

# FORMULARY VALUE 2026

MCS LIFE INSURANCE COMPANY



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MCS LIFE INSURANCE COMPANY

Salud Completa





# Formulario Value 2026

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

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

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

Este formulario se revisó por última vez el 05/06/2026. Para información más reciente u otras preguntas, por favor comuníquese con MCS Life al 1-888-758-1616 o, para usuarios de TTY, 1-866-627-8182. El horario de servicio es de lunes a viernes, de 8:00 a.m. a 8:00 p.m., y sábado, de 8:00 a.m. a 4:30 p.m. También puede visitar nuestro sitio web: <https://www.mcs.com.pr>.

*This formulary was last updated on 05/06/2026. For more recent information or other questions, please contact MCS Life at 1-888-758-1616 or, for TTY users, 1-866-627-8182. Service hours are Monday through Friday, from 8:00 a.m. to 8:00 p.m., and Saturday, from 8:00 a.m. to 4:30 p.m. You can also visit our website: <https://www.mcs.com.pr>.*



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

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

Este documento incluye una lista de medicamentos (formulario) que estarán vigente a partir del 1 de Julio de 2026. Para un formulario actualizado, puede acceder nuestra página [www.mcs.com.pr](https://www.mcs.com.pr) o comunicarse con nuestro Centro de Servicio al Cliente al 787-281-2800 en el área metro o libre de costo al 1-888-758-1616, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., y los sábados, de 8:00 a.m. a 4:30 p.m. Las personas con impedimentos auditivos (TTY) podrán llamar al 1-866-627-8182.

*This document includes a list of the drugs (formulary) for our plan, which will become effective on July 1<sup>st</sup>, 2026. For an updated formulary, visit us at <https://www.mcs.com.pr> or call our Call Center at 787-281-2800 in the Metro Area or toll-free at 1-888-758-1616, from Monday through Friday, from 8:00 a.m. to 8:00 p.m., and Saturday, from 8:00 a.m. to 4:30 p.m. TTY users should call 1-866-627-8182.*

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

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

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

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

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

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

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

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

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

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

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

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

*During the term of your policy or certificate of benefits, the formulary may change, or the handling procedures of the prescription drug related to safety reasons may change; the manufacturer of the prescription drug may no longer supply*

it or recalled it, or if the change involves the inclusion of new prescription drugs on the formulary. For this purpose, no later than the effective date of the change, MCS Life will notify the change to:

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

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

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

## **¿CÓMO AHORRAR DINERO EN RECETAS?**

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

## **HOW TO SAVE MONEY ON PRESCRIPTIONS?**

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

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

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

## **WHAT ARE GENERIC DRUGS?**

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

## **¿QUÉ ES UN MEDICAMENTO PREVENTIVO?**

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

## **WHAT IS A PREVENTIVE DRUG?**

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

## **¿QUÉ SON MEDICAMENTOS OTC (Over the Counter)?**

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

## **WHAT ARE OTC MEDICATIONS (Over the Counter)?**

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

## **PROGRAMA DE MEDICAMENTOS ESPECIALIZADOS**

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

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

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

## **SPECIALTY DRUGS PROGRAM**

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

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

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

## ¿QUÉ ES COMPONENTE MÉDICO?

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

Por ejemplo:

- Quimioterapias intravenosas y premedicación
- Radioterapias

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

## WHAT IS MEDICAL COMPONENT?

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

*For example:*

- *Intravenous Chemotherapies and premedication*
- *Radiotherapy*

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

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

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

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

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

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

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

## ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

- **Preauthorization (PA):** *MCS Life requires that you or your doctor obtain authorization for certain medications. This means that it must comply with established requirements for the approval of a drug, which is generally required, but is not limited to diagnoses, justifications and/or clinical studies. If you don't get approval, your plan may not cover the drug.*
- **Quantity Limits (QL):** *For certain drugs, MCS Life limits the amount of the drug that we will cover. For example, MCS Life will provide the maximum quantity, according to the FDA. This may be in addition to a standard one-month or three-month supply. Please refer to your policy for additional information on the three-month supply.*
- **Step Therapy (ST):** *MCS Life reserves the right to apply the benefit of step therapy for some drugs properly identified on its formulary. This program requires the patient to use first-line drugs before using any second-line drug treatment. Those first-line drugs treatment options that are backed by national clinical guidelines and standards of medical practice as alternatives for use in the initial therapy are considered. The second-line drugs are treatment options, as well as the first line, but national guidelines and standards of practice place them as alternatives for use after using the first-line drugs.*
- **Prescriber Specialty Limitation (PL)** *There are some drugs that need to be prescribed by certain medical specialties. Usually, those drugs are specialty products or drugs that must be monitored by specialized doctors to certain health conditions. If the prescribing physician is not under the medical specialty assigned to the category of medications, you will receive a 15-day supply of the prescribed medication with no repetitions allowed.*

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

### Tabla de abreviaturas

| Tabla de abreviaturas |  |
|-----------------------|--|
| <b>PA</b>             | Medicamentos que requieren autorización previa a su despacho. La autorización podría aplicar a algunas o todas las potencias del medicamento.        |
| <b>QL</b>             | Medicamentos que tiene un límite en la cantidad a despacharse. El límite de cantidad podría aplicar a algunas o todas las potencias del medicamento. |

|            |   |
|------------|---|
| <b>ST</b>  | La terapia escalonada requiere el uso de un medicamento de primera línea recomendado por las guías clínicas de tratamiento antes de utilizar un medicamento de segunda línea. |
| <b>PL1</b> | Límite de especialidad médica (excepto a neurólogo, neurólogo pediátrico, pediatra, psiquiatra, psiquiatra pediátrico)  |
| <b>PL2</b> | Límite de especialidad médica (excepto a gastroenterólogo, pediatra, internista)  |
| <b>*</b>   | Estos medicamentos estarán cubiertos como Preventivos a cero (\$0) copago, si cumple con los criterios descritos en la sección de Servicios Preventivos de su póliza.         |
| <b>**</b>  | Medicamentos dentro de su formulario podrán tener distintos niveles de copago, según establecido en su póliza.  |
| <b>UM</b>  | Édito de utilización.   |

### **Table of abbreviations**

|            |   |
|------------|---|
| <b>PA</b>  | Drugs that require prior authorization for dispenses. The authorization could apply to some or all the strengths of the drug.           |
| <b>QL</b>  | Drugs that have a limit on the quantity to be dispensed. The quantity limit may apply to some or all strengths of the drug.             |
| <b>ST</b>  | Step therapy requires the use of a first-line drug recommended by clinical treatment guidelines before using a second-line drug.        |
| <b>PL1</b> | Prescriber Specialty Limitation (except Neurologist, Pediatric Neurologist, Pediatrician, Psychiatrist, Pediatric Psychiatrist)         |
| <b>PL2</b> | Prescriber Specialty Limitation (except Gastroenterologist, Pediatrician, Internist)  |
| <b>*</b>   | These drugs will be covered as zero (\$ 0) copay, if you meet the criteria described in the Preventive Services section of your policy. |
| <b>**</b>  | Drugs on your formulary may have different copayment levels, as established in your policy.   |
| <b>UM</b>  | Utilization management.   |

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

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

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

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

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

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

- Se basan en evidencia clínica, médica y científica; y

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

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

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

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

*MCS Life requires that any exception for medical reasons includes:*

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

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

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

## **PROGRAMA DE MEDICAMENTOS POR CORREO**

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

### **Opciones para registrarse:**

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

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

- Regístrese en línea a través del enlace [www.WellDyneRx.com](http://www.WellDyneRx.com).

### **Cómo obtener su receta:**

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

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

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

### **Si necesita su receta con urgencia:**

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

**Recuerde:**

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

**MAIL ORDER DRUG PROGRAM**

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

**Options to register:**

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

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

- Register online at the link [www.WellDyneRx.com](http://www.WellDyneRx.com).

**How to get your prescription:**

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

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

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

**If you need your prescription urgently:**

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

**Remember:**

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

## ¿CÓMO ENCONTRAR SUS MEDICAMENTOS EN ESTE FORMULARIO?

La manera más rápida en que usted puede conseguir sus medicamentos en este formulario es buscando su medicamento en el índice que comienza en la página 154. El índice coloca en orden alfabético todos los medicamentos incluidos en este formulario. Tanto los medicamentos de marca como los genéricos, están incluidos en el índice. Al lado de su medicamento, encontrará el número de la página donde aparece el mismo. Vaya a la página indicada en el índice y encuentre el nombre del medicamento y la restricción, si aplica.

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

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

## HOW TO FIND DRUGS ON THIS FORMULARY?

*The quickest way to find your prescription drugs on this formulary is by using the index on page 154. The index provides an alphabetical list of all the drugs included on this formulary. Both brand-name and generic drugs are listed in the index. Next to your prescription drug name, you will see the page number where you can find them. Turn to the page listed in the index and find the name of your prescription drug and any applicable restrictions.*

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

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

## ¿LA LISTA DE MEDICAMENTOS CUBIERTOS PUEDE CAMBIAR?

Sí, el Departamento de Farmacia revisa la Lista de Medicamentos mensualmente. Si está tomando un medicamento incluido en nuestro formulario 2026 que estaba cubierto al comenzar la póliza, solo habrá cambios en el formulario o en procedimientos de manejo de medicamentos de receta cuando:

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

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

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

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

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

### **CAN THE LIST OF MEDICINES CHANGE?**

*Yes, the Pharmacy Department reviews the List of Covered Drugs monthly. If you are taking a drug included in our 2026 Formulary, and that was covered at the beginning of the policy, changes to the formulary or prescription drug handling procedures can only occur when:*

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

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

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

- (1) *New scientific and medical evidence or other information related to prescription drugs that appear on the formulary or that are subject to another management procedure and new scientific and medical evidence about newly approved prescription and other medications not listed or are subject to some other management procedure, to determine if a change to the form or handling procedure should be made.*
- (2) *If applicable, information received by the MCS Life regarding medical exception requests to allow the MCS Life's*

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

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

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## PHARMACY COVERAGE (COBERTURA DE FARMACIA)

| Product Name<br>(Nombre del Medicamento)                           | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|--|--------------------------|--|-----------------|-------------------|
| <b>Aca Preventive Drugs (Medicamentos Preventivos Aca)</b>         |                          |  |                 |                   |
| <i>Aspirin (Aspirina)</i>  |                          |  |                 |                   |
| Aspirin 81 Oral Tablet Chewable                                    | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Aspirin Adult Low Dose Oral Tablet Delayed Release                 | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Aspirin Adult Low Strength Oral Tablet Delayed Release             | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Aspirin Childrens Oral Tablet Chewable                             | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Aspirin Ec Low Dose Oral Tablet Delayed Release                    | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Aspirin Ec Low Strength Oral Tablet Delayed Release                | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Aspirin Low Dose Oral Tablet Chewable                              | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Aspirin Low Dose Oral Tablet Delayed Release                       | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Aspirin Oral Tablet  | 325 mg                   | Bayer Aspirin                                  | 0               | QL(30 in 30 Days) |
| Aspirin Oral Tablet Chewable                                       | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Aspirin Oral Tablet Delayed Release                                | 325 mg, 81 mg            | Acuprin ,Aspir-Trin                            | 0               | QL(30 in 30 Days) |
| Childrens Aspirin Oral Tablet Chewable                             | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Eq_aspirin Adult Low Dose Oral Tablet Delayed Release              | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| Eq_aspirin Low Dose Oral Tablet Chewable                           | 81 mg                    | Aspirin Childrens                              | 0               | QL(30 in 30 Days) |
| Eq_aspirin Oral Tablet   | 325 mg                   | Bayer Aspirin                                  | 0               | QL(30 in 30 Days) |
| Medi-Seltzer Oral Tablet Effervescent                              | 325 mg                   | Effervescent Pain Relief                       | 0               | QL(30 in 30 Days) |
| Qc_aspirin Low Dose Oral Tablet Delayed Release                    | 81 mg                    | Acuprin  | 0               | QL(30 in 30 Days) |
| <b>Bowel Preparation Agents (Agente De Preparacion Intestinal)</b> |                          |  |                 |                   |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|----------------------------------|--|-----------------|----|
| Gavilyte-C Oral Solution Reconstituted  | 240 gm                           | Colyte-Flavored                                | 0               |    |
| Gavilyte-G Oral Solution Reconstituted  | 236 gm                           | Golytely                                       | 0               |    |
| Na_sulfate-K Sulfate-Mg Sulf Oral Solution                                      | 17.5-3.13-1.6 gm/177ml           | Suprep Bowel Prep Kit                          | 0               |    |
| Peg_3350-Kcl-Na Bicarb-NaCl Oral Solution Reconstituted                         | 420 gm                           | Nulytely                                       | 0               |    |
| Peg-3350/Electrolytes Oral Solution Reconstituted                               | 236 gm                           | Golytely                                       | 0               |    |
| Peg-3350/Electrolytes/Ascorbat Oral Solution Reconstituted                      | 100 gm                           | MoviPrep                                       | 0               |    |
| Peg-Kcl-NaCl-Nasulf-Na Asc-C Oral Solution Reconstituted                        | 100 gm                           | MoviPrep                                       | 0               |    |
| Peg-Prep Oral Kit   | 5-210 mg-gm                      | HalfLyte Bowel Prep                            | 0               |    |
| <b>Breast Cancer (Cancer De Mama)</b>   |                                  |  |                 |    |
| Tamoxifen Citrate Oral Tablet   | 10 mg, 20 mg                     | Nolvadex                                       | 0               |    |
| <b>Cervical Caps With Spermicide (Capuchones Cervicales Con Espermicida)</b>    |                                  |  |                 |    |
| Femcap Vaginal Device   | 22 mm, 26 mm, 30 mm              | FemCap ,Prentif Cavity-Rim Cerv Cap            | 0               |    |
| <b>Combination Contraceptives - Oral (Combinaciones Anticonceptivas Orales)</b> |                                  |  |                 |    |
| Alyacen 1/35 Oral Tablet  | 1-35 mg-mcg                      | Genora 1/35 (21)                               | 0               |    |
| Alyacen 7/7/7 Oral Tablet   | 0.5/0.75/1-35 mg-mcg             | Ortho-Novum 7/7/7 (21)                         | 0               |    |
| Desogestrel-Ethinyl Estradiol Oral Tablet                                       | 0.15-0.02/0.01 mg (21/5)         | Mircette                                       | 0               |    |
| Drospiren-Eth Estrad-Levomefol Oral Tablet                                      | 3-0.02-0.451 mg, 3-0.03-0.451 mg | Beyaz ,Safyral                                 | 0               |    |
| Drospirenone-Ethinyl Estradiol Oral Tablet                                      | 3-0.02 mg                        | YAZ  | 0               |    |
| Ethinodiol Diac-Eth Estradiol Oral Tablet                                       | 1-35 mg-mcg, 1-50 mg-mcg         | Demulen 1/35 (28)<br>,Demulen 1/50 (28)        | 0               |    |
| Feirza 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                    | Loestrin Fe 1.5/30                             | 0               |    |
| Feirza 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin Fe 1/20                               | 0               |    |
| Jaimiess Oral Tablet  | 0.15-0.03 & 0.01 mg              | Seasonique                                     | 0               |    |
| Junel_1.5/30 Oral Tablet  | 1.5-30 mg-mcg                    | Loestrin 1.5/30 (21)                           | 0               |    |
| Junel_1/20 Oral Tablet  | 1-20 mg-mcg                      | Loestrin 1/20 (21)                             | 0               |    |
| Junel_fe 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                    | Loestrin Fe 1.5/30                             | 0               |    |
| Junel_fe 1/20 Oral Tablet   | 1-20 mg-mcg                      | Loestrin Fe 1/20                               | 0               |    |
| Junel_fe 24 Oral Tablet   | 1-20 mg-mcg(24)                  | Loestrin 24 Fe                                 | 0               |    |
| Larin_1.5/30 Oral Tablet  | 1.5-30 mg-mcg                    | Loestrin 1.5/30 (21)                           | 0               |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                 | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|--|--|-----------------|----|
| Larin_1/20 Oral Tablet  | 1-20 mg-mcg                              | Loestrin 1/20 (21)                             | 0               |    |
| Larin_24 Fe Oral Tablet   | 1-20 mg-mcg(24)                          | Loestrin 24 Fe                                 | 0               |    |
| Larin_fe 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                            | Loestrin Fe 1.5/30                             | 0               |    |
| Larin_fe 1/20 Oral Tablet   | 1-20 mg-mcg                              | Loestrin Fe 1/20                               | 0               |    |
| Levonorgestrel-Ethinyl Estrad Oral Tablet   | 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg | Alesse (28) ,Levlen ,Lybrel                    | 0               |    |
| Levonorg-Eth Estrad Triphasic Oral Tablet   | 50-30/75-40/ 125-30 mcg                  | Triphasil                                      | 0               |    |
| Lojaimiess Oral Tablet  | 0.1-0.02 & 0.01 mg                       | LoSeasonique                                   | 0               |    |
| Luizza 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                            | Loestrin 1.5/30 (21)                           | 0               |    |
| Luizza 1/20 Oral Tablet   | 1-20 mg-mcg                              | Loestrin 1/20 (21)                             | 0               |    |
| Lutera Oral Tablet  | 0.1-20 mg-mcg                            | Alesse (28)                                    | 0               |    |
| Microgestin 1.5/30 Oral Tablet  | 1.5-30 mg-mcg                            | Loestrin 1.5/30 (21)                           | 0               |    |
| Microgestin 1/20 Oral Tablet  | 1-20 mg-mcg                              | Loestrin 1/20 (21)                             | 0               |    |
| Microgestin Fe 1.5/30 Oral Tablet   | 1.5-30 mg-mcg                            | Loestrin Fe 1.5/30                             | 0               |    |
| Microgestin Fe 1/20 Oral Tablet   | 1-20 mg-mcg                              | Loestrin Fe 1/20                               | 0               |    |
| Norethin Ace-Eth Estrad-Fe Oral Tablet  | 1.5-30 mg-mcg                            | Loestrin Fe 1.5/30                             | 0               |    |
| Norethin Ace-Eth Estrad-Fe Oral Tablet Chewable   | 1-20 mg-mcg(24)                          | Minastrin 24 Fe                                | 0               |    |
| Sprintec 28 Oral Tablet   | 0.25-35 mg-mcg                           | Ortho-Cyclen (28)                              | 0               |    |
| Tri-Lo-Sprintec Oral Tablet   | 0.18/0.215/0.25 mg-25 mcg                | Ortho Tri-Cyclen Lo                            | 0               |    |
| Valtya 1/35 Oral Tablet   | 1-35 mg-mcg                              | Demulen 1/35 (28)                              | 0               |    |
| Valtya 1/50 Oral Tablet   | 1-50 mg-mcg                              | Demulen 1/50 (28)                              | 0               |    |
| Vienva Oral Tablet  | 0.1-20 mg-mcg                            | Alesse (28)                                    | 0               |    |
| Volnea Oral Tablet  | 0.15-0.02/0.01 mg (21/5)                 | Mircette                                       | 0               |    |
| <b>Combination Contraceptives - Transdermal Patch (Anticonceptivos De Combinacion - Parcho Transdermal)</b> |  |  |                 |    |
| Norelgestromin-Eth Estradiol Transdermal Patch Weekly   | 150-35 mcg/24hr                          | Ortho Evra                                     | 0               |    |
| Xulane Transdermal Patch Weekly   | 150-35 mcg/24hr                          | Ortho Evra                                     | 0               |    |
| <b>Combination Contraceptives - Vaginal Ring (Anticonceptivos De Combinacion - Anillo Vaginal)</b>          |  |  |                 |    |
| Eluryng Vaginal Ring  | 0.12-0.015 mg/24hr                       | NuvaRing                                       | 0               |    |
| Enilloring Vaginal Ring   | 0.12-0.015 mg/24hr                       | NuvaRing                                       | 0               |    |
| Etonogestrel-Ethinyl Estradiol Vaginal Ring   | 0.12-0.015 mg/24hr                       | NuvaRing                                       | 0               |    |
| <b>Condoms - Female (Condomes Femeninos)</b>  |  |  |                 |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|---|--|-----------------|-------------------|
| Fc2_female Condom Miscellaneous   |   | Reality Female Condom Miscellaneous            | 0               |                   |
| <b>Condoms - Male (Condomes Masculinos)</b>   |   |  |                 |                   |
| Condoms Miscellaneous   |   | LifeStyles Extra Strength Miscellaneous        | 0               | QL(12 in 30 Days) |
| Durex_realfeel Device   |   | Durex RealFeel Device                          | 0               | QL(12 in 30 Days) |
| Kimono Ps Plus Miscellaneous  |   | Premium Condoms Lubricated Miscellaneous       | 0               | QL(12 in 30 Days) |
| Trustex Non-Lubricated Miscellaneous  |   | Mentor Miscellaneous                           | 0               | QL(12 in 30 Days) |
| Trustex Ria Non-Lubricated Miscellaneous  |   | Mentor Miscellaneous                           | 0               | QL(12 in 30 Days) |
| <b>Continuous Contraceptives - Oral (Anticonceptivos Orales Continuos)</b>              |   |  |                 |                   |
| Dolishale Oral Tablet   | 90-20 mcg   | Lybrel   | 0               |                   |
| Levonorgestrel-Ethinyl Estrad Oral Tablet   | 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg              | Alesse (28) ,Levlen ,Lybrel                    | 0               |                   |
| <b>Diaphragms With Spermicide (Diafragmas Con Espermicida)</b>                          |   |  |                 |                   |
| Caya_vaginal Diaphragm  |   | Caya   | 0               |                   |
| <b>Emergency Contraceptives (Contraceptivos De Emergencia)</b>                          |   |  |                 |                   |
| Ella_oral Tablet  | 30 mg   | Ella   | 0               |                   |
| Levonorgestrel Oral Tablet  | 1.5 mg  | Plan B One-Step                                | 0               |                   |
| <b>Extended-Cycle Contraceptives - Oral (Anticonceptivos Orales De Ciclo Extendido)</b> |   |  |                 |                   |
| Levonorgest-Eth Est & Eth Est Oral Tablet   | 42-21-21-7 days                                       | Quartette                                      | 0               |                   |
| Levonorgest-Eth Estrad 91-Day Oral Tablet   | 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg | LoSeasonique ,Seasonale ,Seasonique            | 0               |                   |
| Rosyrah Oral Tablet   | 42-21-21-7 days                                       | Quartette                                      | 0               |                   |
| <b>Fluoride (Fluoruro)</b>  |   |  |                 |                   |
| Sodium Fluoride Oral Solution   | 1.1 (0.5 f) mg/ml                                     | Altaflor                                       | 0               |                   |
| Sodium Fluoride Oral Tablet   | 1.1 (0.5 f) mg, 2.2 (1 f) mg                          | Flura-Tab ,Sodium Fluoride                     | 0               |                   |
| Sodium Fluoride Oral Tablet Chewable  | 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg        | Fluorabon ,Fluoritab ,Luride                   | 0               |                   |
| <b>Folic Acid (Acido Folico)</b>  |   |  |                 |                   |
| Folic_acid Oral Tablet  | 1 mg, 400 mcg, 800 mcg                                | FA-8 ,KP Folic Acid ,SM Folic Acid             | 0               | QL(30 in 30 Days) |
| <b>Iron (Hierro)</b>  |   |  |                 |                   |
| EqI_carbonyl Iron Oral Tablet   | 45 mg   | Feosol   | 0               |                   |
| EqI_iron Supplement Therapy Oral Tablet   | 325 mg  | Fe-Max   | 0               |                   |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)                                 | Brand Name<br>(Nombre Comercial de Referencia)     | Tier<br>(Nivel) | UM |
|--|--|--|-----------------|----|
| Eql_slow Release Iron Oral Tablet Extended Release | 160 (50 fe) mg   | Slow Fe  | 0               |    |
| Ezfe_200 Oral Capsule                              | 434.8 (200 fe) mg  | PIC 200  | 0               |    |
| Feosol Natural Release Oral Tablet                 | 45 mg  | Feosol   | 0               |    |
| Feosol Oral Tablet                                 | 200 (65 fe) mg   | Feosol   | 0               |    |
| Fer-In-Sol Oral Solution                           | 75 (15 fe) mg/ml   | Fer-In-Sol   | 0               |    |
| Ferrimin 150 Oral Tablet                           | 150 mg   | Ferrimin 150                                       | 0               |    |
| Ferro-Sequels Oral Tablet Extended Release         | 65-25 mg   | Ferro-Sequels                                      | 0               |    |
| Ferrous Fumarate Oral Tablet                       | 29 mg, 324 (106 fe) mg                                   | Ferrous Fumarate<br>,Hemocyte                      | 0               |    |
| Ferrous Gluconate Oral Tablet                      | 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg         | Fergon ,Ferrous Gluconate<br>,KP Ferrous Gluconate | 0               |    |
| Ferrous Sulfate Er Oral Tablet Extended Release    | 45 mg  | Slow Fe  | 0               |    |
| Ferrous Sulfate Oral Solution                      | 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml | Fer-In-Sol ,Ferascorb Forte<br>,Iron Supplement    | 0               |    |
| Ferrous Sulfate Oral Tablet                        | 27 mg, 325 (65 fe) mg                                    | Fe-Max ,RA High Potency Iron                       | 0               |    |
| Ferrous Sulfate Oral Tablet Delayed Release        | 324 (65 fe) mg, 325 (65 fe) mg                           | Fe Tabs ,True Ferrous Sulfate                      | 0               |    |
| High_potency Iron Oral Capsule                     | 86 (27 fe) mg  | High Potency Iron                                  | 0               |    |
| Iron_(Ferrous Sulfate) Oral Solution               | 75 (15 fe) mg/ml   | Fer-In-Sol   | 0               |    |
| Iron_(Ferrous Sulfate) Oral Tablet                 | 325 (65 fe) mg   | Fe-Max   | 0               |    |
| Iron_27 Oral Tablet                                | 240 (27 fe) mg   | Fergon   | 0               |    |
| Iron_chews Pediatric Oral Tablet Chewable          | 15 mg  | Icar   | 0               |    |
| Iron_high-Potency Oral Tablet                      | 325 mg   | Fe-Max   | 0               |    |
| Iron_infant & Toddler Oral Solution                | 75 (15 fe) mg/ml   | Fer-In-Sol   | 0               |    |
| Iron_infant/Toddler Oral Solution                  | 75 (15 fe) mg/ml   | Fer-In-Sol   | 0               |    |
| Iron_oral Tablet                                   | 240 (27 fe) mg, 28 mg, 325 (65 fe) mg                    | Fe-Max ,Fergon ,Iron                               | 0               |    |
| Iron_slow Release Oral Tablet Extended Release     | 45 mg  | Slow Fe  | 0               |    |
| Iron_up Oral Liquid                                | 15 mg/0.5ml  | Iron Up  | 0               |    |
| Kp_ferrous Gluconate Oral Tablet                   | 324 (37.5 fe) mg   | KP Ferrous Gluconate                               | 0               |    |
| Kp_ferrous Sulfate Oral Tablet                     | 325 (65 fe) mg   | Fe-Max   | 0               |    |
| NovaFerrum 50 Oral Capsule                         | 50 mg  | NovaFerrum 50                                      | 0               |    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM               |
|---|--------------------------|--|-----------------|------------------|
| NovaFerrum Pediatric Drops Oral Liquid  | 15 mg/ml                 | NovaFerrum Pediatric Drops                     | 0               |                  |
| Poly-Iron 150 Oral Capsule  | 150 mg                   | Hytinic  | 0               |                  |
| Profe_oral Capsule  | 391.3 (180 fe) mg        | ProFe  | 0               |                  |
| Proferrin Es Oral Tablet  | 12 mg                    | Proferrin ES                                   | 0               |                  |
| Slow_fe Oral Tablet Extended Release  | 45 mg                    | Slow Fe  | 0               |                  |
| Slow_iron Oral Tablet Extended Release  | 160 (50 fe) mg           | Slow Fe  | 0               |                  |
| Slow_release Iron Oral Tablet Extended Release  | 45 mg, 47.5 mg, 50 mg    | RA Slow Release Iron ,Slow Release Iron        | 0               |                  |
| Sv_iron Oral Tablet   | 325 (65 fe) mg           | Fe-Max   | 0               |                  |
| Wee_care Oral Suspension  | 15 mg/1.25ml             | Icar   | 0               |                  |
| <b><i>Phenylalanine-Free Amino Acids (Aminoacidos Sin Fenilalanina)</i></b>                     |                          |  |                 |                  |
| Phenylade Rtd Pku 10 Oral Liquid  |                          | Attain   | 0               |                  |
| Pku_2 Oral Powder   |                          | Casec  | 0               |                  |
| Pku_3 Oral Powder   |                          | Casec  | 0               |                  |
| Pku_air20 Gold Oral Liquid  |                          | Attain   | 0               |                  |
| Pku_air20 Green Oral Liquid   |                          | Attain   | 0               |                  |
| Pku_air20 Yellow Oral Liquid  |                          | Attain   | 0               |                  |
| Pku_cooler 10 Oral Liquid   |                          | Attain   | 0               |                  |
| Pku_cooler 15 Oral Liquid   |                          | Attain   | 0               |                  |
| Pku_cooler 20 Oral Liquid   |                          | Attain   | 0               |                  |
| Pku_lophlex Lq 20 Oral Liquid   |                          | Attain   | 0               |                  |
| Pku_periflex Early Years Oral Powder  |                          | Casec  | 0               |                  |
| Pku_periflex Junior Plus Oral Powder  |                          | Casec  | 0               |                  |
| <b><i>Prenatal Vitamins (Vitaminas Prenatales)</i></b>  |                          |  |                 |                  |
| Obstetrix Dha Oral Miscellaneous  | 29-1 & 350 mg            | Obtrex DHA                                     | 0               |                  |
| Obstetrix Ec Oral Tablet Delayed Release  | 29-1 mg                  | Obstetrix EC                                   | 0               |                  |
| Obstetrix One Oral Capsule  | 38-1-225 mg              | Obstetrix One                                  | 0               |                  |
| Prenatal Complete Oral Tablet   | 14-0.4 mg                | Prenatal Complete                              | 0               |                  |
| Prenatal Oral Tablet  | 27-0.8 mg                | Prenavite                                      | 0               |                  |
| <b><i>Progestin Contraceptives - Injectable (Anticonceptivos Inyectables De Progestina)</i></b> |                          |  |                 |                  |
| Medroxyprogesterone Acetate Intramuscular Suspension  | 150 mg/ml                | Depo-Provera                                   | 0               | QL(1 in 90 Days) |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|---|--------------------------|--|-----------------|--------------------|
| Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe              | 150 mg/ml                | Depo-Provera                                   | 0               | QL(1 in 90 Days)   |
| <b><i>Progestin Contraceptives - Oral (Contraceptivos Orales De Progestina)</i></b> |                          |  |                 |                    |
| Camila Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 | 0               |                    |
| Emzahh Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 | 0               |                    |
| Errin_oral Tablet   | 0.35 mg                  | Ortho Micronor                                 | 0               |                    |
| Meleya Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 | 0               |                    |
| Opill_oral Tablet   | 0.075 mg                 | Ovrette  | 0               |                    |
| Orquidea Oral Tablet  | 0.35 mg                  | Ortho Micronor                                 | 0               |                    |
| <b><i>Smoking Cessation Agents (Agentes Para Cesacion De Fumar)</i></b>             |                          |  |                 |                    |
| Bupropion Hcl Er (Smoking Det) Oral Tablet Extended Release 12 Hour                 | 150 mg                   | Zyban  | 0               | QL(60 in 30 Days)  |
| Nicotine Mini Mouth/Throat Lozenge  | 2 mg, 4 mg               | Commit   | 0               | QL(1680 in 1 Year) |
| Nicotine Polacrilex Mouth/Throat Gum  | 2 mg, 4 mg               | Nicorette ,Nicorette DS                        | 0               | QL(2016 in 1 Year) |
| Nicotine Polacrilex Mouth/Throat Lozenge  | 2 mg, 4 mg               | Commit   | 0               | QL(1680 in 1 Year) |
| Nicotine Step 1 Transdermal Patch 24 Hour   | 21 mg/24hr               | Habitrol                                       | 0               | QL(42 in 1 Year)   |
| Nicotine Step 2 Transdermal Patch 24 Hour   | 14 mg/24hr               | Habitrol                                       | 0               | QL(42 in 1 Year)   |
| Nicotine Step 3 Transdermal Patch 24 Hour   | 7 mg/24hr                | Habitrol                                       | 0               | QL(14 in 1 Year)   |
| Nicotine Transdermal Kit  | 21-14-7 mg/24hr          | Nicotine                                       | 0               | QL(56 in 1 Year)   |
| Nicotine Transdermal Patch 24 Hour  | 7 mg/24hr                | Habitrol                                       | 0               | QL(14 in 1 Year)   |
| Nicotine Transdermal Patch 24 Hour  | 14 mg/24hr, 21 mg/24hr   | Habitrol                                       | 0               | QL(42 in 1 Year)   |
| Nicotrol Ns Nasal Solution  | 10 mg/ml                 | Nicotrol NS                                    | 0               |                    |
| <b><i>Spermicide (Espermicida)</i></b>  |                          |  |                 |                    |
| Encare Vaginal Suppository  | 100 mg                   | Semicid Contraceptive                          | 0               |                    |
| Options Gynol Ii Contraceptive Vaginal Gel  | 3 %                      | Gynol II Extra Strength                        | 0               |                    |
| Vcf_vaginal Contraceptive Vaginal Film  | 28 %                     | Vaginal Contraceptive Film                     | 0               |                    |
| Vcf_vaginal Contraceptive Vaginal Gel   | 4 %                      | Conceptrol                                     | 0               |                    |
| <b><i>Sponge With Spermicide (Esponja Con Espermicida)</i></b>                      |                          |  |                 |                    |

| Product Name<br>(Nombre del Medicamento)      | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia)                            | Tier<br>(Nivel) | UM                 |
|---|--|---|-----------------|--------------------|
| Today_sponge Vaginal Miscellaneous            | 1000 mg  | Today Sponge  | 0               |                    |
| <b>Vitamin D (Vitamina D)</b>                 |  |   |                 |                    |
| D3_2000 Oral Capsule                          | 50 mcg (2000 ut)   | D2000 Ultra Strength  | 0               |                    |
| D3_5000 Oral Capsule                          | 125 mcg (5000 ut)  | D-3-5   | 0               |                    |
| D3_maximum Strength Oral Capsule              | 125 mcg (5000 ut)  | D-3-5   | 0               |                    |
| D3_oral Capsule                               | 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)  | D-3-5 ,D2000 Ultra Strength ,Maximum D3                                   | 0               |                    |
| D3_oral Tablet                                | 50 mcg (2000 ut)   | Vitamin D3 Super Strength   | 0               |                    |
| D3_super Strength Oral Capsule                | 50 mcg (2000 ut)   | D2000 Ultra Strength  | 0               |                    |
| D3-1000 Oral Capsule                          | 25 mcg (1000 ut)   | D 1000  | 0               |                    |
| D-5000 Oral Tablet                            | 125 mcg (5000 ut)  | D 5000  | 0               |                    |
| Gnp_vitamin D Super Strength Oral Tablet      | 125 mcg (5000 ut)  | D 5000  | 0               |                    |
| Gnp_vitamin D3 Oral Tablet                    | 10 mcg (400 unit)  | Delta D3  | 0               |                    |
| Maximum D3 Oral Capsule                       | 325 mcg (13000 ut)   | Maximum D3  | 0               | QL(5 in 30 Days)   |
| Optimal D3 M Oral Capsule                     | 350 mcg (14000 ut)   | Optimal D3 M  | 0               |                    |
| Optimal D3 Oral Capsule                       | 1.25 mg (50000 ut)   | D3-50   | 0               |                    |
| Vitamin D (Ergocalciferol) Oral Capsule       | 1.25 mg (50000 ut)   | Drisdol   | 0               |                    |
| Vitamin D Oral Capsule                        | 50 mcg (2000 ut)   | D2000 Ultra Strength  | 0               |                    |
| Vitamin D Oral Tablet                         | 25 mcg (1000 ut), 50 mcg (2000 ut)   | Vitamin D-1000 Max St ,Vitamin D3 Super Strength                          | 0               |                    |
| Vitamin D3 Oral Capsule                       | 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut) | D 1000 ,D-3-5 ,D2000 Ultra Strength ,D3-50 ,D400 ,Maximum D3              | 0               |                    |
| Vitamin D3 Oral Tablet                        | 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)  | D 5000 ,True Vitamin D3 ,Vitamin D-1000 Max St ,Vitamin D3 Super Strength | 0               |                    |
| <b>Analgesics (Analgésicos)</b>               |  |   |                 |                    |
| <i>Analgesics, Other (Analgésicos, Otros)</i> |  |   |                 |                    |
| Bac_(Butalbital-Acetamin-Caff) Oral Tablet    | 50-325-40 mg   | Americet  | 2               | QL(180 in 30 DAYS) |
| Butalbital-Acetaminophen Oral Capsule         | 50-300 mg  | Butalbital-Acetaminophen  | 2               | QL(180 in 30 Days) |
| Butalbital-Acetaminophen Oral Tablet          | 50-300 mg  | Orbivan CF  | 2               | QL(180 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia)                                  | Tier<br>(Nivel) | UM                      |
|--|---|---|-----------------|-------------------------|
| Butalbital-Acetaminophen Oral Tablet   | 50-325 mg   | Phrenilin   | 1               | QL(180 in 30 Days)      |
| Butalbital-Apap-Caffeine Oral Capsule  | 50-300-40 mg, 50-325-40 mg  | Alagesic ,Orbivan   | 2               | QL(180 in 30 Days)      |
| Butalbital-Apap-Caffeine Oral Tablet   | 50-325-40 mg  | Americet  | 1               | QL(180 in 30 Days)      |
| <b>Nonsteroidal Anti-Inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</b> |   |   |                 |                         |
| Naproxen Sodium Er Oral Tablet Extended Release 24 Hour                                      | 375 mg  | Naprelan  | 2               |                         |
| <b>Opioid Analgesics, Long-Acting (Analgésicos Opioides - Larga Duracion)</b>                |   |   |                 |                         |
| Buprenorphine Hcl Sublingual Tablet Sublingual   | 2 mg  | Subutex   | 2               | QL(240 in 30 Days) , PA |
| Buprenorphine Hcl Sublingual Tablet Sublingual   | 8 mg  | Subutex   | 2               | QL(90 in 30 Days) , PA  |
| Buprenorphine Hcl-Naloxone Hcl Sublingual Film   | 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg   | Suboxone  | 2               | QL(60 in 30 Days) , PA  |
| Buprenorphine Hcl-Naloxone Hcl Sublingual Tablet Sublingual                                  | 2-0.5 mg, 8-2 mg  | Suboxone  | 2               | QL(120 in 30 Days) , PA |
| Fentanyl Transdermal Patch 72 Hour   | 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr | Duragesic-100 ,Duragesic-12 ,Duragesic-25 ,Duragesic-50 ,Duragesic-75 ,fentaNYL | 2               | QL(10 in 30 Days)       |
| Hydromorphone Hcl Pf Injection Solution  | 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml   | Dilaudid-HP ,HYDROMORPHONE HCl PF   | 2               |                         |
| Morphine Sulfate Er Oral Capsule Extended Release 24 Hour                                    | 10 mg, 20 mg, 50 mg, 80 mg  | Kadian  | 2               | QL(60 in 30 Days)       |
| Morphine Sulfate Er Oral Tablet Extended Release   | 100 mg, 200 mg  | MS Contin   | 2               | QL(60 in 30 Days)       |
| Morphine Sulfate Er Oral Tablet Extended Release   | 15 mg, 30 mg, 60 mg   | MS Contin ,Oramorph SR  | 1               | QL(60 in 30 Days)       |
| Tramadol Hcl Er Oral Tablet Extended Release 24 Hour   | 100 mg, 200 mg, 300 mg  | Ultram ER   | 2               |                         |
| <b>Opioid Analgesics, Short-Acting (Analgésicos Opioides - Corta Duracion)</b>               |   |   |                 |                         |
| Acetaminophen-Codeine Oral Solution  | 120-12 mg/5ml   | Acetaminophen-Codeine   | 1               |                         |
| Acetaminophen-Codeine Oral Tablet  | 300-30 mg, 300-60 mg  | Tylagesic 3 ,Tylenol with Codeine #4  | 1               |                         |
| Acetaminophen-Codeine Oral Tablet  | 300-15 mg   | Tylenol/Codeine #2  | 2               |                         |
| Butalbital-Apap-Caff-Cod Oral Capsule  | 50-300-40-30 mg, 50-325-40-30 mg  | Fioricet/Codeine  | 2               |                         |

| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|---|--|-----------------|--------------------|
| Butorphanol Tartrate Injection Solution                    | 1 mg/ml, 2 mg/ml  | Stadol   | 2               |                    |
| Endocet Oral Tablet  | 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                                     | Percocet                                       | 2               |                    |
| Fentanyl Citrate (Pf) Injection Solution                   | 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml | fentaNYL Citrate (PF)<br>,Sublimaze            | 2               |                    |
| Fentanyl Citrate (Pf) Injection Solution Prefilled Syringe | 50 mcg/ml   | fentaNYL Citrate (PF)                          | 2               |                    |
| Hydrocodone-Acetaminophen Oral Solution                    | 10-300 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml                  | Hycet ,Zolvit                                  | 2               |                    |
| Hydrocodone-Acetaminophen Oral Tablet                      | 10-325 mg, 5-325 mg, 7.5-325 mg   | Norco  | 1               |                    |
| Hydrocodone-Acetaminophen Oral Tablet                      | 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg                                     | Verdrocet ,Xodol                               | 2               |                    |
| Hydrocodone-Ibuprofen Oral Tablet                          | 10-200 mg, 5-200 mg, 7.5-200 mg   | Ibudone ,Reprexain<br>,Vicoprofen              | 2               |                    |
| Meperidine Hcl Injection Solution                          | 100 mg/ml, 25 mg/ml, 50 mg/ml   | Demerol  | 2               |                    |
| Meperidine Hcl Oral Solution                               | 50 mg/5ml   | Demerol  | 1               |                    |
| Meperidine Hcl Oral Tablet                                 | 50 mg   | Demerol  | 1               |                    |
| Morphine Sulfate (Concentrate) Oral Solution               | 100 mg/5ml  | MSIR   | 2               | QL(180 in 30 Days) |
| Morphine Sulfate (Pf) Injection Solution                   | 0.5 mg/ml, 1 mg/ml  | Astramorph                                     | 2               |                    |
| Morphine Sulfate Injection Solution                        | 2 mg/ml, 4 mg/ml  | Morphine Sulfate                               | 2               |                    |
| Morphine Sulfate Intravenous Solution                      | 50 mg/ml  | Morphine Sulfate                               | 2               |                    |
| Morphine Sulfate Oral Solution                             | 10 mg/5ml   | MS/L   | 1               |                    |
| Morphine Sulfate Oral Solution                             | 20 mg/5ml   | MSIR   | 2               |                    |
| Morphine Sulfate Oral Tablet                               | 15 mg, 30 mg  | MSIR   | 2               |                    |
| Oxycodone Hcl Oral Capsule                                 | 5 mg  | OxyIR  | 1               |                    |
| Oxycodone Hcl Oral Concentrate                             | 100 mg/5ml  | Roxicodone                                     | 1               |                    |
| Oxycodone Hcl Oral Solution                                | 5 mg/5ml  | Roxicodone                                     | 2               |                    |
| Oxycodone Hcl Oral Tablet                                  | 10 mg, 15 mg, 20 mg, 30 mg, 5 mg  | Dazidox ,Roxicodone                            | 2               |                    |
| Oxycodone-Acetaminophen Oral Solution                      | 5-325 mg/5ml  | Roxicet  | 2               |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)        | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|---------------------------------|--|-----------------|------------------------|
| Oxycodone-Acetaminophen Oral Tablet  | 10-325 mg, 5-325 mg, 7.5-325 mg | Percocet                                       | 1               |                        |
| Oxycodone-Acetaminophen Oral Tablet  | 2.5-325 mg                      | Percocet                                       | 2               |                        |
| Tramadol Hcl Oral Tablet   | 50 mg                           | Ultram   | 1               |                        |
| Tramadol-Acetaminophen Oral Tablet   | 37.5-325 mg                     | Ultracet                                       | 1               |                        |
| <b>Anesthetics (Anestésicos)</b>   |                                 |  |                 |                        |
| <i>Local Anesthetics (Anestesia Local)</i>   |                                 |  |                 |                        |
| Chloroprocaine Hcl (Pf) Injection Solution   | 2 %, 3 %                        | Nesacaine-MPF                                  | 2               |                        |
| Lidocaine Hcl Injection Solution   | 0.5 %, 1 %, 2 %                 | Lidoject 1 ,Lidoject-2 ,Xylocaine              | 2               |                        |
| <b>Anti-Addiction/Substance Abuse Treatment Agents (Agentes Para El Tratamiento De Abuso De Sustancias / Contra La Adicción)</b> |                                 |  |                 |                        |
| <i>Alcohol Deterrents/Anti-Craving (Disuasivos Para El Alcohol / Deseo Compulsivo)</i>   |                                 |  |                 |                        |
| Acamprosate Calcium Oral Tablet Delayed Release  | 333 mg                          | Campral  | 1               |                        |
| Disulfiram Oral Tablet   | 250 mg, 500 mg                  | Antabuse                                       | 2               |                        |
| <i>Opioid Antagonists (Antagonistas Opioides)</i>  |                                 |  |                 |                        |
| Nalmefene Hcl Injection Solution   | 1 mg/ml                         | Revex  | 2               |                        |
| Naloxone Hcl Injection Solution  | 0.4 mg/ml, 4 mg/10ml            | Naloxone HCl ,Narcan                           | 2               |                        |
| Naloxone Hcl Injection Solution Cartridge  | 0.4 mg/ml                       | Naloxone HCl                                   | 2               |                        |
| Naloxone Hcl Injection Solution Prefilled Syringe  | 0.4 mg/ml, 2 mg/2ml             | Naloxone HCl                                   | 2               |                        |
| Naloxone Hcl Nasal Liquid  | 4 mg/0.1ml                      | Narcan   | 2               |                        |
| Naltrexone Hcl Oral Tablet   | 50 mg                           | ReVia  | 1               |                        |
| <b>Anti-Inflammatory Agents (Agentes Antiinflamatorios)</b>  |                                 |  |                 |                        |
| <i>Glucocorticoids (Glucocorticoides)</i>  |                                 |  |                 |                        |
| Betamethasone Sod Phos & Acet Injection Suspension   | 6 (3-3) mg/ml                   | Celestone Soluspan                             | 2               |                        |
| Dexameth Sod Phos (Pf) +rfid Injection Solution Prefilled Syringe  | 10 mg/ml                        | Dexameth Sod Phos (PF) +RFID                   | 2               |                        |
| Dexamethasone Sod Phos (Pf) Injection Solution Prefilled Syringe   | 10 mg/ml                        | dexAMETHasone Sod Phos (PF)                    | 2               |                        |
| Kenalog-80 Injection Suspension  | 80 mg/ml                        | Kenalog-80                                     | 4               |                        |
| Triamcinolone Acetonide Injection Suspension   | 40 mg/ml                        | Acetocot                                       | 2               |                        |
| <i>Nonsteroidal Anti-Inflammatory Drugs (Medicamentos Antiinflamatorios No Esteroidales)</i>                                     |                                 |  |                 |                        |
| Celecoxib Oral Capsule   | 400 mg                          | CeleBREX                                       | 1               | QL(30 in 30 Days) , ST |
| Celecoxib Oral Capsule   | 100 mg, 200 mg, 50 mg           | CeleBREX                                       | 1               | QL(60 in 30 Days) , ST |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|---|--------------------------|--|-----------------|--------------------|
| Diclofenac Potassium Oral Tablet                          | 50 mg                    | Cataflam                                       | 1               |                    |
| Diclofenac Sodium Er Oral Tablet Extended Release 24 Hour | 100 mg                   | Voltaren-XR                                    | 2               | QL(30 in 30 Days)  |
| Diclofenac Sodium Oral Tablet Delayed Release             | 25 mg, 50 mg, 75 mg      | Voltaren                                       | 1               |                    |
| Diclofenac-Misoprostol Oral Tablet Delayed Release        | 50-0.2 mg, 75-0.2 mg     | Arthrotec                                      | 2               |                    |
| Diflunisal Oral Tablet                                    | 500 mg                   | Dolobid  | 1               |                    |
| Etodolac Er Oral Tablet Extended Release 24 Hour          | 400 mg                   | Lodine XL                                      | 1               |                    |
| Etodolac Er Oral Tablet Extended Release 24 Hour          | 500 mg, 600 mg           | Lodine XL                                      | 2               |                    |
| Etodolac Oral Capsule                                     | 200 mg, 300 mg           | Lodine   | 1               |                    |
| Etodolac Oral Tablet                                      | 400 mg, 500 mg           | Lodine   | 1               |                    |
| Flurbiprofen Oral Tablet                                  | 100 mg, 50 mg            | Ansaid   | 1               |                    |
| Ibuprofen Oral Suspension                                 | 100 mg/5ml               | Childrens Advil                                | 1               |                    |
| Ibuprofen Oral Suspension                                 | 200 mg/10ml              | Childrens Advil                                | 2               |                    |
| Ibuprofen Oral Tablet                                     | 400 mg, 600 mg, 800 mg   | IB Pro   | 1               |                    |
| Ibuprofen Oral Tablet                                     | 300 mg                   | Ibuprofen                                      | 2               |                    |
| Indomethacin Er Oral Capsule Extended Release             | 75 mg                    | Indocin SR                                     | 1               | QL(60 in 30 Days)  |
| Indomethacin Oral Capsule                                 | 50 mg                    | Indocin  | 1               | QL(120 in 30 Days) |
| Indomethacin Oral Capsule                                 | 25 mg                    | Indocin  | 1               | QL(180 in 30 Days) |
| Ketoprofen Oral Capsule                                   | 50 mg                    | Orudis   | 2               |                    |
| Ketorolac Tromethamine +rfd Injection Solution            | 30 mg/ml                 | Toradol  | 1               |                    |
| Ketorolac Tromethamine Injection Solution                 | 30 mg/ml                 | Toradol  | 1               |                    |
| Ketorolac Tromethamine Injection Solution                 | 15 mg/ml                 | Toradol  | 2               |                    |
| Ketorolac Tromethamine Intramuscular Solution             | 60 mg/2ml                | Ketorolac Tromethamine                         | 2               |                    |
| Ketorolac Tromethamine Oral Tablet                        | 10 mg                    | Toradol  | 2               | QL(20 in 30 Days)  |
| Meclofenamate Sodium Oral Capsule                         | 100 mg, 50 mg            | Meclomen                                       | 2               |                    |
| Mefenamic Acid Oral Capsule                               | 250 mg                   | Ponstel  | 2               |                    |
| Meloxicam Oral Tablet                                     | 15 mg, 7.5 mg            | Mobic  | 1               | QL(30 in 30 Days)  |
| Nabumetone Oral Tablet                                    | 500 mg, 750 mg           | Relafen  | 1               |                    |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion)           | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|------------------------------------|--|-----------------|------------------------|
| Naproxen Dr Oral Tablet Delayed Release                   | 500 mg                             | EC-Naprosyn                                    | 2               |                        |
| Naproxen Oral Tablet                                      | 250 mg, 375 mg, 500 mg             | Naprosyn                                       | 1               |                        |
| Naproxen Oral Tablet Delayed Release                      | 500 mg                             | EC-Naprosyn                                    | 1               |                        |
| Naproxen Oral Tablet Delayed Release                      | 375 mg                             | EC-Naprosyn                                    | 2               |                        |
| Naproxen Sodium Oral Tablet                               | 275 mg, 550 mg                     | Anaprox ,Anaprox DS                            | 1               |                        |
| Oxaprozin Oral Tablet                                     | 600 mg                             | Daypro   | 1               |                        |
| Piroxicam Oral Capsule                                    | 10 mg, 20 mg                       | Feldene  | 1               |                        |
| Salsalate Oral Tablet                                     | 500 mg, 750 mg                     | Amigesic                                       | 1               |                        |
| Sulindac Oral Tablet                                      | 150 mg, 200 mg                     | Clinoril                                       | 1               |                        |
| <b>Antibacterials (Antibacteriales)</b>                   |                                    |  |                 |                        |
| <i>Aminoglycosides (Aminoglicosidos)</i>                  |                                    |  |                 |                        |
| Gentamicin Sulfate Injection Solution                     | 10 mg/ml, 40 mg/ml                 | G-Mycin ,Gentamicin Sulfate                    | 2               |                        |
| Neomycin Sulfate Oral Tablet                              | 500 mg                             | Neomycin Sulfate                               | 1               |                        |
| Streptomycin Sulfate Intramuscular Solution Reconstituted | 1 gm                               | Streptomycin Sulfate                           | 2               |                        |
| Tobramycin Inhalation Nebulization Solution               | 300 mg/5ml                         | Tobi   | 5               | QL(56 in 30 Days) , PA |
| Tobramycin Sulfate Injection Solution                     | 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml   | Nebcin ,Tobramycin Sulfate                     | 2               |                        |
| Tobramycin Sulfate Injection Solution Reconstituted       | 1.2 gm                             | Nebcin   | 2               |                        |
| <i>Antibacterials, Other (Antibacteriales, Otros)</i>     |                                    |  |                 |                        |
| Clindamycin Hcl Oral Capsule                              | 150 mg, 300 mg, 75 mg              | Cleocin  | 1               |                        |
| Clindamycin Palmitate Hcl Oral Solution Reconstituted     | 75 mg/5ml                          | Cleocin  | 1               |                        |
| Clindamycin Phosphate Injection Solution                  | 300 mg/2ml, 600 mg/4ml, 900 mg/6ml | Cleocin Phosphate                              | 2               |                        |
| Clindamycin Phosphate Vaginal Cream                       | 2 %                                | Cleocin  | 2               |                        |
| Fosfomicin Tromethamine Oral Packet                       | 3 gm                               | Monurol  | 2               |                        |
| Lincomycin Hcl Injection Solution                         | 300 mg/ml                          | Lincocin                                       | 2               |                        |
| Linezolid Oral Suspension Reconstituted                   | 100 mg/5ml                         | Zyvox  | 2               | QL(2400 in 30 Days)    |
| Linezolid Oral Tablet                                     | 600 mg                             | Zyvox  | 2               | QL(60 in 30 Days)      |
| Methenamine Hippurate Oral Tablet                         | 1 gm                               | Hiprex   | 2               |                        |

| Product Name<br>(Nombre del Medicamento)                                  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|--------------------------|--|-----------------|----|
| Methenamine Mandelate Oral Tablet   | 1 gm                     | Methenamine Mandelate                          | 1               |    |
| Metronidazole Oral Capsule  | 375 mg                   | Flagyl   | 2               |    |
| Metronidazole Oral Tablet   | 250 mg, 500 mg           | Flagyl   | 1               |    |
| Metronidazole Vaginal Gel   | 0.75 %                   | MetroGel-Vaginal                               | 2               |    |
| Neomycin-Polymyxin B Gu Irrigation Solution                               | 40-200000                | Neosporin GU Irrigant                          | 2               |    |
| Nitrofurantoin Macrocrystal Oral Capsule                                  | 100 mg, 50 mg            | Macrodantin                                    | 1               |    |
| Nitrofurantoin Monohyd Macro Oral Capsule                                 | 100 mg                   | Macrobid                                       | 1               |    |
| Polymyxin B Sulfate Injection Solution Reconstituted                      | 500000 unit              | Polymyxin B Sulfate                            | 2               |    |
| Trimethoprim Oral Tablet  | 100 mg                   | Proloprim                                      | 1               |    |
| Vancomycin Hcl Oral Capsule   | 125 mg, 250 mg           | Vancocin HCl                                   | 2               |    |
| Xifaxan Oral Tablet   | 200 mg, 550 mg           | Xifaxan  | 3               | PA |
| <b><i>Beta-Lactam, Cephalosporins (Cefalosporinas, Betalactamico)</i></b> |                          |  |                 |    |
| Cefaclor Oral Capsule   | 250 mg, 500 mg           | Ceclor   | 1               |    |
| Cefaclor Oral Suspension Reconstituted                                    | 250 mg/5ml               | Ceclor   | 2               |    |
| Cefadroxil Oral Capsule   | 500 mg                   | Duricef  | 1               |    |
| Cefadroxil Oral Suspension Reconstituted                                  | 250 mg/5ml, 500 mg/5ml   | Duricef  | 1               |    |
| Cefadroxil Oral Tablet  | 1 gm                     | Duricef  | 2               |    |
| Cefazolin Sodium Injection Solution Reconstituted                         | 1 gm, 500 mg             | Ancef  | 1               |    |
| Cefazolin Sodium Injection Solution Reconstituted                         | 10 gm                    | Ancef  | 2               |    |
| Cefdinir Oral Capsule   | 300 mg                   | Omnicef  | 1               |    |
| Cefdinir Oral Suspension Reconstituted                                    | 125 mg/5ml, 250 mg/5ml   | Omnicef  | 1               |    |
| Cefepime Hcl Injection Solution Reconstituted                             | 1 gm                     | Maxipime                                       | 2               |    |
| Cefixime Oral Capsule   | 400 mg                   | Suprax   | 2               |    |
| Cefixime Oral Suspension Reconstituted                                    | 100 mg/5ml, 200 mg/5ml   | Suprax   | 2               |    |
| Cefixime Oral Tablet  | 400 mg                   | Suprax   | 2               |    |
| Cefpodoxime Proxetil Oral Suspension Reconstituted                        | 100 mg/5ml, 50 mg/5ml    | Vantin   | 1               |    |
| Cefpodoxime Proxetil Oral Tablet  | 100 mg                   | Vantin   | 1               |    |
| Cefpodoxime Proxetil Oral Tablet  | 200 mg                   | Vantin   | 2               |    |
| Cefprozil Oral Suspension Reconstituted                                   | 125 mg/5ml, 250 mg/5ml   | Cefzil   | 1               |    |
| Cefprozil Oral Tablet   | 250 mg, 500 mg           | Cefzil   | 1               |    |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|--|--|-----------------|----|
| Ceftriaxone Sodium Injection Solution Reconstituted                 | 1 gm, 250 mg, 500 mg   | Rocephin                                       | 1               |    |
| Ceftriaxone Sodium Injection Solution Reconstituted                 | 2 gm   | Rocephin                                       | 2               |    |
| Cefuroxime Axetil Oral Tablet                                       | 250 mg, 500 mg   | Ceftin   | 1               |    |
| Cephalexin Oral Capsule   | 250 mg, 500 mg   | Keflex   | 1               |    |
| Cephalexin Oral Capsule   | 750 mg   | Keflex   | 2               |    |
| Cephalexin Oral Suspension Reconstituted                            | 125 mg/5ml, 250 mg/5ml   | Keflex   | 1               |    |
| Cephalexin Oral Tablet  | 250 mg, 500 mg   | Cephalexin                                     | 1               |    |
| <b><i>Beta-Lactam, Penicillins (Penicilinas, Betalactamico)</i></b> |  |  |                 |    |
| Amoxicillin Oral Capsule  | 250 mg, 500 mg   | Amoxil   | 1               |    |
| Amoxicillin Oral Suspension Reconstituted                           | 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml                   | Amoxil   | 1               |    |
| Amoxicillin Oral Tablet   | 500 mg, 875 mg   | Amoxil   | 1               |    |
| Amoxicillin Oral Tablet Chewable                                    | 125 mg, 250 mg   | Amoxil   | 1               |    |
| Amoxicillin-Pot Clavulanate Er Oral Tablet Extended Release 12 Hour | 1000-62.5 mg   | Augmentin XR                                   | 2               |    |
| Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted           | 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | Augmentin ,Augmentin ES-600                    | 1               |    |
| Amoxicillin-Pot Clavulanate Oral Tablet                             | 500-125 mg, 875-125 mg   | Augmentin                                      | 1               |    |
| Amoxicillin-Pot Clavulanate Oral Tablet                             | 250-125 mg   | Augmentin                                      | 2               |    |
| Ampicillin Oral Capsule   | 500 mg   | Marcillin                                      | 1               |    |
| Ampicillin Sodium Injection Solution Reconstituted                  | 250 mg   | Ampicillin Sodium                              | 2               |    |
| Bicillin C-R Intramuscular Suspension                               | 1200000 unit/2ml   | Bicillin C-R                                   | 3               |    |
| Bicillin L-A Intramuscular Suspension Prefilled Syringe             | 1200000 unit/2ml, 2400000 unit/4ml, 600000 unit/ml               | Bicillin L-A                                   | 3               |    |
| Dicloxacillin Sodium Oral Capsule                                   | 250 mg, 500 mg   | Dycill   | 1               |    |
| Penicillin G Potassium Injection Solution Reconstituted             | 20000000 unit, 5000000 unit                                      | Pfizerpen-G                                    | 2               |    |
| Penicillin V Potassium Oral Solution Reconstituted                  | 125 mg/5ml, 250 mg/5ml   | Beepen-VK ,Ledercillin VK                      | 1               |    |
| Penicillin V Potassium Oral Tablet                                  | 250 mg, 500 mg   | Beepen-VK                                      | 1               |    |
| <b><i>Macrolides (Macrolidos)</i></b>                               |  |  |                 |    |
| Azithromycin Oral Suspension Reconstituted                          | 100 mg/5ml, 200 mg/5ml   | Zithromax                                      | 1               |    |
| Azithromycin Oral Tablet  | 250 mg, 500 mg   | Zithromax                                      | 1               |    |
| Azithromycin Oral Tablet  | 600 mg   | Zithromax                                      | 2               |    |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|--------------------------|--|-----------------|-------------------|
| Clarithromycin Er Oral Tablet Extended Release 24 Hour    | 500 mg                   | Biaxin XL                                      | 2               | QL(28 in 30 Days) |
| Clarithromycin Oral Suspension Reconstituted              | 125 mg/5ml, 250 mg/5ml   | Biaxin   | 2               |                   |
| Clarithromycin Oral Tablet                                | 250 mg, 500 mg           | Biaxin   | 1               |                   |
| Erythromycin Base Oral Capsule Delayed Release Particles  | 250 mg                   | Eryc   | 2               |                   |
| Erythromycin Base Oral Tablet                             | 250 mg, 500 mg           | Ery-Tab ,Erythromycin Base                     | 2               |                   |
| Erythromycin Base Oral Tablet Delayed Release             | 250 mg, 333 mg, 500 mg   | E-Mycin ,Ery-Tab                               | 2               |                   |
| Erythromycin Ethylsuccinate Oral Suspension Reconstituted | 200 mg/5ml, 400 mg/5ml   | EryPed 200 ,EryPed 400                         | 2               |                   |
| Erythromycin Oral Tablet Delayed Release                  | 250 mg, 333 mg, 500 mg   | E-Mycin ,Ery-Tab                               | 2               |                   |
| <b>Quinolones (Quinolonas)</b>                            |                          |  |                 |                   |
| Baxdela Oral Tablet                                       | 450 mg                   | Baxdela  | 3               | ST                |
| Ciprofloxacin Hcl Oral Tablet                             | 250 mg, 500 mg, 750 mg   | Cipro  | 1               |                   |
| Levofloxacin Oral Solution                                | 25 mg/ml                 | Levaquin                                       | 2               |                   |
| Levofloxacin Oral Tablet                                  | 250 mg, 500 mg, 750 mg   | Levaquin                                       | 1               |                   |
| Moxifloxacin Hcl Oral Tablet                              | 400 mg                   | Avelox   | 2               |                   |
| Ofloxacin Oral Tablet                                     | 300 mg, 400 mg           | Floxin   | 2               |                   |
| <b>Sulfonamides (Sulfonamidas)</b>                        |                          |  |                 |                   |
| Sulfacetamide Sodium (Acne) External Lotion               | 10 %                     | Klaron   | 2               |                   |
| Sulfadiazine Oral Tablet                                  | 500 mg                   | Microsulfon                                    | 2               |                   |
| Sulfamethoxazole-Trimethoprim Oral Suspension             | 200-40 mg/5ml            | Bactrim  | 1               |                   |
| Sulfamethoxazole-Trimethoprim Oral Suspension             | 800-160 mg/20ml          | Bactrim  | 2               |                   |
| Sulfamethoxazole-Trimethoprim Oral Tablet                 | 400-80 mg, 800-160 mg    | Bactrim ,Bactrim DS                            | 1               |                   |
| Sulfisoxazole Crystals                                    |                          |  | 2               |                   |
| <b>Tetracyclines (Tetraciclinas)</b>                      |                          |  |                 |                   |
| Demeclocycline Hcl Oral Tablet                            | 150 mg, 300 mg           | Declomycin                                     | 2               |                   |
| Doxycycline Hyclate Oral Capsule                          | 100 mg, 50 mg            | Doxy ,Vibramycin                               | 1               |                   |
| Doxycycline Hyclate Oral Tablet                           | 150 mg, 75 mg            | Acticlate                                      | 2               |                   |
| Doxycycline Hyclate Oral Tablet                           | 100 mg, 20 mg            | Doxy ,Periostat                                | 1               |                   |
| Doxycycline Hyclate Oral Tablet Delayed Release           | 200 mg, 50 mg            | Doryx  | 2               |                   |
| Doxycycline Monohydrate Oral Capsule                      | 100 mg, 50 mg            | Monodox  | 1               |                   |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
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| Doxycycline Monohydrate Oral Suspension Reconstituted                              | 25 mg/5ml                              | Vibramycin                                     | 2               |                    |
| Doxycycline Monohydrate Oral Tablet  | 100 mg, 50 mg, 75 mg                   | Adoxa  | 1               |                    |
| Doxycycline Monohydrate Oral Tablet  | 150 mg                                 | Adoxa Pak 1/150                                | 2               |                    |
| Minocycline Hcl Er Oral Tablet Extended Release 24 Hour                            | 105 mg, 55 mg, 80 mg                   | Solodyn  | 2               |                    |
| Minocycline Hcl Oral Capsule   | 100 mg, 50 mg, 75 mg                   | Dynacin  | 1               |                    |
| Tetracycline Hcl Oral Capsule  | 250 mg, 500 mg                         | Achromycin V                                   | 2               |                    |
| Tetracycline Hcl Oral Tablet   | 250 mg, 500 mg                         | Sumycin  | 2               |                    |
| <b>Anticonvulsants (Anticonvulsivos)</b>   |  |  |                 |                    |
| <i>Anticonvulsants, Other (Anticonvulsivos, Otros)</i>                             |  |  |                 |                    |
| Felbamate Oral Suspension  | 600 mg/5ml                             | Felbatol                                       | 1               |                    |
| Levetiracetam Er Oral Tablet Extended Release 24 Hour                              | 750 mg                                 | Keppra XR                                      | 1               | QL(120 in 30 Days) |
| Levetiracetam Er Oral Tablet Extended Release 24 Hour                              | 500 mg                                 | Keppra XR                                      | 1               | QL(180 in 30 Days) |
| Levetiracetam Oral Solution  | 100 mg/ml, 500 mg/5ml                  | Keppra   | 1               |                    |
| Levetiracetam Oral Tablet  | 1000 mg, 250 mg, 500 mg, 750 mg        | Keppra   | 1               |                    |
| Phenobarbital Oral Elixir  | 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml     | PHENobarbital                                  | 2               |                    |
| Phenobarbital Oral Tablet  | 30 mg, 64.8 mg, 97.2 mg                | PHENobarbital                                  | 1               |                    |
| Phenobarbital Oral Tablet  | 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg | PHENobarbital                                  | 2               |                    |
| Phenobarbital Sodium Injection Solution  | 130 mg/ml, 65 mg/ml                    | Luminal ,PHENobarbital Sodium                  | 2               |                    |
| <i>Calcium Channel Modifying Agents (Agentes Modificadores De Canal De Calcio)</i> |  |  |                 |                    |
| Ethosuximide Oral Capsule  | 250 mg                                 | Zarontin                                       | 1               | PL1                |
| Ethosuximide Oral Solution   | 250 mg/5ml                             | Zarontin                                       | 2               | PL1                |
| Methsuximide Oral Capsule  | 300 mg                                 | Celontin                                       | 2               | PL1                |
| Pregabalin Er Oral Tablet Extended Release 24 Hour                                 | 165 mg, 330 mg, 82.5 mg                | Lyrica CR                                      | 2               | QL(30 in 30 Days)  |
| Pregabalin Oral Capsule  | 150 mg, 225 mg, 25 mg, 300 mg, 75 mg   | Lyrica   | 2               | QL(60 in 30 Days)  |
| Pregabalin Oral Capsule  | 100 mg, 200 mg, 50 mg                  | Lyrica   | 2               | QL(90 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)        | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                  |
|---|---------------------------------|--|-----------------|---------------------|
| Pregabalin Oral Solution  | 20 mg/ml                        | Lyrica   | 2               | QL(900 in 30 Days)  |
| Zonisamide Oral Capsule   | 100 mg, 25 mg, 50 mg            | Zonegran                                       | 1               |                     |
| <b><i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents (Agentes Aumentadores Del Acido Gamma-Aminobutirico)</i></b> |                                 |  |                 |                     |
| Clobazam Oral Suspension  | 2.5 mg/ml                       | Onfi   | 2               |                     |
| Clobazam Oral Tablet  | 10 mg, 20 mg                    | Onfi   | 2               | QL(60 in 30 Days)   |
| Clonazepam Oral Tablet  | 2 mg                            | KlonoPIN                                       | 1               | QL(300 in 30 Days)  |
| Clonazepam Oral Tablet  | 0.5 mg, 1 mg                    | KlonoPIN                                       | 1               | QL(90 in 30 Days)   |
| Clonazepam Oral Tablet Disintegrating   | 2 mg                            | KlonoPIN Wafer                                 | 2               | QL(300 in 30 Days)  |
| Clonazepam Oral Tablet Disintegrating   | 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | KlonoPIN Wafer                                 | 2               | QL(60 in 30 Days)   |
| Divalproex Sodium Er Oral Tablet Extended Release 24 Hour   | 250 mg, 500 mg                  | Depakote ER                                    | 1               | PL1                 |
| Divalproex Sodium Oral Capsule Delayed Release Sprinkle   | 125 mg                          | Depakote Sprinkles                             | 1               | PL1                 |
| Divalproex Sodium Oral Tablet Delayed Release   | 125 mg, 250 mg, 500 mg          | Depakote                                       | 1               | PL1                 |
| Gabapentin Oral Capsule   | 400 mg                          | Neurontin                                      | 1               | QL(270 in 30 Days)  |
| Gabapentin Oral Capsule   | 100 mg, 300 mg                  | Neurontin                                      | 1               | QL(300 in 30 Days)  |
| Gabapentin Oral Solution  | 250 mg/5ml                      | Neurontin                                      | 1               | QL(2160 in 30 Days) |
| Gabapentin Oral Solution  | 300 mg/6ml                      | Neurontin                                      | 2               | QL(2160 in 30 Days) |
| Gabapentin Oral Tablet  | 800 mg                          | Neurontin                                      | 1               | QL(120 in 30 Days)  |
| Gabapentin Oral Tablet  | 600 mg                          | Neurontin                                      | 1               | QL(180 in 30 Days)  |
| Primidone Oral Tablet   | 250 mg, 50 mg                   | Mysoline                                       | 1               |                     |
| Tiagabine Hcl Oral Tablet   | 12 mg, 16 mg, 2 mg, 4 mg        | Gabitril                                       | 2               |                     |
| <b><i>Glutamate Reducing Agents (Agentes Reductores De Glutamato)</i></b>   |                                 |  |                 |                     |
| Felbamate Oral Tablet   | 400 mg, 600 mg                  | Felbatol                                       | 2               |                     |

| Product Name<br>(Nombre del Medicamento)               | Dosage<br>(Presentacion)                     | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                  |
|--|--|--|-----------------|---------------------|
| Lamotrigine Er Oral Tablet Extended Release 24 Hour    | 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg | LaMICtal XR                                    | 2               |                     |
| Lamotrigine Oral Tablet                                | 100 mg, 150 mg, 200 mg, 25 mg                | LaMICtal                                       | 1               |                     |
| Lamotrigine Oral Tablet Chewable                       | 25 mg, 5 mg                                  | LaMICtal                                       | 1               |                     |
| Lamotrigine Oral Tablet Disintegrating                 | 100 mg, 200 mg, 25 mg, 50 mg                 | LaMICtal ODT                                   | 2               |                     |
| Topiramate Oral Capsule Sprinkle                       | 15 mg, 25 mg                                 | Topamax  | 1               |                     |
| Topiramate Oral Capsule Sprinkle                       | 50 mg  | Topiramate                                     | 2               |                     |
| Topiramate Oral Tablet                                 | 100 mg, 200 mg, 25 mg, 50 mg                 | Topamax  | 1               |                     |
| <i>Sodium Channel Agents (Agentes Canal De Sodio)</i>  |  |  |                 |                     |
| Carbamazepine Er Oral Capsule Extended Release 12 Hour | 100 mg, 200 mg, 300 mg                       | Carbatrol                                      | 2               |                     |
| Carbamazepine Er Oral Tablet Extended Release 12 Hour  | 100 mg, 200 mg, 400 mg                       | TEGretol-XR                                    | 2               |                     |
| Carbamazepine Oral Suspension                          | 100 mg/5ml                                   | TEGretol                                       | 1               |                     |
| Carbamazepine Oral Tablet                              | 200 mg                                       | Epitol   | 1               |                     |
| Carbamazepine Oral Tablet Chewable                     | 200 mg                                       | carBAMazepine                                  | 2               |                     |
| Carbamazepine Oral Tablet Chewable                     | 100 mg                                       | TEGretol                                       | 1               |                     |
| Dilantin Oral Capsule                                  | 30 mg  | Dilantin                                       | 3               | PL1                 |
| Fosphenytoin Sodium Injection Solution                 | 100 mg pe/2ml, 500 mg pe/10ml                | Cerebyx  | 2               |                     |
| Lacosamide Oral Solution                               | 10 mg/ml, 100 mg/10ml, 50 mg/5ml             | Vimpat   | 2               | QL(1200 in 30 Days) |
| Lacosamide Oral Tablet                                 | 100 mg, 150 mg, 200 mg, 50 mg                | Vimpat   | 2               | QL(60 in 30 Days)   |
| Oxcarbazepine Oral Suspension                          | 300 mg/5ml                                   | Trileptal                                      | 2               |                     |
| Oxcarbazepine Oral Tablet                              | 150 mg, 300 mg, 600 mg                       | Trileptal                                      | 1               |                     |
| Phenytoin Oral Suspension                              | 125 mg/5ml                                   | Dilantin                                       | 1               | PL1                 |
| Phenytoin Oral Tablet Chewable                         | 50 mg  | Dilantin Infatabs                              | 2               | PL1                 |
| Phenytoin Sodium Extended Oral Capsule                 | 100 mg                                       | Dilantin                                       | 1               | PL1                 |
| Phenytoin Sodium Extended Oral Capsule                 | 200 mg, 300 mg                               | Phenytek                                       | 2               | PL1                 |
| Phenytoin Sodium Injection Solution                    | 50 mg/ml                                     | Dilantin                                       | 2               |                     |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                       |
|---|--|--|-----------------|--------------------------|
| Rufinamide Oral Suspension  | 40 mg/ml                               | Banzel   | 2               | QL(2400 in 30 Days) , PA |
| Rufinamide Oral Tablet  | 200 mg, 400 mg                         | Banzel   | 2               | QL(240 in 30 Days) , PA  |
| <b>Antidementia Agents (Agentes Contra La Demencia)</b>   |  |  |                 |                          |
| <i>Cholinesterase Inhibitors (Inhibidores De Colinesterasa)</i>   |  |  |                 |                          |
| Donepezil Hcl Oral Tablet   | 10 mg, 5 mg                            | Aricept  | 1               | QL(30 in 30 Days) , PL1  |
| Donepezil Hcl Oral Tablet Disintegrating  | 10 mg, 5 mg                            | Aricept ODT                                    | 2               | QL(30 in 30 Days) , PL1  |
| Galantamine Hydrobromide Er Oral Capsule Extended Release 24 Hour   | 16 mg, 24 mg, 8 mg                     | Razadyne ER                                    | 2               | QL(30 in 30 Days) , PL1  |
| Galantamine Hydrobromide Oral Solution  | 4 mg/ml                                | Reminyl  | 2               | QL(180 in 30 Days) , PL1 |
| Galantamine Hydrobromide Oral Tablet  | 12 mg                                  | Reminyl  | 1               | QL(60 in 30 Days) , PL1  |
| Galantamine Hydrobromide Oral Tablet  | 4 mg, 8 mg                             | Reminyl  | 2               | QL(60 in 30 Days) , PL1  |
| Rivastigmine Tartrate Oral Capsule  | 1.5 mg, 3 mg, 4.5 mg, 6 mg             | Exelon   | 1               | QL(60 in 30 Days) , PL1  |
| Rivastigmine Transdermal Patch 24 Hour  | 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr | Exelon   | 2               | QL(30 in 30 Days) , PL1  |
| <i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist (Antagonistas Del Receptor De N-Metilo-D-Aspartato (Nmda))</i> |  |  |                 |                          |
| Memantine Hcl Er Oral Capsule Extended Release 24 Hour  | 14 mg, 21 mg, 28 mg, 7 mg              | Namenda XR                                     | 2               | QL(30 in 30 Days) , PL1  |
| Memantine Hcl Oral Solution   | 2 mg/ml                                | Namenda  | 2               | QL(300 in 30 Days) , PL1 |
| Memantine Hcl Oral Tablet   | 10 mg, 5 mg                            | Namenda  | 1               | QL(60 in 30 Days) , PL1  |
| Memantine Hcl Oral Tablet   | 28 x 5 mg & 21 x 10 mg                 | Namenda Titration Pak                          | 2               | QL(49 in 28 Days) , PL1  |
| <b>Antidepressants (Antidepresivos)</b>   |  |  |                 |                          |
| <i>Antidepressants, Other (Antidepresivos, Otros)</i>   |  |  |                 |                          |
| Bupropion Hcl Er (Sr) Oral Tablet Extended Release 12 Hour  | 100 mg, 150 mg, 200 mg                 | Wellbutrin SR                                  | 1               |                          |
| Bupropion Hcl Er (XI) Oral Tablet Extended Release 24 Hour  | 150 mg, 300 mg                         | Wellbutrin XL                                  | 1               |                          |
| Bupropion Hcl Oral Tablet   | 100 mg, 75 mg                          | Wellbutrin                                     | 1               |                          |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia)         | Tier<br>(Nivel) | UM  |
|---|---------------------------------------|--|-----------------|-----|
| Mirtazapine Oral Tablet   | 15 mg, 30 mg, 45 mg, 7.5 mg           | Mirtazapine ,Remeron                                   | 1               |     |
| Mirtazapine Oral Tablet Disintegrating  | 15 mg, 30 mg, 45 mg                   | Remeron SolTab   | 1               |     |
| Nefazodone Hcl Oral Tablet  | 100 mg, 150 mg, 200 mg, 250 mg, 50 mg | Serzone  | 2               |     |
| Perphenazine-Amitriptyline Oral Tablet  | 2-10 mg, 4-10 mg, 4-50 mg             | Duo-Vil 2-10 ,Duo-Vil 4-10 ,Perphenazine-Amitriptyline | 2               | PL1 |
| Perphenazine-Amitriptyline Oral Tablet  | 2-25 mg                               | Duo-Vil 2-25   | 1               | PL1 |
| Trazodone Hcl Oral Tablet   | 100 mg, 150 mg, 50 mg                 | Desyrel  | 1               |     |
| Trazodone Hcl Oral Tablet   | 300 mg                                | Desyrel  | 2               |     |
| Vilazodone Hcl Oral Tablet  | 10 mg, 20 mg, 40 mg                   | Viibryd  | 2               | ST  |
| <b><i>Monoamine Oxidase Inhibitors (Maois) (Inhibidores De Monoamina Oxidasa (Imao))</i></b>                            |                                       |  |                 |     |
| Emsam_transdermal Patch 24 Hour   | 12 mg/24hr, 6 mg/24hr, 9 mg/24hr      | Emsam  | 4               |     |
| Phenelzine Sulfate Oral Tablet  | 15 mg                                 | Nardil   | 2               |     |
| Tranlycypromine Sulfate Oral Tablet   | 10 mg                                 | Parnate  | 2               |     |
| <b><i>Serotonin/Norepinephrine Reuptake Inhibitor (Inhibidores De La Recaptacion De Serotonina Y Norepinefrina)</i></b> |                                       |  |                 |     |
| Citalopram Hydrobromide Oral Solution   | 10 mg/5ml                             | CeleXA   | 1               |     |
| Citalopram Hydrobromide Oral Solution   | 20 mg/10ml                            | CeleXA   | 2               |     |
| Citalopram Hydrobromide Oral Tablet   | 10 mg, 20 mg, 40 mg                   | CeleXA   | 1               |     |
| Desvenlafaxine Succinate Er Oral Tablet Extended Release 24 Hour  | 100 mg, 25 mg, 50 mg                  | Pristiq  | 2               |     |
| Duloxetine Hcl Oral Capsule Delayed Release Particles   | 20 mg, 30 mg, 60 mg                   | Cymbalta   | 1               |     |
| Duloxetine Hcl Oral Capsule Delayed Release Particles   | 40 mg                                 | Irenka   | 2               |     |
| Fluoxetine Hcl Oral Capsule   | 10 mg, 20 mg, 40 mg                   | PROzac   | 1               |     |
| Fluoxetine Hcl Oral Capsule Delayed Release   | 90 mg                                 | PROzac Weekly  | 2               |     |
| Fluoxetine Hcl Oral Solution  | 20 mg/5ml                             | PROzac   | 1               |     |
| Fluoxetine Hcl Oral Tablet  | 60 mg                                 | FLUoxetine HCl   | 2               |     |
| Fluoxetine Hcl Oral Tablet  | 10 mg                                 | PROzac   | 1               |     |
| Fluvoxamine Maleate Er Oral Capsule Extended Release 24 Hour  | 100 mg, 150 mg                        | Luvox CR   | 2               |     |
| Fluvoxamine Maleate Oral Tablet   | 100 mg, 25 mg, 50 mg                  | Luvox  | 1               |     |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion)                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|--|--|--|-----------------|----|
| Paroxetine Hcl Er Oral Tablet Extended Release 24 Hour   | 12.5 mg, 25 mg, 37.5 mg                    | Paxil CR                                       | 2               |    |
| Paroxetine Hcl Oral Suspension                           | 10 mg/5ml                                  | Paxil  | 2               | ST |
| Paroxetine Hcl Oral Tablet                               | 10 mg, 20 mg, 30 mg, 40 mg                 | Paxil  | 1               |    |
| Sertraline Hcl Oral Concentrate                          | 20 mg/ml                                   | Zoloft   | 1               |    |
| Sertraline Hcl Oral Tablet                               | 100 mg, 25 mg, 50 mg                       | Zoloft   | 1               |    |
| Venlafaxine Hcl Er Oral Capsule Extended Release 24 Hour | 150 mg, 37.5 mg, 75 mg                     | Effexor XR                                     | 1               |    |
| Venlafaxine Hcl Er Oral Tablet Extended Release 24 Hour  | 150 mg, 225 mg, 37.5 mg, 75 mg             | Venlafaxine HCl ER                             | 2               |    |
| Venlafaxine Hcl Oral Tablet                              | 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg       | Effexor  | 1               |    |
| <b>Tricyclics (Triciclicos)</b>                          |  |  |                 |    |
| Amitriptyline Hcl Oral Tablet                            | 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | Elavil   | 1               |    |
| Amoxapine Oral Tablet                                    | 100 mg, 150 mg, 25 mg, 50 mg               | Amoxapine ,Asendin                             | 1               |    |
| Clomipramine Hcl Oral Capsule                            | 25 mg, 50 mg, 75 mg                        | Anafranil                                      | 1               |    |
| Desipramine Hcl Oral Tablet                              | 10 mg, 25 mg, 50 mg, 75 mg                 | Norpramin                                      | 1               |    |
| Desipramine Hcl Oral Tablet                              | 100 mg, 150 mg                             | Norpramin                                      | 2               |    |
| Doxepin Hcl Oral Capsule                                 | 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | Adapin ,SINEquan                               | 1               |    |
| Doxepin Hcl Oral Concentrate                             | 10 mg/ml                                   | SINEquan                                       | 1               |    |
| Imipramine Hcl Oral Tablet                               | 10 mg, 25 mg, 50 mg                        | Tofranil                                       | 1               |    |
| Imipramine Pamoate Oral Capsule                          | 100 mg, 125 mg, 150 mg, 75 mg              | Tofranil-PM                                    | 2               |    |
| Nortriptyline Hcl Oral Capsule                           | 10 mg, 25 mg, 50 mg, 75 mg                 | Aventyl ,Pamelor                               | 1               |    |
| Nortriptyline Hcl Oral Solution                          | 10 mg/5ml                                  | Aventyl  | 1               |    |
| Protriptyline Hcl Oral Tablet                            | 10 mg, 5 mg                                | Vivactil                                       | 2               |    |
| <b>Antiemetics (Antiemeticos)</b>                        |  |  |                 |    |
| <i>Antiemetics, Other (Antiemeticos, Otros)</i>          |  |  |                 |    |
| Hydroxyzine Hcl Oral Syrup                               | 10 mg/5ml                                  | Atarax   | 2               |    |
| Hydroxyzine Hcl Oral Tablet                              | 10 mg, 25 mg, 50 mg                        | Atarax   | 1               |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|---------------------------|--|-----------------|------------------------|
| Hydroxyzine Pamoate Oral Capsule   | 25 mg, 50 mg              | Hy-Pam   | 1               |                        |
| Mecizine Hcl Oral Tablet   | 12.5 mg, 25 mg            | Antivert                                       | 1               |                        |
| Metoclopramide Hcl +rfid Injection Solution                                      | 5 mg/ml                   | Reglan   | 2               |                        |
| Metoclopramide Hcl Injection Solution  | 5 mg/ml                   | Reglan   | 2               |                        |
| Metoclopramide Hcl Oral Solution   | 5 mg/5ml                  | Metoclopramide HCl                             | 1               |                        |
| Metoclopramide Hcl Oral Solution   | 10 mg/10ml                | Metoclopramide HCl                             | 2               |                        |
| Metoclopramide Hcl Oral Tablet   | 10 mg, 5 mg               | Reglan   | 1               |                        |
| Promethazine Hcl Injection Solution  | 50 mg/ml                  | Anergan 50                                     | 2               |                        |
| Promethazine Hcl Injection Solution  | 25 mg/ml                  | Phenergan                                      | 1               |                        |
| Promethazine Hcl Oral Solution   | 12.5 mg/10ml, 6.25 mg/5ml | Proclan Pediatric                              | 2               |                        |
| Promethazine Hcl Oral Tablet   | 12.5 mg, 25 mg, 50 mg     | Phenergan                                      | 1               |                        |
| Promethazine Hcl Rectal Suppository  | 12.5 mg, 25 mg            | Phenergan                                      | 2               |                        |
| Promethazine-Dm Oral Syrup   | 6.25-15 mg/5ml            | Phenergan DM                                   | 2               |                        |
| Scopolamine Transdermal Patch 72 Hour  | 1 mg/3days                | Transderm-Scop                                 | 2               |                        |
| Tigan_intramuscular Solution   | 100 mg/ml                 | Tigan  | 4               |                        |
| Trimethobenzamide Hcl Oral Capsule   | 300 mg                    | Tigan  | 1               |                        |
| <b><i>Emetogenic Therapy Adjuncts (Adjuntivos De La Terapia Emetogenica)</i></b> |                           |  |                 |                        |
| Aprepitant Oral Capsule  | 40 mg                     | Emend  | 2               | QL(1 in 30 Days)       |
| Aprepitant Oral Capsule  | 125 mg                    | Emend  | 2               | QL(4 in 30 Days)       |
| Aprepitant Oral Capsule  | 80 mg                     | Emend  | 2               | QL(8 in 30 Days)       |
| Aprepitant Oral Capsule Therapy Pack   | 80 & 125 mg               | Emend TriPack                                  | 2               | QL(3 in 15 Days)       |
| Dronabinol Oral Capsule  | 10 mg, 2.5 mg, 5 mg       | Marinol  | 2               | QL(60 in 30 Days) , PA |
| Granisetron Hcl Oral Tablet  | 1 mg                      | Kytril   | 2               | QL(8 in 30 Days)       |
| Ondansetron Hcl Oral Solution  | 4 mg/5ml                  | Zofran   | 1               | QL(450 in 30 Days)     |
| Ondansetron Hcl Oral Tablet  | 4 mg                      | Zofran   | 1               | QL(120 in 30 Days)     |

| Product Name<br>(Nombre del Medicamento)      | Dosage<br>(Presentacion)      | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                   |
|---|-------------------------------|--|-----------------|----------------------|
| Ondansetron Hcl Oral Tablet                   | 8 mg                          | Zofran   | 1               | QL(60 in 30 Days)    |
| Ondansetron Hcl Oral Tablet                   | 24 mg                         | Zofran   | 2               | QL(30 in 30 Days)    |
| Ondansetron Oral Tablet Disintegrating        | 4 mg                          | Zofran ODT                                     | 1               | QL(120 in 30 Days)   |
| Ondansetron Oral Tablet Disintegrating        | 8 mg                          | Zofran ODT                                     | 1               | QL(60 in 30 Days)    |
| <b>Antifungals (Antifungales)</b>             |                               |  |                 |                      |
| <i>Antifungals (Antifungales)</i>             |                               |  |                 |                      |
| Ciclopirox External Gel                       | 0.77 %                        | Loprox   | 2               |                      |
| Ciclopirox External Shampoo                   | 1 %                           | Loprox   | 1               |                      |
| Ciclopirox External Solution                  | 8 %                           | Penlac   | 2               | QL(6.600 in 90 Days) |
| Ciclopirox Olamine External Cream             | 0.77 %                        | Loprox   | 2               |                      |
| Ciclopirox Olamine External Suspension        | 0.77 %                        | Ciclopirox Topical Suspension                  | 1               |                      |
| Clotrimazole External Cream                   | 1 %                           | Lotrimin                                       | 1               |                      |
| Clotrimazole External Solution                | 1 %                           | Lotrimin                                       | 2               |                      |
| Clotrimazole-Betamethasone External Cream     | 1-0.05 %                      | Lotrisone                                      | 1               |                      |
| Econazole Nitrate External Cream              | 1 %                           | Spectazole                                     | 1               |                      |
| Fluconazole Oral Suspension Reconstituted     | 10 mg/ml, 40 mg/ml            | Diflucan                                       | 1               |                      |
| Fluconazole Oral Tablet                       | 100 mg, 150 mg, 200 mg, 50 mg | Diflucan                                       | 1               |                      |
| Flucytosine Oral Capsule                      | 250 mg                        | Ancobon  | 2               |                      |
| Griseofulvin Microsize Oral Suspension        | 125 mg/5ml                    | Grifulvin V                                    | 1               |                      |
| Griseofulvin Microsize Oral Tablet            | 500 mg                        | Fulvicin U/F                                   | 2               |                      |
| Griseofulvin Ultramicrosize Oral Tablet       | 125 mg, 250 mg                | Fulvicin P/G                                   | 2               |                      |
| Hydrocortisone-Iodoquinol External Cream      | 1-1 %                         | Vytone   | 2               |                      |
| Iodoquinol-Hydrocortisone-Aloe External Cream | 1-1.9 %                       | Vytone   | 2               |                      |
| Itraconazole Oral Capsule                     | 100 mg                        | Sporanox                                       | 1               |                      |
| Itraconazole Oral Solution                    | 10 mg/ml                      | Sporanox                                       | 2               |                      |
| Ketoconazole External Cream                   | 2 %                           | Nizoral  | 1               |                      |
| Ketoconazole External Shampoo                 | 2 %                           | Nizoral  | 2               |                      |

| Product Name<br>(Nombre del Medicamento)                               | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|--------------------------|--|-----------------|--------------------|
| Ketoconazole Oral Tablet   | 200 mg                   | Nizoral  | 1               | PA                 |
| Luliconazole External Cream  | 1 %                      | Luzu   | 2               |                    |
| Miconazole-Zinc Oxide-Petrolat External Ointment                       | 0.25-15-81.35 %          | Vusion   | 2               |                    |
| Naftifine Hcl External Cream   | 2 %                      | Naftin   | 2               |                    |
| Nystatin External Cream  | 100000 unit/gm           | Mycostatin                                     | 1               |                    |
| Nystatin External Ointment   | 100000 unit/gm           | Nystex   | 2               |                    |
| Nystatin Oral Tablet   | 500000 unit              | Mycostatin                                     | 1               |                    |
| Nystatin-Triamcinolone External Cream                                  | 100000-0.1 unit/gm-%     | Myco-Triacet II                                | 1               |                    |
| Nystatin-Triamcinolone External Ointment                               | 100000-0.1 unit/gm-%     | Myco-Triacet II                                | 1               |                    |
| Posaconazole Oral Suspension   | 40 mg/ml                 | Noxafil  | 2               | PA                 |
| Sulconazole Nitrate External Cream                                     | 1 %                      | Exelderm                                       | 2               |                    |
| Sulconazole Nitrate External Solution                                  | 1 %                      | Exelderm                                       | 2               |                    |
| Tavaborole External Solution   | 5 %                      | Kerydin  | 2               |                    |
| Terbinafine Hcl Oral Tablet  | 250 mg                   | LamISIL  | 1               | QL(84 in 168 Days) |
| Terconazole Vaginal Cream  | 0.4 %, 0.8 %             | Terazol 3 ,Terazol 7                           | 2               |                    |
| Terconazole Vaginal Suppository  | 80 mg                    | Terazol 3                                      | 2               |                    |
| Voriconazole Oral Suspension Reconstituted                             | 40 mg/ml                 | Vfend  | 2               |                    |
| Voriconazole Oral Tablet   | 200 mg, 50 mg            | Vfend  | 2               |                    |
| <b>Antigout Agents (Agentes Contra La Gota)</b>                        |                          |  |                 |                    |
| <i>Antigout Agents (Agentes Contra La Gota)</i>                        |                          |  |                 |                    |
| Allopurinol Oral Tablet  | 100 mg, 300 mg           | Zyloprim                                       | 1               |                    |
| Colchicine Oral Tablet   | 0.6 mg                   | Colcrys  | 1               |                    |
| Colchicine-Probenecid Oral Tablet                                      | 0.5-500 mg               | Col-Probenecid                                 | 1               |                    |
| Febuxostat Oral Tablet   | 40 mg                    | Uloric   | 1               |                    |
| Febuxostat Oral Tablet   | 80 mg                    | Uloric   | 2               |                    |
| Probenecid Oral Tablet   | 500 mg                   | Probenecid                                     | 1               |                    |
| <b>Antimigraine Agents (Agentes Contra La Migraña)</b>                 |                          |  |                 |                    |
| <i>Ergot Alkaloids (Alcaloides De Ergot)</i>                           |                          |  |                 |                    |
| Dihydroergotamine Mesylate Injection Solution                          | 1 mg/ml                  | D.H.E. 45                                      | 2               |                    |
| Ergomar Sublingual Tablet Sublingual                                   | 2 mg                     | Ergomar  | 4               | QL(20 in 28 Days)  |
| <i>Migraine Products - Nsaids (Productos Para La Migraña - Nsaids)</i> |                          |  |                 |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|-----------------------------------|--|-----------------|------------------------|
| Diclofenac Potassium(Migraine) Oral Packet   | 50 mg                             | Cambia   | 2               | QL(9 in 30 Days)       |
| <i>Prophylactic (Profilacticos)</i>  |                                   |  |                 |                        |
| Emgality (300 Mg Dose) Subcutaneous Solution Prefilled Syringe                                       | 100 mg/ml                         | Emgality (300 MG Dose)                         | 5               | QL(3 in 30 Days) , PA  |
| Emgality Subcutaneous Solution Auto-Injector   | 120 mg/ml                         | Emgality                                       | 5               | QL(1 in 28 Days) , PA  |
| Emgality Subcutaneous Solution Prefilled Syringe   | 120 mg/ml                         | Emgality                                       | 5               | QL(1 in 28 Days) , PA  |
| Propranolol Hcl Er Oral Capsule Extended Release 24 Hour   | 120 mg, 160 mg, 60 mg, 80 mg      | Inderal LA                                     | 1               |                        |
| Propranolol Hcl Oral Solution  | 40 mg/5ml                         | Propranolol HCl                                | 1               |                        |
| Propranolol Hcl Oral Solution  | 20 mg/5ml                         | Propranolol HCl                                | 2               |                        |
| Propranolol Hcl Oral Tablet  | 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | Inderal  | 1               |                        |
| Ubrelvy Oral Tablet  | 100 mg, 50 mg                     | Ubrelvy  | 5               | QL(16 in 30 Days) , PA |
| Valproic Acid Oral Capsule   | 250 mg                            | Depakene                                       | 1               | PL1                    |
| Valproic Acid Oral Solution  | 250 mg/5ml                        | Depakene                                       | 2               | PL1                    |
| <i>Serotonin (5-Ht) 1b/1d Receptor Agonists (Agonistas De Receptores De Serotonina (5-Ht) 1b/1d)</i> |                                   |  |                 |                        |
| Almotriptan Malate Oral Tablet   | 12.5 mg, 6.25 mg                  | Axert  | 2               | QL(9 in 30 Days) , ST  |
| Eletriptan Hydrobromide Oral Tablet  | 20 mg, 40 mg                      | Relpax   | 2               | QL(9 in 30 Days) , ST  |
| Frovatriptan Succinate Oral Tablet   | 2.5 mg                            | Frova  | 2               | QL(9 in 30 Days) , ST  |
| Naratriptan Hcl Oral Tablet  | 1 mg, 2.5 mg                      | Amerge   | 2               | QL(9 in 30 Days)       |
| Rizatriptan Benzoate Oral Tablet   | 10 mg, 5 mg                       | Maxalt   | 2               | QL(9 in 30 Days)       |
| Rizatriptan Benzoate Oral Tablet Disintegrating  | 10 mg, 5 mg                       | Maxalt-MLT                                     | 2               | QL(9 in 30 Days)       |
| Sumatriptan Succinate Oral Tablet  | 100 mg, 25 mg, 50 mg              | Imitrex  | 2               | QL(9 in 30 Days)       |
| Sumatriptan Succinate Subcutaneous Solution  | 6 mg/0.5ml                        | SUMAtriptan Succinate                          | 2               | QL(4 in 30 Days)       |
| Zolmitriptan Oral Tablet   | 2.5 mg, 5 mg                      | Zomig  | 2               | QL(9 in 30 Days)       |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion)                    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM               |
|---|---|--|-----------------|------------------|
| Zolmitriptan Oral Tablet Disintegrating                     | 2.5 mg, 5 mg                                | Zomig ZMT                                      | 2               | QL(9 in 30 Days) |
| <b>Antimyasthenic Agents (Agentes Antimiastenia)</b>        |   |  |                 |                  |
| <i>Parasympathomimetics (Parasimpatomimeticos)</i>          |   |  |                 |                  |
| Pyridostigmine Bromide Er Oral Tablet Extended Release      | 180 mg                                      | Mestinon                                       | 2               |                  |
| Pyridostigmine Bromide Oral Solution                        | 60 mg/5ml                                   | Mestinon                                       | 2               |                  |
| Pyridostigmine Bromide Oral Tablet                          | 60 mg                                       | Mestinon                                       | 1               |                  |
| Pyridostigmine Bromide Oral Tablet                          | 30 mg                                       | pyRIDostigmine Bromide                         | 2               |                  |
| <b>Antimycobacterials (Antimicobacterias)</b>               |   |  |                 |                  |
| <i>Antimycobacterials, Other (Antimicobacterias, Otros)</i> |   |  |                 |                  |
| Dapsone Oral Tablet   | 100 mg, 25 mg                               | Dapsone  | 2               |                  |
| Rifabutin Oral Capsule                                      | 150 mg                                      | Mycobutin                                      | 2               |                  |
| <i>Antituberculars (Antituberculares)</i>                   |   |  |                 |                  |
| Cycloserine Oral Capsule                                    | 250 mg                                      | Seromycin                                      | 5               | PA               |
| Ethambutol Hcl Oral Tablet                                  | 100 mg, 400 mg                              | Myambutol                                      | 1               |                  |
| Isoniazid Oral Syrup  | 50 mg/5ml                                   | Isoniazid                                      | 1               |                  |
| Isoniazid Oral Tablet                                       | 100 mg, 300 mg                              | Laniazid ,Tubizid                              | 1               |                  |
| Pretomanid Oral Tablet                                      | 200 mg                                      | Pretomanid                                     | 2               | PA               |
| Priftin Oral Tablet   | 150 mg                                      | Priftin  | 3               |                  |
| Pyrazinamide Oral Tablet                                    | 500 mg                                      | Pyrazinamide                                   | 1               |                  |
| Rifampin Oral Capsule                                       | 150 mg, 300 mg                              | Rifadin  | 1               |                  |
| Sirturo Oral Tablet   | 100 mg, 20 mg                               | Sirturo  | 5               | PA               |
| <b>Antineoplastics (Antineoplasticos)</b>                   |   |  |                 |                  |
| <i>Alkylating Agents (Agentes Alquilantes)</i>              |   |  |                 |                  |
| Cyclophosphamide Oral Capsule                               | 25 mg, 50 mg                                | cycloPHOSphamide                               | 5               |                  |
| Cyclophosphamide Oral Tablet                                | 50 mg                                       | Cytoxan  | 5               |                  |
| Leukeran Oral Tablet  | 2 mg  | Leukeran                                       | 5               | PA               |
| Lomustine Oral Capsule                                      | 10 mg, 100 mg, 40 mg                        | CeeNU  | 5               |                  |
| Matulane Oral Capsule                                       | 50 mg                                       | Matulane                                       | 5               |                  |
| Myleran Oral Tablet   | 2 mg  | Myleran  | 5               |                  |
| Temozolomide Oral Capsule                                   | 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg | Temodar  | 5               | PA               |
| <i>Antiangiogenic Agents (Agentes Antiangiogenicos)</i>     |   |  |                 |                  |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                        | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|---|--|-----------------|------------------------|
| Lenalidomide Oral Capsule   | 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg        | Revlimid                                       | 5               | PA                     |
| Pomalidomide Oral Capsule   | 1 mg, 2 mg, 3 mg, 4 mg                          | Pomalyst                                       | 5               | QL(21 in 28 Days) , PA |
| Rezurock Oral Tablet  | 200 mg  | Rezurock                                       | 6               | QL(60 in 30 Days) , PA |
| <b>Antiestrogens/Modifiers (Antiestrogenos / Modificadores)</b>   |   |  |                 |                        |
| Megestrol Acetate Oral Suspension   | 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml  | Megace ,Megace ES                              | 2               |                        |
| Megestrol Acetate Oral Tablet   | 20 mg, 40 mg                                    | Megace   | 2               |                        |
| Soltamox Oral Solution  | 10 mg/5ml                                       | Soltamox                                       | 6               |                        |
| Toremifene Citrate Oral Tablet  | 60 mg   | Fareston                                       | 5               |                        |
| <b>Antimetabolites (Antimetabolitos)</b>  |   |  |                 |                        |
| Capecitabine Oral Tablet  | 150 mg, 500 mg                                  | Xeloda   | 5               | PA                     |
| Droxia Oral Capsule   | 200 mg, 300 mg, 400 mg                          | Droxia   | 3               |                        |
| Hydroxyurea Oral Capsule  | 500 mg  | Hydrea   | 1               |                        |
| Mercaptopurine Oral Tablet  | 50 mg   | Purinethol                                     | 5               |                        |
| Methotrexate Sodium (Pf) Injection Solution   | 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | Methotrexate Sodium (PF)                       | 2               |                        |
| Methotrexate Sodium Injection Solution  | 250 mg/10ml, 50 mg/2ml                          | Methotrexate Sodium                            | 2               |                        |
| <b>Antineoplastic - Hypoxia-Inducible Factor Inhibitors (Antineoplásicos: Inhibidores Del Factor Inducible Por Hipoxia)</b> |   |  |                 |                        |
| Welireg Oral Tablet   | 40 mg   | Welireg  | 6               | QL(90 in 30 Days) , PA |
| <b>Antineoplastics, Other (Antineoplasicos, Otros)</b>  |   |  |                 |                        |
| Leucovorin Calcium Oral Tablet  | 5 mg  | Lederle Leucovorin                             | 1               |                        |
| Leucovorin Calcium Oral Tablet  | 10 mg, 15 mg, 25 mg                             | Leucovorin Calcium                             | 2               |                        |
| Mesna_oral Tablet   | 400 mg  | Mesnex   | 5               |                        |
| Verzenio Oral Tablet  | 100 mg, 150 mg, 200 mg, 50 mg                   | Verzenio                                       | 5               | PA                     |
| <b>Aromatase Inhibitors, 3rd Generation (Inhibidores De Aromatasa - 3ra Generacion)</b>                                     |   |  |                 |                        |
| Anastrozole Oral Tablet   | 1 mg  | Arimidex                                       | 1               |                        |
| Exemestane Oral Tablet  | 25 mg   | Aromasin                                       | 1               |                        |
| Letrozole Oral Tablet   | 2.5 mg  | Femara   | 1               |                        |
| <b>Enzyme Inhibitors (Inhibidores De Enzimas)</b>   |   |  |                 |                        |
| Etoposide Oral Capsule  | 50 mg   | VePesid  | 5               |                        |
| Hycamtin Oral Capsule   | 0.25 mg, 1 mg                                   | Hycamtin                                       | 5               |                        |

| Product Name<br>(Nombre del Medicamento)                               | Dosage<br>(Presentacion)    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|--|-----------------------------|--|-----------------|-------------------------|
| <i>Molecular Target Inhibitors (Inhibidores De Objetivo Molecular)</i> |                             |  |                 |                         |
| Alecensa Oral Capsule  | 150 mg                      | Alecensa                                       | 5               | PA                      |
| Alunbrig Oral Tablet   | 180 mg, 30 mg, 90 mg        | Alunbrig                                       | 5               | PA                      |
| Alunbrig Oral Tablet Therapy Pack                                      | 90 & 180 mg                 | Alunbrig                                       | 5               | PA                      |
| Balversa Oral Tablet   | 5 mg                        | Balversa                                       | 5               | QL(30 in 30 Days) , PA  |
| Balversa Oral Tablet   | 4 mg                        | Balversa                                       | 5               | QL(60 in 30 Days) , PA  |
| Balversa Oral Tablet   | 3 mg                        | Balversa                                       | 5               | QL(90 in 30 Days) , PA  |
| Bosulif Oral Tablet  | 100 mg                      | Bosulif  | 5               | QL(120 in 30 Days) , PA |
| Bosulif Oral Tablet  | 400 mg, 500 mg              | Bosulif  | 5               | QL(30 in 30 Days) , PA  |
| Brukinsa Oral Capsule  | 80 mg                       | Brukinsa                                       | 5               | PA                      |
| Cabometyx Oral Tablet  | 20 mg, 40 mg, 60 mg         | Cabometyx                                      | 5               | PA                      |
| Cometriq (100 Mg Daily Dose) Oral Kit                                  | 80 & 20 mg                  | Cometriq (100 MG Daily Dose)                   | 5               | QL(60 in 30 Days) , PA  |
| Cometriq (140 Mg Daily Dose) Oral Kit                                  | 3 x 20 mg & 80 mg           | Cometriq (140 MG Daily Dose)                   | 5               | QL(120 in 30 Days) , PA |
| Cometriq (60 Mg Daily Dose) Oral Kit                                   | 20 mg                       | Cometriq (60 MG Daily Dose)                    | 5               | QL(90 in 30 Days) , PA  |
| Cotellic Oral Tablet   | 20 mg                       | Cotellic                                       | 5               | PA                      |
| Danziten Oral Tablet   | 71 mg, 95 mg                | Danziten                                       | 6               | PA                      |
| Dasatinib Oral Tablet  | 140 mg                      | Sprycel  | 5               | QL(30 in 30 Days) , PA  |
| Dasatinib Oral Tablet  | 100 mg, 50 mg, 70 mg, 80 mg | Sprycel  | 5               | QL(60 in 30 Days) , PA  |
| Dasatinib Oral Tablet  | 20 mg                       | Sprycel  | 5               | QL(90 in 30 Days) , PA  |
| Daurismo Oral Tablet   | 100 mg, 25 mg               | Daurismo                                       | 6               | PA                      |
| Erivedge Oral Capsule  | 150 mg                      | Erivedge                                       | 5               | QL(30 in 30 Days)       |
| Erlotinib Hcl Oral Tablet  | 100 mg, 150 mg, 25 mg       | Tarceva  | 5               | PA                      |
| Gefitinib Oral Tablet  | 250 mg                      | Iressa   | 5               | PA                      |
| Gilotrif Oral Tablet   | 20 mg, 30 mg, 40 mg         | Gilotrif                                       | 5               | PA                      |

| Product Name<br>(Nombre del Medicamento) | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|--|----------------------------------|--|-----------------|-------------------------|
| Idhifa Oral Tablet                       | 100 mg, 50 mg                    | IDHIFA   | 5               | QL(30 in 30 Days) , PA  |
| Imatinib Mesylate Oral Tablet            | 400 mg                           | Gleevec  | 5               | QL(60 in 30 Days) , PA  |
| Imatinib Mesylate Oral Tablet            | 100 mg                           | Gleevec  | 5               | QL(90 in 30 Days) , PA  |
| Imbruvica Oral Capsule                   | 140 mg                           | Imbruvica                                      | 5               | QL(120 in 30 Days) , PA |
| Imbruvica Oral Capsule                   | 70 mg                            | Imbruvica                                      | 5               | QL(28 in 28 Days) , PA  |
| Imbruvica Oral Suspension                | 70 mg/ml                         | Imbruvica                                      | 5               | PA                      |
| Imbruvica Oral Tablet                    | 140 mg, 280 mg, 420 mg           | Imbruvica                                      | 5               | QL(28 in 28 Days) , PA  |
| Jakafi Oral Tablet                       | 10 mg, 15 mg, 20 mg, 25 mg, 5 mg | Jakafi   | 5               | QL(60 in 30 Days) , PA  |
| Lapatinib Ditosylate Oral Tablet         | 250 mg                           | Tykerb   | 5               | QL(180 in 30 Days) , PA |
| Lorbrena Oral Tablet                     | 100 mg                           | Lorbrena                                       | 5               | PA                      |
| Lorbrena Oral Tablet                     | 25 mg                            | Lorbrena                                       | 5               | QL(120 in 30 Days) , PA |
| Mekinist Oral Solution Reconstituted     | 0.05 mg/ml                       | Mekinist                                       | 5               | PA                      |
| Mekinist Oral Tablet                     | 0.5 mg, 2 mg                     | Mekinist                                       | 5               | PA                      |
| Nerlynx Oral Tablet                      | 40 mg                            | Nerlynx  | 5               | PA                      |
| Nilotinib D-Tartrate Oral Capsule        | 150 mg, 200 mg, 50 mg            | Nilotinib D-Tartrate                           | 6               | PA                      |
| Nilotinib Hcl Oral Capsule               | 150 mg, 200 mg, 50 mg            | Tasigna  | 5               | QL(120 in 30 DAYS) , PA |
| Pazopanib Hcl Oral Tablet                | 200 mg                           | Votrient                                       | 5               | QL(120 in 30 Days) , PA |
| Rydapt Oral Capsule                      | 25 mg                            | Rydapt   | 5               | PA                      |
| Sorafenib Tosylate Oral Tablet           | 200 mg                           | NexAVAR  | 5               | QL(30 in 30 Days) , PA  |
| Stivarga Oral Tablet                     | 40 mg                            | Stivarga                                       | 5               | PA                      |
| Sunitinib Malate Oral Capsule            | 12.5 mg, 25 mg, 37.5 mg, 50 mg   | Sutent   | 5               | PA                      |
| Tibsovo Oral Tablet                      | 250 mg                           | Tibsovo  | 5               | PA                      |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|---|--------------------------|--|-----------------|-------------------------|
| Tukysa Oral Tablet  | 150 mg, 50 mg            | Tukysa   | 6               | QL(120 in 30 Days) , PA |
| Venclexta Oral Tablet                                     | 10 mg, 100 mg, 50 mg     | Venclexta                                      | 5               | PA                      |
| Venclexta Starting Pack Oral Tablet Therapy Pack          | 10 & 50 & 100 mg         | Venclexta Starting Pack                        | 5               | PA                      |
| Zejula Oral Tablet  | 100 mg, 200 mg, 300 mg   | Zejula   | 5               | PA                      |
| Zelboraf Oral Tablet                                      | 240 mg                   | Zelboraf                                       | 5               | PA                      |
| Zydelig Oral Tablet                                       | 100 mg, 150 mg           | Zydelig  | 5               | QL(60 in 30 Days) , PA  |
| Zykadia Oral Tablet                                       | 150 mg                   | Zykadia  | 5               | PA                      |
| <b>Retinoids (Retinoides)</b>                             |                          |  |                 |                         |
| Bexarotene Oral Capsule                                   | 75 mg                    | Targretin                                      | 5               |                         |
| Tretinoin Oral Capsule                                    | 10 mg                    | Vesanoid                                       | 2               |                         |
| <b>Antiparasitics (Antiparasiticos)</b>                   |                          |  |                 |                         |
| <b>Anthelmintics (Antihelminticos)</b>                    |                          |  |                 |                         |
| Albendazole Oral Tablet                                   | 200 mg                   | Albenza  | 2               | PA                      |
| Benznidazole Oral Tablet                                  | 100 mg, 12.5 mg          | Benznidazole                                   | 2               |                         |
| Ivermectin Oral Tablet                                    | 3 mg                     | Stromectol                                     | 2               |                         |
| Praziquantel Oral Tablet                                  | 600 mg                   | Biltricide                                     | 2               |                         |
| <b>Antiprotozoals (Antiprotozoarios)</b>                  |                          |  |                 |                         |
| Atovaquone Oral Suspension                                | 750 mg/5ml               | Mepron   | 2               |                         |
| Atovaquone-Proguanil Hcl Oral Tablet                      | 250-100 mg, 62.5-25 mg   | Malarone                                       | 2               |                         |
| Chloroquine Phosphate Oral Tablet                         | 250 mg, 500 mg           | Aralen ,Chloroquine Phosphate                  | 2               |                         |
| Hydroxychloroquine Sulfate Oral Tablet                    | 100 mg, 300 mg, 400 mg   | Hydroxychloroquine Sulfate ,Sovuna             | 2               |                         |
| Hydroxychloroquine Sulfate Oral Tablet                    | 200 mg                   | Plaquenil                                      | 1               |                         |
| Krintafel Oral Tablet                                     | 150 mg                   | Krintafel                                      | 4               |                         |
| Mefloquine Hcl Oral Tablet                                | 250 mg                   | Lariam   | 2               |                         |
| Nitazoxanide Oral Tablet                                  | 500 mg                   | Alinia   | 2               |                         |
| Pentamidine Isethionate Inhalation Solution Reconstituted | 300 mg                   | Nebupent                                       | 2               |                         |
| Primaquine Phosphate Oral Tablet                          | 26.3 (15 base) mg        | Primaquine Phosphate                           | 2               |                         |
| Pyrimethamine Oral Tablet                                 | 25 mg                    | Daraprim                                       | 5               | PA                      |
| Quinine Sulfate Oral Capsule                              | 324 mg                   | Qualaquin                                      | 2               |                         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                                  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|---|--|-----------------|----|
| Tinidazole Oral Tablet  | 250 mg, 500 mg  | Tindamax                                       | 2               |    |
| <b><i>Pediculicides/Scabicides (Pediculicidas / Escabicidas)</i></b>  |   |  |                 |    |
| Malathion External Lotion   | 0.5 %   | Ovide  | 2               |    |
| Permethrin External Cream   | 5 %   | Elimite  | 2               |    |
| <b>Antiparkinson Agents (Agentes Antiparkinson)</b>   |   |  |                 |    |
| <b><i>Anticholinergics (Anticolinergicos)</i></b>   |   |  |                 |    |
| Benztropine Mesylate Injection Solution   | 1 mg/ml   | Cogentin                                       | 2               |    |
| Benztropine Mesylate Oral Tablet  | 0.5 mg, 1 mg, 2 mg  | Cogentin                                       | 1               |    |
| Trihexyphenidyl Hcl Oral Solution   | 0.4 mg/ml   | Trihexyphenidyl HCl                            | 2               |    |
| Trihexyphenidyl Hcl Oral Tablet   | 2 mg, 5 mg  | Artane   | 1               |    |
| <b><i>Antiparkinson Agents, Other (Agentes Antiparkinson, Otros)</i></b>  |   |  |                 |    |
| Amantadine Hcl Oral Capsule   | 100 mg  | Amantadine HCl                                 | 1               |    |
| Amantadine Hcl Oral Solution  | 100 mg/10ml, 50 mg/5ml                                    | Amantadine HCl                                 | 2               |    |
| Amantadine Hcl Oral Tablet  | 100 mg  | Symmetrel                                      | 1               |    |
| Entacapone Oral Tablet  | 200 mg  | Comtan   | 2               |    |
| <b><i>Dopamine Agonists (Agonistas De Dopamina)</i></b>   |   |  |                 |    |
| Bromocriptine Mesylate Oral Capsule   | 5 mg  | Parlodel                                       | 2               |    |
| Bromocriptine Mesylate Oral Tablet  | 2.5 mg  | Parlodel                                       | 2               |    |
| Pramipexole Dihydrochloride Er Oral Tablet Extended Release 24 Hour   | 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg | Mirapex ER                                     | 2               |    |
| Pramipexole Dihydrochloride Oral Tablet   | 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg          | Mirapex  | 1               |    |
| Ropinirole Hcl Er Oral Tablet Extended Release 24 Hour  | 12 mg, 2 mg, 4 mg, 6 mg, 8 mg                             | Requip XL                                      | 2               |    |
| Ropinirole Hcl Oral Tablet  | 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg             | Requip   | 1               |    |
| <b><i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors (Inhibidores De Precursores De Dopamina / L-Amino Acidos De Decarboxilasa)</i></b> |   |  |                 |    |
| Carbidopa Oral Tablet   | 25 mg   | Lodosyn  | 2               |    |
| Carbidopa-Levodopa Er Oral Tablet Extended Release  | 25-100 mg, 50-200 mg                                      | Sinemet CR                                     | 1               |    |
| Carbidopa-Levodopa Oral Tablet  | 10-100 mg, 25-100 mg, 25-250 mg                           | Sinemet  | 1               |    |
| Carbidopa-Levodopa Oral Tablet Disintegrating   | 10-100 mg, 25-100 mg, 25-250 mg                           | Parcopa  | 2               |    |
| <b><i>Monoamine Oxidase B (Mao-B) Inhibitors (Inhibidores De Monoamina Oxidasa B (Imao-B))</i></b>  |   |  |                 |    |

| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|--|--|--|-----------------|-------------------|
| Rasagiline Mesylate Oral Tablet                                | 0.5 mg, 1 mg                           | Azilect  | 2               | QL(30 in 30 Days) |
| Selegiline Hcl Oral Capsule                                    | 5 mg                                   | Eldepryl                                       | 1               |                   |
| Selegiline Hcl Oral Tablet                                     | 5 mg                                   | Carbex   | 1               |                   |
| <b>Antipsychotics (Antipsicoticos)</b>                         |  |  |                 |                   |
| <i>1st Generation/Typical (Primera Generacion / Tipicos)</i>   |  |  |                 |                   |
| Chlorpromazine Hcl Injection Solution                          | 25 mg/ml, 50 mg/2ml                    | chlorproMAZINE HCl ,Thorazine                  | 2               |                   |
| Chlorpromazine Hcl Oral Tablet                                 | 10 mg, 100 mg, 200 mg, 25 mg           | Thorazine                                      | 1               |                   |
| Chlorpromazine Hcl Oral Tablet                                 | 50 mg                                  | Thorazine                                      | 2               |                   |
| Fluphenazine Decanoate Injection Solution                      | 25 mg/ml                               | Prolixin Decanoate                             | 2               |                   |
| Fluphenazine Hcl Injection Solution                            | 2.5 mg/ml                              | Prolixin                                       | 2               |                   |
| Fluphenazine Hcl Oral Concentrate                              | 5 mg/ml                                | Permitil                                       | 2               |                   |
| Fluphenazine Hcl Oral Elixir                                   | 2.5 mg/5ml                             | Prolixin                                       | 2               |                   |
| Fluphenazine Hcl Oral Tablet                                   | 1 mg, 10 mg, 2.5 mg, 5 mg              | Permitil ,Prolixin                             | 1               |                   |
| Haloperidol Decanoate Intramuscular Solution                   | 100 mg/ml, 50 mg/ml                    | Haldol Decanoate                               | 2               |                   |
| Haloperidol Lactate Injection Solution                         | 5 mg/ml                                | Haldol   | 2               |                   |
| Haloperidol Lactate Oral Concentrate                           | 2 mg/ml                                | Haldol   | 1               |                   |
| Haloperidol Oral Tablet  | 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | Haloperidol                                    | 1               |                   |
| Loxapine Succinate Oral Capsule                                | 10 mg, 25 mg, 5 mg, 50 mg              | Loxitane                                       | 2               |                   |
| Perphenazine Oral Tablet                                       | 16 mg, 2 mg, 4 mg, 8 mg                | Trilafon                                       | 1               |                   |
| Pimozide Oral Tablet   | 1 mg, 2 mg                             | Orap   | 2               |                   |
| Prochlorperazine Edisylate Injection Solution                  | 10 mg/2ml                              | Prochlorperazine Edisylate                     | 2               |                   |
| Prochlorperazine Maleate Oral Tablet                           | 10 mg, 5 mg                            | Compazine                                      | 1               |                   |
| Prochlorperazine Rectal Suppository                            | 25 mg                                  | Compazine                                      | 2               |                   |
| Thioridazine Hcl Oral Tablet                                   | 10 mg, 100 mg, 25 mg, 50 mg            | Mellaril                                       | 1               |                   |
| Thiothixene Oral Capsule                                       | 1 mg, 10 mg, 2 mg, 5 mg                | Navane   | 1               |                   |
| Trifluoperazine Hcl Oral Tablet                                | 1 mg, 10 mg, 2 mg, 5 mg                | Stelazine                                      | 1               |                   |
| <i>2nd Generation/Atypical (Segunda Generacion / Atipicos)</i> |  |  |                 |                   |
| Asenapine Maleate Sublingual Tablet Sublingual                 | 10 mg, 2.5 mg, 5 mg                    | Saphris  | 2               |                   |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                     | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                    |
|---|--|--|-----------------|-----------------------|
| Olanzapine Intramuscular Solution Reconstituted   | 10 mg  | ZyPREXA  | 2               | QL(30 in 30 Days)     |
| Olanzapine Oral Tablet  | 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg    | ZyPREXA  | 1               |                       |
| Olanzapine Oral Tablet Disintegrating   | 10 mg, 15 mg, 20 mg, 5 mg                    | ZyPREXA Zydis                                  | 2               |                       |
| Quetiapine Fumarate Oral Tablet   | 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | SEROquel                                       | 1               |                       |
| Risperidone Microspheres Er Intramuscular Suspension Reconstituted Er   | 12.5 mg, 25 mg, 37.5 mg, 50 mg               | RisperDAL Consta                               | 2               | QL(2 in 28 Days) , PA |
| Risperidone Oral Solution   | 1 mg/ml                                      | RisperDAL                                      | 1               |                       |
| Risperidone Oral Tablet   | 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg      | RisperDAL                                      | 1               |                       |
| Risperidone Oral Tablet Disintegrating  | 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg      | RisperDAL M-TAB ,risperIDONE                   | 2               |                       |
| Ziprasidone Hcl Oral Capsule  | 20 mg, 40 mg, 60 mg, 80 mg                   | Geodon   | 1               |                       |
| Ziprasidone Mesylate Intramuscular Solution Reconstituted   | 20 mg  | Geodon   | 2               | QL(60 in 30 Days)     |
| <b>Treatment-Resistant (Resistente A Tratamiento)</b>   |  |  |                 |                       |
| Clozapine Oral Tablet   | 100 mg, 25 mg                                | Clozaril                                       | 1               |                       |
| Clozapine Oral Tablet   | 200 mg, 50 mg                                | Clozaril                                       | 2               |                       |
| Clozapine Oral Tablet Disintegrating  | 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg       | FazaClo  | 2               |                       |
| <b>Antispasticity Agents (Agentes Antiespasticidad)</b>   |  |  |                 |                       |
| <i>Antispasticity Agents (Agentes Antiespasticidad)</i>   |  |  |                 |                       |
| Baclofen Oral Tablet  | 15 mg, 5 mg                                  | Baclofen                                       | 2               |                       |
| Baclofen Oral Tablet  | 10 mg, 20 mg                                 | Lioresal                                       | 1               |                       |
| Dantrolene Sodium Oral Capsule  | 100 mg, 50 mg                                | Dantrium                                       | 1               |                       |
| Dantrolene Sodium Oral Capsule  | 25 mg  | Dantrium                                       | 2               |                       |
| Tizanidine Hcl Oral Tablet  | 2 mg, 4 mg                                   | Zanaflex                                       | 1               |                       |
| <b>Antivirals (Antivirales)</b>   |  |  |                 |                       |
| <i>Anti-Cytomegalovirus (Cmv) Agents (Agentes Anti-Citomegalovirus (Cmv))</i>   |  |  |                 |                       |
| Valganciclovir Hcl Oral Solution Reconstituted  | 50 mg/ml                                     | Valcyte  | 2               |                       |
| Valganciclovir Hcl Oral Tablet  | 450 mg                                       | Valcyte  | 2               |                       |
| <i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) (Agentes Anti-Hiv, Inhibidores De La Transcriptasa Reversa No-Nucleosida)</i> |  |  |                 |                       |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)           | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|------------------------------------|--|-----------------|------------------------|
| Efavirenz Oral Tablet   | 600 mg                             | Sustiva  | 5               | QL(30 in 30 Days)      |
| Efavirenz-Emtricitab-Tenofo Df Oral Tablet  | 600-200-300 mg                     | Atripla  | 5               | QL(30 in 30 Days)      |
| Etravirine Oral Tablet  | 100 mg, 200 mg                     | Intelence                                      | 5               | QL(120 in 30 Days)     |
| Nevirapine Er Oral Tablet Extended Release 24 Hour  | 400 mg                             | Viramune XR                                    | 5               | QL(30 in 30 Days)      |
| Nevirapine Oral Suspension  | 50 mg/5ml                          | Viramune                                       | 5               | QL(1200 in 30 Days)    |
| Nevirapine Oral Tablet  | 200 mg                             | Viramune                                       | 5               | QL(60 in 30 Days)      |
| <i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) (Agentes Anti-Hiv, Inhibidores De La Transcriptasa Reversa Nucleosida Y Nucleotida)</i> |                                    |  |                 |                        |
| Abacavir Sulfate Oral Solution  | 20 mg/ml                           | Ziagen   | 5               | QL(960 in 30 Days)     |
| Abacavir Sulfate Oral Tablet  | 300 mg                             | Ziagen   | 5               | QL(60 in 30 Days)      |
| Biktarvy Oral Tablet  | 30-120-15 mg, 50-200-25 mg         | Biktarvy                                       | 5               | QL(30 in 30 Days)      |
| Efavirenz-Lamivudine-Tenofovir Oral Tablet  | 400-300-300 mg, 600-300-300 mg     | Symfi ,Symfi Lo                                | 5               | QL(30 in 30 Days)      |
| Emtricitabine Oral Capsule  | 200 mg                             | Emtriva  | 5               | QL(30 in 30 Days)      |
| Emtricitabine-Tenofovir Df Oral Tablet  | 200-300 mg                         | Truvada  | 5               | QL(30 in 30 Days)      |
| Emtricitabine-Tenofovir Df Oral Tablet  | 100-150 mg, 133-200 mg, 167-250 mg | Truvada  | 5               | QL(30 in 30 Days) , PA |
| Lamivudine-Zidovudine Oral Tablet   | 150-300 mg                         | Combivir                                       | 5               | QL(60 in 30 Days)      |
| Odefsey Oral Tablet   | 200-25-25 mg                       | Odefsey  | 5               | QL(30 in 30 Days)      |
| Tenofovir Disoproxil Fumarate Oral Tablet   | 300 mg                             | Viread   | 5               | QL(30 in 30 Days)      |
| Zidovudine Oral Capsule   | 100 mg                             | Retrovir                                       | 5               | QL(180 in 30 Days)     |
| Zidovudine Oral Syrup   | 50 mg/5ml                          | Retrovir                                       | 5               | QL(1680 in 28 Days)    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                  |
|---|--------------------------|--|-----------------|---------------------|
| Zidovudine Oral Tablet  | 300 mg                   | Retrovir                                       | 5               | QL(60 in 30 Days)   |
| <i>Anti-Hiv Agents, Other (Agentes Contra Vih, Otros)</i>                                 |                          |  |                 |                     |
| Isentress Hd Oral Tablet  | 600 mg                   | Isentress HD                                   | 5               | QL(60 in 30 Days)   |
| Isentress Oral Packet   | 100 mg                   | Isentress                                      | 5               |                     |
| Isentress Oral Tablet   | 400 mg                   | Isentress                                      | 5               | QL(60 in 30 Days)   |
| Isentress Oral Tablet Chewable  | 100 mg, 25 mg            | Isentress                                      | 5               |                     |
| Maraviroc Oral Tablet   | 300 mg                   | Selzentry                                      | 5               | QL(120 in 30 Days)  |
| Maraviroc Oral Tablet   | 150 mg                   | Selzentry                                      | 5               | QL(60 in 30 Days)   |
| Selzentry Oral Solution   | 20 mg/ml                 | Selzentry                                      | 5               | QL(1800 in 30 Days) |
| Tivicay Oral Tablet   | 50 mg                    | Tivicay  | 5               | QL(60 in 30 Days)   |
| Tivicay Pd Oral Tablet Soluble  | 5 mg                     | Tivicay PD                                     | 5               | QL(360 in 30 Days)  |
| Triumeq Oral Tablet   | 600-50-300 mg            | Triumeq  | 5               | QL(30 in 30 Days)   |
| Triumeq Pd Oral Tablet Soluble  | 60-5-30 mg               | Triumeq PD                                     | 5               | QL(180 in 30 Days)  |
| <i>Anti-Hiv Agents, Protease Inhibitors (Agentes Contra Vih, Inhibidores De Proteasa)</i> |                          |  |                 |                     |
| Aptivus Oral Capsule  | 250 mg                   | Aptivus  | 5               | QL(120 in 30 Days)  |
| Atazanavir Sulfate Oral Capsule   | 300 mg                   | Reyataz  | 5               | QL(30 in 30 Days)   |
| Atazanavir Sulfate Oral Capsule   | 150 mg, 200 mg           | Reyataz  | 5               | QL(60 in 30 Days)   |
| Darunavir Oral Tablet   | 800 mg                   | Prezista                                       | 5               | QL(30 in 30 Days)   |
| Darunavir Oral Tablet   | 600 mg                   | Prezista                                       | 5               | QL(60 in 30 Days)   |
| Evotaz Oral Tablet  | 300-150 mg               | Evotaz   | 6               | QL(30 in 30 Days)   |
| Fosamprenavir Calcium Oral Tablet   | 700 mg                   | Lexiva   | 5               | QL(120 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)                     | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|--|--------------------------|--|-----------------|-------------------------|
| Kaletra Oral Solution  | 400-100 mg/5ml           | Kaletra  | 6               | QL(300 in 30 DAYS)      |
| Lopinavir-Ritonavir Oral Tablet                              | 100-25 mg                | Kaletra  | 5               |                         |
| Lopinavir-Ritonavir Oral Tablet                              | 200-50 mg                | Kaletra  | 5               | QL(120 in 30 Days)      |
| Norvir Oral Packet   | 100 mg                   | Norvir   | 5               |                         |
| Reyataz Oral Packet  | 50 mg                    | Reyataz  | 5               | QL(180 in 30 Days)      |
| Ritonavir Oral Tablet  | 100 mg                   | Norvir   | 5               |                         |
| Symtuza Oral Tablet  | 800-150-200-10 mg        | Symtuza  | 5               | QL(30 in 30 Days)       |
| Viracept Oral Tablet   | 625 mg                   | Viracept                                       | 5               | QL(120 in 30 Days)      |
| Viracept Oral Tablet   | 250 mg                   | Viracept                                       | 5               | QL(300 in 30 Days)      |
| <b>Anti-Influenza Agents (Agentes Contra La Influenza)</b>   |                          |  |                 |                         |
| Oseltamivir Phosphate Oral Capsule                           | 45 mg, 75 mg             | Tamiflu  | 2               | QL(10 in 6 Month)       |
| Oseltamivir Phosphate Oral Capsule                           | 30 mg                    | Tamiflu  | 2               | QL(20 in 6 Month)       |
| Oseltamivir Phosphate Oral Suspension Reconstituted          | 6 mg/ml                  | Tamiflu  | 1               | QL(120 in 6 Month)      |
| Relenza Diskhaler Inhalation Aerosol Powder Breath Activated | 5 mg/act                 | Relenza Diskhaler                              | 4               | QL(20 in 6 Month)       |
| Rimantadine Hcl Oral Tablet                                  | 100 mg                   | Flumadine                                      | 1               |                         |
| Xofluza (40 Mg Dose) Oral Tablet Therapy Pack                | 1 x 40 mg                | Xofluza (40 MG Dose)                           | 4               | ST                      |
| Xofluza (80 Mg Dose) Oral Tablet Therapy Pack                | 1 x 80 mg                | Xofluza (80 MG Dose)                           | 4               | ST                      |
| <b>Antih hepatitis Agents (Agentes Contra La Hepatitis)</b>  |                          |  |                 |                         |
| Adefovir Dipivoxil Oral Tablet                               | 10 mg                    | Hepsera  | 5               | QL(30 in 30 Days) , PA  |
| Baraclude Oral Solution                                      | 0.05 mg/ml               | Baraclude                                      | 5               | QL(600 in 30 Days) , PA |
| Entecavir Oral Tablet  | 0.5 mg, 1 mg             | Baraclude                                      | 5               | QL(30 in 30 Days) , PA  |
| Epclusa Oral Packet  | 150-37.5 mg, 200-50 mg   | Epclusa  | 5               | QL(28 in 28 Days) , PA  |

| Product Name<br>(Nombre del Medicamento)              | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--------------------------|--|-----------------|------------------------|
| Epclusa Oral Tablet                                   | 200-50 mg                | Epclusa  | 5               | QL(28 in 28 Days) , PA |
| Lamivudine Oral Tablet                                | 100 mg                   | Epivir HBV                                     | 5               |                        |
| Mavyret Oral Packet                                   | 50-20 mg                 | Mavyret  | 6               | PA                     |
| Mavyret Oral Tablet                                   | 100-40 mg                | Mavyret  | 6               | PA                     |
| Pegasys Subcutaneous Solution                         | 180 mcg/ml               | Pegasys  | 5               | QL(4 in 28 Days) , PA  |
| Pegasys Subcutaneous Solution Prefilled Syringe       | 180 mcg/0.5ml            | Pegasys  | 5               | QL(2 in 28 Days) , PA  |
| Ribavirin Oral Capsule                                | 200 mg                   | Rebetol  | 5               |                        |
| Ribavirin Oral Tablet                                 | 200 mg                   | Copegus  | 5               |                        |
| Sofosbuvir-Velpatasvir Oral Tablet                    | 400-100 mg               | Epclusa  | 6               | QL(28 in 28 Days) , PA |
| Vemlidy Oral Tablet                                   | 25 mg                    | Vemlidy  | 5               | QL(28 in 28 Days) , PA |
| Zepatier Oral Tablet                                  | 50-100 mg                | Zepatier                                       | 6               | PA                     |
| <b>Antiherpetic Agents (Agentes Antiherpeticos)</b>   |                          |  |                 |                        |
| Acyclovir Oral Capsule                                | 200 mg                   | Zovirax  | 1               |                        |
| Acyclovir Oral Suspension                             | 200 mg/5ml, 800 mg/20ml  | Zovirax  | 2               |                        |
| Acyclovir Oral Tablet                                 | 400 mg, 800 mg           | Zovirax  | 1               |                        |
| Famciclovir Oral Tablet                               | 125 mg, 250 mg, 500 mg   | Famvir   | 1               | QL(90 in 30 Days)      |
| Penciclovir External Cream                            | 1 %                      | Denavir  | 2               |                        |
| Trifluridine Ophthalmic Solution                      | 1 %                      | Viroptic                                       | 2               |                        |
| Valacyclovir Hcl Oral Tablet                          | 500 mg                   | Valtrex  | 1               | QL(60 in 30 Days)      |
| Valacyclovir Hcl Oral Tablet                          | 1 gm                     | Valtrex  | 1               | QL(90 in 30 Days)      |
| <b>Antivirals (Antivirales)</b>                       |                          |  |                 |                        |
| Lagevrio Oral Capsule                                 | 200 mg                   | Lagevrio                                       | 0               | QL(40 in 6 Month)      |
| Paxlovid (150/100) Oral Tablet Therapy Pack           | 10 x 150 mg & 10 x 100mg | Paxlovid                                       | 0               | QL(30 in 6 Month)      |
| Paxlovid (300/100 & 150/100) Oral Tablet Therapy Pack | 6 x 150 mg & 5 x 100mg   | Paxlovid (300/100 & 150/100)                   | 0               |                        |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                  |
|--|-----------------------------------|--|-----------------|---------------------|
| Paxlovid (300/100) Oral Tablet Therapy Pack        | 20 x 150 mg & 10 x 100mg          | Paxlovid                                       | 0               | QL(30 in 6 Month)   |
| <b>Anxiolytics (Ansiolíticos)</b>                  |                                   |  |                 |                     |
| <i>Anxiolytics, Other (Ansiolíticos, Otros)</i>    |                                   |  |                 |                     |
| Alprazolam Er Oral Tablet Extended Release 24 Hour | 2 mg                              | Xanax XR                                       | 2               | QL(150 in 30 Days)  |
| Alprazolam Er Oral Tablet Extended Release 24 Hour | 0.5 mg, 1 mg                      | Xanax XR                                       | 2               | QL(30 in 30 Days)   |
| Alprazolam Er Oral Tablet Extended Release 24 Hour | 3 mg                              | Xanax XR                                       | 2               | QL(90 in 30 Days)   |
| Alprazolam Oral Tablet                             | 0.25 mg, 0.5 mg, 1 mg             | Xanax  | 1               | QL(120 in 30 Days)  |
| Alprazolam Oral Tablet                             | 2 mg                              | Xanax  | 1               | QL(150 in 30 Days)  |
| Alprazolam Oral Tablet Disintegrating              | 0.25 mg, 0.5 mg, 1 mg             | Niravam  | 2               | QL(120 in 30 Days)  |
| Alprazolam Oral Tablet Disintegrating              | 2 mg                              | Niravam  | 2               | QL(150 in 30 Days)  |
| Buspirone Hcl Oral Tablet                          | 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | BuSpar ,Vanspar                                | 1               |                     |
| Clorazepate Dipotassium Oral Tablet                | 15 mg                             | Gen-XENE                                       | 1               | QL(180 in 30 Days)  |
| Clorazepate Dipotassium Oral Tablet                | 3.75 mg, 7.5 mg                   | Gen-XENE                                       | 2               | QL(180 in 30 Days)  |
| Diazepam Intensol Oral Concentrate                 | 5 mg/ml                           | diazePAM Intensol                              | 2               | QL(240 in 30 Days)  |
| Diazepam Oral Concentrate                          | 5 mg/ml                           | diazePAM Intensol                              | 2               | QL(240 in 30 Days)  |
| Diazepam Oral Solution                             | 5 mg/5ml                          | diazePAM                                       | 2               | QL(1200 in 30 Days) |
| Diazepam Oral Tablet                               | 10 mg, 2 mg, 5 mg                 | Di Tran  | 1               | QL(120 in 30 Days)  |
| Hydroxyzine Hcl Intramuscular Solution             | 25 mg/ml, 50 mg/ml                | Hyzine ,Vistaril                               | 2               |                     |
| Hydroxyzine Pamoate Oral Capsule                   | 100 mg                            | Vistaril                                       | 2               |                     |
| Lorazepam Oral Concentrate                         | 2 mg/ml                           | LORazepam Intensol                             | 1               | QL(150 in 30 Days)  |
| Lorazepam Oral Tablet                              | 0.5 mg, 1 mg                      | Ativan   | 1               | QL(120 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|--|--|--|-----------------|---------------------------|
| Lorazepam Oral Tablet  | 2 mg                                   | Ativan   | 1               | QL(150 in 30 Days)        |
| Oxazepam Oral Capsule  | 10 mg, 15 mg, 30 mg                    | Serax  | 1               | QL(120 in 30 Days)        |
| <b>Ssrís/Snrís (Selective Serotonin Reuptake Inhibitors/ Serotonin And Norepinephrine Reuptake Inhibitors (Inhibidores Selectivos De La Recaptación De Serotonina / Norepinefrina (Ssrís / Snrís))</b> |  |  |                 |                           |
| Escitalopram Oxalate Oral Solution   | 5 mg/5ml                               | Lexapro  | 1               |                           |
| Escitalopram Oxalate Oral Tablet   | 10 mg, 20 mg, 5 mg                     | Lexapro  | 1               |                           |
| <b>Bipolar Agents (Agentes Para Bipolaridad)</b>   |  |  |                 |                           |
| <i>Bipolar Agents, Other (Agentes Para Bipolaridad, Otros)</i>   |  |  |                 |                           |
| Abilify Maintena Intramuscular Prefilled Syringe   | 300 mg, 400 mg                         | Abilify Maintena                               | 5               | QL(1 in 26 Days) , PA     |
| Aripiprazole Oral Solution   | 1 mg/ml                                | Abilify  | 2               |                           |
| Aripiprazole Oral Tablet   | 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg | Abilify  | 1               |                           |
| Aripiprazole Oral Tablet Disintegrating  | 10 mg, 15 mg                           | Abilify Discmelt                               | 2               |                           |
| <b>Mood Stabilizers (Estabilizadores Del Animo)</b>  |  |  |                 |                           |
| Lithium Carbonate Er Oral Tablet Extended Release  | 300 mg, 450 mg                         | Eskalith CR ,Lithobid                          | 1               |                           |
| Lithium Carbonate Oral Capsule   | 150 mg, 300 mg, 600 mg                 | Eskalith ,Lithium Carbonate                    | 1               |                           |
| Lithium Carbonate Oral Tablet  | 300 mg                                 | Lithotabs                                      | 1               |                           |
| Lithium Oral Solution  | 8 meq/5ml                              | Lithium  | 2               |                           |
| <b>Blood Glucose Regulators (Reguladores De Glucosa En Sangre)</b>   |  |  |                 |                           |
| <i>Antidiabetic Agents (Agentes Contra La Diabetes)</i>  |  |  |                 |                           |
| Acarbose Oral Tablet   | 100 mg, 25 mg, 50 mg                   | Precose  | 1               | QL(90 in 30 Days)         |
| Cycloset Oral Tablet   | 0.8 mg                                 | Cycloset                                       | 4               | QL(180 in 30 Days)        |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour   | 10-1000 mg, 10-500 mg                  | Xigduo XR                                      | 2               | QL(30 in 30 Days) , PA    |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour   | 5-1000 mg, 5-500 mg                    | Xigduo XR                                      | 2               | QL(60 in 30 Days) , PA    |
| Dapagliflozin Oral Tablet  | 10 mg                                  | Farxiga  | 2               | QL(30 in 30 Days) , PA    |
| Dapagliflozin Oral Tablet  | 5 mg                                   | Farxiga  | 2               | QL(60 in 30 Days) , PA    |
| Exenatide Subcutaneous Solution Pen-Injector   | 10 mcg/0.04ml                          | Byetta 10 MCG Pen                              | 2               | QL(2.400 in 30 DAYS) , ST |

| Product Name<br>(Nombre del Medicamento)              | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|---|----------------------------------|--|-----------------|---------------------------|
| Exenatide Subcutaneous Solution Pen-Injector          | 5 mcg/0.02ml                     | Byetta 5 MCG Pen                               | 2               | QL(1.200 in 30 DAYS) , ST |
| Farxiga Oral Tablet                                   | 10 mg, 5 mg                      | Farxiga  | 3               | QL(30 in 30 Days) , PA    |
| Glimepiride Oral Tablet                               | 1 mg, 2 mg                       | Amaryl   | 1               | QL(30 in 30 Days)         |
| Glimepiride Oral Tablet                               | 4 mg                             | Amaryl   | 1               | QL(60 in 30 Days)         |
| Glipizide Er Oral Tablet Extended Release 24 Hour     | 2.5 mg, 5 mg                     | Glucotrol XL                                   | 1               | QL(30 in 30 Days)         |
| Glipizide Er Oral Tablet Extended Release 24 Hour     | 10 mg                            | Glucotrol XL                                   | 1               | QL(60 in 30 Days)         |
| Glipizide Oral Tablet                                 | 10 mg, 5 mg                      | Glucotrol                                      | 1               | QL(120 in 30 Days)        |
| Glipizide-Metformin Hcl Oral Tablet                   | 2.5-250 mg, 2.5-500 mg, 5-500 mg | Metaglip                                       | 1               | QL(120 in 30 Days)        |
| Glyburide Oral Tablet                                 | 5 mg                             | Diabeta  | 1               | QL(120 in 30 Days)        |
| Glyburide Oral Tablet                                 | 1.25 mg, 2.5 mg                  | Diabeta  | 1               | QL(240 in 30 Days)        |
| Glyburide-Metformin Oral Tablet                       | 2.5-500 mg, 5-500 mg             | Glucovance                                     | 1               | QL(120 in 30 Days)        |
| Glyburide-Metformin Oral Tablet                       | 1.25-250 mg                      | Glucovance                                     | 1               | QL(240 in 30 Days)        |
| Janumet Oral Tablet                                   | 50-1000 mg, 50-500 mg            | Janumet  | 3               | QL(60 in 30 Days) , ST    |
| Janumet Xr Oral Tablet Extended Release 24 Hour       | 100-1000 mg                      | Janumet XR                                     | 3               | QL(30 in 30 Days) , ST    |
| Janumet Xr Oral Tablet Extended Release 24 Hour       | 50-1000 mg, 50-500 mg            | Janumet XR                                     | 3               | QL(60 in 30 Days) , ST    |
| Januvia Oral Tablet                                   | 100 mg, 25 mg, 50 mg             | Januvia  | 3               | QL(30 in 30 Days) , ST    |
| Jardiance Oral Tablet                                 | 10 mg, 25 mg                     | Jardiance                                      | 3               | QL(30 in 30 Days) , PA    |
| Metformin Hcl Er Oral Tablet Extended Release 24 Hour | 500 mg                           | Glucophage XR                                  | 1               | QL(120 in 30 Days)        |
| Metformin Hcl Er Oral Tablet Extended Release 24 Hour | 750 mg                           | Glucophage XR                                  | 1               | QL(60 in 30 Days)         |

| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|---|--|-----------------|------------------------|
| Metformin Hcl Oral Solution                      | 500 mg/5ml  | Riomet   | 2               |                        |
| Metformin Hcl Oral Tablet                        | 500 mg  | Glucophage                                     | 1               | QL(120 in 30 Days)     |
| Metformin Hcl Oral Tablet                        | 1000 mg   | Glucophage                                     | 1               | QL(60 in 30 Days)      |
| Metformin Hcl Oral Tablet                        | 850 mg  | Glucophage                                     | 1               | QL(90 in 30 Days)      |
| Mounjaro Subcutaneous Solution Auto-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                                       | 3               | QL(4 in 28 Days) , PA  |
| Nateglinide Oral Tablet                          | 120 mg, 60 mg   | Starlix  | 1               | QL(90 in 30 Days)      |
| Pioglitazone Hcl Oral Tablet                     | 15 mg, 30 mg, 45 mg   | Actos  | 1               | QL(30 in 30 Days)      |
| Pioglitazone Hcl-Metformin Hcl Oral Tablet       | 15-500 mg, 15-850 mg  | Actoplus Met                                   | 1               | QL(90 in 30 Days)      |
| Repaglinide Oral Tablet                          | 0.5 mg, 1 mg  | Prandin  | 2               | QL(120 in 30 Days)     |
| Repaglinide Oral Tablet                          | 2 mg  | Prandin  | 2               | QL(240 in 30 Days)     |
| Soliqua Subcutaneous Solution Pen-Injector       | 100-33 unt-mcg/ml   | Soliqua  | 3               | QL(18 in 30 Days) , PA |
| Synjardy Oral Tablet                             | 12.5-1000 mg, 12.5-500 mg, 5-1000 mg, 5-500 mg                                  | Synjardy                                       | 3               | QL(60 in 30 Days) , PA |
| Synjardy Xr Oral Tablet Extended Release 24 Hour | 25-1000 mg  | Synjardy XR                                    | 3               | QL(30 in 30 Days) , PA |
| Synjardy Xr Oral Tablet Extended Release 24 Hour | 10-1000 mg, 12.5-1000 mg, 5-1000 mg   | Synjardy XR                                    | 3               | QL(60 in 30 Days) , PA |
| Trijardy Xr Oral Tablet Extended Release 24 Hour | 10-5-1000 mg, 25-5-1000 mg  | Trijardy XR                                    | 3               | QL(30 in 30 Days) , ST |
| Trijardy Xr Oral Tablet Extended Release 24 Hour | 12.5-2.5-1000 mg, 5-2.5-1000 mg   | Trijardy XR                                    | 3               | QL(60 in 30 Days) , ST |
| Trulicity Subcutaneous Solution Auto-Injector    | 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml                           | Trulicity                                      | 3               | QL(2 in 28 Days) , PA  |
| Xigduo Xr Oral Tablet Extended Release 24 Hour   | 10-1000 mg, 10-500 mg, 5-500 mg   | Xigduo XR                                      | 3               | QL(30 in 30 Days) , PA |
| Xigduo Xr Oral Tablet Extended Release 24 Hour   | 2.5-1000 mg, 5-1000 mg  | Xigduo XR                                      | 3               | QL(60 in 30 Days) , PA |

| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|--------------------------|--|-----------------|------------------------|
| <b><i>Glycemic Agents (Agentes Glucemicos)</i></b>             |                          |  |                 |                        |
| Baqsimi One Pack Nasal Powder                                  | 3 mg/dose                | Baqsimi One Pack                               | 3               | QL(2 in 1 Year)        |
| Baqsimi Two Pack Nasal Powder                                  | 3 mg/dose                | Baqsimi One Pack                               | 3               | QL(2 in 1 Year)        |
| Diazoxide Oral Suspension                                      | 50 mg/ml                 | Proglycem                                      | 2               |                        |
| Glucagon Emergency Injection Solution Reconstituted            | 1 mg                     | Glucagon Emergency                             | 2               | QL(2 in 1 Year)        |
| <b><i>Insulins (Insulinas)</i></b>                             |                          |  |                 |                        |
| Humalog Injection Solution                                     | 100 unit/ml              | HumaLOG  | 3               | QL(30 in 30 Days)      |
| Humalog Junior Kwikpen Subcutaneous Solution Pen-Injector      | 100 unit/ml              | HumaLOG Junior KwikPen                         | 3               | QL(30 in 30 Days)      |
| Humalog Kwikpen Subcutaneous Solution Pen-Injector             | 100 unit/ml, 200 unit/ml | HumaLOG KwikPen                                | 6               | QL(30 in 30 Days)      |
| Humalog Mix 50/50 Kwikpen Subcutaneous Suspension Pen-Injector | (50-50) 100 unit/ml      | HumaLOG Mix 50/50 Pen                          | 6               | QL(30 in 30 Days)      |
| Humalog Mix 75/25 Kwikpen Subcutaneous Suspension Pen-Injector | (75-25) 100 unit/ml      | HumaLOG Mix 75/25 Pen                          | 6               | QL(30 in 30 Days)      |
| Humalog Mix 75/25 Subcutaneous Suspension                      | (75-25) 100 unit/ml      | HumaLOG Pen                                    | 3               | QL(30 in 30 Days)      |
| Humalog Subcutaneous Solution Cartridge                        | 100 unit/ml              | HumaLOG  | 3               | QL(30 in 30 Days)      |
| Humalog Tempo Pen Subcutaneous Solution Pen-Injector           | 100 unit/ml              | HumaLOG Tempo Pen                              | 3               | QL(30 in 30 Days)      |
| Humulin 70/30 Kwikpen Subcutaneous Suspension Pen-Injector     | (70-30) 100 unit/ml      | HumuLIN 70/30 Pen                              | 6               | QL(30 in 30 Days)      |
| Humulin 70/30 Subcutaneous Suspension                          | (70-30) 100 unit/ml      | HumuLIN 70/30                                  | 3               | QL(30 in 30 Days)      |
| Humulin N Kwikpen Subcutaneous Suspension Pen-Injector         | 100 unit/ml              | HumuLIN N Pen                                  | 6               | QL(30 in 30 Days)      |
| Humulin N Subcutaneous Suspension                              | 100 unit/ml              | HumuLIN N                                      | 3               | QL(30 in 30 Days)      |
| Humulin R Injection Solution                                   | 100 unit/ml              | HumuLIN R                                      | 3               | QL(30 in 30 Days)      |
| Humulin R U-500 Kwikpen Subcutaneous Solution Pen-Injector     | 500 unit/ml              | HumuLIN R U-500 KwikPen                        | 6               | QL(30 in 30 Days) , PA |
| Insulin Glargine-Yfgn Subcutaneous Solution                    | 100 unit/ml              | Semglee (yfgn)                                 | 3               | QL(30 in 30 Days)      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|---|---------------------------------------|--|-----------------|--------------------|
| Insulin Glargine-Yfgn Subcutaneous Solution Pen-Injector  | 100 unit/ml                           | Semglee (yfgn)                                 | 3               | QL(30 in 30 Days)  |
| Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector   | 100 unit/ml                           | HumaLOG KwikPen                                | 3               | QL(30 in 30 Days)  |
| Insulin Lispro Junior Kwikpen Subcutaneous Solution Pen-Injector  | 100 unit/ml                           | HumaLOG Junior KwikPen                         | 3               | QL(30 in 30 Days)  |
| Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-Injector   | (75-25) 100 unit/ml                   | HumaLOG Mix 75/25 Pen                          | 3               | QL(30 in 30 Days)  |
| Lantus Solostar Subcutaneous Solution Pen-Injector  | 100 unit/ml                           | Lantus SoloStar                                | 6               | QL(30 in 30 Days)  |
| Lantus Subcutaneous Solution  | 100 unit/ml                           | Lantus   | 3               | QL(30 in 30 Days)  |
| Lyumjev Injection Solution  | 100 unit/ml                           | Lyumjev  | 3               |                    |
| Rezvoglar Kwikpen Subcutaneous Solution Pen-Injector  | 100 unit/ml                           | Rezvoglar KwikPen                              | 3               | QL(30 in 30 Days)  |
| Tresiba Subcutaneous Solution   | 100 unit/ml                           | Tresiba  | 3               | PA                 |
| <b>Blood Products/Modifiers/Volume Expanders (Productos Para La Sangre / Modificadores/ Aumento De Volumen)</b> |                                       |  |                 |                    |
| <i>Anticoagulants (Anticoagulantes)</i>   |                                       |  |                 |                    |
| Dabigatran Etexilate Mesylate Oral Capsule  | 110 mg, 150 mg, 75 mg                 | Pradaxa  | 2               | QL(60 in 30 Days)  |
| Eliquis Dvt/Pe Starter Pack Oral Tablet Therapy Pack  | 5 mg                                  | Eliquis DVT/PE Starter Pack                    | 3               | QL(74 in 30 Days)  |
| Eliquis Oral Tablet   | 2.5 mg, 5 mg                          | Eliquis  | 3               | QL(60 in 30 Days)  |
| Enoxaparin Sodium Injection Solution  | 300 mg/3ml                            | Lovenox  | 2               | QL(105 in 90 Days) |
| Enoxaparin Sodium Injection Solution Prefilled Syringe  | 40 mg/0.4ml                           | Enoxaparin Sodium                              | 2               | QL(12 in 30 Days)  |
| Enoxaparin Sodium Injection Solution Prefilled Syringe  | 60 mg/0.6ml                           | Enoxaparin Sodium                              | 2               | QL(18 in 30 Days)  |
| Enoxaparin Sodium Injection Solution Prefilled Syringe  | 120 mg/0.8ml, 80 mg/0.8ml             | Enoxaparin Sodium                              | 2               | QL(24 in 30 Days)  |
| Enoxaparin Sodium Injection Solution Prefilled Syringe  | 100 mg/ml, 150 mg/ml                  | Enoxaparin Sodium                              | 2               | QL(30 in 30 Days)  |
| Enoxaparin Sodium Injection Solution Prefilled Syringe  | 30 mg/0.3ml                           | Enoxaparin Sodium                              | 2               | QL(9 in 30 Days)   |
| Fondaparinux Sodium Subcutaneous Solution   | 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml | Arixtra  | 2               | QL(14 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)                                | Dosage<br>(Presentacion)                                  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|---|---|--|-----------------|---------------------------|
| Fondaparinux Sodium Subcutaneous Solution                               | 2.5 mg/0.5ml  | Arixtra  | 2               | QL(24 in 30 Days)         |
| Heparin Sodium (Porcine) +rfid Injection Solution                       | 1000 unit/ml  | Heparin Sodium (Porcine) +RFID                 | 2               |                           |
| Heparin Sodium (Porcine) Injection Solution                             | 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml  | Heparin Sodium (Porcine)                       | 2               |                           |
| Heparin Sodium (Porcine) Injection Solution Prefilled Syringe           | 5000 unit/0.5ml   | Heparin Sodium (Porcine)                       | 2               |                           |
| Heparin Sodium (Porcine) Pf Injection Solution                          | 5000 unit/0.5ml, 5000 unit/ml                             | Heparin Sodium (Porcine) PF                    | 2               |                           |
| Jantoven Oral Tablet  | 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | Coumadin                                       | 2               |                           |
| Rivaroxaban Oral Tablet   | 2.5 mg  | Xarelto  | 2               | QL(60 in 30 DAYS)         |
| Warfarin Sodium Oral Tablet   | 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | Coumadin                                       | 1               |                           |
| Xarelto Oral Tablet   | 10 mg, 20 mg  | Xarelto  | 3               | QL(30 in 30 Days)         |
| Xarelto Oral Tablet   | 15 mg   | Xarelto  | 3               | QL(60 in 30 Days)         |
| Xarelto Starter Pack Oral Tablet Therapy Pack                           | 15 & 20 mg  | Xarelto Starter Pack                           | 3               | QL(51 in 30 Days)         |
| <b>Blood Formation Modifiers (Modificadores De Formacion De Sangre)</b> |   |  |                 |                           |
| Methylergonovine Maleate Oral Tablet                                    | 0.2 mg  | Methergine                                     | 2               |                           |
| Plerixafor Subcutaneous Solution  | 24 mg/1.2ml   | Mozobil  | 5               | QL(9.600 in 30 Days) , PA |
| <b>Coagulants (Coagulantes)</b>   |   |  |                 |                           |
| Tranexamic Acid Oral Tablet   | 650 mg  | Lysteda  | 2               |                           |
| <b>Platelet Modifying Agents (Agentes Modificadores De Plaquetas)</b>   |   |  |                 |                           |
| Anagrelide Hcl Oral Capsule   | 0.5 mg  | Agrylin  | 1               |                           |
| Anagrelide Hcl Oral Capsule   | 1 mg  | Agrylin  | 2               |                           |
| Cilostazol Oral Tablet  | 100 mg, 50 mg   | Pletal   | 1               |                           |
| Clopidogrel Bisulfate Oral Tablet                                       | 75 mg   | Plavix   | 1               |                           |
| Clopidogrel Bisulfate Oral Tablet                                       | 300 mg  | Plavix   | 2               |                           |
| Dipyridamole Oral Tablet  | 25 mg, 50 mg, 75 mg                                       | Permole  | 1               |                           |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|--------------------------|--|-----------------|------------------------|
| Prasugrel Hcl Oral Tablet  | 5 mg                     | Effient  | 2               |                        |
| Prasugrel Hcl Oral Tablet  | 10 mg                    | Effient  | 2               | QL(30 in 30 Days)      |
| Ticagrelor Oral Tablet   | 60 mg, 90 mg             | Brilinta                                       | 2               | QL(60 in 30 DAYS) , PA |
| <b>Cardiovascular Agents (Agentes Cardiovasculares)</b>                                      |                          |  |                 |                        |
| <i>Alpha-Adrenergic Agonists (Agonistas Alfa-Adrenergicos)</i>                               |                          |  |                 |                        |
| Clonidine Hcl Oral Tablet  | 0.1 mg, 0.2 mg, 0.3 mg   | Catapres                                       | 1               | QL(60 in 30 Days)      |
| Clonidine Hcl Oral Tablet  | 0.05 mg                  | cloNIDine HCl                                  | 2               | QL(60 in 30 Days)      |
| Clonidine Transdermal Patch Weekly   | 0.1 mg/24hr, 0.2 mg/24hr | Catapres-TTS-1 ,Catapres-TTS-2                 | 2               | QL(4 in 28 Days)       |
| Clonidine Transdermal Patch Weekly   | 0.3 mg/24hr              | Catapres-TTS-3                                 | 2               | QL(8 in 28 Days)       |
| Guanfacine Hcl Oral Tablet   | 1 mg, 2 mg               | Tenex  | 1               | QL(30 in 30 Days)      |
| Methyldopa Oral Tablet   | 500 mg                   | Aldomet  | 2               | QL(120 in 30 Days)     |
| Methyldopa Oral Tablet   | 250 mg                   | Aldomet  | 2               | QL(90 in 30 Days)      |
| Midodrine Hcl Oral Tablet  | 10 mg, 2.5 mg, 5 mg      | ProAmatine                                     | 1               |                        |
| <i>Alpha-Adrenergic Blocking Agents (Agentes Bloqueadores Alfa-Adrenergicos)</i>             |                          |  |                 |                        |
| Doxazosin Mesylate Oral Tablet   | 1 mg, 2 mg, 4 mg         | Cardura  | 1               | QL(30 in 30 Days)      |
| Doxazosin Mesylate Oral Tablet   | 8 mg                     | Cardura  | 1               | QL(60 in 30 Days)      |
| Phenoxybenzamine Hcl Oral Capsule  | 10 mg                    | Dibenzyline                                    | 2               | ST                     |
| Prazosin Hcl Oral Capsule  | 5 mg                     | Minipress                                      | 1               | QL(120 in 30 Days)     |
| Prazosin Hcl Oral Capsule  | 1 mg, 2 mg               | Minipress                                      | 1               | QL(90 in 30 Days)      |
| Terazosin Hcl Oral Capsule   | 1 mg, 10 mg, 2 mg, 5 mg  | Hytrin   | 1               | QL(60 in 30 Days)      |
| <i>Angiotensin II Receptor Antagonists (Antagonistas Para Receptores De Angiotensina II)</i> |                          |  |                 |                        |
| Candesartan Cilexetil Oral Tablet  | 32 mg                    | Atacand  | 1               | QL(30 in 30 Days)      |
| Candesartan Cilexetil Oral Tablet  | 16 mg                    | Atacand  | 1               | QL(60 in 30 Days)      |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|--|--|-----------------|-------------------|
| Candesartan Cilexetil Oral Tablet   | 4 mg, 8 mg   | Atacand  | 2               | QL(60 in 30 Days) |
| Candesartan Cilexetil-Hctz Oral Tablet  | 16-12.5 mg, 32-12.5 mg, 32-25 mg                           | Atacand HCT                                    | 2               | QL(30 in 30 Days) |
| Irbesartan Oral Tablet  | 150 mg, 300 mg, 75 mg                                      | Avapro   | 1               | QL(30 in 30 Days) |
| Irbesartan-Hydrochlorothiazide Oral Tablet  | 300-12.5 mg  | Avalide  | 1               | QL(30 in 30 Days) |
| Irbesartan-Hydrochlorothiazide Oral Tablet  | 150-12.5 mg  | Avalide  | 1               | QL(60 in 30 Days) |
| Losartan Potassium Oral Tablet  | 100 mg   | Cozaar   | 1               | QL(30 in 30 Days) |
| Losartan Potassium Oral Tablet  | 25 mg, 50 mg   | Cozaar   | 1               | QL(60 in 30 Days) |
| Losartan Potassium-Hctz Oral Tablet   | 100-12.5 mg, 100-25 mg, 50-12.5 mg                         | Hyzaar   | 1               | QL(30 in 30 Days) |
| Olmesartan Medoxomil Oral Tablet  | 20 mg, 40 mg   | Benicar  | 1               | QL(30 in 30 Days) |
| Olmesartan Medoxomil Oral Tablet  | 5 mg   | Benicar  | 1               | QL(60 in 30 Days) |
| Telmisartan Oral Tablet   | 40 mg, 80 mg   | Micardis                                       | 1               | QL(30 in 30 Days) |
| Telmisartan Oral Tablet   | 20 mg  | Micardis                                       | 2               | QL(30 in 30 Days) |
| Valsartan Oral Tablet   | 160 mg, 320 mg, 40 mg, 80 mg                               | Diovan   | 1               | QL(30 in 30 Days) |
| Valsartan-Hydrochlorothiazide Oral Tablet   | 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | Diovan HCT                                     | 1               | QL(30 in 30 Days) |
| <b>Angiotensin-Converting Enzyme (Ace) Inhibitors (Inhibidores De Enzima Convertidora De Angiotestina li)</b> |  |  |                 |                   |
| Amlodipine Besy-Benazepril Hcl Oral Capsule   | 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg   | Lotrel   | 1               | QL(30 in 30 Days) |
| Benazepril Hcl Oral Tablet  | 10 mg, 20 mg, 40 mg, 5 mg                                  | Lotensin                                       | 1               | QL(60 in 30 Days) |
| Captopril Oral Tablet   | 100 mg, 12.5 mg, 25 mg, 50 mg                              | Capoten  | 1               | QL(60 in 30 Days) |
| Enalapril Maleate Oral Tablet   | 10 mg, 2.5 mg, 20 mg, 5 mg                                 | Vasotec  | 1               | QL(60 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion)                 | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|--|--|-----------------|--------------------|
| Fosinopril Sodium Oral Tablet                              | 10 mg, 20 mg, 40 mg                      | Monopril                                       | 1               | QL(60 in 30 Days)  |
| Lisinopril Oral Tablet                                     | 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg | Prinivil ,Zestril                              | 1               | QL(30 in 30 Days)  |
| Moexipril Hcl Oral Tablet                                  | 15 mg                                    | Univasc  | 1               | QL(120 in 30 Days) |
| Moexipril Hcl Oral Tablet                                  | 7.5 mg                                   | Univasc  | 1               | QL(60 in 30 Days)  |
| Perindopril Erbumine Oral Tablet                           | 2 mg, 4 mg, 8 mg                         | Aceon  | 1               | QL(60 in 30 Days)  |
| Quinapril Hcl Oral Tablet                                  | 10 mg, 20 mg, 40 mg, 5 mg                | Accupril                                       | 1               | QL(60 in 30 Days)  |
| Ramipril Oral Capsule                                      | 1.25 mg, 10 mg, 2.5 mg, 5 mg             | Altace   | 1               | QL(60 in 30 Days)  |
| Trandolapril Oral Tablet                                   | 1 mg, 2 mg                               | Mavik  | 1               | QL(30 in 30 Days)  |
| Trandolapril Oral Tablet                                   | 4 mg                                     | Mavik  | 1               | QL(60 in 30 Days)  |
| Trandolapril-Verapamil Hcl Er Oral Tablet Extended Release | 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg   | Tarka  | 2               | QL(30 in 30 Days)  |
| <b><i>Antiarrhythmics (Antiarritmicos)</i></b>             |  |  |                 |                    |
| Amiodarone Hcl Oral Tablet                                 | 200 mg, 400 mg                           | Cordarone ,Pacerone                            | 1               |                    |
| Amiodarone Hcl Oral Tablet                                 | 100 mg                                   | Pacerone                                       | 2               |                    |
| Disopyramide Phosphate Oral Capsule                        | 150 mg                                   | Norpace  | 1               |                    |
| Disopyramide Phosphate Oral Capsule                        | 100 mg                                   | Norpace  | 2               |                    |
| Dofetilide Oral Capsule                                    | 125 mcg, 250 mcg, 500 mcg                | Tikosyn  | 2               |                    |
| Flecainide Acetate Oral Tablet                             | 100 mg, 150 mg, 50 mg                    | Tambocor                                       | 1               |                    |
| Mexiletine Hcl Oral Capsule                                | 200 mg, 250 mg                           | Mexitil  | 1               |                    |
| Mexiletine Hcl Oral Capsule                                | 150 mg                                   | Mexitil  | 2               |                    |
| Propafenone Hcl Er Oral Capsule Extended Release 12 Hour   | 225 mg, 325 mg, 425 mg                   | Rythmol SR                                     | 2               |                    |
| Propafenone Hcl Oral Tablet                                | 150 mg, 225 mg, 300 mg                   | Rythmol  | 1               |                    |
| Quinidine Gluconate Er Oral Tablet Extended Release        | 324 mg                                   | Quinadure                                      | 2               |                    |
| Quinidine Sulfate Oral Tablet                              | 200 mg, 300 mg                           | Quin-Tab ,quiNIDine Sulfate                    | 2               |                    |
| Sotalol Hcl (Af) Oral Tablet                               | 120 mg, 160 mg, 80 mg                    | Betapace AF                                    | 1               |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|--|--|--|-----------------|-------------------|
| Sotalol Hcl Oral Tablet  | 120 mg, 160 mg, 240 mg, 80 mg          | Betapace                                       | 1               |                   |
| <b>Beta-Adrenergic Blocking Agents (Agentes Bloqueadores Beta-Adrenergicos)</b>  |  |  |                 |                   |
| Acebutolol Hcl Oral Capsule  | 200 mg, 400 mg                         | Sectral  | 1               |                   |
| Atenolol Oral Tablet   | 100 mg, 25 mg, 50 mg                   | Tenormin                                       | 1               |                   |
| Atenolol-Chlorthalidone Oral Tablet  | 100-25 mg, 50-25 mg                    | Tenoretic 100 , Tenoretic 50                   | 1               | QL(30 in 30 Days) |
| Betaxolol Hcl Oral Tablet  | 10 mg, 20 mg                           | Kerlone  | 1               |                   |
| Bisoprolol Fumarate Oral Tablet  | 2.5 mg                                 | Bisoprolol Fumarate                            | 2               |                   |
| Bisoprolol Fumarate Oral Tablet  | 10 mg, 5 mg                            | Zebeta   | 1               |                   |
| Bisoprolol-Hydrochlorothiazide Oral Tablet                                       | 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg     | Ziac   | 1               | QL(30 in 30 Days) |
| Carvedilol Oral Tablet   | 12.5 mg, 25 mg, 3.125 mg, 6.25 mg      | Coreg  | 1               |                   |
| Labetalol Hcl Oral Tablet  | 100 mg, 200 mg, 300 mg                 | Normodyne                                      | 1               |                   |
| Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour                     | 100 mg, 200 mg, 25 mg, 50 mg           | Toprol XL                                      | 1               | QL(60 in 30 Days) |
| Metoprolol Tartrate Oral Tablet  | 100 mg, 25 mg, 50 mg                   | Lopressor , Metoprolol Tartrate                | 1               |                   |
| Metoprolol Tartrate Oral Tablet  | 37.5 mg, 75 mg                         | Metoprolol Tartrate                            | 2               |                   |
| Metoprolol-Hydrochlorothiazide Oral Tablet                                       | 50-25 mg                               | Lopressor HCT                                  | 1               | QL(30 in 30 Days) |
| Metoprolol-Hydrochlorothiazide Oral Tablet                                       | 100-25 mg, 100-50 mg                   | Lopressor HCT                                  | 2               | QL(30 in 30 Days) |
| Nadolol Oral Tablet  | 20 mg, 40 mg, 80 mg                    | Corgard  | 2               |                   |
| Pindolol Oral Tablet   | 5 mg                                   | Visken   | 1               |                   |
| Pindolol Oral Tablet   | 10 mg                                  | Visken   | 2               |                   |
| Timolol Maleate Oral Tablet  | 10 mg, 20 mg, 5 mg                     | Blocadren                                      | 2               |                   |
| <b>Calcium Channel Blocking Agents (Agentes Bloqueadores De Canal De Calcio)</b> |  |  |                 |                   |
| Amlodipine Besylate Oral Tablet  | 10 mg, 2.5 mg, 5 mg                    | Norvasc  | 1               |                   |
| Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour                     | 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | Tiazac   | 1               |                   |
| Diltiazem Hcl Er Beads Oral Capsule Extended Release 24 Hour                     | 420 mg                                 | Tiazac   | 2               |                   |
| Diltiazem Hcl Er Coated Beads Oral Capsule Extended Release 24 Hour              | 120 mg, 180 mg, 240 mg, 300 mg         | Cardizem CD , Cartia XT                        | 1               |                   |

| Product Name<br>(Nombre del Medicamento)                              | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--|--|-----------------|------------------------|
| Diltiazem Hcl Er Oral Capsule Extended Release 12 Hour                | 120 mg, 60 mg, 90 mg                   | Cardizem SR                                    | 2               |                        |
| Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour                | 120 mg                                 | Diltia XT                                      | 1               |                        |
| Diltiazem Hcl Er Oral Capsule Extended Release 24 Hour                | 180 mg, 240 mg                         | Diltia XT                                      | 2               |                        |
| Diltiazem Hcl Er Oral Tablet Extended Release 24 Hour                 | 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Cardizem LA                                    | 2               |                        |
| Diltiazem Hcl Oral Tablet   | 120 mg, 30 mg, 60 mg, 90 mg            | Cardizem                                       | 1               |                        |
| Dilt-Xr Oral Capsule Extended Release 24 Hour                         | 120 mg, 180 mg, 240 mg                 | Diltia XT                                      | 2               |                        |
| Felodipine Er Oral Tablet Extended Release 24 Hour                    | 10 mg, 2.5 mg, 5 mg                    | Plendil  | 1               |                        |
| Isradipine Oral Capsule   | 2.5 mg                                 | DynaCirc                                       | 1               |                        |
| Isradipine Oral Capsule   | 5 mg                                   | DynaCirc                                       | 2               |                        |
| Matzim La Oral Tablet Extended Release 24 Hour                        | 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Cardizem LA                                    | 2               |                        |
| Nicardipine Hcl Oral Capsule  | 20 mg, 30 mg                           | Cardene  | 1               |                        |
| Nifedipine Er Oral Tablet Extended Release 24 Hour                    | 30 mg, 60 mg, 90 mg                    | Adalat CC                                      | 1               |                        |
| Nifedipine Er Osmotic Release Oral Tablet Extended Release 24 Hour    | 30 mg, 60 mg, 90 mg                    | Procardia XL                                   | 1               |                        |
| Nifedipine Oral Capsule   | 10 mg                                  | Adalat   | 1               |                        |
| Nifedipine Oral Capsule   | 20 mg                                  | Adalat   | 2               |                        |
| Nimodipine Oral Capsule   | 30 mg                                  | Nimotop  | 2               |                        |
| Nisoldipine Er Oral Tablet Extended Release 24 Hour                   | 17 mg, 34 mg, 8.5 mg                   | Sular  | 2               | QL(30 in 30 Days)      |
| Verapamil Hcl Er Oral Capsule Extended Release 24 Hour                | 100 mg, 200 mg, 240 mg, 300 mg, 360 mg | Verelan ,Verelan PM                            | 2               |                        |
| Verapamil Hcl Er Oral Tablet Extended Release                         | 120 mg, 180 mg, 240 mg                 | Calan SR                                       | 1               |                        |
| Verapamil Hcl Oral Tablet   | 120 mg, 40 mg, 80 mg                   | Calan  | 1               |                        |
| <b>Cardiovascular Agents, Other (Agentes Cardiovasculares, Otros)</b> |  |  |                 |                        |
| Aliskiren Fumarate Oral Tablet  | 150 mg, 300 mg                         | Tekturma                                       | 2               | QL(30 in 30 Days) , ST |
| Digoxin Injection Solution  | 0.25 mg/ml                             | Lanoxin  | 2               |                        |
| Digoxin Oral Solution   | 0.05 mg/ml                             | Lanoxin  | 2               |                        |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|----------------------------------|--|-----------------|--------------------|
| Digoxin Oral Tablet  | 125 mcg, 250 mcg                 | Lanoxin  | 1               | QL(30 in 30 Days)  |
| Isosorb Dinitrate-Hydralazine Oral Tablet  | 20-37.5 mg                       | BiDil  | 2               | QL(180 in 30 Days) |
| Olmesartan Medoxomil-Hctz Oral Tablet  | 20-12.5 mg, 40-12.5 mg, 40-25 mg | Benicar HCT                                    | 1               | QL(30 in 30 Days)  |
| Pentoxifylline Er Oral Tablet Extended Release   | 400 mg                           | TRENTal  | 1               |                    |
| Ranolazine Er Oral Tablet Extended Release 12 Hour   | 1000 mg, 500 mg                  | Ranexa   | 2               | QL(60 in 30 Days)  |
| <i>Diuretics, Carbonic Anhydrase Inhibitors (Diureticos, Inhibidores De Anhidrasa Carbonica)</i> |                                  |  |                 |                    |
| Acetazolamide Er Oral Capsule Extended Release 12 Hour   | 500 mg                           | Diamox Sequels                                 | 1               |                    |
| Acetazolamide Oral Tablet  | 125 mg, 250 mg                   | Diamox   | 1               |                    |
| Acetazolamide Sodium Injection Solution Reconstituted  | 500 mg                           | Diamox   | 2               |                    |
| Methazolamide Oral Tablet  | 25 mg, 50 mg                     | Neptazane                                      | 1               |                    |
| <i>Diuretics, Loop (Diureticos De Asa)</i>   |                                  |  |                 |                    |
| Bumetanide Injection Solution  | 0.25 mg/ml                       | Bumex  | 2               |                    |
| Bumetanide Oral Tablet   | 0.5 mg, 1 mg, 2 mg               | Bumex  | 1               |                    |
| Ethacrynic Acid Oral Tablet  | 25 mg                            | Edecrin  | 2               |                    |
| Furosemide Oral Solution   | 8 mg/ml                          | Furosemide                                     | 1               |                    |
| Furosemide Oral Solution   | 10 mg/ml                         | Furosemide                                     | 2               |                    |
| Furosemide Oral Tablet   | 20 mg, 40 mg, 80 mg              | Lasix  | 1               |                    |
| Torseamide Oral Tablet   | 10 mg, 100 mg, 20 mg, 5 mg       | Demadex  | 1               |                    |
| <i>Diuretics, Potassium-Sparing (Diureticos, Ahorradores De Potasio)</i>                         |                                  |  |                 |                    |
| Amiloride Hcl Oral Tablet  | 5 mg                             | Midamor  | 1               |                    |
| Amiloride-Hydrochlorothiazide Oral Tablet  | 5-50 mg                          | Moduretic                                      | 1               |                    |
| Eplerenone Oral Tablet   | 25 mg, 50 mg                     | Inspra   | 1               |                    |
| Spironolactone Oral Tablet   | 100 mg, 25 mg, 50 mg             | Aldactone                                      | 1               |                    |
| Spironolactone-Hctz Oral Tablet  | 25-25 mg                         | Aldactazide                                    | 1               |                    |
| Triamterene-Hctz Oral Capsule  | 37.5-25 mg                       | Dyazide  | 1               |                    |
| Triamterene-Hctz Oral Tablet   | 37.5-25 mg, 75-50 mg             | Maxzide ,Maxzide-25                            | 1               |                    |
| <i>Diuretics, Thiazide (Diureticos, Tiazida)</i>   |                                  |  |                 |                    |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                    | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                    |
|---|---|--|-----------------|-----------------------|
| Benazepril-Hydrochlorothiazide Oral Tablet  | 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | Lotensin HCT                                   | 1               | QL(30 in 30 Days)     |
| Chlorthalidone Oral Tablet  | 25 mg, 50 mg                                | Hygroton                                       | 1               |                       |
| Enalapril-Hydrochlorothiazide Oral Tablet   | 10-25 mg, 5-12.5 mg                         | Vaseretic                                      | 1               | QL(30 in 30 Days)     |
| Fosinopril Sodium-Hctz Oral Tablet  | 20-12.5 mg                                  | Monopril HCT                                   | 1               | QL(30 in 30 Days)     |
| Fosinopril Sodium-Hctz Oral Tablet  | 10-12.5 mg                                  | Monopril HCT                                   | 2               | QL(30 in 30 Days)     |
| Hydrochlorothiazide Oral Capsule  | 12.5 mg                                     | Microzide                                      | 1               |                       |
| Hydrochlorothiazide Oral Tablet   | 12.5 mg, 25 mg, 50 mg                       | Carozide ,Esidrix ,hydroCHLOROthiazide         | 1               |                       |
| Indapamide Oral Tablet  | 1.25 mg, 2.5 mg                             | Lozol  | 1               |                       |
| Lisinopril-Hydrochlorothiazide Oral Tablet  | 10-12.5 mg, 20-12.5 mg, 20-25 mg            | Prinzide                                       | 1               | QL(30 in 30 Days)     |
| Metolazone Oral Tablet  | 10 mg, 2.5 mg, 5 mg                         | Zaroxolyn                                      | 1               |                       |
| Quinapril-Hydrochlorothiazide Oral Tablet   | 20-12.5 mg, 20-25 mg                        | Accuretic                                      | 2               | QL(30 in 30 Days)     |
| <b><i>Dyslipidemics, Fibric Acid Derivatives (Dislipidemicos, Derivados De Acido Fibrico)</i></b>               |   |  |                 |                       |
| Fenofibrate Micronized Oral Capsule   | 134 mg, 200 mg, 43 mg, 67 mg                | Antara ,Tricor                                 | 1               | QL(30 in 30 Days)     |
| Fenofibrate Oral Capsule  | 134 mg, 200 mg, 67 mg                       | Tricor   | 2               | QL(30 in 30 Days)     |
| Fenofibrate Oral Tablet   | 40 mg                                       | Fenoglide                                      | 2               | QL(30 in 30 Days)     |
| Fenofibrate Oral Tablet   | 145 mg, 48 mg, 54 mg                        | Tricor   | 1               | QL(30 in 30 Days)     |
| Fenofibric Acid Oral Capsule Delayed Release  | 135 mg                                      | Trilipix                                       | 1               | QL(30 in 30 Days)     |
| Fenofibric Acid Oral Capsule Delayed Release  | 45 mg                                       | Trilipix                                       | 2               | QL(30 in 30 Days)     |
| Gemfibrozil Oral Tablet   | 600 mg                                      | Lopid  | 1               | QL(60 in 30 Days)     |
| <b><i>Dyslipidemics, Hmg Coa Reductase Inhibitors (Dislipidemicos, Inhibidores De La Hmg Coa Reductasa)</i></b> |   |  |                 |                       |
| Atorvastatin Calcium Oral Tablet  | 40 mg, 80 mg                                | Lipitor  | 1               | QL(30 in 30 Days)     |
| Atorvastatin Calcium Oral Tablet  | 10 mg, 20 mg                                | Lipitor  | 1               | QL(30 in 30 Days) , * |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                         |
|--|----------------------------|--|-----------------|----------------------------|
| Fluvastatin Sodium Er Oral Tablet Extended Release 24 Hour   | 80 mg                      | Lescol XL                                      | 2               | QL(30 in 30 Days) , ST , * |
| Lovastatin Oral Tablet   | 10 mg, 20 mg               | Mevacor  | 1               | QL(30 in 30 Days) , *      |
| Lovastatin Oral Tablet   | 40 mg                      | Mevacor  | 1               | QL(60 in 30 Days) , *      |
| Pravastatin Sodium Oral Tablet   | 10 mg, 20 mg, 40 mg, 80 mg | Pravachol                                      | 1               | QL(30 in 30 Days) , *      |
| Rosuvastatin Calcium Oral Tablet   | 20 mg, 40 mg               | Crestor  | 1               | QL(30 in 30 Days)          |
| Rosuvastatin Calcium Oral Tablet   | 10 mg, 5 mg                | Crestor  | 1               | QL(30 in 30 Days) , *      |
| Simvastatin Oral Tablet  | 10 mg, 20 mg, 40 mg, 5 mg  | Zocor  | 1               | QL(30 in 30 Days) , *      |
| Simvastatin Oral Tablet  | 80 mg                      | Zocor  | 1               | QL(30 in 30 Days) , PA     |
| <b><i>Dyslipidemics, Other (Dislipidemicos, Otros)</i></b>   |                            |  |                 |                            |
| Cholestyramine Light Oral Packet   | 4 gm                       | Questran Light                                 | 2               |                            |
| Cholestyramine Light Oral Powder   | 4 gm/dose                  | LoCholest Light                                | 1               |                            |
| Cholestyramine Oral Packet   | 4 gm                       | Questran                                       | 2               |                            |
| Cholestyramine Oral Powder   | 4 gm/dose                  | Questran                                       | 1               |                            |
| Colestipol Hcl Oral Granules   | 5 gm                       | Colestid                                       | 2               |                            |
| Colestipol Hcl Oral Packet   | 5 gm                       | Colestid Flavored                              | 2               |                            |
| Colestipol Hcl Oral Tablet   | 1 gm                       | Colestid                                       | 1               |                            |
| Ezetimibe Oral Tablet  | 10 mg                      | Zetia  | 1               | QL(30 in 30 Days)          |
| Icosapent Ethyl Oral Capsule   | 1 gm                       | Vascepa  | 2               | QL(120 in 30 Days)         |
| Niacin Er (Antihyperlipidemic) Oral Tablet Extended Release  | 500 mg                     | Niaspan  | 2               | QL(30 in 30 Days)          |
| Niacin Er (Antihyperlipidemic) Oral Tablet Extended Release  | 1000 mg, 750 mg            | Niaspan  | 2               | QL(60 in 30 Days)          |
| Omega-3-Acid Ethyl Esters Oral Capsule   | 1 gm                       | Omacor   | 1               | QL(120 in 30 Days)         |
| <b><i>Vasodilators, Direct-Acting Arterial (Vasodilatadores, Arteriales De Accion Directa)</i></b> |                            |  |                 |                            |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                  |
|--|--|--|-----------------|---------------------|
| Hydralazine Hcl Oral Tablet  | 10 mg, 100 mg, 25 mg, 50 mg                | Apresoline                                     | 1               |                     |
| Minoxidil Oral Tablet  | 10 mg, 2.5 mg                              | Loniten  | 1               |                     |
| <b>Vasodilators, Direct-Acting Arterial/Venous (Vasodilatadores, Arteriales / Venosos De Accion Directa)</b>                             |  |  |                 |                     |
| Isosorbide Dinitrate Oral Tablet   | 10 mg, 20 mg, 30 mg, 5 mg                  | I.S.D. ,Isordil Titradose                      | 1               |                     |
| Isosorbide Dinitrate Oral Tablet   | 40 mg                                      | Isordil Titradose                              | 2               |                     |
| Isosorbide Mononitrate Er Oral Tablet Extended Release 24 Hour   | 120 mg, 30 mg, 60 mg                       | Imdur  | 1               |                     |
| Isosorbide Mononitrate Oral Tablet   | 10 mg, 20 mg                               | Ismo ,Monoket                                  | 1               |                     |
| Nitro-Bid Transdermal Ointment   | 2 %  | Nitrobid                                       | 4               |                     |
| Nitroglycerin Sublingual Tablet Sublingual   | 0.3 mg, 0.4 mg, 0.6 mg                     | Nitrostat                                      | 2               |                     |
| Nitroglycerin Transdermal Ointment   | 2 %  | Nitrobid                                       | 2               |                     |
| Nitroglycerin Transdermal Patch 24 Hour  | 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | Deponit ,Minitran                              | 1               |                     |
| Nitroglycerin Translingual Solution  | 0.4 mg/spray                               | Nitrolingual                                   | 2               |                     |
| Nitro-Time Oral Capsule Extended Release   | 2.5 mg, 6.5 mg, 9 mg                       | Mi-Trates ,Nitro                               | 4               |                     |
| <b>Central Nervous System Agents (Agentes Para El Sistema Nervioso Central)</b>  |  |  |                 |                     |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines (Agentes Para El Deficit De Atencion E Hiperactividad - Anfetamina)</b> |  |  |                 |                     |
| Amphetamine-Dextroamphet Er Oral Capsule Extended Release 24 Hour  | 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg    | Adderall XR                                    | 2               | QL(30 in 30 Days)   |
| Amphetamine-Dextroamphetamine Oral Tablet  | 30 mg                                      | Adderall                                       | 1               | QL(60 in 30 Days)   |
| Amphetamine-Dextroamphetamine Oral Tablet  | 12.5 mg, 15 mg, 5 mg                       | Adderall                                       | 1               | QL(90 in 30 Days)   |
| Amphetamine-Dextroamphetamine Oral Tablet  | 20 mg                                      | Adderall                                       | 2               | QL(60 in 30 Days)   |
| Amphetamine-Dextroamphetamine Oral Tablet  | 10 mg, 7.5 mg                              | Adderall                                       | 2               | QL(90 in 30 Days)   |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 5 mg                                       | Dexedrine                                      | 1               | QL(90 in 30 Days)   |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 15 mg                                      | Dexedrine                                      | 2               | QL(120 in 30 Days)  |
| Dextroamphetamine Sulfate Er Oral Capsule Extended Release 24 Hour   | 10 mg                                      | Dexedrine                                      | 2               | QL(180 in 30 Days)  |
| Dextroamphetamine Sulfate Oral Solution  | 5 mg/5ml                                   | LIQUADD  | 2               | QL(1800 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|---|---|--|-----------------|---------------------------|
| Dextroamphetamine Sulfate Oral Tablet   | 5 mg  | Dexedrine                                      | 2               | QL(90 in 30 Days)         |
| Dextroamphetamine Sulfate Oral Tablet   | 10 mg   | DextroStat                                     | 2               | QL(180 in 30 Days)        |
| Methamphetamine Hcl Oral Tablet   | 5 mg  | Desoxyn  | 2               | QL(150 in 30 Days)        |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines (Agentes Para El Deficit De Atencion E Hiperactividad - No Anfetamina)</b> |   |  |                 |                           |
| Atomoxetine Hcl Oral Capsule  | 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg      | Strattera                                      | 2               |                           |
| Clonidine Hcl Er Oral Tablet Extended Release 12 Hour   | 0.1 mg  | Kapvay   | 2               |                           |
| Dexmethylphenidate Hcl Er Oral Capsule Extended Release 24 Hour   | 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg | Focalin XR                                     | 2               | QL(30 in 30 Days) , PL1   |
| Dexmethylphenidate Hcl Oral Tablet  | 10 mg, 2.5 mg, 5 mg                                   | Focalin  | 2               | QL(60 in 30 Days) , PL1   |
| Guanfacine Hcl Er Oral Tablet Extended Release 24 Hour  | 1 mg, 2 mg, 3 mg, 4 mg                                | Intuniv  | 2               |                           |
| Methylphenidate Hcl Er (Cd) Oral Capsule Extended Release   | 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg              | Metadate CD                                    | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er (La) Oral Capsule Extended Release 24 Hour   | 10 mg, 20 mg, 30 mg, 40 mg, 60 mg                     | Ritalin LA                                     | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er (Osm) Oral Tablet Extended Release   | 18 mg, 27 mg, 54 mg                                   | Concerta                                       | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er (Osm) Oral Tablet Extended Release   | 36 mg   | Concerta                                       | 2               | QL(60 in 30 Days) , PL1   |
| Methylphenidate Hcl Er Oral Tablet Extended Release   | 10 mg, 20 mg  | Metadate ER ,Ritalin SR                        | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er Oral Tablet Extended Release 24 Hour   | 18 mg, 27 mg, 54 mg                                   | Methylphenidate HCl ER                         | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er Oral Tablet Extended Release 24 Hour   | 36 mg   | Methylphenidate HCl ER                         | 2               | QL(60 in 30 Days) , PL1   |
| Methylphenidate Hcl Er(Diffus) Oral Tablet Extended Release   | 27 mg, 54 mg  | Methylphenidate HCl ER(Diffus)                 | 2               | QL(30 in 30 Days) , PL1   |
| Methylphenidate Hcl Er(Diffus) Oral Tablet Extended Release   | 36 mg   | Methylphenidate HCl ER(Diffus)                 | 2               | QL(60 in 30 Days) , PL1   |
| Methylphenidate Hcl Oral Solution   | 5 mg/5ml  | Methylin                                       | 2               | QL(1800 in 30 Days) , PL1 |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|--|----------------------------|--|-----------------|---------------------------|
| Methylphenidate Hcl Oral Solution  | 10 mg/5ml                  | Methylin                                       | 2               | QL(900 in 30 Days) , PL1  |
| Methylphenidate Hcl Oral Tablet  | 10 mg, 20 mg, 5 mg         | Ritalin  | 1               | QL(90 in 30 Days) , PL1   |
| Methylphenidate Hcl Oral Tablet Chewable   | 10 mg, 2.5 mg, 5 mg        | Methylin                                       | 2               | QL(90 in 30 Days) , PL1   |
| <i>Central Nervous System, Other (Agentes Para El Sistema Nervioso Central, Otros)</i> |                            |  |                 |                           |
| Riluzole Oral Tablet   | 50 mg                      | Rilutek  | 5               | QL(60 in 30 Days) , PA    |
| Tetrabenazine Oral Tablet  | 25 mg                      | Xenazine                                       | 5               | QL(120 in 30 Days) , PA   |
| Tetrabenazine Oral Tablet  | 12.5 mg                    | Xenazine                                       | 5               | QL(90 in 30 Days) , PA    |
| <i>Multiple Sclerosis Agents (Agentes Para La Esclerosis Multiple)</i>                 |                            |  |                 |                           |
| Avonex Pen Intramuscular Auto-Injector Kit   | 30 mcg/0.5ml               | Avonex Pen                                     | 5               | QL(1 in 28 Days) , PA     |
| Avonex Prefilled Intramuscular Prefilled Syringe Kit                                   | 30 mcg/0.5ml               | Avonex Prefilled                               | 5               | QL(1 in 28 Days) , PA     |
| Betaseron Subcutaneous Kit   | 0.3 mg                     | Extavia  | 5               | QL(15 in 30 Days) , PA    |
| Dalfampridine Er Oral Tablet Extended Release 12 Hour                                  | 10 mg                      | Ampyra   | 5               | QL(60 in 30 Days) , PA    |
| Dimethyl Fumarate Oral Capsule Delayed Release   | 120 mg, 240 mg             | Tecfidera                                      | 5               | QL(60 in 30 Days) , PA    |
| Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack               | 120 & 240 mg               | Tecfidera                                      | 5               | QL(60 in 30 Days) , PA    |
| Fingolimod Hcl Oral Capsule  | 0.5 mg                     | Gilenya  | 5               | PA                        |
| Glatiramer Acetate Subcutaneous Solution Prefilled Syringe                             | 40 mg/ml                   | Copaxone                                       | 5               | QL(12 in 28 Days) , PA    |
| Glatiramer Acetate Subcutaneous Solution Prefilled Syringe                             | 20 mg/ml                   | Copaxone                                       | 5               | QL(30 in 30 Days) , PA    |
| Rebif_rebidose Titration Pack Subcutaneous Solution Auto-Injector                      | 6x8.8 & 6x22 mcg           | Rebif Rebidose Titration Pack                  | 5               | QL(4.200 in 28 Days) , PA |
| Rebif_subcutaneous Solution Prefilled Syringe  | 22 mcg/0.5ml, 44 mcg/0.5ml | Rebif  | 5               | QL(6 in 28 Days) , PA     |
| Teriflunomide Oral Tablet  | 14 mg, 7 mg                | Aubagio  | 5               | PA                        |
| Vumerity Oral Capsule Delayed Release  | 231 mg                     | Vumerity                                       | 5               | QL(120 in 30 Days) , PA   |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|----------------------------|--|-----------------|-------------------|
| <b>Dental And Oral Agents (Agentes Dentales Y Orales)</b> |                            |  |                 |                   |
| <i>Dental And Oral Agents (Agentes Dentales Y Orales)</i> |                            |  |                 |                   |
| Cevimeline Hcl Oral Capsule                               | 30 mg                      | Evoxac   | 2               |                   |
| Chlorhexidine Gluconate Mouth/Throat Solution             | 0.12 %                     | Peridex  | 2               |                   |
| Clotrimazole Mouth/Throat Troche                          | 10 mg                      | Mycelex  | 1               |                   |
| Lidocaine Viscous Hcl Mouth/Throat Solution               | 2 %                        | Lidomar Viscous                                | 2               |                   |
| Nystatin Mouth/Throat Suspension                          | 100000 unit/ml             | Mycostatin                                     | 1               |                   |
| Oralene Mouth/Throat Paste                                | 0.1 %                      | Kenalog in Orabase                             | 2               |                   |
| Triamcinolone Acetonide Mouth/Throat Paste                | 0.1 %                      | Kenalog in Orabase                             | 2               |                   |
| <b>Dermatological Agents (Agentes Dermatologicos)</b>     |                            |  |                 |                   |
| <i>Dermatological Agents (Agentes Dermatologicos)</i>     |                            |  |                 |                   |
| Accutane Oral Capsule                                     | 10 mg, 20 mg, 30 mg, 40 mg | Accutane ,Sotret                               | 2               | PA                |
| Acitretin Oral Capsule                                    | 10 mg, 17.5 mg, 25 mg      | Soriatane                                      | 2               | QL(60 in 30 Days) |
| Acyclovir External Ointment                               | 5 %                        | Zovirax  | 2               |                   |
| Adapalene External Cream                                  | 0.1 %                      | Differin                                       | 2               | PA                |
| Adapalene External Gel                                    | 0.1 %, 0.3 %               | Differin                                       | 2               | PA                |
| Adapalene External Solution                               | 0.1 %                      | Differin                                       | 2               | PA                |
| Ala_scalp External Lotion                                 | 2 %                        | Ala Scalp                                      | 4               |                   |
| Ammonium Lactate External Cream                           | 12 %                       | Lac-Hydrin                                     | 1               |                   |
| Ammonium Lactate External Lotion                          | 12 %                       | Lac-Hydrin                                     | 1               |                   |
| Arzol_silver Nit Applicators External Miscellaneous       | 75-25 %                    | Arzol Silver Nit Applicators                   | 4               |                   |
| Avar-E Emollient External Cream                           | 10-5 %                     | Plexion SCT                                    | 2               |                   |
| Benzepro Creamy Wash External Liquid                      | 7 %                        | NeoBenz Micro Wash                             | 4               |                   |
| Benzepro External Foam                                    | 5.2 %, 9.7 %               | BenzePrO                                       | 4               |                   |
| Benzepro External Liquid                                  | 6.8 %                      | BenzePrO                                       | 4               |                   |
| Benzepro External Miscellaneous                           | 5.8 %                      | BenzePrO                                       | 4               |                   |
| Benzepro Foaming Cloths External Miscellaneous            | 6 %                        | Triaz Foaming Cloths                           | 2               |                   |
| Benzoyl Peroxide-Erythromycin External Gel                | 5-3 %                      | Benzamycin                                     | 2               |                   |
| Betamethasone Valerate External Foam                      | 0.12 %                     | Luxiq  | 2               |                   |
| Bexarotene External Gel                                   | 1 %                        | Targretin                                      | 5               | PA                |
| Bp_10-1 External Emulsion                                 | 10-1 %                     | Rosac Wash                                     | 2               |                   |

| Product Name<br>(Nombre del Medicamento)    | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|---|----------------------------|--|-----------------|--------------------|
| Calcipotriene External Ointment             | 0.005 %                    | Dovonex  | 2               | QL(120 in 30 Days) |
| Calcipotriene External Solution             | 0.005 %                    | Dovonex  | 2               | QL(60 in 30 Days)  |
| Cem-Urea External Solution                  | 45 %                       | Uramaxin GT                                    | 4               |                    |
| Ciclopirox Treatment External Kit           | 8 %                        | Ciclodan Solution                              | 4               |                    |
| Claravis Oral Capsule                       | 10 mg, 20 mg, 30 mg, 40 mg | Accutane ,Sotret                               | 2               | PA                 |
| Clindamycin Phos (Twice-Daily) External Gel | 1 %                        | Clindamycin Phos (Twice-Daily)                 | 1               |                    |
| Clindamycin Phos-Benzoyl Perox External Gel | 1-5 %, 1.2-5 %             | BenzaClin ,Duac                                | 2               |                    |
| Clindamycin Phosphate External Lotion       | 1 %                        | Cleocin-T                                      | 2               |                    |
| Clindamycin Phosphate External Solution     | 1 %                        | Cleocin-T                                      | 2               | QL(120 in 30 Days) |
| Desoximetasone External Cream               | 0.05 %                     | Topicort LP                                    | 2               |                    |
| Desoximetasone External Ointment            | 0.05 %, 0.25 %             | Topicort                                       | 2               |                    |
| Diclofenac Sodium External Gel              | 3 %                        | Solaraze                                       | 2               | QL(100 in 30 Days) |
| Diclofenac Sodium External Solution         | 1.5 %                      | Diclofenac Sodium                              | 2               |                    |
| Drysol External Solution                    | 20 %                       | Drysol   | 4               |                    |
| Ery_external Pad                            | 2 %                        | Erycette                                       | 4               |                    |
| Erythromycin External Gel                   | 2 %                        | A/T/S  | 2               |                    |
| Erythromycin External Solution              | 2 %                        | A/T/S  | 2               |                    |
| Fluocinolone Acetonide External Cream       | 0.01 %, 0.025 %            | Flurosyn ,Synalar                              | 2               |                    |
| Fluocinolone Acetonide External Ointment    | 0.025 %                    | Flurosyn                                       | 2               |                    |
| Fluocinolone Acetonide External Solution    | 0.01 %                     | Fluonid  | 2               |                    |
| Fluorouracil External Cream                 | 5 %                        | Efudex   | 2               |                    |
| Fluorouracil External Solution              | 2 %, 5 %                   | Efudex   | 2               |                    |
| Gentamicin Sulfate External Cream           | 0.1 %                      | Garamycin                                      | 2               |                    |
| Gentamicin Sulfate External Ointment        | 0.1 %                      | Garamycin                                      | 2               |                    |
| Imiquimod External Cream                    | 5 %                        | Aldara   | 1               |                    |
| Isotretinoin Oral Capsule                   | 10 mg, 20 mg, 30 mg, 40 mg | Accutane ,Sotret                               | 2               | PA                 |

| Product Name<br>(Nombre del Medicamento)      | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia)                  | Tier<br>(Nivel) | UM                |
|---|----------------------------------|---|-----------------|-------------------|
| Keralyt External Shampoo                      | 6 %                              | Salex   | 2               |                   |
| Klayesta External Powder                      | 100000 unit/gm                   | Pedi-Dri  | 2               |                   |
| Lactic Acid E External Cream                  | 10-3500 %-unt/30gm               | Lactinol-E  | 2               |                   |
| Lidocaine External Ointment                   | 5 %                              | Premium Lidocaine   | 2               |                   |
| Lidocaine External Patch                      | 5 %                              | Lidoderm  | 2               |                   |
| Lidocaine Hcl External Solution               | 4 %                              | Xylocaine   | 1               |                   |
| Lidocaine-Prilocaine External Cream           | 2.5-2.5 %                        | EMLA  | 1               |                   |
| Methoxsalen Rapid Oral Capsule                | 10 mg                            | Oxsoralen Ultra   | 2               |                   |
| Metronidazole External Cream                  | 0.75 %                           | MetroCream  | 1               |                   |
| Metronidazole External Gel                    | 0.75 %, 1 %                      | Metrogel  | 2               |                   |
| Metronidazole External Lotion                 | 0.75 %                           | MetroLotion   | 2               | QL(59 in 15 Days) |
| Mupirocin External Ointment                   | 2 %                              | Bactroban   | 1               |                   |
| Nyamyc External Powder                        | 100000 unit/gm                   | Pedi-Dri  | 2               |                   |
| Panretin External Gel                         | 0.1 %                            | Panretin  | 6               |                   |
| Pimecrolimus External Cream                   | 1 %                              | Elidel  | 2               |                   |
| Podofilox External Solution                   | 0.5 %                            | Condylox  | 2               |                   |
| Salicylic Acid External Gel                   | 6 %                              | Hydrisalic  | 2               |                   |
| Salicylic Acid External Shampoo               | 6 %                              | Salex   | 2               |                   |
| Salicylic Acid Wart Remover External Liquid   | 27.5 %                           | Virasal   | 2               |                   |
| Salicylic Acid-Cleanser External Kit          | 6 % cream                        | Salex   | 2               |                   |
| Selenium Sulfide External Lotion              | 2.5 %                            | Selsun  | 2               |                   |
| Selenium Sulfide External Shampoo             | 2.25 %, 2.3 %                    | Selenium Sulfide ,SelRx   | 2               |                   |
| Silver Sulfadiazine External Cream            | 1 %                              | SSD   | 2               |                   |
| Sulfacetamide Sodium External Liquid          | 10 %                             | Ovace Wash  | 2               |                   |
| Sulfacetamide Sodium-Sulfur External Cream    | 10-2 %, 9.8-4.8 %                | Avar-e LS ,Plexion  | 2               |                   |
| Sulfacetamide Sodium-Sulfur External Emulsion | 10-1 %                           | Rosac Wash  | 2               |                   |
| Sulfacetamide Sodium-Sulfur External Liquid   | 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 % | Avar Cleanser ,Avar LS Cleanser ,Plexion Cleanser ,Sumaxin Wash | 2               |                   |
| Sulfacetamide Sodium-Sulfur External Liquid   | 9-4.5 %                          | Sumadan Wash  | 1               |                   |

| Product Name<br>(Nombre del Medicamento)                                   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|--|--|-----------------|------------------------|
| Sulfacetamide Sodium-Sulfur External Lotion                                | 10-5 %, 9.8-4.8 %  | Novacet ,Plexion                               | 2               |                        |
| Sulfacetamide Sodium-Sulfur External Suspension                            | 8-4 %  | Sumaxin TS                                     | 1               |                        |
| Sulfacetamide Sod-Sulfur Wash External Liquid                              | 9-4 %, 9-4.5 %   | Sumadan Wash ,Sumaxin Wash                     | 2               |                        |
| Sumaxin External Pad   | 10-4 %   | Sumaxin  | 4               |                        |
| Tacrolimus External Ointment   | 0.03 %, 0.1 %  | Protopic                                       | 2               |                        |
| Tazarotene External Cream  | 0.1 %  | Tazorac  | 2               | QL(60 in 30 Days) , PA |
| Tretinoin External Cream   | 0.025 %, 0.05 %, 0.1 %   | Retin-A  | 2               | PA                     |
| Tretinoin External Gel   | 0.01 %, 0.025 %  | Retin-A  | 2               | PA                     |
| Triamcinolone Acetonide External Aerosol Solution                          | 0.147 mg/gm  | Kenalog  | 2               |                        |
| Triamcinolone Acetonide External Ointment                                  | 0.025 %, 0.05 %, 0.5 %   | Triamcinolone Acetonide ,Trianex               | 2               |                        |
| Triamcinolone In Absorbase External Ointment                               | 0.05 %   | Trianex  | 2               |                        |
| Uramaxin External Gel  | 45 %   | Uramaxin                                       | 4               |                        |
| Urea_external Cream  | 40 %   | Carmol 40                                      | 2               |                        |
| Urea_external Lotion   | 40 %   | Carmol 40                                      | 2               |                        |
| Valchlor External Gel  | 0.016 %  | Valchlor                                       | 5               | QL(60 in 30 Days)      |
| <b>Enzyme Replacement/Modifiers (Reemplazo De Enzimas / Modificadores)</b> |  |  |                 |                        |
| <i>Enzyme Replacement/Modifiers (Reemplazo De Enzimas / Modificadores)</i> |  |  |                 |                        |
| Betaine Oral Powder  |  | Cystadane                                      | 5               |                        |
| Carglumic Acid Oral Tablet Soluble   | 200 mg   | Carbaglu                                       | 5               | PA                     |
| Creon_oral Capsule Delayed Release Particles                               | 12000-38000 unit, 24000-76000 unit, 3000-9500 unit, 36000-114000 unit, 6000-19000 unit | Creon  | 3               |                        |
| Cystagon Oral Capsule  | 150 mg, 50 mg  | Cystagon                                       | 5               | PA                     |
| Galafold Oral Capsule  | 123 mg   | Galafold                                       | 6               | PA                     |
| Levocarnitine Oral Solution  | 1 gm/10ml  | Carnitor                                       | 2               |                        |
| Levocarnitine Oral Tablet  | 330 mg   | Carnitor                                       | 2               | PA                     |
| Nitisinone Oral Capsule  | 10 mg, 2 mg, 20 mg, 5 mg   | Orfadin  | 5               | PA                     |
| Orfadin Oral Suspension  | 4 mg/ml  | Orfadin  | 6               | PA                     |
| Sapropterin Dihydrochloride Oral Packet                                    | 100 mg, 500 mg   | Kuvan  | 5               | PA                     |

| Product Name<br>(Nombre del Medicamento)      | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|--|--|-----------------|----|
| Sapropterin Dihydrochloride Oral Tablet       | 100 mg   | Kuvan  | 5               | PA |
| Sodium Phenylbutyrate Oral Powder             | 3 gm/tsp   | Buphenyl                                       | 5               | PA |
| Sodium Phenylbutyrate Oral Tablet             | 500 mg   | Buphenyl                                       | 5               | PA |
| Zelvysia Oral Packet                          | 100 mg, 500 mg   | Kuvan  | 5               | PA |
| 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   | 3               |    |

### Gastrointestinal Agents (Agentes Gastrointestinales)

#### *Antispasmodics, Gastrointestinal (Antiespasmódicos, Gastrointestinales)*

|  |  |                         |   |     |
|--|--|-------------------------|---|-----|
| Atropine Sulfate Injection Solution                          | 8 mg/20ml                                  | Atropine Sulfate        | 2 |     |
| Atropine Sulfate Injection Solution Prefilled Syringe        | 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml         | Atropine Sulfate        | 2 |     |
| Chlordiazepoxide-Clidinium Oral Capsule                      | 5-2.5 mg                                   | H-Tran Plus             | 1 |     |
| Dicyclomine Hcl Oral Capsule                                 | 10 mg                                      | Bentyl                  | 1 | PL2 |
| Dicyclomine Hcl Oral Solution                                | 10 mg/5ml                                  | Bentyl                  | 2 | PL2 |
| Dicyclomine Hcl Oral Tablet                                  | 20 mg                                      | Bentyl                  | 1 | PL2 |
| Glycopyrrolate +rfid Injection Solution                      | 0.2 mg/ml                                  | Robinul                 | 2 |     |
| Glycopyrrolate Injection Solution                            | 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml | Robinul                 | 2 |     |
| Glycopyrrolate Oral Tablet                                   | 1 mg, 2 mg                                 | Robinul ,Robinul-Forte  | 1 | PL2 |
| Glycopyrrolate Pf +rfid Injection Solution Prefilled Syringe | 0.2 mg/ml, 0.4 mg/2ml                      | Glycopyrrolate PF +RFID | 2 |     |
| Glycopyrrolate Pf Injection Solution Prefilled Syringe       | 0.2 mg/ml, 0.4 mg/2ml                      | Glycopyrrolate PF       | 2 |     |
| Hyoscyamine Sulfate Er Oral Tablet Extended Release 12 Hour  | 0.375 mg                                   | Levbid                  | 2 |     |
| Hyoscyamine Sulfate Oral Elixir                              | 0.125 mg/5ml                               | Levsin                  | 1 |     |
| Hyoscyamine Sulfate Oral Solution                            | 0.125 mg/ml                                | Colidrops               | 1 |     |
| Hyoscyamine Sulfate Oral Tablet                              | 0.125 mg                                   | Anaspaz                 | 1 |     |
| Hyoscyamine Sulfate Oral Tablet Disintegrating               | 0.125 mg                                   | NuLev                   | 2 |     |
| Hyoscyamine Sulfate Sl Sublingual Tablet Sublingual          | 0.125 mg                                   | Hyosol/SL               | 2 |     |
| Hyoscyamine Sulfate Sublingual Tablet Sublingual             | 0.125 mg                                   | Hyosol/SL               | 1 |     |
| Methscopolamine Bromide Oral Tablet                          | 2.5 mg, 5 mg                               | Pamine ,Pamine Forte    | 2 |     |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|--------------------------|--|-----------------|-------------------|
| Oscimin Sublingual Tablet Sublingual  | 0.125 mg                 | Hyosol/SL                                      | 2               |                   |
| <b><i>Gastrointestinal Agents, Other (Agentes Gastrointestinales, Otros)</i></b>                |                          |  |                 |                   |
| Amoxicill-Clarithro-Lansopraz Oral Therapy Pack   | 500 & 500 & 30 mg        | Prevpac  | 2               | PL2               |
| Cromolyn Sodium Oral Concentrate  | 100 mg/5ml               | Gastrocrom                                     | 2               |                   |
| Diphenoxylate-Atropine Oral Liquid  | 2.5-0.025 mg/5ml         | Lomotil  | 2               |                   |
| Diphenoxylate-Atropine Oral Tablet  | 2.5-0.025 mg             | Di-Atro  | 1               |                   |
| Gattex Subcutaneous Kit   | 5 mg                     | Gattex   | 6               | PA                |
| Loperamide Hcl Oral Capsule   | 2 mg                     | Imodium  | 1               |                   |
| Symproic Oral Tablet  | 0.2 mg                   | Symproic                                       | 3               |                   |
| Ursodiol Oral Capsule   | 300 mg                   | Actigall                                       | 2               |                   |
| Ursodiol Oral Tablet  | 250 mg                   | Urso 250                                       | 1               |                   |
| Ursodiol Oral Tablet  | 500 mg                   | Urso Forte                                     | 2               |                   |
| <b><i>Histamine2 (H2) Receptor Antagonists (Antagonistas De Receptores Histamina2 (H2))</i></b> |                          |  |                 |                   |
| Cimetidine Hcl Oral Solution  | 300 mg/5ml               | Cimetidine HCl                                 | 2               | PL2               |
| Cimetidine Oral Tablet  | 200 mg, 300 mg, 400 mg   | Tagamet  | 1               | PL2               |
| Cimetidine Oral Tablet  | 800 mg                   | Tagamet  | 2               | PL2               |
| Famotidine Oral Suspension Reconstituted  | 40 mg/5ml                | Pepcid   | 2               | PL2               |
| Famotidine Oral Tablet  | 20 mg, 40 mg             | Pepcid   | 1               | PL2               |
| Nizatidine Oral Capsule   | 150 mg, 300 mg           | Axid   | 1               | PL2               |
| Ranitidine Hcl Oral Tablet  | 150 mg, 300 mg           | Zantac   | 2               | PL2               |
| <b><i>Irritable Bowel Syndrome Agents (Agentes Para El Sindrome De Intestino Irritable)</i></b> |                          |  |                 |                   |
| Alosetron Hcl Oral Tablet   | 0.5 mg, 1 mg             | Lotronex                                       | 2               |                   |
| Linzess Oral Capsule  | 145 mcg, 290 mcg, 72 mcg | Linzess  | 3               | QL(30 in 30 Days) |
| <b><i>Laxatives (Laxantes)</i></b>  |                          |  |                 |                   |
| Enulose Oral Solution   | 10 gm/15ml               | Enulose  | 2               |                   |
| Lactulose Encephalopathy Oral Solution  | 10 gm/15ml               | Enulose  | 2               |                   |
| Lactulose Oral Solution   | 10 gm/15ml               | Constulose                                     | 1               |                   |
| Lactulose Oral Solution   | 20 gm/30ml               | Constulose                                     | 2               |                   |
| <b><i>Protectants (Protectores)</i></b>   |                          |  |                 |                   |
| Misoprostol Oral Tablet   | 200 mcg                  | Cytotec  | 1               | PL2               |
| Misoprostol Oral Tablet   | 100 mcg                  | Cytotec  | 2               | PL2               |
| Sucralfate Oral Suspension  | 1 gm/10ml                | Carafate                                       | 2               | PL2               |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|---|---------------------------|--|-----------------|-------------------------|
| Sucralfate Oral Tablet  | 1 gm                      | Carafate                                       | 1               | PL2                     |
| <b>Proton Pump Inhibitors (Inhibidores De Bomba De Protones)</b>                            |                           |  |                 |                         |
| Esomeprazole Magnesium Oral Capsule Delayed Release   | 20 mg, 40 mg              | NexIUM   | 1               | QL(30 in 30 Days) , PL2 |
| Esomeprazole Magnesium Oral Packet  | 10 mg, 20 mg, 40 mg       | NexIUM   | 2               | QL(30 in 30 Days) , PL2 |
| Lansoprazole Oral Capsule Delayed Release   | 15 mg, 30 mg              | Prevacid                                       | 1               | QL(30 in 30 Days) , PL2 |
| Omeprazole Oral Capsule Delayed Release   | 10 mg, 20 mg, 40 mg       | PriLOSEC                                       | 1               | QL(30 in 30 Days) , PL2 |
| Pantoprazole Sodium Oral Tablet Delayed Release   | 20 mg, 40 mg              | Protonix                                       | 1               | QL(30 in 30 Days) , PL2 |
| Rabeprazole Sodium Oral Tablet Delayed Release  | 20 mg                     | Aciphex  | 1               | QL(30 in 30 Days) , PL2 |
| <b>Genitourinary Agents (Agentes Genitourinarios)</b>                                       |                           |  |                 |                         |
| <b>Antispasmodics, Urinary (Antiespasmodicos, Urinarios)</b>                                |                           |  |                 |                         |
| Bethanechol Chloride Oral Tablet  | 10 mg, 25 mg, 5 mg, 50 mg | Duvoid , Urecholine                            | 1               |                         |
| Darifenacin Hydrobromide Er Oral Tablet Extended Release 24 Hour                            | 15 mg, 7.5 mg             | Enablex  | 2               | QL(30 in 30 Days)       |
| Flavoxate Hcl Oral Tablet   | 100 mg                    | flavoxATE HCl                                  | 1               |                         |
| Mirabegron Er Oral Tablet Extended Release 24 Hour  | 25 mg, 50 mg              | Myrbetriq                                      | 2               | QL(30 in 30 Days)       |
| Myrbetriq Oral Suspension Reconstituted Er  | 8 mg/ml                   | Myrbetriq                                      | 3               | QL(300 in 30 Days)      |
| Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour                                 | 5 mg                      | Ditropan XL                                    | 1               | QL(30 in 30 Days)       |
| Oxybutynin Chloride Er Oral Tablet Extended Release 24 Hour                                 | 10 mg, 15 mg              | Ditropan XL                                    | 1               | QL(60 in 30 Days)       |
| Oxybutynin Chloride Oral Solution   | 5 mg/5ml                  | oxyBUTYnin Chloride                            | 2               |                         |
| Oxybutynin Chloride Oral Tablet   | 5 mg                      | oxyBUTYnin Chloride                            | 1               |                         |
| Tolterodine Tartrate Er Oral Capsule Extended Release 24 Hour                               | 2 mg, 4 mg                | Detrol LA                                      | 1               | QL(30 in 30 Days)       |
| Tolterodine Tartrate Oral Tablet  | 1 mg, 2 mg                | Detrol   | 1               | QL(60 in 30 Days)       |
| Tropium Chloride Er Oral Capsule Extended Release 24 Hour                                   | 60 mg                     | Sanctura XR                                    | 2               | QL(30 in 30 Days)       |
| Tropium Chloride Oral Tablet  | 20 mg                     | Sanctura                                       | 1               |                         |
| <b>Benign Prostatic Hypertrophy Agents (Agentes Para La Hipertrofia Prostatica Benigna)</b> |                           |  |                 |                         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--------------------------|--|-----------------|------------------------|
| Alfuzosin Hcl Er Oral Tablet Extended Release 24 Hour   | 10 mg                    | Uroxatral                                      | 1               | QL(30 in 30 Days)      |
| Dutasteride Oral Capsule  | 0.5 mg                   | Avodart  | 1               | QL(30 in 30 Days)      |
| Finasteride Oral Tablet   | 5 mg                     | Proscar  | 1               | QL(30 in 30 Days)      |
| Tadalafil Oral Tablet   | 5 mg                     | Cialis   | 1               | QL(30 in 30 Days) , PA |
| Tadalafil Oral Tablet   | 2.5 mg                   | Cialis   | 2               | QL(30 in 30 Days) , PA |
| Tamsulosin Hcl Oral Capsule   | 0.4 mg                   | Flomax   | 1               | QL(60 in 30 Days)      |
| <b>Genitourinary Agents, Other (Agentes Genitourinarios, Otros)</b>   |                          |  |                 |                        |
| Elmiron Oral Capsule  | 100 mg                   | Elmiron  | 3               |                        |
| Phenazopyridine Hcl Oral Tablet   | 100 mg                   | Pyridiate                                      | 1               |                        |
| Phenazopyridine Hcl Oral Tablet   | 200 mg                   | Pyridiate                                      | 2               |                        |
| Urelle Oral Tablet  | 81 mg                    | Urelle   | 2               |                        |
| <b>Phosphate Binders (Aglutinantes De Fosfato)</b>  |                          |  |                 |                        |
| Calcium Acetate (Phos Binder) Oral Capsule  | 667 mg                   | PhosLo   | 2               |                        |
| Calcium Acetate (Phos Binder) Oral Tablet   | 667 mg                   | Calphron                                       | 2               |                        |
| Lanthanum Carbonate Oral Tablet Chewable  | 1000 mg, 500 mg, 750 mg  | Fosrenol                                       | 2               |                        |
| Sevelamer Carbonate Oral Packet   | 2.4 gm                   | Renvela  | 2               | QL(180 in 30 Days)     |
| Sevelamer Carbonate Oral Packet   | 0.8 gm                   | Renvela  | 2               | QL(540 in 30 Days)     |
| Sevelamer Carbonate Oral Tablet   | 800 mg                   | Renvela  | 1               | QL(540 in 30 Days)     |
| Sevelamer Hcl Oral Tablet   | 400 mg                   | Renagel  | 2               |                        |
| Sevelamer Hcl Oral Tablet   | 800 mg                   | Renagel  | 2               | QL(540 in 30 Days)     |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Adrenales))</b> |                          |  |                 |                        |
| <b>Glucocorticoids/Mineralocorticoids (Glucocorticoides/Mineralocorticoides)</b>  |                          |  |                 |                        |
| Ala-Cort External Cream   | 1 %                      | Ala-Cort                                       | 2               |                        |
| Alclometasone Dipropionate External Cream   | 0.05 %                   | Aclovate                                       | 2               |                        |
| Alclometasone Dipropionate External Ointment  | 0.05 %                   | Aclovate                                       | 2               |                        |
| Betamethasone Dipropionate Aug External Cream   | 0.05 %                   | Diprolene AF                                   | 1               |                        |

| Product Name<br>(Nombre del Medicamento)          | Dosage<br>(Presentacion)            | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|-------------------------------------|--|-----------------|-------------------|
| Betamethasone Dipropionate Aug External Ointment  | 0.05 %                              | Diprolene                                      | 2               |                   |
| Betamethasone Dipropionate External Cream         | 0.05 %                              | Alphatrex                                      | 1               |                   |
| Betamethasone Dipropionate External Lotion        | 0.05 %                              | Alphatrex                                      | 1               |                   |
| Betamethasone Dipropionate External Ointment      | 0.05 %                              | Alphatrex                                      | 2               |                   |
| Betamethasone Valerate External Cream             | 0.1 %                               | Beta-Val                                       | 1               |                   |
| Betamethasone Valerate External Lotion            | 0.1 %                               | Beta-Val                                       | 2               |                   |
| Betamethasone Valerate External Ointment          | 0.1 %                               | Betatrex                                       | 2               |                   |
| Budesonide Oral Capsule Delayed Release Particles | 3 mg                                | Entocort EC                                    | 2               |                   |
| Clobetasol Prop Emollient Base External Cream     | 0.05 %                              | Embeline E                                     | 2               |                   |
| Clobetasol Propionate E External Cream            | 0.05 %                              | Embeline E                                     | 1               |                   |
| Clobetasol Propionate External Cream              | 0.05 %                              | Temovate                                       | 1               |                   |
| Clobetasol Propionate External Gel                | 0.05 %                              | Temovate                                       | 1               |                   |
| Clobetasol Propionate External Lotion             | 0.05 %                              | Clobex   | 2               |                   |
| Clobetasol Propionate External Ointment           | 0.05 %                              | Temovate                                       | 1               |                   |
| Clobetasol Propionate External Shampoo            | 0.05 %                              | Clobex   | 2               |                   |
| Clobetasol Propionate External Solution           | 0.05 %                              | Temovate                                       | 1               | QL(50 in 15 Days) |
| Cortisone Acetate Oral Tablet                     | 25 mg                               | Cortisone Acetate                              | 2               |                   |
| Depo-Medrol Injection Suspension                  | 20 mg/ml                            | DEPO-Medrol                                    | 4               |                   |
| Desonide External Cream                           | 0.05 %                              | DesOwen  | 2               |                   |
| Desonide External Lotion                          | 0.05 %                              | DesOwen  | 2               |                   |
| Desonide External Ointment                        | 0.05 %                              | DesOwen  | 1               |                   |
| Desoximetasone External Cream                     | 0.25 %                              | Topicort                                       | 1               |                   |
| Desoximetasone External Gel                       | 0.05 %                              | Topicort                                       | 1               |                   |
| Dexamethasone Intensol Oral Concentrate           | 1 mg/ml                             | dexAMETHasone Intensol                         | 4               |                   |
| Dexamethasone Oral Elixir                         | 0.5 mg/5ml                          | Decadron                                       | 2               |                   |
| Dexamethasone Oral Solution                       | 0.5 mg/5ml                          | dexAMETHasone                                  | 2               |                   |
| Dexamethasone Oral Tablet                         | 1 mg, 4 mg                          | Decadron ,dexAMETHasone                        | 2               |                   |
| Dexamethasone Oral Tablet                         | 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 6 mg | Decadron ,dexAMETHasone ,Dexone                | 1               |                   |

| Product Name<br>(Nombre del Medicamento)                          | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|---------------------------------------|--|-----------------|----|
| Dexamethasone Oral Tablet Therapy Pack                            | 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) | DexPak 10 Day ,DexPak 13 Day ,DexPak 6 Day     | 2               |    |
| Dexamethasone Sod Phos +rfid Injection Solution Prefilled Syringe | 4 mg/ml                               | dexAMETHasone Sod Phos +RFID                   | 2               |    |
| Dexamethasone Sod Phosphate Pf Injection Solution                 | 10 mg/ml                              | dexAMETHasone Sod Phosphate PF                 | 2               |    |
| Dexamethasone Sodium Phosphate Injection Solution                 | 10 mg/ml, 4 mg/ml                     | Adrenocot ,Dekasol-10                          | 2               |    |
| Dexamethasone Sodium Phosphate Injection Solution                 | 100 mg/10ml, 120 mg/30ml, 20 mg/5ml   | dexAMETHasone Sodium Phosphate                 | 1               |    |
| Fludrocortisone Acetate Oral Tablet                               | 0.1 mg                                | Florinef                                       | 1               |    |
| Fluocinolone Acetonide Body External Oil                          | 0.01 %                                | Derma-Smoothe/FS Body                          | 2               |    |
| Fluocinolone Acetonide Scalp External Oil                         | 0.01 %                                | Derma-Smoothe/FS Scalp                         | 1               |    |
| Fluocinonide Emulsified Base External Cream                       | 0.05 %                                | Lidex-E  | 2               |    |
| Fluocinonide External Cream                                       | 0.05 %, 0.1 %                         | Lidex ,Vanos                                   | 2               |    |
| Fluocinonide External Gel   | 0.05 %                                | Lidex  | 2               |    |
| Fluocinonide External Ointment                                    | 0.05 %                                | Lidex  | 1               |    |
| Fluocinonide External Solution                                    | 0.05 %                                | Lidex  | 1               |    |
| Fluticasone Propionate External Cream                             | 0.05 %                                | Cutivate                                       | 1               |    |
| Fluticasone Propionate External Ointment                          | 0.005 %                               | Cutivate                                       | 1               |    |
| Halobetasol Propionate External Cream                             | 0.05 %                                | Ultravate                                      | 2               |    |
| Halobetasol Propionate External Ointment                          | 0.05 %                                | Ultravate                                      | 1               |    |
| Hydrocortisone Butyrate External Ointment                         | 0.1 %                                 | Locoid   | 2               |    |
| Hydrocortisone Butyrate External Solution                         | 0.1 %                                 | Locoid   | 2               |    |
| Hydrocortisone External Cream                                     | 1 %                                   | Ala-Cort                                       | 2               |    |
| Hydrocortisone External Cream                                     | 2.5 %                                 | HC Cream                                       | 1               |    |
| Hydrocortisone External Lotion                                    | 2.5 %                                 | Hytone   | 1               |    |
| Hydrocortisone External Ointment                                  | 1 %, 2.5 %                            | Cortizone-10 ,Hytone                           | 1               |    |
| Hydrocortisone Oral Tablet  | 10 mg, 20 mg, 5 mg                    | Cortef   | 1               |    |
| Hydrocortisone Sod Suc (Pf) Injection Solution Reconstituted      | 100 mg                                | Solu-CORTEF                                    | 2               |    |
| Hydrocortisone Valerate External Cream                            | 0.2 %                                 | Westcort                                       | 1               |    |
| Methylprednisolone Oral Tablet                                    | 4 mg                                  | Medrol   | 1               |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)                  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|--|---|--|-----------------|----|
| Methylprednisolone Oral Tablet   | 16 mg, 32 mg, 8 mg                        | Medrol   | 2               |    |
| Methylprednisolone Oral Tablet Therapy Pack  | 4 mg                                      | Medrol (Pak)                                   | 1               |    |
| Methylprednisolone Sodium Succ Injection Solution Reconstituted  | 1000 mg, 125 mg, 40 mg, 500 mg            | A-Methapred                                    | 2               |    |
| Mometasone Furoate External Cream  | 0.1 %                                     | Elocon   | 1               |    |
| Mometasone Furoate External Ointment   | 0.1 %                                     | Elocon   | 1               |    |
| Mometasone Furoate External Solution   | 0.1 %                                     | Elocon   | 1               |    |
| Prednisolone Oral Solution   | 15 mg/5ml                                 | predniSONE                                     | 2               |    |
| Prednisolone Sodium Phosphate Oral Solution  | 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 5 mg/5ml | Millipred ,Orapred ,Pediapred ,Veripred 20     | 2               |    |
| Prednisone Intensol Oral Concentrate   | 5 mg/ml                                   | predniSONE Intensol                            | 4               |    |
| Prednisone Oral Solution   | 5 mg/5ml                                  | predniSONE                                     | 2               |    |
| Prednisone Oral Tablet   | 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg   | Deltasone ,Meticorten                          | 1               |    |
| Prednisone Oral Tablet Therapy Pack  | 5 mg (48)                                 | predniSONE                                     | 1               |    |
| Prednisone Oral Tablet Therapy Pack  | 10 mg (21), 5 mg (21)                     | predniSONE                                     | 2               |    |
| Solu-Cortef Injection Solution Reconstituted   | 1000 mg, 250 mg, 500 mg                   | Solu-CORTEF                                    | 3               |    |
| Solu-Medrol Injection Solution Reconstituted   | 2 gm                                      | SOLU-Medrol                                    | 4               |    |
| Triamcinolone Acetonide External Cream   | 0.1 %                                     | Aristocort A                                   | 1               |    |
| Triamcinolone Acetonide External Cream   | 0.025 %, 0.5 %                            | Aristocort A                                   | 2               |    |
| Triamcinolone Acetonide External Lotion  | 0.025 %, 0.1 %                            | Kenalog  | 1               |    |
| Triamcinolone Acetonide External Ointment  | 0.1 %                                     | Aristocort A                                   | 1               |    |
| Triamcinolone Acetonide External Ointment  | 0.025 %, 0.05 %, 0.5 %                    | Triamcinolone Acetonide ,Trianex               | 2               |    |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))</b> |   |  |                 |    |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Pituitaria))</i> |   |  |                 |    |
| Desmopressin Ace Spray Refrig Nasal Solution   | 0.01 %                                    | Minirin  | 2               |    |
| Desmopressin Acetate Injection Solution  | 4 mcg/ml                                  | DDAVP  | 2               |    |
| Desmopressin Acetate Oral Tablet   | 0.1 mg, 0.2 mg                            | DDAVP  | 1               |    |
| Desmopressin Acetate Pf Injection Solution   | 4 mcg/ml                                  | DDAVP Pf                                       | 2               |    |
| Increlex Subcutaneous Solution   | 40 mg/4ml                                 | Increlex                                       | 5               | PA |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|---|---|--|-----------------|-------------------------|
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Hormona Sexual))</b> |   |  |                 |                         |
| <i>Androgens (Androgenos)</i>   |   |  |                 |                         |
| Danazol Oral Capsule  | 50 mg   | Danocrine                                      | 2               |                         |
| Methyltestosterone Oral Capsule   | 10 mg   | Testred  | 2               | PA                      |
| Testosterone Cypionate Intramuscular Solution   | 100 mg/ml, 200 mg/ml  | Depo-Testosterone                              | 2               | PA                      |
| Testosterone Enanthate Intramuscular Solution   | 200 mg/ml   | Delatestryl                                    | 2               | PA                      |
| Testosterone Transdermal Gel  | 50 mg/5gm (1%)  | AndroGel                                       | 2               | QL(300 in 30 Days) , PA |
| Testosterone Transdermal Gel  | 12.5 mg/act (1%)  | AndroGel Pump                                  | 2               | PA                      |
| <i>Estrogens (Estrogenos)</i>   |   |  |                 |                         |
| Abigale Lo Oral Tablet  | 0.5-0.1 mg  | Activella                                      | 2               |                         |
| Abigale Oral Tablet   | 1-0.5 mg  | Activella                                      | 2               |                         |
| Combipatch Transdermal Patch Twice Weekly   | 0.05-0.14 mg/day, 0.05-0.25 mg/day  | CombiPatch                                     | 3               |                         |
| Duavee Oral Tablet  | 0.45-20 mg  | Duavee   | 3               |                         |
| Est_estrogens-Methyltest Ds Oral Tablet   | 1.25-2.5 mg   | Estratest                                      | 2               |                         |
| Est_estrogens-Methyltest Hs Oral Tablet   | 0.625-1.25 mg   | Estratest H.S.                                 | 2               |                         |
| Est_estrogens-Methyltest Oral Tablet  | 1.25-2.5 mg   | Estratest                                      | 2               |                         |
| Estradiol Oral Tablet   | 0.5 mg, 1 mg, 2 mg  | Estrace  | 1               |                         |
| Estradiol Transdermal Patch Twice Weekly  | 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr               | Esclim ,Estraderm ,Vivelle                     | 2               |                         |
| Estradiol Transdermal Patch Weekly  | 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | Climara ,FemPatch                              | 2               |                         |
| Estradiol Vaginal Cream   | 0.01 %  | Estrace  | 2               | QL(42.500 in 30 DAYS)   |
| Estradiol Vaginal Tablet  | 10 mcg  | Vagifem  | 2               |                         |
| Estradiol Valerate Intramuscular Oil  | 10 mg/ml, 20 mg/ml, 40 mg/ml  | Delestrogen                                    | 2               |                         |
| Estradiol-Norethindrone Acet Oral Tablet  | 0.5-0.1 mg, 1-0.5 mg  | Activella                                      | 2               |                         |
| Jinteli Oral Tablet   | 1-5 mg-mcg  | Femhrt 1/5                                     | 2               |                         |
| Oriahnn Oral Capsule Therapy Pack   | 300-1-0.5 & 300 mg  | Oriahnn  | 5               | PA                      |
| Premarin Vaginal Cream  | 0.625 mg/gm   | Premarin                                       | 3               |                         |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|---|--|--|-----------------|--------------------|
| Yuvaferm Vaginal Tablet   | 10 mcg   | Vagifem  | 2               |                    |
| <b>Progestins (Progestinas)</b>   |  |  |                 |                    |
| Medroxyprogesterone Acetate Oral Tablet   | 10 mg, 2.5 mg, 5 mg  | Amen ,Cycrin                                   | 1               |                    |
| Megestrol Acetate Oral Suspension   | 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml   | Megace ,Megace ES                              | 2               |                    |
| Norethindrone Acetate Oral Tablet   | 5 mg   | Aygestin                                       | 1               |                    |
| Progesterone Intramuscular Oil  | 50 mg/ml   | Eveready Progesterone                          | 2               |                    |
| Progesterone Micronized Transdermal Cream   | 10 %   | First-Progesterone MC 10                       | 2               |                    |
| Progesterone Oral Capsule   | 100 mg, 200 mg   | Prometrium                                     | 1               |                    |
| <b>Selective Estrogen Receptor Modifying Agents (Agentes Modificadores De Receptores Selectivos De Estrogeno)</b>                               |  |  |                 |                    |
| Raloxifene Hcl Oral Tablet  | 60 mg  | Evista   | 1               | QL(30 in 30 Days)  |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))</b> |  |  |                 |                    |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (Agentes Hormonales, Estimulantes / Reemplazadores / Modificadores (Tiroide))</i> |  |  |                 |                    |
| Armour Thyroid Oral Tablet  | 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg   | Armour Thyroid                                 | 3               |                    |
| Levothyroxine Sodium Oral Tablet  | 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | Levo-T ,Levothroid                             | 1               |                    |
| Liothyronine Sodium Oral Tablet   | 25 mcg   | Cytomel  | 2               | QL(120 in 30 Days) |
| Liothyronine Sodium Oral Tablet   | 50 mcg   | Cytomel  | 2               | QL(60 in 30 Days)  |
| Liothyronine Sodium Oral Tablet   | 5 mcg  | Cytomel  | 2               | QL(600 in 30 Days) |
| Np_thyroid Oral Tablet  | 120 mg, 15 mg, 30 mg, 60 mg, 90 mg   | Armour Thyroid                                 | 4               |                    |
| Synthroid Oral Tablet   | 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | Levo-T ,Levothroid                             | 3               |                    |
| Thyroid Oral Tablet   | 120 mg, 15 mg, 30 mg, 60 mg, 90 mg   | Armour Thyroid                                 | 2               |                    |
| <b>Hormonal Agents, Suppressant (Adrenal) (Agentes Hormonales, Supresores (Adrenales))</b>  |  |  |                 |                    |
| <i>Hormonal Agents, Suppressant (Adrenal) (Agentes Hormonales, Supresores (Adrenales))</i>  |  |  |                 |                    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)                                   | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                      |
|--|--|--|-----------------|-------------------------|
| Lysodren Oral Tablet   | 500 mg   | Lysodren                                       | 5               |                         |
| <b>Hormonal Agents, Suppressant (Pituitary) (Agentes Hormonales, Supresores (Pituitaria))</b>                                      |  |  |                 |                         |
| <i>Hormonal Agents, Suppressant (Pituitary) (Agentes Hormonales, Supresores (Pituitaria))</i>                                      |  |  |                 |                         |
| Cabergoline Oral Tablet  | 0.5 mg   | Dostinex                                       | 2               |                         |
| Jynarque Oral Tablet Therapy Pack  | 45 & 15 mg   | Jynarque                                       | 6               | PA                      |
| Octreotide Acetate Injection Solution  | 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | SandoSTATIN                                    | 5               | PA                      |
| Octreotide Acetate Subcutaneous Solution Prefilled Syringe   | 100 mcg/ml, 50 mcg/ml, 500 mcg/ml                          | Octreotide Acetate                             | 5               | PA                      |
| Somatuline Depot Subcutaneous Solution   | 120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml                     | Somatuline Depot                               | 5               | PA                      |
| Somavert Subcutaneous Solution Reconstituted   | 20 mg  | Somavert                                       | 5               | PA                      |
| Somavert Subcutaneous Solution Reconstituted   | 10 mg, 15 mg, 25 mg, 30 mg                                 | Somavert                                       | 5               | QL(30 in 30 Days) , PA  |
| Supprelin La Subcutaneous Kit  | 50 mg  | Supprelin LA                                   | 5               | QL(1 in 1 Year) , PA    |
| Synarel Nasal Solution   | 2 mg/ml  | Synarel  | 5               |                         |
| Tolvaptan Oral Tablet Therapy Pack   | 15 mg, 30 & 15 mg, 60 & 30 mg, 90 & 30 mg                  | Jynarque                                       | 5               | PA                      |
| <b>Hormonal Agents, Suppressant (Sex Hormones/ Modifiers) (Agentes Hormonales, Supresores (Hormonas Sexuales / Modificadores))</b> |  |  |                 |                         |
| <i>Antiandrogens (Antiandrogenos)</i>  |  |  |                 |                         |
| Abiraterone Acetate Oral Tablet  | 250 mg   | Zytiga   | 5               | QL(120 in 30 Days) , PA |
| Abirtega Oral Tablet   | 250 mg   | Zytiga   | 5               | QL(120 in 30 DAYS) , PA |
| Bicalutamide Oral Tablet   | 50 mg  | Casodex  | 1               |                         |
| Erleada Oral Tablet  | 60 mg  | Erleada  | 5               | QL(120 in 30 Days) , PA |
| Erleada Oral Tablet  | 240 mg   | Erleada  | 5               | QL(30 in 30 Days) , PA  |
| Eulexin Oral Capsule   | 125 mg   | Eulexin  | 6               |                         |
| Nilutamide Oral Tablet   | 150 mg   | Nilandron                                      | 5               | QL(60 in 30 Days)       |
| Orgovyx Oral Tablet  | 120 mg   | Orgovyx  | 6               | QL(60 in 30 Days) , PA  |
| Xtandi Oral Capsule  | 40 mg  | Xtandi   | 5               | PA                      |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)              | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|---------------------------------------|--|-----------------|------------------------|
| Xtandi Oral Tablet   | 40 mg, 80 mg                          | Xtandi   | 5               | PA                     |
| <b>Hormonal Agents, Suppressant (Thyroid) (Agentes Hormonales, Supresores (Tiroide))</b> |                                       |  |                 |                        |
| <i>Antithyroid Agents (Agentes Antitiroideo)</i>   |                                       |  |                 |                        |
| Methimazole Oral Tablet  | 10 mg, 5 mg                           | Tapazole                                       | 1               |                        |
| Propylthiouracil Oral Tablet   | 50 mg                                 | Propylthiouracil                               | 2               |                        |
| <b>Immunological Agents (Agentes Inmunologicos)</b>                                      |                                       |  |                 |                        |
| <i>Angioedema Agents</i>   |                                       |  |                 |                        |
| Icatibant Acetate Subcutaneous Solution Prefilled Syringe                                | 30 mg/3ml                             | Firazyr  | 5               | QL(18 in 30 Days) , PA |
| Takhyzo Subcutaneous Solution Prefilled Syringe  | 150 mg/ml, 300 mg/2ml                 | Takhyzo  | 5               | QL(4 in 28 Days) , PA  |
| <i>Immune Suppressants (Supresores Inmunologicos)</i>                                    |                                       |  |                 |                        |
| Azathioprine Oral Tablet   | 50 mg                                 | Imuran   | 1               | PA                     |
| Cyclosporine Modified Oral Capsule   | 100 mg, 25 mg, 50 mg                  | Gengraf ,Neoral                                | 5               | PA                     |
| Cyclosporine Modified Oral Solution  | 100 mg/ml                             | Neoral   | 5               | PA                     |
| Cyclosporine Oral Capsule  | 100 mg, 25 mg                         | SandIMMUNE                                     | 5               | PA                     |
| Everolimus Oral Tablet   | 0.25 mg, 0.5 mg, 0.75 mg, 1 mg        | Zortress                                       | 5               | PA                     |
| Methotrexate Sodium Oral Tablet  | 2.5 mg                                | Methotrexate Sodium                            | 1               |                        |
| Mycophenolate Mofetil Oral Capsule   | 250 mg                                | CellCept                                       | 5               | PA                     |
| Mycophenolate Mofetil Oral Suspension Reconstituted                                      | 200 mg/ml                             | CellCept                                       | 5               | PA                     |
| Mycophenolate Mofetil Oral Tablet  | 500 mg                                | CellCept                                       | 5               | PA                     |
| Mycophenolate Sodium Oral Tablet Delayed Release   | 180 mg, 360 mg                        | Myfortic                                       | 5               | PA                     |
| Mycophenolic Acid Oral Tablet Delayed Release  | 180 mg, 360 mg                        | Myfortic                                       | 2               | PA                     |
| Sirolimus Oral Solution  | 1 mg/ml                               | Rapamune                                       | 5               | PA                     |
| Sirolimus Oral Tablet  | 0.5 mg, 1 mg, 2 mg                    | Rapamune                                       | 5               | PA                     |
| Tacrolimus Oral Capsule  | 0.5 mg, 1 mg, 5 mg                    | Prograf  | 5               | PA                     |
| <i>Immunomodulators (Inmunomoduladores)</i>  |                                       |  |                 |                        |
| Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit                                   | 40 mg/0.4ml                           | Cyltezo (2 Pen)                                | 5               | QL(2 in 28 Days) , PA  |
| Adalimumab-Adbm (2 Pen) Subcutaneous Auto-Injector Kit                                   | 40 mg/0.8ml                           | Cyltezo (2 Pen)                                | 5               | QL(4 in 28 Days) , PA  |
| Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit                           | 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml | Cyltezo (2 Syringe)                            | 5               | QL(2 in 28 Days) , PA  |

| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|--------------------------|--|-----------------|------------------------|
| Adalimumab-Adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit | 40 mg/0.8ml              | Cyltezo (2 Syringe)                            | 5               | QL(4 in 28 Days) , PA  |
| Enbrel Mini Subcutaneous Solution Cartridge                    | 50 mg/ml                 | Enbrel Mini                                    | 5               | QL(8 in 28 Days) , PA  |
| Enbrel Subcutaneous Solution                                   | 25 mg/0.5ml              | Enbrel   | 5               | QL(8 in 28 Days) , PA  |
| Enbrel Subcutaneous Solution Prefilled Syringe                 | 25 mg/0.5ml, 50 mg/ml    | Enbrel   | 5               | QL(8 in 28 Days) , PA  |
| Enbrel Sureclick Subcutaneous Solution Auto-Injector           | 50 mg/ml                 | Enbrel SureClick                               | 5               | QL(8 in 28 Days) , PA  |
| Hadlima Pushtouch Subcutaneous Solution Auto-Injector          | 40 mg/0.4ml              | Hadlima PushTouch                              | 5               | QL(2 in 28 Days) , PA  |
| Hadlima Pushtouch Subcutaneous Solution Auto-Injector          | 40 mg/0.8ml              | Hadlima PushTouch                              | 5               | QL(4 in 28 Days) , PA  |
| Hadlima Subcutaneous Solution Prefilled Syringe                | 40 mg/0.4ml              | Hadlima  | 5               | QL(2 in 28 Days) , PA  |
| Hadlima Subcutaneous Solution Prefilled Syringe                | 40 mg/0.8ml              | Hadlima  | 5               | QL(4 in 28 Days) , PA  |
| Leflunomide Oral Tablet  | 10 mg                    | Arava  | 1               | QL(30 in 30 Days)      |
| Leflunomide Oral Tablet  | 20 mg                    | Arava  | 2               | QL(30 in 30 Days)      |
| Otezla Oral Tablet   | 30 mg                    | Otezla   | 5               | QL(30 in 30 Days) , PA |
| Otezla Oral Tablet Therapy Pack                                | 10 & 20 & 30 mg          | Otezla   | 5               | PA                     |
| Otezla Xr Oral Tablet Extended Release 24 Hour                 | 75 mg                    | Otezla XR                                      | 6               | QL(30 in 30 Days) , PA |
| Otezla/Otezla Xr Initiation Pk Oral Tablet Therapy Pack        | 10&20&30&(er)75 mg       | Otezla/Otezla XR Initiation Pk                 | 6               | PA                     |
| Ridaura Oral Capsule   | 3 mg                     | Ridaura  | 3               |                        |
| Simlandi (1 Pen) Subcutaneous Auto-Injector Kit                | 40 mg/0.4ml, 80 mg/0.8ml | Simlandi (1 Pen) , Simlandi (2 Pen)            | 5               | PA                     |
| Simlandi (2 Pen) Subcutaneous Auto-Injector Kit                | 40 mg/0.4ml              | Simlandi (2 Pen)                               | 5               | PA                     |
| Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit        | 40 mg/0.4ml              | Simlandi (2 Syringe)                           | 5               | PA                     |
| Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit        | 20 mg/0.2ml              | Simlandi (2 Syringe)                           | 5               | QL(2 in 28 Days) , PA  |
| Tyenne Subcutaneous Solution Auto-Injector                     | 162 mg/0.9ml             | Tyenne   | 5               | PA                     |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|--------------------------|--|-----------------|--------------------|
| Tyenne Subcutaneous Solution Prefilled Syringe   | 162 mg/0.9ml             | Tyenne   | 5               | PA                 |
| <b>Inflammatory Bowel Disease Agents (Agentes Para El Síndrome De Intestino Inflamado)</b> |                          |  |                 |                    |
| <i>Aminosalicylates (Aminosalicilatos)</i>   |                          |  |                 |                    |
| Balsalazide Disodium Oral Capsule  | 750 mg                   | Colazal  | 1               |                    |
| Mesalamine Er Oral Capsule Extended Release  | 500 mg                   | Pentasa  | 2               |                    |
| Mesalamine Oral Capsule Delayed Release  | 400 mg                   | Delzicol                                       | 2               |                    |
| Mesalamine Oral Tablet Delayed Release   | 1.2 gm, 800 mg           | Asacol HD ,Lialda                              | 2               |                    |
| Mesalamine Rectal Enema  | 4 gm                     | Rowasa   | 2               |                    |
| Mesalamine Rectal Suppository  | 1000 mg                  | Canasa   | 2               |                    |
| Mesalamine-Cleanser Rectal Kit   | 4 gm                     | Rowasa   | 2               |                    |
| Pentasa Oral Capsule Extended Release  | 250 mg                   | Pentasa  | 3               |                    |
| <i>Glucocorticoids (Glucocorticoides)</i>  |                          |  |                 |                    |
| Budesonide Rectal Foam   | 2 mg                     | Uceris   | 2               |                    |
| Hydrocortisone (Perianal) External Cream   | 1 %, 2.5 %               | Anusol-HC ,Preparation H                       | 2               |                    |
| Hydrocortisone Ace-Pramoxine External Cream  | 1-1 %                    | Hydrocortisone Ace-Pramoxine                   | 2               |                    |
| Hydrocortisone Acetate Rectal Suppository  | 25 mg                    | Anucort-HC                                     | 1               |                    |
| Hydrocortisone Rectal Enema  | 100 mg/60ml              | Cortenema                                      | 2               |                    |
| Hydrocort-Pramoxine (Perianal) External Cream  | 2.5-1 %                  | Hydrocort-Pramoxine (Perianal)                 | 2               |                    |
| Lidocaine-Hydrocort (Perianal) External Cream  | 3-0.5 %                  | AnaMantle HC                                   | 2               |                    |
| <i>Sulfonamides (Sulfonamidas)</i>   |                          |  |                 |                    |
| Sulfasalazine Oral Tablet  | 500 mg                   | Azulfidine                                     | 1               |                    |
| Sulfasalazine Oral Tablet Delayed Release  | 500 mg                   | Azulfidine EN-tabs                             | 1               |                    |
| <b>Medical Devices (Equipo Médico)</b>   |                          |  |                 |                    |
| <i>Needles &amp; Syringes (Agujas Y Jeringuillas)</i>                                      |                          |  |                 |                    |
| Alcohol Pads Pad   | 70 %                     | BD Swab Single Use Regular Pad                 | 2               |                    |
| Bd_insulin Syringe Ultrafine Miscellaneous   | 30g x 1/2" 0.3 ml        | Drug Emporium Insulin Syringe Miscellaneous    | 3               |                    |
| Bd_pen Needle Nano Ultrafine Miscellaneous   | 32g x 4 mm               | BD Pen Needle Nano U/F Miscellaneous           | 3               | QL(100 in 30 Days) |
| Bd_pen Needle Orig Ultrafine Miscellaneous   | 29g x 12.7mm             | BD U/F Original Pen Needle Miscellaneous       | 3               | QL(100 in 30 DAYS) |
| <b>Metabolic Bone Disease Agents (Agentes Metabólicos Para Enfermedad Osea)</b>            |                          |  |                 |                    |
| <i>Metabolic Bone Disease Agents (Agentes Metabólicos Para Enfermedad Osea)</i>            |                          |  |                 |                    |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion)         | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|---|----------------------------------|--|-----------------|---------------------------|
| Alendronate Sodium Oral Solution                            | 70 mg/75ml                       | Fosamax  | 2               | QL(300 in 30 Days)        |
| Alendronate Sodium Oral Tablet                              | 10 mg                            | Fosamax  | 1               | QL(30 in 30 Days)         |
| Alendronate Sodium Oral Tablet                              | 35 mg, 70 mg                     | Fosamax  | 1               | QL(4 in 28 Days)          |
| Calcitonin (Salmon) Injection Solution                      | 200 unit/ml                      | Calcimar                                       | 2               | QL(4 in 30 Days)          |
| Calcitonin (Salmon) Nasal Solution                          | 200 unit/act                     | Miacalcin                                      | 2               | QL(4 in 28 Days)          |
| Calcitriol Oral Capsule                                     | 0.25 mcg, 0.5 mcg                | Rocaltrol                                      | 1               |                           |
| Calcitriol Oral Solution                                    | 1 mcg/ml                         | Rocaltrol                                      | 2               |                           |
| Cinacalcet Hcl Oral Tablet                                  | 30 mg, 90 mg                     | Sensipar                                       | 5               | QL(120 in 30 Days) , PA   |
| Cinacalcet Hcl Oral Tablet                                  | 60 mg                            | Sensipar                                       | 5               | QL(150 in 30 Days) , PA   |
| Doxercaliferol Oral Capsule                                 | 0.5 mcg, 1 mcg, 2.5 mcg          | Hectorol                                       | 2               |                           |
| Fosamax Plus D Oral Tablet                                  | 70-2800 mg-unit, 70-5600 mg-unit | Fosamax Plus D                                 | 4               | QL(28 in 30 Days) , ST    |
| Ibandronate Sodium Oral Tablet                              | 150 mg                           | Boniva   | 2               | QL(1 in 28 Days)          |
| Paricalcitol Oral Capsule                                   | 1 mcg, 2 mcg, 4 mcg              | Zemplar  | 2               |                           |
| Risedronate Sodium Oral Tablet                              | 150 mg                           | Actonel  | 2               | QL(1 in 28 Days) , ST     |
| Risedronate Sodium Oral Tablet                              | 30 mg, 5 mg                      | Actonel  | 2               | QL(30 in 30 Days) , ST    |
| Risedronate Sodium Oral Tablet                              | 35 mg                            | Actonel  | 2               | QL(4 in 28 Days) , ST     |
| Risedronate Sodium Oral Tablet Delayed Release              | 35 mg                            | Atelvia  | 2               | QL(4 in 28 Days) , ST     |
| Teriparatide Subcutaneous Solution Pen-Injector             | 560 mcg/2.24ml                   | Forteo   | 5               | QL(2.240 in 28 Days) , PA |
| Tymlos Subcutaneous Solution Pen-Injector                   | 3120 mcg/1.56ml                  | Tymlos   | 5               | PA                        |
| <b>Ophthalmic Agents (Agentes Oftalmicos)</b>               |                                  |  |                 |                           |
| <b>Ophthalmic Agents (Ophthalmic Agents)</b>                |                                  |  |                 |                           |
| <i>Ophthalmic Agents, Other (Agentes Oftalmicos, Otros)</i> |                                  |  |                 |                           |
| Altacaine Ophthalmic Solution                               | 0.5 %                            | AK-T-Caine                                     | 2               |                           |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--------------------------|--|-----------------|------------------------|
| Altafrin Ophthalmic Solution  | 10 %, 2.5 %              | Altafrin                                       | 2               |                        |
| Atropine Sulfate Ophthalmic Solution  | 1 %                      | Atropine-Care                                  | 2               |                        |
| Bacitracin-Polymyxin B Ophthalmic Ointment                                      | 500-10000 unit/gm        | AK-Poly-Bac                                    | 2               |                        |
| Ciprofloxacin Hcl Ophthalmic Solution   | 0.3 %                    | Ciloxan  | 2               |                        |
| Cyclopentolate Hcl Ophthalmic Solution  | 1 %                      | AK-Pentolate                                   | 1               |                        |
| Cyclosporine (Pf) Ophthalmic Emulsion   | 0.05 %                   | Restasis                                       | 2               | QL(60 in 30 Days) , PA |
| Cystaran Ophthalmic Solution  | 0.44 %                   | Cystaran                                       | 5               | QL(60 in 28 Days) , PA |
| Erythromycin Ophthalmic Ointment  | 5 mg/gm                  | Ilotycin                                       | 2               |                        |
| Gatifloxacin Ophthalmic Solution  | 0.5 %                    | Zymaxid  | 2               |                        |
| Gentamicin Sulfate Ophthalmic Solution  | 0.3 %                    | Garamycin                                      | 2               |                        |
| Homatropaire Ophthalmic Solution  | 5 %                      | Isopto Homatropine                             | 4               |                        |
| Levofloxacin Ophthalmic Solution  | 0.5 %                    | Quixin   | 2               |                        |
| Moxifloxacin Hcl Ophthalmic Solution  | 0.5 %                    | Vigamox  | 2               |                        |
| Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment                              | 5-400-10000              | AK-Spore                                       | 2               |                        |
| Neomycin-Polymyxin-Gramicidin Ophthalmic Solution                               | 1.75-10000-.025          | AK-Spore                                       | 2               |                        |
| Ofloxacin Ophthalmic Solution   | 0.3 %                    | Ocuflox  | 2               |                        |
| Pilocarpine Hcl Ophthalmic Solution   | 1 %, 2 %, 4 %            | Adsorbocarpine                                 | 2               |                        |
| Polymyxin B-Trimethoprim Ophthalmic Solution                                    | 10000-0.1 unit/ml-%      | Polytrim                                       | 2               |                        |
| Proparacaine Hcl Ophthalmic Solution  | 0.5 %                    | AK-Taine                                       | 2               |                        |
| Sulfacetamide Sodium Ophthalmic Solution  | 10 %                     | AK-Sulf  | 1               |                        |
| Sulfacetamide-Prednisolone Ophthalmic Solution                                  | 10-0.23 %                | Sulfalone                                      | 2               |                        |
| Tobramycin Ophthalmic Solution  | 0.3 %                    | Tobrex   | 1               |                        |
| Tropicamide Ophthalmic Solution   | 0.5 %, 1 %               | Mydral ,Mydriacyl                              | 1               |                        |
| <b><i>Ophthalmic Anti-Allergy Agents (Agentes Antialergicos Oftalmicos)</i></b> |                          |  |                 |                        |
| Azelastine Hcl Ophthalmic Solution  | 0.05 %                   | Optivar  | 2               |                        |
| Bepotastine Besilate Ophthalmic Solution  | 1.5 %                    | Bepreve  | 2               |                        |
| Cromolyn Sodium Ophthalmic Solution   | 4 %                      | Opticrom                                       | 1               |                        |
| Epinastine Hcl Ophthalmic Solution  | 0.05 %                   | Elestat  | 2               |                        |
| Olopatadine Hcl Ophthalmic Solution   | 0.2 %                    | Pataday  | 2               |                        |

| Product Name<br>(Nombre del Medicamento)                                      | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                |
|---|--------------------------|--|-----------------|-------------------|
| <b>Ophthalmic Anti-Inflammatories (Antiinflamatorios Oftalmicos)</b>          |                          |  |                 |                   |
| Bacitra-Neomycin-Polymyxin-Hc Ophthalmic Ointment                             | 1 %                      | AK-Spore HC                                    | 2               |                   |
| Dexamethasone Sodium Phosphate Ophthalmic Solution                            | 0.1 %                    | AK-Dex   | 2               |                   |
| Diclofenac Sodium Ophthalmic Solution   | 0.1 %                    | Voltaren                                       | 2               |                   |
| Fluorometholone Ophthalmic Suspension   | 0.1 %                    | FML Liquifilm                                  | 2               |                   |
| Flurbiprofen Sodium Ophthalmic Solution                                       | 0.03 %                   | Ocufen   | 2               |                   |
| Ketorolac Tromethamine Ophthalmic Solution                                    | 0.5 %                    | Acular   | 1               |                   |
| Ketorolac Tromethamine Ophthalmic Solution                                    | 0.4 %                    | Acular LS                                      | 2               |                   |
| Neomycin-Polymyxin-Dexameth Ophthalmic Ointment                               | 3.5-10000-0.1            | Dexasporin                                     | 2               |                   |
| Neomycin-Polymyxin-Dexameth Ophthalmic Suspension                             | 3.5-10000-0.1            | AK-Trol  | 2               |                   |
| Prednisolone Acetate Ophthalmic Suspension                                    | 1 %                      | Econopred Plus                                 | 2               |                   |
| Prednisolone Sodium Phosphate Ophthalmic Solution                             | 1 %                      | AK-Pred  | 2               |                   |
| Tobramycin-Dexamethasone Ophthalmic Suspension                                | 0.3-0.1 %                | TobraDex                                       | 2               |                   |
| <b>Ophthalmic Antiglaucoma Agents (Agentes Oftalmicos Contra La Glaucoma)</b> |                          |  |                 |                   |
| Apraclonidine Hcl Ophthalmic Solution   | 0.5 %                    | Iopidine                                       | 2               |                   |
| Betaxolol Hcl Ophthalmic Solution   | 0.5 %                    | Betoptic                                       | 2               |                   |
| Brimonidine Tartrate Ophthalmic Solution                                      | 0.2 %                    | Alphagan                                       | 1               |                   |
| Brimonidine Tartrate Ophthalmic Solution                                      | 0.1 %, 0.15 %            | Alphagan P                                     | 2               |                   |
| Brimonidine Tartrate-Timolol Ophthalmic Solution                              | 0.2-0.5 %                | Combigan                                       | 2               | QL(10 in 25 Days) |
| Brimonidine-Dorzolamide Ophthalmic Solution                                   | 0.15-2 %                 | Brimonidine-Dorzolamide                        | 2               |                   |
| Brinzolamide Ophthalmic Suspension  | 1 %                      | Azopt  | 2               |                   |
| Carteolol Hcl Ophthalmic Solution   | 1 %                      | Ocupress                                       | 1               |                   |
| Dorzolamide Hcl Ophthalmic Solution   | 2 %                      | Trusopt  | 1               |                   |
| Dorzolamide Hcl-Timolol Mal Ophthalmic Solution                               | 2-0.5 %                  | Cosopt   | 1               |                   |
| Iopidine Ophthalmic Solution  | 1 %                      | Iopidine                                       | 4               |                   |
| Levobunolol Hcl Ophthalmic Solution   | 0.5 %                    | Betagan  | 1               |                   |
| Simbrinza Ophthalmic Suspension   | 1-0.2 %                  | Simbrinza                                      | 4               | ST                |
| Timolol Hemihydrate Ophthalmic Solution                                       | 0.5 %                    | Betimol  | 2               |                   |
| Timolol Maleate Ophthalmic Gel Forming Solution                               | 0.25 %, 0.5 %            | Timoptic-XE                                    | 2               |                   |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)             | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                        |
|---|--------------------------------------|--|-----------------|---------------------------|
| Timolol Maleate Ophthalmic Solution   | 0.25 %                               | Timoptic                                       | 1               |                           |
| Timolol Maleate Ophthalmic Solution   | 0.5 %                                | Timoptic                                       | 2               |                           |
| <b>Ophthalmic Prostaglandin And Prostanoid Analogs (Analogos De Prostanoida Y Prostaglandina Oftalmica)</b> |                                      |  |                 |                           |
| Bimatoprost Ophthalmic Solution   | 0.01 %                               | Lumigan  | 2               | QL(2.500 in 25 Days)      |
| Latanoprost Ophthalmic Solution   | 0.005 %                              | Xalatan  | 2               | QL(2.500 in 20 Days)      |
| Lumigan Ophthalmic Solution   | 0.01 %                               | Lumigan  | 4               | QL(2.500 in 25 Days)      |
| Travoprost (Bak Free) Ophthalmic Solution   | 0.004 %                              | Travatan Z                                     | 2               | QL(2.500 in 25 Days) , ST |
| <b>Otic Agents (Agentes Oticos)</b>   |                                      |  |                 |                           |
| <i>Otic Agents (Agentes Oticos)</i>   |                                      |  |                 |                           |
| Acetic Acid Otic Solution   | 2 %                                  | Acetasol                                       | 2               |                           |
| Ciprofloxacin-Dexamethasone Otic Suspension   | 0.3-0.1 %                            | Ciprodex                                       | 2               |                           |
| Cortisporin-Tc Otic Suspension  | 3.3-3-10-0.5 mg/ml                   | Coly-Mycin S                                   | 4               |                           |
| Fluocinolone Acetonide Otic Oil   | 0.01 %                               | DermOtic                                       | 2               |                           |
| Hydrocortisone-Acetic Acid Otic Solution  | 1-2 %                                | Acetasol HC                                    | 2               |                           |
| Neomycin-Polymyxin-Hc Otic Solution   | 3.5-10000-1                          | AK-Spore HC                                    | 2               |                           |
| Neomycin-Polymyxin-Hc Otic Suspension   | 3.5-10000-1                          | Cortisporin                                    | 2               |                           |
| Ofloxacin Otic Solution   | 0.3 %                                | Floxin   | 2               |                           |
| <b>Respiratory Tract/Pulmonary Agents (Agentes Pulmonares Del Tracto Respiratorio)</b>                      |                                      |  |                 |                           |
| <i>Anti-Inflammatories, Inhaled Corticosteroids (Antiinflamatorios, Corticosteroides Inhalados)</i>         |                                      |  |                 |                           |
| Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated                                      | 220 mcg/act                          | Asmanex (30 Metered Doses)                     | 3               | QL(1 in 30 Days)          |
| Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated                                       | 110 mcg/act                          | Asmanex (30 Metered Doses)                     | 3               | QL(1 in 30 Days)          |
| Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated                                       | 220 mcg/act                          | Asmanex (30 Metered Doses)                     | 3               | QL(1 in 30 Days)          |
| Asmanex Hfa Inhalation Aerosol  | 100 mcg/act, 200 mcg/act, 50 mcg/act | Asmanex HFA                                    | 3               | QL(13 in 30 Days)         |
| Beclomethasone Diprop Hfa Inhalation Aerosol Solution   | 40 mcg/act, 80 mcg/act               | Qvar   | 2               | QL(8.700 in 30 Days)      |
| Budesonide Inhalation Suspension  | 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml    | Pulmicort                                      | 2               | QL(120 in 30 Days)        |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                         |
|--|--------------------------|--|-----------------|----------------------------|
| Fluticasone Propionate Hfa Inhalation Aerosol      | 44 mcg/act               | Flovent HFA                                    | 2               | QL(10.600 in 30 Days) , ST |
| Fluticasone Propionate Hfa Inhalation Aerosol      | 110 mcg/act              | Flovent HFA                                    | 2               | QL(12 in 30 Days) , ST     |
| Fluticasone Propionate Hfa Inhalation Aerosol      | 220 mcg/act              | Flovent HFA                                    | 2               | QL(24 in 30 Days) , ST     |
| Qvar_redihaler Inhalation Aerosol Breath Activated | 40 mcg/act               | Qvar RediHaler                                 | 3               | QL(10.600 in 30 Days)      |
| Qvar_redihaler Inhalation Aerosol Breath Activated | 80 mcg/act               | Qvar RediHaler                                 | 3               | QL(21.200 in 30 Days)      |
| <b>Antihistamines (Antihistaminicos)</b>           |                          |  |                 |                            |
| Azelastine Hcl Nasal Solution                      | 0.1 %                    | Astelin  | 1               | QL(30 in 25 Days)          |
| Azelastine Hcl Nasal Solution                      | 137 mcg/spray            | Astelin  | 2               | QL(30 in 25 Days)          |
| Cetirizine Hcl Oral Solution                       | 1 mg/ml                  | ZyrTEC Childrens Allergy                       | 1               | QL(300 in 30 Days)         |
| Cetirizine Hcl Oral Solution                       | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       | 2               | QL(300 in 30 Days)         |
| Clemastine Fumarate Oral Tablet                    | 2.68 mg                  | Tavist   | 1               |                            |
| Cyproheptadine Hcl Oral Syrup                      | 2 mg/5ml                 | Cyproheptadine HCl                             | 1               |                            |
| Cyproheptadine Hcl Oral Tablet                     | 4 mg                     | Periactin                                      | 1               |                            |
| Desloratadine Oral Solution                        | 0.5 mg/ml                | Desloratadine                                  | 2               | QL(300 in 30 Days)         |
| Desloratadine Oral Tablet                          | 5 mg                     | Clarinx  | 1               | QL(30 in 30 Days)          |
| Desloratadine Oral Tablet Disintegrating           | 2.5 mg, 5 mg             | Clarinx Reditabs                               | 2               | QL(30 in 30 Days)          |
| Diphenhydramine Hcl Injection Solution             | 50 mg/ml                 | Bena-D 50                                      | 2               |                            |
| Diphenhydramine Hcl Oral Elixir                    | 12.5 mg/5ml              | Allergia-C                                     | 2               |                            |
| Levocetirizine Dihydrochloride Oral Solution       | 2.5 mg/5ml               | Xyzal  | 2               | QL(300 in 30 Days)         |
| Levocetirizine Dihydrochloride Oral Tablet         | 5 mg                     | Xyzal  | 1               | QL(30 in 30 Days)          |
| Olopatadine Hcl Nasal Solution                     | 0.6 %                    | Patanase                                       | 2               | QL(30.500 in 30 Days)      |
| <b>Antileukotrienes (Antileucotrienos)</b>         |                          |  |                 |                            |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|--|--|--|-----------------|------------------------|
| Montelukast Sodium Oral Packet   | 4 mg   | Singulair                                      | 2               | QL(30 in 30 Days)      |
| Montelukast Sodium Oral Tablet   | 10 mg  | Singulair                                      | 1               | QL(30 in 30 Days)      |
| Montelukast Sodium Oral Tablet Chewable  | 4 mg, 5 mg                                     | Singulair                                      | 1               | QL(30 in 30 Days)      |
| Zafirlukast Oral Tablet  | 20 mg  | Accolate                                       | 1               | QL(60 in 30 Days)      |
| Zafirlukast Oral Tablet  | 10 mg  | Accolate                                       | 2               | QL(60 in 30 Days)      |
| Zileuton Er Oral Tablet Extended Release 12 Hour   | 600 mg   | Zyflo CR                                       | 2               | QL(120 in 30 Days)     |
| <b>Bronchodilators, Anticholinergic (Broncodilatadores, Anticolinergicos)</b>  |  |  |                 |                        |
| Ipratropium Bromide Hfa Inhalation Aerosol Solution  | 17 mcg/act                                     | Atrovent HFA                                   | 2               | QL(25.800 in 30 Days)  |
| Ipratropium Bromide Inhalation Solution  | 0.02 %   | Atrovent                                       | 1               | QL(312.500 in 30 Days) |
| Tiotropium Bromide Inhalation Capsule  | 18 mcg   | Spiriva HandiHaler                             | 2               | QL(30 in 30 DAYS)      |
| <b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) (Broncodilatadores, Inhibidores De La Fosfodiesterasa (Xantinas))</b> |  |  |                 |                        |
| Theophylline Er Oral Tablet Extended Release 12 Hour   | 300 mg   | Theo-Dur                                       | 1               |                        |
| Theophylline Er Oral Tablet Extended Release 12 Hour   | 100 mg, 200 mg, 450 mg                         | T-Phyl ,Theo-Dur                               | 2               |                        |
| Theophylline Er Oral Tablet Extended Release 24 Hour   | 600 mg   | Uni-Dur  | 2               |                        |
| Theophylline Er Oral Tablet Extended Release 24 Hour   | 400 mg   | Uniphyll                                       | 1               |                        |
| Theophylline Oral Elixir   | 80 mg/15ml                                     | Elixophyllin                                   | 2               |                        |
| Theophylline Oral Solution   | 80 mg/15ml                                     | Theophylline                                   | 2               |                        |
| <b>Bronchodilators, Sympathomimetic (Broncodilatadores, Simpatomimeticos)</b>  |  |  |                 |                        |
| Advair Diskus Inhalation Aerosol Powder Breath Activated   | 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | Advair Diskus                                  | 4               | QL(60 in 30 Days)      |
| Albuterol Sulfate Hfa Inhalation Aerosol Solution  | 108 (90 base) mcg/act                          | Proventil HFA                                  | 2               | QL(36 in 30 Days)      |
| Albuterol Sulfate Inhalation Nebulization Solution   | 0.63 mg/3ml, 1.25 mg/3ml                       | AccuNeb  | 2               | QL(375 in 30 Days)     |
| Albuterol Sulfate Inhalation Nebulization Solution   | (2.5 mg/3ml) 0.083%                            | Airet  | 1               | QL(525 in 30 Days)     |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--|--|-----------------|------------------------|
| Albuterol Sulfate Inhalation Nebulization Solution  | (5 mg/ml) 0.5%                                 | Proventil                                      | 2               | QL(100 in 30 Days)     |
| Albuterol Sulfate Oral Syrup  | 2 mg/5ml                                       | Proventil                                      | 1               |                        |
| Albuterol Sulfate Oral Syrup  | 8 mg/20ml                                      | Proventil                                      | 2               |                        |
| Albuterol Sulfate Oral Tablet   | 2 mg, 4 mg                                     | Proventil                                      | 1               |                        |
| Breyna Inhalation Aerosol   | 160-4.5 mcg/act, 80-4.5 mcg/act                | Symbicort                                      | 2               | QL(10.300 in 30 Days)  |
| Budesonide-Formoterol Fumarate Inhalation Aerosol   | 160-4.5 mcg/act, 80-4.5 mcg/act                | Symbicort                                      | 2               | QL(10.200 in 30 Days)  |
| Dulera Inhalation Aerosol   | 100-5 mcg/act, 200-5 mcg/act, 50-5 mcg/act     | Dulera   | 3               | QL(13 in 30 Days)      |
| Formoterol Fumarate Inhalation Nebulization Solution  | 20 mcg/2ml                                     | Perforomist                                    | 2               | QL(120 in 30 Days)     |
| Ipratropium-Albuterol Inhalation Solution   | 0.5-2.5 (3) mg/3ml                             | DuoNeb   | 1               | QL(540 in 30 Days)     |
| Levalbuterol Hcl Inhalation Nebulization Solution   | 1.25 mg/3ml                                    | Xopenex  | 1               | QL(270 in 30 Days)     |
| Levalbuterol Hcl Inhalation Nebulization Solution   | 0.31 mg/3ml, 0.63 mg/3ml                       | Xopenex  | 1               | QL(540 in 30 Days)     |
| Levalbuterol Hcl Inhalation Nebulization Solution   | 1.25 mg/0.5ml                                  | Xopenex Concentrate                            | 2               | QL(45 in 30 Days)      |
| Terbutaline Sulfate Injection Solution  | 1 mg/ml  | Brethine                                       | 2               |                        |
| Terbutaline Sulfate Oral Tablet   | 2.5 mg, 5 mg                                   | Brethine                                       | 1               |                        |
| Wixela Inhub Inhalation Aerosol Powder Breath Activated   | 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | Advair Diskus                                  | 2               | QL(60 in 30 Days)      |
| <b>Mast Cell Stabilizers (Estabilizadores De Mastocitos)</b>  |  |  |                 |                        |
| Cromolyn Sodium Inhalation Nebulization Solution  | 20 mg/2ml                                      | Intal  | 2               | QL(240 in 25 Days)     |
| <b>Phosphodiesterase Inhibitors, Airways Disease (Inhibidores De Fosfodiesterasa, Enfermedad De Las Vias Respiratorias)</b> |  |  |                 |                        |
| Breo_ellipta Inhalation Aerosol Powder Breath Activated   | 100-25 mcg/act, 200-25 mcg/act, 50-25 mcg/inh  | Breo Ellipta                                   | 3               | QL(60 in 30 Days)      |
| Roflumilast Oral Tablet   | 250 mcg, 500 mcg                               | Daliresp                                       | 2               | QL(30 in 30 Days) , PA |
| <b>Pulmonary Antihypertensives (Antihypertensivos Pulmonares)</b>   |  |  |                 |                        |
| Ambrisentan Oral Tablet   | 10 mg, 5 mg                                    | Letairis                                       | 5               | QL(30 in 30 Days) , PA |
| Bosentan Oral Tablet  | 125 mg, 62.5 mg                                | Tracleer                                       | 5               | QL(60 in 30 Days) , PA |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion)                      | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|---|--|-----------------|------------------------|
| Sildenafil Citrate Oral Suspension Reconstituted                                | 10 mg/ml                                      | Revatio  | 5               | PA                     |
| Sildenafil Citrate Oral Tablet  | 20 mg   | Revatio  | 5               | QL(90 in 30 Days) , PA |
| Tadalafil (Pah) Oral Tablet   | 20 mg   | Adcirca  | 5               | QL(60 in 30 Days) , PA |
| <i>Respiratory Tract Agents, Other (Agentes Del Tracto Respiratorio, Otros)</i> |   |  |                 |                        |
| Acetylcysteine Inhalation Solution  | 10 %, 20 %                                    | Mucomyst , Mucomyst-10                         | 2               |                        |
| Anoro_ellipta Inhalation Aerosol Powder Breath Activated                        | 62.5-25 mcg/act                               | Anoro Ellipta                                  | 3               | QL(60 in 30 Days)      |
| Benzonatate Oral Capsule  | 100 mg, 200 mg                                | Tessalon , Tessalon Perles                     | 1               |                        |
| Breo_ellipta Inhalation Aerosol Powder Breath Activated                         | 100-25 mcg/act, 200-25 mcg/act, 50-25 mcg/inh | Breo Ellipta                                   | 3               | QL(60 in 30 Days)      |
| Budesonide Nasal Suspension   | 32 mcg/act                                    | Rhinocort Aqua                                 | 2               | QL(17.200 in 30 Days)  |
| Epinephrine Injection Solution Auto-Injector                                    | 0.15 mg/0.3ml, 0.3 mg/0.3ml                   | EpiPen Jr , Twinject                           | 2               | QL(2 in 1 Year)        |
| Flunisolide Nasal Solution  | 25 mcg/act (0.025%)                           | Nasalide                                       | 2               | QL(50 in 30 Days) , ST |
| Fluticasone Propionate Nasal Suspension   | 50 mcg/act                                    | Flonase  | 1               | QL(16 in 30 Days)      |
| Hydrocod Poli-Chlorphe Poli Er Oral Suspension Extended Release                 | 10-8 mg/5ml                                   | Tussionex Pennkinetic ER                       | 2               |                        |
| Hydrocodone Bit-Homatrop Mbr Oral Solution                                      | 5-1.5 mg/5ml                                  | Hycodan  | 2               |                        |
| Hydrocodone Bit-Homatrop Mbr Oral Tablet  | 5-1.5 mg                                      | Hycodan  | 2               |                        |
| Ipratropium Bromide Nasal Solution  | 0.06 %  | Atrovent                                       | 1               | QL(30 in 30 Days)      |
| Ipratropium Bromide Nasal Solution  | 0.03 %  | Atrovent                                       | 1               | QL(60 in 30 Days)      |
| Kalydeco Oral Packet  | 13.4 mg, 25 mg, 5.8 mg, 50 mg, 75 mg          | Kalydeco                                       | 5               | PA                     |
| Kalydeco Oral Tablet  | 150 mg  | Kalydeco                                       | 5               | PA                     |
| Nebusal Inhalation Nebulization Solution  | 6 %   | Nebusal  | 4               |                        |
| Nintedanib Esylate Oral Capsule   | 100 mg, 150 mg                                | Ofev   | 5               | PA                     |
| Ofev_oral Capsule   | 100 mg, 150 mg                                | Ofev   | 5               | PA                     |
| Pseudoeph-Bromphen-Dm Oral Syrup  | 30-2-10 mg/5ml                                | BPM/PSE DX                                     | 2               |                        |
| Pulmosal Inhalation Nebulization Solution                                       | 7 %   | HyperSal                                       | 2               |                        |

| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion)               | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                 |
|--|--|--|-----------------|--------------------|
| Sodium Chloride Inhalation Nebulization Solution               | 0.9 %, 10 %, 3 %, 7 %                  | HyperSal ,Nebusal ,Sodium Chloride             | 2               |                    |
| <b>Skeletal Muscle Relaxants (Relajantes Musculares)</b>       |  |  |                 |                    |
| <i>Skeletal Muscle Relaxants (Relajantes Musculares)</i>       |  |  |                 |                    |
| Carisoprodol Oral Tablet                                       | 350 mg                                 | Soma   | 1               |                    |
| Carisoprodol Oral Tablet                                       | 250 mg                                 | Soma   | 2               |                    |
| Chlorzoxazone Oral Tablet                                      | 375 mg, 500 mg, 750 mg                 | Lorzone ,Parafon Forte DSC                     | 2               |                    |
| Cyclobenzaprine Hcl Oral Tablet                                | 10 mg, 5 mg                            | Flexeril                                       | 1               |                    |
| Metaxalone Oral Tablet   | 800 mg                                 | Skelaxin                                       | 1               |                    |
| Methocarbamol Injection Solution                               | 1000 mg/10ml                           | Robaxin  | 2               |                    |
| Methocarbamol Oral Tablet                                      | 500 mg                                 | Robaxin  | 2               |                    |
| Orphenadrine Citrate Er Oral Tablet Extended Release 12 Hour   | 100 mg                                 | Norflex  | 2               |                    |
| Orphenadrine Citrate Injection Solution                        | 30 mg/ml                               | Banflex  | 2               |                    |
| <b>Sleep Disorder Agents (Agentes Para Problemas De Sueño)</b> |  |  |                 |                    |
| <i>Gaba Receptor Modulators (Moduladores Receptores Gaba)</i>  |  |  |                 |                    |
| Estazolam Oral Tablet  | 1 mg, 2 mg                             | Prosom   | 2               | QL(30 in 30 Days)  |
| Eszopiclone Oral Tablet  | 1 mg, 2 mg, 3 mg                       | Lunesta  | 1               | QL(15 in 30 Days)  |
| Midazolam Hcl (Pf) +rfid Injection Solution                    | 2 mg/2ml                               | Midazolam HCl (PF) +RFID                       | 2               |                    |
| Midazolam Hcl (Pf) Injection Solution                          | 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml | Midazolam HCl (PF)                             | 2               |                    |
| Midazolam Hcl Injection Solution                               | 10 mg/10ml, 25 mg/5ml, 50 mg/10ml      | Midazolam HCl                                  | 2               |                    |
| Midazolam Hcl Injection Solution                               | 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml | Midazolam HCl ,Versed                          | 1               |                    |
| Midazolam Hcl Oral Syrup                                       | 2 mg/ml                                | Versed   | 2               |                    |
| Temazepam Oral Capsule   | 15 mg, 30 mg                           | Restoril                                       | 1               | QL(30 in 30 Days)  |
| Temazepam Oral Capsule   | 7.5 mg                                 | Restoril                                       | 2               | QL(120 in 30 Days) |
| Temazepam Oral Capsule   | 22.5 mg                                | Restoril                                       | 2               | QL(30 in 30 Days)  |
| Zaleplon Oral Capsule  | 10 mg, 5 mg                            | Sonata   | 1               | QL(15 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                     |
|---|--------------------------|--|-----------------|------------------------|
| Zolpidem Tartrate Oral Tablet   | 10 mg, 5 mg              | Ambien   | 1               | QL(30 in 30 Days)      |
| <b>Sleep Disorders, Other (Problemas De Sueño, Otros)</b>   |                          |  |                 |                        |
| Armodafinil Oral Tablet   | 250 mg                   | Nuvigil  | 1               | QL(30 in 30 Days) , PA |
| Armodafinil Oral Tablet   | 150 mg, 200 mg           | Nuvigil  | 2               | QL(30 in 30 Days) , PA |
| Armodafinil Oral Tablet   | 50 mg                    | Nuvigil  | 2               | QL(60 in 30 Days) , PA |
| Doxepin Hcl Oral Tablet   | 3 mg, 6 mg               | Silenor  | 2               |                        |
| Modafinil Oral Tablet   | 100 mg, 200 mg           | Provigil                                       | 2               | QL(30 in 30 Days) , PA |
| Tasimelteon Oral Capsule  | 20 mg                    | Hettioz  | 5               | QL(30 in 30 Days) , PA |
| <b>Therapeutic Nutrients/Minerals/Electrolytes (Nutrientes Terapeuticos / Minerales / Electrolitos)</b> |                          |  |                 |                        |
| <b>Electrolyte/Mineral Modifiers (Electroliticos / Modificadores Minerales)</b>                         |                          |  |                 |                        |
| Chemet Oral Capsule   | 100 mg                   | Chemet   | 3               |                        |
| Deferasirox Oral Tablet   | 360 mg, 90 mg            | Jadenu   | 5               | PA                     |
| Deferasirox Oral Tablet Soluble   | 125 mg, 250 mg, 500 mg   | Exjade   | 5               | PA                     |
| Deferiprone Oral Tablet   | 1000 mg, 500 mg          | Ferriprox                                      | 5               | PA                     |
| Ferriprox Twice-A-Day Oral Tablet   | 1000 mg                  | Ferriprox Twice-A-Day                          | 5               | PA                     |
| Flumazenil Intravenous Solution   | 0.5 mg/5ml, 1 mg/10ml    | Romazicon                                      | 1               |                        |
| Jynarque Oral Tablet  | 15 mg, 30 mg             | Jynarque                                       | 6               | PA                     |
| Kionex Combination Suspension   | 15 gm/60ml               | Kionex   | 2               |                        |
| Penicillamine Oral Capsule  | 250 mg                   | Cuprimine                                      | 5               | PA                     |
| Sodium Polystyrene Sulfonate Combination Suspension   | 15 gm/60ml               | Kionex   | 2               |                        |
| Sodium Polystyrene Sulfonate Oral Powder  |                          | Kayexalate                                     | 1               |                        |
| Sps_(Sodium Polystyrene Sulf) Combination Suspension  | 15 gm/60ml               | Kionex   | 2               |                        |
| Sps_(Sodium Polystyrene Sulf) Rectal Suspension   | 30 gm/120ml              | SPS (Sodium Polystyrene Sulf)                  | 4               |                        |
| Tolvaptan (Hyponatremia) Oral Tablet  | 15 mg                    | Samsca   | 5               | QL(30 in 1 Lft) , PA   |
| Tolvaptan (Hyponatremia) Oral Tablet  | 30 mg                    | Samsca   | 5               | QL(60 in 1 Lft) , PA   |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion)             | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM                   |
|--|--------------------------------------|--|-----------------|----------------------|
| Tolvaptan Oral Tablet  | 15 mg                                | Jynarque                                       | 5               | QL(30 in 1 Lft) , PA |
| Tolvaptan Oral Tablet  | 30 mg                                | Jynarque                                       | 5               | QL(60 in 1 Lft) , PA |
| Trientine Hcl Oral Capsule   | 250 mg                               | Syprine  | 5               |                      |
| <b>Electrolyte/Mineral Replacement (Electroliticos / Reemplazo De Minerales)</b> |                                      |  |                 |                      |
| Cytra_k Crystals Oral Packet   | 3300-1002 mg                         | Polycitra-K                                    | 4               |                      |
| Infed_injection Solution   | 50 mg/ml                             | Infed  | 3               |                      |
| Pot_& Sod Cit-Cit Ac Oral Solution   | 550-500-334 mg/5ml                   | Polycitra-LC                                   | 2               |                      |
| Potassium Chloride Cryst Er Oral Tablet Extended Release                         | 10 meq, 20 meq                       | K-Dur  | 2               |                      |
| Potassium Chloride Er Oral Capsule Extended Release                              | 10 meq                               | Micro-K  | 1               |                      |
| Potassium Chloride Er Oral Capsule Extended Release                              | 8 meq                                | Micro-K  | 2               |                      |
| Potassium Chloride Er Oral Tablet Extended Release                               | 10 meq                               | K + 10   | 2               |                      |
| Potassium Chloride Granules  |                                      |  | 2               |                      |
| Potassium Citrate Er Oral Tablet Extended Release                                | 10 meq (1080 mg), 5 meq (540 mg)     | Urocit-K 10 ,Urocit-K 5                        | 2               |                      |
| Potassium Citrate Er Oral Tablet Extended Release                                | 15 meq (1620 mg)                     | Urocit-K 15                                    | 1               |                      |
| Ringers Irrigation Irrigation Solution   |                                      | Tis-U-Sol                                      | 2               |                      |
| Sod_citrate-Citric Acid Oral Solution  | 500-334 mg/5ml                       | Bicitra  | 1               |                      |
| Sod_citrate-Citric Acid Oral Solution  | 1.5-1 gm/15ml, 3-2 gm/30ml           | Bicitra  | 2               |                      |
| Sodium Citrate-Citric Acid Oral Solution   | 1500-1002 mg/15ml, 3000-2004 mg/30ml | Bicitra  | 2               |                      |
| <b>Vaccines (Vacunas)</b>  |                                      |  |                 |                      |
| <b>Toxoids (Toxoides)</b>  |                                      |  |                 |                      |
| Adacel Intramuscular Suspension  | 5-2-15.5 lf-mcg/0.5                  | Adacel   | 0               |                      |
| Boostrix Intramuscular Suspension Prefilled Syringe                              | 5-2.5-18.5 lf-mcg/0.5                | Boostrix                                       | 0               |                      |
| Daptacel Intramuscular Suspension  | 23-15-5                              | Daptacel                                       | 0               |                      |
| Infanrix Intramuscular Suspension  | 25-58-10                             | Infanrix                                       | 0               |                      |
| Kinrix Intramuscular Suspension Prefilled Syringe                                | 0.5 ml                               | Kinrix   | 0               |                      |
| Pediarix Intramuscular Suspension Prefilled Syringe                              |                                      | Pediarix                                       | 0               |                      |
| Pentacel Intramuscular Suspension Reconstituted                                  |                                      | Pentacel                                       | 0               |                      |

| Product Name<br>(Nombre del Medicamento)                             | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|--|--------------------------|--|-----------------|----|
| Quadracel Intramuscular Suspension                                   |                          | Quadracel                                      | 0               |    |
| Quadracel Intramuscular Suspension Prefilled Syringe                 | 0.5 ml                   | Kinrix   | 0               |    |
| Vaxelis Intramuscular Suspension                                     |                          | Vaxelis  | 0               |    |
| Vaxelis Intramuscular Suspension Prefilled Syringe                   |                          | Vaxelis  | 0               |    |
| <b>Vaccines (Vacunas)</b>  |                          |  |                 |    |
| Abrysvo Intramuscular Solution Reconstituted                         | 120 mcg/0.5ml            | Abrysvo  | 0               |    |
| Acthib Intramuscular Solution Reconstituted                          |                          | ActHIB   | 0               |    |
| Adacel Intramuscular Suspension Prefilled Syringe                    | 5-2-15.5 lf-mcg/0.5      | Adacel   | 0               |    |
| Afluria Intramuscular Suspension                                     |                          | Fluzone  | 0               |    |
| Afluria Preservative Free Intramuscular Suspension Prefilled Syringe | 0.5 ml                   | Fluarix  | 0               |    |
| Arexvy Intramuscular Suspension Reconstituted                        | 120 mcg/0.5ml            | Arexvy   | 0               |    |
| Bexsero Intramuscular Suspension Prefilled Syringe                   | 0.5 ml                   | Bexsero  | 0               |    |
| Capvaxive Intramuscular Solution Prefilled Syringe                   | 0.5 ml                   | Capvaxive                                      | 0               |    |
| Comirnaty 5-11 Years Intramuscular Suspension                        | 10 mcg/0.3ml             | Pfizer COVID-19 Vac-TriS 5-11y                 | 0               |    |
| Comirnaty Intramuscular Suspension Prefilled Syringe                 | 30 mcg/0.3ml             | Comirnaty                                      | 0               |    |
| Dengvaxia Subcutaneous Suspension Reconstituted                      |                          | Dengvaxia                                      | 0               | PA |
| Engerix-B Injection Suspension                                       | 20 mcg/ml                | Engerix-B                                      | 0               |    |
| Engerix-B Injection Suspension Prefilled Syringe                     | 10 mcg/0.5ml, 20 mcg/ml  | Engerix-B                                      | 0               |    |
| Fluad_intramuscular Suspension Prefilled Syringe                     | 0.5 ml                   | Fluad  | 0               |    |
| Fluarix Intramuscular Suspension Prefilled Syringe                   | 0.5 ml                   | Fluarix  | 0               |    |
| Flublok Intramuscular Solution Prefilled Syringe                     | 0.5 ml                   | Flublok  | 0               |    |
| Flucelvax Intramuscular Suspension                                   |                          | Flucelvax                                      | 0               |    |
| Flucelvax Intramuscular Suspension Prefilled Syringe                 | 0.5 ml                   | Flucelvax                                      | 0               |    |
| Flulaval Intramuscular Suspension Prefilled Syringe                  | 0.5 ml                   | Fluarix  | 0               |    |
| Flumist Nasal Liquid   |                          | FluMist  | 0               |    |
| Fluzone High-Dose Intramuscular Suspension Prefilled Syringe         | 0.5 ml                   | Fluzone High-Dose                              | 0               |    |
| Fluzone Intramuscular Suspension                                     |                          | Fluzone  | 0               |    |
| Fluzone Intramuscular Suspension Prefilled Syringe                   | 0.5 ml                   | Fluarix  | 0               |    |
| Gardasil 9 Intramuscular Suspension                                  | 0.5 ml                   | Gardasil 9                                     | 0               |    |

| Product Name<br>(Nombre del Medicamento)                              | Dosage<br>(Presentacion)          | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM |
|---|-----------------------------------|--|-----------------|----|
| Gardasil 9 Intramuscular Suspension Prefilled Syringe                 | 0.5 ml                            | Gardasil 9                                     | 0               |    |
| Havrix Intramuscular Suspension Prefilled Syringe                     | 1440 el u/ml, 720 el u/0.5ml      | Havrix   | 0               |    |
| Heplisav-B Intramuscular Solution Prefilled Syringe                   | 20 mcg/0.5ml                      | Heplisav-B                                     | 0               |    |
| Hiberix Injection Solution Reconstituted                              | 10 mcg                            | Hiberix  | 0               |    |
| Ipol_injection Suspension   |                                   | Ipol   | 0               |    |
| Jynneos Subcutaneous Suspension                                       | 0.5 ml                            | Jynneos  | 0               |    |
| Menquadfi Intramuscular Solution                                      | 0.5 ml                            | MenQuadfi                                      | 0               |    |
| Menveo Intramuscular Solution   |                                   | Menveo   | 0               |    |
| Menveo Intramuscular Solution Reconstituted                           |                                   | Menveo   | 0               |    |
| M-M-R_ii Injection Solution Reconstituted                             |                                   | M-M-R II                                       | 0               |    |
| Mnexspike Intramuscular Suspension Prefilled Syringe                  | 10 mcg/0.2ml                      | mNexspike                                      | 0               |    |
| Mresvia Intramuscular Suspension Prefilled Syringe                    | 50 mcg/0.5ml                      | MResvia  | 0               |    |
| Nuvaxovid Covid-19 Vaccine Intramuscular Suspension Prefilled Syringe | 5 mcg/0.5ml                       | Novavax COVID-19 Vaccine                       | 0               |    |
| Pedvax Hib Intramuscular Suspension                                   | 7.5 mcg/0.5ml                     | Pedvax HIB                                     | 0               |    |
| Penbraya Intramuscular Suspension Reconstituted                       |                                   | Penbraya                                       | 0               |    |
| Penmenvy Intramuscular Suspension Reconstituted                       |                                   | Penmenvy                                       | 0               |    |
| Pneumovax 23 Injection Solution Prefilled Syringe                     | 25 mcg/0.5ml                      | Pneumovax 23                                   | 0               |    |
| Prenar 20 Intramuscular Suspension Prefilled Syringe                  | 0.5 ml                            | Prenar 20                                      | 0               |    |
| Priorix Subcutaneous Suspension Reconstituted                         |                                   | Priorix  | 0               |    |
| Proquad Subcutaneous Suspension Reconstituted                         |                                   | ProQuad  | 0               |    |
| Recombivax Hb Injection Suspension                                    | 10 mcg/ml, 40 mcg/ml, 5 mcg/0.5ml | Recombivax HB                                  | 0               |    |
| Recombivax Hb Injection Suspension Prefilled Syringe                  | 10 mcg/ml, 5 mcg/0.5ml            | Recombivax HB                                  | 0               |    |
| Rotarix Oral Suspension   |                                   | Rotarix  | 0               |    |
| Rotateq Oral Solution   |                                   | RotaTeq  | 0               |    |
| Shingrix Intramuscular Suspension Prefilled Syringe                   | 50 mcg/0.5ml                      | Shingrix                                       | 0               |    |
| Shingrix Intramuscular Suspension Reconstituted                       | 50 mcg/0.5ml                      | Shingrix                                       | 0               |    |
| Spikevax 6m-11y Intramuscular Suspension Prefilled Syringe            | 25 mcg/0.25ml                     | Moderna COVID-19 Vac 6m-11y                    | 0               |    |

| Product Name<br>(Nombre del Medicamento)               | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | Tier<br>(Nivel) | UM              |
|--|---------------------------|--|-----------------|-----------------|
| Spikevax Intramuscular Suspension Prefilled Syringe    | 50 mcg/0.5ml              | Spikevax                                       | 0               |                 |
| Tenivac Intramuscular Suspension                       | 5-2 lf/0.5ml              | Tenivac  | 0               |                 |
| Trumenba Intramuscular Suspension Prefilled Syringe    | 0.5 ml                    | Trumenba                                       | 0               |                 |
| Twinrix Intramuscular Suspension Prefilled Syringe     | 720-20 elu-mcg/ml         | Twinrix  | 0               |                 |
| Vaqta_intramuscular Suspension                         | 25 unit/0.5ml, 50 unit/ml | Vaqta  | 0               |                 |
| Vaqta_intramuscular Suspension Prefilled Syringe       | 25 unit/0.5ml, 50 unit/ml | Vaqta  | 0               |                 |
| Varivax Injection Suspension Reconstituted             | 1350 pfu/0.5ml            | Varivax  | 0               |                 |
| Vaxneuvance Intramuscular Suspension Prefilled Syringe | 0.5 ml                    | Vaxneuvance                                    | 0               |                 |
| <b>Vasopressors (Vasopresores)</b>                     |                           |  |                 |                 |
| <i>Vasopressors (Vasopresores)</i>                     |                           |  |                 |                 |
| Epinephrine Pf Injection Solution                      | 1 mg/ml                   | EPINEPHrine PF                                 | 2               | QL(2 in 1 Year) |

## MEDICAL COMPONENT (COMPONENTE MÉDICO)

| Product Name<br>(Nombre del Medicamento)                        | Dosage<br>(Presentación)   | Brand Name<br>(Nombre Comercial de Referencia) | UM                        |
|---|--|--|---------------------------|
| <b>Medical Component (Componente Médico)</b>                    |  |  |                           |
| <i>Intravenous Chemotherapies (Quimioterapias Intravenosas)</i> |  |  |                           |
| Adcetris Intravenous Solution Reconstituted                     | 50 mg  | Adcetris                                       | PA                        |
| Adriamycin Intravenous Solution Reconstituted                   | 50 mg  | Adriamycin RDF                                 |                           |
| Arsenic Trioxide Intravenous Solution                           | 10 mg/10ml, 12 mg/6ml  | Trisenox                                       | PA                        |
| Asparlas Intravenous Solution                                   | 3750 unit/5ml  | Asparlas                                       | PA                        |
| Azacitidine Injection Suspension Reconstituted                  | 100 mg   | azaCITIDine                                    |                           |
| Bavencio Intravenous Solution                                   | 200 mg/10ml  | Bavencio                                       | PA                        |
| Beleodaq Intravenous Solution Reconstituted                     | 500 mg   | Beleodaq                                       | PA                        |
| Bendamustine Hcl Intravenous Solution Reconstituted             | 100 mg, 25 mg  | Treanda  | PA                        |
| Besponsa Intravenous Solution Reconstituted                     | 0.9 mg   | Besponsa                                       | PA                        |
| Bilprevida Subcutaneous Solution                                | 120 mg/1.7ml   | Bilprevida                                     | QL(1.700 in 28 Days) , PA |
| Bleomycin Sulfate Injection Solution Reconstituted              | 15 unit, 30 unit   | Blenoxane                                      |                           |
| Blincyto Intravenous Solution Reconstituted                     | 35 mcg   | Blincyto                                       | PA                        |
| Bortezomib Injection Solution Reconstituted                     | 1 mg, 2.5 mg, 3.5 mg   | Bortezomib                                     | PA                        |
| Busulfan Intravenous Solution                                   | 6 mg/ml  | Busulfex                                       | PA                        |
| Capecitabine Oral Tablet  | 150 mg, 500 mg   | Xeloda   | PA                        |
| Carboplatin Intravenous Solution                                | 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml   | Paraplatin                                     |                           |
| Carmustine Intravenous Solution Reconstituted                   | 100 mg   | BiCNU  | PA                        |
| Cisplatin Intravenous Solution                                  | 100 mg/100ml, 200 mg/200ml, 50 mg/50ml   | CISplatin ,Platinol AQ                         |                           |
| Cladribine Intravenous Solution                                 | 10 mg/10ml   | Leustatin                                      |                           |
| Clofarabine Intravenous Solution                                | 1 mg/ml  | Clolar   | PA                        |
| Cyclophosphamide Injection Solution Reconstituted               | 1 gm, 2 gm, 500 mg   | Cytoxan  |                           |
| Cyclophosphamide Intravenous Solution                           | 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml | cycloPHOSphamide ,Frindovyx                    |                           |
| Cyramza Intravenous Solution                                    | 100 mg/10ml, 500 mg/50ml   | Cyramza  | PA                        |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)           | Brand Name<br>(Nombre Comercial de Referencia) | UM                     |
|--|------------------------------------|--|------------------------|
| Cytarabine (Pf) Injection Solution                 | 100 mg/ml, 20 mg/ml                | Cytarabine (PF)                                |                        |
| Cytarabine Injection Solution                      | 20 mg/ml                           | Cytarabine                                     |                        |
| Dacarbazine Intravenous Solution Reconstituted     | 100 mg, 200 mg                     | Dacarbazine ,DTIC-Dome                         |                        |
| Dactinomycin Intravenous Solution Reconstituted    | 0.5 mg                             | Cosmegen                                       | PA                     |
| Darzalex Intravenous Solution                      | 100 mg/5ml, 400 mg/20ml            | Darzalex                                       | PA                     |
| Daunorubicin Hcl Intravenous Solution              | 20 mg/4ml, 50 mg/10ml              | DAUNOrubicin HCl                               | PA                     |
| Decitabine Intravenous Solution Reconstituted      | 50 mg                              | Dacogen  |                        |
| Dexrazoxane Hcl Intravenous Solution Reconstituted | 250 mg, 500 mg                     | Zinecard                                       | PA                     |
| Docetaxel Intravenous Concentrate                  | 160 mg/8ml, 20 mg/ml, 80 mg/4ml    | DOCEtaxel ,Taxotere                            |                        |
| Docetaxel Intravenous Solution                     | 160 mg/16ml, 20 mg/2ml, 80 mg/8ml  | Docivyx  |                        |
| Doxorubicin Hcl Intravenous Solution               | 2 mg/ml                            | Adriamycin PFS                                 |                        |
| Doxorubicin Hcl Intravenous Solution Reconstituted | 10 mg, 50 mg                       | Adriamycin RDF                                 |                        |
| Doxorubicin Hcl Liposomal Intravenous Suspension   | 2 mg/ml                            | Doxil  |                        |
| Eligard Subcutaneous Kit                           | 30 mg                              | Eligard  | QL(1 in 120 Days) , PA |
| Eligard Subcutaneous Kit                           | 45 mg                              | Eligard  | QL(1 in 180 Days) , PA |
| Eligard Subcutaneous Kit                           | 7.5 mg                             | Eligard  | QL(1 in 30 Days) , PA  |
| Eligard Subcutaneous Kit                           | 22.5 mg                            | Eligard  | QL(1 in 84 Days) , PA  |
| Elitek Intravenous Solution Reconstituted          | 1.5 mg, 7.5 mg                     | Elitek   | PA                     |
| Ellence Intravenous Solution                       | 200 mg/100ml, 50 mg/25ml           | Ellence  |                        |
| Elzonris Intravenous Solution                      | 1000 mcg/ml                        | Elzonris                                       | PA                     |
| Empliciti Intravenous Solution Reconstituted       | 300 mg, 400 mg                     | Empliciti                                      | PA                     |
| Enhertu Intravenous Solution Reconstituted         | 100 mg                             | Enhertu  | PA                     |
| Erbitux Intravenous Solution                       | 100 mg/50ml, 200 mg/100ml          | Erbitux  | PA                     |
| Eribulin Mesylate Intravenous Solution             | 1 mg/2ml                           | Halaven  | PA                     |
| Etopophos Intravenous Solution Reconstituted       | 100 mg                             | Etopophos                                      | PA                     |
| Etoposide Intravenous Solution                     | 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | Toposar  |                        |

| Product Name<br>(Nombre del Medicamento)                   | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--|--|----|
| Firmagon (240 Mg Dose) Subcutaneous Solution Reconstituted | 120 mg/vial  | Firmagon                                       | PA |
| Firmagon Subcutaneous Solution Reconstituted               | 80 mg  | Firmagon                                       | PA |
| Floxuridine Injection Solution Reconstituted               | 0.5 gm   | FUDR   |    |
| Fludarabine Phosphate Intravenous Solution                 | 50 mg/2ml  | Fludarabine Phosphate                          |    |
| Fludarabine Phosphate Intravenous Solution Reconstituted   | 50 mg  | Fludara  |    |
| Fluorouracil Intravenous Solution                          | 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml  | Adrucil ,Fluorouracil                          |    |
| Fulphila Subcutaneous Solution Prefilled Syringe           | 6 mg/0.6ml   | Fulphila                                       | PA |
| Fulvestrant Intramuscular Solution Prefilled Syringe       | 250 mg/5ml   | Faslodex                                       | PA |
| Gazyva Intravenous Solution                                | 1000 mg/40ml   | Gazyva   | PA |
| Gemcitabine Hcl Intravenous Solution                       | 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml | Avgemsi ,Gemcitabine HCl                       |    |
| Gemcitabine Hcl Intravenous Solution Reconstituted         | 1 gm, 2 gm, 200 mg   | Gemcitabine HCl ,Gemzar                        |    |
| Gliadel Wafer Implant Wafer                                | 7.7 mg   | Gliadel  | PA |
| Idarubicin Hcl Intravenous Solution                        | 10 mg/10ml, 20 mg/20ml, 5 mg/5ml   | Idamycin PFS                                   |    |
| Ifex_intravenous Solution Reconstituted                    | 3 gm   | Ifex   | PA |
| Ifosfamide Intravenous Solution                            | 1 gm/20ml, 3 gm/60ml   | Ifosfamide                                     |    |
| Ifosfamide Intravenous Solution Reconstituted              | 1 gm, 3 gm   | Ifex   |    |
| Imfinzi Intravenous Solution                               | 120 mg/2.4ml, 500 mg/10ml  | Imfinzi  | PA |
| Irinotecan Hcl Intravenous Solution                        | 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml  | Camptosar ,Irinotecan HCl                      |    |
| Ixempra Kit Intravenous Solution Reconstituted             | 15 mg, 45 mg   | Ixempra Kit                                    | PA |
| Jemperli Intravenous Solution                              | 500 mg/10ml  | Jemperli                                       | PA |
| Jevtana Intravenous Solution                               | 60 mg/1.5ml  | Jevtana  | PA |
| Kadcyla Intravenous Solution Reconstituted                 | 100 mg, 160 mg   | Kadcyla  | PA |
| Kanjinti Intravenous Solution Reconstituted                | 150 mg, 420 mg   | Kanjinti                                       | PA |
| Kepivance Intravenous Solution Reconstituted               | 5.16 mg  | Kepivance                                      | PA |
| Keytruda Intravenous Solution                              | 100 mg/4ml   | Keytruda                                       | PA |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion)                       | Brand Name<br>(Nombre Comercial de Referencia) | UM                          |
|---|--|--|-----------------------------|
| Keytruda Qlex Subcutaneous Solution                       | 395-4800 mg -unt/2.4ml, 790-9600 mg -unt/4.8ml | Keytruda Qlex                                  | PA                          |
| Kimtrak Intravenous Solution                              | 100 mcg/0.5ml                                  | Kimtrak  | PA                          |
| Kyprolis Intravenous Solution Reconstituted               | 10 mg, 30 mg, 60 mg                            | Kyprolis                                       | PA                          |
| Leucovorin Calcium Injection Solution                     | 100 mg/10ml, 500 mg/50ml                       | Leucovorin Calcium<br>,Vykoura                 |                             |
| Leucovorin Calcium Injection Solution Reconstituted       | 100 mg, 200 mg, 350 mg, 50 mg, 500 mg          | Leucovorin Calcium<br>,Wellcovorin Calcium     |                             |
| Leuprolide Acetate Injection Kit                          | 1 mg/0.2ml                                     | Lupron   | PA                          |
| Levoleucovorin Calcium Intravenous Solution Reconstituted | 50 mg  | Fusilev  | PA                          |
| Levoleucovorin Calcium Pf Intravenous Solution            | 175 mg/17.5ml, 250 mg/25ml                     | LEVOleucovorin<br>Calcium PF                   |                             |
| Levulan Kerastick External Solution Reconstituted         | 20 %   | Levulan Kerastick                              | PA                          |
| Libtayo Intravenous Solution                              | 350 mg/7ml                                     | Libtayo  | PA                          |
| Lupron Depot (1-Month) Intramuscular Kit                  | 7.5 mg   | Lupron Depot (1-Month)                         | QL(1 in 28 Days) , ST , PA  |
| Lupron Depot (1-Month) Intramuscular Kit                  | 3.75 mg  | Lupron Depot (1-Month)                         | QL(1 in 30 Days) , PA       |
| Lupron Depot (3-Month) Intramuscular Kit                  | 11.25 mg                                       | Lupron Depot (3-Month)                         | QL(1 in 90 Days) , PA       |
| Lupron Depot (3-Month) Intramuscular Kit                  | 22.5 mg  | Lupron Depot (3-Month)                         | QL(1 in 90 Days) , ST , PA  |
| Lupron Depot (4-Month) Intramuscular Kit                  | 30 mg  | Lupron Depot (4-Month)                         | QL(1 in 120 Days) , ST , PA |
| Lupron Depot (6-Month) Intramuscular Kit                  | 45 mg  | Lupron Depot (6-Month)                         | QL(1 in 180 Days) , ST , PA |
| Melphalan Hcl Intravenous Solution Reconstituted          | 50 mg  | Alkeran  | PA                          |
| Mesna_intravenous Solution                                | 100 mg/ml                                      | Mesnex   |                             |
| Methotrexate Sodium Injection Solution Reconstituted      | 1 gm   | Methotrexate Sodium                            |                             |
| Mitomycin Intravenous Solution Reconstituted              | 20 mg, 40 mg, 5 mg                             | Mutamycin                                      | PA                          |
| Mitoxantrone Hcl Intravenous Concentrate                  | 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml           | Novantrone                                     | PA                          |
| Monjuvi Intravenous Solution Reconstituted                | 200 mg   | Monjuvi  | PA                          |
| Mvasi_intravenous Solution                                | 100 mg/4ml, 400 mg/16ml                        | Mvasi  | PA                          |
| Mylotarg Intravenous Solution Reconstituted               | 4.5 mg   | Mylotarg                                       | PA                          |

| Product Name<br>(Nombre del Medicamento)                           | Dosage<br>(Presentacion)                           | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--|--|----|
| Nelarabine Intravenous Solution                                    | 5 mg/ml  | Arranon  | PA |
| Nipent Intravenous Solution Reconstituted                          | 10 mg  | Nipent   | PA |
| Nivestym Injection Solution  | 300 mcg/ml, 480 mcg/1.6ml                          | Nivestym                                       | PA |
| Nivestym Injection Solution Prefilled Syringe                      | 300 mcg/0.5ml, 480 mcg/0.8ml                       | Nivestym                                       | PA |
| Oncaspar Injection Solution  | 750 unit/ml  | Oncaspar                                       | PA |
| Onivyde Intravenous Suspension                                     | 43 mg/10ml   | Onivyde  | PA |
| Opdivo Intravenous Solution  | 100 mg/10ml, 120 mg/12ml, 240 mg/24ml, 40 mg/4ml   | Opdivo   | PA |
| Opdivo Qvantig Subcutaneous Solution                               | 300-5000 mg -ut/2.5ml, 600-10000 mg-ut/5ml         | Opdivo Qvantig                                 | PA |
| Oxaliplatin Intravenous Solution                                   | 100 mg/20ml, 200 mg/40ml, 50 mg/10ml               | Eloxatin                                       |    |
| Oxaliplatin Intravenous Solution Reconstituted                     | 100 mg, 50 mg                                      | Eloxatin                                       |    |
| Paclitaxel Intravenous Concentrate                                 | 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml | Onxol ,Taxol                                   |    |
| Paclitaxel Protein-Bound Part Intravenous Suspension Reconstituted | 100 mg   | Abraxane                                       | PA |
| Padcev Intravenous Solution Reconstituted                          | 20 mg, 30 mg                                       | Padcev   | PA |
| Pemetrexed Disodium Intravenous Solution                           | 1 gm/40ml, 100 mg/4ml, 500 mg/20ml                 | PEMEtrexed Disodium                            | PA |
| Pemetrexed Disodium Intravenous Solution Reconstituted             | 100 mg, 1000 mg, 500 mg, 750 mg                    | Alimta ,PEMEtrexed Disodium                    | PA |
| Pemetrexed Intravenous Solution                                    | 1 gm/40ml, 100 mg/4ml, 500 mg/20ml                 | PEMEtrexed ,Pemfexy                            | PA |
| Pemfexy Intravenous Solution                                       | 500 mg/20ml  | Pemfexy  | PA |
| Perjeta Intravenous Solution                                       | 420 mg/14ml  | Perjeta  | PA |
| Photofrin Intravenous Solution Reconstituted                       | 75 mg  | Photofrin                                      |    |
| Polivy Intravenous Solution Reconstituted                          | 140 mg, 30 mg                                      | Polivy   | PA |
| Portrazza Intravenous Solution                                     | 800 mg/50ml  | Portrazza                                      | PA |
| Poteligeo Intravenous Solution                                     | 20 mg/5ml  | Poteligeo                                      | PA |
| Pralatrexate Intravenous Solution                                  | 20 mg/ml, 40 mg/2ml                                | Folotyn  | PA |
| Proleukin Intravenous Solution Reconstituted                       | 22000000 unit                                      | Proleukin                                      | PA |

| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM                        |
|--|--|--|---------------------------|
| Retacrit Injection Solution                      | 10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000 unit/ml, 4000 unit/ml, 40000 unit/ml      | Retacrit                                       | QL(12 in 28 Days) , PA    |
| Romidepsin Intravenous Solution Reconstituted    | 10 mg  | Istodax  | PA                        |
| Ruxience Intravenous Solution                    | 100 mg/10ml, 500 mg/50ml   | Ruxience                                       | PA                        |
| Rybrevant Faspro Subcutaneous Solution           | 1600-20000 mg-ut/10ml, 2240-28000 mg-ut/14ml, 2400-30000 mg-ut/15ml, 3520-44000 mg-ut/22ml | Rybrevant Faspro                               | PA                        |
| Rybrevant Intravenous Solution                   | 350 mg/7ml   | Rybrevant                                      | PA                        |
| Rylaze Intramuscular Solution                    | 10 mg/0.5ml  | Rylaze   | PA                        |
| Sarclisa Intravenous Solution                    | 100 mg/5ml, 500 mg/25ml  | Sarclisa                                       | PA                        |
| Tecentriq Hybreza Subcutaneous Solution          | 1875-30000 mg-ut/15ml  | Tecentriq Hybreza                              | PA                        |
| Tecentriq Intravenous Solution                   | 1200 mg/20ml, 840 mg/14ml  | Tecentriq                                      | PA                        |
| Temodar Intravenous Solution Reconstituted       | 100 mg   | Temodar  | PA                        |
| Temsirolimus Intravenous Solution                | 25 mg/ml   | Torisel  | PA                        |
| Thiotepa Injection Solution Reconstituted        | 15 mg  | Thioplex                                       |                           |
| Tice_bcg Intravesical Suspension Reconstituted   | 50 mg  | Tice BCG                                       | PA                        |
| Topotecan Hcl Intravenous Solution               | 4 mg/4ml   | Topotecan HCl                                  | PA                        |
| Topotecan Hcl Intravenous Solution Reconstituted | 4 mg   | Hycamtin                                       | PA                        |
| Trazimera Intravenous Solution Reconstituted     | 150 mg, 420 mg   | Trazimera                                      | PA                        |
| Trodely Intravenous Solution Reconstituted       | 180 mg   | Trodely  | PA                        |
| Valrubicin Intravesical Solution                 | 40 mg/ml   | Valstar  | PA                        |
| Vectibix Intravenous Solution                    | 100 mg/5ml, 400 mg/20ml  | Vectibix                                       | PA                        |
| Vinblastine Sulfate Intravenous Solution         | 1 mg/ml  | vinBLAStine Sulfate                            |                           |
| Vincristine Sulfate Intravenous Solution         | 1 mg/ml, 2 mg/2ml  | Oncovin  |                           |
| Vinorelbine Tartrate Intravenous Solution        | 10 mg/ml, 50 mg/5ml  | Navelbine                                      |                           |
| Voraxaze Intravenous Solution Reconstituted      | 1000 unit  | Voraxaze                                       | PA                        |
| Xgeva_subcutaneous Solution                      | 120 mg/1.7ml   | Xgeva  | QL(1.700 in 28 Days) , PA |
| Yervoy Intravenous Solution                      | 200 mg/40ml, 50 mg/10ml  | Yervoy   | PA                        |
| Yondelis Intravenous Solution Reconstituted      | 1 mg   | Yondelis                                       | PA                        |
| Zaltrap Intravenous Solution                     | 100 mg/4ml, 200 mg/8ml   | Zaltrap  | PA                        |

| Product Name<br>(Nombre del Medicamento)                          | Dosage<br>(Presentacion)            | Brand Name<br>(Nombre Comercial de Referencia) | UM                         |
|---|-------------------------------------|--|----------------------------|
| Zepzelca Intravenous Solution Reconstituted                       | 4 mg                                | Zepzelca                                       | PA                         |
| Zevalin Y-90 Intravenous Kit                                      | 3.2 mg/2ml                          | Zevalin Y-90                                   | PA                         |
| Zirabev Intravenous Solution                                      | 100 mg/4ml, 400 mg/16ml             | Zirabev  | PA                         |
| Zoladex Subcutaneous Implant                                      | 3.6 mg                              | Zoladex  | QL(1 in 28 Days) , ST , PA |
| Zoladex Subcutaneous Implant                                      | 10.8 mg                             | Zoladex  | ST , PA                    |
| Zoledronic Acid Intravenous Concentrate                           | 4 mg/5ml                            | Zometa   | PA                         |
| Zoledronic Acid Intravenous Solution                              | 4 mg/100ml, 5 mg/100ml              | Reclast ,Zometa                                | PA                         |
| Zynlonta Intravenous Solution Reconstituted                       | 10 mg                               | Zynlonta                                       | PA                         |
| <b><i>Intravenous Medications (Medicamentos Intravenosos)</i></b> |                                     |  |                            |
| Acetylcysteine Intravenous Solution                               | 200 mg/ml                           | Acetadote                                      |                            |
| Actemra Intravenous Solution                                      | 200 mg/10ml, 400 mg/20ml, 80 mg/4ml | Actemra  | ST , PA                    |
| Akynzeo (Ready-To-Use) Intravenous Solution                       | 235-0.25 mg/20ml                    | Akynzeo (To-be-Diluted)                        | PA                         |
| Akynzeo (To-Be-Diluted) Intravenous Solution                      | 235-0.25 mg/20ml                    | Akynzeo (To-be-Diluted)                        | PA                         |
| Akynzeo Intravenous Solution Reconstituted                        | 235-0.25 mg                         | Akynzeo  | PA                         |
| Aldurazyme Intravenous Solution                                   | 2.9 mg/5ml                          | Aldurazyme                                     | PA                         |
| Amikacin Sulfate Injection Solution                               | 1 gm/4ml, 500 mg/2ml                | Amikacin Sulfate ,Amikin                       |                            |
| Aminophylline Intravenous Solution                                | 25 mg/ml                            | Aminophylline                                  |                            |
| Ampicillin-Sulbactam Sodium Injection Solution Reconstituted      | 1.5 (1-0.5) gm, 3 (2-1) gm          | Unasyn   |                            |
| Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted    | 15 (10-5) gm                        | Ampicillin-Sulbactam Sodium                    |                            |
| Atracurium Besylate Intravenous Solution                          | 50 mg/5ml                           | Atracurium Besylate                            |                            |
| Avsola Intravenous Solution Reconstituted                         | 100 mg                              | Avsola   | PA                         |
| Azithromycin Intravenous Solution Reconstituted                   | 500 mg                              | Zithromax                                      |                            |
| Bd_heparin Posiflush Intravenous Solution                         | 10 unit/ml, 100 unit/ml             | BD Heparin PosiFlush                           |                            |
| Benlysta Intravenous Solution Reconstituted                       | 120 mg, 400 mg                      | Benlysta                                       | PA                         |
| Beyfortus Intramuscular Solution Prefilled Syringe                | 100 mg/ml, 50 mg/0.5ml              | Beyfortus                                      |                            |
| Bildyos Subcutaneous Solution Prefilled Syringe                   | 60 mg/ml                            | Bildyos  | QL(1 in 180 Days) , PA     |
| Bkemv_intravenous Solution  | 300 mg/30ml                         | Bkemv  | PA                         |
| Botox_injection Solution Reconstituted                            | 100 unit, 200 unit                  | Botox  | PA                         |

| Product Name<br>(Nombre del Medicamento)                       | Dosage<br>(Presentacion)                        | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|---|--|----|
| Byooviz Intravitreal Solution                                  | 0.5 mg/0.05ml                                   | Byooviz  | PA |
| Calcitriol Intravenous Solution                                | 1 mcg/ml  | Calcijex                                       |    |
| Caspofungin Acetate Intravenous Solution Reconstituted         | 50 mg, 70 mg                                    | Cancidas                                       |    |
| Cefazolin Sodium Intravenous Solution Reconstituted            | 1 gm  | Kefzol   |    |
| Cefazolin Sodium-Dextrose Intravenous Solution                 | 1-4 gm/50ml-%, 3-4 gm/150ml-%                   | ceFAZolin Sodium-Dextrose                      |    |
| Cefazolin Sodium-Dextrose Intravenous Solution Reconstituted   | 1-4 gm-%(50ml), 2-3 gm-%(50ml)                  | ceFAZolin Sodium-Dextrose                      |    |
| Cefazolin Sodium-Dextrose Intravenous Solution Reconstituted   | 3-2 gm-%(50ml)                                  | ceFAZolin Sodium-Dextrose                      | PA |
| Cefepime Hcl Intravenous Solution                              | 1 gm/50ml, 2 gm/100ml                           | Cefepime HCl                                   |    |
| Cefepime Hcl Intravenous Solution Reconstituted                | 2 gm  | Maxipime                                       |    |
| Cefepime-Dextrose Intravenous Solution Reconstituted           | 1-5 gm-%(50ml), 2-5 gm-%(50ml)                  | Cefepime-Dextrose                              |    |
| Ceftaroline Fosamil Intravenous Solution Reconstituted         | 400 mg, 600 mg                                  | Teflaro  |    |
| Ceftazidime Injection Solution Reconstituted                   | 1 gm, 6 gm                                      | Ceptaz ,Fortaz                                 |    |
| Ceftazidime Intravenous Solution Reconstituted                 | 2 gm  | cefTAZidime                                    |    |
| Ceftriaxone Sodium In Dextrose Intravenous Solution            | 20 mg/ml, 40 mg/ml                              | Rocephin in Dextrose                           |    |
| Ceftriaxone Sodium Intravenous Solution Reconstituted          | 1 gm, 10 gm, 2 gm                               | Rocephin                                       |    |
| Ceftriaxone Sodium-Dextrose Intravenous Solution Reconstituted | 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)            | cefTRIAxone Sodium-Dextrose                    |    |
| Ceprotin Intravenous Solution Reconstituted                    | 1000 unit, 500 unit                             | Ceprotin                                       | PA |
| Chlorothiazide Sodium Intravenous Solution Reconstituted       | 500 mg  | Diuril IV                                      |    |
| Cimerli Intravitreal Solution                                  | 0.3 mg/0.05ml, 0.5 mg/0.05ml                    | Cimerli  | PA |
| Cinryze Intravenous Solution Reconstituted                     | 500 unit  | Cinryze  | PA |
| Ciprofloxacin In D5w Intravenous Solution                      | 200 mg/100ml, 400 mg/200ml                      | Cipro in D5W                                   |    |
| Cisatracurium Besylate (Pf) Intravenous Solution               | 10 mg/5ml, 200 mg/20ml                          | Nimbex   |    |
| Crysvita Subcutaneous Solution                                 | 10 mg/ml, 20 mg/ml, 30 mg/ml                    | Crysvita                                       | PA |
| Cytogam Intravenous Solution                                   | 50 mg/ml  | Cytogam  | PA |
| Dantrolene Sodium Intravenous Solution Reconstituted           | 20 mg   | Dantrium                                       |    |
| Daptomycin Intravenous Solution Reconstituted                  | 350 mg, 500 mg                                  | Cubicin ,DAPTOmycin                            |    |
| Daptomycin-Sodium Chloride Intravenous Solution                | 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 | DAPTOmycin-Sodium Chloride                     |    |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--|--|----|
|   | mg/50ml-%, 700-0.9<br>mg/100ml-%   |  |    |
| Deferoxamine Mesylate Injection Solution Reconstituted      | 2 gm, 500 mg   | Desferal                                       |    |
| Diltiazem Hcl Intravenous Solution                          | 125 mg/25ml, 25 mg/5ml, 50<br>mg/10ml  | dilTIAZem HCl                                  |    |
| Doxercalciferol Intravenous Solution                        | 4 mcg/2ml  | Hectorol                                       |    |
| Dysport Intramuscular Solution Reconstituted                | 300 unit, 500 unit   | Dysport  | PA |
| Enflonsia Intramuscular Solution Prefilled Syringe          | 105 mg/0.7ml   | Enflonsia                                      |    |
| Epoprostenol Sodium Intravenous Solution Reconstituted      | 0.5 mg, 1.5 mg   | Flolan   | PA |
| Ertapenem Sodium Injection Solution Reconstituted           | 1 gm   | INVanz   |    |
| Esomeprazole Sodium Intravenous Solution Reconstituted      | 40 mg  | NexIUM I.V.                                    |    |
| Evkeeza Intravenous Solution                                | 1200 mg/8ml, 345 mg/2.3ml  | Evkeeza  | PA |
| Fluconazole In Sodium Chloride Intravenous Solution         | 200-0.9 mg/100ml-%, 400-0.9<br>mg/200ml-%  | Diflucan in Sodium<br>Chloride                 |    |
| Fomepizole Intravenous Solution                             | 1.5 gm/1.5ml   | Antizol  |    |
| Gamifant Intravenous Solution                               | 10 mg/2ml, 100 mg/20ml, 50<br>mg/10ml  | Gamifant                                       | PA |
| Gentamicin In Saline Intravenous Solution                   | 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-<br>%, 1.2-0.9 mg/ml-%, 1.6-0.9<br>mg/ml-%, 2-0.9 mg/ml-% | Gentamicin in Saline                           |    |
| Granisetron Hcl Intravenous Solution                        | 1 mg/ml, 4 mg/4ml  | Kytril   |    |
| Heparin Na (Pork) Lock Flsh Pf Intravenous Solution         | 10 unit/ml, 100 unit/ml  | BD Heparin PosiFlush                           |    |
| Heparin Sod (Pork) Lock Flush Intravenous Solution          | 10 unit/ml, 100 unit/ml  | Hep-Lock ,Hep-Lock<br>Flush                    |    |
| Hyperrho Intramuscular Solution Prefilled Syringe           | 1500 unit  | HyperRHO S/D                                   | PA |
| Hyperrho Mini-Dose Intramuscular Solution Prefilled Syringe | 250 unit   | HyperRHO S/D                                   | PA |
| Ibandronate Sodium Intravenous Solution                     | 3 mg/3ml   | Boniva   |    |
| Imipenem-Cilastatin Intravenous Solution Reconstituted      | 250 mg, 500 mg   | Primaxin IV                                    |    |
| Infliximab Intravenous Solution Reconstituted               | 100 mg   | Remicade                                       | PA |
| Iron_sucrose Intravenous Solution                           | 20 mg/ml   | Venofer  | PA |
| Kanuma Intravenous Solution                                 | 20 mg/10ml   | Kanuma   | PA |
| Kcl_(0.149%) In Nacl Intravenous Solution                   | 20-0.45 meq/l-%, 20-0.9<br>meq/l-%   | KCl (0.149%) in NaCl                           |    |
| Kcl_(0.298%) In Nacl Intravenous Solution                   | 40-0.9 meq/l-%   | KCl (0.298%) in NaCl                           |    |

| Product Name<br>(Nombre del Medicamento)                     | Dosage<br>(Presentacion)                      | Brand Name<br>(Nombre Comercial de Referencia) | UM                     |
|--|---|--|------------------------|
| Krystexxa Intravenous Solution                               | 8 mg/50ml, 8 mg/ml                            | Krystexxa                                      | PA                     |
| Leukine Injection Solution Reconstituted                     | 250 mcg                                       | Leukine  | PA                     |
| Levetiracetam Intravenous Solution                           | 500 mg/5ml                                    | Keppra   |                        |
| Levofloxacin In D5w Intravenous Solution                     | 250 mg/50ml, 500 mg/100ml, 750 mg/150ml       | Levaquin                                       |                        |
| Levofloxacin Intravenous Solution                            | 25 mg/ml                                      | Levaquin                                       |                        |
| Linezolid In Sodium Chloride Intravenous Solution            | 600-0.9 mg/300ml-%                            | Linezolid in Sodium Chloride                   |                        |
| Linezolid Intravenous Solution                               | 600 mg/300ml                                  | Zyvox  |                        |
| Lumizyme Intravenous Solution Reconstituted                  | 50 mg   | Myozyme  | PA                     |
| Lupron Depot-Ped (1-Month) Intramuscular Kit                 | 11.25 mg, 15 mg                               | Lupron Depot-Ped (1-Month)                     | QL(1 in 28 Days) , PA  |
| Lupron Depot-Ped (1-Month) Intramuscular Kit                 | 7.5 mg  | Lupron Depot-Ped (1-Month)                     | QL(1 in 30 Days) , PA  |
| Lupron Depot-Ped (3-Month) Intramuscular Kit                 | 30 mg   | Lupron Depot-Ped (3-Month)                     | QL(1 in 84 Days) , PA  |
| Lupron Depot-Ped (6-Month) Intramuscular Kit                 | 45 mg   | Lupron Depot-Ped (6-Month)                     | QL(1 in 180 Days) , PA |
| Mannitol Intravenous Solution                                | 25 %  | Mannitol                                       |                        |
| Meropenem Intravenous Solution Reconstituted                 | 1 gm, 500 mg                                  | Merrem   |                        |
| Metoprolol Tartrate Intravenous Solution                     | 5 mg/5ml                                      | Lopressor                                      |                        |
| Metronidazole Intravenous Solution                           | 500 mg/100ml                                  | Flagyl   |                        |
| Milrinone Lactate In Dextrose Intravenous Solution           | 20-5 mg/100ml-%, 40-5 mg/200ml-%              | Milrinone Lactate in Dextrose                  |                        |
| Milrinone Lactate Intravenous Solution                       | 10 mg/10ml, 20 mg/20ml, 50 mg/50ml            | Milrinone Lactate                              |                        |
| Monovisc Intra-Articular Solution Prefilled Syringe          | 88 mg/4ml                                     | Monovisc                                       | ST , PA                |
| Morphine Sulfate Intravenous Solution                        | 1 mg/ml, 4 mg/ml, 8 mg/ml                     | Morphine Sulfate                               |                        |
| Mycophenolate Mofetil Hcl Intravenous Solution Reconstituted | 500 mg  | CellCept                                       | PA                     |
| Mycophenolate Mofetil Intravenous Solution Reconstituted     | 500 mg  | CellCept                                       | PA                     |
| Myobloc Intramuscular Solution                               | 10000 unit/2ml, 2500 unit/0.5ml, 5000 unit/ml | Myobloc  | PA                     |
| Naglazyme Intravenous Solution                               | 1 mg/ml                                       | Naglazyme                                      | PA                     |

| Product Name<br>(Nombre del Medicamento)                          | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM                          |
|---|--|--|-----------------------------|
| Norepinephrine Bitartrate Intravenous Solution                    | 1 mg/ml  | Norepinephrine Bitartrate                      |                             |
| Nulojix Intravenous Solution Reconstituted                        | 250 mg   | Nulojix  | PA                          |
| Ocrevus Intravenous Solution                                      | 300 mg/10ml  | Ocrevus  | PA                          |
| Ocrevus Zunovo Subcutaneous Solution                              | 920-23000 mg-ut/23ml   | Ocrevus Zunovo                                 | PA                          |
| Orthovisc Intra-Articular Solution Prefilled Syringe              | 30 mg/2ml  | OrthoVisc                                      | ST , PA                     |
| Ozurdex Intravitreal Implant                                      | 0.7 mg   | Ozurdex  | PA                          |
| Pamidronate Disodium Intravenous Solution                         | 30 mg/10ml, 6 mg/ml, 90 mg/10ml  | OTN Pamidronate Disodium ,Pamidronate Disodium |                             |
| Pantoprazole Sodium Intravenous Solution Reconstituted            | 40 mg  | Protonix                                       |                             |
| Paricalcitol Intravenous Solution                                 | 2 mcg/ml, 5 mcg/ml   | Zemlar   |                             |
| Pavblu Intravitreal Solution                                      | 2 mg/0.05ml  | Pavblu   | PA                          |
| Pavblu Intravitreal Solution Prefilled Syringe                    | 2 mg/0.05ml  | Pavblu   | PA                          |
| Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted | 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm | Piperacillin Sod-Tazobactam So ,Zosyn          |                             |
| Piperacillin-Tazobactam-NaCl Intravenous Solution Reconstituted   | 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml  | Piperacillin-Tazobactam-NaCl                   |                             |
| Potassium Chloride In NaCl Intravenous Solution                   | 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%  | Potassium Chloride in NaCl                     |                             |
| Potassium Chloride Intravenous Solution                           | 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml                                   | Potassium Chloride                             |                             |
| Potassium Cl In Dextrose 5% Intravenous Solution                  | 10 meq/l, 20 meq/l   | Potassium Cl in Dextrose 5%                    |                             |
| Premasol Intravenous Solution                                     | 10 %   | Aminosyn                                       |                             |
| Prialt Intrathecal Solution                                       | 100 mcg/ml, 500 mcg/20ml   | Prialt   | PA                          |
| Prolia Subcutaneous Solution Prefilled Syringe                    | 60 mg/ml   | Prolia   | QL(1 in 180 Days) , ST , PA |
| Renflexis Intravenous Solution Reconstituted                      | 100 mg   | Renflexis                                      | PA                          |
| Retrovir Intravenous Solution                                     | 10 mg/ml   | Retrovir                                       |                             |
| Revonto Intravenous Solution Reconstituted                        | 20 mg  | Dantrium                                       |                             |
| Rocuronium Bromide Intravenous Solution                           | 10 mg/ml, 100 mg/10ml, 50 mg/5ml   | Zemuron  |                             |

| Product Name<br>(Nombre del Medicamento)              | Dosage<br>(Presentacion)  | Brand Name<br>(Nombre Comercial de Referencia) | UM      |
|---|---|--|---------|
| Ruconest Intravenous Solution Reconstituted           | 2100 unit   | Ruconest                                       | PA      |
| Saphnelo Intravenous Solution                         | 300 mg/2ml  | Saphnelo                                       | PA      |
| Sildenafil Citrate Intravenous Solution               | 10 mg/12.5ml  | Revatio  | PA      |
| Simulect Intravenous Solution Reconstituted           | 10 mg, 20 mg  | Simulect                                       | PA      |
| Sodium Thiosulfate Intravenous Solution               | 250 mg/ml   | Sodium Thiosulfate                             |         |
| Soliris Intravenous Solution                          | 300 mg/30ml   | Soliris  | PA      |
| Sylvant Intravenous Solution Reconstituted            | 100 mg, 400 mg  | Sylvant  | PA      |
| Tazicef Intravenous Solution Reconstituted            | 1 gm, 2 gm  | Fortaz , Tazicef                               |         |
| Thymoglobulin Intravenous Solution Reconstituted      | 25 mg   | Thymoglobulin                                  | PA      |
| Tigecycline Intravenous Solution Reconstituted        | 50 mg   | Tygacil  |         |
| Treprostinil Injection Solution                       | 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml  | Remodulin                                      | PA      |
| Triesence Intraocular Suspension                      | 40 mg/ml  | Triesence                                      | PA      |
| Tyenne Intravenous Solution                           | 200 mg/10ml, 400 mg/20ml, 80 mg/4ml   | Tyenne   | ST , PA |
| Tysabri Intravenous Concentrate                       | 300 mg/15ml   | Tysabri  | PA      |
| Ultomiris Intravenous Solution                        | 1100 mg/11ml, 300 mg/3ml  | Ultomiris                                      | PA      |
| Valproate Sodium Intravenous Solution                 | 100 mg/ml, 500 mg/5ml   | Depacon  |         |
| Vancomycin Hcl In Dextrose Intravenous Solution       | 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%  | Vancomycin HCl in Dextrose                     |         |
| Vancomycin Hcl Intravenous Solution                   | 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml | Tyzavan  |         |
| Vancomycin Hcl Intravenous Solution Reconstituted     | 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg                                     | Vancomycin HCl , Vancor                        |         |
| Vasopressin Intravenous Solution                      | 20 unit/ml  | Vasostrict                                     |         |
| Vecuronium Bromide Intravenous Solution Reconstituted | 10 mg, 20 mg  | Norcuron                                       |         |
| Veklury Intravenous Solution Reconstituted            | 100 mg  | Veklury  |         |
| Veletri Intravenous Solution Reconstituted            | 0.5 mg, 1.5 mg  | Flolan   | PA      |
| Winrho Sdf Injection Solution                         | 1500 unit/1.3ml, 2500 unit/2.2ml  | WinRho SDF                                     | PA      |

| Product Name<br>(Nombre del Medicamento)                          | Dosage<br>(Presentacion)                                   | Brand Name<br>(Nombre Comercial de Referencia)        | UM                        |
|---|--|---|---------------------------|
| Xiaflex Injection Solution Reconstituted                          | 0.9 mg   | Xiaflex   | PA                        |
| Xolair Subcutaneous Solution Prefilled Syringe                    | 75 mg/0.5ml  | Xolair  | QL(0.500 in 28 Days) , PA |
| Xolair Subcutaneous Solution Prefilled Syringe                    | 150 mg/ml  | Xolair  | QL(1 in 28 Days) , PA     |
| Xolair Subcutaneous Solution Prefilled Syringe                    | 300 mg/2ml   | Xolair  | QL(4 in 28 Days) , PA     |
| Xolair Subcutaneous Solution Reconstituted                        | 150 mg   | Xolair  | PA                        |
| Zemdri Intravenous Solution                                       | 500 mg/10ml  | Zemdri  | PA                        |
| Zosyn_intravenous Solution  | 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml            | Zosyn   |                           |
| <b>Premedications (Premedicaciones)</b>                           |  |   |                           |
| Dexameth Sod Phos (Pf) +rfid Injection Solution Prefilled Syringe | 10 mg/ml   | Dexameth Sod Phos (PF) +RFID                          |                           |
| Dexamethasone Sod Phos (Pf) Injection Solution Prefilled Syringe  | 10 mg/ml   | dexAMETHasone Sod Phos (PF)                           |                           |
| Dexamethasone Sod Phos +rfid Injection Solution Prefilled Syringe | 4 mg/ml  | dexAMETHasone Sod Phos +RFID                          |                           |
| Dexamethasone Sod Phosphate Pf Injection Solution                 | 10 mg/ml   | dexAMETHasone Sod Phosphate PF                        |                           |
| Dexamethasone Sodium Phosphate Injection Solution                 | 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml     | Adrenocot ,Dekasol-10 ,dexAMETHasone Sodium Phosphate |                           |
| Dextrose Intravenous Solution                                     | 5 %  | VisIV   |                           |
| Diphenhydramine Hcl Injection Solution                            | 50 mg/ml   | Bena-D 50   |                           |
| Famotidine (Pf) Intravenous Solution                              | 20 mg/2ml  | Famotidine (PF)                                       |                           |
| Famotidine Intravenous Solution                                   | 20 mg/5ml, 200 mg/20ml, 200 mg/50ml, 40 mg/10ml, 40 mg/4ml | Famotidine  |                           |
| Fosaprepitant Dimeglumine Intravenous Solution Reconstituted      | 150 mg   | Emend   |                           |
| Hydrocortisone Sod Suc (Pf) Injection Solution Reconstituted      | 100 mg   | Solu-CORTEF   |                           |
| Infed_injection Solution  | 50 mg/ml   | Infed   |                           |
| Magnesium Sulfate Injection Solution                              | 50 %   | Magnesium Sulfate                                     |                           |
| Methylprednisolone Sodium Succ Injection Solution Reconstituted   | 1000 mg, 125 mg, 40 mg, 500 mg                             | A-Methapred   |                           |
| Metoclopramide Hcl +rfid Injection Solution                       | 5 mg/ml  | Reglan  |                           |

| Product Name<br>(Nombre del Medicamento)  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Metoclopramide Hcl Injection Solution   | 5 mg/ml                  | Reglan   |    |
| Na_ferric Gluc Cplx In Sucrose Intravenous Solution   | 12.5 mg/ml               | Ferlecit                                       |    |
| Ondansetron Hcl +rfid Injection Solution  | 4 mg/2ml                 | Zofran   |    |
| Ondansetron Hcl Injection Solution  | 4 mg/2ml, 40 mg/20ml     | Zofran   |    |
| Potassium Chloride Intravenous Solution   | 2 meq/ml                 | Potassium Chloride<br>PROAMP                   |    |
| Promethazine Hcl Injection Solution   | 25 mg/ml, 50 mg/ml       | Anergan 50 ,Phenergan                          |    |
| Sodium Chloride Intravenous Solution  | 0.9 %                    | Monoject PreFill<br>Advanced NaCl              |    |
| Solu-Cortef Injection Solution Reconstituted  | 1000 mg, 250 mg, 500 mg  | Solu-CORTEF                                    |    |
| Solu-Medrol Injection Solution Reconstituted  | 2 gm                     | SOLU-Medrol                                    | PA |
| Thyrogen Intramuscular Solution Reconstituted   | 0.9 mg                   | Thyrogen                                       | PA |
| <i>Preventive - Copper Contraceptives - Iud (Preventivo - Anticonceptivos De Cobre - Iud)</i>                   |                          |  |    |
| Paragard Intrauterine Copper Intrauterine Intrauterine Device   |                          | Paragard                                       | PA |
| <i>Preventive - Progestin Contraceptives - Implants (Preventivo - Anticonceptivos De Progestina - Implants)</i> |                          |  |    |
| Nexplanon Subcutaneous Implant  | 68 mg                    | Implanon                                       | PA |
| <i>Preventive - Progestin Contraceptives - Iud (Preventivo - Anticonceptivos De Progestina - Iud)</i>           |                          |  |    |
| Liletta (52 Mg) Intrauterine Intrauterine Device  | 20.1 mcg/day             | Liletta (52 MG)                                |    |
| Mirena (52 Mg) Intrauterine Intrauterine Device   | 21 mcg/day               | Mirena (52 MG)                                 | PA |
| <i>Radiotherapy (Radioterapia)</i>  |                          |  |    |
| Lutathera Intravenous Solution  | 370 mbq/ml               | Lutathera                                      | PA |
| Xofigo Intravenous Solution   | 30 mcci/ml               | Xofigo   | PA |

## OVER THE COUNTER DRUGS (MEDICAMENTOS OTC)

| Product Name<br>(Nombre del Medicamento)                                | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| <b>Over-The-Counter</b>   |                          |  |    |
| <i>Analgesics - Anti-Inflammatory (Analgesicos - Antiinflamatorios)</i> |                          |  |    |
| Addaprin Oral Tablet  | 200 mg                   | Advil  |    |
| Advil_junior Strength Oral Tablet                                       | 100 mg                   | Motrin Junior Strength                         |    |
| Advil_liqui-Gels Minis Oral Capsule                                     | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_migraine Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Advil_oral Tablet   | 200 mg                   | Advil  |    |
| Aleve_all Day Strong Oral Tablet  | 220 mg                   | Aleve  |    |
| Aleve_oral Tablet   | 220 mg                   | Aleve  |    |
| All_day Pain Relief Oral Tablet   | 220 mg                   | Aleve  |    |
| All_day Relief Oral Tablet  | 220 mg                   | Aleve  |    |
| Childrens Advil Oral Suspension   | 100 mg/5ml               | Childrens Advil                                |    |
| Childrens Ibuprofen 100 Oral Suspension                                 | 100 mg/5ml               | Childrens Advil                                |    |
| Eq_ibuprofen Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Eq_ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Eq_naproxen Sodium Oral Tablet  | 220 mg                   | Aleve  |    |
| Eql_ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Eql_ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Flanax Oral Tablet  | 220 mg                   | Aleve  |    |
| Ft_all Day Pain Relief Oral Tablet                                      | 220 mg                   | Aleve  |    |
| Ft_ibuprofen Childrens Oral Suspension                                  | 100 mg/5ml               | Childrens Advil                                |    |
| Ft_ibuprofen Minis Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Ft_ibuprofen Oral Capsule   | 200 mg                   | V-R Ibuprofen                                  |    |
| Ft_ibuprofen Oral Tablet  | 200 mg                   | Advil  |    |
| Ft_pain Relief Oral Tablet  | 200 mg                   | Advil  |    |
| Gnp_ibuprofen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |    |
| Gnp_ibuprofen Oral Tablet   | 200 mg                   | Advil  |    |
| Gnp_naproxen Sodium Oral Tablet   | 220 mg                   | Aleve  |    |

| Product Name<br>(Nombre del Medicamento)                             | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| 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  |                    |
| Mediproxen Oral Tablet   | 220 mg                   | Aleve  |                    |
| Meijer 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  |                    |
| Proprial 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  |                    |
| Sb_ibuprofen Oral Tablet   | 200 mg                   | Advil  |                    |
| Sb_naproxen Sodium Oral Tablet                                       | 220 mg                   | Aleve  |                    |
| Sm_ibuprofen Ib Oral Tablet  | 200 mg                   | Advil  |                    |
| Wal-Profen Oral Capsule  | 200 mg                   | V-R Ibuprofen                                  |                    |
| Wal-Profen Oral Tablet   | 200 mg                   | Advil  |                    |
| <b><i>Analgesics - Nonnarcotic (Analgesicos - No Narcoticos)</i></b> |                          |  |                    |
| 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) |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion)                  | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|---|---|--|--------------------|
| 8hr_muscle Aches & 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 Liquid                         | 160 mg/5ml                                | Childrens Silapap                              |                    |
| 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, 80 mg                             | Acetaminophen Jr ,APAP Child                   |                    |
| Acetaminophen Er Oral Tablet Extended Release               | 650 mg                                    | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Acetaminophen Extra Strength Oral Liquid                    | 1000 mg/30ml, 500 mg/15ml                 | S-T Febrol                                     |                    |
| Acetaminophen Extra Strength Oral Tablet                    | 500 mg                                    | APAP Extra Strength                            | QL(240 in 30 Days) |
| Acetaminophen Infants Oral Suspension                       | 160 mg/5ml                                | APAP Childrens                                 |                    |
| Acetaminophen Junior Strength Oral Tablet Disintegrating    | 160 mg                                    | FP Jr Strength Non-Aspirin                     |                    |
| Acetaminophen Oral Liquid                                   | 160 mg/5ml                                | Childrens Silapap                              |                    |
| Acetaminophen Oral Solution                                 | 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml | Non-Aspirin Extra Strength                     |                    |
| Acetaminophen Oral Suspension                               | 160 mg/5ml, 650 mg/20.3ml                 | APAP Childrens                                 |                    |
| Acetaminophen Oral Tablet                                   | 325 mg                                    | Actamin  | QL(360 in 30 Days) |
| Acetaminophen Oral Tablet                                   | 500 mg                                    | APAP Extra Strength                            | QL(240 in 30 Days) |
| Acetaminophen Oral Tablet Chewable                          | 160 mg                                    | Acetaminophen Jr                               |                    |
| Acetaminophen Rectal Suppository                            | 120 mg, 650 mg                            | Acephen  |                    |
| Aminofen Oral Tablet  | 325 mg                                    | Actamin  | QL(360 in 30 Days) |
| Apra_oral Elixir  | 160 mg/5ml                                | Altenol  |                    |
| Arthritis Pain Relief Oral Tablet Extended Release          | 650 mg                                    | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Arthritis Pain Reliever Oral Tablet Extended Release        | 650 mg                                    | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Betatemp Childrens Oral Suspension                          | 160 mg/5ml                                | APAP Childrens                                 |                    |

| Product Name<br>(Nombre del Medicamento)                  | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|---|--------------------------|--|--------------------|
| Childrens Apap Oral Tablet Chewable                       | 80 mg                    | APAP Child                                     |                    |
| Childrens Aspirin Free Oral Elixir                        | 80 mg/2.5ml              | Altenol  |                    |
| Childrens Non-Aspirin Oral Suspension                     | 160 mg/5ml               | APAP Childrens                                 |                    |
| Childrens Non-Aspirin Oral Tablet Chewable                | 80 mg                    | APAP Child                                     |                    |
| Childrens Pain Reliever Oral Tablet Chewable              | 80 mg                    | APAP Child                                     |                    |
| Curanol Oral Liquid                                       | 160 mg/5ml               | Childrens Silapap                              |                    |
| Ed-Apap Oral Liquid                                       | 160 mg/5ml               | Childrens Silapap                              |                    |
| Eq_8hr Arthritis Pain Relief Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       | QL(180 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) |
| Eql_acetaminophen Ex St Oral Tablet                       | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Feverall Childrens Rectal Suppository                     | 120 mg                   | Acephen  |                    |
| Feverall Infants Rectal Suppository                       | 80 mg                    | Feverall                                       |                    |
| Feverall Junior Strength Rectal Suppository               | 325 mg                   | Acephen  |                    |
| Ft_8 Hour Pain Relief Oral Tablet Extended Release        | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Ft_children's Pain/Fever Oral Tablet Chewable             | 160 mg                   | Acetaminophen Jr                               |                    |
| Ft_pain & Fever Childrens Oral Suspension                 | 160 mg/5ml               | APAP Childrens                                 |                    |
| Ft_pain & Fever Infants Oral Suspension                   | 160 mg/5ml               | APAP Childrens                                 |                    |
| Ft_pain Relief Adult Extra St Oral Tablet                 | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)                 | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Ft_pain Relief Extra Strength Oral Tablet                | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Ft_pain Relief Oral Tablet                               | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Ft_pain Reliever Adults Rectal Suppository               | 650 mg                   | Acephen  |                    |
| Ft_pain Reliever Children Rectal Suppository             | 120 mg                   | Acephen  |                    |
| Ft_pain Reliever Ex Str Adult Oral Tablet                | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Ft_rapid Release Pain Relief 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_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_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) |
| 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<br>(Nombre del Medicamento)       | Dosage<br>(Presentacion) | Brand Name<br>(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<br>,APAP Child                |                       |
| Mapap_oral Capsule                             | 500 mg                   | Extra Strength<br>Acetaminophen                | QL(240 in 30<br>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 Liquid                  | 160 mg/5ml               | Childrens Silapap                              |                       |
| Meijer Aspirin Free Oral Tablet                | 325 mg                   | Actamin  | QL(360 in 30<br>Days) |
| Meijer Aspirin Free Oral Tablet                | 500 mg                   | APAP Extra Strength                            | QL(240 in 30<br>Days) |
| Meijer Jr St Aspirin Free Oral Tablet Chewable | 160 mg                   | Acetaminophen Jr                               |                       |
| Midol_oral Tablet Extended Release             | 650 mg                   | Tylenol Extended<br>Release                    | QL(180 in 30<br>Days) |
| Mm_acetaminophen Ex Str Oral Tablet            | 500 mg                   | APAP Extra Strength                            | QL(240 in 30<br>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<br>Days) |
| Non-Aspirin Jr Strength Oral Tablet Chewable   | 160 mg                   | Acetaminophen Jr                               |                       |
| Non-Aspirin Oral Tablet                        | 325 mg                   | Actamin  | QL(360 in 30<br>Days) |
| Non-Aspirin Pain Relief Oral Tablet            | 325 mg                   | Actamin  | QL(360 in 30<br>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 +<br>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 Suspension          | 160 mg/5ml               | APAP Childrens                                 |                       |

| Product Name<br>(Nombre del Medicamento)                    | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|---|--------------------------|--|--------------------|
| Pain_relief Extra Strength Oral Capsule                     | 500 mg                   | Extra Strength Acetaminophen                   | QL(240 in 30 Days) |
| Pain_relief Extra Strength Oral Tablet                      | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Pain_relief Oral Liquid                                     | 500 mg/15ml              | S-T Febrol                                     |                    |
| Pain_relief Regular Strength Oral Tablet                    | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Pain_reliever Extra Strength Oral Tablet                    | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Pain_reliever For Adults Oral Tablet                        | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Pain_reliever Oral Tablet                                   | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Pain_reliever/Fever Reducer Rectal Suppository              | 120 mg                   | Acephen  |                    |
| Pediacare Children Oral Suspension                          | 160 mg/5ml               | APAP Childrens                                 |                    |
| Pediacare Infant Fever/Pain Oral Suspension                 | 160 mg/5ml               | APAP Childrens                                 |                    |
| Pediacare Infants Oral Suspension                           | 160 mg/5ml               | APAP Childrens                                 |                    |
| Pharbetol Extra Strength Oral Tablet                        | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Pharbetol Oral Tablet                                       | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Qc_8 Hour Arthritis Pain Oral Tablet Extended Release       | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 DAYS) |
| Qc_8 Hour Pain Relief Oral Tablet Extended Release          | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Qc_acetaminophen 8hr Arth Pain Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Qc_acetaminophen 8hr Musc Ache Oral Tablet Extended Release | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Qc_acetaminophen Infants Oral Suspension                    | 160 mg/5ml               | APAP Childrens                                 |                    |
| Qc_arthritis Pain Relief Oral Tablet Extended Release       | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Qc_non-Aspirin 8 Hour Oral Tablet Extended Release          | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Qc_non-Aspirin Extra Strength Oral Tablet                   | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Qc_pain Relief Childrens Oral Suspension                    | 160 mg/5ml               | APAP Childrens                                 |                    |

| Product Name<br>(Nombre del Medicamento)                                     | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| 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) |
| Qc_pain Relief Oral Tablet   | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Sb_arthritis Pain Relief Oral Tablet Extended Release                        | 650 mg                   | Tylenol Extended Release                       | QL(180 in 30 Days) |
| Sb_childrens Non-Aspirin Oral Tablet Disintegrating                          | 80 mg                    | Temptra Quicklets                              |                    |
| Sb_non-Aspirin Extra Strength Oral Tablet                                    | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| Sb_non-Aspirin Jr Strength Oral Tablet Disintegrating                        | 160 mg                   | FP Jr Strength Non-Aspirin                     |                    |
| Sb_non-Aspirin Oral Tablet   | 325 mg                   | Actamin  | QL(360 in 30 Days) |
| Sb_non-Aspirin Oral Tablet Chewable  | 160 mg, 80 mg            | Acetaminophen Jr ,APAP Child                   |                    |
| Sb_pain Reliever Childrens Oral Suspension                                   | 160 mg/5ml               | APAP Childrens                                 |                    |
| Sb_pain Reliever Ex St Oral Tablet   | 500 mg                   | APAP Extra Strength                            | QL(240 in 30 Days) |
| 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) |
| Vicks_painquil Oral Liquid   | 1000 mg/30ml             | S-T Febrol                                     |                    |
| <b>Antidiarrheal/Probiotic Agents (Agentes Antidiarreales / Probioticos)</b> |                          |  |                    |
| Align_oral Capsule   | 10 mg                    | Bacid  |                    |

| Product Name<br>(Nombre del Medicamento)             | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Anti-Diarrheal Oral Tablet                           | 2 mg                     | Anti-Diarrheal                                 |                    |
| Biotinex Oral Capsule                                |                          | Acidopholus                                    |                    |
| Flora_vance Oral Capsule                             |                          | Bacid  |                    |
| Florajen Digestion Oral Capsule                      |                          | Bacid  |                    |
| Florastor Oral Capsule                               | 250 mg                   | Florastor                                      |                    |
| Intestinex Oral Capsule                              | 600 mg                   | Acidopholus                                    |                    |
| Restora Oral Capsule                                 |                          | Bacid  |                    |
| <b>Antihistamines (Antihistaminicos)</b>             |                          |  |                    |
| 12hr_allergy Relief Oral Tablet                      | 60 mg                    | Allegra  | QL(60 in 30 Days)  |
| 24hr_allergy Relief Oral Tablet                      | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Alavert Oral Tablet Disintegrating                   | 10 mg                    | Claritin Reditabs                              | QL(30 in 30 Days)  |
| All_day Allergy Childrens Oral Solution              | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| All_day Allergy Oral Tablet                          | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Allegra Allergy Childrens Oral Suspension            | 30 mg/5ml                | Allegra  | QL(300 in 30 Days) |
| Allegra Allergy Childrens Oral Tablet Disintegrating | 30 mg                    | Allegra ODT                                    | QL(60 in 30 Days)  |
| Allegra Allergy Oral Tablet                          | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Allegra Allergy Oral Tablet                          | 60 mg                    | Allegra  | QL(60 in 30 Days)  |
| Allegra Hives 24hr Oral Tablet                       | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Allergy (Cetirizine) Oral Tablet                     | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Allergy 24hour Indoor/Outdoor Oral Tablet            | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Allergy 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) |

| Product Name<br>(Nombre del Medicamento)     | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Allergy Rel Child (Loratadine) Oral Solution | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Allergy Relief (Cetirizine) Oral Tablet      | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Allergy Relief (Loratadine) Oral Tablet      | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Allergy Relief 24-Hr Oral Tablet             | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Allergy Relief Cetirizine Oral Tablet        | 10 mg, 5 mg              | ZyrTEC   | QL(30 in 30 Days)  |
| Allergy Relief Childrens Oral Solution       | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Allergy Relief Childrens Oral Solution       | 1 mg/ml                  | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Allergy Relief Oral Tablet                   | 60 mg                    | Allegra  | QL(60 in 30 Days)  |
| Allergy Relief Oral Tablet                   | 10 mg, 180 mg            | Allegra ,Claritin                              | QL(30 in 30 Days)  |
| Allergy Relief/Indoor/Outdoor Oral Tablet    | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| 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)  |

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

| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Eq_loratadine Oral Tablet                        | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Eql_all Day Allergy Childrens Oral Solution      | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Eql_all Day Allergy Oral Tablet                  | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Eql_allergy Relief Oral Tablet                   | 10 mg, 180 mg            | Allegra ,Claritin                              | QL(30 in 30 Days)  |
| Fexofenadine Hcl Oral Tablet                     | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Fexofenadine Hcl Oral Tablet                     | 60 mg                    | Allegra  | QL(60 in 30 Days)  |
| Ft_all Day Allergy 24 Hour Oral Tablet           | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Ft_all Day Allergy Childrens Oral Solution       | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Ft_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Ft_all Day Allergy Relief Oral Tablet            | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Ft_allergy Childrens Oral Solution               | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Ft_allergy Relief 12 Hour Oral Tablet            | 60 mg                    | Allegra  | QL(60 in 30 Days)  |
| Ft_allergy Relief 24 Hour Oral Tablet            | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Ft_allergy Relief Cetirizine Oral Tablet         | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Ft_allergy Relief Childrens Oral Solution        | 5 mg/5ml                 | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Ft_allergy Relief Childrens Oral Tablet Chewable | 5 mg                     | Claritin                                       | QL(60 in 30 Days)  |
| Ft_allergy Relief Oral Tablet                    | 10 mg, 180 mg            | Allegra ,Claritin                              | QL(30 in 30 Days)  |
| Gnp_all Day Allergy Childrens Oral Solution      | 1 mg/ml, 5 mg/5ml        | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Gnp_all Day Allergy Oral Tablet                  | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |

| Product Name<br>(Nombre del Medicamento)     | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| 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_fexofenadine Hcl 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                                       | QL(300 in 30 Days) |
| Goodsense Allergy Relief Oral Capsule        | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Goodsense Allergy Relief Oral Tablet         | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| 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) |

| Product Name<br>(Nombre del Medicamento)         | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Loratadine Childrens Oral Tablet Chewable        | 5 mg                     | Claritin                                       | QL(60 in 30 Days)  |
| Loratadine Oral Capsule                          | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Loratadine Oral Solution                         | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Loratadine Oral Tablet                           | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Loratadine Oral Tablet Disintegrating            | 10 mg                    | Claritin Reditabs                              | QL(30 in 30 Days)  |
| Meijer Allergy Relief Oral Tablet                | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Meijer Allergy Relief Oral Tablet Disintegrating | 10 mg                    | Claritin Reditabs                              | QL(30 in 30 Days)  |
| Meijer Loratadine Oral Solution                  | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Mm_allergy Relief 24 Hour Oral Tablet            | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Mm_fexofenadine Hcl Oral Tablet                  | 180 mg                   | Allegra  | QL(30 in 30 Days)  |
| Qc_all Day Allergy Oral Tablet                   | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Qc_all Day Allergy Relief Oral Capsule           | 10 mg                    | ZyrTEC Allergy                                 | QL(30 in 30 Days)  |
| Qc_allergy Relief (Cetirizine) Oral Tablet       | 10 mg                    | ZyrTEC   | QL(30 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                    | 10 mg, 180 mg            | Allegra ,Claritin                              | QL(30 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)  |

| Product Name<br>(Nombre del Medicamento)             | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                 |
|--|--------------------------|--|--------------------|
| Qc_loratadine Allergy Relief Oral Tablet             | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Sb_allergy Oral Tablet                               | 10 mg                    | ZyrTEC   | QL(30 in 30 Days)  |
| Sb_allergy Relief Oral Tablet Disintegrating         | 10 mg                    | Claritin Reditabs                              | QL(30 in 30 Days)  |
| Sb_cetirizine Hcl Childrens Oral Solution            | 1 mg/ml                  | ZyrTEC Childrens Allergy                       | QL(150 in 30 Days) |
| Sb_loratadine Allergy Relief Oral Tablet             | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Sb_loratadine Oral Solution                          | 5 mg/5ml                 | Claritin                                       | QL(300 in 30 Days) |
| Sb_loratadine Oral Tablet                            | 10 mg                    | Claritin                                       | QL(30 in 30 Days)  |
| Sm_allergy Relief Oral Tablet Disintegrating         | 10 mg                    | Claritin Reditabs                              | QL(30 in 30 Days)  |
| Sm_loratadine Oral Tablet                            | 10 mg                    | Claritin                                       | 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<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(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 Allergy Oral Tablet Disintegrating                           | 10 mg                    | ZyrTEC Allergy                                 | 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)  |
| <b><i>Cough/Cold/Allergy (Tos/Catarro/Alergia)</i></b>              |                          |  |                    |
| 12_hour Allergy-D Oral Tablet Extended Release 12 Hour              | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days)  |
| Actinel Dm Oral Liquid  | 10-20-400 mg/5ml         | Tusicof  |                    |
| Actinel Oral Liquid   | 30-15-200 mg/5ml         | Tusnel   |                    |
| Actinel Pediatric Oral Liquid                                       | 15-5-50 mg/5ml           | Tusnel Pediatric                               |                    |
| 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)  |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| 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 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<br>, Claritin-D 24 Hour      | QL(15 in 15 Days) |
| Allergy Relief D12 Oral Tablet Extended Release 12 Hour             | 60-120 mg                | Allegra-D                                      | QL(30 in 15 Days) |
| Allergy Relief D-12 Oral Tablet Extended Release 12 Hour            | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Allergy Relief D-24 Oral Tablet Extended Release 24 Hour            | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Allergy Relief-D Oral Tablet Extended Release 12 Hour               | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour      | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Allergy-D 12hr Oral Tablet Extended Release 12 Hour                 | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 DAYS) |
| Allergy-D 24hr Oral Tablet Extended Release 24 Hour                 | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| 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                                    | 2-60 mg/5ml              | Conex Cold/Allergy                             |                   |
| Conex_cold/Allergy Oral Tablet                                      | 2-60 mg                  | Sudex  |                   |
| Desgen Dm Oral Liquid   | 5-10-100 mg/5ml          | Robitussin Cough/Cold CF                       |                   |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| Despec Dm Oral Syrup  | 5-10-100 mg/5ml          | Cough  |                   |
| Despec Eda Oral Liquid  | 2.5-5-50 mg/ml           | Giltuss Pediatric                              |                   |
| Dologen Oral Tablet   | 2-650 mg                 | Dologen  |                   |
| Dologesic Oral Tablet   | 1-500 mg                 | Dologesic-DF                                   |                   |
| Dologesic-Df Oral Tablet  | 1-500 mg                 | Dologesic-DF                                   |                   |
| Dometuss-Dmx Oral Liquid  | 10-30-200 mg/5ml         | Tussidex                                       |                   |
| Eq_allergy & Congestion Relief Oral Tablet Extended Release 12 Hour | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Eq_allergy Relief D 12 Hour Oral Tablet Extended Release 12 Hour    | 60-120 mg                | Allegra-D                                      | QL(30 in 15 Days) |
| Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Eq_allergy Relief Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Eq_allergy Relief Oral Tablet Extended Release 12 Hour              | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Eq_l_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 12 Hour    | 60-120 mg                | Allegra-D                                      | QL(30 in 15 Days) |
| Fexofenadine-Pseudoephed Er Oral Tablet Extended Release 24 Hour    | 180-240 mg               | Allegra-D 24 Hour                              | QL(15 in 15 Days) |
| Ft_all Day Allergy-D Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Ft_allergy & Congestion-D 12hr Oral Tablet Extended Release 12 Hour | 60-120 mg                | Allegra-D                                      | QL(30 in 15 Days) |
| Ft_allergy D-12 Hour Oral Tablet Extended Release 12 Hour           | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Ft_allergy Relief-D Oral Tablet Extended Release 24 Hour            | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| G-Dologen Oral Tablet   | 2-650 mg                 | Dologen  |                   |
| Giltuss Cough & Cold Oral Liquid                                    | 10-15-300 mg/5ml         | Giltuss  |                   |
| Gnp_all Day Allergy-D Oral Tablet Extended Release 12 Hour          | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Gnp_allergy & Congestion Oral Tablet Extended Release 24 Hour       | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| Gnp_allergy/Congestion Relief Oral Tablet Extended Release 24 Hour  | 10-240 mg                | Claritin-D 24 Hour                             | 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) |
| Gnp_loratadine-D 12hr Oral Tablet Extended Release 12 Hour          | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 DAYS) |
| Goodsense All Day Allergy-D Oral Tablet Extended Release 12 Hour    | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| G-Tusicof Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |                   |
| Guaifenesin-Codeine Oral Solution                                   | 100-10 mg/5ml            | Cheratussin AC                                 |                   |
| G-Zyncof Oral Syrup   | 20-400 mg/5ml            | Zyncof   |                   |
| Kls_allerclear D-12hr Oral Tablet Extended Release 12 Hour          | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Kls_allerclear D-24hr Oral Tablet Extended Release 24 Hour          | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Kls_aller-Tec D Oral Tablet Extended Release 12 Hour                | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Loratadine-D 12hr Oral Tablet Extended Release 12 Hour              | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Loratadine-D 24hr Oral Tablet Extended Release 24 Hour              | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Meijer Allergy Relief-D Oral Tablet Extended Release 12 Hour        | 5-120 mg                 | Claritin-D 12 Hour                             | QL(30 in 15 Days) |
| Mucus_relief Dm Oral Tablet Extended Release 12 Hour                | 30-600 mg                | Guiadrine DM                                   |                   |
| Norel_ad Oral Tablet  | 4-10-325 mg              | Norel AD                                       |                   |
| Pecgen Dmx Oral Liquid  | 10-187 mg/5ml            | Trispec DMX                                    |                   |
| Percogesic Oral Tablet  | 12.5-325 mg              | Percogesic                                     |                   |
| Phenagil Oral Tablet  | 3.5-10 mg                | Phenabid                                       |                   |
| Pres_gen Oral Liquid  | 5-10-200 mg/5ml          | Robitussin Cough/Cold CF Max                   |                   |
| Presgen B Oral Liquid   | 10-4-20 mg/5ml           | BroveX PEB DM                                  |                   |
| Qc_loratadine-D Oral Tablet Extended Release 24 Hour                | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |

| Product Name<br>(Nombre del Medicamento)                            | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| Sb_allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour | 10-240 mg                | Claritin-D 24 Hour                             | QL(15 in 15 Days) |
| Sorbugen Nr Oral Liquid   | 15-150 mg/7.5ml          | Cheracol-D                                     |                   |
| Tusicof Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |                   |
| Tusnel Diabetic Oral Liquid   | 10-100 mg/5ml            | Cheracol-D                                     |                   |
| Tusnel Dm Oral Liquid   | 10-20-400 mg/5ml         | Tusicof  |                   |
| Tusnel Oral Liquid  | 30-15-200 mg/5ml         | Tusnel   |                   |
| Tusnel-Dm Pediatric Oral Liquid                                     | 1.25-2.5-25 mg/ml        | Tusnel-DM Pediatric                            |                   |
| Tussi-Pres B Oral Liquid  | 10-4-20 mg/5ml           | BroveX PEB DM                                  |                   |
| Tussi-Pres Oral Liquid  | 5-10-200 mg/5ml          | Robitussin Cough/Cold CF Max                   |                   |
| 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-Tussin Cf Max Oral Liquid                                       | 5-10-200-325 mg/10ml     | Mucinex Child Multi-Symptom                    |                   |
| Wal-Tussin Cf Oral Liquid   | 30-10-100 mg/5ml         | Polytuss-DM                                    |                   |
| Wal-Tussin Chest Congestion Oral Liquid                             | 100 mg/5ml               | Altarussin                                     |                   |
| Wal-Tussin Cough Long Acting Oral Liquid                            | 15 mg/5ml                | Glucossin-DM                                   |                   |
| Wal-Tussin Cough Long Acting Oral Syrup                             | 15 mg/5ml                | Pertussin 8-Hour                               |                   |
| Wal-Tussin Cough Oral Capsule                                       | 15 mg                    | Robitussin CoughGels                           |                   |
| Wal-Tussin Cough Relief Oral Tablet Chewable                        | 7.5 mg                   | Triaminic Softchews Cough                      |                   |
| Wal-Tussin Dm Cgh/Chest Cong Oral Liquid                            | 100-10 mg/5ml            | Cheracol-D                                     |                   |
| Wal-Zyr D Oral Tablet Extended Release 12 Hour                      | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| Zyncof Oral Syrup   | 20-400 mg/5ml            | Zyncof   |                   |
| Zyrtec-D Allergy & Congestion Oral Tablet Extended Release 12 Hour  | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |

| Product Name<br>(Nombre del Medicamento)                      | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| Zyrtec-D Allergy & Sinus Oral Tablet Extended Release 12 Hour | 5-120 mg                 | ZyrTEC-D                                       | QL(30 in 15 Days) |
| <i>Dermatologicals (Dermatologicos)</i>                       |                          |  |                   |
| Acne_foaming Wash External Liquid                             | 10 %                     | Benzoyl Peroxide Wash                          |                   |
| Alevazol External Ointment                                    | 1 %                      | Alevazol                                       |                   |
| Antifungal (Clotrimazole) External Cream                      | 1 %                      | Lotrimin                                       |                   |
| Aquanil Hc External Lotion                                    | 1 %                      | Ala-Cort                                       |                   |
| Athletes Foot (Clotrimazole) External Cream                   | 1 %                      | Lotrimin                                       |                   |
| Athletes Foot (Terbinafine) External Cream                    | 1 %                      | Athlete's Foot                                 |                   |
| Athletes Foot External Cream                                  | 1 %                      | Lotrimin                                       |                   |
| Athletes Foot External Solution                               | 1 %                      | Lotrimin                                       |                   |
| Benzepro External Foam  | 5.3 %                    | BenzEFOam                                      |                   |
| 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<br>,Benzoyl Peroxide Wash       |                   |
| Clotrimazole Af External Cream                                | 1 %                      | Lotrimin                                       |                   |
| Clotrimazole Anti-Fungal External Cream                       | 1 %                      | Lotrimin                                       |                   |
| Clotrimazole External Solution                                | 1 %                      | Lotrimin                                       |                   |
| Eq_antifungal External Cream                                  | 1 %                      | Lotrimin                                       |                   |
| Eq_athletes Foot (Terbinafine) External Cream                 | 1 %                      | Athlete's Foot                                 |                   |
| Eq_athletes Foot External Cream                               | 1 %                      | Lotrimin                                       |                   |
| Eq_jock Itch External Cream                                   | 1 %                      | Lotrimin                                       |                   |
| Eq_athletes Foot External Cream                               | 1 %                      | Lotrimin                                       |                   |
| Eq_athletes Foot(Terbinafine) External Cream                  | 1 %                      | Athlete's Foot                                 |                   |
| Ft_athletes Foot (Clotrimaz) External Cream                   | 1 %                      | Lotrimin                                       |                   |
| Ft_athletes Foot (Terbinafine) External Cream                 | 1 %                      | Athlete's Foot                                 |                   |
| Gnp_athletes Foot External Cream                              | 1 %                      | Lotrimin                                       |                   |
| Gnp_terbinafine Hydrochloride External Cream                  | 1 %                      | Athlete's Foot                                 |                   |
| Goodsense Athletes Foot External Cream                        | 1 %                      | Lotrimin                                       |                   |
| Jock_itch External Cream                                      | 1 %                      | Lotrimin                                       |                   |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Jock_itch Relief External Cream  | 1 %                      | Lotrimin                                       |    |
| Lamisil At Athletes Foot External Cream  | 1 %                      | Athlete's Foot                                 |    |
| Lamisil At Jock Itch External Cream  | 1 %                      | Athlete's Foot                                 |    |
| Lamisil At Spray Athletes Foot External Solution                                   | 1 %                      | LamiSIL  |    |
| Lamisil At Spray Jock Itch External Solution                                       | 1 %                      | LamiSIL  |    |
| Lotrimin Af External Cream   | 1 %                      | Lotrimin                                       |    |
| Lotrimin Af Jock Itch External Cream   | 1 %                      | Lotrimin                                       |    |
| Mycozyl Ac External Cream  | 1 %                      | Lotrimin                                       |    |
| Panoxyl Foaming Wash External Liquid   | 10 %                     | Benzoyl Peroxide Wash                          |    |
| Qc_athletes Foot External Cream  | 1 %                      | Athlete's Foot                                 |    |
| Qc_clotrimazole External Cream   | 1 %                      | Lotrimin                                       |    |
| Sb_clotrimazole Foot External Cream  | 1 %                      | Lotrimin                                       |    |
| Terbinafine Hcl External Cream   | 1 %                      | Athlete's Foot                                 |    |
| Tm-Clotrimazole External Cream   | 1 %                      | Lotrimin                                       |    |
| Trimazole External Cream   | 1 %                      | Lotrimin                                       |    |
| <b><i>Digestive Aids (Digestivos)</i></b>  |                          |  |    |
| Gastrace Digestive Support Oral Capsule  |                          | Digest II                                      |    |
| <b><i>Gastrointestinal Agents - Misc. (Agentes Gastrointestinales - Misc.)</i></b> |                          |  |    |
| Gas_relief Extra Strength Oral Capsule   | 125 mg                   | Phazyme-125                                    |    |
| Simethicone Oral Capsule   | 180 mg                   | RA Gas Relief Ultra Strength                   |    |
| Simethicone Oral Tablet Chewable   | 80 mg                    | Anti-Gas/80                                    |    |
| <b><i>Laxatives (Laxantes)</i></b>   |                          |  |    |
| Bisacodyl Ec Oral Tablet Delayed Release   | 5 mg                     | Bisac-Evac                                     |    |
| Bisacodyl Laxative Rectal Suppository  | 10 mg                    | Bisac-Evac                                     |    |
| Bisacodyl Rectal Suppository   | 10 mg                    | Bisac-Evac                                     |    |
| Clearlax Oral Powder   | 17 gm/scoop              | MiraLax  |    |
| Docusate Calcium Oral Capsule  | 240 mg                   | Calfax   |    |
| Docusate Sodium Oral Capsule   | 100 mg                   | Aqualax  |    |
| Dulcolax Oral Tablet Delayed Release   | 5 mg                     | Bisac-Evac                                     |    |
| Dulcolax Rectal Suppository  | 10 mg                    | Bisac-Evac                                     |    |
| Eq_clearlax Oral Powder  | 17 gm/scoop              | MiraLax  |    |

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|--|--------------------------|--|----|
| Eq_gentle Laxative Oral Tablet Delayed Release           | 5 mg                     | Bisac-Evac                                     |    |
| Eq_laxative Oral Packet                                  | 17 gm                    | MiraLax  |    |
| EqI_clearlax Oral Powder                                 | 17 gm/scoop              | MiraLax  |    |
| EqI_laxative Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Ex-Lax Ultra Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Fleet_mini Enema Rectal Enema                            | 10 mg/30ml               | Fleet Bisacodyl                                |    |
| Fleet_stimulant Oral Tablet Delayed Release              | 5 mg                     | Bisac-Evac                                     |    |
| Ft_clearlax Oral Powder                                  | 17 gm/scoop              | MiraLax  |    |
| Ft_gentle Laxative Rectal Suppository                    | 10 mg                    | Bisac-Evac                                     |    |
| Ft_laxative Oral Tablet Delayed Release                  | 5 mg                     | Bisac-Evac                                     |    |
| Gavilax Oral Powder                                      | 17 gm/scoop              | MiraLax  |    |
| Gentle Laxative Oral Tablet Delayed Release              | 5 mg                     | Bisac-Evac                                     |    |
| Gentle Laxative Rectal Suppository                       | 10 mg                    | Bisac-Evac                                     |    |
| Glycolax Oral Powder                                     | 17 gm/scoop              | MiraLax  |    |
| Gnp_clearlax Oral Packet                                 | 17 gm                    | MiraLax  |    |
| Gnp_clearlax Oral Powder                                 | 17 gm/scoop              | MiraLax  |    |
| Gnp_gentle Laxative Oral Tablet Delayed Release          | 5 mg                     | Bisac-Evac                                     |    |
| Gnp_gentle Laxative Rectal Suppository                   | 10 mg                    | Bisac-Evac                                     |    |
| Gnp_stool Softener Oral Capsule                          | 240 mg                   | Calfax   |    |
| Goodsense Bisacodyl Laxative Oral Tablet Delayed Release | 5 mg                     | Bisac-Evac                                     |    |
| Goodsense Clearlax Oral Powder                           | 17 gm/scoop              | MiraLax  |    |
| Healthylax Oral Packet                                   | 17 gm                    | MiraLax  |    |
| Hyfiber With Fos Oral Liquid                             | 12 gm/30ml               | HyFiber with FOS                               |    |
| Instalax Oral Powder                                     | 17 gm/scoop              | MiraLax  |    |
| KIs_laxaclear Oral Powder                                | 17 gm/scoop              | MiraLax  |    |
| Kp_bisacodyl Oral Tablet Delayed Release                 | 5 mg                     | Bisac-Evac                                     |    |
| Laxative Osmotic Oral Powder                             | 17 gm/scoop              | MiraLax  |    |
| Laxative Rectal Suppository                              | 10 mg                    | Bisac-Evac                                     |    |
| Miralax Mix-In Pax Oral Packet                           | 17 gm                    | MiraLax  |    |
| Miralax Oral Powder                                      | 17 gm/scoop              | MiraLax  |    |

| Product Name<br>(Nombre del Medicamento)                      | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|---|--------------------------|--|----|
| Mm_clearlax Oral Powder                                       | 17 gm/scoop              | MiraLax  |    |
| Onelax Rectal Suppository                                     | 10 mg                    | Bisac-Evac                                     |    |
| Peg_3350 Oral Packet  | 17 gm                    | MiraLax  |    |
| Peg_3350 Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Polyethylene Glycol 3350 Oral Packet                          | 17 gm                    | MiraLax  |    |
| Polyethylene Glycol 3350 Oral Powder                          | 17 gm/scoop              | MiraLax  |    |
| Proctozone-B Rectal Suppository                               | 10 mg                    | Bisac-Evac                                     |    |
| Qc_docusate Calcium Oral Capsule                              | 240 mg                   | Calfax   |    |
| Qc_gentle Laxative Oral Tablet Delayed Release                | 5 mg                     | Bisac-Evac                                     |    |
| Qc_gentle Laxative Rectal Suppository                         | 10 mg                    | Bisac-Evac                                     |    |
| Qc_gentle Laxative Womens Oral Tablet Delayed Release         | 5 mg                     | Bisac-Evac                                     |    |
| Qc_laxative Oral Tablet Delayed Release                       | 5 mg                     | Bisac-Evac                                     |    |
| Sb_bisacodyl Laxative Ec Oral Tablet Delayed Release          | 5 mg                     | Bisac-Evac                                     |    |
| Sb_gentle Lax-Women Oral Tablet Delayed Release               | 5 mg                     | Bisac-Evac                                     |    |
| Sb_laxative Rectal Suppository                                | 10 mg                    | Bisac-Evac                                     |    |
| Sb_polyethylene Glycol 3350 Oral Powder                       | 17 gm/scoop              | MiraLax  |    |
| Sb_stool Softener Oral Capsule                                | 240 mg                   | Calfax   |    |
| Smooth Lax Oral Packet  | 17 gm                    | MiraLax  |    |
| Smooth Lax Oral Powder  | 17 gm/scoop              | MiraLax  |    |
| Stool_softener Oral Capsule                                   | 100 mg, 240 mg           | Aqualax ,Calfax                                |    |
| 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                                     |    |
| <b>Minerals &amp; Electrolytes (Minerales Y Electrolitos)</b> |                          |  |    |
| 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                                    |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|--------------------------|--|----|
| Super_calcium Oral Tablet  | 1500 (600 ca) mg         | Calcarb 600                                    |    |
| <b><i>Mouth/Throat/Dental Agents (Agentes Para La Boca/Garganta/Dentales)</i></b>          |                          |  |    |
| Orasep Mouth/Throat Solution   | 2-0.5-0.1 %              | Orasep   |    |
| <b><i>Multivitamins (Multivitaminas)</i></b>   |                          |  |    |
| Apetigen Oral Elixir   |                          | Apetigen                                       |    |
| Apetigen-Plus Oral Solution  |                          | Apetigen-Plus                                  |    |
| B_complex Oral Capsule   |                          | Varidin  |    |
| Biocal Oral Capsule  |                          | Actical  |    |
| Centrum Adult Oral Liquid  |                          | Centrum  |    |
| Centrum Ultra Womens Oral Tablet   |                          | Adavite-M                                      |    |
| Daflonex-XI Oral Tablet Extended Release   |                          | C Complex                                      |    |
| Lipo_flavonoid Plus Oral Tablet  |                          | Akoline CB/Zinc                                |    |
| Lysiplex Plus Oral Liquid  |                          | Centrum  |    |
| Multivitamin Adults 50+ Oral Tablet  |                          | Adavite-M                                      |    |
| Multivitamin Adults Oral Tablet  |                          | Adavite-M                                      |    |
| One_daily Oral Tablet  |                          | AI-Vite  |    |
| Preservision Areds 2 Oral Capsule  |                          | Actical  |    |
| Protect Cardio Af Oral Capsule   |                          | Actical  |    |
| Protect Plus So Oral Capsule   |                          | Actical  |    |
| Qc_multi-Vite Oral Tablet  |                          | Adavite-M                                      |    |
| Vasoflex Hd Oral Tablet  |                          | C-Bioflavonoids                                |    |
| Vasoflex Oral Tablet   |                          | C-Bioflavonoids                                |    |
| <b><i>Nasal Agents - Systemic And Topical (Agentes Nasales - Sistemicos Y Topicos)</i></b> |                          |  |    |
| Allergy Spray 24 Hour Nasal Aerosol  | 55 mcg/act               | Nasacort AQ                                    |    |
| Ayr_nasal Solution   | 0.65 %                   | Afrin Saline                                   |    |
| Ayr_saline Nasal Drops Nasal Solution  | 0.65 %                   | Ayr Saline                                     |    |
| Ayr_saline Nasal Nasal Gel   |                          | Ayr Saline                                     |    |
| Eq_nasal Allergy Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |
| Flonase Allergy Relief Nasal Suspension  | 50 mcg/act               | Flonase  |    |
| Flonase Sensimist Nasal Suspension   | 27.5 mcg/spray           | Veramyst                                       |    |
| Ft_24 Hour Nasal Allergy Nasal Aerosol   | 55 mcg/act               | Nasacort AQ                                    |    |

| Product Name<br>(Nombre del Medicamento)           | Dosage<br>(Presentacion)   | Brand Name<br>(Nombre Comercial de Referencia) | UM |
|--|----------------------------|--|----|
| Gnp_24 Hour Nasal Allergy Nasal Aerosol            | 55 mcg/act                 | Nasacort AQ                                    |    |
| Goodsense Nasal Allergy Spray 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                                    |    |
| Nasal_allergy Spray Nasal Aerosol                  | 55 mcg/act                 | Nasacort AQ                                    |    |
| Saline Nasal Spray Nasal Solution                  | 0.65 %                     | Afrin Saline                                   |    |
| Sinus_rinse Kit Nasal Packet                       |                            | Entsol   |    |
| Triamcinolone Acetonide Nasal Aerosol              | 55 mcg/act                 | Nasacort AQ                                    |    |
| <b>Nutrients (Nutrientes)</b>                      |                            |  |    |
| Fish_oil Omega-3 Oral Capsule                      | 1000 mg                    | MarEPA   |    |
| Fish_oil Oral Capsule                              | 1000 mg                    | MarEPA   |    |
| Omega_3 Oral Capsule                               | 1000 mg                    | MarEPA   |    |
| Omega-3 Oral Capsule                               | 1000 mg                    | MarEPA   |    |
| <b>Ophthalmic Agents (Agentes Oftalmicos)</b>      |                            |  |    |
| <b>Ophthalmic Agents (Ophthalmic Agents)</b>       |                            |  |    |
| Alaway Childrens Allergy Ophthalmic Solution       | 0.035 %                    | Zaditor  |    |
| Alaway Ophthalmic Solution                         | 0.035 %                    | Zaditor  |    |
| Allergy Eye Ophthalmic Solution                    | 0.025-0.3 %                | AK-Con-A                                       |    |
| Eq_eye Allergy Relief Ophthalmic Solution          | 0.027-0.315 %              | Opcon-A  |    |
| Eq_eye Itch Relief Ophthalmic Solution             | 0.035 %                    | Zaditor  |    |
| Eq_lubricant Eye Drops Ophthalmic Solution         | 0.4-0.3 %                  | Systane  |    |
| Eye_allergy Relief Ophthalmic Solution             | 0.025-0.3 %, 0.027-0.315 % | AK-Con-A ,Opcon-A                              |    |
| Eye_itch Relief Ophthalmic Solution                | 0.035 %                    | Zaditor  |    |
| Ft_lubricant Eye Drops Ophthalmic Solution         | 0.4-0.3 %                  | Systane  |    |
| Gentel Tears Severe Day/Night Ophthalmic Gel       | 0.4-0.3 %                  | Systane free                                   |    |
| Gnp_eye Drops Long Lasting Ophthalmic Solution     | 0.4-0.3 %                  | Systane  |    |
| Goodsense Eye Itch Relief Ophthalmic Solution      | 0.035 %                    | Zaditor  |    |
| Goodsense Ultra Lubricant Drop Ophthalmic Solution | 0.4-0.3 %                  | Systane  |    |
| Ketotifen Fumarate Ophthalmic Solution             | 0.035 %                    | Zaditor  |    |
| Lubricant Drops/Dual-Action Ophthalmic Solution    | 0.5-0.9 %                  | Optive   |    |
| Lubricant Eye Drops (Pf) Ophthalmic Solution       | 0.4-0.3 %                  | Systane Preservative Free                      |    |

| Product Name<br>(Nombre del Medicamento)   | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Lubricant Eye Drops Ophthalmic Solution  | 0.4-0.3 %                | Systane  |                   |
| Naphcon-A Ophthalmic Solution  | 0.025-0.3 %              | AK-Con-A                                       |                   |
| Opcon-A Ophthalmic Solution  | 0.027-0.315 %            | Opcon-A  |                   |
| Refresh Optive Advanced Ophthalmic Solution  | 0.5-1-0.5 %              | Refresh Optive Advanced                        |                   |
| Refresh Optive Ophthalmic Solution   | 0.5-0.9 %                | Optive   |                   |
| Refresh Relieva Ophthalmic Solution  | 0.5-0.9 %                | Optive   |                   |
| Systane Hydration Pf Ophthalmic Solution   | 0.4-0.3 %                | Systane Preservative Free                      |                   |
| Systane Ophthalmic Gel   | 0.4-0.3 %                | Systane free                                   |                   |
| Systane Ophthalmic Solution  | 0.4-0.3 %                | Systane  |                   |
| Systane Preservative Free Ophthalmic Solution  | 0.4-0.3 %                | Systane Preservative Free                      |                   |
| Systane Ultra Ophthalmic Solution  | 0.4-0.3 %                | Systane  |                   |
| Systane Ultra Pf Ophthalmic Solution   | 0.4-0.3 %                | Systane Preservative Free                      |                   |
| Ultra_lubricating Eye Drops Ophthalmic Solution  | 0.4-0.3 %                | Systane  |                   |
| Ultra_lubricating Eye Drops Pf Ophthalmic Solution   | 0.4-0.3 %                | Systane Preservative Free                      |                   |
| Zaditor Ophthalmic Solution  | 0.035 %                  | Zaditor  |                   |
| <b><i>Ulcer Drugs/Antispasmodics/Anticholinergics (Medicamentos Para Ulcera/ Antiespasmodicos/ Anticolinergicos)</i></b> |                          |  |                   |
| Acid_controller Max St Oral Tablet   | 20 mg                    | Pepcid   |                   |
| Acid_controller Oral Tablet  | 10 mg                    | Pepcid AC                                      |                   |
| Acid_reducer Oral Capsule Delayed Release  | 20.6 (20 base) mg        | CVS Omeprazole                                 | QL(30 in 30 Days) |
| Acid_reducer Oral Tablet Delayed Release   | 20 mg                    | PriLOSEC OTC                                   | QL(30 in 30 Days) |
| Eq_esomeprazole Magnesium Oral Capsule Delayed Release   | 20 mg                    | NexIUM   | QL(30 in 30 Days) |
| Eq_lansoprazole Oral Capsule Delayed Release   | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| Eq_omeprazole Magnesium Oral Capsule Delayed Release   | 20 mg                    | CVS Omeprazole                                 | QL(30 in 30 Days) |
| Eq_omeprazole Oral Tablet Delayed Release  | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |

| Product Name<br>(Nombre del Medicamento)                | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|---|--------------------------|--|-------------------|
| Eql_lansoprazole Oral Capsule Delayed Release           | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| Eql_omeprazole Oral Tablet Delayed Release              | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Ft_acid Reducer Oral Capsule Delayed Release            | 15 mg, 20 mg             | NexIUM ,Prevacid                               | QL(30 in 30 Days) |
| Ft_omeprazole Oral Tablet Delayed Release               | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Gnp_esomeprazole Magnesium Oral Capsule Delayed Release | 20 mg                    | NexIUM   | QL(30 in 30 Days) |
| Gnp_lansoprazole Oral Capsule Delayed Release           | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| Gnp_omeprazole Oral Capsule Delayed Release             | 20.6 (20 base) mg        | CVS Omeprazole                                 | QL(30 in 30 Days) |
| Gnp_omeprazole Oral Tablet Delayed Release              | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Goodsense Esomeprazole Oral Capsule Delayed Release     | 20 mg                    | NexIUM   | QL(30 in 30 Days) |
| Goodsense Lansoprazole Oral Capsule Delayed Release     | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| Goodsense Omepr/Sod Bicarb Oral Capsule                 | 20-1100 mg               | Zegerid  | 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                                  | QL(30 in 30 Days) |
| 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) |

| Product Name<br>(Nombre del Medicamento)               | Dosage<br>(Presentacion) | Brand Name<br>(Nombre Comercial de Referencia) | UM                |
|--|--------------------------|--|-------------------|
| Omeprazole Oral Tablet Delayed Release                 | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Pepcid Ac Maximum Strength Oral Tablet                 | 20 mg                    | Pepcid   |                   |
| Pepcid Ac Oral Tablet                                  | 10 mg                    | Pepcid AC                                      |                   |
| Prevacid 24hr Oral Capsule Delayed Release             | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| PriLOSEC Otc Oral Tablet Delayed Release               | 20 mg                    | PriLOSEC OTC                                   | QL(30 in 30 Days) |
| Qc_esomeprazole Magnesium Oral Capsule Delayed Release | 20 mg                    | NexIUM   | QL(30 in 30 Days) |
| Qc_lansoprazole Oral Capsule Delayed Release           | 15 mg                    | Prevacid                                       | QL(30 in 30 Days) |
| Qc_omeprazole Magnesium Oral Capsule Delayed Release   | 20.6 (20 base) mg        | CVS Omeprazole                                 | QL(30 in 30 Days) |
| Qc_omeprazole Oral Tablet Delayed Release              | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Sb_omeprazole Oral Tablet Delayed Release              | 20 mg                    | RA Omeprazole                                  | QL(30 in 30 Days) |
| Zegerid Otc Oral Capsule                               | 20-1100 mg               | Zegerid  | QL(30 in 30 Days) |

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