

**Programa de Farmacia de Triple-S Salud, Inc.  
TRIPLE-S SALUD, INC.**

*Pharmacy Program from Triple-S Salud, Inc.  
TRIPLE-S SALUD, INC.*

**LISTA DE MEDICAMENTOS  
PLAN FEDERAL 2015**

***DRUG LIST  
FEDERAL PLAN 2015***

*Rev. / October 2014*

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## **PARTE I – INTRODUCCIÓN / PART I - INTRODUCTION**

### **¿Qué es la Lista de Medicamentos? / What is the Drug List?**

La Lista de Medicamentos es una guía de los medicamentos seleccionados por el Comité de Farmacia y Terapéutica de Triple-S Salud, la cual representa los medicamentos necesarios para un tratamiento de alta calidad. Nuestro Comité de Farmacia y Terapéutica está compuesto por médicos, farmacéuticos clínicos y otros profesionales de la salud, quienes se reúnen periódicamente para evaluar y seleccionar aquellos medicamentos que serán incluidos en esta Lista de Medicamentos. Esta selección se hace a base de la seguridad, efectividad y costo de los medicamentos.

*The Drug List is a guide of drugs selected by Triple-S Salud's Pharmacy and Therapeutics Committee, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our Committee, composed of doctors, clinical pharmacists and other health professionals, meets periodically to evaluate and decide which medications should be included in the Drug List. This selection process keeps in mind the safety, effectiveness and cost of the drugs.*

Para mayor información de cómo obtener sus medicamentos, refiérase a la Sección 5(f) de su Manual del Programa FEHB.

*For additional information about how to obtain your prescription drugs, please refer to Section 5(f) of your FEHB Program Brochure.*

Este documento es una lista parcial e incluye sólo algunos medicamentos cubiertos por Triple-S Salud. Si desea mayor información llame a nuestro Departamento de Servicio al Cliente al 787-774-6060 o visite nuestro portal en la Internet [www.ssspr.com](http://www.ssspr.com).

*This document is a partial list and includes only some prescription drugs covered by Triple-S Salud. If you want more information call to our Customer Service Department at 787-774-6060 or visit our Website [www.ssspr.com](http://www.ssspr.com).*

### **¿Puede cambiar la Lista de Medicamentos? / Can the Drug List change?**

Sí. Triple-S Salud puede añadir medicamentos durante el año o remover y cambiar especificaciones una vez al año. La Lista de Medicamentos que se acompaña está actualizada a octubre 2014. Para solicitar información actualizada de los medicamentos cubiertos por Triple-S Salud, puede visitar nuestro portal en la Internet [www.ssspr.com](http://www.ssspr.com) o llamar a nuestro Departamento de Servicio al Cliente al 787-774-6060.

*Yes. Triple-S Salud may add drugs during the year or remove and change specifications once a year. The enclosed Drug List is current as of October 2014. To get updated information about drugs covered by Triple-S Salud, please visit our Website at [www.ssspr.com](http://www.ssspr.com) or call our Customer Service Department at 787-774-6060.*

Si la Administración de Drogas y Alimentos determina que un medicamento en nuestra Lista de Medicamentos no es seguro o que el fabricante del medicamento lo remueva del mercado, nosotros inmediatamente lo removeremos de nuestra Lista de Medicamentos y les notificaremos a los asegurados que están tomando el medicamento.

*If the Food and Drug Administration deems a drug on our Drug List to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Drug List and provide notice to members who take the drug.*

## **¿Cómo puedo usar mi Lista de Medicamentos? / How do I use the Drug List?**

La manera más fácil en que usted puede conseguir sus medicamentos en la Lista de Medicamentos es buscando su medicamento en el Índice que comienza en la página 94. El Índice provee una lista por orden alfabético de todos los medicamentos incluidos en este documento. Ambos, medicamentos de marca como genéricos, están incluidos en el Índice. Busque el Índice y encuentre su medicamento. Al lado de su medicamento, usted encontrará el número de la página dónde aparece la información de la cubierta. Voltee a la página indicada en el Índice y encuentre el nombre del medicamento en la primera columna de la lista.

*The easiest way that you can find your prescription drugs is seeking it in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.*

Recuerde que este documento es una lista parcial e incluye sólo algunos medicamentos cubiertos por Triple-S Salud. Si desea mayor información llame a nuestro Departamento de Servicio al Cliente 787-774-6060 o visite nuestro portal en la Internet [www.ssspr.com](http://www.ssspr.com).

*Remember that is document is only a partial list that only includes some of the drugs covered by Triple-S Salud. For further information, you may contact our Customer Service Department at 787-774-6060 or visit our Website at [www.ssspr.com](http://www.ssspr.com).*

## **¿Cuánto voy a pagar por los medicamentos cubiertos? / How much will I pay for covered drugs?**

Los medicamentos en la lista de medicamentos se clasifican por niveles, excepto aquellos con \$0 copago, si son prescritos o provistos por proveedores participantes, según requiere la Ley Federal. Estos niveles identifican los diferentes niveles de costo compartido, o sea lo que usted paga, por los medicamentos en la receta. Estos niveles son los siguientes:

- Nivel 1 – Medicamentos Genéricos
- Nivel 2 – Medicamentos Preferidos
- Nivel 3 – Medicamentos de Marca No Preferidos
- Nivel 4 – Medicamentos Especializados o Biotecnológicos Preferidos
- Nivel 5 - Medicamentos Especializados o Biotecnológicos No Preferidos

*The prescription drugs in the Drug List are classified by levels, except for those with \$0 copay, if prescribed or provided by participating providers, as required by Federal Law. These levels identify the different levels of cost-sharing, that is, what you pay, for the drugs in your prescription. These levels are the following:*

- *Level 1 – Generic Drugs*
- *Level 2 – Preferred Drugs*
- *Level 3 – Non-Preferred Brand drugs*
- *Level 4 – Preferred Specialty or Biotech Drugs*
- *Level 5 – Non-Preferred Specialty o Biotech Drugs*

Usted debe verificar en su Manual de Beneficios cuánto es el copago o coaseguro que pagará por el medicamento, dependiendo del nivel en que se encuentra. A los siguientes medicamentos les aplican \$0 copago, si son recetados o suministrados por proveedores participantes, según requerido por la Ley Federal:

- Anticonceptivos aprobados por la FDA (incluyendo OTC y con receta médica)<sup>1</sup>
- Fluoruro (hasta los 6 años)
- Aspirina (con límite de cantidad de una 1 tab/ diaria; desde los 18 años)
- Hierro (hasta los 12 meses)
- Acido fólico (sólo para mujeres)
- Nolvadex y Evista (soló cuando se utilice como preventivo para cáncer de seno)

*You must verify your Benefits Brochure to see how much the copayment or coinsurance that you will pay for each one of these drugs is, depending on the level they're in. Cero (\$0) copay will be applied to the following drugs, if prescribed or provided by participating providers, as required by Federal Law:*

- *FDA approved contraceptives (including OTC and prescription)<sup>2</sup>*
- *Fluoride (up to 6 years)*
- *Aspirin (with quantity limit of 1 tab / day; over 18 years)*
- *Iron (up to 12 months)*
- *Folic acid (females only)*
- *Nolvadex and Evista (only when use a preventive Reduction in Breast Cancer)*

Su cubierta de farmacia les provee a sus asegurados el Programa de Medicamentos OTC con \$0.00 Copago si son prescritos y provistos por proveedores participantes. Los medicamentos incluidos en el Programa Medicamentos OTC con \$0 copago se encuentran en el Apéndice V.

*Your pharmacy coverage provide, to its insured, an OTC Drug Program with a \$ 0 copayment if prescribed or provided by participating providers. For a list of the drugs included in the OTC Drug Program with a \$ 0 copayment refer to Appendix V.*

## **¿Qué son Medicamentos Genéricos (Nivel 1)? / What are generic drugs (Level 1)?**

Un medicamento genérico tiene el mismo ingrediente activo en la fórmula que un medicamento de marca. Los medicamentos genéricos usualmente cuestan menos que un medicamento de marca y son aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés).

*A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).*

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<sup>1</sup> Aplica a los siguientes anticonceptivos: Condón Femenino, Contaceptivos Orales, Dispositivo Intrauterino (IUD), Diafragma, Mirena IUD<sup>®</sup>, Plan B<sup>®</sup>, Espermicidas (OTC foam), Ortho Evra Patc<sup>®</sup>, Nuvaring<sup>®</sup>.

<sup>2</sup> *Applies to the following contraceptives: Female Condom, Oral Contaceptivos, Intrauterine Device (IUD), Diaphragm, IUD Mirena<sup>®</sup>, Plan B<sup>®</sup>, Spermicides (Foam OTC), Ortho Evra Patc<sup>®</sup>, NuvaRing<sup>®</sup>.*

Los medicamentos genéricos están escritos en letras negrillas pequeñas en la Lista de Medicamentos (ejemplo, nabumetone). Medicamentos de marca están escritos en letras mayúsculas (ejemplo, RELAFEN). El nivel de pago correspondiente para el genérico estará provisto en negrillas cuando el genérico este disponible

*Generic drugs are listed in bold lower-case (e.g., nabumetone) within the Drug List. Brand-name drugs are capitalized in the Drug List (e.g., RELAFEN). The corresponding generic payment level will be also available in bold when a generic is available.*

Su cubierta de farmacia requiere el despacho del medicamento genérico como primera opción, siempre y cuando el medicamento genérico exista en el mercado. Si usted o su médico eligen un medicamento de marca en lugar de la versión genérica existente, usted pagará el copago del medicamento genérico, más la diferencia entre el costo del medicamento de marca y el medicamento genérico; aún cuando su médico indique “original” o “no sustituir”. Usted tiene derecho a someter una justificación médica para que se le cubra un medicamento de marca que tiene disponible un medicamento genérico. Si la justificación medica es aprobada usted pagara el copago correspondiente al nivel 3.

*Your pharmacy coverage requires the dispensing of generic drugs as a first option, as long as the generic drugs exist in the market. **If you or your doctor chooses a brand drug instead of the generic version, you will pay the generic drug copayment, plus the difference in cost between the brand drug and the generic drug; even though your physician has specified “Dispense as Written”.** You have the right to submit a medical justification requesting coverage of a brand product with a generic equivalent. If your request is approved you will pay the corresponding copay to level 3.*

Recomendamos a los asegurados que utilicen los medicamentos genéricos. Estos son iguales en potencia y dosis y también son aprobados por la FDA.

***We recommend members use generic drugs. They are equal in strength and dosage, as well as approved by the FDA.***

## **¿Qué son Medicamentos Preferidos (Nivel 2)? / What are preferred drugs (Level 2)?**

Hay ciertos medicamentos de marca que han sido seleccionados por el Comité de Farmacia y Terapéutica como agentes preferidos luego de su evaluación de seguridad, eficacia y costo. Los mismos están identificados a la derecha como Nivel 2. En aquellas clases terapéuticas donde no hay genéricos disponibles, les exhortamos que utilice como primera alternativa aquellos medicamentos identificados como preferidos.

*There are certain brand name drugs classified by the Pharmacy and Therapeutics Committee as preferred agents after a thorough evaluation in terms of safety, effectiveness and cost. These are identified with a Level 2 placed to the right of the name of the drug. In those therapeutic classes where there are no generic drugs available, we urge you to use drugs identified as preferred as a first alternative.*

### **¿Qué son medicamentos de Marca No Preferidos (Nivel 3)? / What are Non-Preferred Brand drugs (Level 3)?**

Un medicamento es clasificado como “no preferido” porque existen alternativas en los niveles anteriores con menos efectos secundarios o que son más costo-efectivos. Si usted obtiene un medicamento de marca del Nivel 3, usted tendrá que pagar un costo mayor por el medicamento.

*A drug is classified as Non-preferred because there are other options in previous levels that have lesser side effects or that are more cost effective. If you obtain a brand drug from Level 3, you will have to pay more for that drug.*

### **¿Qué son los medicamentos Especializados o Biotecnológicos (Nivel 4 y Nivel 5)? / What are Specialty or Biotech Drugs (Level 4 and Level 5)?**

Los medicamentos para condiciones crónicas y de alto riesgo requieren una administración y/o un manejo especial, por su composición compleja. Estos se utilizan para el tratamiento de condiciones crónicas y de alto riesgo que requieren un manejo especial de la condición. Es por esto que Triple-S Salud le ofrece el Programa de Medicamentos para Condiciones Especiales. Este programa cuenta con una red de farmacias especializadas dedicadas a que estos medicamentos sean despachados y administrados correctamente. Las farmacias seleccionadas para este programa son CVS Caremark Specialty Pharmacy y Axiom Healthcare PR Pharmacy. Ambas farmacias son proveedores líderes de farmacias especializadas para el manejo de condiciones crónicas o genéticas específicas.

*Certain medications for chronic and high-risk conditions require special administration and/or management, due to their complex composition. These are used for the treatment of high risk and chronic conditions that require special management. Therefore, Triple-S Salud offers you the Medication Program for Special Conditions. This program boasts a network of specialized pharmacies dedicated to ensuring that these medications are dispensed and administered correctly. The pharmacies selected for the program are CVS Caremark Specialty Pharmacy and Axiom Healthcare PR Pharmacy. Both pharmacies are leading providers of specialty pharmacies used in the management of specific chronic or genetic conditions.*

Los medicamentos especializados se encuentran en el Nivel 4 y Nivel 5. El Nivel 4 incluye los Medicamentos Especializados Preferidos. Este nivel incluye medicamentos genéricos, biosimilares y de marca a un costo menor y un arreglo especial para su despacho. El Nivel 5 incluye los Medicamentos Especializados No Preferidos. Los medicamentos en este nivel también tienen un arreglo especial para su despacho con la diferencia de que tienen un costo mayor que los del Nivel 4.

*The specialized drugs can be found in the Level 4 and Level 5. The Level 4 includes Preferred Specialized Drugs. This level includes generic, biosimilar and brand drugs at a lower copayment and a special arrangement for its dispatch. The Level 5 includes Non-Preferred Specialized Drugs. The drugs in this level also have a special arrangement for its dispatch, but have a higher copayment when compared to drugs from Level 4.*

## **¿Qué pasa si mi medicamento no está incluido en la Lista de Medicamentos? / What if my drug is not on the Drug List?**

Si su medicamento no está incluido en esta Lista de Medicamentos, usted debe comunicarse con nuestro Departamento de Servicio al Cliente y preguntar si su medicamento está cubierto. Si usted se entera de que su medicamento no está cubierto, usted puede solicitarle a Servicio al Cliente una lista de medicamentos similares que estén cubiertos. Cuando usted la reciba, enséñela a su médico y pídale que le recete un medicamento similar que esté cubierto.

*If your drug is not included in this Drug List, you should first contact our Customer Service Department and ask if your drug is covered. If you learn that your drug is not covered, you can ask Customer Service for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.*

## **¿Qué son medicamentos nuevos? / What are new medications?**

Todo medicamento nuevo que salga al mercado, no considerado experimental o investigativo, será cubierto como medicamento no preferido (Nivel 3), hasta tanto dicho medicamento sea evaluado por el Comité de Farmacia y Terapéutica, el cual recomendará la inclusión o no inclusión en la cubierta de farmacia.

*All new drugs that go on the market, that are considered non investigational or experimental, will be covered as a non-preferred drug (Level 3), until the Pharmacy and Therapeutics Committee evaluates the drugs and recommends whether to include them or not in the pharmacy coverage.*

## **Guía de Referencia / Reference Guide**

### ***Programa de Terapia Escalonada / Step Therapy Program***

En algunos casos requerimos que el asegurado trate primero un medicamento como terapia para su condición antes de que cubramos otro medicamento para esa condición (Terapia Escalonada). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar su condición médica, nosotros requerimos que su médico recete primero el Medicamento A. Si el Medicamento A no funciona para el asegurado, entonces cubriremos el Medicamento B.

*In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition (Step Therapy). For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.*

Este programa requiere la utilización de medicamentos sin leyenda federal (OTC, por sus siglas en inglés) o medicamentos genéricos antes de utilizar otros medicamentos para tratar su condición médica. Las clasificaciones que requieren un medicamento OTC como primer paso incluyen los inhibidores de la bomba de protonés (PPI, por sus siglas en inglés), antihistamínicos no-sedantes, corticosteroides nasales y agentes para alergias oculares. Las clasificaciones que requieren un medicamento genérico como primer paso incluyen las estatinas para el colesterol, los bifosfonatos orales para la osteoporosis, los corticosteroides

nasales para las alergias, hipnotico para insomnio, los bloqueadores de los receptores de angiotensina para la hipertensión, medicamentos para manejo de dolor, diabetes, depresión, asma e hiperactividad.

*This program will require the utilization of Over-The-Counter (OTC) drugs or Generic drugs before using other drugs to treat your medical condition. The "OTC First" portion includes Proton Pump Inhibitors (PPI), Non-sedating antihistamines, Nasal Corticosteroids and Ocular allergies agents. The "Generic First" portion includes Cholesterol drugs - Statins, Osteoporosis - Oral Bisphosphonates, Allergies - Nasal Corticosteroids, insomnia – hypnotics, Angiotensin Receptor Blockers (ARBs) – hypertension, pain management, diabetes, depression and hyperactivity drugs.*

El Apéndice IV contiene la lista de los medicamentos que tienen terapia escalonada. La misma es vigente al momento de imprimirse esta Lista y está sujeta a cambios.

*Appendix IV contains the list of medications that have a step therapy. The list is effective at the moment of the impression of this List and is subject to changes.*

### **Medicamentos que Requieren Preautorización (PA) / Medications that Require a Pre-authorization (PA)**

Los medicamentos que requieren preautorización usualmente son aquellos que presentan un potencial de toxicidad, son candidatos al uso inapropiado o están relacionados con un costo elevado.

*Medications requiring pre-authorization are usually those that present higher potential for toxicity, inappropriate use or are related to a higher cost.*

Aquellos medicamentos que han sido identificados que requieren preautorización deben satisfacer los criterios clínicos establecidos según lo haya determinado el Comité de Farmacia y Terapéutica. Estos criterios clínicos se han desarrollado de acuerdo a la literatura médica actual.

*Those Medications requiring pre-authorization must meet the established clinical criteria as determined by the Pharmacy and Therapeutics Committee. These criteria have been developed according to current medical literature.*

Medicamentos cuyo costo excedan \$500.00 requerirán una preautorización para su despacho. La farmacia enviará copia de la receta a MC-21 Corporation a través del facsímil 1-866-387-3487 ó 1-866-277-6556 para la autorización de la misma.

*Medications whose cost exceeds \$500.00 will require a pre-authorization in order to be dispensed. The pharmacy will send MC-21 Corporation a copy of the prescription via fax at 1-866-387-3487 ó 1-866-277-6556 for authorization.*

### **Límites de Cantidad (QL) / Limits on the amount to be dispensed**

Ciertos medicamentos tienen un límite en la cantidad a despacharse. Estas cantidades se establecen de acuerdo a lo sugerido por el manufacturero como la cantidad máxima adecuada que no está asociada a efectos adversos y la cual es efectiva para el tratamiento de una condición.

*Certain medications have a limit on the amount to be dispensed. These amounts are established according to the manufacturer's recommendation as to the adequate maximum amount that will not cause adverse effects and which is effective for the treatment of a condition.*

El Apéndice I contiene la lista de los medicamentos que tienen límites en la cantidad a despacharse. La misma es vigente al momento de imprimirse esta Lista y está sujeta a cambios.

*Appendix I includes a list of the medications that currently have a limit amount for dispensing. The list is effective at the moment of the publication of this List and is subject to changes.*

### ***Límites de Especialidad Médica (SL) / Medical Specialty Limits***

Algunos medicamentos tienen un límite en la especialidad médica. Estos límites de especialidad se establecen de acuerdo a la literatura médica actual.

*Some medications have a limit in the medical specialty. These medical specialty limits are established in accordance with the current medical literature.*

El Apéndice II contiene la lista de los medicamentos que tienen límite de especialidad médica. La misma es vigente al momento de imprimirse esta Lista y está sujeta a cambios.

*Appendix II contains the list of medications that has a medical specialty limit. The list is effective at the moment of the impression of this List and is subject to changes.*

### ***Límites de Edad (AL) / Age Limits***

Algunos medicamentos tienen un límite de edad. El Apéndice III contiene la lista de los medicamentos que tienen un límite de edad. La misma es vigente al momento de imprimirse esta Lista y está sujeta a cambios.

*Some medications have a limit due to age. Appendix III contains the list of medications that has an age limit. The list is effective at the moment of the impression of this List and is subject to changes.*

Uso de medicamentos investigacionales o experimentales  
*Use of investigational or experimental medications*

Los medicamentos recetados para propósitos investigacionales, experimentales o no aprobados por la FDA, no se cubren en ningún plan de salud o cubierta de farmacia.

*Investigational or experimental drugs, or those not approved by the FDA, are not covered by all health plans or pharmacy coverage.*

### ***Recetas de Compuestos / Compounded Prescriptions***

Las recetas de compuestos se consideran medicamentos cubiertos si contienen por lo menos un medicamento de la Lista, siempre y cuando no sea para propósitos cosméticos.

*Compounded prescriptions are considered covered drugs if they contain at least one of the drugs on this List, as long as they are not for cosmetic purposes.*

## **Éditos de Análisis de Utilización (DUR) / Edits for Drug Utilization Analysis (DUR)**

A través del Programa de Farmacia de Triple-S Salud se han implantado los siguientes éditos de análisis de utilización (DUR, por sus siglas en inglés) con el propósito de evitar complicaciones a los asegurados, ofreciendo un mejor cuidado.

*Through the Pharmacy Program, Triple-S Salud has implemented the following edits for drug utilization (DUR) in order to avoid complications to the insured persons while offering a better care.*

- **Édito de Validación de Dosis** coteja para dosis máximas diarias usando como referencia las dosis pediátricas, de adultos y geriátricas de acuerdo a la información suministrada por *Medi Span*. En la mayoría de los casos, la dosis máxima es aquella aprobada por la FDA.  
*Dose check edits verify for daily maximum dosages using as reference the pediatric, adult and geriatric dosages according to Medi Span. In the majority of cases, the maximum dosage is the one approved by the FDA.*
- **Édito de Terapia Duplicada** verifica el historial de medicamentos del paciente asegurado para recetas duplicadas, de dos formas:  
*Duplicate Therapy edits verify the insured person's drug history for duplicate prescriptions, in two ways:*
  1. el paciente asegurado recibe el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes).  
*The insured person receives the same medication (e.g. same active ingredient) with two different prescriptions (e.g. Prescription number is different; it could be through the same pharmacy or different ones).*
  2. el paciente asegurado recibe dos medicamentos de la misma clase terapéutica, como por ejemplo, dos antidepresivos o dos analgésicos, entre otros.  
*The insured person receives two drugs of the same therapeutic class, for example: two anti-depressants or two analgesics.*

Hay ciertas excepciones a estos éditos. Para evitar que el sistema rechace servicio a los asegurados, les solicitamos a los médicos y dentistas que incluyan la siguiente información en la receta del paciente:

*There are exceptions to these edits. In order to prevent the system from denying the service, we suggest that physicians include the following information in the patient's prescription:*

- **Cambio en Dosis / Change in Dosage**

Si aumentó la dosis y el asegurado necesita más medicamentos antes de tiempo - En este caso se necesitará una carta de justificación de parte del médico indicando el cambio en dosis. La farmacia requerirá una preautorización a *MC-21 Corporation*, luego de que se reciba la información necesaria de la receta.

*If the dosage increases and the insured person needs medication right away, a letter from the physician justifying the dosage change will be required. The pharmacy will require a pre-authorization from MC-21 Corporation after receipt of the necessary information regarding that prescription.*

- Si la dosis se determina por el peso del asegurado, el médico deberá indicar el peso y la estatura del paciente en la receta.

*If the dosage is determined by the insured person's weight, the physician must indicate the weight and height of the person in the prescription.*

- Cuando la dosis del medicamento se ajuste de acuerdo a los niveles en sangre, el médico deberá indicarlo así en la receta (Ej. Ajuste de niveles para tiroide, teofilina, anticonvulsivos, warfarina).

*When the dosage of the drug is adjusted accordingly to blood levels, the physician must indicate it in the prescription (e.g.: adjustments for thyroid, theophylline, anti-convulsivants, and warfarins).*

Cuando la dosis indicada en la receta no existe la presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg pero el paciente necesita 75 mg (dosis indicada y aceptada). La farmacia requerirá una preautorización a MC-21 Corporation, luego de que se reciba la información necesaria en la receta (se requiere copia de la receta y hoja de preautorizaciones de MC-21.)

*When the dosage indicated in the prescription does not exist in the pharmaceutical dosage form of the medication. For example, the tablet exists in 25 mg and 50 mg, but the patient needs a 75 mg dosage (dose required and accepted). The pharmacy will require a pre-authorization from MC-21 Corporation after the receipt of the necessary information for the prescription (a copy of the prescription will be required and copy of the pre-authorization form from MC-21 Corporation).*

## PARTE II – DISEÑO Y MANEJO DE LA LISTA DE MEDICAMENTOS / PART II - DRUG LIST DESIGN

### Presentación de la Lista de Medicamentos / Drug List Presentation

En el ejemplo a continuación se ilustra la información que se provee para los medicamentos incluidos en la Lista de Medicamentos.

*The following example shows the information provided for those drugs included in the Drug List.*

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ANTI-INFECCIOSOS (ANTI-INFECTIVES)</b>				
<b>CEFALOSPORINAS (CEPHALOSPORINS)</b>				
<i>Segunda Generación (Second Generation)</i>				
<b>cefactor<sup>3</sup></b>	caps 250 mg, 500 mg	CECLOR <sup>4</sup>	<b>1<sup>5</sup></b>	
cefactor sr	tabs 12h 500 mg	CECLOR CD	1	
<b>cefprozil</b>	susp 125 mg/5ml, 250 mg/5ml, tabs 250 mg, 500 mg	CEFZIL	<b>1</b>	
<b>cefuroxime axetil</b>	susp 125 mg/5ml, tabs 250 mg, 500 mg	CEFTIN	<b>1</b>	
cefuroxime axetil	susp 250 mg/5ml	CEFTIN	3	

Para cada medicamento incluido en la Lista de Medicamentos aparece su presentación, el nombre comercial, el nivel y si tiene alguna instrucción especial.

*For every medication included in the Drug List the dosage form, trademark name of the drug, level, and any special instruction will appear.*

### Comité de Farmacia y Terapéutica / Pharmacy and Therapeutics Committee

El Comité de Farmacia y Terapéutica está integrado por médicos participantes de Triple-S Salud, Inc., farmacéuticos clínicos y administradores, cuyo propósito primario es recomendar las políticas que deben establecerse en la evaluación, selección y uso terapéutico de medicamentos en el ambiente de cuidado de la salud. Los médicos que no son empleados ni poseen intereses financieros en Triple-S Salud, Inc. o en *MC-21 Corporation* son los únicos miembros con derecho al voto. Los profesionales de la salud empleados de Triple-S Salud, Inc. y *MC-21 Corporation* que participan en el Comité de Farmacia y Terapéutica no tienen derecho al voto y asisten a las reuniones en calidad de coordinadores y administradores del plan.

<sup>3</sup> Los medicamentos disponibles genéricos están escritos en letras negrillas pequeñas/ *Drugs available generic are listed in bold lower-case*

<sup>4</sup> Nombre de marca están escritos en letras mayúsculas/*Brand-name drugs are capitalized*

<sup>5</sup> Nivel en negrillas cuando el genérico esté disponible/*Tier in bold when a generic is available*

*The Therapeutics and Pharmacy Committee is composed of Triple-S Salud' participating physicians, dentists, pharmacists and administrators whose main purpose is to recommend policies to be established for evaluation, selection and therapeutic use of medications within the health care environment. Physicians not employed by or having business and financial interests in Triple-S Salud, Inc. or MC-21 Corporation are the only members having the right to vote. Health professionals employed by Triple-S Salud, Inc., and MC-21 Corporation participating in the Therapeutics and Pharmacy Committee do not have the right to vote. They attend Committee meetings as coordinators and health plan administrators.*

Las decisiones del Comité de Farmacia y Terapéutica serán notificadas a los médicos y dentistas participantes a través de comunicaciones emitidas por la División de Asuntos Médicos de Triple-S Salud, Inc., y a través del Pharma News, un boletín para profesionales de la salud que es distribuido seis veces al año a todos los médicos y dentistas participantes de Triple-S Salud, Inc.

*Participating physicians and dentists will be notified of the decisions made by the Therapeutics and Pharmacy Committee by communications issued by Triple-S Salud' Medical Affairs Division and the Pharma News, a bi-monthly newsletter for health care professionals and participating providers in Triple-S Salud' providers network.*

## **Política para el Mantenimiento de la Lista de Medicamentos / Policy for the Maintenance of the Drug List**

El añadir o eliminar los medicamentos en la Lista se hará a base de su eficacia comparativa y de los parámetros específicos del medicamento, tales como los perfiles de efectos secundarios y contraindicaciones. Las evaluaciones se harán a base de información de referencias médicas reconocidas, literatura primaria y guías que establecen las pautas de la práctica (standard practice guidelines). También se tomará en cuenta el costo, aunque éste será el último criterio a considerar en la toma de decisiones. Las evaluaciones toman en consideración la siguiente información:

*Additions or eliminations of drugs from the Drug List will be based on the comparative efficacy and specific parameters of the drug, such as profiles on secondary effects and contra-indications. The evaluations will be conducted based on information obtained from recognized medical references, primary literature and standard practice guidelines. Also, they will consider the cost, although this is the last criteria considered in the decision making. The evaluation considers the following information:*

- Seguridad / Safety
- Eficacia / Efficacy
- Estudios comparativos disponibles en la literatura médica / Comparative studies available in the medical literature
- Indicaciones del producto / Product indications
- Perfil de efectos secundarios / Profile on secondary effects
- Contraindicaciones / Contra-indications
- Perfil farmacocinético / Pharmacokinetic profile
- Factores que ayudan o impiden que el paciente asegurado cumpla con la terapia / Factors that help or prevent the insured person from complying with the therapy
- Costo y estudios farmacoeconómicos cuando los mismos estén disponibles / Costs and pharmacoeconomic studies, when they are available

El Comité establece las prioridades de los medicamentos a evaluar, de acuerdo a los siguientes criterios:

The Committee establishes the priorities for the evaluation of drugs according to the following criteria:

- Análisis de utilización de medicamentos No Preferidos que son recetados frecuentemente. Estos medicamentos serán considerados para inclusión en otros niveles.

*Utilization analysis for Non-Preferred drugs that are frequently prescribed. These drugs will be considered for future inclusion in other levels.*

- Medicamentos que han sido aprobados recientemente por la FDA.

*Drugs recently approved by the FDA.*

- Solicitud por parte de un médico o dentista participante de Triple-S Salud, Inc. (Ver la sección de políticas para que los médicos y dentistas participantes de Triple-S Salud, Inc. soliciten la inclusión y/o exclusión de medicamentos en la Lista de Medicamentos.)

*A request made by a participating physician or dentist in Triple-S Salud' network. (Please refer to the policies established for participating physicians and dentists to request the inclusion or exclusion of drugs from the Drug List).*

Cuando se añada un medicamento a una clase terapéutica, se hará una evaluación de los medicamentos de esa clase que podrían ser eliminados, si alguno.

*When a drug is added to a therapeutic class, an evaluation will be made for those drugs that could be eliminated from that class, if any.*

Aquellos medicamentos que reciben la designación No Preferido, indica que luego de la evaluación hecha por el Comité de Farmacia y Terapéutica, éstos no ofrecen ventajas clínicas y económicas en comparación con otras alternativas disponibles. En otros casos podría ser que no haya suficiente evidencia disponible en la literatura médica para justificar su uso clínico, al momento de hacer la evaluación. También puede ser que algunas presentaciones de los productos no tienen uso ambulatorio y sólo se utilicen en el hospital.

*Drugs that are designated as non-Drug List (NF) by the Committee after evaluation are considered not to offer clinical and economical advantages in comparison with other alternatives available. In some instances, it could be that no evidence is available in the medical literature that justifies their clinical use at the time of the evaluation. There may be a possibility that certain presentations do not have an out-patient use and their use is exclusively on an in-patient basis.*

El Comité de Farmacia y Terapéutica se reúne mensualmente, por lo que la Lista de Medicamentos está en constante revisión. Por el proceso dinámico que esto representa, los cambios que impliquen el mover un medicamento al nivel No Preferido, debido a que se incluye otro de igual o mejor calidad en la Lista de Medicamentos, tendrán efectividad a partir de febrero o agosto de cada año. Esto permite la evaluación de las clases terapéuticas principales periódicamente, como parte de nuestro compromiso de promover aquellos medicamentos que han probado ser mejores clínicamente y que proveen una terapia costo efectiva.

*The Therapeutics and Pharmacy Committee meets every month, meaning that the Drug List is revised constantly. **Due to the dynamic process, changes implying moving a drug to the Non-Preferred level, when a drug with the same or better quality is added, will be effective in February or August of each year.** This will allow the periodic evaluation of the therapeutic classes, as part of our commitment to promote those drugs that have proved to be clinically better and that provide a cost-effective therapy.*

## Leyenda para los Símbolos y Abreviaturas / Legend for Symbols and Abbreviations

Símbolos y Abreviaturas	Descripción
AL	Identifica aquellos medicamentos para los cuales existe algún límite de edad / <i>Identifies those medications for which an age limit exists</i>
Cap	Cápsula / <i>Capsule</i>
Conc	Concentrado / <i>Concentrated</i>
Cr	Crema / <i>Cream</i>
ER, SR, CR	Acción prolongada, acción sostenida, acción controlada / <i>Extended release, sustained release, controlled release</i>
Inh	Inhalador / <i>Inhaler</i>
Inj	Inyectable / <i>Injectable</i>
QL	Identifica aquellos medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar / <i>Identifies those medications for which a dispensing limit exists</i>
SL	Identifica aquellos medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos / <i>Identifies those medications for which a limit in the medical specialty exists that must manage the therapy with these products</i>
Lot	Loción / <i>Lotion</i>
Negrilla ( <i>Bold</i> )	Identifica que el medicamento tiene genérico disponible en todas las presentaciones / <i>Identifies if the medication has a generic available in all its dosage forms</i>
Nivel 1	Identifica los medicamentos genéricos / <i>Identifies Generic drugs</i>
Nivel 2	Identifica los medicamentos de marca preferidos / <i>Identifies Preferred drugs</i>
Nivel 3	Identifica los medicamentos de marca / <i>Identifies Brand drugs.</i>
Nivel 4	Identifica los Medicamentos Especializados o Biotecnológicos Preferidos / <i>Identifies Preferred Specialty or Biotech Drugs</i>
Nivel 5	Identifica los Medicamentos Especializados o Biotecnológicos No Preferidos / <i>Identifies Non Preferred Specialty or Biotech drugs.</i>
Oint	Ungüento / <i>Ointment</i>
Oph	Oftálmico / <i>Ophthalmic</i>
PA	Preautorización. La farmacia es responsable de solicitar y obtener una preautorización con MC-21 Corporation o Triple-S Salud, Inc., antes de despacharse el medicamento / <i>Preauthorization. The pharmacy is responsible to request and obtain a prior authorization from MC-21 Corporation or Triple S, Inc. before dispensing the prescription drug</i>
SHA	Champú / <i>Shampoo</i>
SI	Sublingual / <i>Sublingual</i>
SNC	Sistema Nervioso Central / <i>Central Nervous System</i>
Soln	Solución / <i>Solution</i>
ST	Terapia Escalonada / <i>Step Therapy</i>
Supp	Supositorio / <i>Suppository</i>
Susp	Suspensión / <i>Suspension</i>
Tab	Tableta / <i>Tablet</i>
Td	Transdermal / <i>Transdermal</i>

## **Política para Solicitud de Evaluación de Inclusión o Exclusión de Medicamentos de la Lista de Medicamentos / Policy for Requesting the Evaluation for Additions or Exclusions of Drugs from the Drugs List**

Todo médico y dentista participante de Triple-S Salud, Inc. puede solicitar la evaluación para incluir y/o excluir medicamentos a la Lista de la siguiente manera:

*Any participating physician and/or dentist can request the evaluation of drugs for addition or exclusion from the Drug List following these instructions:*

- El médico o dentista debe completar la hoja de solicitud de evaluación de medicamentos (*Drug List Review Request*) en todas sus partes.  
*The physician or dentist should complete in all parts the application form for the evaluation of drugs, known as Drug List Review Request.*
- Para obtener la hoja de solicitud de evaluación de medicamentos (*Drug List Review Request*), el debe comunicarse con el Departamento de Servicios Clínicos de MC-21 Corporation, al **787-286-6032 ext. 3289 ó 1-877-741-7470**.  
*To obtain the Drug List Review Request form you should communicate with the Clinical Services Department in MC-21 Corporation by calling 787-286-6032 ext. 3289 or 1-877-741-7470.*
- Debe enviar la solicitud por correo, luego de que sea completada en todas sus partes, a la siguiente dirección:  
*After completion of all parts, you should mail the review request form to the following address:*

**MC-21 Corporation**  
**Attn: Clinical Services Department / Drug List Review Request**  
**Call Box 4908, Caguas, PR 00726**

El Departamento de Servicios Clínicos de MC-21 Corporation procederá a preparar la evaluación correspondiente al producto en la solicitud, para ser presentada al Comité de Farmacia y Terapéutica en la fecha designada por los miembros del Comité. Es importante que la solicitud de evaluación para inclusión/exclusión se complete en todas sus partes, ya que la misma formará parte de la evaluación formal que preparará el Departamento Clínico de MC-21 Corporation para dicho producto.

*MC-21's Clinical Service Department will evaluate the product in the Review Request Form for its submission to the Therapeutics and Pharmacy Committee on the designated date. It is important that all parts of the Review Request Form are completed because it will become part of the formal documentation that MC-21's Clinical Services Department will prepare for each product.*

## **Política para Revisión de la Lista de Medicamentos / Policy for the Drug List Review**

Los cambios a esta Lista de Medicamentos serán notificados a los médicos y dentistas a través de comunicaciones emitidas por la División de Asuntos Clínicos de Triple-S Salud Inc. y/o a través del *Pharma News*, un boletín para profesionales de la salud que es distribuido seis veces al año, a todos los médicos y dentistas participantes de Triple-S Salud, Inc. Los cambios a la Lista les serán notificados a los asegurados por medio de comunicaciones escritas. La Lista de Medicamentos se imprime anualmente.

*Participating physicians and dentists will be notified of changes to the Drug List by communications issued by Triple-S Salud Clinical Affairs Division and/or through the Pharma News, a bi-monthly newsletter for health care professionals and participating providers in Triple-S Salud' provider network. Changes to the Drug List will be notified to insured members by written communications. The Drug List is printed annually.*

Todas las pautas para las terapias son actuales al momento de imprimirse la edición y están sujetas a cambios. Estas pautas son generales y tal vez no cubran todas las situaciones clínicas. Estas pautas no deben tomarse como sustituto a un juicio clínico.

*All guidelines for the therapies are updated at the time of printing of this edition and are subject to changes. These guidelines are general and do not include all clinical situations. These guidelines shall not be construed as a substitute for a clinical judgment.*

## **Editor / Editor**

Sus comentarios y sugerencias, con el propósito de mejorar y actualizar esta Lista de Medicamentos, son bienvenidos. Puede enviar sus comentarios a la siguiente dirección: / *Your comments and suggestions to improve and update this Drug List are welcome. You can send your comments to the following address:*

**Comité de Farmacia y Terapéutica  
EDITOR  
MC-21 Corporation  
Call Box 4908, Caguas, PR 00726**

## **Comentarios / Comments**

La información contenida en esta Lista de Medicamentos no sustituye el conocimiento, la experiencia y el juicio clínico de los médicos. **Los médicos deben continuar utilizando su juicio clínico al seleccionar los medicamentos más adecuados para el cuidado individual de cada paciente.** MC-21 Corporation y Triple-S Salud, Inc. no se hacen responsables por las acciones u omisiones de los médicos a base de la información contenida en esta Lista de Medicamentos.

Para información más detallada, el médico debe consultar la literatura provista por el fabricante del producto en el inserto del producto (PI) o en libros de referencia. **También puede adquirir mayor información llamando al Centro de Información de Medicamentos, un servicio exclusivo para los médicos y dentistas participantes de Triple-S Salud, Inc. ofrecido a través de MC-21 Corporation.**

*The information included in this Drug List shall not be a substitute for knowledge, experience and clinical judgment of the physicians. **The physicians shall continue using their clinical judgment when selecting the most appropriate drugs for the care and treatment of each individual patient.** MC-21 Corporation and Triple-S Salud, Inc., are not responsible for the actions and omissions of the physicians based on the information provided in this Drug List. For detailed information, the physician must refer to the literature available and provided by the product's manufacturer in the product insert (PI) or in reference books. **Also, more information will be available through the Drug Information Center, an exclusive service offered by MC-21 Corporation to the participating physicians and dentists in Triple-S Salud' Provider Network.***

## **Derechos Reservados / Reserver Rights**

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**PARTE III – LISTA DE MEDICAMENTOS POR CLASIFICACIÓN  
TERAPÉUTICA / PART III - DRUG LIST BY THERAPEUTIC CLASS**

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ANESTHETICS (ANESTÉSICOS)</b>				
lidocaine	inj 1 %, 2 %	XYLOCAINE	1	
<b>ANTI-INFECTIVES (ANTI-INFECCIOSOS)</b>				
<i>Antifungals (Antifungales)</i>				
clotrimazole	troche 10 mg	MYCELEX	1	
fluconazole	susp 10 mg/ml, 40 mg/ml, tabs 100mg, 150 mg, 200 mg, 50 mg	DIFLUCAN	1	
flucytosine	caps 250 mg, 500 mg	ANCOBON	1	
griseofulvin microsize	susp 125 mg/5ml, tabs 500 mg	GRIFULVIN	1	
griseofulvin ultramicrosize	tabs 125 mg, 250 mg	GRIS-PEG	1	
itraconazole	caps 100 mg	SPORANOX	1	
itraconazole	soln 10 mg/ml	SPORANOX	3	
ketoconazole	tabs 200 mg	NIZORAL	1	
nystatin	powder, susp 100000 u/ml, tabs 500000 u	NYSTATIN	1	
posaconazole	susp 40 mg/ml, tabs 100 mg	NOXAFIL	3	
terbinafine	tabs 250 mg	LAMISIL	1	QL
voriconazole	susp 40 mg/ml, tabs 200 mg, 50 mg	VFEND	1	
<i>Antimicrobials (Antimicrobianos)</i>				
artemether & lumefantrine	tabs 20-120 mg	COARTEM	3	QL
atovaquone & proguanil	tabs 250-100 mg, 62.5-25 mg	MALARONE	1	QL
chloroquine	tabs 250 mg, 500 mg	ARALEN	1	
hydroxychloroquine	tabs 200 mg	PLAQUENIL	1	
mefloquine	tabs 250 mg	LARIAM	1	
primaquine	tabs 26.3 mg	PRIMAQUINE	1	
pyrimethamine	tabs 25 mg	DARAPRIM	3	
quinine	caps 324 mg	QUALAQUIN	1	QL
<i>Antiparasitics (Antiparasitarios)</i>				
albendazole	tabs 200 mg	ALBENZA	3	
bacitracin	inj 50000 u	BACITRACIN	1	
iodoquinol	tabs 210 mg, 650 mg	YODOXIN	3	
ivermectin	tabs 3 mg	STROMECTOL	3	
nitazoxanide	susp 100 mg/5ml, tabs 500 mg	ALINIA	3	
praziquantel	tabs 600 mg	BILTRICIDE	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<i>Antituberculosis (Antituberculosis)</i>				
aminosalicylic acid	pack 4 gm	PASER	3	
cycloserine	caps 250 mg	SEROMYCIN	3	
<b>ethambutol</b>	tabs 100 mg, 400 mg	MYAMBUTOL	1	
ethionamide	tabs 250 mg	TRECTOR	3	
<b>isoniazid</b>	tabs 100 mg, 300 mg, syrup 50 mg/5ml	ISONIAZID	1	
isoniazid & pyrazinamide & rifampin	tabs 50-300-120 mg	RIFATER	3	
<b>isoniazid &amp; rifampin</b>	caps 150-300 mg	RIFAMATE	1	
<b>pyrazinamide</b>	tabs 500 mg	PYRAZINAMIDE	1	
<b>rifabutin</b>	caps 150 mg	MYCOBUTIN	1	
<b>rifampin</b>	caps 150 mg, 300 mg	RIFADIN	1	
rifapentine	tabs 150 mg	PRIFTIN	3	
<i>Antivirals (Antivirales)</i>				
Antiherpes Virus (Infecciones Herpéticas)				
<b>acyclovir</b>	caps 200 mg, susp 200 mg/5ml, tabs 400 mg, 800 mg	ZOVIRAX	1	
<b>famciclovir</b>	tabs 125 mg, 250 mg, 500 mg	FAMVIR	1	
<b>valacyclovir</b>	tabs 1000 mg, 500 mg	VALTRES	1	
HIV/AIDS (VIH/SIDA)				
Entry Inhibitors (Inhibidores de Entrada)				
dolutegravir	tabs 50 mg	TIVICAY	3	
maraviroc	tabs 150 mg, 300 mg	SELZENTRY	3	PA
raltegravir	tabs 400 mg, chew tab 25 mg, 100 mg susp 100 mg	ISENTRESS	3	
Non-Nucleoside Reverse Transcriptase Inhibitors (Inhibidores No Nucleósidos de la Transcriptasa )				
delavirdine	tabs 100 mg, 200 mg	RESCRIPTOR	3	
efavirenz	caps 200 mg, 50 mg, tabs 600 mg	SUSTIVA	3	
etravirine	tabs 100 mg, 200 mg, 25 mg	INTELENCE	3	PA
<b>nevirapine</b>	tabs 200 mg, tabs sr 24hr 400 mg	VIRAMUNE	1	
nevirapine	susp 50 mg/5ml, tabs sr 24hr 100 mg	VIRAMUNE	3	
rilpivirine	tabs 25 mg	EDURANT	3	
Nucleoside-Nucleotide Reverse Transcriptase Inhibitors (Inhibidores Nucleósidos-Nucleótidos de la Transcriptasa)				
<b>abacavir</b>	tabs 300 mg	ZIAGEN	1	
abacavir	soln 20 mg/ml	ZIAGEN	3	
abacavir & lamivudine	tabs 600-300 mg	EPZICOM	3	
<b>abacavir &amp; lamivudine &amp; zidovudine</b>	tabs 300-150-300 mg	TRIZIVIR	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
didanosine	soln 2 gm, 4 gm	VIDEX	3	
<b>didanosine dr</b>	caps 125 mg, 200mg, 250mg, 400mg	VIDEX EC	1	
efavirenz & emtricitabine & tenofovir	tabs 600-200-300 mg	ATRIPLA	3	
elvitegravir & cobicistat & emtricitabine & tenofovir	tabs 150-150-200-300 mg	STRIBILD	3	
emtricitabine	caps 200 mg, soln 10 mg/ml	EMTRIVA	3	
emtricitabine & rilpivirine & tenofovir df	tabs 200-25-300 mg	COMPLERA	3	
emtricitabine & tenofovir	tabs 200-300 mg	TRUVADA	3	
<b>lamivudine</b>	tabs 150 mg, 300 mg	EPIVIR	1	
lamivudine	soln 10 mg/ml	EPIVIR	3	
<b>lamivudine &amp; zidovudine</b>	tabs 150-300 mg	COMBIVIR	1	
<b>stavudine</b>	caps 15 mg, 20 mg, 30 mg, 40 mg, soln 1 mg/ml	ZERIT	1	
tenofovir	tabs 300 mg, powder 40 mg/gm, tabs 150 mg, 200 mg, 250 mg	VIREAD	3	PA
<b>zidovudine</b>	caps 100 mg, syrup 50 mg/5ml, tabs 300 mg	RETROVIR	1	
Protease Inhibitors (Inhibidores de Proteasa)				
atazanavir	caps 150 mg, 200 mg, 300 mg	REYATAZ	3	
darunavir	tabs 150 mg, 400 mg, 600 mg, 75mg	PREZISTA	3	
darunavir	susp 100 mg/ml	PREZISTA	3	
darunavir	tabs 800 mg	PREZISTA	3	
fosamprenavir	susp 50 mg/ml, tabs 700 mg	LEXIVA	3	
indinavir	caps 200 mg, 400 mg	CRIXIVAN	3	
lopinavir & ritonavir	soln 400-100 mg/5ml, tabs 100-25 mg, 200-50 mg	KALETRA	3	
nelfinavir	tabs 250 mg, 625 mg	VIRACEPT	3	
ritonavir	caps 100 mg, soln 80 mg/ml, tabs 100 mg	NORVIR	3	
saquinavir	caps 200 mg, tabs 500 mg	INVIRASE	3	
tipranavir	caps 250 mg, soln 100 mg/ml	APTIVUS	3	PA
Influenza (Influenza)				
<b>amantadine</b>	caps 100 mg, syrup 50 mg/5ml, tabs 100 mg	SYMMETREL	1	
oseltamivir	caps 30 mg, 45 mg, 75 mg, susp 6 mg/ml	TAMIFLU	3	
<b>rimantadine</b>	tabs 100 mg	FLUMADINE	1	
zanamivir	inhal 5 mg/blister	RELENZA DISKHALER	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<i>Cephalosporins (Cefalosporinas)</i>				
First Generation (Primera Generación)				
<b>cefadroxil</b>	caps 500 mg, susp 250 mg/5ml, 500 mg/5ml, tabs 1 gm	DURICEF	1	
<b>cephalexin</b>	caps 250 mg, 500 mg, susp 125 mg/5ml, 250 mg/5ml, tabs 250 mg, 500 mg	KEFLEX	1	
Second Generation (Segunda Generación)				
<b>cefaclor</b>	caps 250 mg, 500 mg	CECLOR	1	
cefaclor sr	tabs 12h 500 mg	CECLOR CD	1	
<b>cefprozil</b>	susp 125 mg/5ml, 250 mg/5ml, tabs 250 mg, 500 mg	CEFZIL	1	
<b>cefuroxime axetil</b>	susp 125 mg/5ml, tabs 250mg, 500mg	CEFTIN	1	
cefuroxime axetil	susp 250 mg/5ml	CEFTIN	3	
Third Generation (Tercera Generación)				
<b>cefdinir</b>	caps 300 mg, susp 125 mg/5ml, 250 mg/5ml	OMNICEF	1	
cefditoren	tabs 200 mg, 400 mg	SPECTRACEF	3	
cefixime	tabs 400 mg	SUPRAX	3	
<b>cefpodoxime</b>	susp 100 mg/5ml, 50 mg/5ml, tabs 100 mg, 200 mg	VANTIN	1	
ceftibuten	caps 400 mg, susp 90 mg/5ml	CEDAX	3	
<b>ceftriaxone</b>	inj 1 gm, 10 gm, 2 gm, 250 mg, 500 mg, IV inj 1 gm, 2 gm	ROCEPHIN	1	
<i>Macrolides (Macrólidos)</i>				
<b>azithromycin</b>	susp 100 mg/5ml, 200 mg/5ml, tabs 250 mg, 500 mg, 600 mg, pack 1 gm	ZITHROMAX	1	
azithromycin	susp 2 gm	ZMAX	3	
<b>clarithromycin</b>	susp 125 mg/5ml, 250 mg/5ml, tabs 250 mg, 500 mg	BIAXIN	1	
<b>clarithromycin sr</b>	tabs 24h 500 mg	BIAXIN XL	1	
<b>erythromycin</b>	tabs 250 mg, 500 mg	ERYTHROMYCIN	1	
<b>erythromycin &amp; sulfisoxazole</b>	susp 200-600 mg/5ml	PEDIAZOLE	1	
<b>erythromycin dr</b>	caps 250 mg	ERYTHROMYCIN DR	1	
erythromycin dr	tabs 250 mg, 333 mg, 500 mg	ERY-TAB	3	
erythromycin ec	tabs 333 mg, 500 mg	PCE	3	
<b>erythromycin ethylsuccinate</b>	tabs 400 mg	E.E.S.	1	
erythromycin ethylsuccinate	susp 200 mg/5ml, 400 mg/5ml	E.E.S./ERYPED	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
erythromycin stearate	tabs 250 mg	ERYTHROCIN	3	
<i>Miscellaneous (Misceláneos)</i>				
<b>atovaquone</b>	susp 750 mg/5ml	MEPRON	1	
<b>clindamycin</b>	caps 150 mg, 300 mg, 75 mg, soln 75 mg/5ml	CLEOCIN	1	
<b>dapsone</b>	tabs 100 mg, 25 mg	DAPSONE	1	
fosfomicin	pack 5.631 gm	MONUROL	3	
<b>gentamicin</b>	inj 10 mg/ml, 40 mg/ml, iv 10 mg/ml,	GENTAMICIN	1	
lincomycin	inj 300 mg/ml	LINCOCIN	3	
<b>metronidazole</b>	caps 375 mg, tabs 250 mg, 500 mg	FLAGYL	1	
metronidazole sr	tabs 24h 750 mg	FLAGYL ER	3	
<b>neomycin</b>	tabs 500 mg	NEOMYCIN	1	
<b>nitrofurantoin</b>	susp 25 mg/5ml	FURADANTIN	1	
<b>nitrofurantoin macrocrystalline</b>	caps 100 mg, 50 mg	MACRODANTIN	1	
nitrofurantoin macrocrystalline	caps 25 mg	MACRODANTIN	3	
<b>nitrofurantoin monohydrate macrocrystals</b>	caps 100 mg	MACROBID	1	
pentamidine	inj 300 mg, neb 300 mg	PENTAM/ NEBUPENT	3	
rifaximin	tabs 550 mg, 200 mg	XIFAXAN	3	
<b>streptomycin</b>	inj 1 gm	STREPTOMYCIN	1	
<b>tobramycin</b>	inj 1.2 gm, 10 mg/ml, inj 1.2 gm/30ml , 2 gm/50ml , 80 mg/2ml	TOBRAMYCIN	1	
<b>trimethoprim</b>	tabs 100 mg	PROLOPRIM	1	
<b>vancomycin</b>	caps 125 mg, 250 mg	VANCOCIN	1	
<i>Penicillins (Penicilinas)</i>				
<b>amoxicillin</b>	caps 250 mg, 500 mg, chew tab 125 mg, 250 mg, susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml, tabs 500 mg, 875 mg	AMOXIL	1	
<b>amoxicillin &amp; k clavulanate</b>	chew tab 200-28.5 mg, 400-57 mg, susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml, tabs 250-125 mg, 500-125 mg, 875-125 mg	AUGMENTIN	1	
amoxicillin & k clavulanate	susp 125-31.25 mg/5ml	AUGMENTIN	3	
<b>amoxicillin &amp; k clavulanate sr</b>	tabs 12h 1000-62.5 mg	AUGMENTIN XR	1	
<b>ampicillin</b>	caps 250 mg, 500 mg, susp 125 mg/5ml, 250 mg/5ml	PRINCIPEN	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ampicillin sodium</b>	inj 125 mg, inj iv soln 1 gm, 2 gm, inj 1 gm, 2 gm, 250 mg, 500 mg	AMPICILLIN SODIUM	1	
<b>dicloxacillin sodium</b>	caps 250 mg, 500 mg	DICLOXACILLIN SODIUM	1	
<b>nafcillin sodium</b>	iv 1 gm, 2 gm inj 1 gm, 10 gm, 2gm	NAFCILLIN SODIUM	1	
penicillin g benzathine	inj 600000 u/ml, 1200000 unit/2ml, inj 2400000 unit/4ml	BICILLIN L-A	3	
penicillin g benzathine & penicillin g procaine	inj 300000-900000 u/ml, inj 1200000 unit/2ml	BICILLIN C-R	3	
<b>penicillin g procaine</b>	inj 600000 u/ml	PENICILLIN G PROCAINE	1	
<b>penicillin v potassium</b>	soln 125 mg/5ml, 250 mg/5ml, tabs 250 mg, 500 mg	VEETIDS	1	
<i>Quinolones (Quinolonas)</i>				
<b>ciprofloxacin</b>	tabs 100mg, 250mg, 500mg, 750mg, susp 250 mg/5ml, 500 mg/5ml	CIPRO	1	
<b>ciprofloxacin sr</b>	tabs 24h 1000 mg, 500 mg	CIPRO XR	1	QL
<b>levofloxacin</b>	tabs 250 mg, 500 mg, 750 mg	LEVAQUIN	1	
<b>moxifloxacin</b>	tabs 400 mg	AVELOX	1	
norfloxacin	tabs 400 mg	NOROXIN	3	
<b>ofloxacin</b>	tabs 200 mg, 300 mg, 400 mg	FLOXIN	1	
<i>Sulfonamides (Sulfonamidas)</i>				
<b>sulfadiazine</b>	tabs 500 mg	SULFADIAZINE	1	
<b>sulfamethoxazole &amp; trimethoprim</b>	susp 200-40 mg/5ml, tabs 400-80 mg, 800-160 mg	BACTRIM/BACTRIM DS /SEPTRA	1	
<i>Tetracyclines (Tetraciclinas)</i>				
<b>demeclocycline</b>	tabs 150 mg, 300 mg	DECLOMYCIN	1	
doxycycline calcium	syrup 50 mg/5ml	VIBRAMYCIN	3	
<b>doxycycline hyclate</b>	caps 100 mg, 50 mg, inj 100 mg, tabs 100 mg, 20 mg	VIBRAMYCIN/ VIBRATAB/PERIOSTAT	1	
<b>doxycycline monohydrate</b>	caps 100 mg, 50 mg, tabs 100 mg, 150 mg, 50 mg, 75 mg, susp 25 mg/5ml	MONODOX/ADOXA	1	
<b>minocycline</b>	caps 100 mg, 50 mg, 75 mg, tabs 100 mg, 50 mg, 75 mg	MINOCIN/DYNACIN	1	
<b>tetracycline</b>	caps 250 mg, 500 mg	ACHROMYCIN V	1	
<b>CANCER (CÁNCER)</b>				
<i>Alkylating Agents (Agentes Alquilantes )</i>				
altretamine	caps 50 mg	HEXALEN	3	
busulfan	tabs 2 mg	MYLERAN	3	
chlorambucil	tabs 2 mg	LEUKERAN	3	
<b>cyclophosphamide</b>	tabs 25 mg, 50 mg	CYTOXAN	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
lomustine	caps 10 mg, 100 mg, 40 mg	CEENU	3	
melphalan	tabs 2 mg	ALKERAN	3	
<i>Androgens/Estrogens/Progestins (Andrógenos/Estrógenos/Progestinas)</i>				
Androgens (Andrógenos)				
fluoxymesterone	tabs 10 mg	ANDROXY	3	
methyltestosterone	caps 10 mg	ANDROID	3	
methyltestosterone	tabs 10 mg	METHITEST	3	
Antiandrogens (Antiandrógenos)				
<b>bicalutamide</b>	tabs 50 mg	CASODEX	<b>1</b>	
<b>flutamide</b>	caps 125 mg	EULEXIN	<b>1</b>	
nilutamide	tabs 150 mg	NILANDRON	3	
Antiestrogens (Antiestrógenos)				
<b>tamoxifen citrate</b>	tabs 10 mg, 20 mg	NOLVADEX	<b>1</b>	PA
toremifene citrate	tabs 60 mg	FARESTON	3	
Aromatase Inhibitor (Inhibidores de la Aromatasa)				
<b>anastrozole</b>	tabs 1 mg	ARIMIDEX	<b>1</b>	
<b>exemestane</b>	tabs 25 mg	AROMASIN	<b>1</b>	
<b>letrozole</b>	tabs 2.5 mg	FEMARA	<b>1</b>	
Progestins (Progestinas)				
<b>megestrol acetate</b>	susp 40 mg/ml, tabs 20 mg, 40 mg	MEGACE	<b>1</b>	
<i>Antimetabolites (Antimetabólitos)</i>				
<b>mercaptopurine</b>	tabs 50 mg	PURINETHOL	<b>1</b>	
<b>methotrexate</b>	tabs 2.5 mg	METHOTREXATE	<b>1</b>	
methotrexate	tabs 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	TREXALL	3	
<i>Immunosuppressives (Inmunosupresores)</i>				
<b>azathioprine</b>	tabs 50 mg	IMURAN	<b>1</b>	
<b>cyclosporine</b>	caps 100 mg, 25 mg, soln 50 mg/ml	SANDIMMUNE	<b>1</b>	
cyclosporine	soln 100 mg/ml	SANDIMMUNE	3	
<b>cyclosporine modified</b>	caps 100 mg, 25 mg, soln 100 mg/ml	NEORAL	<b>1</b>	
<b>mycophenolate mofetil</b>	caps 250 mg, tabs 500 mg	CELLCEPT	<b>1</b>	
mycophenolate mofetil	susp 200 mg/ml	CELLCEPT	3	
sirolimus	soln 1 mg/ml, tabs 1 mg, 2 mg	RAPAMUNE	3	
<b>tacrolimus</b>	caps 0.5 mg, 1 mg, 5 mg	PROGRAF	<b>1</b>	
<i>Miscellaneous (Misceláneos)</i>				
bexarotene	caps 75 mg, topical gel 1 %	TARGRETIN	3	
estramustine phosphate	caps 140 mg	EMCYT	3	
<b>etoposide</b>	inj 50 mg	VEPESID	<b>1</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
hydroxyurea	caps 500 mg	HYDREA	1	
hydroxyurea	caps 200 mg, 300 mg, 400 mg	DROXIA	3	
leuprolide	inj 5 mg/ml	LUPRON	1	PA
leuprolide	inj 3.75 mg, 7.5 mg, 11.25 mg (3 month), 22.5 mg (3 month), , 30 mg (4 month)	LUPRON DEPOT	3	PA
leuprolide	inj 7.5mg, 11.25 mg, 15 mg,11.25mg (3 month), 30 mg (3 month)	LUPRON DEPOT-PED	3	PA
mitotane	tabs 500 mg	LYSODREN	3	
procarbazine hcl	caps 50 mg	MATULANE	3	
tretinoin	caps 10 mg	VESANOID	1	
<b>CARDIOVASCULARS (CARDIOVASCULARES)</b>				
<i>Antiarrhythmics (Antiarrítmicos)</i>				
amiodarone	tabs 200 mg, 400 mg, 100 mg	CORDARONE/ PACERONE	1	
disopyramide	caps 100 mg, 150 mg	NORPACE	1	
disopyramide sr	caps 12h 100 mg, 150 mg	NORPACE CR	3	
flecainide	tabs 100 mg, 150 mg, 50 mg	TAMBOCOR	1	
mexiletine	caps 150 mg, 200 mg, 250 mg	MEXILETINE	1	
propafenone	tabs 150 mg, 225 mg, 300 mg	RYTHMOL	1	
propafenone sr	caps 12h 225 mg, 325 mg, 425 mg	RYTHMOL SR	1	
quinidine gluconate cr	tabs 324 mg	QUINAGLUTE	1	
quinidine sulfate	tabs 200 mg, 300 mg	QUINIDINE SULFATE	1	
quinidine sulfate cr	tabs 300 mg	QUINIDEX EXTENTABS	1	
sotalol	tabs 120 mg, 160 mg, 240 mg, 80mg	BETAPACE	1	
sotalol	tabs 120 mg, 160 mg, 80 mg	BETAPACE AF	1	
<i>Antihyperlipidemics (Antihiperlipidémicos)</i>				
atorvastatin	tabs 10 mg, 20 mg, 40 mg, 80 mg	LIPITOR	1	
cholestyramine	powder 4 gm/dose, 4 gm/dose, pack 4 gm, 4 gm	QUESTRAN	1	
cholestyramine	powder 4 gm/dose, pack 4 gm	QUESTRAN LIGHT	1	
choline fenofibrate	cpdr 135 mg, 45 mg	TRILIPIX	1	
colesevelam	tabs 625 mg, pack 3.75 gm	WELCHOL	3	
colestipol	granules 5 gm, granules pack 5 gm, tabs 1 gm	COLESTID	1	
epioglimibe	tabs 10 mg	ZETIA	2	ST
ezetimibe & atorvastatin	tabs 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	LIPTRUZET	2	ST
ezetimibe & simvastatin	tabs 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	VYTORIN	2	ST

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>fenofibrate</b>	caps 134 mg, 200 mg, 67 mg, tabs 160 mg, 54 mg, 145 mg, 48 mg	LOFIBRA	<b>1</b>	
<b>fenofibrate</b>	tabs 145 mg, 48 mg	TRICOR	<b>1</b>	
fenofibrate	tabs 160 mg	TRIGLIDE	<b>3</b>	
<b>fenofibrate micronized</b>	caps 130 mg, 43 mg, 30 mg, 90 mg	ANTARA	<b>1</b>	
<b>fluvastatin</b>	caps 20 mg, 40 mg	LESCOL	<b>1</b>	ST
fluvastatin sr	tabs 24h 80 mg	LESCOL XL	<b>3</b>	ST
<b>gemfibrozil</b>	tabs 600 mg	LOPID	<b>1</b>	
icosapent ethyl	caps 1 gm	VASCEPA	<b>3</b>	
<b>lovastatin</b>	tabs 10 mg, 20 mg, 40 mg	MEVACOR	<b>1</b>	
lovastatin & niacin sr	tabs 24h 20-1000 mg, 20-500 mg, 20-750 mg, 40-1000 mg	ADVICOR	<b>3</b>	
lovastatin sr	tabs 24h 20 mg	ALTOPREV	<b>3</b>	ST
niacin	tabs 500 mg	NIACOR	<b>3</b>	
niacin & simvastatin sr	tab 24 hr 1000-20 mg, 1000-40 mg, 500-20 mg, 500-40 mg, 750-20 mg	SIMCOR	<b>3</b>	
<b>niacin cr</b>	tabs 1000 mg, 500 mg, 750 mg	NIASPAN	<b>1</b>	
<b>omega-3-acid ethyl esters</b>	caps 1 gm	LOVAZA	<b>1</b>	
<b>pravastatin</b>	tabs 10 mg, 20 mg, 40 mg, 80 mg	PRAVACHOL	<b>1</b>	
rosuvastatin	tabs 10 mg, 20 mg, 40 mg, 5 mg	CRESTOR	<b>2</b>	ST
<b>simvastatin</b>	tabs 10mg, 20mg, 40mg, 5mg, 80mg	ZOCOR	<b>1</b>	
<b>simvastatin</b>	tabs 80 mg	ZOCOR	<b>1</b>	ST
<i>Antihypertensives (Antihipertensivos)</i>				
ACE Inhibitors (Inhibidores de la Enzima Convertidora de Angiotensina)				
<b>benazepril</b>	tabs 10 mg, 20 mg, 40 mg, 5 mg	LOTENSIN	<b>1</b>	
<b>captopril</b>	tabs 100 mg, 12.5 mg, 25 mg, 50 mg	CAPOTEN	<b>1</b>	
<b>enalapril</b>	tabs 10 mg, 2.5 mg, 20 mg, 5 mg	VASOTEC	<b>1</b>	
<b>fosinopril</b>	tabs 10 mg, 20 mg, 40 mg	MONOPRIL	<b>1</b>	
<b>lisinopril</b>	tabs 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	PRINIVIL / ZESTRIL	<b>1</b>	
<b>moexipril</b>	tabs 15 mg, 7.5 mg	UNIVASC	<b>1</b>	
<b>perindopril</b>	tabs 2 mg, 4 mg, 8 mg	ACEON	<b>1</b>	
<b>quinapril</b>	tabs 10 mg, 20 mg, 40 mg, 5 mg	ACCUPRIL	<b>1</b>	
<b>ramipril</b>	caps 1.25 mg, 10 mg, 2.5 mg, 5 mg	ALTACE	<b>1</b>	
<b>trandolapril</b>	tabs 1 mg, 2 mg, 4 mg	MAVIK	<b>1</b>	
Alpha-Adrenergic Receptor Blockers (Bloqueadores del Receptor Alfa-Adrenérgico)				
<b>doxazosin</b>	tabs 1 mg, 2 mg, 4 mg, 8 mg	CARDURA	<b>1</b>	
<b>prazosin</b>	caps 1 mg, 2 mg, 5 mg	MINIPRESS	<b>1</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>terazosin</b>	caps 1 mg, 10 mg, 2 mg, 5 mg	HYTRIN	<b>1</b>	
Angiotensin Receptor Blockers (ARBs) (Bloqueadores del Receptor de la Angiotensina)				
<b>candesartan</b>	tabs 16 mg, 32 mg, 4 mg, 8 mg	ATACAND	<b>1</b>	ST
<b>eprosartan</b>	tabs 600 mg	TEVETEN	<b>1</b>	ST
eprosartan	tabs 400 mg	TEVETEN	<b>3</b>	ST
<b>irbesartan</b>	tabs 150 mg, 300 mg, 75 mg	AVAPRO	<b>1</b>	
<b>losartan</b>	tabs 100 mg, 25 mg, 50 mg	COZAAR	<b>1</b>	
olmesartan	tabs 20 mg, 40 mg, 5 mg	BENICAR	<b>3</b>	ST
<b>telmisartan</b>	tabs 20 mg, 40 mg, 80 mg	MICARDIS	<b>1</b>	ST
<b>valsartan</b>	tabs 160 mg, 320 mg, 40 mg, 80 mg	DIOVAN	<b>1</b>	ST
Beta Blockers (Bloqueadores Beta)				
<b>acebutolol</b>	caps 200 mg, 400 mg	SECTRAL	<b>1</b>	
<b>atenolol</b>	tabs 100 mg, 25 mg, 50 mg	TENORMIN	<b>1</b>	
<b>betaxolol</b>	tabs 10 mg, 20 mg	KERLONE	<b>1</b>	
<b>bisoprolol</b>	tabs 10 mg, 5 mg	ZEBETA	<b>1</b>	
<b>carvedilol</b>	tabs 12.5mg, 25mg, 3.125mg, 6.25mg	COREG	<b>1</b>	
<b>labetalol</b>	tabs 100 mg, 200 mg, 300 mg	NORMODYNE	<b>1</b>	
<b>metoprolol succinate sr</b>	tabs 24h 100mg, 20 mg, 25mg, 50mg	TOPROL XL	<b>1</b>	
<b>metoprolol tartrate</b>	tabs 100 mg, 25 mg, 50 mg	LOPRESSOR	<b>1</b>	
<b>nadolol</b>	tabs 20 mg, 40 mg, 80 mg	CORGARD	<b>1</b>	
penbutolol	tabs 20 mg	LEVATOL	<b>3</b>	
<b>pindolol</b>	tabs 10 mg, 5 mg	VISKEN	<b>1</b>	
<b>propranolol</b>	tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, inj 1 mg/ml soln 20 mg/5ml, 40 mg/5ml	INDERAL	<b>1</b>	
<b>propranolol sr</b>	caps 24h 120mg, 160mg, 60mg, 80mg	INDERAL LA	<b>1</b>	
<b>timolol</b>	tabs 10 mg, 20 mg, 5 mg	BLOCADREN	<b>1</b>	
Calcium Channel Blockers (Antagonistas de Canales de Calcio)				
<b>amlodipine</b>	tabs 10 mg, 2.5 mg, 5 mg	NORVASC	<b>1</b>	
<b>diltiazem</b>	tabs 120 mg, 30 mg, 60 mg, 90 mg	CARDIZEM	<b>1</b>	
<b>diltiazem er beads</b>	caps 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	TIAZAC ER	<b>1</b>	
<b>diltiazem sr</b>	caps 12h 120 mg, 60 mg, 90 mg, caps 24h 120 mg, 180 mg, 240 mg	CARDIZEM SR/DILACOR XR	<b>1</b>	
<b>diltiazem sr coated beads</b>	caps 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	CARDIZEM CD	<b>1</b>	
<b>felodipine sr</b>	tabs 24h 10 mg, 2.5 mg, 5 mg	PLENDIL	<b>1</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>isradipine</b>	caps 2.5 mg, 5 mg	DYNACIRC	1	
<b>nicardipine</b>	caps 20 mg, 30 mg	CARDENE	1	
nicardipine sr	caps 12h 30 mg, 60 mg	CARDENE SR	3	
<b>nifedipine</b>	caps 10 mg, 20 mg	PROCARDIA	1	
<b>nifedipine sr</b>	tabs 24h 30 mg, 60 mg, 90 MG, osmotic 30 mg, 60 mg, mg, 90 mg	ADALAT CC / PROCARDIA XL	1	
<b>nimodipine</b>	caps 30 mg	NIMOTOP	1	
<b>nisoldipine sr</b>	tabs 24h 20 mg, 30 mg, 40 mg	SULAR	1	
<b>verapamil</b>	tabs 120 mg, 80 mg, 40 mg	CALAN	1	
<b>verapamil cr</b>	tabs 120 mg, 180 mg, 240 mg	CALAN SR / ISOPTIN SR	1	
<b>verapamil sr</b>	caps 24h 100 mg, 200 mg, 300 mg, 120 mg, 180 mg, 240 mg, 360 mg	VERELAN PM/VERELAN	1	
<b>Centrally Acting Antiadrenergics (Antidrenérgicos de Acción Central)</b>				
<b>clonidine</b>	tabs 0.1 mg, 0.2 mg, 0.3 mg, weekly patch 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	CATAPRES/ CATAPRESS-TTS	1	
<b>guanfacine</b>	tabs 1 mg, 2 mg	TENEX	1	
<b>methyldopa</b>	tabs 250 mg, 500 mg	ALDOMET	1	
<b>midodrine</b>	tabs 10 mg, 2.5 mg, 5 mg	PROAMATINE	1	
<b>reserpine</b>	tabs 0.1mg, 0.25 mg	RESERPINE	1	
<b>Combinations (Combinaciones)</b>				
<b>amlodipine &amp; atorvastatin</b>	tabs 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	CADUET	1	
<b>amlodipine &amp; benazepril</b>	caps 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 10-40 mg, 5-40 mg	LOTREL	1	
amlodipine & olmesartan	tabs 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	AZOR	2	ST
<b>amlodipine &amp; valsartan</b>	tabs 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	EXFORGE	1	ST
amlodipine & valsartan & hydrochlorothiazide	tabs 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5- 160-25 mg	EXFORGE HCT	2	ST
<b>atenolol &amp; chlorthalidone</b>	tabs 100-25 mg, 50-25 mg	TENORETIC	1	
<b>benazepril &amp; hydrochlorothiazide</b>	tabs 10-12.5 mg, 20-12.5 mg, 20- 25mg, 5-6.25 mg	LOTENSIN HCT	1	
<b>bisoprolol &amp; hydrochlorothiazide</b>	tabs 10-6.25 mg, 2.5-6.25 mg, 5- 6.25mg	ZIAC	1	
<b>candesartan &amp; hydrochlorothiazide</b>	tabs 16-12.5 mg, 32-12.5 mg, 32- 25mg	ATACAND HCT	1	ST

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>captopril &amp; hydrochlorothiazide</b>	tabs 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	CAPOZIDE	1	
clonidine & chlorthalidone	tabs 0.1-15 mg, 0.2-15 mg, 0.3-15 mg	CLOPRES	3	
<b>enalapril &amp; hydrochlorothiazide</b>	tabs 10-25 mg, 5-12.5 mg	VASERETIC	1	
eprosartan & hydrochlorothiazide	tabs 600-12.5 mg, 600-25 mg	TEVETEN HCT	3	ST
<b>fosinopril &amp; hydrochlorothiazide</b>	tabs 10-12.5 mg, 20-12.5 mg	MONOPRIL HCT	1	
<b>irbesartan &amp; hydrochlorothiazide</b>	tabs 150-12.5 mg, 300-12.5 mg	AVALIDE	1	
<b>lisinopril &amp; hydrochlorothiazide</b>	tabs 10-12.5 mg, 20-12.5 mg, 20-25 mg	PRINZIDE / ZESTORETIC	1	
<b>losartan &amp; hydrochlorothiazide</b>	tabs 100-12.5 mg, 100-25 mg, 50-12.5 mg	HYZAAR	1	
<b>methyldopa &amp; hydrochlorothiazide</b>	tabs 250-15 mg, 250-25 mg	ALDORIL	1	
<b>metoprolol tartrate &amp; hydrochlorothiazide</b>	tabs 100-25 mg, 50-25 mg, 100-50 mg	LOPRESSOR HCT	1	
<b>moexipril &amp; hydrochlorothiazide</b>	tabs 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	UNIRETIC	1	
<b>nadolol &amp; bendroflumethiazide</b>	tabs 5-40 mg, 5-80 mg	CORZIDE	1	
olmesartan & hydrochlorothiazide	tabs 20-12.5 mg, 40-12.5 mg, 40-25 mg	BENICAR HCT	3	ST
<b>propranolol &amp; hydrochlorothiazide</b>	tabs 80-25 mg, 40-25 mg	INDERIDE	1	
<b>quinapril &amp; hydrochlorothiazide</b>	tabs 10-12.5 mg, 20-12.5 mg, 20-25 mg	ACCURETIC	1	
<b>telmisartan &amp; hydrochlorothiazide</b>	tabs 40-12.5 mg, 80-12.5 mg, 80-25 mg	MICARDIS HCT	1	ST
trandolapril & verapamil cr	tabs 2-180 mg, 2-240 mg, 4-240 mg,	TARKA	2	
<b>valsartan &amp; hydrochlorothiazide</b>	tabs 160-12.5 mg, 160-25 mg, 320-25 mg, 80-12.5 mg, 320-12.5	DIOVAN HCT	1	
Diuretics (Diuréticos)				
Carbonic Anhydrase Inhibitors (Inhibidores de la Anhidrasa Carbónica )				
<b>acetazolamide</b>	tabs 250 mg, 125 mg	DIAMOX	1	
<b>acetazolamide sr</b>	caps 12h 500 mg	DIAMOX SR	1	
<b>methazolamide</b>	tabs 25 mg, 50 mg	NEPTAZANE	1	
Loop Diuretics (Diuréticos del Asa de Henle)				
<b>bumetanide</b>	tabs 0.5 mg, 1 mg, 2 mg	BUMEX	1	
ethacrynic acid	tabs 25 mg	EDECIN	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>furosemide</b>	inj 10 mg/ml, soln 8 mg/ml, 10 mg/ml, tabs 20 mg, 40 mg,	LASIX	1	
<b>torsemide</b>	tabs 10 mg, 100 mg, 20 mg, 5 mg	DEMADEX	1	
Miscellaneous (Misceláneos)				
<b>eplerenone</b>	tabs 25 mg, 50 mg	INSPRA	1	ST
<b>indapamide</b>	tabs 1.25 mg, 2.5 mg	LOZOL	1	
Potassium Sparing/Combinations (Conservadores de Potasio/Combinaciones)				
<b>amiloride</b>	tabs 5 mg	MIDAMOR	1	
<b>amiloride &amp; hydrochlorothiazide</b>	tabs 5-50 mg	MODURETIC	1	
<b>spironolactone</b>	tabs 100 mg, 25 mg, 50 mg	ALDACTONE	1	
<b>spironolactone &amp; hydrochlorothiazide</b>	tabs 25-25 mg	ALDACTAZIDE	1	
spironolactone & hydrochlorothiazide	tabs 50-50 mg	ALDACTAZIDE	3	
triamterene	caps 100 mg, 50 mg	DYRENIUM	3	
<b>triamterene &amp; hydrochlorothiazide</b>	caps 37.5-25 mg, tabs 37.5-25 mg, 50-75 mg, 50-25 mg	DYAZIDE/MAXZIDE	1	
Thiazides (Tiazidas)				
<b>chlorothiazide</b>	tabs 250 mg, 500 mg	DIURIL	1	
chlorothiazide	susp 250 mg/5ml	DIURIL	3	
<b>chlorthalidone</b>	tabs 25 m, 100mg, 50 mg	THALITONE	1	
<b>hydrochlorothiazide</b>	caps 12.5 mg, tabs 25 mg, 50 mg, 12.5 mg	HYDRODIURIL	1	
<b>methyclothiazide</b>	tabs 5 mg	METHYCLOTHIAZIDE	1	
<b>metolazone</b>	tabs 10 mg, 2.5 mg, 5 mg	ZAROXOLYN	1	
Vasodilators (Vasodilatores)				
<b>hydralazine</b>	tabs 10 mg, 100 mg, 25 mg, 50 mg	APRESOLINE	1	
<b>isosorbide dinitrate</b>	tabs 10 mg, 20 mg, 30 mg, 5 mg subl 2.5 mg	ISORDIL	1	
isosorbide dinitrate	tabs 40 mg	ISORDIL	3	
<b>isosorbide dinitrate cr</b>	tabs 40 mg	ISORDIL	1	
isosorbide dinitrate cr	caps 40 mg	DILATRATE SR	3	
<b>isosorbide mononitrate</b>	tabs 10 mg, 20 mg	ISMO / MONOKET	1	
<b>isosorbide mononitrate sr</b>	tabs 24h 120 mg, 30 mg, 60 mg	IMDUR	1	
<b>isoxsuprine</b>	tabs 20 mg, 10 mg	VASODILAN	1	
<b>minoxidil</b>	tabs 10 mg, 2.5 mg	LONITEN	1	
<b>nitroglycerin</b>	24h patch 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr, translingual spray 0.4 mg/spray inj 5mg/ml	NITRO-DUR	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
nitroglycerin	24h patch 0.3 mg/hr, 0.8 mg/hr, topical oint 2 %, subl 0.3 mg, 0.4 mg, 0.6 mg	NITRO- DUR/NITROSTAT/ NITRO-BID	3	
<b>nitroglycerin cr</b>	caps 2.5 mg, 6.5 mg, 9 mg	NITRO-TIME	1	
ranolazine sr	tabs 12h 1000 mg, 500 mg	RANEXA	3	PA
<i>Glycosides (Glicósidos)</i>				
<b>digoxin</b>	tabs 0.125 mg, 0.25 mg, inj 0.25 mg/ml, soln 0.05 mg/ml	LANOXIN	1	
digoxin	inj 0.1 mg/ml	LANOXIN PEDIATRIC	3	
<b>CENTRAL NERVOUS SYSTEM (SISTEMA NERVIOSO CENTRAL)</b>				
<i>Alzheimer (Alzheimer)</i>				
<b>donepezil</b>	odt 10 mg, 5 mg, tabs 10 mg, 5 mg	ARICEPT	1	
<b>galantamine</b>	soln 4 mg/ml, tabs 12 mg, 4 mg, 8mg	RAZADYNE	1	
<b>galantamine sr</b>	caps 24h 16 mg, 24 mg, 8 mg	RAZADYNE ER	1	
memantine	soln 2 mg/ml, tabs 10 mg, 5 mg, caps 24h 14 mg, 21 mg, 28 mg, 7 mg, 7 mg & 14 mg & 21 mg & 28 mg pack, tabs 5&10 mg pack	NAMENDA/ NAMENDA XR	2	
<b>rivastigmine</b>	caps 1.5 mg, 3 mg, 4.5 mg, 6 mg	EXELON	1	
rivastigmine	24h patch 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	EXELON	2	
rivastigmine	soln 2 mg/ml	EXELON	3	
<i>Analgesics/Narcotics/Combinations (Analgésicos/Narcóticos/Combinaciones)</i>				
<b>acetaminophen &amp; butalbital &amp; caffeine &amp; codeine</b>	caps 325-50-40-30 mg	FIORICET/CODEINE	1	
<b>acetaminophen &amp; codeine</b>	soln 120-12 mg/5ml, tabs 300-15 mg, 300-30 mg, 300-60 mg	TYLENOL/CODEINE	1	
acetaminophen & codeine	susp 120-12 mg/5ml	CAPITAL/CODEINE	3	
<b>acetaminophen &amp; hydrocodone</b>	tabs 325-10 mg, 325-5 mg, 325-7.5 mg,	LORTAB/VICODIN	1	
<b>acetaminophen &amp; oxycodone</b>	tabs 325-10 mg, 325-2.5 mg, 325-5 mg, 325-7.5 mg	PERCOCET	1	
acetaminophen & oxycodone	soln 325-5 mg/5ml	ROXICET	3	
<b>acetaminophen &amp; tramadol</b>	tabs 325-37.5 mg	ULTRACET	1	
<b>aspirin &amp; butalbital &amp; caffeine &amp; codeine</b>	caps 325-50-40-30 mg	FIORINAL/CODEINE	1	
aspirin & meprobamate	tabs 325-200 mg	EQUAGESIC	3	
<b>butalbital &amp; acetaminophen</b>	tabs 50-325 mg	PHRENILIN	1	

<b>Medicamentos (Drugs)</b>	<b>Presentación (Dosage Form)</b>	<b>Nombre Comercial (Brand Name)</b>	<b>Nivel (Level)</b>	<b>Inst</b>
<b>butalbital &amp; acetaminophen &amp; caffeine</b>	caps 50-325-40 mg, tabs 50-325-40 mg,	FIORICET	<b>1</b>	
<b>butalbital &amp; aspirin &amp; caffeine</b>	caps 50-325-40 mg, tabs 50-325-40 mg	FIORINAL	<b>1</b>	
<b>codeine sulfate</b>	tabs 15 mg, 30 mg, 60 mg	CODEINE SULFATE	<b>1</b>	
<b>fentanyl</b>	72h patch 100 mcg/hr, 12.5 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, lollipop 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg, 200 mcg	DURAGESIC/ACTIQ	<b>1</b>	
fentanyl	tabs 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	FENTORA	<b>3</b>	
<b>fentanyl citrate</b>	inj 0.05 mg/ml	FENTANYL	<b>1</b>	
<b>hydrocodone &amp; ibuprofen</b>	tabs 10-200 mg, 5-200 mg, 7.5-200 mg	VICOPROFEN/ IBUDONE	<b>1</b>	
<b>hydromorphone</b>	inj 2 mg/ml, 1 mg/ml, tabs 2 mg, 4 mg, 8 mg, inj 10 mg/ml, inj 2 mg/ml, 4 mg/ml, liq 1 mg/ml, rectal supp 3 mg	DILAUDID	<b>1</b>	
<b>levorphanol</b>	tabs 2 mg	LEVORPHANOL	<b>1</b>	
<b>meperidine</b>	inj 10 mg/ml, 100 mg/ml, 25 mg/ml, 50 mg/ml, tabs 100 mg, 50 mg soln 50 mg/5ml	DEMEROL	<b>1</b>	
meperidine	inj 100 mg/2ml , 25 mg/0.5ml , 75 mg/1.5ml , 75 mg/ml	DEMEROL	<b>3</b>	
<b>methadone</b>	conc 10 mg/ml, tabs 10 mg, 5 mg, soln 10 mg/5ml, 5 mg/5ml, inj 10 mg/ml	METHADONE/DOLOPH INE	<b>1</b>	
<b>morphine</b>	inj 2 mg/ml, inj 4 mg/ml, iv 5 mg/ml, 5 mg/ml, rectal supp 10 mg, 20 mg, 30 mg, 5 mg, inj 25 mg/ml, 50 mg/ml, inj 8 mg/ml	MORPHINE SULFATE	<b>1</b>	
<b>morphine</b>	inj 0.5 mg/ml, iv 1 mg/ml, 1 mg/ml, 10 mg/ml, 15 mg/ml, iv 8 mg/ml, soln 20 mg/ml, tabs 15 mg, 30 mg, soln 10 mg/5ml, 20 mg/5ml	MORPHINE/ROXANOL	<b>1</b>	
morphine	inj 2 mg/ml	MORPHINE SULFATE	<b>3</b>	
<b>morphine beads sr</b>	caps 24h 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	AVINZA	<b>1</b>	
<b>morphine sr</b>	caps 24h 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, tabs 12h 100mg, 15mg, 200mg, 30mg, 60mg	KADIAN SR	<b>1</b>	
morphine sr	caps 24h 200mg, 130mg, 40mg, 70mg	KADIAN SR	<b>3</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>oxycodone</b>	caps 5 mg, conc 20 mg/ml, soln 5 mg/5ml, tabs 15 mg, 30 mg, 5 mg, 10 mg, 20 mg	ROXICODONE	1	
oxycodone sr	tabs 12h 10 mg, 15 mg, 20 mg, 30 mg, 60 mg, 80 mg	OXYCONTIN	3	
<b>oxydocone &amp; ibuprofen</b>	tabs 5-400 mg	COMBUNOX	1	
<b>oxymorphone</b>	tabs 10 mg	OPANA	1	
oxymorphone	inj 1 mg/ml	OPANA	3	
<b>oxymorphone sr</b>	tabs 12h 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	OPANA ER	1	
pentazocine	inj 30 mg/ml	TALWIN	3	
<b>pentazocine &amp; acetaminophen</b>	tabs 25-650 mg	TALACEN	1	
<b>pentazocine &amp; naloxone</b>	tabs 50-0.5 mg	TALWIN	1	
<b>tramadol</b>	tabs 50 mg	ULTRAM	1	
<i>Antianxiety/Hypnotics (Ansiolíticos/Hipnóticos)</i>				
<b>alprazolam</b>	tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	XANAX	1	
<b>alprazolam sr</b>	tabs 24h 0.5 mg, 1 mg, 2 mg, 3 mg	XANAX XR	1	
<b>bupirone</b>	tabs 10mg, 15mg, 30mg, 5mg, 7.5mg	BUSPAR	1	
<b>chlordiazepoxide</b>	caps 10 mg, 25 mg, 5 mg	LIBRIUM	1	
<b>clorazepate</b>	tabs 15 mg, 3.75 mg, 7.5 mg	TRANXENE T	1	
<b>diazepam</b>	tabs 10 mg, 2 mg, 5 mg, inj 5 mg/ml, soln 1 mg/ml	VALIUM	1	
<b>estazolam</b>	tabs 1 mg, 2 mg	PROSOM	1	
<b>flurazepam</b>	caps 15 mg, 30 mg	DALMANE	1	
<b>hydroxyzine hydrochloride</b>	inj 25 mg/ml, 50 mg/ml	VISTARIL	1	
<b>hydroxyzine pamoate</b>	caps 25 mg, 50 mg, 100 mg	VISTARIL	1	
<b>lorazepam</b>	conc 2 mg/ml, inj 2 mg/ml, 4 mg/ml, tabs 0.5 mg, 1 mg, 2 mg	ATIVAN	1	
<b>meprobamate</b>	tabs 200 mg, 400 mg	EQUANIL	1	
<b>midazolam</b>	inj 5 mg/ml, syrup 2 mg/ml, inj 10 mg/10ml , 10 mg/2ml , 2 mg/2ml , 25 mg/5ml , 5 mg/5ml , 50 mg/10ml	VERSED	1	
<b>oxazepam</b>	caps 10 mg, 15 mg, 30 mg	SERAX	1	
quazepam	tabs 15 mg	DORAL	3	
<b>temazepam</b>	caps 15 mg, 22.5 mg, 30 mg, 7.5 mg	RESTORIL	1	
<b>triazolam</b>	tabs 0.125 mg, 0.25 mg	HALCION	1	
<b>zaleplon</b>	caps 10 mg, 5 mg	SONATA	1	
<b>zolpidem</b>	tabs 10 mg, 5 mg	AMBIEN	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>zolpidem tartrate</b>	tabs 12.5 mg, 6.25 mg	AMBIEN CR	1	ST
<i>Anticonvulsants (Anticonvulsivos)</i>				
<b>carbamazepine</b>	chew tab 100 mg, susp 100 mg/5ml, tabs 200 mg	TEGRETOL	1	
<b>carbamazepine sr</b>	tabs 12h 200 mg, 400 mg, caps 12h 100 mg, 200 mg, 300 mg	TEGRETOL XR	1	
carbamazepine sr	tabs 12h 100 mg	TEGRETOL-XR	3	
<b>clonazepam</b>	odt 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg, tabs 0.5 mg, 1 mg, 2 mg	KLONOPIN	1	
diazepam	rectal gel 10 mg, 2.5 mg, 20 mg	DIASTAT	3	
<b>divalproex</b>	caps 125 mg	DEPAKOTE SPRINKLES	1	
<b>divalproex dr</b>	tabs 125 mg, 250 mg, 500 mg	DEPAKOTE EC	1	
<b>divalproex sr</b>	tabs 24h 250 mg, 500 mg	DEPAKOTE ER	1	
<b>ethosuximide</b>	caps 250 mg, soln 250 mg/5ml	ZARONTIN	1	
ethotoin	tabs 250 mg	PEGANONE	3	
ezogabine	tabs 200 mg, 300 mg, 400 mg, 50mg	POTIGA	3	
<b>felbamate</b>	susp 600 mg/5ml, tabs 400 mg, 600mg	FELBATOL	1	
<b>gabapentin</b>	caps 100 mg, 300 mg, 400 mg, tabs 600 mg, 800 mg, soln 250 mg/5ml	NEURONTIN	1	
lacosamide	tabs 100 mg, 150 mg, 200 mg, 50 mg, soln 10 mg/ml	VIMPAT	3	PA AL
<b>lamotrigine</b>	tabs 100 mg, 150 mg, 200 mg, 25 mg, odt 25 mg, 5 mg	LAMICTAL	1	
lamotrigine	kit 25 mg, 25&100 mg, 25&100 mg	LAMICTAL	3	
<b>levetiracetam</b>	soln 100 mg/ml, tabs 1000 mg, 250 mg, 500 mg, 750 mg, iv 500 mg/5ml	KEPPRA	1	
methsuximide	caps 300 mg	CELONTIN	3	
<b>oxcarbazepine</b>	tabs 150 mg, 300 mg, 600 mg, susp 300 mg/5ml	TRILEPTAL	1	
<b>phenobarbital</b>	elixir 20 mg/5ml, tabs 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PHENOBARBITAL	1	
<b>phenytoin</b>	caps 100 mg, inj 50 mg/ml, susp 125 mg/5ml, caps 200 mg, 300 mg, chew tab 50 mg	DILANTIN	1	
phenytoin	caps 30 mg	DILANTIN	3	
pregabalin	caps 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg, soln 20 mg/ml	LYRICA	3	
<b>primidone</b>	tabs 250 mg, 50 mg	MYSOLINE	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
rufinamide	tabs 200 mg, 400 mg, susp 40 mg/ml	BANZEL	3	PA
<b>tiagabine</b>	tabs 2 mg, 4 mg	GABITRIL	1	
tiagabine	tabs 12 mg, 16 mg	GABITRIL	3	
<b>topiramate</b>	sprinkle caps 15 mg, 25 mg, tabs 100 mg, 200 mg, 25 mg, 50 mg	TOPAMAX	1	
<b>valproate sodium</b>	inj 100 mg/ml	DEPACON	1	
<b>valproic acid</b>	caps 250 mg, syrup 250 mg/5ml	DEPAKENE	1	
<b>zonisamide</b>	caps 100 mg, 25 mg, 50 mg	ZONEGRAN	1	
<i>Antiparkinsons (Antiparkinson)</i>				
Anticholinergics (Anticolinérgicos)				
<b>benztropine</b>	tabs 0.5 mg, 1 mg, 2 mg	COGENTIN	1	
<b>trihexyphenidyl</b>	elixir 0.4 mg/ml, tabs 2 mg, 5 mg	ARTANE	1	
COMT Inhibitors (Inhibidores de COMT)				
<b>entacapone</b>	tabs 200 mg	COMTAN	1	
Dopamine Receptor Agonists (Agonistas del Receptor de Dopamina)				
<b>pramipexole</b>	tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	MIRAPEX	1	
<b>ropinirole</b>	tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	REQUIP	1	
rotigotine	24h patch 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	NEUPRO	3	
Dopaminergics (Dopaminérgicos)				
<b>bromocriptine</b>	caps 5 mg, tabs 2.5 mg	PARLODEL	1	
<b>carbidopa</b>	tabs 25 mg	LODOSYN	1	
<b>carbidopa &amp; levodopa</b>	tabs 10-100 mg, 25-100 mg, 25-250 mg	SINEMET	1	
<b>carbidopa &amp; levodopa cr</b>	tabs 25-100 mg, 50-200 mg	SINEMET CR	1	
<b>selegiline</b>	caps 5 mg, tabs 5 mg	ELDEPRYL	1	
Dopaminergics - COMT Inhibitors (Dopaminérgicos - Inhibidores de COMT)				
carbidopa & entacapone & levodopa	tabs 12.5-50-200 mg, 18.75-75- 200 mg, 25-100-200 mg, 31.25-125- 200 mg, 37.5-150-200 mg, 50-200- 200 mg	STALEVO	3	
Miscellaneous (Misceláneos)				
<b>amantadine</b>	caps 100 mg, syrup 50 mg/5ml, tabs 100 mg	SYMMETREL	1	
<i>Antivertigo/Antiemetic (Antivértigo/Antieméticos)</i>				
aprepitant	caps 125 mg, 80 mg, pack 80&125 mg	EMEND	3	QL
dolasetron	inj 20 mg/ml, tabs 100 mg, 50 mg	ANZEMET	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
dronabinol	caps 10 mg, 2.5 mg, 5 mg	MARINOL	1	
granisetron	tabs 1 mg	KYTRIL	1	
meclizine	tabs 12.5 mg, 25 mg, 32 mg	ANTIVERT/ VERTIN-32	1	
ondansetron	odt 4 mg, 4 mg, 8 mg, 8 mg, soln 4 mg/5ml, tabs 24 mg, 4 mg, 4 mg, 8 mg, 8 mg, inj 4 mg/2ml (2 mg/ml)	ZOFRAN	1	
prochlorperazine	rectal supp 25 mg, tabs 10 mg, 5 mg	COMPAZINE	1	
promethazine	inj 25 mg/ml, 50 mg/ml, rectal supp 12.5 mg, 25 mg, syrup 6.25 mg/5ml, tabs 12.5 mg, 25 mg, 50 mg, rectal supp 50 mg	PHENERGAN	1	
scopolamine	72h patch 1.5 mg	TRANSDERM-SCOP	3	
trimethobenzamide	caps 300 mg, inj 100 mg/ml	TIGAN	1	
<i>Migraine (Migraña)</i>				
acetaminophen & butalbital & caffeine & codeine	caps 325-50-40-30 mg	FIORICET/CODEINE	1	
almotriptan	tabs 12.5 mg, 6.25 mg	AXERT	3	QL
apap & isometheptene & caffeine	caps 325-65-100 mg	MIGRALAM	3	
apap & isometheptene & dichloral	caps 325-65-100 mg	MIDRIN	1	
aspirin & butalbital & caffeine & codeine	caps 325-50-40-30 mg	FIORINAL/CODEINE	1	
butalbital & acetaminophen	tabs 50-325 mg	PHRENILIN	1	
butalbital & acetaminophen & caffeine	caps 50-325-40 mg, tabs 50-325-40 mg	FIORICET	1	
butalbital & aspirin & caffeine	caps 50-325-40 mg, tabs 50-325-40 mg	FIORINAL	1	
dihydroergotamine	inj 1 mg/ml	D.H.E. 45	1	
dihydroergotamine	nasal soln 4 mg/ml	MIGRANAL	3	
divalproex	caps 125 mg	DEPAKOTE SPRINKLES	1	
divalproex dr	tabs 125 mg, 250 mg, 500 mg	DEPAKOTE EC	1	
divalproex sr	tabs 24h 250 mg, 500 mg	DEPAKOTE ER	1	
eletriptan	tabs 20 mg, 40 mg	RELPAX	2	QL
ergotamine	subl 2 mg	ERGOMAR	3	
ergotamine tartrate & caffeine	tabs 1-100 mg	CAFERGOT	1	
ergotamine tartrate & caffeine	rectal supp 2-100 mg	CAFERGOT	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
frovatriptan	tabs 2.5 mg	FROVA	3	QL
<b>naratriptan</b>	tabs 1 mg, 2.5 mg	AMERGE	1	QL
<b>rizatriptan</b>	odt 10 mg, 5 mg, tabs 10 mg, 5 mg	MAXALT	1	QL
<b>sumatriptan</b>	tabs 100 mg, 25 mg, 50 mg, inj 4 mg/0.5ml, 4 mg/0.5ml, 6 mg/0.5ml, 6 mg/0.5ml	IMITREX	1	QL
sumatriptan	nasal soln 20 mg/act, 5 mg/act	IMITREX	3	QL
<b>sumatriptan(cartridge)</b>	inj 6 mg/0.5ml	IMITREX	1	QL
<b>sumatriptan(cartridge)</b>	inj 4 mg/0.5ml	IMITREX	1	QL
<b>sumatriptan(pen)</b>	inj 6 mg/0.5ml	IMITREX	1	QL
<b>zolmitriptan</b>	odt 2.5 mg, 5 mg, tabs 2.5 mg, 5 mg	ZOMIG	1	QL
zolmitriptan	soln 5 mg/spray unit	ZOMIG	3	QL
<i>Miscellaneous (Misceláneos)</i>				
<b>ergoloid mesylates</b>	tabs 1 mg	HYDERGINE	1	
<b>guanidine</b>	tabs 125 mg	GUANIDINE	1	
neostigmine bromide	tabs 15 mg	PROSTIGMIN	3	
pimozide	tabs 1 mg, 2 mg	ORAP	3	
<b>pyridostigmine</b>	tabs 60 mg	MESTINON	1	
pyridostigmine	syrup 60 mg/5ml	MESTINON	3	
pyridostigmine cr	tabs 180 mg	MESTINON TIMESPAN	3	
<b>riluzole</b>	tabs 50 mg	RILUTEK	1	
<i>Psychotropics (Sicotrópicos)</i>				
Antidepressants (Antidepresivos)				
MAO Inhibitors (Inhibidores MAO)				
isocarboxazid	tabs 10 mg	MARPLAN	3	
<b>phenelzine</b>	tabs 15 mg	NARDIL	1	
<b>tranylcypromine</b>	tabs 10 mg	PARNATE	1	
<i>Miscellaneous (Misceláneos)</i>				
<b>bupropion</b>	tabs 100 mg, 75 mg	WELLBUTRIN	1	
<b>bupropion sr</b>	tabs 12h 100 mg, 150 mg, 200 mg, tabs 24h 150 mg, 300 mg	WELLBUTRIN SR	1	
<b>duloxetine ec</b>	caps 20 mg, 30 mg, 60 mg	CYMBALTA	1	
<b>maprotiline</b>	tabs 25 mg, 50 mg, 75 mg	LUDIOMIL	1	
<b>mirtazapine</b>	odt 15 mg, 30 mg, 45 mg, tabs 15 mg, 30 mg, 45 mg, 7.5 mg	REMERON	1	
<b>nefazodone</b>	tabs	NEFAZODONE	1	
<b>trazodone</b>	tabs 100 mg, 150 mg, 300 mg, 50mg	DESYREL	1	
<b>venlafaxine</b>	tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	EFFEXOR	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>venlafaxine sr</b>	caps 24h 150 mg, 37.5 mg, 75 mg	EFFEXOR XR	<b>1</b>	
Selective Serotonine Reuptake Inhibitors (SSRIs) (Inhibidores Selectivos de la Recaptación de Serotonina)				
<b>citalopram</b>	soln 10 mg/5ml, tabs 10 mg, 20 mg, 40 mg	CELEXA	<b>1</b>	
<b>escitalopram</b>	soln 5 mg/5ml, tabs 10 mg, 20 mg, 5mg	LEXAPRO	<b>1</b>	
<b>fluoxetine</b>	caps 10 mg, 20 mg, 40 mg, soln 20 mg/5ml, tabs 10 mg, 20 mg	PROZAC	<b>1</b>	
<b>fluvoxamine</b>	tabs 100 mg, 25 mg, 50 mg	LUVOX	<b>1</b>	
<b>paroxetine hcl</b>	susp 10 mg/5ml, tabs 10 mg, 20 mg, 30 mg, 40 mg	PAXIL	<b>1</b>	
<b>paroxetine hcl sr</b>	tabs 24h 12.5 mg, 25 mg, 37.5 mg	PAXIL CR	<b>1</b>	
<b>sertraline</b>	conc 20 mg/ml, tabs 100 mg, 25 mg, 50 mg	ZOLOFT	<b>1</b>	
Tricyclics (Tricíclicos)				
<b>amitriptyline</b>	tabs 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	ELAVIL	<b>1</b>	
<b>amoxapine</b>	tabs 100 mg, 150 mg, 25 mg, 50 mg	AMOXAPINE	<b>1</b>	
<b>clomipramine</b>	caps 25 mg, 50 mg, 75 mg	ANAFRANIL	<b>1</b>	
<b>desipramine</b>	tabs 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	NORPRAMIN	<b>1</b>	
<b>doxepin</b>	caps 10 mg, 75 mg, 100 mg, 25 mg, 50 mg, conc 10 mg/ml, caps 150 mg	SINEQUAN	<b>1</b>	
<b>imipramine hydrochloride</b>	tabs 10 mg, 25 mg, 50 mg	TOFRANIL	<b>1</b>	
<b>imipramine pamoate</b>	caps 100 mg, 125 mg, 150 mg, 75mg	TOFRANIL-PM	<b>1</b>	
<b>nortriptyline</b>	soln 10 mg/5ml	PAMELOR	<b>1</b>	
<b>nortriptyline</b>	caps 10 mg, 25 mg, 50 mg, 75 mg	PAMELOR	<b>1</b>	
<b>protriptyline</b>	tabs 10 mg, 5 mg	VIVACTIL	<b>1</b>	
<b>trimipramine</b>	caps 100 mg, 25 mg, 50 mg	SURMONTIL	<b>1</b>	
Antipsychotics (Antisicóticos)				
Atypicals (Atípicos)				
<b>aripiprazole</b>	tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	ABILIFY	<b>2</b>	
<b>aripiprazole</b>	inj susp 300 mg, susp 400 mg	ABILIFY MANTENA	<b>3</b>	
<b>clozapine</b>	tabs 100 mg, 25 mg, 50 mg, 200 mg	CLOZARIL	<b>1</b>	
<b>lurasidone</b>	tabs 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	LATUDA	<b>3</b>	
<b>olanzapine</b>	odt 10 mg, 15 mg, 20 mg, 5 mg, tabs 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	<b>1</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>quetiapine</b>	tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	1	
quetiapine fumarate	tabs 24h 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	SEROQUEL XR	3	
<b>risperidone</b>	odt 0.5 mg, 2 mg, 3 mg, 4 mg, soln 1 mg/ml, tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, odt 0.25 mg, 1 mg	RISPERDAL	1	
risperidone	inj 12.5 mg, 25 mg, 37.5 mg, 50 mg	RISPERDAL CONSTA	3	
<b>ziprasidone</b>	caps 20 mg, 40 mg, 60 mg, 80 mg	GEODON	1	
Butyrophenones (Butirofenonas)				
<b>haloperidol</b>	tabs 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	HALDOL	1	
<b>haloperidol decanoate</b>	inj 100 mg/ml, 50 mg/ml	HALDOL DECANOATE	1	
<b>haloperidol lactate</b>	conc 2 mg/ml, inj 5 mg/ml	HALDOL	1	
Miscellaneous (Misceláneos)				
<b>loxapine</b>	caps 10 mg, 25 mg, 5 mg, 50 mg	LOXITANE	1	
<b>thiothixene</b>	caps 1 mg, 10 mg, 2 mg, 5 mg	NAVANE	1	
Phenothiazines (Fenotiazinas)				
<b>chlorpromazine</b>	tabs 10 mg, 100 mg, 200 mg, 25 mg, 50 mg, inj 25 mg/ml	THORAZINE	1	
<b>fluphenazine</b>	conc 5 mg/ml, elixir 2.5 mg/5ml, inj 2.5 mg/ml	FLUPHENAZINE	1	
<b>fluphenazine</b>	tabs 1 mg, 10 mg, 2.5 mg, 5 mg	PROLIXIN	1	
<b>fluphenazine decanoate</b>	inj 25 mg/ml	FLUPHENAZINE	1	
<b>perphenazine</b>	tabs 16 mg, 2 mg, 4 mg, 8 mg	TRILAFON	1	
<b>thioridazine</b>	tabs 10 mg, 100 mg, 25 mg, 50 mg	MELLARIL	1	
<b>trifluoperazine</b>	tabs 1 mg, 10 mg, 2 mg, 5 mg	STELAZINE	1	
Attention Deficit and Hyperactivity (Déficit de Atención e Hiperactividad)				
<b>amphetamine &amp; dextroamphetamine</b>	tabs 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	ADDERALL	1	ST
<b>amphetamine &amp; dextroamphetamine sr</b>	caps 24h 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	ADDERALL XR	1	ST
atomoxetine	caps 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	STRATTERA	3	ST AL PA
<b>dexmethylphenidate</b>	tabs 10 mg, 2.5 mg, 5 mg	FOCALIN	1	
<b>dexmethylphenidate sr</b>	caps 24h 15 mg, 30 mg, 40 mg	FOCALIN XR	1	
dexmethylphenidate sr	caps 24h 10 mg, 20 mg, 5 mg, 25 mg, 35 mg	FOCALIN XR	2	
<b>dextroamphetamine</b>	tabs 5 mg, 10 mg	DEXTROSTAT	1	
<b>dextroamphetamine sr</b>	caps 24h 10 mg, 15 mg, 5 mg	DEXEDRINE SR	1	ST

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
lisdexamfetamine dimesylate	caps 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	VYVANSE	2	ST
<b>methamphetamine</b>	tabs 5 mg	DESOXYN	1	
<b>methylphenidate</b>	tabs 10 mg, 20 mg, 5 mg	RITALIN	1	
methylphenidate	susp 25 mg/5ml (5 mg/ml)	QUILLIVANT XR	3	
<b>methylphenidate cr</b>	tabs 10 mg, 20 mg, caps 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	RITALIN SR/METADATE ER	1	
<b>methylphenidate sa</b>	tabs 18 mg, 27 mg, 36 mg, 54 mg	CONCERTA	1	
<b>methylphenidate sr</b>	caps 24h 20 mg, 30 mg, 40 mg	RITALIN LA	1	
methylphenidate sr	caps 24h 10 mg	RITALIN LA	3	
<b>modafinil</b>	tabs 100 mg, 200 mg	PROVIGIL	1	
Miscellaneous (Misceláneos)				
<b>amitriptyline &amp; perphenazine</b>	tabs 10-2 mg, 10-4 mg, 25-2 mg, 25-4 mg, 50-4 mg	PERPHENAZINE/AMIT RIPTYLINE	1	
<b>chlordiazepoxide &amp; amitriptyline</b>	tabs 10-25 mg, 5-12.5 mg	LIMBITROL	1	
Mood Stabilizers (Estabilizadores del Animo)				
<b>divalproex</b>	caps 125 mg	DEPAKOTE SPRINKLES	1	
<b>divalproex dr</b>	tabs 125 mg, 250 mg, 500 mg	DEPAKOTE EC	1	
<b>divalproex sr</b>	tabs 24h 250 mg, 500 mg	DEPAKOTE ER	1	
<b>lithium carbonate</b>	caps 150 mg, 300 mg, 600 mg, tabs 300 mg	LITHIUM CARBONATE	1	
<b>lithium carbonate cr</b>	tabs 300 mg, 450 mg	LITHOBID	1	
<b>lithium citrate</b>	soln 8 meq/5ml	LITHIUM CITRATE	1	
<b>valproate sodium</b>	syrup 250 mg/5ml	DEPAKENE	1	
<b>valproic acid</b>	caps 250 mg	DEPAKENE	1	
<b>DERMATOLOGICALS (DERMATOLÓGICOS)</b>				
<i>Acne (Acné)</i>				
<b>adapalene</b>	topical cream 0.1 %, topical gel 0.1 % gel 0.3 %	DIFFERIN	1	AL
adapalene-benzoyl peroxide	gel 0.1-2.5 %	EPIDUO	3	AL
azelaic acid	topical cream 20 %	AZELEX	3	
<b>benzoyl peroxide</b>	topical cream 10 %, topical gel 2.5 %, 2.75 %, topical liq 4 %, 5 %, 5.25 %, 7 %, 8 %, topical lot 4 %, 6 %, gel 10 %, topical liq 2.5 %	BENZASHAVE/ DESQUAM/ TRIAZ /BENZIQ / NEOBENZ	1	
benzoyl peroxide	topical gel 7 %, 4 %, 5.25 %, 8 %, topical lot 8 %	CLINAC BPO	3	
<b>benzoyl peroxide &amp; clindamycin</b>	topical gel 5-1 %	BENZAACLIN	1	

<b>Medicamentos (Drugs)</b>	<b>Presentación (Dosage Form)</b>	<b>Nombre Comercial (Brand Name)</b>	<b>Nivel (Level)</b>	<b>Inst</b>
<b>benzoyl peroxide &amp; erythromycin</b>	topical gel 5-3 %	BENZAMYCIN	1	
benzoyl peroxide & erythromycin	topical gel 5-3 %	BENZAMYCIN PACK	3	
<b>clindamycin</b>	topical gel 1 %, topical lot 1 %, topical soln 1 %, topical swab 1 %	CLEOCIN	1	
dapsone	topical gel 5 %	ACZONE	3	
<b>erythromycin</b>	topical gel 2 %, topical pads 2 %, topical soln 2 %	ERYGEL	1	
erythromycin	topical oint 2 %	AKNE-MYCIN	3	
<b>sulfacetamide sodium</b>	topical lot 10 %	KLARON	1	
<b>sulfacetamide sodium &amp; sulfur</b>	topical cloth 10-5 %, topical cream 10-5 %, topical emulsion 10-5 %, 10-1 %, topical lot 10-5 %, topical sups 10-5 %	PLEXION	1	
<b>sulfacetamide sodium &amp; sulfur &amp; sunscreens</b>	topical cream 10-5 %	ROSAC	1	
<b>sulfacetamide sodium &amp; sulfur &amp; urea</b>	topical emulsion 10-4 %, 10-5 %, topical gel 10-5 %	ROSULA	1	
<b>sulfacetamide sodium w/ sulfur</b>	pads 10-4 %	SUMAXIN	1	
<b>tretinoin</b>	topical cream 0.025 %, 0.05 %, 0.1 %, topical gel 0.01 %, 0.025 %	RETIN-A	1	AL
<i>Antibacterials, Topicals (Antibacterianos, Tópicos)</i>				
bacitracin & hydrocortisone & neomycin & polymyxin b	topical oint 1 %	CORTISPORIN	3	
<b>gentamicin</b>	topical cream 0.1 %, topical oint 0.1 %	GARAMYCIN	1	
hydrocortisone & neomycin & polymyxin b	topical cream 0.5 %	CORTISPORIN	3	
<b>mupirocin</b>	topical oint 2 %	BACTROBAN	1	
<b>mupirocin calcium</b>	topical cream 2 %	BACTROBAN	1	
mupirocin calcium	nasal oint 2 %	BACTROBAN	3	
<b>silver sulfadiazine</b>	topical cream 1 %	SILVADENE	1	
<i>Antifungals, Topical (Antifungales, Tópicos)</i>				
butenafine	topical cream 1 %	MENTAX	3	
<b>ciclopirox</b>	topical cream 0.77 %, topical gel 0.77 %, topical susp 0.77 %	LOPROX	1	
<b>ciclopirox</b>	topical nail lacquer 8 %	PENLAC	1	QL
clioquinol & hc	topical cream 3-0.5 %	ALA-QUIN	3	
<b>clotrimazole</b>	topical soln 1 %, topical cream 1 %	LOTRIMIN	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>clotrimazole &amp; betamethasone</b>	topical cream 1-0.05 %, topical lot 1-0.05 %	LOTRISONE	1	AL
doxepin	topical cream 5 %	ZONALON	3	
<b>econazole</b>	topical cream 1 %	SPECTAZOLE	1	
haloprogin	topical cream 1%	HALOTIN	3	
<b>iodoquinol &amp; hydrocortisone</b>	topical cream 1 %	VYTON	1	
iodoquinol & hydrocortisone & aloe polysaccharide	topical gel 1-2-1 %	ALCORTIN A	3	
<b>ketoconazole</b>	topical cream 2 %, topical shampoo 2 %	NIZORAL	1	
naftifine	topical cream 1 %, topical gel 1 %, topical cream 2 %	NAFTIN	3	
<b>nystatin</b>	topical cream 100000 u/gm, topical oint 100000 u/gm, topical powder 100000 u/gm	NYSTATIN/MYCOSTATIN	1	
<b>nystatin &amp; triamcinolone</b>	topical cream 100000 u/gm-0.1 %, topical oint 100000 u/gm-0.1 %	MYCOLOG II	1	
oxiconazole	topical cream 1 %, topical lot 1 %	OXISTAT	3	
<b>sodium thiosulfate &amp; salicylic acid</b>	topical lot 25-1 %	TINVER	1	
sulconazole	topical cream 1 %, topical soln 1 %	EXELDERM	3	
terbinafine	topical soln 1 %	LAMISIL	3	
<i>Antiseborrheic (Antiseborreicos)</i>				
antiseborrheic product	topical cream	PROMISEB	3	
<b>glycolic acid</b>	topical soln 70 %	GLYCOLIC ACID	1	
<b>selenium sulfide</b>	topical lot 2.5 %	SELSUM	1	
<b>selenium sulfide-pyrithione zinc-urea</b>	topical shampoo 2.25 %	SELSEB	1	
<b>sulfacetamide sodium</b>	topical cream 10 %, topical liq 10 %	OVACE	1	
sulfacetamide sodium	topical lot 10 %	SEB-PREV	3	
<i>Antivirals, Topical (Antivirales, Tópicos)</i>				
<b>acyclovir</b>	topical oint 5 %	ZOVIRAX	1	
acyclovir	topical cream 5 %	ZOVIRAX	3	
penciclovir	topical cream 1 %	DENAVIR	3	
<i>Corticosteroids, Topical (Corticosteroides, Tópicos)</i>				
High Potency (Alta Potencia)				
<b>amcinonide</b>	topical cream 0.1 %, topical lot 0.1 %, topical oint 0.1 %	CYCLOCORT	1	AL

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>augmented betamethasone dipropionate</b>	topical cream 0.05 %, topical gel 0.05 %, topical lot 0.05 %, topical oint 0.05 %	DIPROLENE	1	AL
<b>betamethasone dipropionate</b>	topical cream 0.05 %, topical lot 0.05 %, topical oint 0.05 %	DIPROSONE	1	AL
<b>diflorasone</b>	topical oint 0.05 %, cream 0.05 %	PSORCON	1	AL
diflorasone	topical cream 0.05 %	PSORCON E	3	AL
<b>fluocinonide</b>	cream 0.1%	VANOS	1	AL
<b>fluocinonide</b>	topical cream 0.05 %, 0.05 %, topical gel 0.05 %, topical oint 0.05 %, , topical soln 0.05 %	LIDEX	1	AL
halcinonide	topical cream 0.1%, topical oint 0.1%	HALOG	3	AL
Low Potency (Baja Potencia)				
<b>alclometasone</b>	topical cream 0.05 %, topical oint 0.05 %	ACLOVATE	1	
clocortolone	topical cream 0.1 %	CLODERM	3	
<b>desonide</b>	topical cream 0.05 %, topical lot 0.05%, topical oint 0.05 %	DESOWEN	1	
<b>hydrocortisone</b>	topical cream 1 %, 2.5 %, topical lot 1 %, 2.5 %, topical oint 2.5%, lotion 2%	PROCTOCORT/ HYTONE	1	
hydrocortisone	topical soln 2.5 %	TEXACORT	3	
Medium Potency (Mediana Potencia)				
<b>betamethasone valerate</b>	topical cream 0.1 %, topical lot 0.1 %	VALISONE / BETA-VAL	1	AL
<b>betamethasone valerate</b>	topical foam 0.12%, topical oint 0.1%	LUXIQ	1	AL
<b>desoximetasone</b>	topical cream 0.25 %, topical gel 0.05 %, topical oint 0.25 %	TOPICORT	1	AL
desoximetasone	topical cream 0.05 %	TOPICORT	3	
<b>fluocinolone</b>	topical cream 0.01 %, 0.025 %, , topical oil 0.01 %, topical oint 0.025 %, topical soln 0.01 %	SYNALAR	1	
fluocinolone	topical shampoo 0.01 %	CAPEX	3	
flurandrenolide	topical cream 0.05 %, topical lot 0.05 %, topical tape 4 mcg/sqcm	CORDRAN	3	
<b>fluticasone</b>	topical cream 0.05 %, topical oint 0.005 %	CUTIVATE	1	
hydrocortisone probutate	topical cream 0.1 %	PANDEL	3	AL
<b>hydrocortisone butyrate</b>	topical cream 0.1 %, topical oint 0.1 %, topical soln 0.1 %, topical cream 0.1 %	LOCOID	1	
hydrocortisone butyrate	topical lot 0.1%	LOCOID	3	
<b>hydrocortisone valerate</b>	topical cream 0.2%, topical oint 0.2%	WESTCORT	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>mometasone</b>	topical cream 0.1 %, topical oint 0.1%, topical soln 0.1 %	ELOCON	1	
<b>prednicarbate</b>	topical cream 0.1%, topical oint 0.1%	DERMATOP	1	
<b>triamcinolone</b>	topical oint 0.05 %, oint 0.5 %	KENALOG	1	AL
<b>triamcinolone</b>	topical cream 0.025 %, 0.1 %, topical lot 0.025 %, 0.1 %, topical oint 0.025 %, 0.1 %	KENALOG	1	
<b>triamcinolone</b>	topical cream 0.5 %	KENALOG	1	AL
triamcinolone	topical aerosol 0.147 mg/gm	KENALOG	3	
<b>Very High Potency (Muy Alta Potencia)</b>				
<b>clobetasol</b>	topical cream 0.05 %, 0.05 %, topical foam 0.05 %, topical gel 0.05 %, topical oint 0.05%, topical soln 0.05%	TEMOVATE/OLUX	1	AL
<b>halobetasol</b>	topical cream 0.05 %, topical oint 0.05 %	ULTRAVATE	1	AL
<b>Dermatologicals, Orals (Dermatológicos, Orales)</b>				
<b>acitretin</b>	caps 10 mg, 17.5 mg, 25 mg	SORIATANE	1	
bexarotene	caps 75 mg	TARGRETIN	3	
<b>isotretinoin</b>	caps 10 mg, 20 mg, 40 mg	ACCUTANE	1	
isotretinoin	caps 30 mg	CLARAVIS	3	
<b>methoxsalen</b>	caps 10 mg	OXSORALEN ULTRA	1	
methoxsalen	caps 10 mg	8-MOP	3	
<b>Miscellaneous (Misceláneos)</b>				
<b>aluminum chloride</b>	topical soln 20%	DRYSOL	1	
aluminum chloride	topical soln 6.25 %	XERAC-AC	3	
anthralin	topical cream 1 %	DRITHO-CREME	3	
bexarotene	topical gel 1 %	TARGRETIN	3	
<b>calcipotriene</b>	topical soln 0.004 %, topical cream 0.005 %	DOVONEX	1	
calcitriol	oint 3 mcg/gm	VECTICAL	3	
<b>emollient - cream</b>	topical cream	MIMYX	1	
<b>fluorouracil</b>	topical cream 5 %, topical soln 5 %, 2 %	EFUDEX	1	
fluorouracil	topical cream 0.5 %, 1 %	CARAC	3	
<b>imiquimod</b>	topical cream 5 %	ALDARA	1	
<b>lactic acid (ammonium lactate)</b>	topical cream 12 %, topical lot 12 %	LAC-HYDRIN	1	
<b>mafenide</b>	topical soln 5 %	SULFAMYLON	1	
mafenide	topical cream 85 mg/gm	SULFAMYLON	3	
<b>podofilox</b>	topical soln 0.5 %	CONDYLOX	1	
podofilox	topical gel 0.5 %	CONDYLOX	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
salicylic acid	topical lot 6 %	SALEX	1	
tazarotene	topical cream 0.05 %, 0.1 %, topical gel 0.05 %, 0.1 %	TAZORAC	3	
urea	topical cream 40%, 50%, topical gel 40%, topical lot 40%	CARMOL 40	1	
urea	topical oint 40%	GORDON'S UREA	3	
urea & hydrocortisone	topical cream 10-1 %	CARMOL-HC	1	
<i>Rosacea (Rosácea)</i>				
azelaic acid	topical gel 15 %	FINACEA	3	
metronidazole	topical cream 0.75 %, topical gel 0.75 %, topical lot 0.75 %, topical gel 1 %	METROCREAM/ METROLOTION/ METROGEL	1	
metronidazole	topical cream 1 %	NORITATE	3	
<i>Scabicides/Pediculicides (Escabicidas/Pediculosis )</i>				
lindane	topical lot 1 %, topical shampoo 1 %	LINDANE	1	
permethrin	topical cream 5 %	ELIMITE	1	
<i>Topical Anesthetics (Anestésicos Tópicos)</i>				
lidocaine	topical cream 3 %, topical gel 2 %, topical oint 5 %, patch 5 %	LIDAMANTLE/ XYLOCAINE	1	
lidocaine & prilocaine	topical cream 2.5-2.5 %	EMLA	1	
lidocaine hcl	topical lot 3 %	LIDAMANTLE	1	
pramoxine & hc	topical cream 1-2.5 %, topical oint 1-2.5 %	PRAMOSONE	1	
pramoxine & hc	topical lot 1-1 %, 1-2.5 %, topical oint 1-1 % , topical cream 1-1 %	PRAMOSONE	3	
pramoxine & hc	topical foam 1-1 %	EPIFOAM	3	
<i>Wound Care (Cuidado de Heridas)</i>				
becaplermin	topical gel 0.01 %	REGRANEX	3	
collagenase	topical oint 250 u/gm	SANTYL	3	
hexachlorophene	topical liq 3 %	PHISOHEX	3	
physiological	irrigation soln	PHYSIOLYTE	1	
ringer's	irrigation soln	RINGER'S	1	
trypsin w/ castor oil & peruvian balsam	topical oint	XENADERM	1	
sterile water	irrigation soln	STERILE WATER	1	
<b>DETERRENTS (DISUASIVOS)</b>				
<i>Smoking Cessation (Cesación de Fumar)</i>				
bupropion sr	tabs 12h 150 mg	ZYBAN	1	
nicotine	nasal inhaler 10 mg, nasal spray 10 mg/ml	NICOTROL	3	
varenicline	tabs 0.5 mg, 1 mg, pack	CHANTIX	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<i>Toxicologics (Toxicológicos)</i>				
<b>disulfiram</b>	tabs 250 mg, 500 mg	ANTABUSE	1	
<b>naltrexone</b>	tabs 50 mg	RE VIA	1	
<b>EAR/NOSE/THROAT (OÍDO/NARIZ/GARGANTA)</b>				
<i>Mouth/Throat (Boca/Garganta)</i>				
antiseptic products	topical soln , topical spray	BUCALSEP	3	
benzocaine & menthol & cetylpyridinium cl & tannic acid	soln 2-0.5-0.1 %	ORASEP	3	
<b>chlorhexidine gluconate</b>	buccal soln 0.12 %	PERIDEX	1	
<b>lidocaine</b>	topical soln 2 %, 4 %	XYLOCAINE/ XYLOCAINE VISCOUS	1	
<b>pilocarpine</b>	tabs 5 mg, 7.5 mg	SALAGEN	1	
<b>stannous fluoride</b>	conc 0.63 %	GEL-KAM	1	
<b>triamcinolone</b>	oral paste 0.1 %	KENALOG IN ORABASE	1	
<i>Otics (Oticas)</i>				
<b>acetic acid</b>	otic soln 2 %	VOSOL	1	
<b>acetic acid &amp; aluminum acetate</b>	otic soln 2 %	DOMEBORO	1	
<b>acetic acid &amp; hydrocortisone</b>	otic soln 2-1 %	VOSOL-HC	1	
antipyrine-benzocaine	otic soln 5.5-1.4 %	ANTIPYRINE/BENZOC AINE	3	
benzocaine	soln 20%	OTICAINE	3	
<b>benzocaine &amp; antipyrine</b>	otic soln 1.4-5.4 %	BENZOTIC	1	
ciprofloxacin & dexamethasone	otic susp 0.3-0.1 %	CIPRODEX	3	
ciprofloxacin & hydrocortisone	otic susp 0.2-1 %	CIPRO HC	3	
colistin & hydrocortisone & neomycin & thonzonium	otic susp 3-10-3.3-0.5 mg/ml	CORTISPORIN-TC	3	
cresyl acetate	otic soln 25 %	CRESYLATE	3	
<b>fluocinolone acetonide</b>	otic oil 0.01 %	DERMOTIC	1	
<b>hydrocortisone &amp; neomycin &amp; polymyxin b</b>	otic soln 1 %, otic susp 1 %	CORTISPORIN / PEDIOTIC	1	
<b>ofloxacin</b>	otic soln 0.3 %	FLOXIN	1	
<b>pramoxine &amp; hc &amp; chloroxylenol aqueous</b>	soln 10-10-1 mg/ml	CORTANE-B	1	
<b>pramoxine &amp; hydrocortisone &amp; chloroxylenol</b>	otic soln 10-10-1 mg/ml	OTICIN HC	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ENDOCRINOLOGY (ENDOCRINOLOGÍA)</b>				
<i>Corticosteroids (Corticosteroides)</i>				
betamethasone	soln 0.6 mg/5ml	CELESTONE	3	
<b>betamethasone acetate &amp; sod phosphate</b>	inj 3-3 mg/ml	CELESTONE	1	
<b>cortisone acetate</b>	tabs 25 mg	CORTONE	1	
<b>dexamethasone</b>	elixir 0.5 mg/5ml, tabs 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg, soln 0.5 mg/5ml, tabs 1 mg, 2 mg	DEXAMETHASONE	1	
dexamethasone	conc 1 mg/ml, tabs taper pack 1.5mg	DEXAMETHASONE/ DEXPACK	3	
<b>dexamethasone sodium phosphate</b>	inj 10 mg/ml, 4 mg/ml, 100 mg/10ml, 20 mg/5ml	DEXAMETHASONE	1	
<b>fludrocortisone</b>	tabs 0.1 mg	FLORINEF	1	
<b>hydrocortisone</b>	tabs 10 mg, 20 mg, 5 mg	CORTEF	1	
hydrocortisone sodium succinate (pf)	inj 100 mg, 1000 mg, 250 mg, 500mg	SOLU-CORTEF	3	
<b>methylprednisolone</b>	tabs 16 mg, 32 mg, 4 mg, 4 mg pack, 8 mg	MEDROL/MEDROL DOSE PACK	1	
methylprednisolone	tabs 2 mg	MEDROL	3	
<b>methylprednisolone acetate</b>	inj 40 mg/ml, 80 mg/ml	DEPO-MEDROL	1	
methylprednisolone acetate	inj 20 mg/ml	DEPO-MEDROL	3	
<b>methylprednisolone sodium succinate</b>	inj 1000 mg, 125 mg, 40 mg, 500 mg	SOLU-MEDROL	1	
methylprednisolone sodium succinate	inj 2000 mg	SOLU-MEDROL	3	
<b>prednisolone</b>	syrup 15 mg/5ml	PRELONE	1	
prednisolone	conc 5 mg/ml, tabs 5 mg	PREDNISONE	3	
<b>prednisolone sod phosphate</b>	soln 15 mg/5ml, 5 mg/5ml	ORAPRED/PEDIAPRED	1	
<b>prednisone</b>	tabs 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg dose pack, soln 5 mg/5ml, tabs 50 mg	PREDNISONE	1	
triamcinolone acetonide	inj 10 mg/ml, 40 mg/ml	KENALOG-10	3	
<i>Diabetes (Diabetes)</i>				
Antihyperglycemics (Antihiperglucémicos)				
Alpha-Glucosidase Inhibitors (Inhibidores de la Alfa-Glucosidasa)				
<b>acarbose</b>	tabs 100 mg, 25 mg, 50 mg	PRECOSE	1	
miglitol	tabs 100 mg, 25 mg, 50 mg	GLYSET	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
Biguanides (Biguanidas)				
<b>metformin</b>	tabs 1000 mg, 500 mg, 850 mg	GLUCOPHAGE	1	
<b>metformin sr</b>	tabs 24h 500 mg, 750 mg, 1000 mg, 500 mg	GLUCOPHAGE XR	1	
Combinations (Combinaciones)				
<b>glipizide &amp; metformin</b>	tabs 2.5-25 mg, 2.5-500mg, 5-500mg	METAGLIP	1	
<b>glyburide &amp; metformin</b>	tabs 1.25-250mg, 2.5-500mg, 5-500 mg	GLUCOVANCE	1	
<b>pioglitazone &amp; glimepiride</b>	tabs 30-2 mg, 30-4 mg	DUETACT	1	ST
<b>pioglitazone &amp; metformin</b>	tabs 15-500 mg, 15-850 mg	ACTOPLUS MET	1	ST
saxagliptin&metfomin hcl	tabs 24h 2.5-1000 mg, 5-1000 mg, 5-500 mg	KOMBIGLYZE XR	2	
sitagliptin & metformin	tabs 50-1000 mg, 50-500 mg	JANUMET	2	
sitagliptin & metformin	tabs 24h 100-1000 mg, 50-1000 mg, 50-500 mg	JANUMET XR	2	
sitagliptin & simvastatin	tabs 100-10 mg, 100-20 mg, 100-40 mg, 50-10 mg, 50-20 mg, 50-40 mg	JUVISYNC	3	
Human Insulin (Insulina Humana)				
insulin-(vial)	inj 70-30, n, r	HUMULIN	2	
insulin-(vial)	inj 500 u	HUMULIN-R 500	3	
insulin--(pen)	inj n, r	NOVOLIN	2	
insulin--(vial)	inj 70-30, n, r	NOVOLIN	2	
Insulin Analog (Insulinas Análogas)				
insulin aspart (cartridge)	inj 100 u/ml	NOVOLOG	2	
insulin aspart (pen)	inj insulin aspart (pen)	NOVOLOG	2	
insulin aspart (vial)	inj 100 u/ml	NOVOLOG	2	
insulin aspart prot & aspart (vial)	inj 70-30	NOVOLOG MIX	2	
insulin detemir (pen)	inj 100 u/ml	LEVEMIR/ LEVEMIR FLEXTOUCH	2	
insulin detemir (vial)	inj 100 u/ml	LEVEMIR	2	
insulin glargine (pen- injector)	inj 100 u/ml	LANTUS SOLOSTAR	2	
insulin glargine (vial)	inj 100 u/ml	LANTUS	2	
insulin glulisine (pen)	inj 100 u/ml	APIDRA	3	
insulin lispro (cartridge)	inj 100 u/ml	HUMALOG	2	
insulin lispro (pen)	inj 100 u/ml	HUMALOG	2	
insulin lispro (vial)	inj 100 u/ml	HUMALOG	2	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
insulin lispro prot & lispro (pen)	inj 50-50, 75-25	HUMALOG MIX	2	
insulin lispro prot & lispro (vial)	inj 50-50, 75-25	HUMALOG MIX	2	
insulin-(pen)	inj 100 unit/ml, 70-30	HUMULIN	2	
Meglitinides (Meglitinidas)				
<b>repaglinide</b>	tabs 0.5 mg, 1 mg, 2 mg	PRANDIN	1	
Sulfonylureas (Sulfonilureas)				
<b>chlorpropamide</b>	tabs 100 mg, 250 mg	DIABINESE	1	
<b>glimepiride</b>	tabs 1 mg, 2 mg, 4 mg	AMARYL	1	
<b>glipizide</b>	tabs 10 mg, 5 mg	GLUCOTROL	1	
<b>glipizide sr</b>	tabs 24h 10 mg, 2.5 mg, 5 mg	GLUCOTROL XL	1	
<b>glyburide</b>	tabs 1.25 mg, 2.5 mg, 5 mg	MICRONASE	1	
<b>glyburide micronized</b>	tabs 1.5 mg, 3 mg, 6 mg	GLYNASE	1	
<b>tolazamide</b>	tabs 250 mg, 500 mg	TOLINASE	1	
<b>tolbutamide</b>	tabs 500 mg	TOLBUTAMIDE	1	
Syringes/Pen Needles (Jeringuillas/Agujas)				
insulin pen needle	inj	INSULIN PEN NEEDLE	3	
insulin syringe	inj	INSULIN SYRINGE	3	
Thiazolidinediones (Tiazolidinedionas)				
<b>pioglitazone</b>	tabs 15 mg, 30 mg, 45 mg	ACTOS	1	ST
Antihyperglycemics, Others (Antihiperglucémicos, Otros)				
exenatide	inj 2 mg	BYDUREON/ BYDUREON PEN	2	ST
exenatide	inj 5 mcg/0.02ml, 10 mcg/0.04ml, pen 2 mg	BYETTA	2	ST
linagliptin	tabs 5 mg	TRADJENTA	3	
linagliptin & metformin	tabs 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg	JENTADUETO	3	
liraglutide	inj 18 mg/3ml (6 mg/ml)	VICTOZA	2	ST
saxagliptin hcl	tabs 5 mg, 2.5 mg	ONGLYZA	2	
sitagliptin	tabs 100 mg, 25 mg, 50 mg	JANUVIA	2	
Hyperglycemics (Hiperglucémicos)				
diazoxide	susp 50 mg/ml	PROGLYCEM	3	
glucagon	inj 1 mg	GLUCAGON	3	
<i>Miscellaneous (Misceláneos)</i>				
Androgens (Andrógenos)				
<b>danazol</b>	caps 100 mg, 200 mg, 50 mg	DANOCRINE	1	
fluoxymesterone	tabs 10 mg	ANDROXY	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
methyltestosterone	caps 10 mg	ANDROID	3	
methyltestosterone	tabs 10 mg	METHITEST	3	
testosterone	24h patch 2 mg/24hr, 4 mg/24hr	ANDRODERM	3	
testosterone	Transdermal gel 20.25 mg/1.25 gm, 40.5 mg/2.5gm transdermal gel 1.25 gm/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	ANDROGEL	3	
<b>testosterone cypionate</b>	inj 200 mg/ml, 200 mg/ml, 100 mg/ml	DEPO- TESTOSTERONE	1	
<b>testosterone enanthate</b>	inj 200 mg/ml	TESTOSTERONE ENANTHATE	1	
<b>Others (Otros)</b>				
<b>cabergoline</b>	tabs 0.5 mg	DOSTINEX	1	
calcitonin, salmon	inj	MIACALCIN	3	
<b>desmopressin</b>	inj 4 mcg/ml, nasal soln 0.01 %, 0.01 %, 0.01 %, tabs 0.1 mg, 0.2 mg	DDAVP	1	
<b>etidronate</b>	tabs 200 mg, 400 mg	DIDRONEL	1	
<b>methylergonovine</b>	tabs 0.2 mg	METHERGINE	1	
nafarelin	nasal soln 2 mg/ml	SYNAREL	3	
<i>Thyroid (Tiroide)</i>				
Antithyroid (Antitiroideos)				
<b>methimazole</b>	tabs 10 mg, 5 mg	TAPAZOLE	1	
<b>propylthiouracil</b>	tabs 50 mg	PROPYLTHIOURACIL	1	
Thyroid Hormones (Hormonas Tiroideas)				
<b>levothyroxine</b>	tabs 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	LEVOTHYROXINE	1	
levothyroxine	tabs 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	SYNTHROID	2	
<b>liothyronine</b>	tabs 25 mcg, 5 mcg, 50 mcg	CYTOMEL	1	
<b>thyroid</b>	tabs 30 mg, 60 mg, 90 mg	ARMOUR THYROID	1	
thyroid	tabs 120 mg, 15 mg, 180 mg, 240 mg, 300 mg, 130 mg, 195 mg, 32.5 mg, 65 mg	ARMOUR THYROID	3	
<b>ENZYME REPLACEMENTS/MODIFIERS (REEMPLAZO DE ENZIMAS/MODIFICADORES)</b>				
<i>Enzyme Replacements/Modifiers (Reemplazo de Enzimas/Modificadores)</i>				
Urea Cycle Disorder Treatment (Desorden del Ciclo de Urea)				
mifepristone	tabs 300 mg	KORLYM	5	PA

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>GASTROENTEROLOGY (GASTROENTEROLOGÍA)</b>				
<i>Antidiarrheals (Antidiarreícos)</i>				
atropine & difenoxin	tabs 1-0.025 mg	MOTOFEN	3	
<b>diphenoxylate &amp; atropine</b>	tabs 2.5-0.025 mg, liq 2.5-0.025 mg/5ml	LOMOTIL	1	
<b>loperamide</b>	caps 2 mg	IMODIUM	1	
<b>paregoric</b>	elixir 2 mg/5ml	PAREGORIC	1	
<i>Antispasmodics (Antiespasmódicos)</i>				
<b>atropine</b>	inj 0.1 mg/ml, 0.05 mg/ml, 0.8 mg/ml, 0.4 mg/ml, 1 mg/ml	ATROPINE	1	
<b>belladonna alkaloids &amp; phenobarbital</b>	tabs 16.2 mg	DONNATAL	1	
belladonna alkaloids & phenobarbital	elixir 16.2 mg/5ml	DONNATAL	3	
<b>belladonna alkaloids &amp; phenobarbital cr</b>	tabs 48 mg	DONNATAL EXTENTABS	1	
belladonna alkaloids & phenobarbital cr	tabs 48.6-0.3111-0.0582-0.0195 mg	DONNATAL EXTENTABS	3	
<b>clidinium &amp; chlordiazepoxide</b>	caps 2.5-5 mg	LIBRAX	1	
<b>dicyclomine</b>	soln 10 mg/5ml	BENTYL	1	
<b>dicyclomine</b>	caps 10 mg, inj 10 mg/ml, tabs 20 mg	BENTYL	1	
<b>glycopyrrolate</b>	inj 0.2 mg/ml, tabs 1 mg, 2 mg, inj 0.4 mg/2ml (0.2 mg/ml), inj 1 mg/5ml (0.2 mg/ml), 4mg/20ml	ROBINUL	1	
<b>hyoscyamine</b>	elixir 0.125 mg/ml, odt 0.125 mg, soln 0.125 mg/ml, subl 0.125 mg, tabs 0.125 mg	LEVSIN	1	
<b>hyoscyamine sr</b>	tabs 12h 0.375 mg	LEVSINEX	1	
hyoscyamine sulfate	inj 0.5 mg/ml	LEVSIN	3	
<b>methscopolamine</b>	tabs 2.5 mg, 5 mg	PAMINE	1	
<b>propantheline</b>	tabs 15 mg	PROPANTHINE	1	
<i>Antiulcers (Ulceras)</i>				
H2 Blockers (Antagonistas H2 )				
<b>cimetidine</b>	soln 300 mg/5ml, tabs 300 mg, 400 mg, 800 mg, 200 mg	TAGAMET	1	
<b>famotidine</b>	tabs 20 mg, 40 mg, inj 20 mg/2ml, inj 200 mg/20ml, inj 40 mg/4ml, susp 40 mg/5ml, inj 500 mg/50ml	PEPCID	1	
<b>nizatidine</b>	caps 150 mg, 300 mg	AXID	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ranitidine</b>	caps 150 mg, 300 mg, syrup 15 mg/ml, tabs 150 mg, 300 mg, inj 1000 mg/40ml , 150 mg/6ml , 50 mg/2ml	ZANTAC	1	
Miscellaneous (Misceláneos)				
<b>amoxicillin &amp; clarithromycin &amp; lansoprazole dr</b>	pack 500&500&30 mg	PREVPAC	1	
bismuth subsalicylate & metronidazole & tetracycline	pack 262.4&250&500 mg	HELIDAC	3	
<b>misoprostol</b>	tabs 100 mcg, 200 mcg	CYTOTEC	1	
<b>sucralfate</b>	tabs 1 gm	CARAFATE	1	
sucralfate	susp 1 gm/10ml	CARAFATE	3	
Proton Pump Inhibitors (PPI's) (Inhibidores de la Bomba de Protón)				
<b>esomeprazole</b>	caps 24hr 20 mg	NEXIUM 24 HR OTC	OTC	
<b>lansoprazole dr</b>	caps 15 mg, 30 mg	PREVACID	1	ST
<b>lansoprazole dr</b>	odt 15 mg, 30 mg	PREVACID	1	ST
<b>lansoprazole dr</b>	caps 15 mg	PREVACID 24 H	OTC	
<b>omeprazole</b>	cpdr 20.6 mg	OMEPRAZOLE OTC	OTC	
<b>omeprazole dr</b>	caps 10 mg, 20 mg, 40 mg	PRILOSEC	1	
omeprazole dr	tabs 20 mg, 20 mg	PRILOSEC OTC	OTC	
<b>omeprazole-sodium bicarbonate</b>	caps 20-1100 mg	ZEGERID OTC	OTC	
<b>pantoprazole ec</b>	tabs 20 mg, 40 mg	PROTONIX	1	
<b>rabeprazole ec</b>	tabs 20 mg	ACIPHEX	1	ST
<i>Digestive Enzymes (Enzimas Digestivas)</i>				
pancrelipase (lip-prot- amyl)	caps 12000-38000-60000 u, 24000- 76000-120000 u, 3000-9500-15000 u, 36000-114000-180000 u, 6000- 19000-30000 u	CREON	2	
<i>Laxatives (Laxantes)</i>				
<b>lactulose</b>	soln 10 gm/15ml, 10 gm/15ml	ENULOSE	1	
lactulose	pack 10 gm, 20 gm	KRISTALOSE	3	
<b>polyethylene glycol</b>	powder 17 gm/1.7ml, pack	GLYCOLAX	1	
<b>polyethylene glycol &amp; potassium chloride &amp; sodium bicarbonate &amp; sodium chloride</b>	soln 420 gm	NULYTELY	1	
<b>polyethylene glycol &amp; potassium chloride &amp; sodium bicarbonate &amp; sodium chloride &amp; sodium sulfate</b>	soln 236 gm, 240 gm	GOLYTELY/COLYTE	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
polyethylene glycol & potassium chloride & sodium bicarbonate & sodium chloride & sodium sulfate	soln 227.1 gm	GOLYTELY	3	
sodium phosphate, dibasic & monobasic monohydrate	tabs 0.398-1.102 gm	VISICOL	3	
sodium sulfate-potassium sulfate-magnesium sulfate	soln	SUPREP BOWEL PREP	3	
<i>Miscellaneous (Misceláneos)</i>				
alosetron	tabs 0.5 mg, 1 mg	LOTRONEX	3	
<b>balsalazide</b>	caps 750 mg	COLAZAL	1	
budesonide	tabs 24h 9 mg	UCERIS	3	PA
<b>budesonide sr</b>	caps 24h 3 mg	ENTOCORT EC	1	PA
<b>cromolyn</b>	conc 100 mg/5ml	GASTROCROM	1	
<b>hydrocortisone</b>	enema 100 mg/60ml, rectal cream 2.5 %, rectal supp 25 mg, 30 mg	CORTENEMA/ANUSOL HC/PROCTOCORT	1	
hydrocortisone	rectal foam 90 mg	CORTIFOAM	3	
<b>hydrocortisone acetate &amp; pramoxine</b>	rectal cream 1-1 %, 2.5-1 %	ANALPRAM-HC	1	
hydrocortisone acetate & pramoxine	rectal foam 1-1 %, rectal lot 2.5-1 %	PROCTOFOAM HC/ANALPRAM HC	3	
<b>lidocaine &amp; hydrocortisone</b>	rectal cream 3-0.5 %, 3-0.5 %, 3-1 %, 3-2.5 %, 2-2 %	ANAMANTLE HC	1	
linaclotide	caps 145 mg, 290 mg	LINZESS	2	
lubiprostone	caps 24 mcg, 8 mcg	AMITIZA	3	QL
<b>mesalamine</b>	enema 4 gm	ROWASA	1	
mesalamine	rectal supp 1000 mg	CANASA	2	
mesalamine	caps 0.375 gm, 400 mg, enema 4 gm/60ml	APRISO/DELZICOL/SFROWASA	3	
mesalamine cr	caps 250 mg, 500 mg	PENTASA	2	
mesalamine dr	tabs 1.2 gm	LIALDA	2	
mesalamine dr	tabs 800 mg	ASACOL	3	
methylnaltrexone	inj 8mg/0.4ml, 12mg/0.6 ml, inj kit 12mg/0.6 ml	RELISTOR	3	QL PA
<b>metoclopramide</b>	soln 5 mg/5ml, tabs 10 mg, 5 mg, inj 5 mg/ml	REGLAN	1	
olsalazine	caps 250 mg	DIPENTUM	3	
<b>sulfasalazine</b>	tabs 500 mg	AZULFIDINE	1	
<b>sulfasalazine dr</b>	tabs 500 mg	AZULFIDINE EN	1	
<b>ursodiol</b>	caps 300 mg, tabs 250 mg, 500 mg	ACTIGALL/URSO	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>GASTROINTESTINAL AGENTS (GASTROINTESTINALES)</b>				
<i>Gastrointestinal Agents, Others (Gastrointestinales, Otros)</i>				
crofelemer	tabs dr 125 mg	FULYZAQ	3	PA
<b>OBSTETRICS/GYNECOLOGY (OBSTETRICIA/GINECOLOGÍA )</b>				
<i>Estrogens/Progestins (Estrógenos/Progestinas)</i>				
Combinations, Estrogens (Combinaciones, Estrógenos)				
<b>esterified estrogens &amp; methyltestosterone</b>	tabs 0.625-1.25 mg, 1.25-2.5 mg	ESTRATEST / ESTRATEST HS	1	
<b>estradiol &amp; norethindrone</b>	tabs 1-0.5 mg, 0.5-0.1 mg	ACTIVELLA	1	
estradiol & norgestimate	tabs 1&1-0.09 mg	PREFEST	3	
estrogens, conjugated & medroxyprogesterone	tabs 0.3-1.5 mg, 0.45-1.5 mg, 0.625&0.625-5 mg, 0.625-2.5 mg, 0.625-5 mg	PREMPRO/ PREMPHASE	2	
estrogens, conjugated synthetic b	tabs 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	ENJUVIA	3	
ethinyl estradiol & norethindrone	tabs 2.5-0.5 mg, 1 mg-5 mcg	FEMHRT	3	
Estrogens (Estrógenos)				
<b>estradiol</b>	tabs 0.5 mg, 1 mg, 2 mg	ESTRACE	1	
estradiol	transdermal gel 0.06 %	ESTROGEL	3	
estradiol hemihydrate	transdermal emulsion 4.35 mg/1.74gm	ESTRASORB	3	
<b>estradiol valerate</b>	inj 20 mg/ml, 40 mg/ml	DELESTROGEN	1	
estradiol valerate	inj 10 mg/ml	DELESTROGEN	3	
estrogens, conjugated	tabs 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	PREMARIN	2	
estrogens, conjugated	inj 25 mg	PREMARIN	3	
estrogens, conjugated synthetic a	tabs 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	CENESTIN	3	
estrogens, esterified	tabs 0.3mg, 0.625mg, 1.25mg, 2.5mg	MENEST	3	
<b>estropipate</b>	tabs 0.75 mg, 1.5 mg, 3 mg	OGEN	1	
Progesterones (Progesteronas)				
<b>medroxyprogesterone</b>	tabs 10 mg, 2.5 mg, 5 mg	PROVERA	1	
<b>norethindrone</b>	tabs 5 mg	AYGESTIN	1	
<b>progesterone</b>	inj 50 mg/ml, caps 100 mg, 200 mg	PROGESTERONE	1	
<i>Miscellaneous (Misceláneos)</i>				
Osteoporosis (Osteoporosis)				
Biphosphonates (Bifosfonatos)				
<b>alendronate</b>	tabs 10mg, 35mg, 5mg, 40mg, 70mg	FOSAMAX	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
alendronate	soln 70 mg/75ml	FOSAMAX	3	ST
alendronate & cholecalciferol	tabs 70 mg-2800u, 70 mg-5600u	FOSAMAX PLUS D	3	ST
<b>ibandronate</b>	tabs 150 mg	BONIVA	1	
<b>risedronate</b>	tabs 150 mg	ACTONEL	1	ST
risedronate	tabs 30 mg, 35 mg, 5 mg	ACTONEL	2	ST
Others (Otros)				
calcitonin, salmon	nasal soln 200 u/act	FORTICAL	3	
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)				
<b>raloxifene</b>	tabs 60 mg	EVISTA	1	PA
Others (Otros)				
<b>danazol</b>	caps 100 mg, 200 mg, 50 mg	DANOCRINE	1	
<i>Topicals (Tópicos)</i>				
Transdermal Patch (Parchos Transdermales)				
<b>estradiol</b>	weekly patch 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	1	
estradiol	biweekly patch 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.1 mg/24hr	VIVELLE-DOT/ ESTRADERM	3	
estradiol & levonorgestrel	weekly patch 0.045-0.015 mg/day	CLIMARA PRO	3	
estradiol & norethindrone	patch 0.05-0.14 mg/day, 0.05-0.25 mg/day	COMBIPATCH	3	
<i>Vaginal, Topical (Vaginales, Tópicos)</i>				
Antifungals (Antifungales)				
acetic acid-oxyquinoline	vaginal gel	RELAGARD	3	
<b>clindamycin</b>	vaginal cream 2 %	CLEOCIN	1	
clindamycin	vaginal supp 100 mg	CLEOCIN	3	
<b>metronidazole</b>	vaginal gel 0.75 %	METROGEL	1	
<b>miconazole</b>	vaginal supp 200 mg	MICONAZOLE 3	1	
sulfanilamide	vaginal cream 15 %	AVC	3	
<b>terconazole</b>	vaginal cream 0.4 %, 0.8 %, vaginal supp 80 mg	TERAZOL	1	
Hormonal Replacement (Reemplazo Hormonal)				
estradiol	vaginal tabs 10 mcg	VAGIFEM	2	
estradiol	vaginal cream 0.1 mg/gm, vaginal ring 2 mg	ESTRACE/ESTRING	3	
estrogens, conjugated	vaginal cream 0.625 mg/gm	PREMARIN	3	
progesterone	vaginal gel 4 %, 8 %	CRINONE	3	QL

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>OPHTHALMICS (OFTÁLMICOS)</b>				
<i>Allergy (Alergia)</i>				
Antihistamines (Antihistamínicos)				
emedastine	ophth soln 0.05 %	EMADINE	3	ST
Antihistamines - Mast Cell Stabilizers (Antihistamínicos -Estabilizadores de Mastocitos)				
<b>azelastine</b>	ophth soln 0.05 %	OPTIVAR	<b>1</b>	ST
<b>ketotifen</b>	ophth soln 0.025 %	ALAWAY/ ZADITOR	<b>OTC</b>	
olopatadine	ophth soln 0.1 %, 0.2 %	PATANOL/ PATADAY	2	ST
Mast Cell Stabilizers (Estabilizadores de Mastocitos)				
<b>cromolyn</b>	ophth soln 4 %	CROLOM	<b>1</b>	
lodoxamide	ophth soln 0.1 %	ALOMIDE	3	ST
nedocromil	ophth soln 2 %	ALOCRIAL	3	ST
<i>Antibiotics (Antibióticos)</i>				
<b>bacitracin</b>	ophth oint 500 u/gm	BACITRACIN	<b>1</b>	
<b>bacitracin &amp; hydrocortisone &amp; neomycin &amp; polymyxin b</b>	ophth oint 1 %	CORTISPORIN	<b>1</b>	
<b>bacitracin &amp; neomycin &amp; polymyxin b</b>	ophth oint 400 u/gm-5 mg/gm-10000u/gm	NEOSPORIN	<b>1</b>	
<b>bacitracin &amp; polymyxin b</b>	ophth oint 500-10000 u/gm	POLYSPORIN	<b>1</b>	
<b>ciprofloxacin</b>	ophth soln 0.3 %	CILOXAN	<b>1</b>	
ciprofloxacin	ophth oint 0.3 %	CILOXAN	3	
<b>dexamethasone &amp; tobramycin</b>	ophth susp 0.1-0.3 %	TOBRADEX	<b>1</b>	
dexamethasone & tobramycin	ophth oint 0.1-0.3 %	TOBRADEX	3	
<b>erythromycin</b>	ophth oint 5 mg/gm	ILOTYCIN	<b>1</b>	
<b>gentamicin</b>	ophth oint 0.3 %, ophth soln 0.3 %	GARAMYCIN	<b>1</b>	
gentamicin & prednisolone acetate	ophth oint 0.3-0.6 %, ophth susp 0.3-1 %	PRED-G	3	
moxifloxacin	ophth soln 0.5 %	VIGAMOX	2	
moxifloxacin	ophth soln 0.5 %	MOXEZA	2	
natamycin	ophth susp 5 %	NATACYN	3	
<b>neomycin &amp; polymyxin &amp; dexamethasone</b>	ophth oint 0.1 %, ophth susp 0.1 %	MAXITROL	<b>1</b>	
<b>neomycin &amp; polymyxin &amp; gramicidin</b>	ophth soln	NEOSPORIN	<b>1</b>	
<b>neomycin &amp; polymyxin &amp; hydrocortisone</b>	ophth susp 1 %	CORTISPORIN	<b>1</b>	
<b>ofloxacin</b>	ophth soln 0.3 %	OCUFLOX	<b>1</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>polymyxin b &amp; trimethoprim</b>	ophth soln 10000 u/ml-0.1 %	POLYTRIM	1	
<b>sulfacetamide sodium</b>	ophth soln 10 %	BLEPH-10	1	
<b>sulfacetamide sodium &amp; prednisolone</b>	ophth soln 10-0.23 %	VASOCIDIN	1	
sulfacetamide sodium & prednisolone	ophth oint 10-0.2 %, ophth susp 10-0.2 %	BLEPHAMIDE	3	
<b>tobramycin</b>	ophth soln 0.3 %	TOBEX	1	
tobramycin	ophth oint 0.3 %	TOBEX	3	
<b>trifluridine</b>	ophth soln 1 %	VIROPTIC	1	
<i>Corticosteroids (Corticosteroides)</i>				
dexamethasone	ophth susp 0.1 %	MAXIDEX	3	
<b>dexamethasone sodium phosphate</b>	ophth soln 0.1 %	DECADRON	1	
<b>fluorometholone</b>	ophth susp 0.1 %	FML	1	
fluorometholone	ophth oint 0.1 %, ophth susp 0.25 %	FML	3	
fluorometholone acetate	ophth susp 0.1 %	FLAREX	3	
loteprednol	ophth susp 0.2 %, 0.5 %	ALREX / LOTEMAX	3	
<b>prednisolone acetate</b>	ophth susp 1 %	PRED FORTE	1	
prednisolone acetate	ophth susp 0.12 %	PRED MILD	3	
<b>prednisolone sodium phosphate</b>	ophth soln 1 %	INFLAMASE	1	
rimexolone	ophth susp 1 %	VEXOL	3	
<i>Glaucoma (Glaucoma)</i>				
Adrenergic Selective Agonists (Agonistas Adrenérgicos Selectivos)				
<b>apraclonidine</b>	ophth soln 0.5 %	IOPIDINE	1	
apraclonidine	ophth soln 1 %	IOPIDINE	3	
<b>brimonidine</b>	ophth soln 0.2 %, 0.15 %	ALPHAGAN	1	
brimonidine	ophth soln 0.1 %	ALPHAGAN P	3	
Beta Blockers (Bloqueadores Beta)				
<b>betaxolol</b>	ophth soln 0.5 %	BETOPTIC-S / BETAXOLOL	1	
betaxolol	ophth susp 0.25 %	BETOPTIC-S / BETAXOLOL	3	
<b>carteolol</b>	ophth soln 1 %	OCUPRESS	1	
<b>levobunolol</b>	ophth soln 0.5 %, 0.25 %	BETAGAN	1	
<b>metipranolol</b>	ophth soln 0.3 %	OPTIPRANOLOL	1	
<b>timolol</b>	ophth gel soln 0.25 %, 0.5 %, ophth soln 0.25 %, 0.5 %	TIMOPTIC / TIMOPTIC-XE	1	
timolol	ophth soln 0.25 %, 0.5 %	BETIMOL	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
timolol maleate	ophth soln 0.25 %, 0.5 5	TIMOPTIC OCUDOSE	3	
Carbonic Anhydrase Inhibitors (Inhibidores de la Anhidrasa Carbónica)				
brinzolamide	ophth susp 1 %	AZOPT	2	
<b>dorzolamide</b>	ophth soln 2 %	TRUSOPT	1	
Combinations (Combinaciones)				
brimonidine & timolol	ophth soln 0.2-0.5 %	COMBIGAN	2	
brinzolamide-brimonidine	ophth susp 1-0.2 %	SIMBRINZA	3	
<b>dorzolamide &amp; timolol</b>	ophth soln 2-0.5 %	COSOPT	1	
dorzolamide & timolol	ophth soln 22.3-6.8 %	COSOPT PF	3	
Miotics (Mióticos)				
<b>pilocarpine</b>	ophth soln 1 %, 2 %, 4 %	ISOPTO CARPINE	1	
pilocarpine	ophth gel 4 %	PILOPINE HS	3	
Prostaglandins (Prostaglandinas)				
bimatoprost	ophth soln 0.01 %	LUMIGAN	2	
<b>latanoprost</b>	ophth soln 0.005 %	XALATAN	1	
tafluprost	ophth soln 0.0015 %	ZIOPTAN	3	
<b>travoprost</b>	ophth soln 0.004 %	TRAVOPROST	1	
travoprost	ophth soln 0.004 %	TRAVATAN Z	2	
<i>Miscellaneous (Misceláneos)</i>				
<b>atropine</b>	ophth soln 1 %, 1 %	ISOPTO ATROPINE	1	
<b>cyclopentolate</b>	ophth soln 1 %, 2 %	CYCLOGYL	1	
cyclopentolate	ophth soln 0.5 %	CYCLOGYL	3	
cyclosporine	ophth emulsion 0.05 %	RESTASIS	3	PA
<b>naphazoline</b>	solnophth soln 0.1 %	AK-CON	1	
<b>tropicamide</b>	ophth soln 0.5 %, 1 %	MYDRIACYL	1	
<i>Non-Steroidal Anti-Inflammatory Drugs (NSAID`s) (Anti-Inflamatorios No-Esteroidales)</i>				
<b>diclofenac</b>	ophth soln 0.1 %	VOLTAREN	1	
<b>flurbiprofen</b>	ophth soln 0.03 %	OCUFEN	1	
<b>ketorolac</b>	ophth soln 0.4 %, 0.5 %	ACULAR	1	
nepafenac	ophth susp 0.1 %, 0.3 %	NEVANAC/ILEVRO	2	
<b>RESPIRATORY (RESPIRATORIOS)</b>				
<i>Antihistamines/Decongestants (Antihistamínicos/Descongestionantes)</i>				
Descongestants (Descongestionantes)				
acrivastine & pseudoephedrine	caps 8-60 mg	SEMPREX-D	3	
brompheniramine & phenylephrine	elixir 2-5 mg/5ml	DECON-A	3	
<b>brompheniramine &amp; pseudoephedrine</b>	liq 1-7.5 mg/ml	J-TAN	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>brompheniramine &amp; pseudoephedrine sr</b>	tabs 12h 6-45 mg	LODRANE	1	
<b>cetirizine &amp; pseudoephedrine sr</b>	tabs 12h 5-120 mg	ZYRTEC-D	OTC	
<b>chlorpheniramine &amp; phenylephrine</b>	liq 1-2 mg/ml	ED A-HIST	1	
<b>chlorpheniramine &amp; phenylephrine</b>	liq 1-3.5 mg/ml	RONDEC	1	
<b>chlorpheniramine &amp; phenylephrine</b>	liq 4-10 mg/5ml	ED A-HIST	1	
chlorpheniramine & pseudoephedrine	liq 2-30 mg/5ml	LOHIST-D	3	
desloratadine & pseudoephedrine sr	tabs 12h 2.5-120 mg, tabs 24h 5-240 mg	CLARINEX-D	3	ST
<b>dexchlorpheniramine</b>	syrup 2 mg/5ml	DEXCHLORPHENIRAMINE	1	
diphenhydramine & phenyleph hcl tannate	chew tabs 12.5-5 mg	ALDEX-CT	3	
fexofenadine & pseudoephedrine sr	tabs 12h 60-120 mg, tabs 24h 180-240 mg	ALLEGRA-D	3	
<b>loratadine &amp; pseudoephedrine sr</b>	tabs 12h 5-120 mg, tabs 24h 10-240 mg	CLARITIN-D	OTC	
<b>phenylephrine &amp; promethazine</b>	syrup 5-6.25 mg/5ml	PROMETHAZINE VC	1	
tetrahydrozoline	nasal soln 0.05 %, 0.1 %	TYZINE	3	
<b>Low Sedation Antihistamines (Anti-histamínicos de Baja Sedación)</b>				
<b>carbinoxamine</b>	tabs 4 mg	PALGIC	1	
<b>cetirizine</b>	syrup 5 mg/5ml, tabs 10 mg, 10 mg, 5 mg, 5 mg, syrup 5 mg/5ml	ZYRTEC	OTC	
<b>clemastine</b>	syrup 0.67 mg/5ml, tabs 2.68 mg	CLEMASTINE	1	
<b>ciproheptadine</b>	syrup 2 mg/5ml, tabs 4 mg	CYPROHEPTADINE	1	
<b>diphenhydramine</b>	caps 25mg, 50 mg, elix 12.5 mg/5ml, inj 50 mg/ml	BENADRYL	1	
<b>fexofenadine</b>	tabs 180 mg, 30 mg, 60 mg	ALLEGRA	1	
<b>fexofenadine &amp; pseudoephedrine</b>	tabs 12h 60-120 mg, tabs 24h 180-240 mg	ALLEGRA-D ALLERGY & CONGESTION	OTC	
fexofenadine hcl	odt 30 mg, tabs 30 mg	ALLEGRA ALLERGY CHILDRENS	OTC	
fexofenadine hcl	tabs 180 mg	ALLEGRA ALLERGY	OTC	
<b>fexofenadine hcl</b>	susp 30 mg/5ml (6 mg/ml), tabs 60 mg	ALLEGRA ALLERGY CHILDRENS	OTC	
<b>hydroxyzine hydrochloride</b>	syrup 10 mg/5ml, tabs 10 mg, 25 mg, 50 mg	HYDROXYZINE HCL	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
Non-Sedative Antihistamines (Anti-histamínicos No Sedantes)				
<b>desloratadine</b>	odt 2.5 mg, 5 mg, tabs 5 mg	CLARINEX	<b>1</b>	
desloratadine	syrup 0.5 mg/ml	CLARINEX	<b>3</b>	ST
loratadine	caps 10 mg, chew tab 5 mg, odt 5mg	CLARITIN	OTC	
<b>loratadine</b>	odt 10 mg, syrup 10 mg/10ml, tabs 10 mg	CLARITIN	<b>OTC</b>	
Antitussives/Expectorants (Antitusivos/Expectorantes)				
<b>acetylcysteine</b>	inhal 10 %, 20 %	ACETYLCYSTEINE	<b>1</b>	
<b>benzonatate</b>	caps 100 mg, 200 mg	TESSALON	<b>1</b>	
brompheniramine w/dm-gg	caps 2-15-200 mg	TUSNEL	<b>3</b>	
<b>codeine &amp; guaifenesin</b>	liq 300-10 mg/5ml, syrup 10-100 mg/5ml	TUSSI-ORGANIDIN NR	<b>1</b>	
<b>codeine &amp; guaifenesin</b>	syrup 10-100 mg/5ml	CHERATUSSIN	<b>1</b>	
<b>dextromethorphan &amp; guaifenesin</b>	liq 10-100 mg/5ml	GANI-TUSS DM NR	<b>1</b>	
dextromethorphan & guaifenesin	liq 20-200 mg/5ml	NORTUSS-EX	<b>3</b>	
<b>dextromethorphan &amp; guaifenesin sr</b>	tabs 12h 60-1200 mg	AQUATAB DM	<b>1</b>	
<b>guaifenesin</b>	tabs 200 mg, liq 100 mg/5ml	GLYTUSS/ ORGANIDIN NR	<b>1</b>	
<b>hydrocod polst-chlorphen polst cr</b>	susp 10-8 mg/5ml	TUSSIONEX	<b>1</b>	
<b>hydrocodone &amp; homatropine</b>	syrup 5-1.5 mg/5ml, tabs 5-1.5 mg	HYCODAN	<b>1</b>	
<b>phenyleph-chlorphen w/ dm-gg</b>	syrup 10-2-7.5-100 mg/5ml	QUAL-TUSSIN	<b>1</b>	
phenyleph-dm-pyiril-pot guai-sod cit-cit acid	liq	ALBATUSSIN	<b>3</b>	
<b>phenylephrine &amp; guaifenesin</b>	liq 7.5-100 mg/5ml, 7.5-200 mg/5ml	DONATUSSIN	<b>1</b>	
phenylephrine w/ codeine-gg	liq 2.5-3-50 mg/ml	GILTUSS PED-C	<b>3</b>	
<b>phenylephrine w/dm-gg</b>	liq 10-30-200 mg/5ml, 2.5-5-75 mg/5ml	TUSSAFED EX	<b>1</b>	
phenylephrine w/ dm-gg	liq 2.5-5-50 mg/5ml	PHENYDEX	<b>3</b>	
phenylephrine w/ dm-gg	syrup 5-15-100 mg/5ml	DESPEC DM	<b>3</b>	
phenylephrine w/ dm-gg	tabs 12h 20-30-600 mg , syrup 10-15-350 mg/5ml	GILTUSS TR	<b>3</b>	
phenylephrine- brompheniramine- guaifenesin	liq 2-1-40 mg/ml	DECON-G	<b>3</b>	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>phenylephrine-chlorphen-dm</b>	liq 10-4-15 mg/5ml , 3.5-1-3 mg/ml	ED-A-HIST/ RONDEC-DM	1	
<b>phenylephrine-guaifenesin</b>	tabs 10-400 mg	MAXIPHEN	1	
<b>promethazine &amp; codeine</b>	syrup 6.25-10 mg/5ml	PROMETHAZINE/ CODEINE	1	
<b>promethazine dm</b>	syrup 6.25-15 mg/5ml	PROMETHAZINE/ DEXTROMETHORPHAN	1	
<b>promethazine vc &amp; codeine</b>	syrup 5-6.25-10 mg/5ml	PROMETHAZINE VC/CODEINE	1	
<b>pseudoephed-bromphen-dm</b>	syrup 30-2-10 mg/5ml	DECON DM	1	
pseudoephed-chlorphen w/ dm-gg	liq 30-2-30-200 mg/5ml	NEOTUSS-D	3	
<b>pseudoephedrine &amp; guaifenesin</b>	tabs 60-400 mg	CONGESTAC	1	
<b>pseudoephedrine w/ cod-gg</b>	syrup 30-10-100 mg/5ml , soln 30-10-100 mg/5ml	TUSNEL C/CHERATUSSIN	1	
pseudoephedrine w dm-gg	syrup 15-3.75-50 mg/5ml	SUDA-TUSS	3	
pseudoephedrine w/dm-gg	liq 15-5-50 mg/5ml	TUSNEL PEDIATRIC	3	
pseudoephedrine w/dm-gg	liq 30-15-200 mg/5ml	TUSNEL	3	
pseudoephedrine- chlorphen-codeine	liq 30-2-10 mg/5ml	PHENYLHISTINE DH	3	
<b>sodium chloride</b>	neb 3 %	SODIUM CHLORIDE	1	
<i>Asthma (Asma)</i>				
Anticholinergics (Anticolinérgicos)				
acridinium bromide	inhal 400 mcg/act	TUDORZA PRESSAIR	2	
<b>ipratropium</b>	nasal soln 0.03%, 0.06%, neb 0.02%	ATROVENT	1	
ipratropium	inhal 17 mcg/act	ATROVENT HFA	3	
tiotropium	inhal caps 18 mcg	SPIRIVA	2	
Beta Agonists, Inhaled (Agonistas Beta, Inhalados)				
<b>albuterol</b>	neb 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml	PROVENTIL/ACCUNEB	1	
albuterol	inhal 108 mcg/act	PROVENTIL HFA	2	
albuterol	inhal 108 mcg/act	VENTOLIN HFA	3	
albuterol-	inhal 108 mcg/act	PROAIR HFA	2	
formoterol	inhal caps 12 mcg	FORADIL	2	
formoterol	neb 20 mcg/2ml	PERFOROMIST	3	
<b>levalbuterol</b>	neb 0.31 mg/3ml, 0.63 mg/3ml , neb 1.25 mg/3ml	XOPENEX	1	
levalbuterol	inhal 45 mcg/act	XOPENEX HFA	2	
pirbuterol	inhal 200 mcg/inh	MAXAIR	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
salmeterol	inhal 50 mcg/dose	SEREVENT	3	
Beta Agonists, Oral (Agonistas Beta, Orales)				
<b>albuterol</b>	syrup 2 mg/5ml, tabs 2 mg, 4 mg	PROVENTIL	1	
<b>albuterol sr</b>	tabs 12h 4 mg, 8 mg	VOSPIRE ER	1	
<b>metaproterenol</b>	syrup 10 mg/5ml, tabs 10 mg, 20 mg	ALUPENT	1	
<b>terbutaline</b>	inj 1 mg/ml, tabs 2.5 mg, 5 mg	BRETHINE	1	
Combinations (Combinaciones)				
albuterol & ipratropium	inhal 103-18 mcg/act, 20-100 mcg/act	COMBIVENT/ COMBIVENT RESPIMAT	3	
budesonide & formoterol	inhal 160-4.5 mcg/act, 80-4.5 mcg/act	SYMBICORT	2	
fluticasone & salmeterol	inhal 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act, inhal 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	ADVAIR HFA/ADVAIR DISKUS	2	
fluticasone & vilanterol	inhal 100-25 mcg/inh	BREO ELLIPTA	3	
mometasone & formoterol	inhal 100-5 mcg/act, 200-5 mcg/act	DULERA	2	
Inhaled Corticosteroids (Corticosteroides Inhalados )				
beclomethasone	inhal 40 mcg/act, 80 mcg/act	QVAR	2	
<b>budesonide</b>	inhal 0.25 mg/2ml, 0.5 mg/2ml	PULMICORT	1	
budesonide	inhal 1 mg/2ml, 180 mcg/act, 90 mcg/act	PULMICORT/ PULMICORT FLEXHALER	3	ST
fluticasone	inhal 110 mcg/act, 220 mcg/act, 44 mcg/act	FLOVENT HFA	2	
fluticasone propionate	inhal 100 mcg, 250 mcg, 50 mcg	FLOVENT DISKUS	2	
mometasone	inhal 110 mcg, 220 mcg/inh	ASMANEX	3	ST
Miscellaneous (Misceláneos)				
<b>cromolyn</b>	neb 20 mg/2ml	INTAL	1	
<b>epinephrine</b>	inj 1 mg/ml	EPINEPHRINE	1	
<b>montelukast</b>	chew tab 4 mg, 5 mg, pack 4 mg, tabs 10 mg	SINGULAIR	1	
<b>zafirlukast</b>	tabs 10 mg, 20 mg	ACCOLATE	1	
zileuton	tabs 600 mg	ZYFLO	3	
Xanthines (Xantinas)				
<b>aminophylline</b>	inj 25 mg/ml	AMINOPHYLLINE	1	
dyphylline	tabs 200 mg, 400 mg	LUFYLLIN	3	
<b>dyphylline-guaifenesin</b>	liq 100-100 mg/5ml	DIFIL-G FORTE	1	
theophylline	elixir 80 mg/15ml	ELIXOPHYLLIN	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
theophylline sr	tabs 12h 100 mg, 200 mg, 300 mg, 450 mg, tabs 24h 400 mg, 600 mg	THEO-DUR/UNIPHYL SR	1	
theophylline sr	caps 24h 100 mg, 200 mg, 300 mg, 400 mg	THEO-24 SR	3	
<i>Intranasal Steroids (Esteroides Intranasales)</i>				
beclomethasone	nasal susp 42 mcg/spray	BECONASE AQ	3	ST
budesonide	nasal susp 32 mcg/act	RHINOCORT AQUA	1	ST
flunisolide	nasal soln 0.025 %	NASAREL	1	
flunisolide	nasal soln 29 mcg/act	NASAREL	3	ST
fluticasone furoate	nasal susp 27.5 mcg/spray	VERAMYST	3	QL ST AL
fluticasone propionate	nasal susp 50 mcg/act	FLONASE	1	
mometasone	nasal susp 50 mcg/act	NASONEX	3	ST
triamcinolone	nasal aerosol 55 mcg/act	NASACORT AQ	1	ST
<i>Others (Otros)</i>				
azelastine	nasal soln 137 mcg/spray	ASTELIN	1	
olopatadine	nasal soln 0.6 %	PATANASE	3	
<b>SKELETAL - MUSCLE SYSTEM / RHEUMATOLOGY (SISTEMA MÚSCULO –ESQUELETAL / REUMATOLOGÍA)</b>				
<i>Gout (Gota)</i>				
allopurinol	tabs 100 mg, 300 mg	ZYLOPRIM	1	
colchicine	tabs 0.6 mg	COLCRYS	3	
colchicine & probenecid	tabs 0.5-500 mg	COLCHICINE/ PROBENECID	1	
probenecid	tabs 500 mg	BENEMID	1	
<i>Miscellaneous (Misceláneos)</i>				
acetaminophen & salicylamide & phenyltoloxamine	caps 300-200-20 mg	LOBAC	1	
choline & magnesium salicylates	liq 500 mg/5ml, tabs 1000 mg	TRILISATE	1	
leflunomide	tabs 10 mg, 20 mg	ARAVA	1	
<i>Rheumatology (Reumatología)</i>				
auranofin	caps 3 mg	RIDAURA	3	
azathioprine	tabs 50 mg	IMURAN	1	
methotrexate	inj 25 mg/ml, 25 mg/ml, tabs 2.5 mg	METHOTREXATE/ RHEUMATREX	1	
methotrexate	tabs 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	TREXALL	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
penicillamine	caps 250 mg, tabs 250 mg	CUPRIMINE/ DIPEN TITRATABS	3	
<i>Muscle Relaxants (Relajantes Musculares)</i>				
<b>baclofen</b>	tabs 10 mg, 20 mg	LIORESAL	1	
<b>carisoprodol</b>	tabs 350 mg	SOMA	1	
<b>carisoprodol &amp; aspirin</b>	tabs 200-325 mg	SOMA COMPOUND	1	
<b>carisoprodol &amp; aspirin &amp; codeine</b>	tabs 200-325-16 mg	SOMA COMPOUND/CODEINE	1	
<b>chlorzoxazone</b>	tabs 500 mg	PARAFON FORTE	1	
<b>cyclobenzaprine</b>	tabs 10 mg, 5 mg	FLEXERIL	1	
<b>cyclobenzaprine</b>	tabs 7.5 mg	FEXMID	1	
<b>dantrolene</b>	caps 100 mg, 25 mg, 50 mg	DANTRIUM	1	
<b>metaxalone</b>	tabs 800 mg	SKELAXIN	1	
<b>methocarbamol</b>	tabs 500 mg, 750 mg	ROBAXIN	1	
methocarbamol	inj 100 mg/ml	ROBAXIN	3	
<b>orphenadrine</b>	inj 30 mg/ml	NORFLEX	1	
<b>orphenadrine &amp; aspirin &amp; caffeine</b>	tabs 25-385-30 mg	ORPHENADRINE/ASA/ CAFFEINE	1	
<b>orphenadrine sr</b>	tabs 12h 100 mg	NORFLEX	1	
<b>tizanidine</b>	tabs 2 mg, 4 mg	ZANAFLEX	1	
<i>Non-Steroidal Anti-Inflammatory Drugs (NSAID`s) (Anti-Inflamatorios No-Esteroidales)</i>				
celecoxib	caps 100 mg, 200 mg, 400 mg, 50mg	CELEBREX	3	ST
<b>diclofenac dr</b>	tabs 50 mg, 75 mg, 25 mg	VOLTAREN DR	1	
<b>diclofenac potassium</b>	tabs 50 mg	CATAFLAM	1	
<b>diclofenac sr</b>	tabs 24h 100 mg	VOLTAREN-XR	1	
<b>diflunisal</b>	tabs 500 mg	DIFLUNISAL	1	
<b>etodolac</b>	caps 200 mg, 300 mg, tabs 400 mg, 500 mg	LODINE	1	
<b>etodolac sr</b>	tabs 24h 400 mg, 500 mg, 600 mg	LODINE XL	1	
<b>fenoprofen</b>	tabs 600 mg	NALFON	1	
<b>flurbiprofen</b>	tabs 100 mg, 50 mg	ANSAID	1	
<b>ibuprofen</b>	tabs 400 mg, 600 mg, 800 mg	MOTRIN	1	
<b>indomethacin</b>	caps 25 mg, 50 mg	INDOCIN	1	
indomethacin	rectal supp 50 mg, susp 25 mg/5ml	INDOCIN	3	
<b>indomethacin cr</b>	caps 75 mg	INDOCIN SR	1	
<b>ketoprofen</b>	caps 50 mg, 75 mg	ORUDIS	1	
<b>ketoprofen sr</b>	caps 24h 200 mg	KETOPROFEN SR	1	
<b>ketorolac</b>	inj 30 mg/ml, 300 mg/10ml	TORADOL	1	QL

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>ketorolac</b>	tabs 10 mg, inj 15 mg/ml, 30 mg/ml, inj 60 mg/2ml , 60 mg/2ml	TORADOL	1	QL
<b>meclofenamate</b>	caps 100 mg, 50 mg	MECLOFENAMATE	1	
<b>mefenamic acid</b>	caps 250 mg	PONSTEL	1	
<b>meloxicam</b>	tabs 15 mg, 7.5 mg, susp 7.5 mg/5ml	MOBIC	1	
<b>nabumetone</b>	tabs 500 mg, 750 mg	RELAFEN	1	
<b>naproxen</b>	susp 125 mg/5ml, tabs 250 mg, 375 mg, 500 mg	NAPROSYN	1	
<b>naproxen ec</b>	tabs 375 mg, 500 mg	EC-NAPROSYN	1	
<b>naproxen sodium</b>	tabs 275 mg, 550 mg	ANAPROX	1	
naproxen sodium sr	tabs 24h 375 mg, 500 mg	NAPRELAN	3	
<b>oxaprozin</b>	tabs 600 mg	DAYPRO	1	
<b>piroxicam</b>	caps 10 mg, 20 mg	FELDENE	1	
<b>salsalate</b>	tabs 500 mg, 750 mg	DISALCID	1	
<b>sulindac</b>	tabs 150 mg, 200 mg	CLINORIL	1	
<b>tolmetin</b>	tabs 200 mg, 600 mg, caps 400 mg	TOLMETIN	1	
<i>Rheumatology (Reumatología)</i>				
Non-Steroidal Anti-Inflammatory Drugs (NSAID`s) (Anti-Inflamatorios No-Esteroidales)				
diclofenac	gel 1 %	VOLTAREN GEL	3	
<b>UROLOGY (UROLOGÍA)</b>				
<i>5-Alpha Reductase Inhibitors (Inhibidores de la 5-Alpha Reductasa)</i>				
dutasteride	caps 0.5 mg	AVODART	3	
<b>finasteride</b>	tabs 5 mg	PROSCAR	1	
<i>Analgesics (Analgésicos)</i>				
<b>phenazopyridine</b>	tabs 100 mg, 200 mg	PYRIDIUM	1	
<i>Antispasmodics (Antiespasmódicos)</i>				
<b>flavoxate</b>	tabs 100 mg	URISPAS	1	
mirabegron	tabs 24h 25 mg, 50 mg	MYRBETRIQ	3	ST
<b>oxybutynin</b>	syrup 5 mg/5ml, tabs 5 mg	DITROPAN	1	
<b>oxybutynin sr</b>	tabs 24h 10 mg, 15 mg, 5 mg	DITROPAN XL	1	
<b>tolterodine</b>	tabs 1 mg, 2 mg	DETROL	1	
<b>tolterodine</b>	tabs 2 mg, 4mg	DETROL LA	1	
<i>Cholinergics (Colinérgicos)</i>				
<b>bethanechol</b>	tabs 10 mg, 25 mg, 5 mg, 50 mg	URECHOLINE	1	
<i>Erectil Dysfunction (Disfunción Eréctil)</i>				
vardeafil	tabs 10mg	STAXYN	3	QL
sildenafil citrate	tabs 100 mg, 25 mg, 50 mg	VIAGRA	3	QL
tadalafil	tabs 2.5 mg, 5 mg	CIALIS	3	PA AL

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
tadalafil	tabs 10 mg, 20 mg	CIALIS	3	QL
vardenafil hcl	tabs 10 mg, 2.5 mg, 20 mg, 5 mg	LEVITRA	3	QL
<i>Miscellaneous (Misceláneos)</i>				
acetoxyhydroxamic acid	tabs 250 mg	LITHOSTAT	3	
dimethyl sulfoxide	soln 50 %	RIMSO-50	3	
<b>methenamine &amp; hyosc &amp; meth blue &amp; sod phos &amp; phenyl sal</b>	tabs 81.6 mg	URIN D/S	1	
methenamine & hyosc & meth blue & sod phos & phenyl sal	tabs 120 mg	URETRON D/S	3	
<b>methenamine hippurate</b>	tabs 1 gm	HIPREX/UREX	1	
pentosan	caps 100 mg	ELMIRON	3	
<b>sodium chloride</b>	irrigation soln 0.9 %	SODIUM CHLORIDE	1	
tiopronin	tabs 100 mg	THIOLA	3	
<b>tamsulosin</b>	tabs 0.4 mg	FLOMAX	1	
<i>Renal Disease (Enfermedad Renal)</i>				
<b>calcium acetate</b>	caps 667 mg	PHOSLO	1	
cinacalcet	tabs 30 mg, 60 mg, 90 mg	SENSIPAR	3	PA
<b>doxercalciferol</b>	caps 0.5 mcg, 1 mcg, 2.5 mcg, inj 4 mcg/ml	HECTOROL	1	PA
doxercalciferol	inj 2 mcg/ml	HECTOROL	3	PA
lanthanum	chew tab 1000 mg, 500 mg, 750 mg	FOSRENOL	3	PA
<b>paricalcitol</b>	caps 1 mcg, 2 mcg, 4 mcg	ZEMPLAR	1	PA
sevelamer carbonate	powder pack 0.8 gm, 2.4 gm, tabs 800 mg	RENVELA	2	PA
sucroferric oxyhydroxide	chew tab 500 mg	VELPHORO	2	PA
<b>VITAMINS/HEMATINICS/ELECTROLYTES (VITAMINAS/HEMATÍNICOS/ELECTRÓLITOS)</b>				
<i>Alkalinizer (Alkalinizantes)</i>				
pot & sod citrates & citric acid	syrup 550-500-334 mg/5ml	POLYCITRA	3	
potassium & sodium citrates	tabs 50-950 mg	CITROLITH	3	
<b>potassium citrate &amp; citric acid</b>	powder 3300-1002 mg, soln 1100-334 mg/5ml	POLYCITRA	1	
<b>potassium citrate cr</b>	tabs 1080 mg, 540 mg	UROKIT-K	1	
<b>sodium citrate &amp; citric acid</b>	soln 500-334 mg/5ml	BICITRA	1	
sodium citrate & citric acid	soln 490-640 mg/5ml	ORACIT	3	
<i>Antidotes (Antídotos)</i>				
deferasirox	susp tab 125 mg, 250 mg, 500 mg	EXJADE	3	PA

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>deferoxamine mesylate</b>	inj 500 mg	DESFERAL	1	
<b>flumazenil</b>	inj 0.5 mg/5ml, 1 mg/10ml	ROMAZICON	1	
<b>naloxone</b>	soln 0.4 mg/ml	NALOXONE	1	
<b>naltrexone</b>	tabs 50 mg	REVIA	1	
<b>sodium polystyrene sulfonate</b>	powder 454 gm, susp 15 gm/60ml, 50 gm/200ml	KAYEXALATE	1	
succimer	caps 100 mg	CHEMET	3	
<i>Coagulant Therapy (Terapia de Coagulación)</i>				
Anticoagulant (Anticoagulantes)				
apixaban	tabs 2.5 mg, 5 mg	ELIQUIS	2	PA
dabigatran	caps 150 mg, 75 mg	PRADAXA	3	PA
dalteparin	inj 10000 u/ml , 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml, 2500 unit/0.2ml, 25000 unit/ml, 5000 unit/0.2ml, 7500 unit/0.3ml	FRAGMIN	3	
<b>enoxaparin</b>	inj 10 mg/0.1ml, 100 mg/ml, 120 mg/0.8ml, inj 150 mg/ml, inj 300 mg/3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	LOVENOX	1	
<b>fondaparinux</b>	inj 10 mg/0.8ml, inj 2.5 mg/0.5ml, inj 5 mg/0.4ml, 7.5 mg/0.6ml	ARIXTRA	1	
<b>heparin sodium (porcine)</b>	inj 1000 u/ml, 10000 u/ml, 5000 u/ml, 5000 u/0.5 ml, 20000 u/ml, 2000 u/ml, 2500 u/ml	HEPARIN SODIUM	1	
rivaroxaban	tabs 10 mg	XARELTO	2	
rivaroxaban	tabs 15 mg, 20 mg	XARELTO	2	PA
<b>warfarin</b>	tabs 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	COUMADIN	1	
Antiplatelet (Antiplaquetarios)				
<b>anagrelide</b>	caps 0.5 mg, 1 mg	AGRYLIN	1	
aspirin & dipyridamole sr	caps 12h 25-200 mg	AGGRENOLX	3	
<b>cilostazol</b>	tabs 100 mg, 50 mg	PLETAL	1	
<b>clopidogrel</b>	tabs 75 mg	PLAVIX	1	
<b>dipyridamole</b>	tabs 25 mg, 50 mg, 75 mg	PERSANTINE	1	
prasugrel hcl	tabs 10 mg, 5 mg	EFFIENT	3	PA
ticagrelor	tabs 90 mg	BRILINTA	3	PA
<b>ticlopidine</b>	tabs 250 mg	TICLID	1	
Miscellaneous (Misceláneos)				
<b>aminocaproic acid</b>	syrup 25 %, tabs 500 mg	AMICAR	1	
aminocaproic acid	tabs 1000 mg	AMICAR	3	
<b>pentoxifylline cr</b>	tabs 400 mg	TRENTAL	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<i>Vitamins/Hematinics/Other Supplements (Vitaminas/Hematínicos/OtrosSuplementos)</i>				
Nutrients (Nutrientes)				
<b>dextrose &amp; sodium chloride</b>	inj 5-0.45 %, 5-0.9 %	DEXTROSE/SODIUM CHLORIDE	1	
<b>levocarnitine</b>	inj 200 mg/ml, soln 1 gm/10ml, tabs 330 mg	CARNITOR	1	
<b>pot bicarbonate &amp; chloride</b>	tabs 25 meq	K-LYTE	1	
<b>pot phos monobasic &amp; sod phos dibasic &amp; monobasic</b>	tabs 155-852-130 mg	K-PHOS NEUTRAL	1	
potassium & sodium acid phosphates	tabs 305-700 mg	K-PHOS	3	
<b>potassium bicarbonate</b>	tabs 25 meq	K-LYTE	1	
<b>potassium chloride</b>	powder 20 meq, liq 10 %, 2 %	K-LOR/KAON	1	
potassium chloride	powder 25 meq	KLOR-CON	3	
<b>potassium chloride cr</b>	tabs 10 meq, 8 meq, caps 10 meq, 8 meq	MICRO-K/SLOW-K	1	
<b>potassium chloride microencapsulated cr</b>	tabs 10 meq, 20 meq	K-DUR	1	
potassium chloride microencapsulated cr	tabs 15 meq	KLOR-CON	3	
<b>sodium chloride</b>	inj 0.45 %, 0.9 %, 0.9 %	SODIUM CHLORIDE	1	
zinc acetate	caps 25 mg , 50 mg	GALZIN	3	
<b>zinc sulfate</b>	caps 220 mg	ZINC SULFATE	1	
Vitamins (Vitaminas)				
<b>aminobenzoate potassium</b>	caps 500 mg	POTABA	1	
<b>ascorbic acid</b>	inj 500 mg/ml	ASCORBIC ACID	1	
b complex-c-biotin-e-fa & fe	tabs	RENATABS	3	
b-complex & c-zn & folic acid	tabs 1 mg	NEPHPLEX RX	3	
b-complex & iron	inj	ALBAFORT S	3	
<b>b-complex vitamin</b>	inj	B-COMPLEX	1	
<b>b-complex w/ c &amp; fa</b>	caps 1 mg, tabs 1 mg	RENAPHRO	1	
<b>b-complex w/ c &amp; folic acid</b>	tabs 0.8 mg	NEPHRO-VITE	1	
<b>b-complex w/ c &amp; folic acid</b>	tabs	FOLBEE PLUS	1	
b-complex w/ c-biotin-e-minerals & fa	tabs ,	DIALYVITE	3	
<b>b-complex w/ c-biotin-</b>	tabs 5 mg	FOLBEE PLUS CZ	1	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>minerals &amp; fa</b>				
b-complex w/ c-biotin-vit e & fa	tabs	RENATABS	3	
b-complex w/ fa	lozenge	NERVO B-12 SL	3	
b-complex w/ lysine-min-fe & fa	liquid 800-15-1 mg/15m	NUTRIVIT	3	
b-complex w/ lysine-zn & fa	liquid	SUPERVITE	3	
<b>b-complex w/ minerals</b>	liquid	SIDEROL	1	
<b>calcitriol</b>	caps 0.25 mcg, 0.5 mcg, inj 1 mcg/ml, soln 1 mcg/ml	ROCALTROL	1	
<b>cyanocobalamin</b>	inj 1000 mcg/ml	CYANOCOBALAMIN	1	
cyanocobalamin-methylcobalamin	sublingual tabs 600-600 mcg	NEURIN-SL	3	
<b>ergocalciferol</b>	caps 50000 u	DRISDOL	1	
fe asp gly-fe polysacch-succ ac-c-threon ac-b12-fa	caps	TRIFEREX 150 FORTE	3	
fe aspart gly-fe fum-succ acd-c-threonic acd-b12-fa	tabs	TRIMAGEN FORTE	3	
fe asparto gly-fe fum-b12-fa-c-succinic ac	tabs	SE-VATE	3	
fe asparto gly-succ acd-c-threonic acd-b12-des stom	tabs	TRIMAGEN	3	
fe fum-dss-vit c-vit e-vit b12-if-fa	tabs 115-1 mg	FERRO-PLEX HEMATINIC	3	
<b>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu</b>	caps	RE DUALVIT PLUS	1	
<b>fe fumarate w/ b12-vit c-fa-ifc</b>	caps 110-0.015-75-0.5-240 mg	FOLTRIN	1	
ferric ammon cit-vit b12-liver	inj	ALBAFORT	3	
<b>ferrous fum-iron polysacch-fa</b>	caps 162-115.2-1 mg	RE DUALVIT F	1	
<b>ferrous fumarate-fa</b>	tabs 324-1 mg	HEMOCYTE-F	1	
<b>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</b>	tabs 106-1 mg	HEMATINIC PLUS COMPLEX	1	
<b>folic acid</b>	1 mg, inj 5 mg/ml	FOLIC ACID	1	
<b>folic acid-vitamin b6-vitamin b12</b>	tabs 2.5-25-1 mg	FOLBEE	1	
folic acid-vitamin c	tabs 1-100 mg	PRE-FOLIC	3	
<b>hydroxocobalamin</b>	inj 1000 mcg/ml	HYDROXOCOBALAMIN	1	
iron heme polypeptide-fa	tabs 12-1 mg	PROFERRIN-FORTE	3	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<b>iron polysacch complex- vit b12-fa</b>	caps 150-0.025-1 mg	POLYSACCHARIDE IRON FORTE	1	
<b>iron w/ vitamin</b>	tabs	VITAFOL	1	
iron w/ vitamin	syrup	VITAFOL	3	
<b>iron-docusate-b12-folic acid-c-e-cu-biotin</b>	tabs 150-1 mg	HEMATRON-AF	1	
<b>leucovorin</b>	tabs 25 mg, 5 mg, 10 mg, 15 mg	LEUCOVORIN	1	
multiple vit w/ min & calcium-folic acid	tabs 500-1.1 mg	FOLGARD OS	3	
<b>multiple vitamin</b>	inj	INFUVITE	1	
<b>multiple vitamins w/ minerals</b>	caps , tabs , liqd	GENESUPP	1	
multiple vitamins w/ minerals & fa	tabs , 2.5 mg	STROVITE	3	
<b>multiple vitamins w/ minerals &amp; fa tab</b>	tabs 1.25 mg	CORVITE	1	
<b>niacin</b>	tabs 500 mg, 100 mg, 250 mg, 50mg	NIACOR	1	
<b>pediatric multiple vitamins w/ fl-fe</b>	drops 0.25-10 mg/ml	MULTI- VIT/IRON/FLUORIDE	1	
<b>pediatric multiple vitamins w/ fluoride</b>	soln 0.25 mg/ml	MULTI-VIT/FLUORIDE	1	
pediatric vitamins acd fluoride & fe	drops 0.25-10 mg/ml	TRI-VIT/FE	3	
<b>pediatric vitamins acd w/ fluoride</b>	soln 0.25 mg/ml, 0.5 mg/ml	TRIVIT/FLUORIDE	1	
<b>phytonadione</b>	inj 2 mg/ml, 10 mg/ml	VITAMIN K1	1	
phytonadione	tabs 5 mg	MEPHYTON	3	
<b>potassium aminobenzoate</b>	packet 2 gm	POTABA	1	
potassium aminobenzoate	tabs 500 mg	POTABA	3	
<b>pyridoxine hcl</b>	inj 100 mg/ml	PYRIDOXINE HCL	1	
<b>sodium ascorbate</b>	inj 250 mg/ml	VITAMIN C	1	
<b>speciality vitamin</b>	caps	SUPPORT-500	1	
<b>speciality vitamin product</b>	tabs	UROSEX	1	
<b>thiamine hcl</b>	inj 100 mg/ml	THIAMINE HCL	1	
vitamin a	inj 50000/ml	AQUASOL A	3	

**PARTE IV – CONDICIONES CRÓNICAS Y DE ALTO RIESGO / PART IV  
– CHRONIC AND HIGH RISK CONDITIONS**

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
<i>Anti-Infectives (Anti-Infeciosos)</i>				
Antifungals (Antifungales)				
amphotericin b	inj 100 mg, 50 mg, 50 mg	AMPHOTEC	4	
amphotericin b	inj 5 mg/ml	ABELCET	4	
amphotericin b	inj 50 mg	AMBISOME	4	
anidulafungin	inj 100 mg, 50 mg	ERAXIS	4	
caspofungin	inj 50 mg, 70 mg	CANCIDAS	4	
<b>fluconazole &amp; dextrose</b>	inj 200 mg/100ml, 400 mg/200ml	DIFLUCAN	<b>4</b>	
<b>fluconazole &amp; sodium chloride</b>	inj 200 mg/100ml, 400 mg/200ml	DIFLUCAN	<b>4</b>	
micafungin	inj 100 mg, 50 mg	MYCAMINE	4	
<b>voriconazole</b>	inj 200 mg	VFEND	<b>4</b>	
Antituberculosis (Antituberculosos)				
bedaquiline	tabs 100 mg	SIRTURO	4	PA
Miscellaneous (Misceláneos)				
<b>tobramycin</b>	neb 300 mg/5ml	TOBI	<b>4</b>	
tobramycin	inh caps 28 mg, neb 300 mg / 4 ml	TOBI PODHALER/BETHKIS	5	
<i>Antivirals (Antivirales)</i>				
Hepatitis B (Hepatitis B)				
<b>adefovir</b>	tabs 10 mg	HEPSERA	<b>4</b>	PA
entecavir	soln 0.05 mg/ml	BARACLUDE	4	PA
<b>entecavir</b>	tabs 0.5 mg, 1 mg	BARACLUDE	<b>4</b>	PA
lamivudine	soln 5 mg/ml	EPIVIR HBV	4	PA
<b>lamivudine</b>	tabs 100 mg	EPIVIR HBV	<b>4</b>	PA
telbivudine	tabs 600 mg	TYZEKA	4	PA
Hepatitis C (Hepatitis C)				
boceprevir	caps 200 mg	VICTRELIS	5	PA
interferon alfacon-1	inj 15 mcg/0.5ml, 9 mcg/0.3ml	INFERGEN	4	
peginterferon alfa-2a	inj 180 mcg/0.5ml, 180 mcg/ml, inj 135 mcg/0.5ml, 180 mcg/0.5ml	PEGASYS/PEGASYS PROCLICK	5	PA
peginterferon alfa-2b	inj 120 mcg/0.5ml, 150 mcg/0.5ml, 50 mcg/0.5ml, 80 mcg/0.5ml	PEG-INTRON	4	PA
<b>ribavirin</b>	caps 200 mg, tabs 200 mg	REBETOL/COPEGUS	<b>4</b>	PA
ribavirin	tabs 400 mg, 600 mg	RIBATAB	5	PA
ribavirin	inhal 6 gm	VIRAZOLE	5	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
ribavirin	pack 400&600 mg, 200 & 400 mg dosepack	RIBAPAK	5	PA
telaprevir	tabs 375 mg	INCIVEK	5	PA
<i>Biotechnology (Biotecnología)</i>				
Enzyme Replacement (Reemplazo Enzimático)				
betain	soln	CYSTADANE	5	
cysteamine	caps 150 mg, 50 mg	CYSTAGON	5	
imiglucerase	inj 200 u, 400 u	CEREZYME	4	
miglustat	caps 100 mg	ZAVESCA	5	PA
pegademase	inj 250 u/ml	ADAGEN	5	
proteinase inhibitor	inj 1000 mg, 500 mg	PROLASTIN	5	
<b>sodium phenylbutyrate</b>	powder 3 gm/5ml	BUPHENYL	4	
sodium phenylbutyrate	tabs 500 mg	BUPHENYL	5	
taliglucerase	inj 200 u	ELELYSO	5	PA
velaglucerase	inj 400 u	VPRIV	5	PA
Erythropoiesis Stimulating Proteins (Estimulantes de la Eritropoyesis)				
epoetin alfa	inj 10000 u/ml, 10000 u/ml, 2000 u/ml, 2000 u/ml, 20000 u/ml, 20000 u/ml, 3000 u/ml, 3000 u/ml, 4000 u/ml, 4000 u/ml, 40000 u/ml	EPOGEN	5	PA
epoetin alfa	inj 10000 u/ml, 10000 u/ml, 2000 u/ml, 2000 u/ml, 20000 u/ml, 20000 u/ml, 3000 u/ml, 3000 u/ml, 4000 u/ml, 4000 u/ml, 40000 u/ml	PROCRIT	4	PA
oprelvekin	inj 5 mg	NEUMEGA	5	
Miscellaneous (Misceláneos)				
antivenin	inj	ANTIVENIN	5	
cytomegalovirus immune globulin	inj	CYTOGAM	5	
hepatitis b immune globulin	inj	HYPERHEP B	5	
immune globulin	inj	IVEEGAM	5	
immune globulin	inj	CARIMUNE	5	
immune globulin (human)	inj	FLEBOGAMMA	4	
immune globulin (human)	inj	GAMMAPLEX	5	
rabies immune globulin	inj	HYPERRAB S/D	5	
tetanus immune globulin	inj	HYPERTET S/D	5	
Multiple Sclerosis (Esclerosis Múltiple)				
dalfampridine	tab sr 12hr 10 mg	AMPYRA	5	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
dimethyl fumarate	caps 120 & 240 mg, 120 mg, 240 mg	TECFIDERA STARTER PACK	5	
fingolimod	caps 0.5 mg	GILENYA	5	PA
glatiramer	inj 20 mg/ml, inj 40 mg/ml	COPAXONE	4	
interferon beta-1a	inj 30 mcg, 30 mcg/0.5ml	AVONEX	4	
interferon beta-1a	inj 22 mcg/0.5ml, 44 mcg/0.5ml, 8.8 mcg/0.2ml&22 mcg/0.5ml	REBIF/ REBIF PACK	5	
interferon beta-1b	inj 0.3 mg, inj 0.3 mg	BETASERON	5	
interferon beta-1b	inj 0.3 mg, inj 0.3 mg	EXTAVIA	4	
natalizumab	inj 300 mg/15ml	TYSABRI	5	
teriflunomide	tabs 14 mg, 7 mg	AUBAGIO	5	
<b>Myeloid Stimulating Agents (Estimulantes Mieloides)</b>				
filgrastim	inj 300 mcg/ml, 300 mcg/ml, inj 300 mcg/0.5ml	NEUPOGEN	5	
pegfilgrastim	inj 6 mg/0.6ml	NEULASTA	5	
sargramostim	inj 500 mcg/ml	LEUKINE	4	
sargramostim	inj 250 mcg	LEUKINE	5	
<b>Cancer (Cáncer)</b>				
<b>Alkylating Agents (Agentes Alquilantes )</b>				
<b>temozolomide</b>	caps 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	TEMODAR	<b>4</b>	
<b>Antimetabolites (Antimetabólitos)</b>				
<b>capecitabine</b>	tabs 150 mg, 500 mg	XELODA	<b>4</b>	
<b>Miscellaneous (Misceláneos)</b>				
abiraterone	tabs 250 mg	ZYTIGA	5	PA
afatinib	tabs 20 mg, 30 mg, 40 mg	GILOTRIF	5	PA
axitinib	tabs 5 mg, 1 mg	INLYTA	5	PA AL
bosutinib	tabs 100 mg, 500 mg	BOSULIF	5	PA AL
cabozantinib	cap 1 x 80 mg & 1 x 20 mg (100 dose) kit, 1 x 80 mg & 3 x 20 mg (140 dose) kit, 3 x 20 mg (60 mg dose) kit	COMETRIQ	5	PA
crizotinib	caps 200 mg, 250 mg	XALKORI	5	PA
dabrafenib	caps 50 mg, 75 mg	TAFINLAR	5	PA
dasatinib	tabs 100 mg, 20 mg, 50 mg, 70 mg, 140 mg, 80 mg	SPRYCEL	4	PA
enzalutamide	caps 40 mg	XTANDI	5	PA
erlotinib	tabs 100 mg, 150 mg, 25 mg	TARCEVA	4	PA
everolimus	tabs 10 mg, 5 mg, susp 2 mg, 3 mg, 5 mg, tabs 2.5 mg, 7.5 mg	AFINITOR/AFINITOR DISPERZ	5	PA
ibrutinib	caps 140 mg	IMBRUVICA	5	PA

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
imatinib mesylate	tabs 100 mg, 400 mg	GLEEVEC	5	PA
lapatinib ditosylate	tabs 250 mg	TYKERB	5	PA
lenalidomide	caps 10 mg, 15 mg, 25 mg, 2.5 mg, 20 mg, 5 mg	REVLIMID	5	PA
nilotinib	caps 200 mg	TASIGNA	4	PA
pazopanib	tabs 200 mg	VOTRIENT	5	PA
peginterferon alfa-2b	inj 296 mcg, 4 x 296 mcg, 4 x 444 mcg, 4 x 888 mcg, 444 mcg, 888 mcg	SYLATRON	5	PA
pomalidomide	caps 1 mg, 2 mg, 3 mg, 4 mg	POMALYST	5	PA
ponatinib	tabs 15 mg, 45 mg	ICLUSIG	5	PA
regorafenib	tabs 40 mg	STIVARGA	5	PA
sorafenib tosylate	tabs 200 mg	NEXAVAR	5	PA
sunitinib malate	caps 12.5 mg, 25 mg, 50 mg, 37.5 mg	SUTENT	4	PA
thalidomide	caps 100 mg, 150 mg, 200 mg, 50 mg	THALOMID	5	PA
trametinib	tabs 0.5 mg, 2 mg	MEKINIST	5	PA
vemurafenib	tabs 240 mg	ZELBORAF	5	PA AL
vismodegib	caps 150 mg	ERIVEDGE	5	PA
vorinostat	caps 100 mg	ZOLINZA	5	PA
<i>Cardiovasculars (Cardiovasculares)</i>				
ambrisentan	tabs 10 mg, 5 mg	LETAIRIS	4	PA
bosentan	tabs 125 mg, 62.5 mg	TRACLEER	5	PA
<b>epoprostenol sodium</b>	inj 0.5 mg, 1.5 mg	FLOLAN	<b>5</b>	PA
iloprost	inhal 10 mcg/ml, 20 mcg/ml	VENTAVIS	5	PA
macitentan	tabs 10 mg	OPSUMIT	5	PA
riociguat	tabs 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	ADEMPAS	5	PA
<b>sildenafil</b>	tabs 20 mg	REVATIO	<b>4</b>	PA AL
treprostinil	inj 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	REMODULIN	5	PA
treprostinil	inh 0.6 mg/ml, 0.6 mg/ml, 0.6 mg/ml	TYVASO	5	PA
<i>Central Nervous System (Sistema Nervioso Central)</i>				
sodium oxybate	soln 50 mg/5ml	XYREM	5	PA
<i>Dermatologicals (Dermatológicos)</i>				
<i>Miscellaneous (Misceláneos)</i>				
ustekinumab	Inj 45mg/0.5ml	STELARA	5	PA AL
<i>Endocrinology (Endocrinológicos)</i>				
Growth Hormones (Hormonas de Crecimiento)				
somatropin	inj 10 mg/1.5ml	OMNITROPE	4	PA
somatropin	inj 5 mg/2ml	NUTROPIN AQ	5	PA

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
somatropin	inj 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 12 mg, 13.8 mg, 2 mg, 24 mg, 5 mg, 6 mg, inj 8.8 mg	GENOTROPIN	5	PA
somatropin	inj 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml, 5 mg/1.5ml	NORDITROPIN	5	PA
somatropin	inj 10 mg, 5 mg	NUTROPIN	5	PA
somatropin	inj 20 mg/2ml, 5 mg/ml	NUTROPIN	5	PA
somatropin	inj 5 mg/1.5ml, 5.8 mg	OMNITROPE	4	PA
somatropin	inj 4 mg, 5 mg, 6 mg	SEROSTIM	5	PA
somatropin	inj 5 mg, 8.8 mg	SAIZEN	5	PA
somatropin	inj 5 mg	TEV-TROPIN	5	PA
Miscellaneous (Misceláneos)				
lanreotide acetate	inj 120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml	SOMATULINE DEPOT	5	PA
<b>octreotide</b>	inj 0.05 mg/ml, 0.1 mg/ml, 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml	SANDOSTATIN	4	PA
octreotide	inj 10 mg, 20 mg, 30 mg	SANDOSTATIN LAR	5	PA
Others (Otros)				
desmopressin	nasal soln 1.5 mg/ml	STIMATE	5	
<b>GASTROENTEROLOGY (GASTROENTEROLOGÍA)</b>				
golimumab	inj 100 mg/ml autoinyector & syringe	SIMPONI	5	PA
<b>Hematopoietic Agents (Agentes Hematopoyéticos)</b>				
Thrombopoietin (TPO) Receptor Agonists (Agonistas del Receptor de Trombopoyetina)				
eltrombopag	tabs 12.5 mg, 25 mg, 50 mg, 75 mg	PROMACTA	5	PA AL
<b>Obstetrics/Gynecology (Obstetricia/Ginecología)</b>				
Miscellaneous (Misceláneos)				
Osteoporosis (Osteoporosis)				
Biphosphonates (Bifosfonatos)				
denosumab	inj 60 mg/ml	PROLIA	5	QL PA
<b>ibandronate</b>	inj 3 mg/3ml	BONIVA	4	PA
pamidronate	inj 6 mg/ml	AREDIA	5	
<b>pamidronate</b>	inj 3 mg/ml, 30 mg, 9 mg/ml, 90 mg	AREDIA	5	
<b>zoledronic</b>	soln 5 mg/100ml	RECLAST	5	QL PA
Miscellaneous (Misceláneos)				
teriparatide	inj 750 mcg/3ml	FORTEO	4	PA
<b>Respiratory (Respiratorios)</b>				
Others (Otros)				
dornase alfa	inhal 1 mg/ml	PULMOZYME	5	
<b>tobramycin</b>	neb 300 mg/5ml	TOBI	4	

Medicamentos (Drugs)	Presentación (Dosage Form)	Nombre Comercial (Brand Name)	Nivel (Level)	Inst
tobramycin	inh caps 28 mg, neb 300 mg / 4 ml	TOBI PODHALER/BETHKIS	5	
<i>Skeletal-Muscle System/Rheumatology (Sistema Músculo-Esquelético/Reumatología)</i>				
Miscellaneous (Misceláneos)				
abatacept	sosy 125 mg/1ml	ORENCIA	5	PA
abatacept	inj 250 mg, 125 mg/1ml	ORENCIA	5	PA
adalimumab	inj 20 mg/0.4ml, 40 mg/0.8ml	HUMIRA	4	PA
etanercept	inj 25 mg, sosy 50 mg/ml	ENBREL	4	PA
etanercept	soaj 50 mg/ml	ENBREL SURECLICK	4	PA
golimumab	soln 50 mg/4ml, 50 mg/0.5ml autoinjector & syringe	SIMPONI/ SIMPONI ARIA	5	PA
tocilizumab	inj 200 mg/10ml, 400 mg/20ml, 80 mg/4ml	ACTEMRA	5	PA
tofacitinib	tabs 5 mg	XELJANZ	5	PA
<i>Vitamins/Hematinics/Other Supplements (Vitaminas/Hematínicos/OtrosSuplementos)</i>				
Chelating Agents (Agentes Quelantes)				
deferiprone	tabs 500 mg	FERRIPROX	5	PA AL
Coagulant Therapy (Terapia de Coagulación)				
Miscellaneous (Misceláneos)				
antihemophilic factor	inj 401-800 u, 220-400 u, 401-800 u, 1700 u, 801-1500 u, 1501-2000 u	HEMOFIL M	4	PA SL
antihemophilic factor (human)	inj 1000 u, 2000 u, 250 u, 500 u	XYNTHA	5	PA SL
antihemophilic factor (human)	inj 250 u, 500u, 1000 u	KOATE-DVI	5	PA SL
antihemophilic factor (human)	inj 1000 u, 1500 u, 250 u, 500 u,	MONOCLATE-P	5	PA SL
antihemophilic factor (recomb)	inj 1000 u, inj 1500 u, inj 2000 u, 250 u, inj 3000 u, inj 500 u, 750 u	ELOCTATE	5	PA SL
antihemophilic factor (recombinant)	inj 3000 u	KOGENATE FS	5	PA SL
antihemophilic factor (recombinant)	inj 220-400 u, 401-800 u, 801-1240 u, 1241-1800 u, 1801-2400 u,	RECOMBINATE	4	PA SL
antihemophilic factor (recombinant)	inj 3000 u	HELIXATE FS	5	PA SL
antihemophilic factor (recombinant)	inj 1000 u, 2000 u, 250 u, 500 u	REFACTO	5	PA SL
antihemophilic factor rahf-pfm	inj 1000 u, 1500 u, 2000 u, 250 u, 3000 u, 500 u	ADVATE	4	PA SL
antihemophilic factor/vwf	inj 250-600 u, 500-1200 u, 1000-2400 u, 500-500 U, 1000-1000 u	HUMATE-P/WILATE	5	PA SL

<b>Medicamentos (Drugs)</b>	<b>Presentación (Dosage Form)</b>	<b>Nombre Comercial (Brand Name)</b>	<b>Nivel (Level)</b>	<b>Inst</b>
antihemophilic factor/vwf (human)	inj 1000 u, 1500 u, 250 u, 500 u,	ALPHANATE	5	PA SL
antiinhibitor coagulant complex	inj	FEIBA VH	5	PA SL
coagulation factor ix	inj , 1000 u, 250u , 500 u, 1500 u	MONONINE/ALPHANINE	5	PA SL
coagulation factor ix (recombinant)	inj 1000 u, 2000 u, 250 u, 3000 u, 500 u	RIXUBIS/BENEFIX	5	PA SL
coagulation factor viia (recombinant)	inj 1 mg, 2 mg, 5 mg, 8 mg, 2400 mcg	NOVOSEVEN	5	PA SL
factor ix complex	inj 1000 u, 1500 u, 500 u , 200-1200 u, inj 200-1200 u	PROFILNINE/ BEBULIN/ BEBULIN VH	5	PA SL

## PARTE V – APÉNDICES / PART V - APPENDIXES

### Apéndice I – Límites de Cantidad / Appendix I – Quantity Limits (QL)

En este formulario se encuentran incluidos medicamentos asociados a las iniciales **QL**. **QL** significa que estos medicamentos tienen un límite en la cantidad a despacharse. Estas cantidades se establecen de acuerdo a lo sugerido por el fabricante como la cantidad máxima adecuada que no está asociada a efectos adversos y la cual es efectiva para el tratamiento de una condición. / *The formulary includes drugs associated to the **QL** abbreviation. **QL** means that those medications have a limit on the amount to be dispensed. These amounts are established according to the manufacturer's recommendation as to the adequate maximum amount that will not cause adverse effects and which is effective for the treatment of a condition.*

Producto (Product)	Nombre genérico (Generic Name)	Cantidad (Quantity)	Días (Days)
AMITIZA	LUBIPROSTONE CAP 8 MCG, 24 MCG	60 Cap	30
AXERT	ALMOTRIPTAN MALATE TAB 6.25 MG, TAB 12.5 MG	6 tab	30
CIALIS	TADALAFIL TAB 10 MG, 20 MG	6 tab	30
CIPRO XR	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB SR 24HR 500 MG	3 tab	30
CIPRO XR	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB SR 24HR 1000 MG	14 tab	30
COARTEM	ARTEMETHER-LUMEFANTRINE TAB 20-120 MG	24 tab	365
CRINONE	PROGESTERONE VAGINAL GEL 8%	21.75 gm	11
EMEND	APREPITANT CAPSULE 80 MG	2 Cap	7
EMEND	APREPITANT CAPSULE 125 MG	1 Cap	7
EMEND	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	3 Cap	7
FROVA	FROVATRIPTAN SUCCINATE TAB 2.5 MG	9 tab	30
IMITREX	SUMATRIPTAN NASAL SPRAY 5 MG/ACT, 20 MG/ACT	1 caja/ 1 box	30
IMITREX	SUMATRIPTAN SUCCINATE TAB 25 MG, TAB 50 MG	18 tab	30
IMITREX	SUMATRIPTAN SUCCINATE TAB 100 MG	9 tab	30
IMITREX	SUMATRIPTAN SUCCINATE INJ 12 MG/ML	5 ampolletas / 5 ampoule	30
IMITREX	SUMATRIPTAN SUCCINATE INJ 4 MG/0.5ML	5 ampolletas / 5 ampoule	30
LAMISIL	TERBINAFINE HCL TAB 250 MG	84 tab	365
LEVITRA	VARDENAFIL HCL TAB 2.5 MG, 5 MG, 10 MG, 20MG	6 tab	30
MALARONE	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	48 tab	365
	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	12 tab	365
AMERGE	NARATRIPTAN HCL TAB 1 MG, 2.5 MG	9 tab	30

Producto (Product)	Nombre genérico (Generic Name)	Cantidad (Quantity)	Días (Days)
PENLAC	CICLOPIROX SOLUTION 8%	1 Botella/Bottle	90
PROLIA	DENOSUMAB INJ 60 MG/ML	1	180
QUALAQUIN	QUININE SULFATE CAP 324 MG	42 Cap	365
RECLAST	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	100	365
RELISTOR	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	4.2	15
RELISTOR	METHYLNALTREXONE BROMIDE INJ KIT 12 MG/0.6ML	7	15
RELISTOR	METHYLNALTREXONE BROMIDE INJ 8 MG/0.4ML (20 MG/ML)	2.8 ml	11
RELPAK	ELETRIPTAN HYDROBROMIDE TAB 20 MG, 40MG	6 tab	30
MAXALT	RIZATRIPTAN BENZOATE TAB 5 MG, ODT 5 MG	24 tab	30
MAXALT	RIZATRIPTAN BENZOATE TAB 10 MG, ODT 10 MG	12 tab	30
STAXYN	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	4 tab	30
TORADOL	KETOROLAC TROMETHAMINE TAB 10 MG	**	5
VERAMYST	FLUTICASONE FUROATE NASAL SUSP 27.5 MCG/SPRAY	10 gm	22
VIAGRA	SILDENAFIL CITRATE TAB 25 MG, 50 mg, 100mg	6 tab	30
ZOMIG	ZOLMITRIPTAN TAB 2.5 MG, 5 MG, ODT 2.5 MG, 5MG	6 tab	30
ZOMIG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	6 tab	30

\*\* Se despachará una cantidad máxima de suplido según establecido en la tabla de límites de cantidad / *A maximum supply for days of therapy will be dispensed as establish in the table of quantity limits.*

## Apéndice II – Límites de Especialidad / Appendix II – Specialty Limits (SL)

En este formulario se encuentran incluidos medicamentos asociados a las iniciales **SL**. **SL** significa que estos medicamentos requieren que un especialista evalúe el paciente y los recete. La siguiente tabla enumera cuales son estos productos y señala el especialista que debe prescribirlos. / *The formulary includes drugs associated to the **LE** abbreviation. **LE** means that those medications require that a specialist evaluates the patient and prescribe it. The following table enumerates which are those products and indicate the specialist that must prescribe it.*

ANTIHEMOPHILIC & COAGULATION FACTORS	
Producto (Product)	Especialidad (Specialty)
ADVATE	HEMATÓLOGO /HEMATOLOGIST
ALPHANATE	
ALPHANINE	
BEBULIN VH/ BEBULIN	
BENEFIX	
ELOCTATE	
FEIBA VH	
HEMOFIL M	
HELIXATE FS	
HUMATE-P	
KOATE-DVI	
KOGENATE FS	
MONOCLATE-P	
MONONINE	
NOVOSEVEN	
NOVOSEVEN RT	
PROFILNINE	
PROFILNINE SD	
RECOMBINATE	
REFACTO	
RIXUBIS	
WILATE	
XYNTHA	

### Apéndice III – Límites de Edad / Appendix III – Age Limits (AL)

En este formulario se encuentran incluidos medicamentos asociados a las iniciales **AL**. **AL** significa que estos medicamentos tienen a un límite de edad. / *The formulary includes medications associated to the **AL** abbreviation. **AL** means that those medications have a limit in the age.*

Nombre genérico (Generic Name)	Producto (Product)	Límite de Edad (Age Limit)
AMCINONIDE	AMCINONIDE	≥ 12 yo
BETAMETHASONE	BETAMETHASONE VALERATE	≥ 12 yo
BOSUTINIB	BOSULIF	≥ 18 yo
TADALAFIL 2.5 mg y 5 mg	CIALIS	≥ 18 yo
AMCINONIDE	CYCLOCORT	≥ 12 yo
ADAPALENE	DIFFERIN	≤ 25 yo
DIFLORASONE	DIFLORASONE DIACETATE	≥ 12 yo
AUGMENTED BETAMETHASONE	DIPROLENE	≥ 12 yo
BETAMETHASONE	DIPROSONE	≥ 12 yo
ADAPALENE-BENZOYL	EPIDUO	≤ 24 yo
DEFERIPRONE	FERRIPROX	≥ 18 yo
HALCINONIDE	HALOG	≥ 12 yo
AXITINIB	INLYTA	≥ 18 yo
TRIAMCINOLONE	KENALOG	≥ 12 yo
FLUOCINONIDE	LIDEX	≥ 12 yo
CLOTRIMAZOLE & BETAMETHASONE	LOTRISONE	≥ 18 yo
CLOBETASOL	OLUX	≥ 18 yo
HYDROCORTISONE	PANDEL	≥ 18 yo
ELTROMBOPAG	PROMACTA	≥ 18 yo
DIFLORASONE	PSORCON/ PSORCON E	≥ 12 yo
TRETINOIN	RETIN-A	≤ 24 yo
ATOMOXETINE	STRATTERA	≥ 6-18 yo / ≥ 19 yo PA
CLOBETASOL	TEMOVATE	≥ 12 yo
DESOXIMETASONE	TOPICORT	≥ 12 yo
HALOBETASOL	ULTRAVATE	≥ 12 yo
BETAMETHASONE	VALISONE/BETA-VAL/LUXIQ	≥ 12 yo
FLUTICASONE	VERAMYST	≥ 4 yo
VEMURAFENIB	ZELBORAF	≥ 18 yo
LACOSAMIDE	VIMPAT	≥ 17 yo
SILDENAFIL	REVATIO	≥ 18 yo
USTEKINUMAB	STELARA	≥ 18 yo

## Apéndice IV – Terapia Escalonada / Appendix IV – Step Therapy (ST)

En este formulario se encuentran incluidos medicamentos asociados a las iniciales **ST**. **ST** significa terapia escalonada donde el paciente utiliza medicamentos del primer paso antes de utilizar los medicamentos identificados como segundo paso. En la siguiente tabla se identifican los medicamentos del primer y segundo paso. / *The formulary includes drugs associated to the **ST** abbreviation. **ST** means step therapy, where the patient uses step one drugs before using the drugs identified as second step. The following table identified the medications used as first and second step.*

Terapia Escalonada / Step Therapy	
Nombre de la Terapia Escalonada (Step Therapy Name)	Medicamentos (Drugs)
Antihypertensive Agents Amlodipine besylate – Valsartan-HCT (Exforge, Exforge HCT) Amlodipine-Olmesartan (Azor)	<p>Paso 1/ Step 1:</p> <p>Alternative #1: Calcium Channel Blockers (CCB)/Angiotensin Converting Enzymes Inhibitors (ACEI) Combinations OR ACEI/HCT Combinations OR CCB/ Angiotensin Receptor Blocker (ARB) Combinations OR ARB/HCT Combinations</p> <p>Alternative #2: Angiotensin Converting Enzymes Inhibitors (ACEI) OR Angiotensin Receptor Blocker (ARB) PLUS Calcium Channel Blocker (CCB)</p> <p>Alternative #3: Angiotensin Converting Enzymes Inhibitors (ACEI) OR Angiotensin Receptor Blocker (ARB) PLUS Diuretic or Diuretic Combination</p> <p>Alternative #4: Angiotensin Converting Enzymes Inhibitors (ACEI) OR Angiotensin Receptor Blocker (ARB) PLUS Diuretic OR Diuretic Combination PLUS Calcium Channel Blockers (CCB)</p> <p>Paso 2/ Step 2: Amlodipine besylate -Valsartan (Exforge), Amlodipine besylate –Valsartan- HCT (Exforge HCT), Amlodipine-Olmesartan (Azor)</p>
Ezetimibe (Zetia) Ezetimibe-Atorvastatin (Liptruzet)	<p>Paso 1/ Step 1: Generic statins and combinations</p> <p>Paso 2/ Step 2: Zetia, Liptruzet</p>
GLP-1 Agonists	<p>Paso 1/ Step 1: Biguanides, Biguanides/Combinations, Sulfonilureas, Sulfonilurea/Combinations, Glitazonas, Inhibidores de la enzima dipeptil peptidase-4 (DPP-4), Thiazolidinediones, Combinations</p> <p>Paso 2/ Step 2: Byetta, Victoza, Bydureon</p>
Thiazolidinediones/ Thiazolidinediones Combinations	<p>Paso 1/ Step 1: Biguanides, Biguanides/Combinations, Sulfonilureas, Sulfonilurea/Combinations</p> <p>Paso 2/ Step 2: Pioglitazone (Actos), Pioglitazone-metformin (Actoplus Met), Pioglitazone-glimepiride (Duetact)</p>

Terapia Escalonada / Step Therapy	
Nombre de la Terapia Escalonada (Step Therapy Name)	Medicamentos (Drugs)
Aldosterone Receptor Antagonist Eplerenone (Inspra)	Paso 1/Step 1: Spironolactone (Aldactone), Spironolactone- HCT (Aldactazide)  Paso 2/ Step 2: Eplerenone (Inspra)
ADHD Agents	Paso 1/Step 1: Methylphenidate OR Amphetamines  Paso 2/ Step 2: Atomoxetine (Strattera), Lisdexamphetamine (Vyvanse), Amphetamine-Dextroamphetamine (Adderal, Adderal XR), Dextroamphetamine (Dexedrine SR)
Estatinas/Statins	Paso 1/ Step 1: Lovastatin (Mevacor), Pravastatin Sodium (Pravachol), Simvastatin (Zocor), Atorvastatin Calcium (Lipitor)  Paso 2/ Step 2: Atoprev, Crestor, Lescol, Lescol XR, Vytorin
Corticosteroides Intranasales/ Intranasal Corticosteroids	Paso 1/ Step 1: Fluticasone Propionate-Nasal, Flunisolide  Paso 2/ Step 2: Beconase AQ, Rhinocort, Veramyst, Nasacort, Nasonex, Nasarel 29mcg/act
Antihistamínicos de Baja o Ninguna Sedación /Histamine1(H1) Blocking Agents, Mildly/Non-sedating	Paso 1/ Step 1: Allegra-OTC, Fexofenadine-OTC, Allegra/D, Allegra/D OTC, Claritin-OTC, Loratadine-OTC, Claritin/D-OTC, Loratadine/D-OTC, Zyrtec-OTC, Cetirizine-OTC, Zyrtec/D-OTC, Cetirizine/D-OTC  Paso 2/ Step 2: Clarinex, Clarinex D
Alergias Oculares/Ocular Allergies - OTC First	Paso 1/ Step 1: Alaway OTC, Claritin Eye OTC, Zaditor OTC, Zyrtec Itchy OTC.  Paso 2/ Step 2: Optivar, Emadine, Patanol, Pataday, Alocril, Alomide
Inhibidores de la Bomba de Protones/ Proton Pump Inhibitors	Paso 1/ Step 1: Prilosec-OTC, Omeprazole-OTC, Omeprazole-RX, Pantoprazole-RX , Prevacid 24HR OTC Zegerid OTC, Nexium 24HR OTC  Paso 2/ Step 2: Aciphex, Prevacid
Bifosfonatos/ Bisphosphonates	Paso 1/ Step 1: Alendronate (Fosamax)  Paso 2/ Step 2: Skelid, Actonel, Fosamax soln, Fosamax Plus D
Bloqueadores del Receptor de Angiotensina (ARBs)/Angiotensin Receptor Blockers (ARB)	Paso 1/ Step 1: Irbesartan (Avapro), Irbesartan HCT, (Avalide), Losartan (Cozaar), Losartan HCT (Hyzaar), Valsartan HCT (Diovan HCT)  Paso 2/ Step 2:, Candesartan (Atacand), Candesartan HCT (Atacand HCT), Valsartan (Diovan), Telmisartan (Micardis), Telmisartan HCT (Micardis HCT), Eprosartan (Teveten), Olmesartan (Benicar), Eprosartan HCT (Teveten HCT), Olmesartan HCT (Benicar HCT)

<b>Terapia Escalonada / Step Therapy</b>	
<b>Nombre de la Terapia Escalonada (Step Therapy Name)</b>	<b>Medicamentos (Drugs)</b>
Corticosteroides Inhalados/ Inhaled Corticosteroids Mometasone furoate (Asmanex)	Paso1/ Step1: Beclomethasone dip (Qvar), Fluticasone prop (Flovent HFA, Flovent Diskus)  Paso2/ Step 2: Mometasone furoate (Asmanex), Budesonide inh (Pulmicort Flexhaler)
Analgésicos No Esteroidales/ Nonsteroidal anti-inflammatory drugs (NSAIDs) Celecoxib (Celebrex)	Paso 1/ Step1: generic NSAIDs  Paso 2 / Step 2: Celecoxib (Celebrex)
Antiespasmódicos Urinarios/ Urinary Antispasmodics	Paso 1/ Step1: Oxybutynin (Ditropan), Tolterodine (Detrol)  Paso 2/ Step 2: Mirabegron (Myrbetriq)
Hipnóticos / Hypnotics	Paso 1/ Step1: Zolpidem (Ambien), Zaleplon (Sonata)  Paso 2/ Step 2: Zolpidem CR (Ambien CR)
Zocor 80 mg/Vytorin 10-80 mg	Prior use of at least 12 months of simvastatin 80 mg and/or Vytorin 10-80 mg

## Apéndice V – Productos OTC / Appendix V - OTC Products

En este formulario se encuentran incluidos medicamentos **OTC**. La siguiente tabla enumera cuales son estos productos. / *The formulary includes OTC drugs. The following table enumerates which are those products.*

Categoría (Category)	Producto (Product)	Limitación (Limit)
H1 BLOCKING AGENTS, MIDLY/NON-SEDATING	ALAVERT® / ALAVERT-D®	OTC
	ALLEGRA® / ALLEGRA-D®	OTC
	CETIRIZINE / CETIRIZINE-D	OTC
	CLARITIN® / CLARITIN-D	OTC
	FEXOFENADINE / FEXOFENADINE-D	OTC
	LORATADINE / LORATADINE-D	OTC
	ZYRTEC® / ZYRTEC-D®	OTC
OCULAR ALLERGIES	ALAWAY®	OTC
	ZADITOR OTC	OTC
PROTON PUMP INHIBITORS	LANSOPRAZOLE OTC	OTC
	NEXIUM OTC	OTC
	OMEPRAZOLE OTC	OTC
	PREVACID 24H®	OTC
	PRILOSEC® OTC	OTC
	ZEGERID® OTC	OTC

Nota: Triple-S, Inc., en su programa de cubierta de ciertos medicamentos OTC, requiere una receta para el despacho de los mismos.

*Note: Triple-S, Inc. requires a prescription for dispensing OTC drugs included in their OTC Coverage Program.*

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