



2020 Formulary

(List of Covered Prescription Drugs for Mexico)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THE FOLLOWING PLANS:

Small Group Plans

- P5 Platinum HMO Plan
- P20 Platinum HMO Plan
- PM Platinum HMO Plan
- GM Gold HMO Plan

Large Group Plans

- VP5 HMO Plan
- VP10 HMO Plan
- VP20 HMO Plan
- MEP HMO Plan
- QEP HMO Plan

This formulary was last updated on **2/12/2020**. This formulary is subject to change and all previous versions of the formulary no longer apply.

For more recent information or other questions, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346; Email: memberservices@mediexcel.com; or visit <https://www.mediexcel.com/members>

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INFORMATIONAL SECTION

Introduction to the formulary drug list

The MediExcel Health Plan Drug Formulary is a list of medications that are available in Mexico and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

The following words and definitions will be used throughout the formulary drug list.

Brand name drug	A drug that is marketed under a proprietary, trademark protected name.
Coinsurance	A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment	A fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible	The amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug tier	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee	Also known as "Member." A person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
Exception request	A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances	Are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
Formulary	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

Generic drug	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket costs	Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription	An oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior authorization	Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
Quantity limit	Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
Step therapy	A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
Subscriber	The person who is responsible for payment to a plan or whose employment or other status, exception for family dependency, is the basis for eligibility for membership in the plan.

How do I find a drug on this list?

The drugs are listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits of your Evidence of Coverage (EOC).

The column titled “Drug Tier” is the cost level you pay for a drug.

Drug Tier	Description
1	Most generic drugs or low-cost, preferred brand drugs.
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost.
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Drugs that are biologics; drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply.
PV	Select drugs covered with no Copayment, including certain generic and over-the-counter contraceptives for women.
MB	Drugs covered under the medical benefit. Please refer to your medical benefit coverage information.

There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits or contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information.

How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits	Description
Age Limit (AGE)	The prescription is covered when certain age criteria are met.
Gender Limit (GL)	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
Specialty Pharmacy (SP)	These drugs are available exclusively through select specialty pharmacies.
Prescriber Restriction (PR)	The prescription is covered when prescribed by certain providers.
Prior Authorization (PA)	Prior authorization is required to determine coverage.
Quantity Limit (QL)	The prescription quantity covered is limited. A prior authorization request for quantity exception is required for amounts greater than the limit.
Step Therapy (ST)	If a drug is subject to step therapy, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition

How often will the formulary change?

This formulary is subject to change monthly. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when is it removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug’s manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

When a drug or dosage form is removed from the formulary and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

Difference between medical benefit drug versus a drug in the Outpatient Prescription Drug Benefit

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if your drug is covered under the medical benefit?

A prescription drugs may be covered under the medical benefit and are not listed in this drug formulary. You should contact the Member Services Center at Tel (619) 365-0346 to ensure that the drug may be covered under the medical benefit. If the Member Services Center confirms that we may cover your drug under the medical benefit, you, your representative, or your doctor may submit a Service Authorization Request to the MediExcel Health Plan Utilization Management Department.

What is step therapy?

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Your provider may submit a request for an exception to the step therapy requirement.

To request an exception, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information. You, your representative, or your doctor may submit an exception request.

What is the prior authorization/exception request process?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require review of the patient's prescription and medical history to determine coverage.

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request prior authorization or a non-formulary coverage exception, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information. You, your representative, or your doctor may submit an exception request.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If MediExcel Health Plan denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with MediExcel Health Plan, as described in the "Grievance Process" section of the EOC.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. To find a network pharmacy, visit <https://mediexcel.com> or contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for assistance.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by MediExcel Health Plan. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. If you have questions about specialty drugs, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time.

What if your drug is not on the formulary?

If your prescription is not listed on the formulary, you should first contact the Member Services Center at Tel (619) 365-0346 at any time to ensure that the drug is not covered under the outpatient prescription drug benefit. If the Member Services Center confirms that we do not cover your drug under the pharmacy benefit, you have three options:

- 1) You can ask your doctor if you can switch to another drug covered by us.
- 2) You can ask us to make an authorization to cover your drug
- 3) You can pay-out-of-pocket for the drug and request that the Plan reimburse you by requesting an authorization. If the authorization request is not approved, the Plan is not obligated to reimburse you. If the authorization request is not approved, you may appeal the Plan's denial.

You can obtain non-formulary prescription drugs (those not listed on our drug formulary for your condition) if authorized by the Plan and a MediExcel physician determines that they are medically necessary. If you disagree with your physician's determination that a non-formulary prescription drug is not medically necessary, you may file a grievance as described in the "Grievances and Appeals Process" section of your Evidence of Coverage booklet.

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ANALGESICS

1. ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
KETOROLAC SUBLINGUAL TABLETS 30MG W 6	1	
INDOMETACIN RECTAL SUPPOSITORY 100MG W 15	1	
SODIC NAPROXEN ORAL TABLETS 500MG W 15	1	
IBUPROFEN ORAL CAPSULES 400MG W 20	1	
INDOMETACIN ORAL CAPSULES 25MG W 60	1	
SODIC NAPROXEN ORAL SUSPENSION 2.5G/2G/100ML W 00ML	1	
DICLOFENAC ORAL SUSPENSION 180MG x 100ML (4.5MG/2.5ML) W 120ML	1	
KETOPROFEN ORAL SUSPENSION 70ML W 70ML	1	
DICLOFENAC ORAL TABLETS 50MG W 30	2	
DICLOFENAC IM/IV INJECTABLE SOLUTION 75MG/3ML W 5x3ML	2	
CELECOXIB ORAL CAPSULES 200MG W 10	3	
FENACETINE/ACETANILIDE/CAFFEIN ORAL TABLETS 400MG/150MG/100MG/50MG W 20	1	
SODIC NAPROXEN/ACETAMINOPHEN ORAL TABLETS 275MG/300MG 16	1	
ACETOAMINOFEN ORAL TABLETS 1 W 20	1	

ANESTHETICS LOCAL ANESTHETICS

2. ANALGESICS OPIOID ANALGESICS, LONG- ACTING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	2	PA, ST
BUPRENORPHINE TRANSDERMIC PATCHES 20MG W 2	2	PA, ST
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	2	PA, ST

3. ANALGESICS OPIOID ANALGESICS, SHORT- ACTING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG 10	2	PA, ST, SP
BUPRENORPHINE IV/IM INJECTABLE SOLUTION 0.3MG/1ML 6x1ML	2	PA, ST, SP
MORPHINE ORAL TABLETS 30MG 20	3	PA, ST, SP
MORPHINE ORAL TABLETS 15MG 20	3	PA, ST, SP
MORPHINE ORAL TABLETS 30MG 100	3	PA, ST, SP
ACETAMINOPHEN/TRAMADOL ORAL TABLET 325MG/37.5MG 20	2	PA, ST, SP
TRAMADOL ORAL CAPSULES 50MG 10	2	SP

4. ANESTHETICS LOCAL ANESTHETICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LIDOCAINE / PRILOCAINE TOPIC PATCHES 1G W 2	4	
LIDOCAINE / PRILOCAINE TOPIC CREAM 25MG/25MG X G W 5G	4	

[ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS](#)

5. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS ALCOHOL DETERRENTS/ANTI-CRAVING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ONDANSETRON ORAL TABLETS 8MG W 10	3	PA
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	4	PA,SP,PR,ST,QL
ONDANSETRON IV INJECTABLE SOLUTION 8MG/4ML W 3X4ML	4	PA,SP,PR,ST,QL

6. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS OPIOID DEPENDENCE TREATMENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	3	PA, ST

7. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS OPIOID REVERSAL AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
NALOXONE PARENTERAL INJECTABLE SOLUTION .4MG/ML W 1	4	PA,SP,PR,ST,QL

8. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS SMOKING CESSATION AGENTS (NOT REQUIRED)

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
VARENICLINE ORAL TABLETS0.5MG(11) /1MG(14) W 25	4	PA,SP,PR,ST,QL

ANTI-INFLAMMATORY AGENTS

9. ANTI-INFLAMMATORY AGENTS GLUCOCORTICOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEXAMETHASONE ORAL TABLETS 0.5MG 30	1	
DEXAMETHASONE ORAL TABLETS 0.75MG 30	1	
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 8MG 2ML	1	
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 4MG 2ML	1	
DEXAMETHASONE ORAL TABLETS 4MG 10	1	
METHYLPREDNISOLONE IM/INSIDE JOINT INYECTABLE SOLUTION 40MG/1ML 2ML	2	
PREDNISOLONE OPHTHALMIC DROPS 10MG/1ML 5ML	2	
PREDNISOLONE ORAL SOLUTION 1MG/ML 120ML	3	
PREDNISOLONE ORAL TABLETS 20MG 30	1	
PREDNISOLONE ORAL TABLETS 5MG 30	1	
PREDNISONE ORAL TABLETS 50MG 20	1	
TRIAMCINOLONE NASAL SPRAY 55MCG 16.5ML	2	
BETAMETHASONE ORAL DROPS 0.5MG/ML 60ML	3	
DEXAMETHASONE PARENTERALINJECTABLE SOLUTION 8MG/2ML 1	1	
PREDINSOLONE ORAL SOLUTION 1MG 120ML	2	
BETAMETHASONE IM/INSIDE JOINT INJECTABLE SUSPENSION 5MG/2MG X ML 1	1	
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG	1	
BETAMETHASONE TOPIC CREAM 0.1/100G 40G	3	
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG 10	1	
PREDNISOLONE ORAL TABLETS 5MG W 15	2	
PREDNISOLONE ORAL TABLETS 5MG W 60	3	

10. ANTI-INFLAMMATORY AGENTS NONSTEROIDAL ANTI- INFLAMMATORY DRUGS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ACECLOFENAC ORAL TABLET 100 MG	2	
ACEMETACINE ORAL CAPSULES 90MG 14	2	
DESKETOPROFEN ORAL TABLETS 25MG 10	2	
DICLOFENAC ORAL DROPS 15MG/ML 20ML	2	
IBUPROFEN ORAL CAPSULES 600MG 10	1	
IBUPROFEN ORAL CAPSULES 400MG 10	1	
KETOPROFEN/ACETAMINOPHEN ORAL TABLETS 100MG/300MG 12	2	
LISINE ORAL TABLETS 125MG 10	1	
MELOXICAM ORAL TABLETS 7.5MG 20	1	
NAPROXEN ORAL CAPSULES 275 MG 20	1	

ANTIBACTERIALS

11. ANTIBACTERIALS AMINOGLYCOSIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMIKACINE IV/IM INYECTIONAL SOLUTION 500MG 2ML	2	
AMIKACINE IV/IM INYECTIONAL SOLUTION 1G 4ML	2	
GENTAMYNE IV/IM SOLUTION 160MG/2ML 1	3	
GENTAMICINE IM/IV INYECTIONAL SOLUTION 80MG X 2ML 1	3	
GENTAMICIN IM/IV INYECTIONAL SOLUTION 160MG X 2ML 1	2	
NETILMICIN INTRAMUSCULAR SOLUTION 3MG PIEZA	3	
GENTAMICINE PARENTERAL INYECTIONAL SOLUTION 160MG/2ML 2ML	2	
GENTAMICINE PARENTERAL INYECTIONAL SOLUTION 80MG/1ML 1ML	2	

12. ANTIBACTERIALS ANTIBACTERIALS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMOXICILLIN ORAL CAPSULES 500MG 15	1	
AMOXICILLIN ORAL TABLETS 875MG 10	1	
AMOXICILLIN ORAL SUSPENSION 500MG 75ML	1	
AMOXICILLIN ORAL SUSPENSION 400MG/5ML 50ML	1	
AMOXICILLIN/CLAVULANIC ACID ORAL TABLET 875/125MG 14	1	
AMOXICILLINE ORAL TABLET 750MG 12	1	
AMOXICILLIN/CLAVULANIC ACID ORAL SUSPENSION 200MG/28.57MG 70ML	1	
AMOXICILLIN/CLAVULANIC ACID ORAL SUSPENSION 250MG/62.5MG/5ML 70ML	1	
AMOXICILLIN/CLAVULANIC ACID ORAL ORAL SUSPENSION 400MG/57MG/5 ML 70ML	1	
AMOXICILLIN/CLAVULANIC ACID ORAL TABLETS 500MG/125MG 15	1	
AMOXICILLIN/CLAVULANIC ACID ORAL TABLETS 875/125MG 14	1	
AMOXICILLIN/SULBACTAM ORAL SOLUTION 200MG/50MG/1ML 130ML	2	
AMPICILLIN ORAL TABLET 1G 12	2	
AMPICILLIN ORAL CAPSULES 500MG 20	1	
BENZATHINE PENICILLIN INTRAMUSCULAR SOLUTION 800000UI/2ML 2ML	1	
CEFALEXIN ORAL SUSPENSION 125MG/5ML 100ML	1	
CEFALEXIN ORAL SUSPENSION 125MG/5ML 100ML	4	
CEFUROXIME ORAL SUSPENSION 250MG/5ML 50ML	1	
CLARITHROMYCIN ORAL TABLETS 500MG 14	1	
CLINDAMYCIN VAGINAL PRESENTATION 100MG 7	1	
DICLOXACILLIN ORAL SUSPENSION 125MG/5ML 90ML	1	

13. ANTIBACTERIALS BETA-LACTAM, CEPHALOSPORINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CEFALEXIN ORAL CAPSULES 250MG 24	2	
CEFALEXIN ORAL TABLETS 500 MG 12	2	
CEFIXIME ORAL SUSPENSION 100MG/5ML 50ML	2	
CEFIXIME ORAL CAPSULES 400MG 6	2	
CEFTRIAXONE INTRAMUSCULAR SOLUTION 1G/3.5ML 3.5ML	2	
CEFTRIAXONE INTRAMUSCULAR INYECTABLE SOLUTION 500MG/2ML 2ML	2	
CEFUROXIME ORAL TABLETS 500MG 10	1	

14. ANTIBACTERIALS BETA-LACTAM, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CEFIXIME ORAL CAPSULES 200MG 12	3	
CEFOTAXIME INTRAMUSCULAR SOLUTION 1G/4ML 1 AMP	3	

15. ANTIBACTERIALS BETA-LACTAM, PENICILLINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMOXICILLINE ORAL ORAL SUSPENSION 250MG/5ML 75ML	1	
AMPICILLIN ORAL ORAL SUSPENSION 250MG 90ML	1	
BENCILPENICILLIN IV/IM INYECTABLE SOLUTION 1000000/2ML 2ML	1	
COMBINED PENICILLIN INTRAMUSCULAR INYECTABLE SUSPENSION 600,000U/300,000U/300,000U 1X3ML	1	
PENICILLIN G INTRAMUSCULAR INYECTABLE SOLUTION 300000U/500MG 1	1	

16. ANTIBACTERIALS MACROLIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AZITHROMYCIN ORAL TABLETS 500MG 3	1	
CLARITROMICINA ORAL TABLETS 500MG 10	2	
ERYTHROMYCIN ORAL TABLETS 500MG 20	2	

17. ANTIBACTERIALS QUINOLONES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CIPROFLOXACIN ORAL TABLETS 500MG	1	
CIPROFLOXACIN ORAL CAPSULES 250MG 12	1	
CIPROFLOXACIN ORAL TABLET 1G 7	3	
MOXIFLOXACIN ORAL TABLET 400MG 7	2	
GATIFLOXACIN OPHTHALMIC DROPS 3.0MG/1ML 5ML	1	
NORFLOXACIN ORAL TABLETS 750MG 7	3	
LEVOFLOXACIN ORAL TABLETS 500MG 7	3	
MOXIFLOXACIN ORAL TABLETS 400MG 7	2	
NORFLOXACIN ORAL TABLETS 400MG 20	2	
OFLOXACIN ORAL TABLETS 400MG 8	1	
OFLOXACIN ORAL TABLETS 200MG 14	1	

18. ANTIBACTERIALS SULFONAMIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
SULFAMETOXAZOL/TRIMETROM ORAL TABLETS 80/400MG 30	1	
SULFAMETOXAZOL/TRIMETROPIM ORAL SUSPENSION 200MG/40 MG/5ML 120ML	1	
SULFAMETOXAZOL/TRIMETROPIM ORAL TABLETS 160MG/800MG 14	1	
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 80/400MG 14	1	
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 160/800MG 14	1	

19. ANTIBACTERIALS TETRACYCLINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DOXYCYCLINE ORAL TABLETS 100MG 28	1	
LYMECYCLINE ORAL CAPSULES 150MG 32	3	
LYMECYCLINE ORAL CAPSULES 300MG 20	3	
MINOCYCLINE ORAL TABLETS 50MG 24	2	
TETRACYCLINE ORAL TABLETS 250MG 20	2	

ANTICONVULSANTS

20. ANTICONVULSANTS ANTICONVULSANTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PREGABALIN ORAL TABLETS 150MG 28	2	
PREGABALIN ORAL TABLETS 75MG 14	2	
PREGABALIN ORAL CAPSULES 300MG 28	3	

21. ANTICONVULSANTS CALCIUM CHANNEL MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVETIRACETAM ORAL TABLETS 1 G30	3	
PREGABALINA ORAL TABLETS 150MG 14	3	
MAGNESIUM VALPROATE ORAL TABLET 200MG 40	1	

22. ANTICONVULSANTS GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
OXCARBAZEPINE ORAL TABLETS 300MG 20	2	
OXCARBAZEPINE ORAL TABLETS 600MG 20	2	
OXCARBAZEPINE ORAL TABLET 300MG 30	3	
OXCARBAZEPINE ORAL TABLETS 600MG 30	3	

23. ANTICONVULSANTS GLUTAMATE REDUCING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVETIRACETAM EXITEL 500MG C30T MEDI EXC	3	
LEVETIRACETAM ORAL TABLETS 500MG 30	3	
LEVETIRACETAM ORAL SOLUTION 100MG/1ML 300ML	3	
LEVETIRACETAM LEVEXX 1000MG C30T	3	

24. ANTICONVULSANTS SODIUM CHANNEL AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MAGNESIUM VALPROATE ORAL TABLETS 400MG 20	1	
MAGNESIUM VALPROATE ORAL TABLETS 600MG 20	2	
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	1	
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	1	
MAGNESIUM VALPROATE ORAL TABLETS 200MG 40	1	

ANTIDEMENTIA AGENTS

25. ANTIDEMENTIA AGENTS ANTIDEMENTIA AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MEMANTINE ORAL TABLETS 20MG W 28	4	PA, SP, PR

26. ANTIDEMENTIA AGENTS CHOLINESTERASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MEMANTINE ORAL TABLETS 10MG 28	3	
MEMANTINE ORAL TABLETS 15MG 28	3	

27. ANTIDEMENTIA AGENTS N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MEMANTINE ORAL TABLETS 20MG W 28	4	PA, SP,PR

ANTIDEPRESSANTS

28. ANTIDEPRESSANTS, ANTIDEPRESSANTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CITALOPRAM ORAL TABLETS 20MG 30	2	
CITALOPRAM BROMHIDRATO DE ORAL TABLET 20MG 14	1	
DESVENLAFAXINA ORAL TABLETS 50MG 28	3	
DULOXETINADULOXETINE ORAL CAPSULES 60MG 28	3	
ESCITALOPRAM ORAL TABLETS 20MG 28	1	
FLUOXETINA ORAL CAPSULES 20MG 28	2	

29. ANTIDEPRESSANTS MONOAMINE OXIDASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
SELEGILINE ORAL TABLETS 5MG 20	3	
SELEGILINE ORAL TABLETS 5MG 30	3	

30. ANTIDEPRESSANTS SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FLUOXETINE ORAL CAPSULES 20MG 14	2	
FLUVOXAMINE ORAL TABLETS 100MG W 30	3	
PAROXETINE ORAL TABLETS 20MG 10	3	
PAROXETINE ORAL TABLETS 20MG 20	3	
SERTRALINE ORAL TABLETS 50MG 14	2	
SERTRALINE ORAL TABLETS 50MG 28	2	
VENLAFAXINE ORAL CAPSULES 75MG 20	2	
DULOXETINE ORAL CAPSULES 30MG 7	3	
ESCITALOPRAM ORAL TABLETS 10MG 14+14	2	
ESCITALOPRAM ORAL TABLETS 10MG 28	2	

31. ANTIDEPRESSANTS TRICYCLICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMITRIPTILINE ORAL TABLETS 50 MG 20	1	
AMITRIPTYLINE/PERPHENAZINE/DIAZEPAM ORAL TABLETS 10MG/2MG/3MG 30	1	
CARBAMAZEPINE ORAL SUSPENSION 2G/100ML 100ML	1	
CARBAMAZEPINE ORAL TABLETS 200MG 30	1	
CLOMIPRAMINE ORAL TABLETS 25MG 30	3	
DOXEPIN ORAL CAPSULES 25MG 20	1	
IMIPRAMINE ORAL TABLETS 25MG 20	1	
MOTIVAL 10/0.5MG (C) - TAB 60 NORTRIPTILINA/FLUFENAZINA NORTRIPTILINE / FLUFFENAZINE	1	
MOTIVAL 10/0.5MG (C) - TAB 60 NORTRIPTILINE / FLUFFENAZINE	3	

ANTIEMETICS

32. ANTIEMETICS ANTIEMETICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
APREPITANT ORAL CAPSULES 125 MG 1	4	PA,SP,PR,ST,QL
DIFENIDOL ORAL TABLETS 25MG 25 TABS	1	
DIMENHYDRINATE RECTAL SUPPOSITORY 25MG 4	1	
DIMENHYDRINATE ORAL TABLETS 50MG 24	1	
DIMENHYDRINATE IM/IV INJECTABLE SOLUTION 50MG X ML 3X1ML	1	
DIMENHYDRINATE ORAL SYRUP 250MG/100ML 120ML	1	
HYDROXYZINE ORAL TABLETS 10MG 30	1	
METOCLOPRAMIDE ORAL DROPS 400MG 20ML	1	
METOCLOPRAMIDE ORAL TABLET 10MG 20	1	

33. ANTIEMETICS EMETOGENIC THERAPY ADJUNCTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DOMPERIDONE ORAL TABLETS 10MG 30	3	
ONDANSETRON ORAL TABLETS 8MG 10	4	PA,SP,PR,ST,QL
DIFENIDOL IV/IM INYECTABLE SOLUTION 20MG/1ML 2X2ML	1	

ANTIFUNGALS

34. ANTIFUNGALS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLINDAMYCIN/KETOCONAZOLE VAGINAL CREAM 2G/8G POR 100G30G	2	
CLINDAMICINA/KETOCONAZOL VAGINAL PRESENTATION 100/400MG 7	2	
CLOTRIMAZOL CLOTRIMAZOLE VAGINAL PRESENTATION 200MG 3 OVU	2	
FLUCONAZOL ORAL CAPSULES 100MG 10	2	
FLUCONAZOL ORAL TABLETS 150MG 1	2	
FLUCONAZOL ORAL CAPSULES 150MG 2	2	
FLUCONAZOL/TINIDAZOL FLUCONAZOL/TINIDAZOLE ORAL TABLETS 37.5MG/500MG 4	3	
ITRACONAZOLE TOPIC CREAM 10MG/GR 20G	1	
KETOCONAZOLE VAGINAL CREAM 10MG/GR 7 APLIC C/5G CU	2	
ITRACONAZOL ORAL CAPSULES 100MG 15	2	
ITRACONAZOL ORALCAPSULES 100MG 6+6	2	
KETANSERINA/MICONAZOL/METRONIDA ZOL VAGINAL PRESENTATION 36MG/100MG/500MG 10	1	
KETOCONAZOL TOPIC CREAM 20MG 40G	1	
METRONIDAZOL/MICONAZOL VAGINAL PRESENTATION 750MG/200MG 7	1	
METRONIDAZOL/NISTATINA VAGINAL PRESENTATION 500MG/100000U 10	1	
MICONAZOL MICONAZOLE TOPIC CREAM 2G POR 100G 30G	1	
MICONAZOL ORAL GEL 0.02 78ML	1	
NIFURATEL/NISTATINA VAGINAL PRESENTATION 500MG/200000U 6	1	

ANTIGOUT

35. ANTIGOUT AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALOPURINOL ORAL TABLETS 300MG 20	1	
ALOPURINOL ORAL TABLETS 100MG 60	1	
ALOPURINOL ORAL TABLETS 300MG 30	1	
COLCHICINE ORA TABLETS 1MG 20	2	
COLCHICINE ORAL TABLETS 1MG 10	2	

ANTIMIGRAINE AGENTS

36. ANTIMIGRAINE AGENTS ERGOT ALKALOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ACETAMINOPHEN ACETANILI/ CAFFEINE ORAL TABLETS 400MG/150MG/100MG/50MG 20	2	
IBUPROFEN/CAFFEINE ORAL CAPSULES 400MG/100MG 10	2	

37. ANTIMIGRAINE AGENTS PROPHYLACTIC

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IBUPROFEN 600 MG W 10C	1	
ACETAMINOPHEN 1G W 20T	1	

38. ANTIMIGRAINE AGENTS SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DIHIDROERGOTAMINE/CAFFEIN/PROPIF ENAZONE ORAL TABLET 0.5MG/40MG/125MG 30	3	
ERGOTAMINA/CAFEINA ORAL PILLS 1MG/100MG 20	1	
ZOMIG RAPIMELT ZOLMITRIPTAN ORAL TABLETS 2.5MG 2	4	PA,SP,PR,ST,QL
SUMATRIPTAN ORAL TABLET 100MG 2	4	PA,SP,PR,ST,QL
ELETRIPTAN ELETRIPTAN ORAL TABLETS 40 MG 2	4	PA,SP,PR,ST,QL
ERGOTAMINA/CAFFEINE ORAL PILLS 1MG/100MG 10	1	

ANTIMYASTHENIC AGENTS

39. ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATROPINE OPHTHALMICDROPS 1G/100ML 15ML	1	
PILOCARPINE OPHTHALMIC DROPS 2G/100ML 15ML	1	
PILOCARPINE OFTALMICA GOTAS 4.0G/100ML 15ML	1	

ANTIMYCOBACTERIALS

40. ANTIMYCOBACTERIALS ANTIMYCOBACTERIALS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PIRAZINAMIDA/ETAMBUTOL, RIFAMPICIN/ISONIAZID/PYRAZINAMIDE/ ETHAMBUTOL ORAL TABLETS 150MG/75MG/400MG/300MG 240	4	PA,SP,PR,ST,QL
ISONIAZID/RIFAMPICIN ORAL TABLET 200/150MG 24	3	

41. ANTIMYCOBACTERIALS ANTITUBERCULARS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMOXICILLIN/SULBACTAM ORAL ORAL SUSPENSION 200MG/50MG/5ML 160ML	4	PA,SP,PR,ST,QL
AMOXICILLIN/SULBACTAM ORAL TABLET 875/125MG 14	4	PA,SP,PR,ST,QL
AMOXICILINA/SULBACTAM ORAL PILLS 500/500MG 16	4	PA,SP,PR,ST,QL
RIFAMPICIN ORAL CAPSULES 1 16	2	
ISONIAZIDE 100 MG TAB 200 ORAL 1	2	
LEVOFLOXACIN ORAL TABLET 500MG 7	3	
MOXIFLOXACIN ORAL TABLET 400MG 7	3	
RIFAMPICINA/ISONIAZIDA ORAL CAPSULES 150MG/200MG 24	3	

ANTINEOPLASTICS

42. ANTINEOPLASTICS ALKYLATING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CHLORAMBUCIL ORAL TABLETS 2MG 25	4	PA,SP,PR,ST,QL
MELPHALAN ORAL TABLET 2MG 25	4	PA,SP,PR,ST,QL
THALIDOMIDE ORAL TABLET 25MG 30	4	PA,SP,PR,ST,QL
THALIDOMIDE ORAL TABLET 25MG 10	4	PA,SP,PR,ST,QL

43. ANTINEOPLASTICS ANTI ANDROGENS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BICALUTAMIDE ORAL TABLETS 50MG 28	4	PA,SP,PR,ST,QL
FINASTERIDE ORAL TABLETS 1MG 28	1	
MEDROXYPROGESTERONE INTRAMUSCULAR INJECTABLE SUSPENSION 150MG 1ML	2	

44. ANTINEOPLASTICS ANTI ANGIOGENIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CERTOLIZUMAB PEGOL SUBCUTANEOUS INYECTABLE SOLUTION 200MG/ML 2	4	PA,SP,PR,ST,QL
SUNITINIB ORAL 12.5MG CAP C/28	4	PA,SP,PR,ST,QL

45. ANTINEOPLASTICS ANTIESTROGENS/MODIFIERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
RALOXIFENE ORAL TABLETS 60MG 28	4	
TAMOXIFEN ORAL TABLETS 20MG 30	4	
TAMOXIFEN ORAL TABLETS 2.5MG 20	4	

46. ANTINEOPLASTICS ANTIMETABOLITES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
5- FLUOURACIL PARENTERAL SOLUCION INYECTABLE 500ML/10ML 10ML	4	PA,SP,PR,ST,QL
6 MERCAPTOPURINE PARENTERAL SOLUCION INYECTABLE 500ML/10ML 10ML	4	PA,SP,PR,ST,QL
METHOTREXATE ORAL TABLETS 2.5MG 100	4	PA,SP,PR,ST,QL
MERCAPTOPURINE ORAL TABLETS 1	4	PA,SP,PR,ST,QL
CLOFARABINE 20 MG 1 FAM C/20 ML CLOPHARABINE PARENTERAL	4	PA,SP,PR,ST,QL

47. ANTINEOPLASTICS ANTINEOPLASTICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEXRAZOXANE IV INJECTABLE SOLUTION 500MG 1	4	PA,SP,PR,ST,QL
EPIRUBICIN IV INYECTABLE SOLUTION 50MG/25ML (2MG/ML) 1	4	PA,SP,PR,ST,QL
PACLITAXEL IV INYECTABLE SOLUTION 30MG/5ML1X5ML	4	PA,SP,PR,ST,QL
RALOXIFENE ORAL TABLETS 60MG 28	4	PA,SP,PR,ST,QL

48. ANTINEOPLASTICS AROMATASE INHIBITORS, 3RD GENERATION

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
TAMOXIFEN ORAL TABLETS 10MG 30	4	PA,SP,PR,ST,QL
TAMOXIFEN ORAL TABLETS 20MG 30	4	PA,SP,PR,ST,QL
TAMOXIFEN ORAL TABLETS 2.5MG 20	4	PA,SP,PR,ST,QL

49. ANTINEOPLASTICS ENZYME INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
HYDROXYUREA ORAL TABLETS 500MG 100	4	PA,SP,PR,ST,QL
ETOPOSIDE PARENTERAL SOLUCION INYECTABLE 100MG/5ML 1	4	PA,SP,PR,ST,QL
ETOPOSIDE PARENTERAL SOLUCION INYECTABLE 100MG/5ML 1	4	PA,SP,PR,ST,QL
HYDROXYUREA ORAL TABLETS 500MG 30	4	PA,SP,PR,ST,QL
HYDROXYUREA ORAL TABLETS 500MG 14	4	PA,SP,PR,ST,QL

50. ANTINEOPLASTICS MOLECULAR TARGET INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
EVEROLIMUS ORAL TABLETS 10MG 30	4	PA,SP,PR,ST,QL
EVEROLIMUS ORAL TABLETS 2.5MG 30	4	PA,SP,PR,ST,QL
BEVACIZUMAB 400 MG/16 ML 1 FAM C/16 ML	4	PA,SP,PR,ST,QL

51. ANTINEOPLASTICS MONOCLONAL ANTIBODIES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IMATINIB ORAL TABLET 400MG W 30	4	PA, ST,SP,PR

52. ANTINEOPLASTICS RETINOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ISOTRETINOIN ORAL CAPSULES 20MG 30	4	PA,SP,PR,ST,QL
ISOTRETINOIN TOPIC GEL 0.05 30G	3	

ANTIPARASITICS

53. ANTIPARASITICS ANTHELMINTICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALBENDAZOLE ORAL SUSPENSION 4G/100ML 10ML	1	
ALBENDAZOLE ORAL TABLETS 200MG 10	1	
MEBENDAZOLE ORAL SUSPENSION 20MG/1ML 30ML	1	

54. ANTIPARASITICS ANTIPROTOZOALS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
METRONIDAZOLE ORAL SUSPENSION 250MG 120ML	1	
METRONIDAZOLE ORAL TABLETS 500MG 30	1	
METRONIDAZOLE/DIYODOHIDROXIQUI NOLEIN ORAL CAPSULES 400/200MG 30	1	
METRONIDAZOLE/DIYODOHIDROXIQUI NOLEIN ORAL TABLETS 250/325MG 60	1	
NIFUROZAXIDA/METRONIDAZOLE ORAL CAPSULES 200MG/600MG 20	1	
NITAXOZANIDE ORAL TABLETS 200MG 6	1	
NITAXOZANIDE ORAL ORAL SUSPENSION 2G/100ML 30ML	1	
NITAXOZANIDE ORAL TABLETS 200MG 6	1	
QUINFAMIDA ORAL TABLETS 300MG 1	1	
SECNIDAZOLE ORAL SOLUTION 150MG/5ML 30ML	1	
SECNIDAZOLE ORAL TABLET 500MG 8	1	

55. ANTIPARASITICS PEDICULICIDES/SCABICIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IIVERMECTIN ORAL TABLETS 6MG 4	1	
PERMETHRIN TOPIC CREAM 5G/100G 60G	1	

ANTIPARKINSON AGENTS

56. ANTIPARKINSON AGENTS ANTICHOLINERGICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BIPERIDENE ORAL TABLETS 2MG 30	4	PA,SP,PR,ST,QL
BIPERIDEN ORAL TABLET 4MG 30	4	PA,SP,PR,ST,QL
BIPERIDEN ORAL TABLET 2MG 50	4	PA,SP,PR,ST,QL
LEVODOPA/CARBIDOPAL-DOPA/CARBIDOPA ORAL TABLETS 250MG/25MG 30	4	PA,SP,PR,ST,QL
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA ORAL TABLETS 25MG/250MG 50	4	PA,SP,PR,ST,QL

57. ANTIPARKINSON AGENTS ANTIPARKINSON AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMANTADINE ORAL TABLETS 100MG 30	4	PA,SP,PR,ST,QL
CITICOLINE ORAL TABLET 500MG 20	4	PA,SP,PR,ST,QL

58. ANTIPARKINSON AGENTS DOPAMINE AGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CITIDIN 5'-MONOFOSFATO/URIDIN 5'-MONOFOSFATO CITIDIN 5'-MONOFOSPHATE/URIDIN 5'-MONOFOSPHATE ORAL CAPSULES 5/3MG 30	4	PA,SP,PR,ST,QL
LEVODOPA/BENSERAZIDAL-DOPA/BENSERAZIDE ORAL TABLET 100MG/25MG 30	4	PA,SP,PR,ST,QL
PRAMIPEXOL (LP) PRAMIPEXOLE ORAL TABLETS 1.5MG 30	4	PA,SP,PR,ST,QL
(RAMIPEXOLE ORAL TABLETS 3MG 30	4	PA,SP,PR,ST,QL

59. ANTIPARKINSON AGENTS DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA 250MG/25MG - TAB 30 ORAL TABLETS 1 30	4	PA,SP,PR,ST,QL
LEVODOPA/BENSERAZIDA LEVODOPA / BENSERAZIDA 100/25MG COM 30 ORAL TABLETS 1 30	4	PA,SP,PR,ST,QL

60. ANTIPARKINSON AGENTS MONOAMINE OXIDASE B (MAO-B) INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
RASAGILINE ORAL TABLETS 1 10	4	PA,SP,PR,ST,QL
SELEGILINE 5MG - TAB 20 ORAL TABLETS 1 20	4	PA,SP,PR,ST,QL

ANTIPSYCHOTICS

61. ANTIPSYCHOTICS 1ST GENERATION/TYPICAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVOMEPRMAZINE ORAL TABLET 25MG 20	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 10MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 5MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 10MG 14	4	PA,SP,PR,ST,QL
RISPERIDONE ORAL TABLETS 1MG 20	2	
RISPERIDONE ORAL TABLETS 2MG 20	2	
RISPERIDONE ORAL SOLUTION 100MG X 100ML 60ML	2	
TRIFLUOPERAZINE ORAL TABLETS 5MG 30	4	PA,SP,PR,ST,QL
TRIFLUOPERAZINE ORAL TABLETS 5MG 15	4	PA,SP,PR,ST,QL
LEVOMEPRMAZINE ORAL TABLET 25MG 30	4	PA,SP,PR,ST,QL

62. ANTIPSYCHOTICS 2ND GENERATION/ATYPICAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
OLANZAPINE ORAL TABLET 5MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLET 10MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLET 5MG 30	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLET 10MG 30	4	PA,SP,PR,ST,QL
RISPERIDONE 2MG C20T	1	

63. ANTIPSYCHOTICS TREATMENT-RESISTANT

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LITIUM ORAL TABLETS 300MG W 50	2	

ANTISPASTICITY AGENTS**64. ANTISPASTICITY AGENTS NO USP CLASS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
TIZANIDINE ORAL TABLETS 2MG 20	2	
TIZANIDINE ORAL TABLETS 2MG 14	3	
TIZANIDINE CLORHIDRATO DE ORAL PILLS 6MG 10	4	PA,SP,PR,ST,QL

ANTIVIRALS**65. ANTIVIRALS ANTI-CYTOMEGALOVIRUS (CMV) AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
GANCICLOVIR PARENTERAL SOLUTION 500MG FA W 10ML	4	PA,SP,PR,ST,QL

66. ANTIVIRALS ANTI-HEPATITIS B (HBV) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
RITONAVIR ORAL CAPSULES 100MG 168	4	PA,SP,PR,ST,QL
DIPIVOXILO ORAL TABLET 10MG 30	4	PA,SP,PR,ST,QL
ENTECAVIR ORAL TABLET 0.5MG 30	4	PA,SP,PR,ST,QL
ENTECAVIR ORAL PILLS 1MG 30	4	PA,SP,PR,ST,QL
ETAMCITRABINA/TENOFOVIR ORAL TABLET 200MG/300MG 30	4	PA,SP,PR,ST,QL

67. ANTIVIRALS ANTI-HEPATITIS C (HBC) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PEGINTERFERON RIVABIRINE TABLETS	4	PA,SP,PR,ST,QL

68. ANTIVIRALS ANTI-HIV AGENTS, NON- NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
NEVIRAPINE ORAL TABLETS 200MG 60	4	PA,SP,PR,ST,QL
LAMIVUDINE 3TC 1 G/100 ML 1 FRA C/240 ML 3TC 1 G/100 ML 1 FRA C/240 ML PARENTERAL SOLUTION	4	PA,SP,PR,ST,QL
RETROVIR AZT 200MG C/5 FA IV 20ML	4	PA,SP,PR,ST,QL
NEVIRAPINE TABS 200MH C/60 TABS	4	PA,SP,PR,ST,QL
NEVIRAPINE SUSP 50MG/5ML 240 ML PARENTERAL SOLUTION 1 1	4	PA,SP,PR,ST,QL
RETROVIR AZT 200MG C/5 FA IV 10ML ZIDOVUDINE ORAL ORAL SOLUTION 1 1	4	PA,SP,PR,ST,QL

69. ANTIVIRALS ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ABACAVIR ORAL TABLET 300MG 30	4	PA,SP,PR,ST,QL
ABACAVIR ORAL TABLETS 300MG 60	4	PA,SP,PR,ST,QL
LAMIVUDINE ORAL ORAL SOLUTION 1G/100ML 240ML	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL CAPSULES 400MG 18	4	PA,SP,PR,ST,QL
RIBAVIRIN TOPIC CREAM 7.5G X 100G 15G	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL SOLUCION ORAL 10MMG/5ML 120ML	4	PA,SP,PR,ST,QL
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	4	PA,SP,PR,ST,QL
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL CAPSULES 400MG 12	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL CAPSULES 400MG 18	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL CAPSULES 400MG 30	4	PA,SP,PR,ST,QL
RIBAVIRIN ORAL CAPSULES 400MG 60	4	PA,SP,PR,ST,QL

70. ANTIVIRALS ANTI-HIV AGENTS, INTEGRASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DOLUTEGRAVIR ORAL TABLETS 1 W 30	4	PA,SP,PR,ST,QL

71. ANTIVIRALS ANTI-HIV AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
RIBAVIRIN ORAL CAPSULES 400MG W 18	4	PA,SP,PR,ST,QL

72. ANTIVIRALS ANTI-HIV AGENTS, PROTEASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATAZANAVIR ORAL CAPSULES 300MG	4	PA,SP,PR,ST,QL
ATAZANAVIR ORAL CAPSULES 200MG 60	4	PA,SP,PR,ST,QL
BOCEPREVIR ORAL CAPSULES 200MG 24	4	PA,SP,PR,ST,QL
DARUNAVIR ORAL TABLET 600MG 60	4	PA,SP,PR,ST,QL

73. ANTIVIRALS ANTI-INFLUENZA AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN ORAL CAPSULES 50/3/300MG 24	1	
AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN ORAL ORAL SOLUTION 60ML 60ML	1	
OSELTAMIVIR ORAL CAPSULES 75MG	1	
AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN ORAL ORAL SOLUTION 0.5/0.20/3G 30ML	1	

74. ANTIVIRALS ANTIHERPETIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ACICLOVIR ORAL TABLET 200MG 25	1	
ACICLOVIR TOPIC CREAM 2G 5% 2G	1	
ACICLOVIR ORAL SUSPENSION 4G/125ML 125ML	1	

ANXIOLYTICS

75. ANXIOLYTICS ANXIOLYTICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALPRAZOLAM ORAL TABLETS 1MG 30	1	
ALPRAZOLAM ORAL TABLETS 0.50MG 30	1	
BROMAZEPAM ORAL TABLETS 3MG 30	2	

76. ANXIOLYTICS SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FUOXETINE ORAL TABLETS 20MG 14	2	
PAROXETINE ORAL TABLETS 20MG 10	2	
SERTRALINE ORAL TABLETS 50MG 28	2	
DULOXETINE ORAL CAPSULES 30MG 7	2	
FLUOXETINE ORAL TABLETS 20MG 20	2	

77. ANXOLYTICS BENZODIASEPINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALPRAZOLAM ORAL TABLETS 1MG 90	2	
BROMAZEPAM ORAL TABLETS 3MG 30	2	
BROMAZEPAM ORAL TABLETS 6MG 30	3	

BIPOLAR AGENTS

78. BIPOLAR AGENTS BIPOLAR AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
VALPROIC ACID ORAL TABLETS 250MG 60	2	
VALPROIC ACID ORAL TABLETS 500MG 30	2	
LAMOTRIGINE ORAL TABLETS 100MG 28	3	
LAMOTRIGINE ORAL TABLETS 25MG 28	3	
RISPERIDONE ORAL TABLETS 1MG 20	2	
RISPERIDONE ORAL TABLETS 2MG 20	2	

79. BIPOLAR AGENTS MOOD STABILIZERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
VALPROIC ACID ORAL TABLETS 500MG 30	2	
CARBAMAZEPINE ORAL ORAL SUSPENSION 2G/100ML 100ML	2	
CARBAMAZEPINE ORAL TABLET 200MG 30	2	
GABAPENTINA ORAL CAPSULES 300MG 30	2	
LAMOTRIGINE ORAL TABLETS 5MG 28	4	PA,SP,PR,ST,QL

BLOOD GLUCOSE REGULATORS

80. BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
METFORMIN ORAL TABLETS 850MG 30	1	
METFORMIN ORAL TABLETS 1000MG 30	1	
METFORMIN/ GLIBENCLAMIDE ORAL TABLETS 500/5MG 60	1	
METFORMINA/GLIMEPIRIDE ORAL TABLETS 1000MG/2MG 16	1	
METFORMIN/LINAGLIPTIN ORAL TABLETS 1000MG/2.5MG 30	1	
PIOGLITAZONE ORAL TABLETS 15MG 28	1	
METFORMIN ORAL TABLET 500MG 60	1	
METFORMIN ORAL TABLET 1000MG/5MG 28	1	
METFORMIN/GLIBENCLAMIDE ORAL TABLET 500MG/5MG 60	1	
METFORMINA/GLIBENCLAMIDE ORAL TABLET 500MG/2.5MG 30	1	
METFORMIN/LINAGLIPTIN ORAL TABLETS 500MG/2.5MG 30	3	
METFORMIN/LINAGLIPTIN ORAL TABLETS 850MG/2.5MG 30	3	
METFORMIN ORAL TABLETS 850MG 60	1	

81. BLOOD GLUCOSE REGULATORS GLYCEMIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
GLUCAGON PARENTERAL INJECTABLE SOLUTION 1MG W 1	3	

82. BLOOD GLUCOSE REGULATORS INSULINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ASPARTIC INSULINSUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	2	
INSULINADEGLUDEC (PLUMA)SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	2	
INSULIN DETEMIR (PLUMA) SUBCUTANEOUS INJECTABLE SOLUTION 100UI/ML 1	2	
INSULINA GLARGINA (CARTUCHO) SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML5	2	
INSULINA HUMANA LISPRO/INTERMEDIA HUMAN INSULIN/LISPRO SUBCUTANEOUSINYECTABLE SOLUTION 50UI 3ML	2	
INSULIN LISPRO (RECOMBINANTE) SUBCUTANEOUS SOLUTION 100UI/ML 10ML	2	

BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS

83. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS ANTICOAGULANTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
APIXABAN ORAL 1 ELICUIS 5MG TAB 60	4	PA,SP,PR,ST,QL
ACENOCUMAROL ORAL TABLET 4MG 20	4	PA,SP,PR,ST,QL
CLOPIDOGREL ORAL TABLETS 1 14	2	
CLOPIDOGREL ORAL TABLETS 1 28	2	

84. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS BLOOD FORMATION MODIFIERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
INHEPAR 1000 U - FA 10ML HEPARIN PARENTERAL	4	PA,SP,PR,ST,QL
INHEPAR 5000 U - FA 5ML HEPARIN	4	PA,SP,PR,ST,QL
RIVAROXABAN 10MG - COM 30 ORAL	4	PA,SP,PR,ST,QL

85. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS COAGULANTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CARBAZO /CHROMIUM /VITAMIN K ORAL TABLETS 25MG/5MG 32	4	PA,SP,PR,ST,QL
CARBAZO CROMO/VITAMIN K ORAL SYRUP 100MG/30MG POR 100ML 200ML	4	PA,SP,PR,ST,QL
ETHAMSYLATE ORAL TABLET 500MG 20	2	

86. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS PLATELET MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLOPIDOGREL ORAL TABLET 75MG 28	4	PA,SP,PR,ST,QL
CILOSTAZOL ORAL TABLETS 100MG 30	4	PA,SP,PR,ST,QL
DABIGATRAN ORAL CAPSULES 110MG 30+30	4	PA,SP,PR,ST,QL
ENOXAPARIN SUBCUTANEOUS INYECTIONAL SOLUTION 60MG (6,000UI) 2	4	PA,SP,PR,ST,QL

CARDIOVASCULAR AGENTS**87. CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC AGONISTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DOSAXOSIN ORAL TABLET 2MG 20	3	
DOSAXOSIN ORAL TABLET 4MG 20	3	
METHYLDOPA ORAL TABLETS 500MG 30	2	
CARVEDILOL ORAL TABLET 25MG 14	3	

88. CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMLODIPINO/VALSARTAN/HIDROCL OROTIAZIDE ORAL TABLETS 10/320/25MG 28	3	
AMLODIPINO/VALSARTAN/HIDROCL OROTIAZIDE ORAL TABLET 5MG/160MG/12.5MG 28	3	
IRBESARTAN ORAL TABLETS 150MG 28	2	
IRBESARTAN ORAL TABLETS 150MG 28	2	

89. CARDIOVASCULAR AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LOSARTAN ORAL TABLET 100MG W 30	1	

90. CARDIOVASCULAR AGENTS ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CAPTOPRIL ORAL TABLET 50MG 30	1	
ENALAPRIL ORAL TABLETS 10MG 30+30	1	
LISINOPRIL ORAL TABLETS 5MG 28	1	

91. CARDIOVASCULAR AGENTS ANTIARRHYTHMICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DISOPYRAMIDE ORAL CAPSULES 100MG 20	2	
AMIODARONE ORAL TABLETS 200MG 20	2	
ATENOLOL ORAL TABLETS 50MG 28	2	
DIGOXIN ORAL TABLETS 0.25MG 60	2	
NEBIVOLOL ORAL TABLET 5MG 14	2	
PROPAFENONE ORAL TABLETS 150MG 30	2	
PROPRANOLOL ORAL TABLETS 40MG 30	2	
AMIODARONE ORAL TABLETS 200MG 30	2	
VERAPAMIL (LIBERACION PROLONGADA) VERAPAMIL ORAL TABLETS 120MG 30	2	

92. CARDIOVASCULAR AGENTS BETA-ADRENERGIC BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CARVEDILOL ORAL PILLS 25MG 14	2	
ATENOLOL ORAL TABLETS 100MG 28	3	
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 1.25MG 30	4	
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 2.5MG 30	3	
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 5MG 30	2	
METOPROLOL ORAL TABLETS 95MG 20	1	
NEBIVOLOL ORAL TABLETS 5MG 28	2	

PROPRANOLOL ORAL TABLETS 10MG 50	3	
NEBIVOLOL ORAL PILLS 5MG 28	2	

93. CARDIOVASCULAR AGENTS CALCIUM CHANNEL BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMLODIPINE ORAL CAPSULES 5MG 30	1	
AMLODIPINE ORAL TABLETS 5MG 30	1	
AMLODIPINE/LOSARTAN ORAL CAPSULES 5MG/100MG 14	2	
AMLODIPINE/VALSARTAN ORAL TABLETS 10MG/320MG 28	2	
AMLODIPINE/VALSARTAN ORAL TABLETS 5MG/160MG 28	2	
FELODIPINE/METOPROLOL ORAL TABLETS 5MG/47.5MG 14	2	
NIFEDIPINE ORAL CAPSULES 30MG 30	1	
NIFEDIPINE ORAL CAPSULES 10MG 30	1	

94. CARDIOVASCULAR AGENTS CARDIOVASCULAR AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	1	
DIOSMINA/HESPERIDINE ORAL TABLETS 450MG/50MG 60	1	
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	1	

95. CARDIOVASCULAR AGENTS DIURETICS, CARBONIC ANHYDRASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ACETAZOLAMIDE ORAL TABLETS 250MG 30	2	
ACETAZOLAMIDE ORAL TABLETS 1 14	2	

96. CARDIOVASCULAR AGENTS DIURETICS, LOOP

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUMETANIDE ORAL TABLET 1 MG 20	1	
ESPIRONOLACTONA/FUROSEMIDA	2	

SPIRONOLACTONE/FUROSEMIDE ORAL CAPSULES 50MG/20MG 16		
FUROSEMIDA FUROSEMIDE ORAL PILLS 40MG 24	2	

97. CARDIOVASCULAR AGENTS DIURETICS, POTASSIUM-SPARING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
SPIRONOLACTONE ORAL TABLETS 25MG 30	1	
SPIRONOLACTONE ORAL TABLETS 25MG 14	1	

98. CARDIOVASCULAR AGENTS DIURETICS, THIAZIDE

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLORTALIDONE ORAL TABLETS 50MG 30	1	
HYDROCHLOROTIAZIDE ORAL TABLETS 25MG 30	2	
LOSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLETS 100MG/25MG 30	3	
CLORTALIDONE ORAL TABLETS 50MG 14	1	

99. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FENOFIBRATE/SIMVASTATIN ORAL CAPSULES 200MG/20MG 30	1	
ATORVASTATIN ORAL TABLETS 40MG 15+15	3	

100. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATORVASTATIN ORAL TABLET 80MG 15+15	1	
ATORVASTATIN ORAL TABLETS 40MG 30	2	
EZETIMIBE ORAL TABLETS 10MG 28	2	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10MG/40MG 28	2	

101. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATORVASTATIN ORAL TABLET 40MG 30	2	
ATORVASTATIN ORAL TABLETS 20MG 30	2	
PRAVASTATIN ORAL TABLET 10MG 30	2	

102. CARDIOVASCULAR AGENTS VASODILATORS, DIRECT-ACTING ARTERIAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DINITRATO DE ISOSORBIDA ORAL TABLETS 10MG 40	1	
DINITRATO DE ISOSORBIDA SUBLINGUAL TABLETS 5MG 40	1	

103. CARDIOVASCULAR AGENTS VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DILTIAZEM ORAL TABLET 60MG 30	3	
DILTIAZEM GEL 2G X 100G 60G	3	
DILTIAZEM ORAL TABLETS 90MG 20	3	

CENTRAL NERVOUS SYSTEM AGENTS

104. CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
METHYLPHENIDATE ORAL TABLET 10MG 30	2	
METHYLPHENIDATE ORAL TABLETS 54MG 30	2	

105. CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATOMOXETINE ORAL CAPSULES 18MG W 14	2	

106. CENTRAL NERVOUS SYSTEM AGENTS CENTRAL NERVOUS SYSTEM AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATOMOXETINE ORAL CAPSULES 40MG 14	3	
ATOMOXETINE ORAL CAPSULES 60MG 14	3	

107. CENTRAL NERVOUS SYSTEM AGENTS FIBROMYALGIA AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMITRIPTILINE ORAL TABLETS 25MG 50	3	

108. CENTRAL NERVOUS SYSTEM AGENTS MULTIPLE SCLEROSIS AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
INTERFERON ALFA-2B SUBCUTANEOUS INJECTABLE SOLUTION 100MCG/.5ML	4	PA,SP,PR,ST,QL

DENTAL AND ORAL AGENTS

109. DENTAL AND ORAL AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BENCIDAMINE ORAL ORAL SOLUTION 0.15G POR 100ML 360ML	1	
CHLORHEXIDINE TOPIC GEL 50ML 75ML	1	
CHLORHEXIDINE TOPIC SOLUTION 0.0012 300ML	1	
BENCIDAMINE BUCOF SPRAY - SOL 40ML	1	
TRICLOSAN PAST DENT 75ML CLORHEXIDINA/TRICLOSAN CHLORHEXIDINE / TRICLOSAN ORAL	1	
BENCIDAMINE ORAL ORAL SOLUTION 0.15G POR 100ML 360ML	1	

DERMATOLOGICAL AGENTS

110. DERMATOLOGICAL AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FUSIDIC ACID TOPIC CREAM 0.02 15G	1	
FUSIDIC ACID / BETAMETHASONE TOPIC CREAM 0.02 15G	1	
RETINOIC ACID TOPIC CREAM 0.0005 30G	1	
EXOMEGA TOPIC SYRINGE 400ML 400ML	2	
PEROXIDE TOPIC SOLUTION 480ML PIEZA	2	
CLIOQUINOL TOPIC SHAMPOO 0.2G/5G/3G 150ML	2	
AMOROLFIN TOPIC SOLUTION 50MG X ML 2.5ML	2	
AZELAIC TOPIC GEL 15G X 100G 30G	2	
BACITRACINE/NEOMICINA/POLIMIXIN B TOPIC OINTMENT 40000U/0.35G/500000U30G	2	
BENZOIL TOPIC GEL 2.5G X 100G 60G	2	
BENZOILO/PEROXIDO/CLINDAMICINA TOPIC GEL 5%/1% 30G	2	
BETAMETASONE TOPIC CREAM 30G 0.5/1G	2	
BETAMETASONE/CLOTRIMAZOL/GENT AMICIN TOPIC CREAM .0643G/1G/.100G 1 PIEZA	2	
BIFONAZOL/UREA TOPIC TUBE 1G/40G X 100G 0G	2	
CALAMINE TOPIC SYRINGE - 180ML	2	
CALCIPOTRIOL TOPIC OINTMENT 50MCG X GR 30G	2	
CALCIPOTRIOL/BETHAMETASONE, DIPROPIONATE DE TOPIC OINTMENT 5/50MG X 100GR 30G	2	
CALCIPOTRIOL/BETHAMETASONE, DIPROPIONATE TOPIC GEL 5/50MG X 100GR 30G	2	
CARBAMIDE TOPIC CREAM 20G/100G 100G	2	
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 30G/100G 100G	2	
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 0.4 60G	2	
CETAPHIL TOPIC CREAM 250G 250G	2	
CETAPHIL TOPIC FOAM 236ML 236ML	2	
CETAPHIL TOPIC 237ML 237ML	1	
CICLOPIROX TOPIC TOPIC SOLUTION 0.069G 3.3ML	2	

CLINDAMYCIN TOPIC GEL 30G 1	2	
CLINDAMYCIN TOPIC TOPIC SOLUTION 30G 30ML	2	
CLINDAMYCIN/TRETINOIN TOPIC GEL 0.025%/1% 40G	2	
CLOBETASOL TOPIC CREAM 0.005 30G	2	
CLOBETASOL TOPIC SOLUTION 0.05G 59ML	2	
CHLORAMPHENICOL TOPIC OINTMENT 5MG/MG 5G	2	
IONAX SCRUB TOPIC CREAM 60G 60G	2	
CROMOGLYCOLIC ACID CROMOGLYCOLIC ACID TOPIC CREAM 60 G 60ML	2	
DESONIDA TOPIC CREAM 0.0005 30G	2	
DEXPANTHENOL TOPIC TUBE 30G	2	
GENTAMICINE TOPIC CREAM 1MG/1G 30G	2	
DICLOFENAC TOPIC GEL 1.16G X 100G 60G	2	
DICLOFENAC TOPIC GEL 1G/100G 50G	2	
ERYTHROMYCIN / RETINOL TOPICO GEL 4%/0.025% 30G	2	
ESTRADIOL TOPICO GEL 1G 28 SOBRES	2	
ESTRADIOL CUTANEOUS GEL 60MG X 100G (0.06%) 80GR	2	
ESTRADIOL,17-BETA TRIMEGESTONA ORAL TABLETS 1/.125MG 28	2	
ESTRIOL TOPIC CREAM 0.5MG 1 TUBO CON APLICADOR	2	
ETINILESTRADIOL/NORELGESTROMIN E TOPIC PATCHES600MCG/60MG 3	2	
PHENOTHRIN TOPIC SHAMPOO 0.2G/100ML 120ML	2	
FENTICONAZOLE TOPIC CREAM 0.02 30G	2	
FLUOCINOLONA TOPIC CREAM 0.001 20G	2	
FLUOCINOLONA ACETONIDO DE/NEOMICINA SULFATO DE TOPIC CREAM 0.01G/0.35GR	2	
FLUOCINOLONA/CLIOQUINOL TOPIC CREAM 0.01%-3%/100G 40G	2	

ENZYME REPLACEMENT

111. ENZYME REPLACEMENT/ MODIFIED RELEASE NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W 14	1	
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W30	1	

GASTROINTESTINAL AGENTS

112. GASTROINTESTINAL AGENTS ANTISPASMODICS, GASTROINTESTINAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUTILHIOSKINE ORAL TABLETS 10MG 12	3	
LISINA/BUTILHIOSKINE ORAL CAPSULES 125/10MG 20	3	

113. GASTROINTESTINAL AGENTS GASTROINTESTINAL AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CINITAPRIDE ORAL TABLETS 1MG 50	3	
MEBEVERINE ORAL CAPSULES 200MG 30	3	
SULFASALAZINE ORAL TABLETS 500MG 60	3	
FLOROGLUCINOL/METILFLOROGLUCINE ORAL CAPSULES 80MG/80MG 20	3	
GLYCEROL RECTAL SUPPOSITORY 2.632G 10	3	
GLYCEROL RECTAL SUPPOSITORY 1.380G 10	3	

114. **GASTROINTESTINAL AGENTS HISTAMINE2 (H2) RECEPTOR ANTAGONISTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DIMETICONA/MAGALDRATO/FAMOTIDINA ORAL GEL 1/8/0.1G/100ML 10 SOBRES	2	

115. **GASTROINTESTINAL AGENTS IRRITABLE BOWEL SYNDROME AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LIDAMIDINE HYDROCHLORIDE 0.29 MG W 30 CAP	3	

116. **GASTROINTESTINAL AGENTS SLAXATIVES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LACTULOSE ORAL SYRUP 66.7G W 120 ML	1	

117. **GASTROINTESTINAL AGENTS PROTECTANTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
SACCHAROMYCES BOULARDII ORAL CAPSULES 200MG 6	1	
URSODESOXICOLICO ACID ORAL CAPSULES 250MG 50	1	

118. **GASTROINTESTINAL AGENTS PROTON PUMP INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
OMEPRAZOLE ORAL CAPSULES 40MG 7+7	1	
ESOMEPRAZOLE ORAL GRANULATED 2.5MG/ML 28	2	

GENITOURINARY AGENTS

119. **GENITOURINARY AGENTS ANTISPASMODICS, URINARY**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FENAZOPIRIDINE ORAL TABLET 100MG 24	1	
TOLTERODINE ORAL TABLETS 2MG 28	2	

120. GENITOURINARY AGENTS BENIGN PROSTATIC HYPERTROPHY AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FINASTERIDE ORAL TABLETS 1MG 28	1	
FINASTERIDE ORAL TABLETS 5MG 30	4	PA,SP,PR,ST,QL
TAMSULOSINE ORAL CAPSULES 0.4MG 20	2	
TERAZOSINE ORAL TABLETS 2MG 15	2	
TERAZOSINE ORAL TABLETS 5MG 30	2	

121. GENITOURINARY AGENTS GENITOURINARY AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
NITROFURANTOIN ORAL CAPSULES 100MG 40	1	
NITROFURANTOIN ORAL ORAL SUSPENSION 25MG X 5ML 120ML	1	

122. GENITOURINARY AGENTS PHOSPHATE BINDERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FINASTERIDE ORAL TABLETS 5MG 30	4	PA,SP,PR,ST,QL
TOLTERODINE DETRUSITOL 2MG C28T	2	

HORMONAL AGENTS

123. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFYING (ADRENAL) No USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BETAMETASONE PARENTERAL 5ML	1	
BETAMETASONE PARENTERAL 4 ML	1	
BETAMETASONE PARENTERAL 3ML	1	
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	1	
DEXAMETHASONE ORAL TABLETS 0.5MG/ML 30	1	
DEXAMETHASONE ORAL TABLETS .75MG 1	1	
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	1	
BICARBONATE 7.5% (8.9 mEq/10ml) PARENTERAL SOLUTION 0.075 1	1	
BETAMETASONE PARENTERAL SOLUTION 60ML 1	1	
BETAMETASONE PARENTERAL SOLUTION 1	1	
BETAMETASONE PARENTERAL SOLUTION 2.7/3.0MG 1	1	

BETAMETASONE PARENTERAL SOLUTION 1	1	
DEXAMETHASONE ORAL TABLETS 4MG 3'	1	
DEXAMETHASONE ORAL TABLETS 6MG 10	1	
DEXAMETHASONE PARENTERAL SOLUTION 8MG/2MLW 1	1	
METHYLPREDNISOLONE PARENTERAL SOLUTION 2ML W 1	1	
BETAMETASONE PARENTERAL SOLUTION	1	
PREDNISOLONE PARENTERAL SOLUTION 100ML 1	1	
PREDNISOLONE PARENTERAL SOLUTION 1.0MG 1	1	
PREDNISONO ORAL TABLETS 5MG 30	1	
FLUDROCORTISONE ORAL TABLETS .1MG 100	4	PA,SP,PR,ST,QL
METHYLPREDNISOLONE PARENTERAL 1 1 1	3	
METICORTELONE 3.0MG/ML - SOL 120ML	3	
METICORTEN 20MG - TAB 30 PREDNISONA PREDNISONO ORAL	3	
METICORTEN 50MG - TAB 20 PREDNISONA PREDNISONO ORAL	3	

124. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (PITUITARY) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DESMOPRESINE ORAL TABLETS 60MH 30	4	PA,SP,PR,ST,QL
DESMOPRESINE ORAL TABLETS 15MG 2	4	PA,SP,PR,ST,QL
TIBOLONA TIBOLONE ORAL TABLETS 2.5MG 30	4	PA,SP,PR,ST,QL

125. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (PROSTAGLANDINS) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CYPROTERONE/ETINILESTRADIOL ORAL TABLETS 2/0.035 MG W 21	1	

126. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ANABOLIC STEROIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
TESTOSTERONE INTRAMUSCULAR INJECTABLE SOLUTION 250 MG W 1ML	2	

127. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ANDROGENS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MESTEROLONE ORAL TABLETS 25MG 10	2	
TESTOSTERONE INJECTABLE SOLUTION 250MG 1ML	4	PA,SP,PR,ST,QL
NANDROLONE INJECTABLE SOLUTION 50MG/ML 2	4	PA,SP,PR,ST,QL
TESTOSTERONE INJECTABLE SOLUTION 250MG 3ML	4	PA,SP,PR,ST,QL

128. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ESTROGENS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ESTRADIOL/NORETISTERONA INJECTABLE SOLUTION 5MG/50MG 1ML	1	
ESTRADIOL/NORGESTREL ORAL TABLETS 2MG/0.5MG 21	1	

129. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) PROGESTERONE AGONISTS/ANTAGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PROGESTERONE INTRAMUSCULAR INJECTABLE SOLUTION 100MG 1ML	1	
ETONOGESTREL/ETINILESTRADIOL VAGINAL UNIT 11.7/2.7MG 1	1	

SEX HORMONES/ MODIFIERS

130. (SEX HORMONES/ MODIFIERS) HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING PROGESTINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLORMADINONA ORAL TABLET 2MG 20	1	
CLORMADINONA ORAL TABLET 5MG 20	1	
CLORMADINONA/MESTRANOL ORAL TABLET 2MG/80MCG 20	1	
DESOGESTREL ORAL TABLETS 0.075MG 28	1	
DIENOGEST ORAL TABLETS 2MG 28	1	
DROSPIRENONA/ETINILESTRADIOL DROSPIRENONE / ETHINYL ESTRADIOL ORAL TABLET 3MG/0.02MG 28	1	

131. (SEX HORMONES/ MODIFIERS) SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLOMIPHENE ORAL TABLETS 50MG W 30	2	

132. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (THYROID) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVOTIROXINA ORAL TABLETS 50MCG 50	1	
LEVOTIROXINA ORAL TABLETS 75MCG 50	1	

133. HORMONAL AGENTS, SUPPRESSANT (ADRENAL) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEFLAZACORT ORAL TABLETS 30MG W 10	2	ST
FLUDROCORTISONE ORAL TABLETS 0.1MG 100	4	ST, PA, PR

134. HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONATO/COLEC FOSAMAX PLUS 70 MG/5600 UI C/4 CPR	4	PA,SP,PR,ST,QL
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI MEDI EXCEL	4	PA,SP,PR,ST,QL

135. HORMONAL AGENTS, SUPPRESSANT (PITUITARY) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONICO 70MG CPR C4	4	PA,SP,PR,ST,QL
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI	4	PA,SP,PR,ST,QL
ACIDO ZOLENDRONICO 4MG/5ML INY	4	PA,SP,PR,ST,QL
ALENDRONATO/COLEC PLUS 70 MG/5600 UI	4	PA,SP,PR,ST,QL

136. HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
METHIMAZOLE ORAL PILLS 5MG 30	2	
METHIMAZOLE ORAL PILLS 5MG 100	4	PA,SP,PR,ST,QL
TIAMAZOLE ORAL TABLETS 5MG 0	4	PA,SP,PR,ST,QL

IMMUNOLOGICAL AGENTS

137. IMMUNOLOGICAL AGENTS ANGIOEDEMA (HAE) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DANAZOL ORAL CAPSULES 200 MG W 60	4	PA,SP,PR,ST,QL

138. IMMUNOLOGICAL AGENTS IMMUNE SUPPRESSANTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONATO ORAL TABLET 70 MG4	4	PA,SP,PR,ST,QL
ALENDRONATO ORAL TABLET 10MG 15	4	PA,SP,PR,ST,QL
ALENDRONATO ORAL TABLET 10MG 30	4	PA,SP,PR,ST,QL
ETANERCEPT SUBCUTANEOUS INYECTION SOLUTION 50MG/ML 2	4	PA,SP,PR,ST,QL
AZATIOPRINE ORAL TABLETS 50MG 25	2	
AZATIOPRINA ORAL 1 50MG 50	2	
AZATIOPRINA ORAL 1 50MG 2 X 25	2	

139. IMMUNOLOGICAL AGENTS IMMUNIZING AGENTS, PASSIVE

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
Flu vaccine	P	

140. IMMUNOLOGICAL AGENTS IMMUNOMODULATORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FILGRASTIM PARENTERAL 1 300MCG	4	ST, PA, PR
HUMAN NORMAL IMMUNOGLOBULIN PARENTERAL 1 0,5G	4	ST, PA, PR
NEULASTIM 6 MG/0.6 ML JGP CAJ C/1	4	ST, PA, PR
LEFLUNOMIDA ORAL TABLET 20MG 30	4	ST, PA, PR
ROACTEMRA 200 MG/10 ML 1 FAM C/10 ML	4	ST, PA, PR
ROACTEMRA 80 MG/4 ML 1 FAM C/4 ML	4	ST, PA, PR

INFLAMMATORY BOWEL

141. INFLAMMATORY BOWEL DISEASE AGENTSAMINOSALICYLATES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MESALAZINEORAL 500MG 1	1	
MESALAZINERECTAL 250MG 1	1	
MESALAZINERECTAL 500MG 500MG 10	4	PA,SP,PR,ST,QL
MESALAZINA 500 MG GRAG 40	4	PA,SP,PR,ST,QL
MESALAZINE SUSPENSION 60ML	2	

142. INFLAMMATORY BOWEL DISEASE AGENTSGLUCOCORTICOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEFLAZACORT ORAL TABLETS 6MG	4	PA,SP,PR,ST,QL
PREDNISONA ORAL TABLET 20MG 30	3	
DEXAMETASONA ALIN 8 MG SOL INY 1X2 ML MEDI EXC	1	
DEXAMETASONA ALIN DEPOT 4 MG SUSP INY 1X2 ML MEDI EXC	1	
DEXAMETASONA DECOREX 4MG C10T	1	

143. INFLAMMATORY BOWEL DISEASE AGENTSSULFONAMIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AZULFIDINE ORAL TABLETS 500MG W 60	2	PR

METABOLIC BONE DISEASE AGENTS

144. METABOLIC BONE DISEASE AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONATE ORAL TABLETS 70MG 4	2	
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/70MCG (2,800 U.I.) 4	2	
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/140MCG (5,600 U.I.) 4	2	
ALENDRONICO FOSAMAX 70MG CPR C4	2	
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI MEDI EXCEL	4	PA,SP,PR,ST,QL
ALENDRONATO/COLEC FOSAMAX PLUS 70 MG/5600 UI C/4 CPR	4	PA,SP,PR,ST,QL

OPHTHALMIC AGENTS

145. OPHTHALMIC AGENTS OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BROMFENACOPHTHALMIC OPHTHALMIC SOLUTION 0.9MG X ML 5ML	1	
TRAVOPROST OPHTHALMIC OPHTHALMIC SOLUTION 40 MCG PIEZA	4	PA,SP,PR,ST,QL

146. OPHTHALMIC AGENTS OPHTHALMIC AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEXAMETHASONE/TOBRAMYCIN OPHTHALMIC DROPS 3MG/ML	2	
DICLOFENACOPHTHALMIC DROPS 1MG/ML 5ML	2	
HYDROXYPROPYLMETHYLCELLULOSE OPHTHALMIC GEL 3MG/1ML 10ML	3	
HYPROMELLOSE OPHTHALMIC DROPS 5MG/ML	1	
SODIUM HYALURONATE OPHTHALMIC DROPS 4 MG 20 DOSIS	1	
ANHYDROUS LANOLIN /MINERAL-OIL-BASED OPHTHALMIC OINTMENT 3G/3G X 100G 3.5G	1	
MOXIFLOXACIN OPHTHALMIC OPHTHALMIC SOLUTION 5MG/ML 5ML	2	

TOBRAMYCIN OPTHALMIC OPHTHALMIC SOLUTION 3MG/1ML 15ML	3	
NEOMICINA/POLIMINA B/GRAMICIDINA OPHTHALMIC DROPS 1.75MG/5000UI/0.025MG/1ML 15ML	1	
EPINASTINA OPTHALMIC OPHTHALMIC SOLUTION 0.5MG X ML 5ML	2	
DEXAMETHASONE/NEOMYCIN/POLYM YXIN B OPTHALMI OPTHALMIC SOLUTION 0.1G/0.35G/600,000UI X 100ML 5ML	1	
CARBOXIMETILCELULOSA/GLICERINA OPHTHALMIC SOLUTION 5MG/9MG X ML 10ML	1	
CARBOXIMETILCELULOSA/GLICERINA OPHTHALMIC SOLUTION 5MG/9MG X ML 15ML	1	
HIDROXIPROPILMETILCELULOSA OFTALMICO GOTAS 3MG/ML 10ML	1	

147. OPTHALMIC AGENTS OPTHALMIC ANTI-ALLERGY AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
SODIOOXYMETAZOLINE/SODIUM HYALURONATE OPTHALMIC OPHTHALMIC SOLUTION 0.125MG/1MG X 0.5ML	1	
NEOMICIN/POLIMIXINA B/BACITRACIN OPHTHALMIC OINTMENT 0.35G/500000U/40000U/100G 30G	3	

148. OPTHALMIC AGENTS OPTHALMIC ANTI- INFLAMMATORIES.

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEXAMETHASONE/TOBRAMYCIN OPHTHALMIC OINTMENT 3MG/MG 3.5MG	1	
GATIFLOXACIN/ PREDNISOLONE OPHTHALMIC DROPS 3MG/10MG/1ML 3ML	1	
LOTEPREDNO OPTHALMIC OPHTHALMIC SUSPENSION 5MG X ML 5ML	1	
LOTEPREDNOL/ TOBRAMYCIN OPHTHALMIC OPTHALMIC SOLUTION 5MG/3MG X ML 5ML	1	
NEPAFENAC OPTHALMIC OPHTHALMIC SUSPENSION 1MG/ML 5ML	2	
DEXAMETASONA/NETILMICINA OPHTHALMIC OPTHALMIC SOLUTION 1MG/3MG X ML 5ML	2	

149. OPHTHALMIC AGENTS OPHTHALMIC ANTIGLAUCOMA AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DORZOLAMIDE/TIMOLOL OFTALMICA GOTAS 5MG/ML 5ML	1	
LATANOPROST OFTALMICAN GOTAS 0.05MG/1ML 3ML	1	
BETAXOLOL OPHTHALMIC OPHTHALMIC SOLUTION 2.5MG X ML 5ML	1	
BIMATOPROST OPHTHALMIC OPHTHALMIC SOLUTION 0.3MG X ML 3ML	1	
BIMATOPROST OPHTHALMIC OPHTHALMIC SOLUTION 0.1MG X ML 3ML	3	
BIMATOPROST/TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 0.3MG/6.8MG(5MG) X ML 5ML	3	
BRIMONIDINE OPHTHALMIC DROPS 1.5MG/1ML 5ML	1	
BRIMONIDINE/TIMOLOL/DORZOLAMIDE OPHTHALMIC DROPS 2MG/5MG/20MG/1ML 5ML	3	
DORZOLAMIDE/TIMOLOL OPHTHALMIC DROPS 20MG/5MG/1ML 10ML	2	
FLUOROMETHOLONE OPHTHALMIC DROPS 1MG/1ML 5ML	2	
LATANOPROST OPHTHALMIC DROPS 0.05MG/1ML 3ML	4	PA,SP,PR,ST,QL
LATANOPROST/TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 50MCG/5MG X ML 2.5ML	2	
TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 500MG/100ML 15ML	1	
TIMOLOL OFTALMICA GRAGEAS 5MG/ML 5ML	1	

OTIC AGENTS

150. OTIC AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CIPROFLOXACINE / BENZOCAINE / HYDROCORTISONE OTIC DROPS 2MG/20MG/10MG/1ML 10ML	1	
CHLORANPHENICOL / BENZOCAINE OTICOOTIC 15ML 1	1	
FLUOCINOLONE / POLYMXINE B / NEOMYCIN / FENILEPHRINE OTIC DROPS 0.25MG/10000U/3.5MG/20MG POR 1ML 15ML	1	
HYDROCORTISONE/CHLORAMPHENIC	1	

OL/BENZOCAINE OTIC DROPS 10MG/25MG/20MG/1ML 10ML		
LIDOCAINE OTIC DROPS 1G/100ML 30ML	1	
CIPROFLOXACINE / FLUOCINOLONE OTICON 3MG 1	1	
CIPROFLOXACINE / FLUOCINOLONE OTICO 3/.25MG W 2	2	

RESPIRATORY TRACT AGENTS/PULMONARY AGENTS

151. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
BUDESONIDE INHALABLE ORAL SUSPENSION 0.250MG/2ML 5X2ML	1	
BUDESONIDE ORAL INHALABLE INHALED CAPSULES 400MCG 30	2	
FLUTICASONE NASAL SPRAY 27.5µG/50µL (1 DISPARO) 120 DOSIS	2	
FLUTICASONE NASAL SPRAY 50µG/DOSIS 120 DOSIS	2	
MOMETASONE NASAL ORAL SUSPENSION 0.05G X 100ML (50MCG X ML) 10ML	2	

152. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTIHISTAMINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LORATADINE ORAL TABLETS 10MG 10	1	
LORATADINE ORAL SYRUP 100MG/100ML 60ML	1	
LORATADINE ORAL ORAL SOLUTION 30MG 30ML	1	
LORATADINE/AMBROXOL ORAL SYRUP 100MG/600MG 120ML	1	
LORATADINE/AMBROXOL ORAL TABLETS 5MG/30MG 20	1	
LORATADINE/PHENILEFRINE ORAL ORAL SOLUTION 0.67MG/2MG X ML 60ML	1	
LORATADINE/PHENILEFRINE ORAL TABLETS 5MG/30MG 20	1	
LORATADINE/FEXOFENADINE ORAL TABLET 5MG/25MG 20	1	
ORFENADRINE/PARACETAMOL ORAL TABLETS 35/450MG 50	3	
FEXOFENADINE ORAL SUSPENSION ORAL 600MG/100ML 150ML	1	

153. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTILEUKOTRIENES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MONTELUKAST ORAL PILLS 5MG W 30	1	

154. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS BRONCHODILATORS, ANTICHOLINERGIC

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IPRATROPIO INHALABLE NEBULIZING SOLUTION 25MG/100ML 20ML	1	
IPRATROPIO INHALABLE NEBULIZING SOLUTION 500MCG/2ML 10X2ML	1	

155. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMINOFILINE PARENTERAL SOLUTION 250MG	4	PA,SP,PR,ST,QL
AMINOFILINE 50 MG 5 ML W 1	2	

156. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS BRONCHODILATORS, SYMPATHOMIMETIC

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
AMBROXOL/CLENBUTEROL ORAL ORAL SOLUTION 150MG/0.1MG/100ML 120ML	2	
AMBROXOL/CLENBUTEROL ORALDROPS 7.5MG/0.005MG/1ML 20ML	2	
LORATADINE/PHENYLEPHRINE ORAL SOLUTION 0.05G/0.2G X 100ML 60ML	1	
SALBUTAMOL/IPRATROPIO ORAL INHALABLE SPRAY 8.77MG/1.68MG/1ML 4.5ML	2	
SALMETEROL/FLUTICASONE ORAL INHALABLE POWDER 50MCG/250MCG W 60	2	

157. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS CYSTIC FIBROSIS AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PREDNISONE ORAL TABLETS 50MG 30	1	
AZITHROMYCIN ORAL SUSPENSION 1.2G 30ML	1	
AZITHROMYCIN ORAL TABLETS 500MG 4	2	
LINCOMYCIN ORAL CAPSULES 500MG 16	3	

158. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS MAST CELL STABILIZERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FLUTICASONE/AZELASTINE NASAL SPRAY 137/50 MCG 1 PIEZA	3	
SALBUTAMOL/IPRATROPIUM INHALABLE NEBULIZING SOLUTION 2.5MG/0.5MG/2.5ML 10X2.5ML	2	

159. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS PULMONARY ANTIHYPERTENSIVES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
TADALAFIL ORAL TABLETS 5MG W 28	4	PA,SP,PR,ST,QL
VARDENAFIL ORAL TABLETS 10MG W 14	4	PA,SP,PR,ST,QL
VARDENAFIL ORAL TABLETS 10MG W 30	4	PA,SP,PR,ST,QL
SILDENAFIL 20MG TAB W 90	4	PA,SP,PR,ST,QL

160. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS RESPIRATORY TRACT AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ACETYLCISTEINE ORAL TABLETS 600 MG W 20	1	

SKELETAL MUSCLE RELAXANT

161. SKELETAL MUSCLE RELAXANTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
TIZANIDINA 2MG C20T MEDI EXC	2	
CHLORZOXAZONE/ACETAMINOPHEN ORAL TABLETS 250MG/300MG 30	2	

SLEEP DISORDER AGENTS

162. SLEEP DISORDER AGENTS GABA RECEPTOR MODULATORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ZOLPIDEM ORAL TABLETS 10MG W 30	3	

163. SLEEP DISORDER AGENTS SLEEP DISORDERS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
GABAPENTIN ORAL TABLETS 300MG 1	3	
ZOLPIDEM ORAL TABLETS 10MG W 30 3	3	

THERAPEUTIC NUTRIENTS/MINERALS

164. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES ELECTROLYTE/MINERAL MODIFIERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FOLIC ACID ORAL TABLETS 0.4MG (400MCG) 30	1	
ACTIVATED CARBON ORAL TABLETS 250MG 60	2	
POTASIU M ORAL TABLETS 0.5G 50	3	
IRON ORAL DROPS 178MG POR ML (EQUIV A 50MG HIERRO ELEMENTAL) 20ML	1	

165. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES ELECTROLYTE/MINERAL REPLACEMENT

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IRON ORAL SYRUP 3.125G (EQUIV A 1000MG HIERRO ELEMENTAL) 100ML	1	
IRON ORAL DROPS 178MG POR ML (EQUIV A 50MG HIERRO ELEMENTAL) 20ML	1	
CALCIUM/VITAMIN D ORAL TABLETS 1507.35MG/200UI 30	1	
IRON COMPLEX INTRAMUSCULAR INYECTABLE SOLUTION 317.46MG (100MG) X 2ML 3	1	
FOLIC ACID/IRON ORAL TABLETS 350MG/1MG 36	1	
TIAMINE/PIRIDOXINE/CIANOCOBALAMINO RAL TABLETS 100MG/5MG/50MCG 30	1	
TIAMINE/PIRIDOXINE/HIDROXICOBALAMINE/LIDOCAIN/DEXAMETASONE INTRAMUSCULAR INYECTABLE SOLUTION 200MG/100MG/5MG/30MG/4MG AMPOLLETA NO. 1 (2ML) NO. 2 (1ML)	1	
TIAMINE/PIRIDOXINE/HIDROXICOBALAMINE INTRAMUSCULAR INYECTABLE SOLUTION 5MG/50MG/25MG POR ML 5X2ML1	1	

166. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES VITAMINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
VITAMINS ACD ORAL SOLUTION 15 W 5X3ML	1	

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ACTIVATED CARBON ORAL TABLETS 250MG 60	62
ALBENDAZOLE ORAL SUSPENSION 4G/100ML 10ML	31
ALBENDAZOLE ORAL TABLETS 200MG 10	31
ALENDRONATE ORAL TABLETS 70MG 4	56
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/140MCG (5,600 U.I.) 4	56
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/70MCG (2,800 U.I.) 4	56
ALENDRONATO ORAL TABLET 10MG 15	54
ALENDRONATO ORAL TABLET 10MG 30	54
ALENDRONATO ORAL TABLET 70 MG 4	54
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI	54
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI	53
ALENDRONATO/CALCIFEROL FOSAMAX PLUS 70MG/2800UI	56
ALENDRONATO/COLEC PLUS 70 MG/5600 UI	54
ALENDRONATO/COLEC FOSAMAX PLUS 70 MG/5600 UI C/4 CPR	53
ALENDRONATO/COLEC FOSAMAX PLUS 70 MG/5600 UI C/4 CPR	56
ALENDRONICO 70MG CPR C4	54
ALENDRONICO FOSAMAX 70MG CPR C4	56
ALOPURINOL ORAL TABLETS 100MG 60	26
ALOPURINOL ORAL TABLETS 300MG 20	26
ALOPURINOL ORAL TABLETS 300MG 30	26
ALPRAZOLAM ORAL TABLETS 0.50MG 30	37
ALPRAZOLAM ORAL TABLETS 1MG 30	37
ALPRAZOLAM ORAL TABLETS 1MG 90	37
AMANTADINE ORAL TABLETS 100MG 30	32
AMANTADINE/CHLORPHENAMINE/ACETAMINOPHEN ORAL CAPSULES 50/3/300MG 24	36
AMANTADINE/CHLORPHENAMINE/ACETAMINOPHEN ORAL ORAL SOLUTION 0.5/0.20/3G 30ML	36

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AMANTADINE/CHLORPHENAMINE/ACETAMINOPHEN ORAL ORAL SOLUTION 60ML 60ML	36
AMBROXOL/CLENBUTEROL ORAL ORAL SOLUTION 150MG/0.1MG/100ML 120ML	60
AMBROXOL/CLENBUTEROL ORALDROPS 7.5MG/0.005MG/1ML 20ML	60
AMIKACINE IV/IM INYECTABLE SOLUTION 1G 4ML	17
AMIKACINE IV/IM INYECTABLE SOLUTION 500MG 2ML	17
AMINOFILINE PARENTERAL SOLUTION 250MG	60
AMINOFILINE 50 MG 5 ML W 1	60
AMIODARONE ORAL TABLETS 200MG 20	41
AMIODARONE ORAL TABLETS 200MG 30	41
AMITRIPTILINE ORAL TABLETS 50 MG 20	24
AMITRIPTILINE ORAL TABLETS 25MG 50	45
AMITRIPTYLINE/PERPHENAZINE/DIAZEPAM ORAL TABLETS 10MG/2MG/3MG 30	24
AMLODIPINE ORAL CAPSULES 5MG 30	42
AMLODIPINE ORAL TABLETS 5MG 30	42
AMLODIPINE/LOSARTAN ORAL CAPSULES 5MG/100MG 14	42
AMLODIPINE/VALSARTAN ORAL TABLETS 10MG/320MG 28	42
AMLODIPINE/VALSARTAN ORAL TABLETS 5MG/160MG 28	42
AMLODIPINO/VALSARTAN/HIDROCLOROTIAZIDE ORAL TABLET 5MG/160MG/12.5MG 28	40
AMLODIPINO/VALSARTAN/HIDROCLOROTIAZIDE ORAL TABLETS 10/320/25MG 28	40
AMOROLFIN TOPIC SOLUTION 50MG X ML 2.5ML	46
AMOXICILINA/SULBACTAM ORAL PILLS 500/500MG 16	28
AMOXICILLIN ORAL SUSPENSION 400MG/5ML 50ML	18
AMOXICILLIN ORAL CAPSULES 500MG 15	18
AMOXICILLIN ORAL SUSPENSION 500MG 75ML	18
AMOXICILLIN ORAL TABLETS 875MG 10	18
AMOXICILLIN/CLAVULANIC ACID ORAL ORAL SUSPENSION 400MG/57MG/5 ML 70ML	18
AMOXICILLIN/CLAVULANIC ACID ORAL SUSPENSION 200MG/28.57MG 70ML	18
AMOXICILLIN/CLAVULANIC ACID ORAL SUSPENSION 250MG/62.5MG/5ML 70ML	18
AMOXICILLIN/CLAVULANIC ACID ORAL TABLET 875/125MG 14	18
AMOXICILLIN/CLAVULANIC ACID ORAL TABLETS 500MG/125MG 15	18
AMOXICILLIN/CLAVULANIC ACID ORAL TABLETS 875/125MG 14	18
AMOXICILLIN/SULBACTAM ORAL ORAL SUSPENSION 200MG/50MG/5ML 160ML	28
AMOXICILLIN/SULBACTAM ORAL SOLUTION 200MG/50MG/1ML 130ML	18
AMOXICILLIN/SULBACTAM ORAL TABLET 875/125MG 14	28
AMOXICILLINE ORAL ORAL SUSPENSION 250MG/5ML 75ML	19
AMOXICILLINE ORAL TABLET 750MG 12	18
AMPICILLIN ORAL CAPSULES 500MG 20	18
AMPICILLIN ORAL ORAL SUSPENSION 250MG 90ML	19
AMPICILLIN ORAL TABLET 1G 12	18
ANHYDROUS LANOLIN /MINERAL-OIL-BASED OPHTHALMIC OINTMENT 3G/3G X 100G 3.5G	56
APIXABAN ORAL 1 ELICUIS 5MG TAB 60	39
APREPITANT ORAL CAPSULES 125 MG 1	24
ASPARTIC INSULINSUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	39

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ATAZANAVIR ORAL CAPSULES 200MG 60	36
ATAZANAVIR ORAL CAPSULES 300MG	36
ATENOLOL ATENOLOL ORAL TABLETS 100MG 28	41
ATENOLOL ORAL TABLETS 50MG 28	41
ATOMOXETINE ORAL CAPSULES 18MG W 14	44
ATOMOXETINE ORAL CAPSULES 40MG 14	45
ATOMOXETINE ORAL CAPSULES 60MG 14	45
ATORVASTATIN ORAL TABLET80MG 15+15	43
ATORVASTATIN ORAL TABLETS 40MG 15+15	43
ATORVASTATIN ORAL TABLETS 40MG 30	43
ATORVASTATINA ATORVASTATIN ORAL TABLETS 20MG 30	44
ATORVASTATINA ORAL TABLET 40MG 30	44
ATROPINE OPHTHALMICDROPS 1G/100ML 15ML	27
AZATIOPRINA AZATIOPRINA ORAL 1 50MG 2 X 25	54
AZATIOPRINA AZATIOPRINA ORAL 1 50MG 50	54
AZATIOPRINA AZATIOPRINE ORAL TABLETS 50MG 25	54
AZELAIC TOPIC GEL 15G X 100G 30G	46
AZITHROMYCIN ORAL SUSPENSION 1.2G 30ML	60
AZITHROMYCIN ORAL TABLETS 500MG 3	20
AZITHROMYCIN ORAL TABLETS 500MG 4	61
AZULFIDINE ORAL TABLETS 500MG W 60	56
BACITRACINE/NEOMICINA/POLIMIXIN B TOPIC OINTMENT 40000U/0.35G/500000U30G	46
BENCIDAMINE BUCOF SPRAY - SOL 40ML	45
BENCIDAMINE ORAL ORAL SOLUTION 0.15G POR 100ML 360ML	45
BENCILPENICILLIN IV/IM INYECTABLE SOLUTION	19
BENZATHINE PENICILLIN INTRAMUSCULAR SOLUTION 800000UI/2ML 2ML	18
BENZOIL TOPIC GEL 2.5G X 100G 60G	46
BENZOILO/PEROXIDO/CLINDAMICINA TOPIC GEL 5%/1% 30G	46
BETAMETASONE PARENTERAL 3ML	50
BETAMETASONE PARENTERAL 4 ML	50
BETAMETASONE PARENTERAL 5ML	50
BETAMETASONE PARENTERAL SOLUTION	51
BETAMETASONE PARENTERAL SOLUTION 1	51
BETAMETASONE PARENTERAL SOLUTION 1	51
BETAMETASONE PARENTERAL SOLUTION 2.7/3.0MG 1	51
BETAMETASONE PARENTERAL SOLUTION 60ML 1	51
BETAMETASONE TOPIC CREAM 30G 0.5/1G	46
BETAMETASONE/CLOTRIMAZOL/GENTAMICINA TOPIC CREAM .0643G/1G/.100G 1 PIEZA	46
BETAMETHASONE IM/INSIDE JOINT INJECTABLE SUSPENSION 5MG/2MG X ML 1	16
BETAMETHASONE TOPIC CREAM 0.1/100G 40G	16
BETAMETHASONE ORAL DROPS 0.5MG/ML 60ML	16
BETAXOLOL OPHTHALMIC OPHTHALMIC SOLUTION 2.5MG X ML 5ML	58
BEVACIZUMAB	30

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BICALUTAMIDE ORAL TABLETS 50MG 28	28
BICARBONATE 7.5% (8.9 mEq/10ml) PARENTERAL SOLUTION 0.075 1	51
BIFONAZOL/UREA TOPIC TUBE 1G/40G X 100G 0G	46
BIMATOPROST OPHTHALMIC OPHTHALMIC SOLUTION 0.1MG X ML 3ML	58
BIMATOPROST OPHTHALMIC OPHTHALMIC SOLUTION 0.3MG X ML 3ML	58
BIMATOPROST/TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 0.3MG/6.8MG(5MG) X ML 5ML	58
BIPERIDEN ORAL TABLET 2MG 50	32
BIPERIDEN ORAL TABLET 4MG 30	32
BIPERIDENE ORAL TABLETS 2MG 30	32
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 1.25MG 30	41
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 2.5MG 30	41
BISOPROLOL FUMARATO BISOPROLOL FUMARATE ORAL TABLETS 5MG 30	41
BOCEPREVIR ORAL CAPSULES 200MG 24	36
BRIMONIDINE OPHTHALMIC DROPS 1.5MG/1ML 5ML	58
BRIMONIDINE/TIMOLOL/DORZOLAMIDE OPHTHALMIC DROPS 2MG/5MG/20MG/1ML 5ML	58
BROMAZEPAM ORAL TABLETS 3MG 30	37
BROMAZEPAM ORAL TABLETS 3MG 30	37
BROMAZEPAM ORAL TABLETS 6MG 30	37
BROMFENAC OPHTHALMIC OPHTHALMIC SOLUTION 0.9MG X ML 5ML	56
BUDESONIDE INHALABLE ORAL SUSPENSION 0.250MG/2ML 5X2ML	59
BUDESONIDE ORAL INHALABLEINHALED CAPSULES 400MCG 30	59
BUMETANIDE ORAL TABLET 1 MG 20	42
BUPRENORPHINE IV/IM INJECTABLE SOLUTION 0.3MG/1ML 6x1ML	14
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG 10	14
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	13
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	14
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	15
BUPRENORPHINE TRANSDERMIC PATCHES 20MG W 2	13
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	13
BUTILHIOSCINE ORAL TABLETS 10MG 12	48
CALAMINA CALAMINE TOPIC SYRINGE - 180ML	46
CALCIPOTRIOL TOPIC OINTMENT 50MCG X GR 30G	46
CALCIPOTRIOL/BETAMETASONA, DIPROPIONATO DE TOPIC GEL 5/50MG X 100GR 30G	46
CALCIPOTRIOL/BETAMETASONA, DIPROPIONATO DE TOPIC OINTMENT 5/50MG X 100GR 30G	46
CALCIUM/VITAMIN D ORAL TABLETS 1507.35MG/200UI 30	62
CAPTOPRIL ORAL TABLET 50MG 30	41
CARBAMAZEPINE ORAL ORAL SUSPENSION 2G/100ML 100ML	38
CARBAMAZEPINE ORAL SUSPENSION 2G/100ML 100ML	24
CARBAMAZEPINE ORAL TABLET 200MG 30	38
CARBAMAZEPINE ORAL TABLETS 200MG 30	24
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 0.4 60G	46
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 20G/100G 100G	46
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 30G/100G 100G	46

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CARBAZO /CHROMIUM /VITAMIN K ORAL TABLETS 25MG/5MG 32	40
CARBAZO CROMO/VITAMINA K CARBAZO /CHROMIUM /VITAMIN K ORAL SYRUP 100MG/30MG POR 100ML 200ML	40
CARBOXIMETILCELULOSA/GLICERINA OPHTHALMIC SOLUTION 5MG/9MG X ML 10ML	57
CARBOXIMETILCELULOSA/GLICERINA OPHTHALMIC SOLUTION 5MG/9MG X ML 15ML	57
CARVEDILOL ORAL PILLS 25MG 14	41
CARVEDILOL ORAL TABLET 25MG 14	40
CEFALEXIN ORAL CAPSULES 250MG 24	18
CEFALEXIN ORAL SUSPENSION 125MG/5ML 100ML	18
CEFALEXIN ORAL SUSPENSION 125MG/5ML 100ML	18
CEFALEXIN ORAL TABLETS 500 MG 12	18
CEFIXIME ORAL CAPSULES 200MG 12	19
CEFIXIME ORAL CAPSULES 400MG 6	18
CEFIXIME ORAL SUSPENSION 100MG/5ML 50ML	18
CEFOTAXIME INTRAMUSCULAR SOLUTION 1G/4ML 1 AMP	19
CEFTRIAZONE INTRAMUSCULAR INYECTABLE SOLUTION 500MG/2ML 2ML	18
CEFTRIAZONE INTRAMUSCULAR SOLUTION 1G/3.5ML 3.5ML	18
CEFUROXIME ORAL SUSPENSION 250MG/5ML 50ML	18
CEFUROXIME ORAL TABLETS 500MG 10	18
CELECOXIB ORAL CAPSULES 200MG W 10	13
CERTOLIZUMAB PEGOL SUBCUTANEOUS INYECTABLE SOLUTION 200MG/ML 2	29
CETAPHIL TOPIC 237ML 237ML	47
CETAPHIL TOPIC CREAM 250G 250G	46
CETAPHIL TOPIC FOAM 236ML 236ML	47
CHLORAMBUCIL ORAL TABLETS 2MG 25	28
CHLORANPHENICOL / BENZOCAINE OTICO OTIC 15ML 1	58
CHLORHEXIDINE TOPIC GEL 50ML 75ML	45
CHLORHEXIDINE TOPIC SOLUTION 0.0012 300ML	45
CHLORZOXAZONE/ACETAMINOPHEN ORAL TABLETS 250MG/300MG 30	61
CICLOPIROX CICLOPIROX TOPIC TOPIC SOLUTION 0.069G 3.3ML	47
CILOSTAZOL ORAL TABLETS 100MG 30	40
CINITAPRIDE ORAL TABLETS 1MG 50	48
CIPROFLOXACIN ORAL CAPSULES 250MG 12	20
CIPROFLOXACIN ORAL TABLET 1G 7	20
CIPROFLOXACIN ORAL TABLETS 500MG	20
CIPROFLOXACINE / BENZOCAINE / HYDROCORTISONE OTIC DROPS 2MG/20MG/10MG/1ML 10ML	58
CIPROFLOXACINE / FLUOCINOLONE OTICO 3/.25MG W 2	59
CIPROFLOXACINE / FLUOCINOLONE OTICON 3MG 1	59
CITALOPRAM ORAL TABLETS 20MG 30	23
CITALOPRAM BROMHIDRATO DE ORAL TABLET 20MG 14	23
CITICOLINE ORAL TABLET 500MG 20	32
CITIDIN 5'-MONOFOSFATO/URIDIN 5'-MONOFOSFATO CITIDIN 5'-MONOFOSPHATE/URIDIN 5'-MONOFOSPHATE ORAL CAPSULES 5/3MG 30	32
CLARITHROMYCIN ORAL TABLETS 500MG 14	18
CLARITROMICINA ORAL TABLETS 500MG 10	20

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CLINDAMICINA/KETOCONAZOL VAGINAL PRESENTATION 100/400MG 7	25
CLINDAMYCIN VAGINAL PRESENTATION 100MG 7	18
CLINDAMYCIN TOPIC GEL 30G 1	47
CLINDAMYCIN TOPIC TOPIC SOLUTION 30G 30ML	47
CLINDAMYCIN/KETOCONAZOLE VAGINAL CREAM 2G/8G POR 100G 30G	25
CLINDAMYCIN/TRETINOIN TOPIC GEL 0.025%/1% 40G	47
CLIOQUINOL TOPIC SHAMPOO 0.2G/5G/3G 150ML	46
CLOBETASOL CLOBETASOL TOPIC CREAM 0.005 30G	47
CLOBETASOL TOPIC TOPIC SOLUTION 0.05G 59ML	47
CLOFARABINE 20 MG 1 FAM C/20 ML CLOPHARABINE PARENTERAL	29
CLOMIPHENE ORAL TABLETS 50MG W 30	53
CLOMIPRAMINE ORAL TABLETS 25MG 30	24
CLOPIDOGREL ORAL TABLET 75MG 28	40
CLOPIDOGREL ORAL TABLETS 1 14	39
CLOPIDOGREL ORAL TABLETS 1 28	39
CLORANFENICOL CHLORAMPHENICOL TOPIC OINTMENT 5MG/MG 5G	47
CLORMADINONA ORAL TABLET 2MG 20	53
CLORMADINONA ORAL TABLET 5MG 20	53
CLORMADINONA/MESTRANOL ORAL TABLET 2MG/80MCG 20	53
CLORTALIDONE ORAL TABLETS 50MG 14	43
CLORTALIDONE ORAL TABLETS 50MG 30	43
CLOTRIMAZOL CLOTRIMAZOLE VAGINAL PRESENTATION 200MG 3 OVU	25
COLCHICINE ORA TABLETS 1MG 20	26
COLCHICINE ORAL TABLETS 1MG 10	26
COMBINED PENICILLIN INTRAMUSCULAR INJECTABLE SUSPENSION 600,000U/300,000U/300,000U 1X3ML	19
CREMA PARA PIELES GRASAS (IONAX SCRUB) VARIOS COMPONENTES IONAX SCRUB TOPIC CREAM 60G 60G	47
CROMOGLYCOLIC ACID CROMOGLYCOLIC ACID TOPIC CREAM 60 G 60ML	47
CYPROTERONE/ETINILESTRADIOL ORAL TABLETS 2/0.035 MG W 21	52
DABIGATRAN ORAL CAPSULES 110MG 30+30	40
DANAZOL ORAL CAPSULES 200 MG W 60	54
DARUNAVIR ORAL TABLET 600MG 60	36
DEFLAZACORT ORAL TABLETS 30MG W 10	53
DEFLAZACORT ORAL TABLETS 6MG	55
DESMOPRESINA DESMOPRESINA ORAL TABLETS 15MG 2	51
DESMOPRESINE DESMOPRESINA ORAL TABLETS 60MH 30	51
DESOGESTREL DESOGESTREL ORAL TABLETS 0.075MG 28	53
DESONIDA DESONIDA TOPIC CREAM 0.0005 30G	47
DESVENLAFAXINA ORAL TABLETS 50MG 28	23
DEXAMETASONA ALIN 8 MG SOL INY 1X2 ML MEDI EXC	55
DEXAMETASONA ALIN DEPOT 4 MG SUSP INY 1X2 ML MEDI EXC	55
DEXAMETASONA DECOREX 4MG C10T	55
DEXAMETASONA/NETILMICINA OPHTHALMIC OPHTHALMIC SOLUTION 1MG/3MG X ML 5ML	58
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 4MG 2ML	16

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DEXAMETHASONE IV/IM INYECTABLE SOLUTION 8MG 2ML	16
DEXAMETHASONE ORAL TABLETS .75MG 1	50
DEXAMETHASONE ORAL TABLETS 0.5MG 30	16
DEXAMETHASONE ORAL TABLETS 0.5MG/ML 30	50
DEXAMETHASONE ORAL TABLETS 0.75MG 30	16
DEXAMETHASONE ORAL TABLETS 4MG 10	16
DEXAMETHASONE ORAL TABLETS 4MG 3'	51
DEXAMETHASONE ORAL TABLETS 6MG 10	51
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	50
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	50
DEXAMETHASONE PARENTERAL SOLUTION 8MG/2ML W 1	51
DEXAMETHASONE PARENTERALINJECTABLE SOLUTION 8MG/2ML 1	16
DEXAMETHASONE/NEOMYCIN/POLYMYXIN B OPTHALMI OPTHALMIC SOLUTION 0.1G/0.35G/600,000UI X 100ML 5ML	57
DEXAMETHASONE/TOBRAMYCIN OPTHALMIC DROPS 3MG/ML	56
DEXAMETHASONE/TOBRAMYCIN OPTHALMIC OINTMENT 3MG/MG 3.5MG	57
DEXKETOPROFEN ORAL TABLETS 25MG 10	17
DEXPANTENOL DEXPANTHENOL TOPIC TUBE 30G	47
DEXRAZOXANE IV INJECTABLE SOLUTION 500MG 1	29
DICLOFENAC IM/IV INJECTABLE SOLUTION75MG/3ML W5x3ML	13
DICLOFENAC ORAL SUSPENSION 180MG x 100ML (4.5MG/2.5ML) W 120ML	13
DICLOFENAC ORAL TABLETS 50MG W 30	13
DICLOFENAC OPTHALMIC DROPS 1MG/ML 5ML	56
DICLOFENAC ORAL DROPS 15MG/ML 20ML	17
DICLOFENACO DICLOFENAC TOPIC GEL 1.16G X 100G 60G	47
DICLOFENACO DICLOFENAC TOPIC GEL 1G/100G 50G	48
DICLOXACILLIN ORAL SUSPENSION 125MG/5ML 90ML	18
DIENOGEST ORAL TABLETS 2MG 28	53
DIFENIDOL IV/IM INYECTABLE SOLUTION 20MG/1ML 2X2ML	25
DIFENIDOL ORAL TABLETS 25MG 25 TABS	24
DIGOXIN ORAL TABLETS 0.25MG 60	41
DIHIDROERGOTAMINE/CAFFEIN/PROPIFENAZONE ORAL TABLET 0.5MG/40MG/125MG 30	27
DILTIAZEM ANAL GEL 2G X 100G 60G	44
DILTIAZEM ORAL TABLET 60MG 30	44
DILTIAZEM ORAL TABLETS 90MG 20	44
DIMENHYDRINATE IM/IV INYECTABLE SOLUTION 50MG X ML 3X1ML	24
DIMENHYDRINATE ORAL SYRUP 250MG/100ML 120ML	24
DIMENHYDRINATE ORAL TABLETS 50MG 24	24
DIMENHYDRINATE RECTAL SUPPOSITORY 25MG 4	24
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W 14	48
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W30	48
DIMETICONA/MAGALDRATO/FAMOTIDINA ORAL GEL 1/8/0.1G/100ML 10 SOBRES	49
DINITRATO DE ISOSORBIDA ORAL TABLETS 10MG 40	44
DINITRATO DE ISOSORBIDA SUBLINGUAL TABLETS 5MG 40	44

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DIOSMINA/HESPERIDINE ORAL TABLETS 450MG/50MG 60	42
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	42
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	42
DIPIVOXILO ORAL TABLET 10MG 30	34
DISOPYRAMIDE ORAL CAPSULES 100MG 20	41
DOLUTEGRAVIR ORAL TABLETS 1 W 30	36
DOMPERIDONE ORAL TABLETS 10MG 30	25
DORZOLAMIDE/TIMOLOL OFTALMICA GOTAS 5MG/ML 5ML	58
DORZOLAMIDE/TIMOLOL OPHTHALMIC DROPS 20MG/5MG/1ML 10ML	58
DOSAXOSIN ORAL TABLET 4MG 20	40
DOSAXOSIN ORAL TABLET 2MG 20	40
DOXEPIN ORAL CAPSULES 25MG 20	24
DOXYCYCLINE ORAL TABLETS 100MG 28	21
DROSPIRENONA/ETINILESTRADIOL DROSPIRENONE / ETHINYL ESTRADIOL ORAL TABLET 3MG/0.02MG 28	53
DULOXETINA DULOXETINE ORAL CAPSULES 60MG 28	23
DULOXETINE ORAL CAPSULES 30MG 7	37
DULOXETINEORAL CAPSULES 30MG 7	23
ELETRIPTAN ELETRIPTAN ORAL TABLETS 40 MG 2	27
ENALAPRIL ORAL TABLETS 10MG 30+30	41
ENOXAPARIN SUBCUTANEOUS INYECTABLE SOLUTION 60MG (6,000UI) 2	40
ENTECAVIR ORAL PILLS 1MG 30	34
ENTECAVIR ORAL TABLET0.5MG 30	34
EPINASTINA OPHTHALMIC OPHTHALMIC SOLUTION 0.5MG X ML 5ML	57
EPIRUBICIN IV INYECTABLE SOLUTION 50MG/25ML (2MG/ML) 1	29
ERGOTAMINA/CAFEINA ORAL PILLS 1MG/100MG 20	27
ERGOTAMINA/CAFFEINE ORAL PILLS 1MG/100MG 10	27
ERITROMICINA/RETINOL ERYTHROMYCIN / RETINOL TOPICO GEL 4%/0.025% 30G	48
ERYTHROMYCIN ORAL TABLETS 500MG 20	20
ESCITALOPRAM ORAL TABLETS 10MG 14+14	23
ESCITALOPRAM ORAL TABLETS 10MG 28	23
ESCITALOPRAM ORAL TABLETS 20MG 28	23
ESOMEPRAZOLE ORAL GRANULATED 2.5MG/ML 28	49
ESPIRONOLACTONA/FUROSEMIDA SPIRONOLACTONE/FUROSEMIDE ORAL CAPSULES 50MG/20MG 16	43
ESTRADIOL ESTRADIOL CUTANEOUS GEL 60MG X 100G (0.06%) 80GR	48
ESTRADIOL TOPICO GEL 1G 28 SOBRES	48
ESTRADIOL,17-BETA TRIMEGESTONA ORAL TABLETS 1/.125MG 28	48
ESTRADIOL/NORETISTERONA INTRAMUSCULAR INYECTABLE SOLUTION 5MG/50MG 1ML	52
ESTRADIOL/NORGESTREL ORAL TABLETS 2MG/0.5MG 21	52
ESTRIOL TOPIC CREAM 0.5MG 1 TUBO CON APLICADOR	48
ETAMCITRABINA/TENOFOVIR ORAL TABLET 200MG/300MG 30	34
ETANERCEPT ETANERCEPT SUBCUTANEOUS INYECTABLE SOLUTION 50MG/ML 2	54
ETHAMSYLAT ORAL TABLET 500MG 20	40
ETINILESTRADIOL/NORELGESTROMINE TOPIC PATCHES600MCG/60MG 3	48

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ETONOGESTREL/ETINILESTRADIOL VAGINAL UNIT 11.7/2.7MG 1	53
ETOPOSIDE PARENTERAL SOLUCION INYECTABLE 100MG/5ML 1	30
ETOPOSIDE PARENTERAL SOLUCION INYECTABLE 100MG/5ML 1	30
EVEROLIMUS ORAL TABLETS 10MG 30	30
EVEROLIMUS ORAL TABLETS 2.5MG 30	30
EXOMEGA TOPIC SYRINGE 400ML 400ML	46
EZETIMIBE ORAL TABLETS 10MG 28	43
EZETIMIBE/SIMVASTATIN ORAL TABLET 10MG/40MG 28	43
FELODIPINE/METOPROLOL ORAL TABLETS 5MG/47.5MG 14	42
FENACETINE/ACETANILIDE/CAFFEIN ORAL TABLETS 400MG/150MG/100MG/50MG W 20	13
FENAZOPIRIDINA ORAL TABLET 100MG 24	49
FENOFIBRATE/SIMVASTATIN ORAL CAPSULES 200MG/20MG 30	43
FENOTRINA PHENOTHRIN TOPIC SHAMPOO 0.2G/100ML 120ML	48
FENTICONAZOLE TOPIC CREAM 0.02 30G	48
FEXOFENADINE ORAL SUSPENSION ORAL 600MG/100ML 150ML	60
FILGRASTIM PARENTERAL 1 300MCG	55
FINASTERIDE ORAL TABLETS 1MG 28	28
FINASTERIDE ORAL TABLETS 1MG 28	50
FINASTERIDE ORAL TABLETS 5MG 30	50
FINASTERIDE ORAL TABLETS 5MG 30	50
FLOROGLUCINOL/METILFLOROGLUCINE ORAL CAPSULESE80MG/80MG 20	48
FLUCONAZOL ORAL CAPSULES 100MG 10	25
FLUCONAZOL ORAL CAPSULES 150MG 2	25
FLUCONAZOL ORAL TABLETS 150MG 1	25
FLUCONAZOL/TINIDAZOL FLUCONAZOL/TINIDAZOLE ORAL TABLETS 37.5MG/500MG 4	25
FLUDROCORTISONE ORAL TABLETS .1MG 100	51
FLUDROCORTISONE ORAL TABLETS 0.1MG 100	53
FLUOCINOLONA ACETONIDO DE/NEOMICINA SULFATO DE TOPIC CREAM 0.01G/0.35GR	48
FLUOCINOLONA TOPIC CREAM 0.001 20G	48
FLUOCINOLONA/CLIOQUINOL TOPIC CREAM 0.01%-3%/100G 40G	48
FLUOCINOLONE / POLYMIXINE B / NEOMYCIN / FENILEPHRINE OTIC DROPS 0.25MG/10000U/3.5MG/20MG POR 1ML 15ML	59
FLUOROMETHOLONE OPHTHALMIC DROPS 1MG/1ML 5ML	58
FLUOURACIL PARENTERAL SOLUCION INYECTABLE 500ML/10ML 10ML	29
FLUOXETINA ORAL CAPSULES 20MG 28	23
FLUOXETINE ORAL CAPSULES 20MG 14	23
FLUOXETINE ORAL TABLETS 20MG 20	37
FLUTICASONE NASAL SPRAY 27.5µG/50µL (1 DISPARO) 120 DOSIS	59
FLUTICASONE NASAL SPRAY 50µG/DOSIS 120 DOSIS	59
FLUTICASONE/AZELASTINE NASAL SPRAY 137/50 MCG 1 PIEZA	61
FLUVOXAMINE ORAL TABLETS 100MG W 30	23
FOLIC ACID ORAL TABLETS 0.4MG (400MCG) 30	62
FOLIC ACID/IRON ORAL TABLETS 350MG/1MG 36	62
FUOXETINE ORAL TABLETS 20MG 14	37

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FUROSEMIDA FUROSEMIDE ORAL PILLS 40MG 24	43
FUSIDIC ACID / BETAMETHASONE TOPIC CREAM 0.02 15G	46
FUSIDIC ACID TOPIC CREAM 0.02 15G	46
GABAPENTIN ORAL TABLETS 300MG 1	62
GABAPENTINA ORAL CAPSULES 300MG 30	38
GATIFLOXACIN OPHTHALMIC DROPS 3.0MG/1ML 5ML	20
GATIFLOXACIN/ PREDNISOLONE OPHTHALMIC DROPS 3MG/10MG/1ML 3ML	57
GENTAMICIN IM/IVINJECTABLE SOLUTION 160MG X 2ML 1	17
GENTAMICINA TOPIC CREAM 1MG/1G 30G	47
GENTAMICINE IM/IV INYECTABLE SOLUTION 80MG X 2ML 1	17
GENTAMICINE PARENTERAL INYECTABLE SOLUTION 0MG/1ML 1ML	17
GENTAMICINE PARENTERAL INYECTABLE SOLUTION 160MG/2ML 2ML	17
GENTAMYNE IV/IM SOLUTION 160MG/2ML 1	17
GLICEROL RECTAL SUPPOSITORY 1.380G 10	48
GLUCAGON PARENTERAL INJECTABLE SOLUTION 1MG W 1	39
GLYCEROL RECTAL SUPPOSITORY 2.632G 10	48
HIDROXIPROPILMETILCELULOSA OFTALMICO GOTAS 3MG/ML 10ML	57
HUMAN NORMAL IMMUNOGLOBULIN	55
HYDROCHLOROTIAZIDE ORAL TABLETS 25MG 30	43
HYDROCORTISONE/CHLORAMPHENICOL/BENZOCAINE OTIC DROPS 10MG/25MG/20MG/1ML 10ML	59
HYDROXYPROPYLMETHYLCELLULOSE OPHTHALMIC GEL 3MG/1ML 10ML	56
HYDROXYUREA ORAL TABLETS 500MG 100	30
HYDROXYUREA ORAL TABLETS 500MG 14	30
HYDROXYUREA ORAL TABLETS 500MG 30	30
HYDROXYZINE ORAL TABLETS 10MG 30	24
HYPROMELLOSE OPHTHALMIC DROPS 5MG/ML	56
IBUPROFEN ORAL CAPSULES 400MG 10	17
IBUPROFEN ORAL CAPSULES 600MG 10	17
IBUPROFEN 600 600MG W 10C	26
IBUPROFEN ORAL CAPSULES 400MG W 20	13
IBUPROFEN/CAFFEINE ORAL CAPSULES 400MG/100MG 10	26
IIVERMECTIN ORAL TABLETS 6MG 4	32
IMATINIB ORAL TABLET 400MG W 30	30
IMIPRAMINE ORAL TABLETS 25MG 20	24
INDOMETACIN ORAL CAPSULES 25MG W 60	13
INDOMETACIN RECTAL SUPPOSITORY 100MG W 15	13
INHEPAR 1000 U - FA 10ML HEPARIN PARENTERAL	39
INHEPAR 5000 U - FA 5ML HEPARIN	39
INSULIN DETEMIR (PLUMA) SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	39
INSULIN LISPRO (RECOMBINANTE) SUBCUTANEOUS SOLUTION 100UI/ML 10ML	39
INSULINA GLARGINA (CARTUCHO) SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 5	39
INSULINA HUMANA LISPRO/INTERMEDIA HUMAN INSULIN/LISPRO SUBCUTANEOUSINYECTABLE SOLUTION 50UI 3ML	39
INSULINADEGLUDEC (PLUMA)SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	39

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INTERFERON ALFA-2B SUBCUTANEOUS INYECTABLE SOLUTION 100MCG/.5ML	45
IPRATROPIO INHALABLE NEBULIZING SOLUTION 25MG/100ML 20ML	60
IPRATROPIO INHALABLE NEBULIZING SOLUTION 500MCG/2ML 10X2ML	60
IRBESARTAN ORAL TABLETS 150MG 28	40
IRBESARTAN ORAL TABLETS 150MG 28	40
IRON COMPLEX INTRAMUSCULAR INYECTABLE SOLUTION 317.46MG (100MG) X 2ML 3	62
IRON ORAL DROPS 178MG POR ML (EQUIV A 50MG HIERRO ELEMENTAL) 20ML	62
IRON ORAL DROPS178MG POR ML (EQUIV A 50MG HIERRO ELEMENTAL) 20ML	62
IRON ORAL SYRUP 3.125G (EQUIV A 1000MG HIERRO ELEMENTAL) 100ML	62
ISONIAZID/RIFAMPICIN ORAL TABLET 200/150MG 24	27
ISONIAZIDE 100 MG TAB 200 ORAL 1	28
ISOTRETINOIN ORAL CAPSULES 20MG 30	30
ISOTRETINOIN TOPIC GEL 0.05 30G	31
ITRACONAZOL ORAL CAPSULES 100MG 15	25
ITRACONAZOL ORALCAPSULES 100MG 6+6	25
ITRACONAZOLE TOPIC CREAM 10MG/GR 20G	25
KETANSERINA/MICONAZOL/METRONIDAZOL VAGINAL PRESENTATION 36MG/100MG/500MG 10	25
KETOCONAZOL TOPIC CREAM 20MG 40G	25
KETOCONAZOLE VAGINAL CREAM 10MG/GR 7 APLIC C/5G CU	25
KETOPROFEN ORAL SUSPENSION 70ML W 70ML	13
KETOPROFEN/ACETAMINOPHEN ORAL TABLETS 100MG/300MG 12	17
KETOROLAC SUBLINGUAL TABLETS 30MG W 6	13
LACTULOSE ORAL SYRUP 66.7G W 120 ML	49
LAMIVUDINE 3TC 1 G/100 ML 1 FRA C/240 ML 3TC 1 G/100 ML 1 FRA C/240 ML PARENTERAL SOLUTION	35
LAMIVUDINE ORAL ORAL SOLUTION 1G/100ML 240ML	35
LAMOTRIGINE ORAL TABLETS 100MG 28	37
LAMOTRIGINE ORAL TABLETS 25MG 28	37
LAMOTRIGINE ORAL TABLETS 5MG 28	38
LATANOPROST OFTALMICAN GOTAS 0.05MG/1ML 3ML	58
LATANOPROST OPHTHALMIC DROPS 0.05MG/1ML 3ML	58
LATANOPROST/TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 50MCG/5MG X ML 2.5ML	58
LEFLUNOMIDA ORAL TABLET 20MG 30	55
LEVETIRACETAM EXITEL 500MG C30T MEDI EXC	22
LEVETIRACETAM LEVEXX 1000MG C30T	22
LEVETIRACETAM ORAL SOLUTION 100MG/1ML 300ML	22
LEVETIRACETAM ORAL TABLETS 1 G 30	21
LEVETIRACETAM ORAL TABLETS 500MG 30	22
LEVODOPA/BENSERAZIDA LEVODOPA / BENSERAZIDA 100/25MG COM 30 ORAL TABLETS 1 30	33
LEVODOPA/BENSERAZIDAL-DOPA/BENSERAZIDE ORAL TABLET 100MG/25MG 30	32
LEVODOPA/CARBIDOPA L-DOPA/CARBIDOPA ORAL TABLETS 250MG/25MG 30	32
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA 250MG/25MG - TAB 30 ORAL TABLETS 1 30	33
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA ORAL TABLETS 25MG/250MG 50	32
LEVOFLOXACIN ORAL TABLET 500MG 7	28

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LEVOFLOXACIN ORAL TABLETS 500MG 7	20
LEVOMEPRMAZINE ORAL TABLET 25MG 20	33
LEVOMEPRMAZINE ORAL TABLET 25MG 30	33
LEVOTIROXINA ORAL TABLETS 50MCG 50	53
LEVOTIROXINA ORAL TABLETS 75MCG 50	53
LIDAMIDINE HYDROCHLORIDE 0.29 MG W 30 CAP	49
LIDOCAINE / PRILOCAINE TOPIC CREAM 25MG/25MG X G W 5G	14
LIDOCAINE / PRILOCAINE TOPIC PATCHES 1G W 2	14
LIDOCAINE OTIC DROPS 1G/100ML 30ML	59
LINCOMYCIN ORAL CAPSULES 500MG 16	61
LISINA/BUTILHIOSCINAE ORAL CAPSULES 125/10MG 20	48
LISINE ORAL TABLETS 125MG 10	17
LISINOPRIL ORAL TABLETS 5MG 28	41
LITIUM ORAL TABLETS 300MG W 50	34
LORATADINE ORAL ORAL SOLUTION 30MG 30ML	59
LORATADINE ORAL SYRUP 100MG/100ML 60ML	59
LORATADINE ORAL TABLETS 10MG 10	59
LORATADINE/AMBROXOL ORAL SYRUP 100MG/600MG 120ML	59
LORATADINE/AMBROXOL ORAL TABLETS 5MG/30MG 20	59
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG	16
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG 10	16
LORATADINE/FEXOFENADINE ORAL TABLET 5MG/25MG 20	59
LORATADINE/PHENILEFRINE ORAL ORAL SOLUTION 0.67MG/2MG X ML 60ML	59
LORATADINE/PHENILEFRINE ORAL TABLETS 5MG/30MG 20	59
LORATADINE/PHENYLEPHRINE ORAL SOLUTION 0.05G/0.2G X 100ML 60ML	60
LOSARTAN ORAL TABLET 100MG W 30	41
LOSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLETS 100MG/25MG 30	43
LOTEPREDNO OPHTHALMIC OPHTHALMIC SUSPENSION 5MG X ML 5ML	57
LOTEPREDNOL/ TOBRAMYCIN OPHTHALMIC OPHTHALMIC SOLUTION 5MG/3MG X ML 5ML	58
LYMECYCLINE ORAL CAPSULES 150MG 32	21
LYMECYCLINE ORAL CAPSULES 300MG 20	21
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	22
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	22
MAGNESIUM VALPROATE ORAL TABLET 200MG 40	21
MAGNESIUM VALPROATE ORAL TABLETS 200MG 40	22
MAGNESIUM VALPROATE ORAL TABLETS 400MG 20	22
MAGNESIUM VALPROATE ORAL TABLETS 600MG 20	22
MEBENDAZOLE ORAL SUSPENSION 20MG/1ML 30ML	31
MEBEVERINE ORAL CAPSULES 200MG 30	48
MEDROXYPROGESTERONE INTRAMUSCULAR INJECTABLE SUSPENSION 150MG 1ML	28
MELOXICAM ORAL TABLETS 7.5MG 20	17
MELPHALAN ORAL TABLET 2MG 25	28
MEMANTINE ORAL TABLETS 10MG 28	22

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MEMANTINE ORAL TABLETS 15MG 28	22
MEMANTINE ORAL TABLETS 20MG W 28	22
MEMANTINE ORAL TABLETS 20MG W 28	23
MERCAPTOPYRINE ORAL TABLETS 1 1	29
MERCAPTOPYRINE PARENTERAL SOLUCION INYECTABLE 500ML/10ML 10ML	29
MESALAZINA SALOFALK 500 MG GRAG 40	55
MESALAZINE ENTERAL SUSPENSION 60ML	55
MESALAZINE MESALAZINE ORAL 500MG 1 1	55
MESALAZINE MESALAZINE RECTAL 250MG 250MG 1	55
MESALAZINE RECTAL 500MG 500MG 10	55
MESTEROLONE ORAL TABLETS 25MG 10	52
METFORMIN ORAL TABLET 1000MG/5MG 28	38
METFORMIN ORAL TABLET 500MG 60	38
METFORMIN ORAL TABLETS 1000MG 30	38
METFORMIN ORAL TABLETS 850MG 30	38
METFORMIN ORAL TABLETS 850MG 60	38
METFORMIN/ GLIBENCLAMIDE ORAL TABLETS 500/5MG 60	38
METFORMIN/GLIBENCLAMIDE ORAL TABLET 500MG/5MG 60	38
METFORMIN/LINAGLIPTIN ORAL TABLETS 1000MG/2.5MG 30	38
METFORMIN/LINAGLIPTIN ORAL TABLETS 500MG/2.5MG 30	38
METFORMIN/LINAGLIPTIN ORAL TABLETS 850MG/2.5MG 30	38
METFORMINA/GLIBENCLAMIDE ORAL TABLET 500MG/2.5MG 30	38
METFORMINA/GLIMEPIRIDE ORAL TABLETS 1000MG/2MG 16	38
METHIMAZOLE ORAL PILLS 5MG 100	54
METHIMAZOLE ORAL PILLS 5MG 30	54
METHOTREXATE ORAL TABLETS 2.5MG 100	29
METHYLDOPA ORAL TABLETS 500MG 30	40
METHYLPHENIDATE ORAL TABLET 10MG 30	44
METHYLPHENIDATE ORAL TABLETS 54MG 30	44
METHYLPREDNISOLONE PARENTERAL 1 1 1	51
METHYLPREDNISOLONE PARENTERAL SOLUTION 2ML W 1	51
METHYLPREDNISOLONE IM/INSIDE JOINT INYECTABLE SOLUTION 40MG/1ML 2ML	16
METICORTEONE 3.0MG/ML - SOL 120ML	51
METICORTEN 20MG - TAB 30 PREDNISONA PREDNISONE ORAL	51
METICORTEN 50MG - TAB 20 PREDNISONA PREDNISONE ORAL	51
METOCLOPRAMIDE ORAL DROPS 400MG 20ML	24
METOCLOPRAMIDE ORAL TABLET 10MG 20	24
METOPROLOL ORAL TABLETS 95MG 20	42
METRONIDAZOL/MICONAZOL VAGINAL PRESENTATION 750MG/200MG 7	25
METRONIDAZOL/NISTATINA VAGINAL PRESENTATION 500MG/100000U 10	25
METRONIDAZOLE ORAL SUSPENSION 250MG 120ML	31
METRONIDAZOLE ORAL TABLETS 500MG 30	31
METRONIDAZOLE/DIYODOHIDROXIQUINOLEIN ORAL CAPSULES 400/200MG 30	31

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METRONIDAZOLE/DIYODOHIDROXIQUINOLEIN ORAL TABLETS 250/325MG 60	31
MICONAZOL MICONAZOLE TOPIC CREAM 2G POR 100G 30G	26
MICONAZOL ORAL GEL 0.02 78ML	26
MINOCYCLINE ORAL TABLETS 50MG 24	21
MOMETASONE NASAL ORAL SUSPENSION 0.05G X 100ML (50MCG X ML) 10ML	59
MONTELUKAST ORAL PILLS	60
MORPHINE ORAL TABLETS 15MG 20	14
MORPHINE ORAL TABLETS 30MG 100	14
MORPHINE ORAL TABLETS 30MG 20	14
MOTIVAL 10/0.5MG (C) - TAB 60 NORTRIPTILINA/FLUFFENAZINA NORTRIPTILINE / FLUFFENAZINE	24
MOTIVAL 10/0.5MG (C) - TAB 60 NORTRIPTILINE / FLUFFENAZINE	24
MOXIFLOXACIN OPHTHALMIC OPHTHALMIC SOLUTION 5MG/ML 5ML	57
MOXIFLOXACIN ORAL TABLET 400MG 7	20
MOXIFLOXACIN ORAL TABLET400MG 7	28
MOXIFLOXACIN ORAL TABLETS 400MG 7	20
NALOXONE PARENTERAL INJECTABLE SOLUTION .4MG/ML W 1	15
NANDROLONE INTRAMUSCULAR INYECTABLE SOLUTION 50MG/ML 2	52
NAPROXEN ORAL CAPSULES 275 MG 20	17
NEBIVOLOL ORAL PILLS 5MG 28	42
NEBIVOLOL ORAL TABLET 5MG 14	41
NEBIVOLOL ORAL TABLETS 5MG 28	42
NEDENTO TRICLOSAN PAST DENT 75ML CLORHEXIDINA/TRICLOSAN CHLORHEXIDINE / TRICLOSAN ORAL	45
NEOMICIN/POLIMIXINA B/BACITRACIN OPHTHALMIC OINTMENT 0.35G/500000U/40000U/100G 30G	57
NEOMICINA/POLIMINA B/GRAMICIDINA OPHTHALMIC DROPS 1.75MG/5000UI/0.025MG/1ML 15ML	57
NEPAFENAC OPHTHALMIC OPHTHALMIC SUSPENSION 1MG/ML 5ML	58
NETILMICIN INTRAMUSCULAR SOLUTION 3MG PIEZA	17
NEULASTIM 6 MG/0.6 ML JGP CAJ C/1	55
NEVIRAPINE ORAL TABLETS 200MG 60	35
NEVIRAPINE SUSP 50MG/5ML 240 ML PARENTERAL SOLUTION 1 1	35
NEVIRAPINE TABS 200MH C/60 TABS	35
NIFEDIPINE ORAL CAPSULES 10MG 30	42
NIFEDIPINE ORAL CAPSULES 30MG 30	42
NIFURATEL/NISTATINA VAGINAL PRESENTATION 500MG/200000U 6	26
NIFUROXAXIDA/METRONIDAZOLE ORAL CAPSULES 200MG/600MG 20	31
NITAXOZANIDE ORAL ORAL SUSPENSION 2G/100ML 30ML	31
NITAXOZANIDE ORAL TABLETS 200MG 6	31
NITAXOZANIDE ORAL TABLETS 200MG 6	31
NITROFURANTOIN ORAL CAPSULES 100MG 40	50
NITROFURANTOIN ORAL ORAL SUSPENSION 25MG X 5ML 120ML	50
NORFLOXACIN ORAL TABLETS 400MG 20	20
NORFLOXACIN ORAL TABLETS 750MG 7	20
OFLOXACIN ORAL TABLETS 200MG 14	20
OFLOXACIN ORAL TABLETS 400MG 8	20

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OLANZAPINE ORAL TABLETS 5MG 14	33
OLANZAPINE ORAL TABLET 10MG 14	34
OLANZAPINE ORAL TABLET 10MG 30	34
OLANZAPINE ORAL TABLET 5MG 14	34
OLANZAPINE ORAL TABLET 5MG 30	34
OLANZAPINE ORAL TABLETS 10MG 14	33
OLANZAPINE ORAL TABLETS 10MG 14	33
OMEPRAZOL ORAL CAPSULES 40MG 7+7	49
ONDANSETRON ORAL TABLETS 8MG 10	25
ONDANSETRON IV INJECTABLE SOLUTION 8MG/4ML W 3X4ML	14
ONDANSETRON ORAL TABLETS 8MG W 10	14
ORFENADRINE/PARACETAMOL ORAL TABLETS 35/450MG 50	60
OSELTAMIVIR ORAL CAPSULES 75MG	36
OXCARBAZEPINE ORAL TABLET 300MG 30	21
OXCARBAZEPINE ORAL TABLETS 300MG 20	21
OXCARBAZEPINE ORAL TABLETS 600MG 30	21
OXCARBAZEPINE ORAL TABLETS 600MG 20	21
PACLITAXEL IV INJECTABLE SOLUTION 30MG/5ML1X5ML	29
PAROXETINE ORAL TABLETS 20MG 10	23
PAROXETINE ORAL TABLETS 20MG 20	23
PAROXETINE ORAL TABLETS 20MG 10	37
PEGINTERFERON RIVABIRINE TABLETS	35
PENICILLIN G INTRAMUSCULAR INJECTABLE SOLUTION 300000UI/500MG 1	19
PERMETHRIN TOPIC CREAM 5G/100G 60G	32
PEROXIDE TOPIC SOLUTION 480ML PIEZA	46
PILOCARPINE OFTALMICA GOTAS 4.0G/100ML 15ML	27
PILOCARPINE OPHTHALMIC DROPS 2G/100ML 15ML	27
PIOGLITAZONE ORAL TABLETS 15MG 28	38
PIRAZINAMIDA/ETAMBUTOL, RIFAMPICIN/ISONIAZID/PYRAZINAMIDE/ETHAMBUTOL ORAL TABLETS 150MG/75MG/400MG/300MG 240	27
POTASIUUM ORAL TABLETS 0.5G 50	62
PRAMIPEXOL (LP) PRAMIPEXOLE ORAL TABLETS 1.5MG 30	32
PRAVASTATINA PRAVASTATIN ORAL TABLET 10MG 30	44
PREDNISOLONE ORAL SOLUTION 1MG 120ML	16
PREDNISOLONE OPHTHALMIC DROPS 10MG/1ML 5ML	16
PREDNISOLONE ORAL SOLUTION 1MG/ML 120ML	16
PREDNISOLONE ORAL TABLETS 20MG 30	16
PREDNISOLONE ORAL TABLETS 5MG 30	16
PREDNISOLONE ORAL TABLETS 5MG W 15	16
PREDNISOLONE ORAL TABLETS 5MG W 60	16
PREDNISOLONE PARENTERAL SOLUTION 1.0MG 1	51
PREDNISOLONE PARENTERAL SOLUTION 100ML 1	51
PREDNISONA ORAL TABLET 20MG 30	55
PREDNISONA ORAL TABLETS 50MG 20	16

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PREDNISONE ORAL TABLETS 50MG 30	60
PREDNISONE ORAL TABLETS 5MG 30	51
PREGABALIN ORAL CAPSULES 300MG 28	21
PREGABALIN ORAL TABLETS 150MG 28	21
PREGABALIN ORAL TABLETS 75MG 14	21
PREGABALINA ORAL TABLETS 150MG 14	21
PROGESTERONA INTRAMUSCULAR INYECTABLE SOLUTION 100MG 1ML	52
PROPAFENONE ORAL TABLETS 150MG 30	41
PROPRANOLOL ORAL TABLETS 10MG 50	42
PROPRANOLOL ORAL TABLETS 40MG 30	41
QUINFAMIDA ORAL TABLETS 300MG 1	31
RALOXIFENE ORAL TABLETS 60MG 28	29
RALOXIFENE ORAL TABLETS 60MG 28	29
RAMIPEXOLE ORAL TABLETS 3MG 30	32
RASAGILINE ORAL TABLETS 1 10	33
RETINOIC ACID TOPIC CREAM 0.0005 30G	46
RETROVIR AZT 200MG C/5 FA IV 10ML ZIDOVUDINE ORAL ORAL SOLUTION 1 1	35
RETROVIR AZT 200MG C/5 FA IV 20ML	35
RIBAVIRIN ORAL CAPSULES 400MG 12	35
RIBAVIRIN ORAL CAPSULES 400MG 18	35
RIBAVIRIN ORAL CAPSULES 400MG 60	35
RIBAVIRIN ORAL CAPSULES 400MG 30	35
RIBAVIRIN ORAL SOLUCION ORAL 10MMG/5ML 120ML	35
RIBAVIRIN ORAL CAPSULES 400MG W 18	36
RIBAVIRIN ORAL CAPSULES 400MG 18	35
RIBAVIRIN TOPIC CREAM 7.5G X 100G 15G	35
RIFAMPICIN ORAL CAPSULES 1 16	28
RIFAMPICINA/ISONIAZIDA ORAL CAPSULES 150MG/200MG 24	28
RISPERIDONE ORAL SOLUTION 100MG X 100ML 60ML	33
RISPERIDONE 2MG C20T	34
RISPERIDONE ORAL TABLETS 1MG 20	37
RISPERIDONE ORAL TABLETS 2MG 20	38
RISPERIDONE ORAL TABLETS 2MG 20	33
RISPERIDONE ORAL TABLETS 1MG 20	33
RITONAVIR ORAL CAPSULES 100MG 168	34
RIVAROXABAN 10MG - COM 30 ORAL	39
ROACTEMRA 200 MG/10 ML 1 FAM C/10 ML	55
ROACTEMRA 80 MG/4 ML 1 FAM C/4 ML	55
SACCHAROMYCES BOULARDII ORAL CAPSULES 200MG 6	49
SALBUTAMOL/IPRATROPIO ORAL INHALABLE SPRAY 8.77MG/1.68MG/1ML 4.5ML	60
SALBUTAMOL/IPRATROPIUM INHALABLE NEBULIZING SOLUTION 2.5MG/0.5MG/2.5ML 10X2.5ML	61
SALMETEROL/FLUTICASONE ORAL INHALABLE POWDER 50MCG/250MCG W 60	60
SECNIDAZOLE ORAL SOLUTION 150MG/5ML 30ML	31

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SECNIDAZOLE ORAL TABLET 500MG 8	32
SELEGILINE 5MG - TAB 20 ORAL TABLETS 1 20	33
SELEGILINE ORAL TABLETS 5MG 20	23
SELEGILINE ORAL TABLETS 5MG 30	23
SERTRALINE ORAL TABLETS 50MG 14	23
SERTRALINE ORAL TABLETS 50MG 28	23
SERTRALINE ORAL TABLETS 50MG 28	37
SILDENAFIL 20MG TAB W 90	61
SODIC NAPROXEN ORAL SUSPENSION 2.5G/2G/100ML W 00ML	13
SODIC NAPROXEN ORAL TABLETS 500MG W 15	13
SODIC NAPROXEN/ACETAMINOPHEN ORAL TABLETS 275MG/300MG 16	13
SODIO OXYMETAZOLINE/SODIUM HYALURONATE OPHTHALMIC OPHTHALMIC SOLUTION 0.125MG/1MG X 0.5ML	57
SODIUM HYALURONATE OPHTHALMIC DROPS 4 MG 20 DOSIS	56
SPIRONOLACTONE ORAL TABLETS 25MG 30	43
SPIRONOLACTONE ORAL TABLETS 25MG 14	43
SULFAMETOXAZOL/TRIMETROM ORAL TABLETS 80/400MG 30	20
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 160/800MG 14	20
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 80/400MG 14	20
SULFAMETOXAZOL/TRIMETROPIM ORAL SUSPENSION 200MG/40 MG/5ML 120ML	20
SULFAMETOXAZOL/TRIMETROPIM ORAL TABLETS 160MG/800MG 14	20
SULFASALAZINE ORAL TABLETS 500MG 60	48
SUMATRIPTAN ORAL TABLET 100MG 2	27
SUNITINIB ORAL 12.5MG CAP C/28	29
TADALAFIL ORAL TABLETS 5MG W 28	61
TAMOXIFEN ORAL TABLETS 2.5MG 20	30
TAMOXIFEN ORAL TABLETS 20MG 30	30
TAMOXIFEN ORAL TABLETS 10MG 30	30
TAMOXIFEN ORAL TABLETS 2.5MG 20	29
TAMOXIFEN ORAL TABLETS 20MG 30	29
TAMSULOSIN ORAL CAPSULES0.4MG 20	50
TERAZOSIN ORAL TABLETS 5MG 30	50
TERAZOSINE ORAL TABLETS 2MG 15	50
TESTOSTERONE INTRAMUSCULAR INJECTABLE SOLUTION 250 MG W 1ML	52
TESTOSTERONE INTRAMUSCULAR INYECTABLE SOLUTION 250MG 1ML	52
TESTOSTERONE INTRAMUSCULAR INYECTABLE SOLUTION 250MG 3ML	52
TETRACYCLINE ORAL TABLETS 250MG 20	21
THALIDOMIDE ORAL TABLET 25MG 10	28
THALIDOMIDE ORAL TABLET 25MG 30	28
TIAMAZOLE ORAL TABLETS 5MG 0	54
TIAMINE/PIRIDOXINE/CIANOCOBALAMINORAL TABLETS 100MG/5MG/50MCG 30	62
TIAMINE/PIRIDOXINE/HIDROXICOBALAMINE INTRAMUSCULAR INYECTABLE SOLUTION 5MG/50MG/25MG POR ML 5X2ML1	62
TIAMINE/PIRIDOXINE/HIDROXICOBALAMINE/LIDOCAIN/DEXAMETASONE INTRAMUSCULAR INYECTABLE SOLUTION 200MG/100MG/5MG/30MG/4MG AMPOLLETA NO. 1 (2ML) NO. 2 (1ML)	62

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TIBOLONA TIBOLONE ORAL TABLETS 2.5MG 30	51
TIMOLOL OFTALMICA GRAGEAS 5MG/ML 5ML	58
TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 500MG/100ML 15ML	58
TIZANIDINA 2MG C20T MEDI EXC	61
TIZANIDINE CLORHIDRATO DE ORAL PILLS 6MG 10	34
TIZANIDINE ORAL TABLETS 2MG 14	34
TIZANIDINE ORAL TABLETS 2MG 20	34
TOBRAMYCIN OPHTHALMIC OPHTHALMIC SOLUTION 3MG/1ML 15ML	57
TOLTERODINE DETRUSITOL 2MG C28T	50
TOLTERODINE ORAL TABLETS 2MG 28	50
TRAMADOL ORAL CAPSULES 50MG 10	14
TRAVOPROST OPHTHALMIC OPHTHALMIC SOLUTION 40 MCG PIEZA	56
TRIAMCINOLONE NASAL SPRAY 55MCG 16.5ML	16
TRIFLUOPERAZINE ORAL TABLETS 5MG 15	33
TRIFLUOPERAZINE ORAL TABLETS 5MG 30	33
URSODESOXICOLICO ACID ORAL CAPSULES 250MG 50	49
VALPROIC ACID ORAL TABLETS 250MG 60	37
VALPROIC ACID ORAL TABLETS 500MG 30	37
VALPROIC ACID ORAL TABLETS 500MG 30	38
VANTAL BUCOFAR C/360ML SOL BENCIDAMINA BENCIDAMINE ORAL ORAL SOLUTION 0.15G POR 100ML 360ML	45
VARDENAFIL ORAL TABLETS 10MG W 14	61
VARDENAFIL ORAL TABLETS 10MG W 30	61
VARENICLINE ORAL TABLETS 0.5MG(11) /1MG(14) W 25	15
VENLAFAXINE ORAL CAPSULES 75MG 20	23
VERAPAMILO (LIBERACION PROLONGADA) VERAPAMIL ORAL TABLETS 120MG 30	41
VITAMINS ACD ORAL SOLUTION 15 W 5X3ML	62
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	35
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	35
ZOLPIDEM ORAL TABLETS 10MG W 30	61
ZOLPIDEM ORAL TABLETS 10MG W 30 3	62
ZOMIG RAPIMELT ZOLMITRIPTAN ORAL TABLETS 2.5MG 2	27