut), 62.5 mcg (2500 ut)	D3 ,YumVs Vitamin D3 ZERO	
D3_super Strength Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	
D3-1000 Oral Capsule	25 mcg (1000 ut)	D 1000	
D3-1000 Oral Tablet	25 mcg (1000 ut)	Vitamin D-1000 Max St	
D-3-5_oral Capsule	125 mcg (5000 ut)	D-3-5	
D3-50_oral Capsule	1.25 mg (50000 ut)	D3-50	
D-400_oral Tablet	10 mcg (400 unit)	Delta D3	
D-5000 Oral Tablet	125 mcg (5000 ut)	D 5000	
Ddrops Booster Oral Liquid	15 mcg /0.028ml	Ddrops Booster	
Ddrops Oral Liquid	25 mcg /0.028ml, 25 mcg/0.03ml, 50 mcg /0.028ml, 50 mcg/0.03ml	Ddrops ,Super Daily D3	
Decara Oral Capsule	1.25 mg (50000 ut), 625 mcg (25000 ut)	D3-50 ,Decara	
Delta_d3 Oral Tablet	10 mcg (400 unit)	Delta D3	
Dialyvite Vitamin D 5000 Oral Capsule	125 mcg (5000 ut)	D-3-5	
Dialyvite Vitamin D3 Max Oral Tablet	1.25 mg (50000 ut)	Dialyvite Vitamin D3 Max	
D-Vi-Sol Oral Liquid	10 mcg/ml	Just D	
D-Vite Pediatric Oral Liquid	10 mcg/ml	Just D	
EqL_vitamin D3 Oral Capsule	25 mcg (1000 ut)	D 1000	
Ergocalciferol Oral Capsule	1.25 mg (50000 ut)	Drisdol	
Ergocalciferol Oral Solution	200 mcg/ml	Calciferol	
Ft_vitamin D3 Oral Capsule	25 mcg, 50 mcg	D 1000 ,D2000 Ultra Strength	
Ft_vitamin D3 Oral Tablet	50 mcg	Vitamin D3 Super Strength	
Gnp_d 2000 Oral Tablet Chewable	25 mcg (1000 ut)	D 1000	
Gnp_d3 Oral Capsule	250 mcg (10000 ut)	Maximum D3	
Gnp_vitamin D Maximum Strength Oral Tablet	50 mcg (2000 ut)	Vitamin D3 Super Strength	
Gnp_vitamin D Oral Tablet	25 mcg (1000 ut)	Vitamin D-1000 Max St	
Gnp_vitamin D Oral Tablet Chewable	10 mcg (400 unit)	Healthy Kids Vitamin D3	
Gnp_vitamin D Super Strength Oral Tablet	125 mcg (5000 ut)	D 5000	
Gnp_vitamin D3 Extra Strength Oral Tablet	25 mcg (1000 ut)	Vitamin D-1000 Max St	
Gnp_vitamin D3 Oral Tablet	10 mcg (400 unit)	Delta D3	
Kids_first Vitamin D3 Gummies Oral Tablet Chewable	25 mcg (1000 ut)	D 1000	
KIs_d3 Oral Capsule	50 mcg (2000 ut)	D2000 Ultra Strength	
Kp_vitamin D Oral Capsule	25 mcg (1000 ut)	D 1000	
Kp_vitamin D Oral Tablet Chewable	10 mcg (400 unit)	Healthy Kids Vitamin D3	
Kp_vitamin D3 Oral Capsule	25 mcg (1000 ut), 50 mcg (2000 ut)	D 1000 ,D2000 Ultra Strength	
Maximum D3 Oral Capsule	325 mcg (13000 ut)	Maximum D3	
Mommy's Bliss Vit D Organic Oral Liquid	10 mcg /0.036ml	Mommy's Bliss Vit D Organic	

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

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

MEDICAMENTOS OTC (OVER THE COUNTER)

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

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Proprinal Oral Capsule	200 mg	V-R Ibuprofen	
Qc_ibuprofen Ib Oral Tablet	200 mg	Advil	
Qc_ibuprofen Oral Capsule	200 mg	V-R Ibuprofen	
Qc_ibuprofen Oral Tablet	200 mg	Advil	
Qc_naproxen Sodium Oral Tablet	220 mg	Aleve	
Ra_ibuprofen Oral Capsule	200 mg	V-R Ibuprofen	
Ra_ibuprofen Oral Tablet	200 mg	Advil	
Ra_naproxen Sodium Oral Tablet	220 mg	Aleve	
Ra_pain Relief Ibuprofen Oral Tablet	200 mg	Advil	
Sb_ibuprofen Oral Tablet	200 mg	Advil	
Sb_naproxen Sodium Oral Tablet	220 mg	Aleve	
Sm_ibuprofen Ib Oral Tablet	200 mg	Advil	
Sm_ibuprofen Jr Oral Tablet	100 mg	Motrin Junior Strength	
Sm_ibuprofen Oral Capsule	200 mg	V-R Ibuprofen	
Sm_ibuprofen Oral Tablet	200 mg	Advil	
Sm_naproxen Sodium Oral Tablet	220 mg	Aleve	
Wal-Profen Oral Capsule	200 mg	V-R Ibuprofen	
Wal-Profen Oral Tablet	200 mg	Advil	
Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)			
<i>Analgesics Other (Analgesicos - Otros)</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 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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
Cvs_8hr Arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Cvs_8hr Muscle Aches & Pain Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Cvs_acetaminophen Ex St Oral Liquid	500 mg/15ml	S-T Febrol	
Cvs_acetaminophen Ex St Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Cvs_acetaminophen Oral Tablet	325 mg	Actamin	QL(360 in 30 Days)
Cvs_arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Cvs_childs Non-Aspirin Oral Tablet Chewable	80 mg	APAP Child	
Cvs_fever Reducing Childrens Rectal Suppository	120 mg	Acephen	
Cvs_infants Pain Relief Drops Oral Suspension	160 mg/5ml	APAP Childrens	
Cvs_non-Aspirin Childrens Oral Tablet Chewable	80 mg	APAP Child	
Cvs_non-Aspirin Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Cvs_pain & Fever Childrens Oral Suspension	160 mg/5ml	APAP Childrens	
Cvs_pain & Fever Infants Oral Suspension	160 mg/5ml	APAP Childrens	
Cvs_pain Relief Childrens Oral Tablet Chewable	160 mg	Acetaminophen Jr	
Cvs_pain Relief Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Cvs_pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	QL(180 in 30 Days)
Ed-Apap Oral Liquid	160 mg/5ml	Childrens Silapap	
Elixsure Fever/Pain Oral Gel	160 mg/5ml	ElixSure Fever/Pain	
Eq_8hr Arthritis Pain Relief Oral Tablet Extended Release	650 mg	Tylenol Extended Release	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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
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	
Ft_pain Relief Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)
Ft_pain Relief Oral Tablet	200 mg, 325 mg	Actamin ,Advil	
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)
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	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
Pediicare Children Oral Suspension	160 mg/5ml	APAP Childrens	
Pediicare Infant Fever/Pain Oral Suspension	160 mg/5ml	APAP Childrens	
Pediicare 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 Childrens Oral Tablet Chewable	160 mg	Acetaminophen Jr	
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	
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	Tempra Quicklets	
Sb_non-Aspirin Extra Strength Oral Tablet	500 mg	APAP Extra Strength	QL(240 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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 Antidiarreales / Probioticos)			
<i>Antidiarrheal/Probiotic Agents - Misc. (Antidiareicos/Agentes Probioticos Misc.)</i>			
Biotinex Oral Capsule		Acidopholus	
Flora_vance Oral Capsule		Bacid	
Florajen Digestion Oral Capsule		Bacid	
Florastor Oral Capsule	250 mg	Florastor	
Intestinex Oral Capsule	600 mg	Acidopholus	
Antihistamines (Antihistaminicos)			
<i>Antihistamines - Ethanolamines (Antihistaminicos - Etanolaminas)</i>			
Diphenhydramine Hcl Oral Capsule	25 mg, 50 mg	Allergia-C ,Trux-Adryl	
<i>Antihistamines - Non-Sedating (Antihistaminicos - No Sedantes)</i>			

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	
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 (Cetirizine) Oral Tablet Disintegrating	10 mg	ZyrTEC Allergy	
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 Capsule	10 mg	Claritin	
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
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 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_allergy 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 Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Cvs_allergy Relief Childrens Oral Suspension	30 mg/5ml	Allegra	QL(300 in 30 Days)
Cvs_allergy Relief Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Cvs_allergy Relief Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Cvs_allergy Relief Oral Tablet	10 mg, 180 mg	Allegra ,Claritin	QL(30 in 30 Days)
Cvs_allergy Relief Oral Tablet Disintegrating	5 mg	Claritin Reditabs	
Cvs_allergy Relief Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Cvs_allergy Relief(Cetirizine) Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Cvs_indoor/Outdoor Allergy Rlf Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
Eq_all Day Allergy Relief Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
Eq_loratadine Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
EqI_all Day Allergy Childrens Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
EqI_all Day Allergy Oral Tablet	10 mg	ZyrTEC	QL(30 in 30 Days)
EqI_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	
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	
Ft_all Day Allergy Relief Oral Tablet	10 mg	Claritin	
Ft_allergy Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Ft_allergy Relief 12 Hour Oral Tablet	60 mg	Allegra	
Ft_allergy Relief 24 Hour Oral Tablet	180 mg	Allegra	
Ft_allergy Relief Cetirizine Oral Tablet	10 mg	ZyrTEC	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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
Goodsense Allergy Relief Child Oral Solution	5 mg/5ml	Claritin	
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
Triaminic Allerchews Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Wal-Fex Allergy Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Wal-Fex Allergy Oral Tablet	60 mg	Allegra	QL(60 in 30 Days)
Wal-Fex Oral Tablet	180 mg	Allegra	QL(30 in 30 Days)
Wal-Itin Allergy Childrens Oral Tablet Chewable	5 mg	Claritin	QL(60 in 30 Days)
Wal-Itin Allergy Reditabs Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Wal-Itin Aller-Melts Oral Tablet Disintegrating	10 mg	Claritin Reditabs	QL(30 in 30 Days)
Wal-Itin Childrens Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Wal-Itin Oral Solution	5 mg/5ml	Claritin	QL(300 in 30 Days)
Wal-Itin Oral Tablet	10 mg	Claritin	QL(30 in 30 Days)
Wal-Vert 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
Wal-Zyr All Day Allergy Child Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Wal-Zyr Allergy Childrens Oral Solution	1 mg/ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Wal-Zyr Childrens Oral Solution	1 mg/ml, 5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Wal-Zyr Childrens Oral Tablet Chewable	10 mg, 5 mg	ZyrTEC	QL(30 in 30 Days)
Wal-Zyr Oral Solution	5 mg/5ml	ZyrTEC Childrens Allergy	QL(150 in 30 Days)
Wal-Zyr Oral Tablet	10 mg	ZyrTEC	QL(30 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)
Cough/Cold/Allergy (Tos/Catarro/Alergia)			
<i>Cough/Cold/Allergy Combinations (Combinaciones Para Tos/Catarro/Alergia)</i>			
12_hour Allergy-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	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	
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
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	
Cvs_allergy Relief D Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Cvs_allergy Relief D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	
Cvs_allergy Relief D24 Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	
Cvs_allergy Relief-D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
Cvs_allergy Relief-D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Cvs_allergy Relief-D12 Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Despec Dm Oral Syrup	5-10-100 mg/5ml	Cough	
Dologen Oral Tablet	2-650 mg	Dologen	
Eq_allergy & Congestion Relief Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	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)
EqL_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	
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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	
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)
Pecgen Dmx Oral Liquid	10-187 mg/5ml	Trispec DMX	
Qc_loratadine-D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	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 Rilf/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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Sm_lorata-Dine D Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Tusicof Oral Liquid	10-20-400 mg/5ml	Tusicof	
Tusnel C Oral Syrup	30-10-100 mg/5ml	Suttar-SF	
Tusnel Dm Oral Liquid	10-20-400 mg/5ml	Tusicof	
Tusnel Oral Liquid	30-15-200 mg/5ml	Tusnel	
Tusnel-Dm Pediatric Oral Liquid	1.25-2.5-25 mg/ml	Tusnel-DM Pediatric	
Tussi-Pres B Oral Liquid	10-4-20 mg/5ml	BroveX PEB DM	
Tussi-Pres Oral Liquid	5-10-200 mg/5ml	Robitussin Cough/Cold CF Max	
Wal-Fex D Allergy & Congestion Oral Tablet Extended Release 12 Hour	60-120 mg	Allegra-D	QL(30 in 15 Days)
Wal-Fex D Allergy & Congestion Oral Tablet Extended Release 24 Hour	180-240 mg	Allegra-D 24 Hour	QL(15 in 15 Days)
Wal-Itin D 24 Hour Oral Tablet Extended Release 24 Hour	10-240 mg	Claritin-D 24 Hour	QL(15 in 15 Days)
Wal-Itin D Oral Tablet Extended Release 12 Hour	5-120 mg	Claritin-D 12 Hour	QL(30 in 15 Days)
Wal-Zyr D Oral Tablet Extended Release 12 Hour	5-120 mg	ZyrTEC-D	QL(30 in 15 Days)
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	
Dermatologicals (Dermatologicos)			
<i>Acne Products (Productos Para El Acne)</i>			
Acne_foaming Wash External Liquid	10 %	Benzoyl Peroxide Wash	
Benzoyl Peroxide External Gel	10 %	Acne Medication-10	
Benzoyl Peroxide Wash External Liquid	10 %, 5 %	Benzoyl Peroxide Wash	
Bp_wash External Liquid	10 %, 2.5 %, 5 %	Benzac AC Wash ,Benzoyl Peroxide Wash	
Cvs_acne Foaming Face Wash External Liquid	10 %	Benzoyl Peroxide Wash	
Cvs_advanced 3-In-1 Cleanser External Liquid	5 %	Benzoyl Peroxide Wash	
Cvs_foaming Acne Face Wash External Liquid	10 %	Benzoyl Peroxide Wash	
Panoxyl Foaming Wash External Liquid	10 %	Benzoyl Peroxide Wash	
<i>Antifungals - Topical (Antifungales - Topicos)</i>			
Alevazol External Ointment	1 %	Alevazol	
Antifungal (Clotrimazole) External Cream	1 %	Lotrimin	
Anti-Fungal External Cream	1 %	Lotrimin	
Athletes Foot (Clotrimazole) External Cream	1 %	Lotrimin	
Athletes Foot (Terbinafine) External Cream	1 %	Athlete's Foot	
Clotrimazole Af External Cream	1 %	Lotrimin	
Clotrimazole Anti-Fungal External Cream	1 %	Lotrimin	
Clotrimazole Athletes Foot External Cream	1 %	Lotrimin	
Clotrimazole External Cream	1 %	Lotrimin	
Clotrimazole External Solution	1 %	Lotrimin	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cvs_athletes Foot External Cream	1 %	Athlete's Foot	
Cvs_clotrimazole External Cream	1 %	Lotrimin	
Cvs_clotrimazole External Solution	1 %	Lotrimin	
Cvs_itck Relief External Cream	1 %	Lotrimin	
Cvs_jock Itch External Cream	1 %	Athlete's Foot	
Cvs_ringworm External Cream	1 %	Lotrimin	
Desenex External Cream	1 %	Lotrimin	
Eq_antifungal External Cream	1 %	Lotrimin	
Eq_athletes Foot (Terbinafine) External Cream	1 %	Athlete's Foot	
Eq_athletes Foot External Cream	1 %	Lotrimin	
Eq_jock Itch External Cream	1 %	Lotrimin	
Eq_l_athletes Foot External Cream	1 %	Lotrimin	
Eq_l_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_itck External Cream	1 %	Lotrimin	
Jock_itck Relief External Cream	1 %	Lotrimin	
Lamisil At External Cream	1 %	Athlete's Foot	
Lamisil At Jock Itch External Cream	1 %	Athlete's Foot	
Lotrimin Af External Cream	1 %	Lotrimin	
Lotrimin Af Jock Itch External Cream	1 %	Lotrimin	
Mycozyl Ac External Cream	1 %	Lotrimin	
Qc_athletes Foot External Cream	1 %	Athlete's Foot	
Qc_clotrimazole External Cream	1 %	Lotrimin	
Ra_athletes Foot External Cream	1 %	Lotrimin	
Ra_clotrimazole External Cream	1 %	Lotrimin	
Ra_foot Care (Terbinafine) External Cream	1 %	Athlete's Foot	
Ra_foot Care (Tolnaftate) External Cream	1 %	Antifungal	
Ra_jock Itch External Cream	1 %	Lotrimin	
Sb_clotrimazole Foot External Cream	1 %	Lotrimin	
Sm_antifungal Clotrimazole External Cream	1 %	Lotrimin	
Sm_athletes Foot External Cream	1 %	Athlete's Foot	
Terbinafine Hcl External Cream	1 %	Athlete's Foot	
Tm-Clotrimazole External Cream	1 %	Lotrimin	
Dietary Products/Dietary Management Products (Productos Dieteticos/Productos Para Manejo Dietetico)			
<i>Nutritional Supplements (Suplementos Nutricionales)</i>			
Antioxidant Formula Oral Capsule	, 250-10000-200	Antioxidant ,Antioxidant Formula	
Laxatives (Laxantes)			
<i>Laxatives - Miscellaneous (Laxantes - Miscelaneos)</i>			
Clearlax Oral Powder	17 gm/scoop	MiraLax	
Cvs_purelax Oral Packet	17 gm	MiraLax	
Cvs_purelax Oral Powder	17 gm/scoop	MiraLax	
Eq_clearlax Oral Powder	17 gm/scoop	MiraLax	
Eq_laxative Oral Packet	17 gm	MiraLax	
Eq_l_clearlax Oral Powder	17 gm/scoop	MiraLax	
Ft_clearlax Oral Powder	17 gm/scoop	MiraLax	
Gavilax Oral Powder	17 gm/scoop	MiraLax	
Gentlelax Oral Powder	17 gm/scoop	MiraLax	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Glycolax Oral Powder	17 gm/scoop	MiraLax	
Gnp_clearlax Oral Packet	17 gm	MiraLax	
Gnp_clearlax Oral Powder	17 gm/scoop	MiraLax	
Goodsense Clearlax Oral Powder	17 gm/scoop	MiraLax	
Healthylax Oral Packet	17 gm	MiraLax	
Hm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Kls_laxaclear Oral Powder	17 gm/scoop	MiraLax	
Miralax Mix-In Pax Oral Packet	17 gm	MiraLax	
Miralax Oral Packet	17 gm	MiraLax	
Miralax Oral Powder	17 gm/scoop	MiraLax	
Mm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Qc_natura-Lax Oral Powder	17 gm/scoop	MiraLax	
Ra_laxative Oral Powder	17 gm/scoop	MiraLax	
Sm_clearlax Oral Powder	17 gm/scoop	MiraLax	
Smooth Lax Oral Packet	17 gm	MiraLax	
Smooth Lax Oral Powder	17 gm/scoop	MiraLax	
True_laxative Oral Powder	17 gm/scoop	MiraLax	
Stimulant Laxatives (Laxantes Estimulantes)			
Alopen Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Bisacodyl Ec Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Bisacodyl Laxative Rectal Suppository	10 mg	Bisac-Evac	
Bisacodyl Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Bisacodyl Rectal Suppository	10 mg	Bisac-Evac	
Cvs_c-Lax Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Cvs_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Cvs_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Cvs_gentle Laxative Womens Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Dulcolax Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Dulcolax Pink Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Dulcolax Rectal Suppository	10 mg	Bisac-Evac	
Eq_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Eq_laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Ex-Lax Ultra Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Fleet_bisacodyl Rectal Enema	10 mg/30ml	Fleet Bisacodyl	
Ft_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Ft_laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Gnp_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Gnp_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Goodsense Bisacodyl Ec Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Goodsense Bisacodyl Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Kp_bisacodyl Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Laxative Rectal Suppository	10 mg	Bisac-Evac	
Onelax Rectal Suppository	10 mg	Bisac-Evac	
Qc_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Qc_gentle Laxative Rectal Suppository	10 mg	Bisac-Evac	
Qc_gentle Laxative Womens Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Qc_laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Ra_fast Relief Laxative Rectal Suppository	10 mg	Bisac-Evac	
Ra_laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Ra_womens Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Sb_bisacodyl Laxative Ec Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Sb_gentle Lax-Women Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Sb_laxative Rectal Suppository	10 mg	Bisac-Evac	
Sm_gentle Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Sm_laxative Rectal Suppository	10 mg	Bisac-Evac	
The_magic Bullet Rectal Suppository	10 mg	Bisac-Evac	
Womans Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Womens Laxative Oral Tablet Delayed Release	5 mg	Bisac-Evac	
Surfactant Laxatives (Laxantes Surfactantes)			
Cvs_stool Softener Oral Capsule	240 mg	Calfax	
Docusate Calcium Oral Capsule	240 mg	Calfax	
Gnp_stool Softener Oral Capsule	240 mg	Calfax	
Qc_docusate Calcium Oral Capsule	240 mg	Calfax	
Sb_stool Softener Oral Capsule	240 mg	Calfax	
Stool_softener Oral Capsule	240 mg	Calfax	
Surfak Oral Capsule	240 mg	Calfax	
Minerals & Electrolytes (Minerales Y Electrolitos)			
<i>Calcium (Calcio)</i>			
Calcium 600 Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Calcium Carbonate Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Calcium High Potency Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Gnp_calcium Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Pure_calcium Carbonate Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Qc_calcium Fast Dissolution Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Ra_calcium 600 Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Super_calcium Oral Tablet	1500 (600 ca) mg	Calcarb 600	
Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)			
<i>Anesthetics Topical Oral (Anestésicos Orales Tópicos)</i>			
Orasep Mouth/Throat Solution	2-0.5-0.1 %	Orasep	
Multivitamins (Multivitaminas)			
<i>B-Complex W/ Minerals (Complejo B Con Minerales)</i>			
Eldertonic Oral Liquid		Eldertonic	
<i>Multiple Vitamins W/ Iron (Multivitaminas Con Hierro)</i>			
Tab-A-Vite/Iron/Beta Carotene Oral Tablet		Daily Iron Complete	
<i>Multiple Vitamins W/ Minerals (Multivitaminas Con Minerales)</i>			
50+_adult Eye Health Oral Capsule		Actical	
A_thru Z Advanced Oral Tablet		Adavite-M	
A_thru Z High Potency Oral Tablet		Adavite-M	
A_thru Z Select 50+ Advanced Oral Tablet		Adavite-M	
A_thru Z Select 50+ Mens Oral Tablet		Adavite-M	
A_thru Z Select Advanced Oral Tablet		Adavite-M	
A_thru Z Select Oral Tablet		Adavite-M	
A_thru Z Select Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
A_thru Z Select Ultimate Women Oral Tablet		Adavite-M	
A_thru Z Ultimate Mens Oral Tablet		Adavite-M	
Abc_complete Adult Oral Tablet		Adavite-M	
Abc_complete Mens Oral Tablet		Adavite-M	
Abc_complete Senior 50+ Oral Tablet		Adavite-M	
Abc_complete Senior Mens 50+ Oral Tablet		Adavite-M	
Abc_complete Womens Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Actical Oral Capsule		Actical	
Activessentials For Women Oral Miscellaneous		Life-Pack Mens	
Activessentials Oral Packet		Balance PMS Formula	
Activessentials/Oncoplex & D3 Oral Miscellaneous		Life-Pack Mens	
Activnutrients Oral Capsule		Actical	
Activnutrients Performance Oral Capsule		Actical	
Activnutrients W/O Copper/Iron Oral Powder		Oesto-Mins	
Activnutrients W/O Iron Oral Capsule		Actical	
Adek_gummies Plus Zn Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Adult_one Daily Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Advanced Multi Ea Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Airborne Elderberry Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Airborne Kids Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Airborne Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Airborne Oral Tablet Effervescent		Berocca	
Alive_calcium Bone Support Oral Tablet		Adavite-M	
Alive_daily Energy Oral Tablet		Adavite-M	
Alive_diabetic Multivitamin Oral Tablet		Adavite-M	
Alive_energy 50+ Oral Tablet		Adavite-M	
Alive_everyday Immune Health Oral Capsule		Actical	
Alive_hair, Skin & Nails Oral Capsule		Actical	
Alive_hair, Skin & Nails Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_mens 50+ Multi Gummy Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_mens 50+ Oral Tablet		Adavite-M	
Alive_mens Complete Multi Oral Tablet		Adavite-M	
Alive_mens Gummy Multivitamins Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_multi-Vitamin Oral Liquid		Centrum	
Alive_multi-Vitamin Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_ultra Potency Womens 50+ Oral Tablet		Adavite-M	
Alive_womens 50+ Complete Mv Oral Tablet		Adavite-M	
Alive_womens 50+ Gummy Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_womens 50+ Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alive_womens Energy Oral Tablet		Adavite-M	
Alive_womens Gummy Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Alpha_betic Oral Tablet		Adavite-M	
Amoryn Mood Booster Oral Capsule		Actical	
Antioxidant A/C/E/Selenium Oral Tablet		Adavite-M	
Antioxidant Formula Oral Tablet		Adavite-M	
Antioxidant Formula/Minerals Oral Capsule		Actical	
Antioxidant Oral Capsule		Actical	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Antioxidant Vitamins Oral Tablet		Adavite-M	
Apetibex Oral Capsule		Actical	
Appe-Curb Oral Capsule		Actical	
Atp_ignite Oral Packet		Balance PMS Formula	
Atp_ignite Workout Oral Powder		Oesto-Mins	
Bariatric Fusion Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Basic_am Oral Tablet		Adavite-M	
Basic_pm Oral Tablet		Adavite-M	
Berocca Oral Tablet Effervescent		Berocca	
Bio-35 Gluten-Free Oral Capsule		Actical	
Bio-35 Iron Free Oral Capsule		Actical	
Biocal Oral Capsule		Actical	
Body/Hair/Skin/Nails Oral Capsule		Actical	
Boneup 3 Per Day Oral Capsule		Actical	
Boneup Oral Capsule		Actical	
Boneup Vegetarian Oral Tablet		Adavite-M	
Boostnow Immune Support Oral Capsule		Actical	
Boostnow Immune Support Oral Powder		Oesto-Mins	
Bprotected Multi-Vite Oral Liquid		Centrum	
Buried Treasure Active 55 Plus Oral Liquid		Centrum	
C-Buff Oral Powder		Oesto-Mins	
Celebrate Multi-Complete 18 Oral Capsule		Actical	
Celebrate Multi-Complete 18 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Celebrate Multi-Complete 36 Oral Capsule		Actical	
Celebrate Multi-Complete 36 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Celebrate Multi-Complete 45 Oral Capsule		Actical	
Celebrate Multi-Complete 45 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Celebrate Multi-Complete 60 Oral Capsule		Actical	
Celebrate Multi-Complete 60 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centavite A-Z Complete-Mineral Oral Tablet		Adavite-M	
Centravites 50 Plus Oral Tablet		Adavite-M	
Centravites Adults Oral Tablet		Adavite-M	
Centravites Oral Tablet		Adavite-M	
Centrum Adult 50+ Multigummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Adult Oral Liquid		Centrum	
Centrum Adults Multigummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Adults Oral Tablet		Adavite-M	
Centrum Cardio Oral Tablet		Adavite-M	
Centrum Flavor Burst Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Flavor Burst Drink Oral Packet		Balance PMS Formula	
Centrum Flavor Burst Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Fresh/Fruity 50+ Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Centrum Fresh/Fruity Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Men Oral Tablet		Adavite-M	
Centrum Minis Adults 50+ Oral Tablet		Adavite-M	
Centrum Minis Men 50+ Oral Tablet		Adavite-M	
Centrum Minis Women 50+ Oral Tablet		Adavite-M	
Centrum Minis Women Immune Sup Oral Tablet		Adavite-M	
Centrum Multi + Omega 3 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Oral Liquid		Centrum	
Centrum Silver 50+men Oral Tablet		Adavite-M	
Centrum Silver 50+women Oral Tablet		Adavite-M	
Centrum Silver Adult 50+ Oral Tablet		Adavite-M	
Centrum Silver Oral Tablet		Adavite-M	
Centrum Silver Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Centrum Silver Ultra Womens Oral Tablet		Adavite-M	
Centrum Specialist Heart Oral Tablet		Adavite-M	
Centrum Specialist Immune Oral Tablet		Adavite-M	
Centrum Specialist Vision Oral Tablet		Adavite-M	
Centrum Ultra Womens Oral Tablet		Adavite-M	
Centrum Women Oral Tablet		Adavite-M	
Century Mature Oral Tablet		Adavite-M	
Century Oral Tablet		Adavite-M	
Cerovite Senior Oral Tablet		Adavite-M	
Certavite Senior Oral Tablet		Adavite-M	
Certavite Senior/Antioxidant Oral Tablet		Adavite-M	
Certavite/Antioxidants Oral Tablet		Adavite-M	
Choiceful Multivitamin Oral Capsule		Actical	
Choiceful Multivitamin Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Companion Oral Tablet		Adavite-M	
Compete Oral Tablet		Adavite-M	
Complete Multivitamin/Mineral Oral Liquid		Centrum	
Conceptionxr Motility Support Oral Miscellaneous		Life-Pack Mens	
Coral_calcium Plus Oral Capsule		Actical	
Culturelle Probiotics + Multiv Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_adult 50+ Eye Health Oral Capsule		Actical	
Cvs_airshield Immunity Support Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_airshield Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_daily Gummies Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_daily Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_daily Multiple For Men Oral Tablet		Adavite-M	
Cvs_daily Multiple Women 50+ Oral Tablet		Adavite-M	
Cvs_daily Multiv/Mineral Mens Oral Tablet		Adavite-M	
Cvs_diabetes Health Support Oral Miscellaneous		Life-Pack Mens	
Cvs_eye Health & Lutein Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cvs_eye Health Adult 50+ Oral Capsule		Actical	
Cvs_immune Support Oral Capsule		Actical	
Cvs_immune Support Vitamin C Oral Packet		Balance PMS Formula	
Cvs_mens Daily Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_one Daily Essential Oral Tablet		Adavite-M	
Cvs_one Daily Mens 50+ Adv Oral Tablet		Adavite-M	
Cvs_one Daily Mens Formula Oral Tablet		Adavite-M	
Cvs_one Daily Womens 50+ Adv Oral Tablet		Adavite-M	
Cvs_one Daily Womens Formula Oral Tablet		Adavite-M	
Cvs_spectravite Adult 50+ Oral Tablet		Adavite-M	
Cvs_spectravite Adult 50+ Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_spectravite Adults Oral Tablet		Adavite-M	
Cvs_spectravite Advanced Oral Tablet		Adavite-M	
Cvs_spectravite Men 50+ Oral Tablet		Adavite-M	
Cvs_spectravite Men Oral Tablet		Adavite-M	
Cvs_spectravite Senior Oral Tablet		Adavite-M	
Cvs_spectravite Ultra Men 50+ Oral Tablet		Adavite-M	
Cvs_spectravite Ultra Mens Oral Tablet		Adavite-M	
Cvs_spectravite Ultra Women Oral Tablet		Adavite-M	
Cvs_spectravite Women 50+ Oral Tablet		Adavite-M	
Cvs_spectravite Women Oral Tablet		Adavite-M	
Cvs_spectravite Women Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Cvs_spectravite Womens Senior Oral Tablet		Adavite-M	
Cvs_vision Health Oral Capsule		Actical	
Cvs_womens Active Daily Oral Tablet		Adavite-M	
Cvs_womens Daily Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Daily_betic Oral Tablet		Adavite-M	
Daily_combo Multi Vitamins Oral Tablet		Adavite-M	
Daily_diabetes Health Pack Oral Miscellaneous		Life-Pack Mens	
Daily_heart Health Support Oral Miscellaneous		Life-Pack Mens	
Daily_multiple Vitamins/Min Oral Tablet		Adavite-M	
Daily_multivitamin Oral Capsule		Actical	
Daily_pak Maximum Multivitamin Oral Miscellaneous		Life-Pack Mens	
Decubi-Vite Oral Capsule		Actical	
Dekas_bariatric Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Dermavite Oral Tablet		Adavite-M	
Diabetes Health Formula Oral Tablet		Adavite-M	
Diabetes Health Oral Miscellaneous		Life-Pack Mens	
Dialyvite 800/Ultra D Oral Tablet		Adavite-M	
Dry_eye Formula Oral Capsule		Actical	
Emergen-C Blue Oral Packet		Balance PMS Formula	
Emergen-C Five Oral Packet		Balance PMS Formula	
Emergen-C Heart Health Oral Packet		Balance PMS Formula	
Emergen-C Immune Oral Packet		Balance PMS Formula	
Emergen-C Immune Plus Oral Packet		Balance PMS Formula	
Emergen-C Immune+ Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Emergen-C Immune+warmers Oral Packet		Balance PMS Formula	
Emergen-C Joint Health Oral Packet		Balance PMS Formula	
Emergen-C Kidz Oral Packet		Balance PMS Formula	
Emergen-C Msm Lite Oral Packet		Balance PMS Formula	
Emergen-C Pink Oral Packet		Balance PMS Formula	
Emergen-C Vitamin C Lite Oral Packet		Balance PMS Formula	
Emergen-C Vitamin C Oral Packet		Balance PMS Formula	
Emergen-C Vitamin D/Calcium Oral Packet		Balance PMS Formula	
Endur-Vm Oral Tablet Extended Release		ABC-Z	
Endur-Vm With Iron Oral Tablet Extended Release		ABC-Z	
Energy Booster Oral Packet		Balance PMS Formula	
Eq_complete Multivit Adult 50+ Oral Tablet		Adavite-M	
Eq_complete Multivitamin-Adult Oral Tablet		Adavite-M	
Eq_multivitamins Adult Gummy Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Eq_one Daily Mens 50+ Oral Tablet		Adavite-M	
Eq_one Daily Mens Health Oral Tablet		Adavite-M	
Eq_one Daily Womens 50+ Oral Tablet		Adavite-M	
Eq_one Daily Womens Health Oral Tablet		Adavite-M	
Eq_vision Formula 50+ Oral Capsule		Actical	
EqL_century Mature Oral Tablet		Adavite-M	
EqL_century Oral Tablet		Adavite-M	
EqL_one Daily Mens Health Oral Tablet		Adavite-M	
EqL_one Daily Mens Oral Tablet		Adavite-M	
EqL_vision Formula Oral Tablet		Adavite-M	
Essentia Oral Tablet		Adavite-M	
Essential Balance Oral Tablet		Adavite-M	
Evolution60 Oral Packet		Balance PMS Formula	
Eye_health + Lutein Oral Tablet		Adavite-M	
Eye_multivitamin/Sodium Oral Tablet		Adavite-M	
Eye_vitamins Oral Capsule		Actical	
Eye-Vites Oral Tablet		Adavite-M	
Fitness Tabs For Men Am/Pm Oral Tablet		Adavite-M	
Fitness Tabs For Women Am/Pm Oral Tablet		Adavite-M	
Freedavite Oral Tablet		Adavite-M	
Geri-Freeda Senior Formula Oral Tablet		Adavite-M	
Gerivite Complete Oral Tablet		Adavite-M	
Glucoten Oral Capsule		Actical	
Gnp_century Adult Oral Tablet		Adavite-M	
Gnp_century Mature Women's 50+ Oral Tablet		Adavite-M	
Gnp_hair/Skin/Nails Oral Tablet		Adavite-M	
Gnp_healthy Eyes Oral Tablet		Adavite-M	
Gnp_healthy Eyes Supervision 2 Oral Capsule		Actical	
Gnp_immune Support Oral Packet		Balance PMS Formula	
Gnp_immune Support Oral Tablet Effervescent		Berocca	
Gnp_mega Multi For Men Oral Tablet		Adavite-M	
Gnp_mega Multi For Women Oral Tablet		Adavite-M	
Gnp_one Daily Mens Health 50+ Oral Tablet		Adavite-M	
Gnp_one Daily Mens/Lycopene Oral Tablet		Adavite-M	
Gnp_one Daily Womens 50+ Oral Tablet		Adavite-M	
Gnp_one Daily Womens Oral Tablet		Adavite-M	
Gnp_therapeutic-M Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Hair/Skin/Nails Oral Capsule		Actical	
Hair/Skin/Nails Oral Tablet		Adavite-M	
Hair_skin & Nails Advanced Oral Tablet		Adavite-M	
Hair_skin & Nails Oral Tablet		Adavite-M	
Hair_skin Nails Oral Capsule		Actical	
Head_care Proactive Health Oral Tablet		Adavite-M	
Healthy Eyes Oral Tablet		Adavite-M	
Healthy Eyes Supervision 2 Oral Capsule		Actical	
Healthy Eyes/Lutein-Zeaxanthin Oral Capsule		Actical	
High_potency Multivit/Fa Oral Tablet		Adavite-M	
Hi-Kovite 2-Part Formula Oral Tablet		Adavite-M	
Hm_complete Women Oral Tablet		Adavite-M	
Hm_womens 50+ Advanced Daily Oral Tablet		Adavite-M	
Icaps_areds Formula Oral Tablet		Adavite-M	
Icaps_lutein & Omega-3 Oral Capsule		Actical	
Icaps_mv Oral Tablet		Adavite-M	
Icaps_oral Capsule		Actical	
Immublast-C Oral Packet		Balance PMS Formula	
Immune Essentials Daily Oral Capsule		Actical	
Immune Support Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
I-Vite Oral Tablet		Adavite-M	
Kp_adults 50+ Daily Formula Oral Tablet		Adavite-M	
Kp_adults Daily Formula Oral Tablet		Adavite-M	
Kp_mens 50+ Daily Formula Oral Tablet		Adavite-M	
Kp_mens Daily Formula Oral Tablet		Adavite-M	
Kp_mens Daily Pack Oral Miscellaneous		Life-Pack Mens	
Kp_vision Formula Oral Tablet		Adavite-M	
Kp_vision Formula/Lutein Oral Tablet		Adavite-M	
Kp_womens 50+ Daily Formula Oral Tablet		Adavite-M	
Kp_womens Daily Formula Oral Tablet		Adavite-M	
Kp_womens Daily Oral Miscellaneous		Life-Pack Mens	
K-Pax_immune Professional St Oral Tablet		Adavite-M	
Life_pack Mens Oral Miscellaneous		Life-Pack Mens	
Life_pack Womens Oral Miscellaneous		Life-Pack Mens	
Liver_detox Oral Tablet		Adavite-M	
Lutein-Zeaxanthin Oral Tablet		Adavite-M	
Lysiplex Plus Oral Liquid		Centrum	
Macular Health Formula Oral Capsule		Actical	
Macuvite Eye Care Oral Tablet		Adavite-M	
Macuvite Oral Tablet		Adavite-M	
Macuvite/Lutein Oral Tablet		Adavite-M	
Maximum Daily Green Oral Tablet		Adavite-M	
Mega_multi For Women Oral Tablet		Adavite-M	
Mega_multi Men Oral Tablet		Adavite-M	
Mega-Marathon 100 Tr Oral Tablet Extended Release		ABC-Z	
Megavite Fruits & Veggies Oral Tablet		Adavite-M	
Meijer Advanced Formula Oral Tablet		Adavite-M	
Mens_50+ Advanced Oral Capsule		Actical	
Mens_50+ Multivitamin Oral Tablet		Adavite-M	
Mens_daily Pack Oral Packet		Balance PMS Formula	
Mens_life Pack Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Mens_multivitamin Oral Tablet		Adavite-M	
Mens_multivitamin Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Mens_pack Oral Miscellaneous		Life-Pack Mens	
Mood_food Es Oral Capsule		Actical	
Mood_food Oral Capsule		Actical	
Multi_adult Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Multi_complete Oral Capsule		Actical	
Multi_complete/Iron Oral Tablet		Adavite-M	
Multi_for Her 50+ Oral Capsule		Actical	
Multi_for Her 50+ Oral Tablet		Adavite-M	
Multi_for Her Oral Capsule		Actical	
Multi_for Her Oral Packet		Balance PMS Formula	
Multi_for Her Oral Tablet		Adavite-M	
Multi_for Him 50+ Oral Tablet		Adavite-M	
Multi_for Him Oral Capsule		Actical	
Multi_for Him Oral Packet		Balance PMS Formula	
Multi_for Him Oral Tablet		Adavite-M	
Multi_vitamin/Minerals Oral Tablet		Adavite-M	
Multia Oral Capsule		Actical	
Multiple Vit/Minerals/No Iron Oral Tablet		Adavite-M	
Multiple Vitamins/Womens Oral Tablet		Adavite-M	
Multiple Vitamins-Minerals Oral Liquid		Centrum	
Multivit/Multimineral Adult Oral Liquid		Centrum	
Multivitamin Adults 50+ Oral Tablet		Adavite-M	
Multivitamin Adults Oral Tablet		Adavite-M	
Multivitamin Gummies Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Multivitamin Gummies Mens Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Multi-Vitamin Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Multivitamin Gummies Womens Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Multivitamin Men 50+ Oral Tablet		Adavite-M	
Multivitamin Men Oral Tablet		Adavite-M	
Multi-Vitamin Monocaps Oral Tablet		Adavite-M	
Multivitamin Oral Liquid		Centrum	
Multivitamin Women 50+ Oral Tablet		Adavite-M	
Multivitamin Women Oral Tablet		Adavite-M	
Multivitamin Womens 50+ Adv Oral Tablet		Adavite-M	
Multi-Vitamin/Minerals Oral Tablet		Adavite-M	
Multivitamin/Zinc Stress Oral Tablet		Adavite-M	
Multi-Vite Oral Liquid		Centrum	
Mvw_complete Formulation D3000 Oral Capsule		Actical	
Mvw_complete Formulation Minis Oral Capsule		Actical	
Mvw_complete Formulation Oral Capsule		Actical	
Mvw_hi-D Adek Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Mvw_modulator Formulation Oral Capsule		Actical	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Mvw_orange Chewables Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Myamulti Oral Tablet		Adavite-M	
Natrul-Vites Oral Tablet		Adavite-M	
No_iron Mult Vitamin-Minerals Oral Tablet		Adavite-M	
Ocular Vitamins Oral Tablet		Adavite-M	
Ocutabs Oral Tablet		Adavite-M	
Ocutabs-Lutein Oral Tablet		Adavite-M	
Ocuvite Adult 50+ Oral Capsule		Actical	
Ocuvite Adult Formula Oral Capsule		Actical	
Ocuvite Extra Oral Tablet		Adavite-M	
Ocuvite Eye + Multi Oral Tablet		Adavite-M	
Ocuvite Eye Health Formula Oral Capsule		Actical	
Ocuvite-Lutein Oral Capsule		Actical	
Ocuvite-Lutein Oral Tablet		Adavite-M	
Oncovite Oral Tablet		Adavite-M	
One_a Day Immunity Defense Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One_a Day Men 50 Plus Oral Tablet		Adavite-M	
One_a Day Mens Vitacraves Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One_a Day Triple Immune Supprt Oral Tablet		Adavite-M	
One_a Day Women 50 Plus Oral Tablet		Adavite-M	
One_a Day Women 50 Plus Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One_daily 50 Plus Oral Tablet		Adavite-M	
One_daily Calcium/Iron Oral Tablet		Adavite-M	
One_daily Complete Oral Tablet		Adavite-M	
One_daily For Men 50+ Advanced Oral Tablet		Adavite-M	
One_daily For Men/Lycopene Oral Tablet		Adavite-M	
One_daily For Women 50+ Adv Oral Tablet		Adavite-M	
One_daily For Women Oral Tablet		Adavite-M	
One_daily Healthy Weight Adv Oral Tablet		Adavite-M	
One_daily Healthy Weight Oral Tablet		Adavite-M	
One_daily Maximum Oral Tablet		Adavite-M	
One_daily Men Formula W/O Iron Oral Tablet		Adavite-M	
One_daily Mens 50+ Multivit Oral Tablet		Adavite-M	
One_daily Mens Health Oral Tablet		Adavite-M	
One_daily Mens Oral Tablet		Adavite-M	
One_daily Multivitamin Men Oral Tablet		Adavite-M	
One_daily Multivitamin Women Oral Tablet		Adavite-M	
One_daily Womens 50 Plus Oral Tablet		Adavite-M	
One_daily Womens 50+ Oral Tablet		Adavite-M	
One_daily Womens Oral Tablet		Adavite-M	
One_daily/Minerals Oral Tablet		Adavite-M	
One-A-Day Energy Oral Tablet		Adavite-M	
One-A-Day For Him Vitacraves Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Menopause Formula Oral Tablet		Adavite-M	
One-A-Day Mens (Minerals) Oral Tablet		Adavite-M	
One-A-Day Mens 50+ Advantage Oral Tablet		Adavite-M	
One-A-Day Mens 50+ Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
One-A-Day Mens Health Formula Oral Tablet		Adavite-M	
One-A-Day Mens Pro Edge Oral Tablet		Adavite-M	
One-A-Day Mens Vitacraves Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Proactive 65+ Oral Tablet		Adavite-M	
One-A-Day Teen Advantage/Her Oral Tablet		Adavite-M	
One-A-Day Teen Advantage/Him Oral Tablet		Adavite-M	
One-A-Day Vitacraves Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Vitacraves Immunity Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Vitacraves Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Vitacraves Sour Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-A-Day Weight Smart Advance Oral Tablet		Adavite-M	
One-A-Day Womens 50 Plus Oral Tablet		Adavite-M	
One-A-Day Womens 50+ Advantage Oral Tablet		Adavite-M	
One-A-Day Womens 50+ Oral Tablet		Adavite-M	
One-A-Day Womens Healthy Skin Oral Tablet		Adavite-M	
One-A-Day Womens Mind & Body Oral Tablet		Adavite-M	
One-A-Day Womens Oral Tablet		Adavite-M	
One-A-Day Womens Petites Oral Tablet		Adavite-M	
One-A-Day Womens Vitacraves Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
One-Daily Multi Caps Oral Capsule		Actical	
One-Daily Multi-Vit/Mineral Oral Tablet		Adavite-M	
Optic-Vites Oral Tablet		Adavite-M	
Optifast Post Bariatric Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Optimum Airvites Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Optimum Pms Oral Tablet		Adavite-M	
Optisource Post Bariatric Surg Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Optivite P.m.t. Oral Tablet		Adavite-M	
Opurity Bypass Optimized Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Opurity Oral Tablet		Adavite-M	
Osteoprime Plus Oral Tablet		Adavite-M	
Osteoprime Ultra Oral Tablet		Adavite-M	
Parvlex Oral Tablet		Adavite-M	
Phlexy-Vits Oral Powder		Oesto-Mins	
Premium Packets Oral Miscellaneous		Life-Pack Mens	
Prescription Support Oral Capsule		Actical	
Preservision Areds 2 Oral Capsule		Actical	
Preservision Areds 2 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Preservision Areds 2+multi Vit Oral Capsule		Actical	
Preservision Areds Oral Capsule		Actical	
Preservision Areds Oral Tablet		Adavite-M	
Preservision/Lutein Oral Capsule		Actical	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Prevent Oral Capsule		Actical	
Pro-Cal Oral Tablet		Adavite-M	
Procerv Hp Oral Tablet		Adavite-M	
Prorenal + D Oral Tablet		Adavite-M	
Prorenal + D W/ Omega-3 Oral Capsule		Actical	
Prosight Oral Tablet		Adavite-M	
Protect Cardio Af Oral Capsule		Actical	
Protect Plus So Oral Capsule		Actical	
Protegra Oral Capsule		Actical	
Provit Oral Tablet		Adavite-M	
Proxceed Plus Oral Packet		Balance PMS Formula	
Qc_daily Multivit/Multimineral Oral Tablet		Adavite-M	
Qc_hair Skin & Nails Oral Tablet		Adavite-M	
Qc_mens Daily Multivitamin Oral Tablet		Adavite-M	
Qc_multi-Vite 50 & Over Oral Tablet		Adavite-M	
Qc_multi-Vite Oral Tablet		Adavite-M	
Qc_ocuhealth Vision Support 2 Oral Capsule		Actical	
Qc_therin-M Oral Tablet		Adavite-M	
Qc_womens Daily Multivitamin Oral Tablet		Adavite-M	
Quin_b Strong Oral Tablet		Adavite-M	
Quintabs-M Oral Tablet		Adavite-M	
Ra_central-Vite Mens Mature Oral Tablet		Adavite-M	
Ra_central-Vite Oral Tablet		Adavite-M	
Ra_central-Vite Womens Mature Oral Tablet		Adavite-M	
Ra_essence-C Oral Packet		Balance PMS Formula	
Ra_one Daily Maximum Oral Tablet		Adavite-M	
Ra_one Daily Mens 50+ W/Vit D3 Oral Tablet		Adavite-M	
Ra_one Daily Mens Multi Oral Tablet		Adavite-M	
Ra_one Daily Mens/Vit D-3 Oral Tablet		Adavite-M	
Rayavit Oral Tablet		Adavite-M	
Renaplex Oral Tablet		Adavite-M	
Renaplex-D Oral Tablet		Adavite-M	
Senior Tabs Oral Tablet		Adavite-M	
Sentry Oral Tablet		Adavite-M	
Sentry Senior Oral Tablet		Adavite-M	
Sentry Senior/Lutein Oral Tablet		Adavite-M	
Skin_beauty & Wellness Oral Packet		Balance PMS Formula	
Skin_hair & Nails Advanced Oral Capsule		Actical	
Sm_antioxidant Vitamins Oral Tablet		Adavite-M	
Sm_complete 50+ Oral Tablet		Adavite-M	
Sm_complete 50+ Ultimate Mens Oral Tablet		Adavite-M	
Sm_complete 50+ Ultimate Women Oral Tablet		Adavite-M	
Sm_complete Advanced Formula Oral Tablet		Adavite-M	
Sm_complete Oral Tablet		Adavite-M	
Sm_complete Senior Formula Oral Tablet		Adavite-M	
Sm_daily Diet Support Oral Tablet		Adavite-M	
Sm_hair/Skin/Nails Oral Tablet		Adavite-M	
Sm_one Daily Mens Oral Tablet		Adavite-M	
Sm_one Daily Womens Oral Tablet		Adavite-M	
Sm_opti-Vitamins Oral Tablet		Adavite-M	
Solo_oral Tablet		Adavite-M	
Spectravite Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Super_antioxidant Oral Capsule		Actical	
Super_antioxidants Protector Oral Capsule		Actical	
Super_aytinal 50 Plus Oral Tablet		Adavite-M	
Super_aytinal Oral Tablet		Adavite-M	
Super_multiple Oral Tablet		Adavite-M	
Super_natrul-100 Oral Tablet Extended Release		ABC-Z	
Super_thera Vite M Oral Tablet		Adavite-M	
Super_vita-Mins Oral Tablet		Adavite-M	
Superior Mens Multi Oral Tablet		Adavite-M	
Superior Womens Multi Oral Tablet		Adavite-M	
Systane Icaps Areds2 Oral Tablet		Adavite-M	
Systane Icaps Areds2 Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Thera_vital M Oral Tablet		Adavite-M	
Thera_vital-M Oral Tablet		Adavite-M	
Therabasic-M Oral Tablet		Adavite-M	
Theragran-M Advanced 50 Plus Oral Tablet		Adavite-M	
Theragran-M Advanced Oral Tablet		Adavite-M	
Theragran-M Oral Tablet		Adavite-M	
Theragran-M Premier 50 Plus Oral Tablet		Adavite-M	
Theragran-M Premier Oral Tablet		Adavite-M	
Theramill Forte Oral Capsule		Actical	
Therapeutic Formula/Hematinics Oral Tablet		Adavite-M	
Therapeutic-M Oral Tablet		Adavite-M	
Thera-Tabs M Oral Tablet		Adavite-M	
Theratrum Complete 50 Plus Oral Tablet		Adavite-M	
Theratrum Complete Oral Tablet		Adavite-M	
Thera-Vite Max-M Oral Tablet		Adavite-M	
Thrive For Life Womens Oral Tablet		Adavite-M	
Totalday Multiple Oral Tablet Extended Release		ABC-Z	
T-Vites Oral Tablet		Adavite-M	
Ultra_boneup Oral Tablet		Adavite-M	
Ultra_freeda Oral Tablet		Adavite-M	
Ultra_freeda/Iron Oral Tablet		Adavite-M	
Ultra_mega Gold Oral Tablet Extended Release		ABC-Z	
Ultra_mega Oral Tablet Extended Release		ABC-Z	
Ultra_mega Two Oral Tablet Extended Release		ABC-Z	
Ultra_multi Formula/Iron Oral Capsule		Actical	
Ultrachoice Adv Formula Mature Oral Tablet		Adavite-M	
Ultrachoice Advanced Formula Oral Tablet		Adavite-M	
Ultra-Mega Oral Tablet Extended Release		ABC-Z	
Vision Formula 2 Oral Capsule		Actical	
Vision Formula/Lutein Oral Tablet		Adavite-M	
Vision Health Oral Capsule		Actical	
Vision Optimizer Oral Capsule		Actical	
Vision Plus Oral Capsule		Actical	
Vision Vitamins Oral Tablet		Adavite-M	
Vista_advanced Areds2 Formula Oral Capsule		Actical	
Vista_advanced Dry Eye Formula Oral Capsule		Actical	
Vita_hair Oral Tablet		Adavite-M	
Vitabasic Complete Oral Tablet		Adavite-M	
Vitabasic Senior Oral Tablet		Adavite-M	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Vitabex Oral Capsule		Actical	
Vitabex Plus Oral Capsule		Actical	
Vitachew Adult Multi Vitamin Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Vitajoy Multi Gummies Adult Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Vita-Min Oral Capsule		Actical	
Vitamins A-D-E/Selenium Oral Tablet		Adavite-M	
Vitasana Oral Tablet		Adavite-M	
Viteyes Classic Advanced Oral Capsule		Actical	
Viteyes Classic Macular Suppor Oral Capsule		Actical	
Viteyes Classic Multivitamin Oral Tablet		Adavite-M	
Viteyes Classic+omega-3 Oral Capsule		Actical	
Viteyes Complete Oral Capsule		Actical	
Viteyes Optic Nerve Support Oral Tablet		Adavite-M	
Wal-Born Vitamin C Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Womens 50+ Advanced Oral Capsule		Actical	
Womens 50+ Multi Vitamin Oral Tablet		Adavite-M	
Womens Daily Formula Oral Tablet		Adavite-M	
Womens Daily Pack Oral Packet		Balance PMS Formula	
Womens Life Pack Oral Tablet		Adavite-M	
Womens Multi Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Womens Multi Oral Capsule		Actical	
Womens Multivitamin + Collagen Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Womens Multivitamin Oral Tablet		Adavite-M	
Womens Pack Oral Miscellaneous		Life-Pack Mens	
Yelets Teenage Formula Oral Tablet		Adavite-M	
Your_life Multi Adult Gummies Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Yumvs_multi Zero Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Yumvs_zero Diabetic Multivitam Oral Tablet Chewable		Bugs Bunny Vitamins/Minerals	
Zinc_oral Lozenge		Airborne	
Multivitamins (Multivitaminas)			
Amladex Oral Tablet		Al-Vite	
Antioxidant Formula Oral Capsule	, 250-10000-200	Antioxidant Antioxidant Formula	
Anti-Oxidant Oral Tablet		Al-Vite	
Chlorocaps Oral Capsule		Antioxidant	
Daily_multiple Vitamins Oral Tablet		Al-Vite	
Daily_stress Relief Tr Oral Tablet Extended Release		Daily Stress Relief TR	
Daily_value Multivitamin Oral Tablet		Al-Vite	
Daily_vitamins Oral Tablet		Al-Vite	
Daily_vite Oral Tablet		Al-Vite	
Daily_vites Oral Tablet		Al-Vite	
Daily-Vite Multivitamin Oral Tablet		Al-Vite	
Dialyvite 800 Oral Liquid		Lanavite	
Estrofactors Oral Tablet		Al-Vite	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Gnp_essential One Daily Oral Tablet		Al-Vite	
Healthy Hair/Skin/Nails Oral Tablet		Al-Vite	
High_potency Multivitamin Oral Tablet		Al-Vite	
Mommy's Bliss Mv Organic Drops Oral Liquid		Lanavite	
Multiple Vitamin-Folic Acid Oral Tablet		Al-Vite	
Multiple Vitamins Essential Oral Tablet		Al-Vite	
Multiple Vitamins Oral Tablet		Al-Vite	
Multivitamin Adult Oral Tablet		Al-Vite	
Multivitamin Oral Tablet		Al-Vite	
Multi-Vitamin Oral Tablet		Al-Vite	
Multi-Vitamins Oral Tablet		Al-Vite	
Mv-One Oral Capsule		Antioxidant	
Neomultivite Oral Tablet		Al-Vite	
Nutra-Z+ Oral Capsule		Antioxidant	
Omnicap Oral Tablet		Al-Vite	
Once_daily Oral Tablet		Al-Vite	
One_daily Essential Oral Tablet		Al-Vite	
One_daily Essentials Oral Tablet		Al-Vite	
One_daily Multivitamin Adult Oral Tablet		Al-Vite	
One_daily Oral Tablet		Al-Vite	
One_vite Daily Multivitamin Oral Tablet		Al-Vite	
One-A-Day Essential Oral Tablet		Al-Vite	
One-A-Day Mens Oral Tablet		Al-Vite	
One-Daily Multi Vitamins Oral Tablet		Al-Vite	
One-Daily Multi-Vitamin Oral Tablet		Al-Vite	
Qc_essentials Oral Tablet		Al-Vite	
Quintabs Oral Tablet		Al-Vite	
Sm_multiple Vitamins Essential Oral Tablet		Al-Vite	
Stress Formula/Zinc/Energy Oral Tablet		Al-Vite	
Tab-A-Vite Oral Tablet		Al-Vite	
Tab-A-Vite/Beta Carotene Oral Tablet		Al-Vite	
Thera_oral Tablet		Al-Vite	
Thera-Tabs Oral Tablet		Al-Vite	
Therems Oral Tablet		Al-Vite	
Tm-Daily Vite Oral Tablet		Al-Vite	
True_daily Vite Oral Tablet		Al-Vite	
True_multivitamin Oral Tablet		Al-Vite	
Vit_e-Vit C-Beta Carotene Oral Tablet	200-250-5000	Al-Vite	
Vitalee Oral Tablet		Al-Vite	
Viteyes Classic Zinc Free Oral Capsule		Antioxidant	
Zeldana Oral Capsule		Antioxidant	
Ze-Plus Oral Capsule		Antioxidant	
<i>Ped Multiple Vitamins W/ Minerals (Vitaminas Multiples Pediatricas Con Minerales)</i>			
Centrum Flavor Burst Kids Oral Tablet Chewable		Flintstones Gummies	
Just_4 Kidz Multivit/Probiotic Oral Tablet Chewable		Flintstones Gummies	
Mvw_complete Formulation Oral Tablet Chewable		Flintstones Gummies	
<i>Specialty Vitamins Products (Productos Especiales De Vitaminas)</i>			
A_thru Z Advantage Oral Tablet		Brain	
Adrenaliv Oral Capsule		Aminobrain	
Adrenoid Oral Capsule		Aminobrain	
Allerwell Allergy Formula Oral Tablet		Brain	
Bilberry Plus Oral Capsule		Aminobrain	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cardiopress Oral Capsule		Aminobrain	
Centrum Performance Oral Tablet		Brain	
Centrum Specialist Energy Oral Tablet		Brain	
Cholase Control Oral Capsule		Aminobrain	
Cognium Complete Gummies Oral Tablet Chewable		Cognium Complete Gummies	
Collagen Ultra Oral Capsule		Aminobrain	
Complete Balance Menopause Rif Oral Miscellaneous		Womens Menopause Vita Pak	
Complete Menopause Am/Pm Oral Miscellaneous		Womens Menopause Vita Pak	
Corticare B Oral Capsule		Aminobrain	
Cvs_hair/Skin/Nails Oral Tablet		Brain	
Cvs_menopause Support Oral Tablet		Brain	
Elon_matrix 5000 Complete Oral Tablet		Brain	
Elon_matrix 5000 Oral Tablet		Brain	
Elon_matrix Complete Oral Tablet		Brain	
Elon_matrix Plus Oral Tablet	3000-50-100 mcg-mg-mg	Brain	
Femquil Oral Capsule		Aminobrain	
Germ_defense Pm Oral Tablet Effervescent		Germ Defense	
Glycotrol Complete Oral Capsule		Aminobrain	
Glycotrol Oral Capsule		Aminobrain	
Heart_savior Oral Capsule		Aminobrain	
Heart_tabs Oral Tablet		Brain	
Icaps_lutein & Zeaxanthin Oral Tablet Delayed Release		Catemine	
Immunicare Oral Capsule		Aminobrain	
Inulose Blood Sugar Support Oral Capsule		Aminobrain	
Lipidshield Plus Oral Tablet		Brain	
Medcaps Dpo Oral Capsule		Aminobrain	
Medcaps Gi Oral Capsule		Aminobrain	
Medcaps Is Oral Capsule		Aminobrain	
Medcaps T3 Oral Capsule		Aminobrain	
Memorall Oral Capsule		Aminobrain	
Memory Complex Brain Health Oral Tablet		Brain	
Methyl Protect Oral Capsule		Aminobrain	
Methyl-Guard Oral Capsule		Aminobrain	
Methyl-Guard Plus Oral Capsule		Aminobrain	
Mg_plus Protein Oral Tablet	133 mg	Brain	
Mil_adregen Oral Tablet		Brain	
Ra_ear Care Oral Tablet		Brain	
Ra_effervescent Formula Oral Tablet Effervescent		Germ Defense	
Retaine Vision Oral Capsule		Aminobrain	
Synertropin Oral Capsule		Aminobrain	
Ultimate Fat Burner Oral Tablet		Brain	
Upspring He Natal Oral Tablet		Brain	
Varisan Vitality Oral Tablet		Brain	
Vitamins For Hair Oral Tablet		Brain	
Wal-Born Oral Tablet Effervescent		Germ Defense	
Womens Menopause Vita Pak Oral Miscellaneous		Womens Menopause Vita Pak	
Womens Vita Pak Oral Miscellaneous		Womens Menopause Vita Pak	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)			
<i>Nasal Steroids (Esteroides Nasales)</i>			
Allergy Spray 24 Hour Nasal Aerosol	55 mcg/act	Nasacort AQ	
Allergy Spray 24 Hour Nasal Suspension	50 mcg/act	Flonase	
Eq_nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Flonase Allergy Relief Nasal Suspension	50 mcg/act	Flonase	
Flonase Sensimist Nasal Suspension	27.5 mcg/spray	Veramyst	
Ft_24 Hour Nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Gnp_24 Hour Nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Goodsense Nasal Allergy Spray Nasal Aerosol	55 mcg/act	Nasacort AQ	
Hm_24 Hour Nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Nasacort Allergy 24hr Nasal Aerosol	55 mcg/act	Nasacort AQ	
Nasal_allergy 24 Hour Nasal Aerosol	55 mcg/act	Nasacort AQ	
Ra_nasal Allergy Nasal Aerosol	55 mcg/act	Nasacort AQ	
Triamcinolone Acetonide Nasal Aerosol	55 mcg/act	Nasacort AQ	
Nutrients (Nutrientes)			
<i>Misc. Nutritional Substances (Sustancias Nutricionales Misc.)</i>			
Cvs_fish Oil Oral Capsule	1000 mg	MarEPA	
Cvs_natural Fish Oil Oral Capsule	1000 mg	MarEPA	
Eq_fish Oil Oral Capsule	1000 mg	MarEPA	
Eq_omega 3 Fish Oil Oral Capsule	1000 mg	MarEPA	
Fish_oil Burp-Less Oral Capsule	1000 mg	MarEPA	
Fish_oil Concentrate Oral Capsule	1000 mg	MarEPA	
Fish_oil Omega-3 Oral Capsule	1000 mg	MarEPA	
Fish_oil Oral Capsule	1000 mg	MarEPA	
Gnp_fish Oil Oral Capsule	1000 mg	MarEPA	
Hm_fish Oil Oral Capsule	1000 mg	MarEPA	
Maximum Epa Oral Capsule	1000 mg	MarEPA	
Norwegian Salmon Oil Oral Capsule	1000 mg	MarEPA	
Omega_3 Oral Capsule	1000 mg	MarEPA	
Omega_iii Epa+dha Oral Capsule	1000 mg	MarEPA	
Omega-3 Cf Oral Capsule	1000 mg	MarEPA	
Omega-3 Fish Oil Oral Capsule	1000 mg	MarEPA	
Omega-3 Oral Capsule	1000 mg	MarEPA	
Qc_fish Oil Oral Capsule	1000 mg	MarEPA	
Ra_fish Oil Oral Capsule	1000 mg	MarEPA	
Sb_omega-3 Fish Oil Oral Capsule	1000 mg	MarEPA	
Sea-Omega Oral Capsule	1000 mg	MarEPA	
Sm_fish Oil Oral Capsule	1000 mg	MarEPA	
Super_dha Gems Oral Capsule	1000 mg	MarEPA	
Super_omega-3 Oral Capsule	1000 mg	MarEPA	
Theromega Oral Capsule	1000 mg	MarEPA	
Ultra_omega 3 Oral Capsule	1000 mg	MarEPA	
Ophthalmic Agents (Agentes Oftalmicos)			
<i>Artificial Tears And Lubricants (Lagrimas Artificiales Y Lubricantes)</i>			
Cvs_lubricant Drops Fast Act Ophthalmic Solution	0.4-0.3 %	Systane	
Cvs_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Eq_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Ft_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Genteal Tears Severe Day/Night Ophthalmic Gel	0.4-0.3 %	Systane free	
Gnp_eye Drops Long Lasting Ophthalmic Solution	0.4-0.3 %	Systane	
Goodsense Ultra Lubricant Drop Ophthalmic Solution	0.4-0.3 %	Systane	

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Lubricant Drops/Dual-Action Ophthalmic Solution	0.5-0.9 %	Optive	
Lubricant Eye Drops (Pf) Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Ra_lubricant Eye Ophthalmic Solution	0.4-0.3 %	Systane	
Refresh Optive Ophthalmic Solution	0.5-0.9 %	Optive	
Refresh Relieva Ophthalmic Solution	0.5-0.9 %	Optive	
Sm_lubricant Eye Drops Ophthalmic Solution	0.4-0.3 %	Systane	
Systane Hydration Pf Ophthalmic Solution	0.4-0.3 %	Systane Preservative Free	
Systane Ophthalmic Gel	0.4-0.3 %	Systane free	
Systane Ophthalmic Solution	0.4-0.3 %	Systane	
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	
Ophthalmic Decongestants (Descongestionantes Oftalmicos)			
Allergy Eye Ophthalmic Solution	0.025-0.3 %	AK-Con-A	
Cvs_eye Allergy Relief Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Eq_eye Allergy Relief Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Eye_allergy Relief Ophthalmic Solution	0.025-0.3 %, 0.027-0.315 %	AK-Con-A ,Opcon-A	
Naphcon-A Ophthalmic Solution	0.025-0.3 %	AK-Con-A	
Opcon-A Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Ra_eye Allergy Relief Ophthalmic Solution	0.027-0.315 %	Opcon-A	
Visine Ophthalmic Solution	0.025-0.3 %	AK-Con-A	
Ophthalmics - Misc. (Oftalmicos - Misc.)			
Alaway Childrens Allergy Ophthalmic Solution	0.035 %	Zaditor	
Alaway Ophthalmic Solution	0.035 %	Zaditor	
Cvs_allergy Eye Drops Ophthalmic Solution	0.035 %	Zaditor	
Cvs_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Eq_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Eye_itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Goodsense Eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Ketotifen Fumarate Ophthalmic Solution	0.035 %	Zaditor	
Ra_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Sm_eye Itch Relief Ophthalmic Solution	0.035 %	Zaditor	
Zaditor Ophthalmic Solution	0.035 %	Zaditor	
Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)			
H-2 Antagonists (Antagonistas H-2)			
Acid_controller Max St Oral Tablet	20 mg	Pepcid	
Acid_controller Oral Tablet	10 mg	Pepcid AC	
Proton Pump Inhibitors (Inhibidores De Bomba De Protones)			
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)
Cvs_esomeprazole Magnesium Oral Capsule Delayed Release	20 mg	NexIUM	QL(30 in 30 Days)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
Cvs_omeprazole Magnesium Oral Capsule Delayed Release	20 mg, 20.6 mg	CVS Omeprazole	QL(30 in 30 Days)
Cvs_omeprazole Oral Tablet Delayed Release	20 mg	RA Omeprazole	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_l_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 Eesomeprazole 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)
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)

Product Name (Nombre del Medicamento)	Dosage (Presentacion)	Brand Name (Nombre Comercial de Referencia)	UM
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)
<i>Ulcer Therapy Combinations (Combinaciones Para Terapia De Ulcera)</i>			
Cvs_omeprazole-Sod Bicarbonate Oral Capsule	20-1100 mg	Zegerid	QL(30 in 30 Days)
Goodsense Omep/Sod Bicarb Oral Capsule	20-1100 mg	Zegerid	QL(30 in 30 Days)

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