

2024 Lista de medicamentos preferidos

Humana Healthy
Horizons® in Indiana

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN. ESTE FORMULARIO FUE ACTUALIZADO EL 12/09/2024.

Humana
Healthy Horizons®
in Indiana

 **PathWays** FOR AGING

Lista de medicamentos preferidos de Humana

La Lista de medicamentos preferidos de Humana®, también conocida como formulario, entra en vigencia el 1 de enero, a menos que se indique lo contrario. Esta es una lista completa y puede cambiar a lo largo del año.

Definiciones:

- **Medicamento preferido:** medicamento cubierto designado como primera opción dentro de una clase terapéutica.
- **Medicamento no preferido:** medicamento cubierto designado como segunda opción dentro de una clase terapéutica. Estos medicamentos no aparecen en esta lista. Por lo general, los medicamentos no preferidos requieren autorización previa. Consulte "**¿Hay algún límite para mis medicamentos?**" para obtener más información sobre las autorizaciones previas.

¿Qué es la Lista de medicamentos preferidos?

Esta es una lista de medicamentos que están cubiertos por su plan. Usted debe obtenerlos en una farmacia que trabaje con su plan. Usted no tiene que pagar nada adicional por los medicamentos si están en esta lista.

¿Cómo utilizo la Lista de medicamentos preferidos?

Los medicamentos aparecen en la Lista de medicamentos preferidos por orden alfabético.

Algunos medicamentos tienen dos nombres: un nombre genérico y un nombre de marca. Los medicamentos genéricos son los mismos que los medicamentos de marca, pero tienen nombres diferentes y precios más bajos. La Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) verifica que los medicamentos genéricos sean seguros y tengan el mismo efecto que los medicamentos de marca.

- **Nivel 1** – Grupo de medicamentos identificados como medicamentos que están cubiertos por el plan del miembro y también se conocen como medicamentos preferidos.

¿La Lista de medicamentos preferidos puede cambiar?

Sí. Se añaden nuevos medicamentos o se eliminan según sea necesario. Se le notificará por carta si un medicamento que toma se elimina de la lista.

Para obtener información sobre sus medicamentos:

Puede visitar [es-www.humana.com](https://www.humana.com) e iniciar sesión en **MyHumana**.

- Busque "Drug Pricing Tool" (Herramienta de precios de medicamentos) en "Tools & Resources" (Herramientas y recursos) en la parte inferior de la página.
- Ingrese el nombre del medicamento o la afección que se está tratando.

Recuerde: MyHumana solo muestra sus beneficios de hoy.

¿Existen límites para mis medicamentos?

Algunos medicamentos pueden tener límites o no ser preferidos por Humana. Estos límites pueden incluir:

- **Autorización previa (PA, por sus siglas en inglés):** Algunos medicamentos deben ser aprobados por su plan para que estén cubiertos.
- **Límites de cantidad (QL, por sus siglas en inglés):** Es posible que usted tenga un límite en la cantidad de medicamentos que puede obtener de una sola vez. El límite de cada medicamento se basa en motivos de seguridad o salud, y en el tiempo que su médico quiere que lo tome (30, 60, o 90 días). Estos límites le ayudan a utilizar los medicamentos de la manera correcta. Si su medicamento recetado se pasa del límite, existen dos opciones:
 - Puede obtener la cantidad de medicamento que está cubierta por su plan, o
 - Si su proveedor de cuidado de la salud cree que usted necesita más que la cantidad permitida, puede solicitar una autorización previa de Humana por la cantidad del medicamento que sobrepase el límite.
- **Terapia por fases (ST, por sus siglas en inglés):** Antes de obtener un medicamento que cuesta más, se le puede pedir que pruebe al menos otro medicamento primero.

Si su médico considera que no existe otra opción que pueda ser cubierta, puede llamar a Revisión de farmacia clínica de Humana al **800-555-2546** para solicitar una excepción. Humana necesita 24 horas para realizar una revisión y responder a su médico.

Para obtener más información

Si desea obtener más información sobre su plan de medicamentos de Humana Healthy Horizons®, revise su Manual para los afiliados y otros materiales del plan.

Si ya está inscrito en un plan de Humana, llame al número que figura en su tarjeta de identificación de Humana o visite **MyHumana.com**.

Si desea inscribirse en un plan de Humana, llame al número de Servicios para afiliados que aparece en sus materiales de inscripción.

La Lista de medicamentos preferidos que comienza en la página siguiente le informa sobre algunos de los medicamentos que paga Humana.

Cómo leer la Lista de medicamentos preferidos

En la primera columna se enumeran los nombres de los medicamentos. Los nombres de los medicamentos de marca están escritos con MAYÚSCULAS, y los nombres de los medicamentos genéricos están escritos en minúsculas. Hay algunos medicamentos que se pueden comprar sin una receta de su médico, pero Humana los pagará si tiene una receta de su médico. “OTC” aparece al lado de su nombre.

En la segunda columna aparece el nivel del medicamento. Consulte la página 2 para obtener más información sobre los niveles de los medicamentos en su plan.

La tercera columna indica si hay reglas para obtener ese medicamento. Control de la utilización significa que puede haber requisitos para cubrir ese medicamento. Estos pueden incluir límites de cantidad o autorización previa. Consulte la página 2 para obtener más información sobre los requisitos de medicamentos de su plan.

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ibuprofen jr strength 100 mg chewable tablet ^{OTC}	1	
MOTRIN IB 200 MG TABLET ^{OTC}	1	
ibuprofen ib 100 mg chewable tablet ^{OTC}	1	
diclofenac sodium 75 mg tablet, delayed release	1	
ibu 600 mg tablet	1	
diclofenac 1 % topical gel ^{OTC}	1	
diclofenac 1 % topical gel	1	
children's profen ib 100 mg/5 ml oral suspension ^{OTC}	1	
naproxen 375 mg-esomeprazole 20 mg tablet, immediate and delay release	1	
naproxen 500 mg-esomeprazole 20 mg tablet, immediate and delay release	1	
pain relief (ibuprofen) 200 mg tablet ^{OTC}	1	
etodolac 200 mg capsule	1	
etodolac 300 mg capsule	1	
meloxicam 15 mg tablet	1	
all day pain relief 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
wal-proxen 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
INFANT'S ADVIL 50 MG/1.25 ML ORAL DROPS, SUSPENSION ^{OTC}	1	
infants profenib 50 mg/1.25 ml oral drops, suspension ^{OTC}	1	
CELEBREX 200 MG CAPSULE	1	
flurbiprofen 100 mg tablet	1	
etodolac 400 mg tablet	1	
flanax (naproxen) 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
naproxen 250 mg tablet	1	
meloxicam 7.5 mg tablet	1	
ibu-200 200 mg tablet ^{OTC}	1	
children's motrin jr strength 100 mg chewable tablet ^{OTC}	1	
ALEVE 220 MG TABLET ^{OTC}	1	QL(90 cada 30 días)
children's ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1	
CHILDREN'S MOTRIN 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
ketorolac 10 mg tablet	1	
ibuprofen 50 mg/1.25 ml oral drops, suspension ^{OTC}	1	
ketoprofen 50 mg capsule	1	
ibu 800 mg tablet	1	
diclofenac sodium 50 mg tablet, delayed release	1	
ibuprofen ib 200 mg tablet ^{OTC}	1	
ibuprofen 800 mg tablet	1	
wal-profen 200 mg tablet ^{OTC}	1	
CHILDREN'S ADVIL 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
ADVIL 200 MG TABLET ^{OTC}	1	
indomethacin 50 mg capsule	1	
all day relief 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
naproxen 500 mg tablet	1	
diclofenac sodium 25 mg tablet, delayed release	1	
i-prin 200 mg tablet ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ibuprofen 200 mg tablet ^{OTC}	1	
nabumetone 500 mg tablet	1	
ibuprofen 100 mg chewable tablet ^{OTC}	1	
addaprin 200 mg tablet ^{OTC}	1	
naproxen 375 mg tablet,delayed release	1	
ec-naproxen 500 mg tablet,delayed release	1	
naproxen sodium 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP	1	
CELEBREX 50 MG CAPSULE	1	
ibuprofen 400 mg tablet	1	
nabumetone 750 mg tablet	1	
mediproxen 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
ibuprofen 600 mg tablet	1	
ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1	
ibuprofen 100 mg/5 ml oral suspension	1	
indomethacin 25 mg capsule	1	
naproxen 375 mg tablet	1	
etodolac 500 mg tablet	1	
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension ^{OTC}	1	
CELEBREX 100 MG CAPSULE	1	
ketoprofen 75 mg capsule	1	
CELEBREX 400 MG CAPSULE	1	
ibu 400 mg tablet	1	
naproxen 500 mg tablet,delayed release	1	
INFANT'S MOTRIN 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{OTC}	1	
levorphanol tartrate 3 mg tablet	1	PA
levorphanol tartrate 2 mg tablet	1	PA
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
NUCYNTA ER 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
NUCYNTA ER 100 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
NUCYNTA ER 150 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
morphine er 15 mg tablet,extended release	1	PA,QL(90 cada 30 días)
morphine er 30 mg tablet,extended release	1	PA,QL(90 cada 30 días)
NUCYNTA ER 200 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
NUCYNTA ER 250 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
morphine er 60 mg tablet,extended release	1	PA,QL(90 cada 30 días)
morphine er 100 mg tablet,extended release	1	PA,QL(90 cada 30 días)
fentanyl 50 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 25 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 37.5 mcg/hour transdermal patch	1	PA
buprenorphine hcl 0.3 mg/ml injection syringe	1	PA
fentanyl 100 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 75 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
fentanyl 87.5 mcg/hour transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 62.5 mcg/hour transdermal patch	1	PA,QL(10 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
morphine er 200 mg tablet,extended release	1	PA,QL(90 cada 30 días)
fentanyl 12 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
buprenorphine hcl 0.3 mg/ml injection solution	1	PA
oxycodone-acetaminophen 5 mg-325 mg tablet	1	PA
morphine (pf) 1 mg/ml injection solution	1	PA
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	PA
acetaminophen 300 mg-codeine 60 mg tablet	1	PA
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	PA
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	PA
morphine (pf) 30 mg/30 ml (1 mg/ml) pca intravenous solution	1	PA
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	PA
endocet 5 mg-325 mg tablet	1	PA
oxycodone 5 mg tablet	1	PA
butorphanol 1 mg/ml injection solution	1	PA
hydromorphone 3 mg rectal suppository	1	PA
hydromorphone 2 mg tablet	1	PA
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
hydromorphone (pf) 4 mg/ml injection solution	1	PA
hydromorphone (pf) 2 mg/ml injection solution	1	PA
tramadol 100 mg tablet	1	PA,QL(120 cada 30 días)
hydromorphone (pf) 0.2 mg/ml injection syringe	1	PA
codeine sulfate 60 mg tablet	1	PA
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	PA
morphine 50 mg/ml intravenous solution	1	PA
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
nalbuphine 20 mg/ml injection solution	1	PA
hydromorphone (pf) 10 mg/ml injection solution	1	PA
hydromorphone (pf) 1 mg/ml injection syringe	1	PA
endocet 10 mg-325 mg tablet	1	PA
NUCYNTA 100 MG TABLET	1	PA,QL(180 cada 30 días)
endocet 7.5 mg-325 mg tablet	1	PA
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	1	PA
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
morphine 5 mg rectal suppository	1	PA
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	PA
morphine 10 mg rectal suppository	1	PA
NUCYNTA 50 MG TABLET	1	PA,QL(180 cada 30 días)
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
meperidine (pf) 100 mg/ml injection solution	1	PA
meperidine (pf) 25 mg/ml injection solution	1	PA
meperidine (pf) 50 mg/ml injection solution	1	PA
NUCYNТА 75 MG TABLET	1	PA,QL(180 cada 30 días)
tramadol 50 mg tablet	1	PA,QL(240 cada 30 días)
oxycodone 5 mg/5 ml oral solution	1	PA
hydromorphone (pf) 1 mg/ml injection solution	1	PA
oxycodone 15 mg tablet	1	PA
butorphanol 10 mg/ml nasal spray	1	PA,QL(2.5 cada 30 días)
HYDROMORPHONE 0.25 MG/0.5 ML INJECTION SYRINGE	1	PA
tramadol 25 mg tablet	1	PA,QL(240 cada 30 días)
hydromorphone 1 mg/ml injection solution	1	PA
hydromorphone 0.5 mg/0.5 ml injection syringe	1	PA
codeine sulfate 15 mg tablet	1	PA
morphine 4 mg/ml injection solution	1	PA
morphine 5 mg/ml injection solution	1	PA
morphine 20 mg rectal suppository	1	PA
acetaminophen 300 mg-codeine 15 mg tablet	1	PA
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	PA
morphine 30 mg rectal suppository	1	PA
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	PA
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	PA
hydromorphone 1 mg/ml oral liquid	1	PA
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	PA
morphine 10 mg/5 ml oral solution	1	PA
acetaminophen 300 mg-codeine 30 mg tablet	1	PA
hydromorphone 8 mg tablet	1	PA
morphine 2 mg/ml injection solution	1	PA
oxycodone 20 mg tablet	1	PA
oxycodone 10 mg tablet	1	PA
morphine (pf) 0.5 mg/ml injection solution	1	PA
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	PA
hydromorphone (pf) 0.5 mg/0.5 ml injection syringe	1	PA
morphine 4 mg/ml intravenous syringe	1	PA
morphine 2 mg/ml intravenous syringe	1	PA
meperidine 50 mg tablet	1	PA
codeine sulfate 30 mg tablet	1	PA
oxycodone 5 mg capsule	1	PA
morphine 10 mg/ml intravenous syringe	1	PA
oxycodone 20 mg/ml oral concentrate	1	PA
morphine 8 mg/ml intravenous syringe	1	PA
oxycodone-acetaminophen 10 mg-325 mg tablet	1	PA
hydromorphone 2 mg/ml injection syringe	1	PA
hydromorphone 2 mg/ml injection solution	1	PA
morphine 10 mg/ml injection solution	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
morphine 2 mg/ml injection syringe	1	PA
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	PA
morphine 4 mg/ml injection syringe	1	PA
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	PA
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	PA
butorphanol 2 mg/ml injection solution	1	PA
hydromorphone 4 mg tablet	1	PA
morphine 15 mg immediate release tablet	1	PA
tramadol 37.5 mg-acetaminophen 325 mg tablet	1	PA,QL(318 cada 30 días)
pentazocine 50 mg-naloxone 0.5 mg tablet	1	PA
morphine 30 mg immediate release tablet	1	PA
meperidine 50 mg/5 ml oral solution	1	PA
hydromorphone 1 mg/ml injection syringe	1	PA
oxycodone 30 mg tablet	1	PA
hydromorphone 4 mg/ml injection syringe	1	PA
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION	1	PA
morphine 10 mg/ml intravenous solution	1	PA
nalbuphine 10 mg/ml injection solution	1	PA
morphine 4 mg/ml intravenous solution	1	PA
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION	1	PA
morphine 8 mg/ml intravenous solution	1	PA
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution	1	PA
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	PA
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	PA
lidocaine hcl 2 % mucosal jelly	1	
LIDODERM 5 % TOPICAL PATCH	1	QL(90 cada 30 días)
lidocaine 4 % topical cream ^{OTC}	1	
lidocaine hcl 2 % mucosal solution	1	
glydo 2 % mucosal jelly in applicator	1	
lidocan v 5 % topical patch	1	QL(90 cada 30 días)
lidocan iv 5 % topical patch	1	QL(90 cada 30 días)
lidocaine 5 % topical patch	1	QL(90 cada 30 días)
lidocan iii 5 % topical patch	1	QL(90 cada 30 días)
lidocaine 2 % mucosal jelly in applicator	1	
asperflex (lidocaine) 4 % topical cream ^{OTC}	1	
LIDOCAN II 5 % TOPICAL PATCH	1	QL(90 cada 30 días)
dermacinrx lidocan 5 % topical patch	1	QL(90 cada 30 días)
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1	
lidocaine viscous 2 % mucosal solution	1	
disulfiram 250 mg tablet	1	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	
naltrexone 50 mg tablet	1	
disulfiram 500 mg tablet	1	
acamprosate 333 mg tablet,delayed release	1	
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1	QL(360 cada 30 días)
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1	QL(90 cada 30 días)
buprenorphine hcl 2 mg sublingual tablet	1	QL(360 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(1.5 cada 28 días)
buprenorphine hcl 8 mg sublingual tablet	1	QL(90 cada 30 días)
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(0.5 cada 28 días)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1	QL(360 cada 30 días)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	1	QL(90 cada 30 días)
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET	1	QL(360 cada 30 días)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1	QL(60 cada 30 días)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	1	QL(720 cada 30 días)
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	1	QL(150 cada 30 días)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	1	QL(60 cada 30 días)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1	QL(180 cada 30 días)
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	1	QL(90 cada 30 días)
naloxone 0.4 mg/ml injection solution	1	
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	1	
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	1	
nalmefene 1 mg/ml injection solution	1	
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	1	
naloxone 0.4 mg/ml injection syringe	1	
naloxone 1 mg/ml injection syringe	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{OTC}	1	
naloxone 4 mg/actuation nasal spray ^{OTC}	1	
naloxone 4 mg/actuation nasal spray	1	
nicotine 21 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 cada 30 días)
NICODERM CQ 7 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 cada 30 días)
nicotine 7 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 cada 30 días)
varenicline 1 mg tablet	1	
varenicline 0.5 mg tablet	1	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl ^{OTC}	1	QL(56 cada 90 días)
CHANTIX 1 MG TABLET	1	
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1	
nicotine 14 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 cada 30 días)
NICODERM CQ 14 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 cada 30 días)
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	
NICODERM CQ 21 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 cada 30 días)
paromomycin 250 mg capsule	1	
neomycin 500 mg tablet	1	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION	1	
SIVEXTRO 200 MG TABLET	1	
nitrofurantoin macrocrystal 50 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
linezolid in 5% dextrose in water 600 mg/300 ml intravenous piggyback	1	
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL	1	
clindamycin pediatric 75 mg/5 ml oral solution	1	
ZYVOX 600 MG TABLET	1	
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1	
metronidazole 0.75 % topical gel	1	
vancomycin 125 mg capsule	1	
trimethoprim 100 mg tablet	1	
clindamycin hcl 150 mg capsule	1	
linezolid 100 mg/5 ml oral suspension	1	
CLEOCIN 2 % VAGINAL CREAM	1	
XACIATO 2 % VAGINAL GEL	1	PA
clindamycin hcl 300 mg capsule	1	
linezolid 600 mg tablet	1	
ZYVOX 600 MG/300 ML INTRAVENOUS PIGGYBACK	1	
nitrofurantoin macrocrystal 100 mg capsule	1	
clindamycin 75 mg/5 ml oral solution	1	
metronidazole 500 mg tablet	1	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1	
vancomycin 50 mg/ml oral solution	1	
nitrofurantoin 25 mg/5 ml oral suspension	1	
ZYVOX 100 MG/5 ML ORAL SUSPENSION	1	
acetic acid 2 % ear solution	1	
metronidazole 0.75 % topical cream	1	
vancomycin 250 mg capsule	1	
linezolid 600 mg/300 ml in 0.9 % sodium chloride intravenous piggyback	1	
clindamycin hcl 75 mg capsule	1	
metronidazole 250 mg tablet	1	
ZYVOX 200 MG/100 ML INTRAVENOUS PIGGYBACK	1	
cefadroxil 500 mg capsule	1	
cefpodoxime 50 mg/5 ml oral suspension	1	
cephalexin 125 mg/5 ml oral suspension	1	
cephalexin 250 mg/5 ml oral suspension	1	
cefprozil 125 mg/5 ml oral suspension	1	
cefadroxil 1 gram tablet	1	
cefaclor 500 mg capsule	1	
cefdinir 125 mg/5 ml oral suspension	1	
cefadroxil 250 mg/5 ml oral suspension	1	
cefaclor 250 mg/5 ml oral suspension	1	
cefuroxime axetil 500 mg tablet	1	
cefprozil 250 mg tablet	1	
cefdinir 250 mg/5 ml oral suspension	1	
cefpodoxime 100 mg/5 ml oral suspension	1	
cefdinir 300 mg capsule	1	
cephalexin 250 mg capsule	1	
cefuroxime axetil 250 mg tablet	1	
cefaclor 250 mg capsule	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
cefprozil 500 mg tablet	1	
cefpodoxime 200 mg tablet	1	
cefaclor 375 mg/5 ml oral suspension	1	
cefaclor 125 mg/5 ml oral suspension	1	
cefprozil 250 mg/5 ml oral suspension	1	
cefadroxil 500 mg/5 ml oral suspension	1	
cephalexin 500 mg capsule	1	
cefpodoxime 100 mg tablet	1	
penicillin v potassium 250 mg tablet	1	
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 125 mg/5 ml oral suspension	1	
amoxicillin 200 mg/5 ml oral suspension	1	
penicillin v potassium 500 mg tablet	1	
amoxicillin 500 mg capsule	1	
amoxicillin 250 mg chewable tablet	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	1	
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	1	
dicloxacillin 500 mg capsule	1	
amoxicillin 875 mg tablet	1	
penicillin v potassium 250 mg/5 ml oral solution	1	
dicloxacillin 250 mg capsule	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	1	
amoxicillin 500 mg tablet	1	
amoxicillin 400 mg/5 ml oral suspension	1	
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	1	
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	1	
amoxicillin 125 mg chewable tablet	1	
amoxicillin 250 mg/5 ml oral suspension	1	
penicillin v potassium 125 mg/5 ml oral solution	1	
amoxicillin 250 mg capsule	1	
ampicillin 500 mg capsule	1	
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	1	
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	1	
clarithromycin er 500 mg tablet,extended release 24 hr	1	
clarithromycin 125 mg/5 ml oral suspension	1	
azithromycin 1 gram oral packet	1	
clarithromycin 250 mg/5 ml oral suspension	1	
azithromycin 200 mg/5 ml oral suspension	1	
clarithromycin 500 mg tablet	1	
azithromycin 600 mg tablet	1	QL(30 cada 30 días)
azithromycin 500 mg tablet	1	QL(7 cada 30 días)
clarithromycin 250 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1	
azithromycin 250 mg tablet	1	QL(6 cada 30 días)
azithromycin 100 mg/5 ml oral suspension	1	
erythromycin 250 mg capsule, delayed release	1	
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1	
ciprofloxacin 500 mg tablet	1	
moxifloxacin 400 mg tablet	1	
levofloxacin 250 mg tablet	1	
ciprofloxacin 250 mg tablet	1	
ciprofloxacin 750 mg tablet	1	
levofloxacin 500 mg tablet	1	
ciprofloxacin 100 mg tablet	1	
levofloxacin 750 mg tablet	1	
sulfacetamide sodium 10 % eye ointment	1	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	1	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	1	
sulfadiazine 500 mg tablet	1	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	1	
doxycycline monohydrate 50 mg capsule	1	
doxycycline monohydrate 100 mg tablet	1	
doxycycline monohydrate 50 mg tablet	1	
doxycycline hyclate 20 mg tablet	1	
mondoxylene nl 100 mg capsule	1	
minocycline 75 mg capsule	1	
avidoxy 100 mg tablet	1	
morgidox 50 mg capsule	1	
doxycycline hyclate 100 mg tablet	1	
doxycycline monohydrate 25 mg/5 ml oral suspension	1	
doxycycline hyclate 50 mg capsule	1	
doxycycline monohydrate 100 mg capsule	1	
minocycline 50 mg capsule	1	
doxycycline hyclate 100 mg capsule	1	
minocycline 100 mg capsule	1	
lamotrigine 5 mg chewable dispersible tablet	1	
roweepra xr 750 mg tablet, extended release	1	
lamotrigine 200 mg tablet	1	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET, EXTEND RELEASE	1	QL(28 cada 90 días)
KEPPRA 250 MG TABLET	1	PA
lamotrigine 100 mg tablet	1	
lamotrigine 25 mg tablet	1	
DEPAKOTE 250 MG TABLET, DELAYED RELEASE	1	PA
levetiracetam 750 mg tablet	1	
levetiracetam er 500 mg tablet, extended release 24 hr	1	
levetiracetam 1,000 mg tablet	1	
KEPPRA 1,000 MG TABLET	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK	1	PA,QL(49 cada 90 días)
divalproex er 500 mg tablet,extended release 24 hr	1	
lamotrigine er 200 mg tablet,extended release 24 hr	1	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	1	QL(98 cada 90 días)
valproic acid (as sodium salt) 250 mg/5 ml oral solution	1	
divalproex er 250 mg tablet,extended release 24 hr	1	
roweepra 1,000 mg tablet	1	
lamotrigine 25 mg (35) tablets in a dose pack	1	QL(35 cada 90 días)
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE	1	PA
roweepra 750 mg tablet	1	
valproate sodium 500 mg/5 ml (100 mg/ml) intravenous solution	1	
KEPPRA 100 MG/ML ORAL SOLUTION	1	PA
LAMICTAL 200 MG TABLET	1	PA
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK	1	PA,QL(98 cada 90 días)
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution	1	
divalproex 125 mg tablet,delayed release	1	
levetiracetam 100 mg/ml oral solution	1	
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION	1	PA
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK	1	PA,QL(35 cada 90 días)
levetiracetam 250 mg tablet	1	
levetiracetam 500 mg/5 ml intravenous solution	1	
valproic acid 250 mg capsule	1	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	1	QL(49 cada 90 días)
LAMICTAL 100 MG TABLET	1	PA
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE	1	PA
felbamate 600 mg/5 ml oral suspension	1	
subvenite 25 mg tablet	1	
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE	1	PA
subvenite 100 mg tablet	1	
subvenite 150 mg tablet	1	
subvenite 200 mg tablet	1	
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE	1	PA
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE	1	PA
lamotrigine er 250 mg tablet,extended release 24 hr	1	
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE	1	PA
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE	1	PA
levetiracetam 500 mg/5 ml (5 ml) oral solution	1	
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET	1	
DEPAKOTE 500 MG TABLET,DELAYED RELEASE	1	PA
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	QL(49 cada 90 días)
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	QL(98 cada 90 días)
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	1	QL(35 cada 90 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
levetiracetam 500 mg tablet	1	
KEPPRA 750 MG TABLET	1	PA
LAMICTAL 25 MG TABLET	1	PA
FELBATOL 600 MG TABLET	1	
lamotrigine 150 mg tablet	1	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL	1	QL(35 cada 90 días)
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	1	QL(28 cada 90 días)
divalproex 500 mg tablet,delayed release	1	
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack	1	QL(56 cada 90 días)
LAMICTAL ODT 200 MG DISINTEGRATING TABLET	1	PA
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE	1	PA
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	1	QL(35 cada 90 días)
lamotrigine 50 mg disintegrating tablet	1	
lamotrigine er 300 mg tablet,extended release 24 hr	1	
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE	1	PA
lamotrigine 25 mg chewable dispersible tablet	1	
FELBATOL 400 MG TABLET	1	
KEPPRA 500 MG TABLET	1	PA
roweepra 500 mg tablet	1	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET	1	PA
LAMICTAL ODT 50 MG DISINTEGRATING TABLET	1	PA
lamotrigine 25 mg disintegrating tablet	1	
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET	1	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET	1	PA
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT	1	PA,QL(56 cada 90 días)
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING	1	PA,QL(28 cada 90 días)
DEPAKOTE 125 MG TABLET,DELAYED RELEASE	1	PA
lamotrigine 100 mg disintegrating tablet	1	
lamotrigine 200 mg disintegrating tablet	1	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE	1	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT	1	PA,QL(35 cada 90 días)
divalproex 250 mg tablet,delayed release	1	
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution	1	
lamotrigine er 25 mg tablet,extended release 24 hr	1	
lamotrigine er 50 mg tablet,extended release 24 hr	1	
lamotrigine er 100 mg tablet,extended release 24 hr	1	
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE	1	PA
divalproex 125 mg capsule,delayed release sprinkle	1	
levetiracetam er 750 mg tablet,extended release 24 hr	1	
LAMICTAL 150 MG TABLET	1	PA
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL	1	QL(35 cada 90 días)
roweepra xr 500 mg tablet,extended release	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
CELONTIN 300 MG CAPSULE	1	
ethosuximide 250 mg capsule	1	
ethosuximide 250 mg/5 ml oral solution	1	
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	1	
diazepam 2.5 mg rectal kit	1	
NEURONTIN 800 MG TABLET	1	QL(135 cada 30 días)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	1	
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	1	
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	
SYMPAZAN 20 MG ORAL FILM	1	QL(120 cada 30 días)
DIASTAT 2.5 MG RECTAL KIT	1	
ONFI 10 MG TABLET	1	PA,QL(240 cada 30 días)
clobazam 10 mg tablet	1	QL(240 cada 30 días)
clobazam 20 mg tablet	1	QL(120 cada 30 días)
tiagabine 16 mg tablet	1	
primidone 125 mg tablet	1	
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1	
phenobarbital 64.8 mg tablet	1	
NEURONTIN 100 MG CAPSULE	1	QL(1080 cada 30 días)
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2160 cada 30 días)
NEURONTIN 600 MG TABLET	1	QL(180 cada 30 días)
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2160 cada 30 días)
NEURONTIN 400 MG CAPSULE	1	QL(270 cada 30 días)
gabapentin 250 mg/5 ml oral solution	1	QL(2160 cada 30 días)
phenobarbital 60 mg tablet	1	
phenobarbital sodium 65 mg/ml injection solution	1	
phenobarbital 15 mg tablet	1	
phenobarbital sodium 130 mg/ml injection solution	1	
SYMPAZAN 10 MG ORAL FILM	1	QL(240 cada 30 días)
NEURONTIN 250 MG/5 ML ORAL SOLUTION	1	PA,QL(2160 cada 30 días)
phenobarbital 97.2 mg tablet	1	
phenobarbital 16.2 mg tablet	1	
gabapentin 400 mg capsule	1	QL(270 cada 30 días)
SYMPAZAN 5 MG ORAL FILM	1	QL(240 cada 30 días)
primidone 50 mg tablet	1	
NEURONTIN 300 MG CAPSULE	1	QL(360 cada 30 días)
gabapentin 100 mg capsule	1	QL(1080 cada 30 días)
phenobarbital 100 mg tablet	1	
gabapentin 800 mg tablet	1	QL(135 cada 30 días)
ONFI 20 MG TABLET	1	PA,QL(120 cada 30 días)
tiagabine 4 mg tablet	1	
gabapentin 300 mg capsule	1	QL(360 cada 30 días)
gabapentin 600 mg tablet	1	QL(180 cada 30 días)
clobazam 2.5 mg/ml oral suspension	1	QL(960 cada 30 días)
phenobarbital 30 mg tablet	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
tiagabine 12 mg tablet	1	
ONFI 2.5 MG/ML ORAL SUSPENSION	1	PA,QL(960 cada 30 días)
primidone 250 mg tablet	1	
phenobarbital 32.4 mg tablet	1	
tiagabine 2 mg tablet	1	
AMYTAL 500 MG SOLUTION FOR INJECTION	1	
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	1	
diazepam 5 mg-7.5 mg-10 mg rectal kit	1	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	1	
carbamazepine 100 mg/5 ml (5 ml) oral suspension	1	
carbamazepine er 400 mg tablet,extended release,12 hr	1	PA
DILANTIN 30 MG CAPSULE	1	
carbamazepine 200 mg tablet	1	
carbamazepine 200 mg/10 ml oral suspension	1	PA
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	1	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	1	
oxcarbazepine er 150 mg tablet,extended release 24 hr	1	
oxcarbazepine er 300 mg tablet,extended release 24 hr	1	
PHENYTEK 300 MG CAPSULE	1	
oxcarbazepine 600 mg tablet	1	
carbamazepine er 100 mg tablet,extended release,12 hr	1	PA
oxcarbazepine er 600 mg tablet,extended release 24 hr	1	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	1	
zonisamide 100 mg capsule	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE	1	
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE	1	
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE	1	
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	1	
oxcarbazepine 300 mg tablet	1	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE	1	QL(150 cada 30 días)
zonisamide 25 mg capsule	1	
zonisamide 50 mg capsule	1	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE	1	QL(240 cada 30 días)
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE	1	QL(120 cada 30 días)
phenytoin sodium extended 200 mg capsule	1	
phenytoin sodium extended 100 mg capsule	1	
carbamazepine er 300 mg capsule,extended release mphase12hr	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET	1	
carbamazepine 200 mg chewable tablet	1	
carbamazepine er 200 mg capsule,extended release mphase12hr	1	
TEGRETOL 100 MG/5 ML ORAL SUSPENSION	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	1	
carbamazepine er 100 mg capsule,extended release mphase12hr	1	
DILANTIN EXTENDED 100 MG CAPSULE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
phenytoin 50 mg chewable tablet	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension	1	
fosphenytoin 500 mg pe/10 ml injection solution	1	
fosphenytoin 100 mg pe/2 ml injection solution	1	
phenytoin 100 mg/4 ml oral suspension	1	
TRILEPTAL 600 MG TABLET	1	PA
phenytoin sodium 50 mg/ml intravenous solution	1	
carbamazepine er 200 mg tablet,extended release,12 hr	1	PA
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	1	
epitol 200 mg tablet	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	1	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	1	
phenytoin sodium extended 300 mg capsule	1	
carbamazepine 100 mg/5 ml oral suspension	1	
phenytoin 125 mg/5 ml oral suspension	1	
TRILEPTAL 150 MG TABLET	1	PA
carbamazepine 100 mg chewable tablet	1	
PHENYTEK 200 MG CAPSULE	1	
TRILEPTAL 300 MG TABLET	1	PA
lacosamide 200 mg tablet	1	
lacosamide 150 mg tablet	1	
lacosamide 100 mg tablet	1	
lacosamide 50 mg tablet	1	
TEGRETOL 200 MG TABLET	1	
oxcarbazepine 150 mg tablet	1	
ergoloid 1 mg tablet	1	QL(90 cada 30 días)
rivastigmine 13.3 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
galantamine 4 mg tablet	1	QL(60 cada 30 días)
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
ARICEPT 10 MG TABLET	1	PA,QL(30 cada 30 días)
ARICEPT 23 MG TABLET	1	PA,QL(30 cada 30 días)
donepezil 10 mg tablet	1	QL(30 cada 30 días)
donepezil 5 mg tablet	1	QL(30 cada 30 días)
galantamine 12 mg tablet	1	QL(60 cada 30 días)
rivastigmine 4.6 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
galantamine 8 mg tablet	1	QL(60 cada 30 días)
rivastigmine 9.5 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
galantamine 4 mg/ml oral solution	1	QL(180 cada 30 días)
rivastigmine 3 mg capsule	1	QL(60 cada 30 días)
ARICEPT 5 MG TABLET	1	PA,QL(30 cada 30 días)
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 cada 28 días)
donepezil 23 mg tablet	1	QL(30 cada 30 días)
ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 cada 28 días)
RAZADYNE ER 16 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
rivastigmine 4.5 mg capsule	1	QL(60 cada 30 días)
rivastigmine 1.5 mg capsule	1	QL(60 cada 30 días)
donepezil 10 mg disintegrating tablet	1	QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
donepezil 5 mg disintegrating tablet	1	QL(30 cada 30 días)
galantamine er 8 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RAZADYNE ER 24 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
galantamine er 16 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
rivastigmine 6 mg capsule	1	QL(60 cada 30 días)
galantamine er 24 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK	1	QL(49 cada 90 días)
memantine 21 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
memantine 14 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
memantine 7 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK	1	QL(28 cada 90 días)
memantine 28 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
memantine 10 mg tablet	1	QL(60 cada 30 días)
memantine 5 mg tablet	1	QL(60 cada 30 días)
memantine 2 mg/ml oral solution	1	QL(300 cada 30 días)
NAMENDA 10 MG TABLET	1	QL(60 cada 30 días)
memantine 5 mg-10 mg tablets in a dose pack	1	QL(49 cada 90 días)
ZURZUVAE 20 MG CAPSULE	1	PA,QL(28 cada 365 días)
bupropion hcl 75 mg tablet	1	QL(120 cada 30 días)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION	1	PA
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1	QL(60 cada 30 días)
ZURZUVAE 30 MG CAPSULE	1	PA,QL(14 cada 365 días)
ZURZUVAE 25 MG CAPSULE	1	PA,QL(28 cada 365 días)
REMERON SOLTAB 15 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
mirtazapine 15 mg disintegrating tablet	1	QL(30 cada 30 días)
APLENZIN 348 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)
REMERON 30 MG TABLET	1	PA,QL(30 cada 30 días)
REMERON SOLTAB 30 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 cada 30 días)
REMERON SOLTAB 45 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
APLENZIN 522 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)

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mirtazapine 45 mg tablet	1	QL(30 cada 30 días)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 cada 30 días)
bupropion hcl xl 150 mg 24 hr tablet, extended release	1	QL(30 cada 30 días)
bupropion hcl xl 300 mg 24 hr tablet, extended release	1	QL(30 cada 30 días)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY	1	QL(24 cada 28 días)
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1	QL(60 cada 30 días)
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY	1	QL(16 cada 28 días)
APLENZIN 174 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)
bupropion hcl 100 mg tablet	1	QL(120 cada 30 días)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	1	PA
perphenazine-amitriptyline 2 mg-25 mg tablet	1	PA
mirtazapine 45 mg disintegrating tablet	1	QL(30 cada 30 días)
olanzapine-fluoxetine 6 mg-25 mg capsule	1	PA,QL(30 cada 30 días)
perphenazine-amitriptyline 4 mg-50 mg tablet	1	PA
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1	QL(60 cada 30 días)
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	1	PA
olanzapine-fluoxetine 6 mg-50 mg capsule	1	PA,QL(30 cada 30 días)
mirtazapine 30 mg disintegrating tablet	1	QL(30 cada 30 días)
REMERON 15 MG TABLET	1	PA,QL(30 cada 30 días)
perphenazine-amitriptyline 4 mg-25 mg tablet	1	PA
olanzapine-fluoxetine 12 mg-25 mg capsule	1	PA,QL(30 cada 30 días)
mirtazapine 15 mg tablet	1	QL(30 cada 30 días)
olanzapine-fluoxetine 12 mg-50 mg capsule	1	PA,QL(30 cada 30 días)
SYMBYAX 6 MG-25 MG CAPSULE	1	PA,QL(30 cada 30 días)
mirtazapine 30 mg tablet	1	QL(30 cada 30 días)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
perphenazine-amitriptyline 2 mg-10 mg tablet	1	PA
mirtazapine 7.5 mg tablet	1	QL(30 cada 30 días)
SYMBYAX 3 MG-25 MG CAPSULE	1	PA,QL(30 cada 30 días)
olanzapine-fluoxetine 3 mg-25 mg capsule	1	PA,QL(30 cada 30 días)
FORFIVO XL 450 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 cada 30 días)
bupropion hcl xl 450 mg 24 hr tablet, extended release	1	QL(30 cada 30 días)
perphenazine-amitriptyline 4 mg-10 mg tablet	1	PA
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	1	QL(60 cada 30 días)
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 cada 30 días)
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 cada 30 días)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 cada 30 días)
MARPLAN 10 MG TABLET	1	QL(90 cada 30 días)
tranylcypromine 10 mg tablet	1	QL(180 cada 30 días)
phenelzine 15 mg tablet	1	QL(180 cada 30 días)
NARDIL 15 MG TABLET	1	QL(180 cada 30 días)
LEXAPRO 5 MG TABLET	1	PA,QL(30 cada 30 días)
fluvoxamine 25 mg tablet	1	QL(30 cada 30 días)
SERTRALINE 200 MG CAPSULE	1	QL(30 cada 30 días)
CITALOPRAM 30 MG CAPSULE	1	QL(30 cada 30 días)
desvenlafaxine er 50 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
desvenlafaxine er 100 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
fluoxetine 20 mg tablet	1	QL(120 cada 30 días)
nefazodone 150 mg tablet	1	QL(60 cada 30 días)
VENLAFAXINE BESYLATE ER 112.5 MG TABLET,EXTENDED RELEASE 24 HR	1	QL(60 cada 30 días)
trazodone 300 mg tablet	1	QL(60 cada 30 días)
CELEXA 10 MG TABLET	1	PA,QL(45 cada 30 días)
venlafaxine er 37.5 mg capsule,extended release 24 hr	1	QL(30 cada 30 días)
paroxetine 10 mg tablet	1	QL(45 cada 30 días)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
trazodone 100 mg tablet	1	QL(90 cada 30 días)
SERTRALINE 150 MG CAPSULE	1	QL(60 cada 30 días)
venlafaxine er 75 mg capsule,extended release 24 hr	1	QL(90 cada 30 días)
fluoxetine 90 mg capsule,delayed release	1	QL(4 cada 28 días)
VIIBRYD 10 MG TABLET	1	QL(30 cada 30 días)
VIIBRYD 20 MG TABLET	1	QL(30 cada 30 días)
VIIBRYD 40 MG TABLET	1	QL(30 cada 30 días)
vilazodone 40 mg tablet	1	QL(30 cada 30 días)
vilazodone 20 mg tablet	1	QL(30 cada 30 días)
vilazodone 10 mg tablet	1	QL(30 cada 30 días)
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
venlafaxine 25 mg tablet	1	QL(90 cada 30 días)
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
nefazodone 200 mg tablet	1	QL(60 cada 30 días)
fluvoxamine er 100 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
PAXIL 20 MG TABLET	1	PA,QL(30 cada 30 días)
fluvoxamine er 150 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
PAXIL 10 MG/5 ML ORAL SUSPENSION	1	QL(1200 cada 30 días)
venlafaxine er 150 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
PRISTIQ 100 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
fluoxetine 10 mg tablet	1	QL(45 cada 30 días)
sertraline 100 mg tablet	1	QL(90 cada 30 días)
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution	1	QL(600 cada 30 días)
venlafaxine 100 mg tablet	1	QL(90 cada 30 días)
PAXIL 30 MG TABLET	1	PA,QL(60 cada 30 días)
PEXEVA 30 MG TABLET	1	QL(30 cada 30 días)
duloxetine 40 mg capsule,delayed release	1	QL(60 cada 30 días)
sertraline 50 mg tablet	1	QL(60 cada 30 días)
PEXEVA 20 MG TABLET	1	QL(30 cada 30 días)
venlafaxine er 225 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
trazodone 50 mg tablet	1	QL(60 cada 30 días)
duloxetine 20 mg capsule,delayed release	1	QL(60 cada 30 días)
duloxetine 30 mg capsule,delayed release	1	QL(60 cada 30 días)
venlafaxine er 150 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
venlafaxine er 75 mg tablet,extended release 24 hr	1	QL(90 cada 30 días)
fluoxetine 20 mg capsule	1	QL(120 cada 30 días)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
duloxetine 60 mg capsule,delayered release	1	QL(60 cada 30 días)
citalopram 40 mg tablet	1	QL(30 cada 30 días)
escitalopram 5 mg/5 ml oral solution	1	QL(600 cada 30 días)
venlafaxine er 37.5 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
PEXEVA 10 MG TABLET	1	QL(30 cada 30 días)
paroxetine er 25 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	1	QL(30 cada 90 días)
PRISTIQ 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
paroxetine er 12.5 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
paroxetine er 37.5 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
fluoxetine 10 mg capsule	1	QL(30 cada 30 días)
sertraline 25 mg tablet	1	QL(60 cada 30 días)
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
venlafaxine 50 mg tablet	1	QL(90 cada 30 días)
citalopram 20 mg tablet	1	QL(45 cada 30 días)
escitalopram 20 mg tablet	1	QL(45 cada 30 días)
LEXAPRO 10 MG TABLET	1	PA,QL(45 cada 30 días)
LEXAPRO 20 MG TABLET	1	PA,QL(45 cada 30 días)
venlafaxine 75 mg tablet	1	QL(90 cada 30 días)
escitalopram 5 mg tablet	1	QL(30 cada 30 días)
CELEXA 20 MG TABLET	1	PA,QL(45 cada 30 días)
fluoxetine 40 mg capsule	1	QL(60 cada 30 días)
ZOLOFT 50 MG TABLET	1	PA,QL(60 cada 30 días)
escitalopram 10 mg tablet	1	QL(45 cada 30 días)
fluoxetine 60 mg tablet	1	QL(30 cada 30 días)
PAXIL 40 MG TABLET	1	PA,QL(60 cada 30 días)
ZOLOFT 25 MG TABLET	1	PA,QL(60 cada 30 días)
nefazodone 250 mg tablet	1	QL(60 cada 30 días)
sertraline 20 mg/ml oral concentrate	1	QL(300 cada 30 días)
PAXIL 10 MG TABLET	1	PA,QL(45 cada 30 días)
fluvoxamine 100 mg tablet	1	QL(90 cada 30 días)
nefazodone 50 mg tablet	1	QL(60 cada 30 días)
PROZAC 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
citalopram 10 mg/5 ml oral solution	1	
PROZAC 20 MG CAPSULE	1	PA,QL(120 cada 30 días)
nefazodone 100 mg tablet	1	QL(60 cada 30 días)
trazodone 150 mg tablet	1	QL(90 cada 30 días)
citalopram 10 mg/5 ml oral solution	1	QL(600 cada 30 días)

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venlafaxine 37.5 mg tablet	1	QL(90 cada 30 días)
fluvoxamine 50 mg tablet	1	QL(30 cada 30 días)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	1	QL(28 cada 90 días)
ZOLOFT 20 MG/ML ORAL CONCENTRATE	1	PA,QL(300 cada 30 días)
paroxetine 20 mg tablet	1	QL(30 cada 30 días)
paroxetine 30 mg tablet	1	QL(60 cada 30 días)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
TRINTELLIX 5 MG TABLET	1	QL(30 cada 30 días)
PROZAC 10 MG CAPSULE	1	PA,QL(30 cada 30 días)
TRINTELLIX 10 MG TABLET	1	QL(30 cada 30 días)
TRINTELLIX 20 MG TABLET	1	QL(30 cada 30 días)
paroxetine 40 mg tablet	1	QL(60 cada 30 días)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
CELEXA 40 MG TABLET	1	PA,QL(30 cada 30 días)
ZOLOFT 100 MG TABLET	1	PA,QL(90 cada 30 días)
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule	1	
paroxetine 10 mg/5 ml oral suspension	1	QL(1200 cada 30 días)
citalopram 10 mg tablet	1	QL(45 cada 30 días)
amitriptyline 25 mg tablet	1	QL(90 cada 30 días)
amitriptyline 10 mg tablet	1	QL(120 cada 30 días)
imipramine 50 mg tablet	1	QL(180 cada 30 días)
ANAFRANIL 50 MG CAPSULE	1	PA,QL(150 cada 30 días)
desipramine 50 mg tablet	1	QL(60 cada 30 días)
amitriptyline 150 mg tablet	1	QL(90 cada 30 días)
PAMELOR 50 MG CAPSULE	1	PA,QL(90 cada 30 días)
amitriptyline 75 mg tablet	1	QL(90 cada 30 días)
trimipramine 25 mg capsule	1	QL(30 cada 30 días)
nortriptyline 10 mg/5 ml oral solution	1	QL(600 cada 30 días)
PAMELOR 75 MG CAPSULE	1	PA,QL(60 cada 30 días)
nortriptyline 25 mg capsule	1	QL(120 cada 30 días)
clomipramine 50 mg capsule	1	QL(150 cada 30 días)
imipramine pamoate 100 mg capsule	1	QL(90 cada 30 días)
nortriptyline 75 mg capsule	1	QL(60 cada 30 días)
clomipramine 75 mg capsule	1	QL(90 cada 30 días)
nortriptyline 10 mg capsule	1	QL(120 cada 30 días)
imipramine pamoate 75 mg capsule	1	QL(30 cada 30 días)
amitriptyline 100 mg tablet	1	QL(90 cada 30 días)
clomipramine 25 mg capsule	1	QL(60 cada 30 días)
trimipramine 100 mg capsule	1	QL(90 cada 30 días)
imipramine 25 mg tablet	1	QL(30 cada 30 días)
ANAFRANIL 75 MG CAPSULE	1	PA,QL(90 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NORPRAMIN 25 MG TABLET	1	PA,QL(60 cada 30 días)
amoxapine 50 mg tablet	1	QL(120 cada 30 días)
amoxapine 25 mg tablet	1	QL(60 cada 30 días)
ANAFRANIL 25 MG CAPSULE	1	PA,QL(60 cada 30 días)
amoxapine 150 mg tablet	1	QL(60 cada 30 días)
protriptyline 5 mg tablet	1	QL(120 cada 30 días)
NORPRAMIN 10 MG TABLET	1	PA,QL(120 cada 30 días)
nortriptyline 50 mg capsule	1	QL(90 cada 30 días)
desipramine 75 mg tablet	1	QL(60 cada 30 días)
trimipramine 50 mg capsule	1	QL(30 cada 30 días)
PAMELOR 10 MG CAPSULE	1	PA,QL(120 cada 30 días)
amitriptyline 50 mg tablet	1	QL(90 cada 30 días)
imipramine pamoate 150 mg capsule	1	QL(60 cada 30 días)
desipramine 10 mg tablet	1	QL(120 cada 30 días)
desipramine 150 mg tablet	1	QL(60 cada 30 días)
desipramine 100 mg tablet	1	QL(90 cada 30 días)
PAMELOR 25 MG CAPSULE	1	PA,QL(120 cada 30 días)
protriptyline 10 mg tablet	1	QL(120 cada 30 días)
amoxapine 100 mg tablet	1	QL(120 cada 30 días)
desipramine 25 mg tablet	1	QL(60 cada 30 días)
imipramine pamoate 125 mg capsule	1	QL(60 cada 30 días)
imipramine 10 mg tablet	1	QL(60 cada 30 días)
bonine 25 mg chewable tablet ^{OTC}	1	
prochlorperazine 25 mg rectal suppository	1	
promethazine 50 mg tablet	1	
metoclopramide 10 mg tablet	1	
meclizine 25 mg chewable tablet ^{OTC}	1	
meclizine 25 mg tablet	1	
meclizine 25 mg tablet ^{OTC}	1	
promethegan 25 mg rectal suppository	1	
promethazine 6.25 mg/5 ml oral syrup	1	
metoclopramide 5 mg/5 ml oral solution	1	
motion sickness (meclizine) 25 mg tablet ^{OTC}	1	
promethegan 12.5 mg rectal suppository	1	
travel-ease (meclizine) 25 mg chewable tablet ^{OTC}	1	
prochlorperazine edisylate 5 mg/ml injection solution	1	PA
verticalm 25 mg tablet ^{OTC}	1	
promethazine 25 mg rectal suppository	1	
dramamine (meclizine) 25 mg chewable tablet ^{OTC}	1	
promethegan 50 mg rectal suppository	1	
prochlorperazine maleate 5 mg tablet	1	PA
dramamine (meclizine) 25 mg tablet ^{OTC}	1	
prochlorperazine maleate 10 mg tablet	1	PA
scopolamine 1 mg over 3 days transdermal patch	1	
motion-time 25 mg chewable tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	1	QL(120 cada 30 días)
dramamine less drowsy 25 mg tablet ^{OTC}	1	
meclizine 12.5 mg tablet	1	
medi-meclizine 25 mg tablet ^{OTC}	1	
metoclopramide 5 mg tablet	1	
motion sickness relief (meclizine) 25 mg chewable tablet ^{OTC}	1	
promethazine 12.5 mg tablet	1	
motion sickness relief (meclizine) 25 mg tablet ^{OTC}	1	
promethazine 12.5 mg rectal suppository	1	
promethazine 50 mg rectal suppository	1	
wal-dram 2 25 mg tablet ^{OTC}	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml) injection solution	1	PA
promethazine 25 mg tablet	1	
travel-ease (meclizine) 25 mg tablet ^{OTC}	1	
compro 25 mg rectal suppository	1	
ondansetron hcl (pf) 4 mg/2 ml injection solution	1	
ondansetron 16 mg disintegrating tablet	1	QL(90 cada 30 días)
ondansetron hcl (pf) 4 mg/2 ml injection syringe	1	
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK	1	
aprepitant 80 mg capsule	1	
ondansetron 4 mg disintegrating tablet	1	QL(90 cada 30 días)
aprepitant 40 mg capsule	1	
ondansetron hcl 4 mg tablet	1	QL(90 cada 30 días)
ondansetron 8 mg disintegrating tablet	1	QL(90 cada 30 días)
ondansetron hcl 4 mg/5 ml oral solution	1	
ondansetron hcl 2 mg/ml intravenous solution	1	
ondansetron hcl 8 mg tablet	1	QL(90 cada 30 días)
fosaprepitant 150 mg intravenous powder for solution	1	
1-day 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
baza antifungal 2 % topical cream ^{OTC}	1	
athlete's foot (tolnaftate) 1 % topical cream ^{OTC}	1	
clotrimazole 1 % topical solution	1	
terconazole 0.8 % vaginal cream	1	
jock itch 1 % topical spray powder ^{OTC}	1	
clotrimazole 1 % topical solution ^{OTC}	1	
nystatin 100,000 unit/gram topical powder	1	
tioconazole 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
athlete's foot (terbinafine) 1 % topical cream ^{OTC}	1	
TRITOLNACIDE C 1 % TOPICAL CREAM ^{OTC}	1	
inzo antifungal 2 % topical cream ^{OTC}	1	
micro-guard 2 % topical powder ^{OTC}	1	
odor control foot-sneaker 1 % topical spray powder ^{OTC}	1	
miconazorb af 2 % topical powder ^{OTC}	1	
antifungal (miconazole) 2 % topical powder ^{OTC}	1	
antifungal (tolnaftate) 1 % topical spray ^{OTC}	1	
ketoconazole 200 mg tablet	1	
nystatin 100,000 unit/ml oral suspension	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
miconazole nitrate 2 % topical spray powder ^{OTC}	1	
nystatin 100,000 unit/gram topical cream	1	
clotrimazole-betamethasone 1 %-0.05 % topical cream	1	
jock itch (clotrimazole) 1 % topical cream ^{OTC}	1	
clotrimazole 1 % topical cream	1	
fluconazole 40 mg/ml oral suspension	1	
lotrimin af jock itch powder 2 % topical spray ^{OTC}	1	
clotrimazole 1 % topical cream ^{OTC}	1	
lotrimin af 2 % topical powder ^{OTC}	1	
TINACTIN 1 % TOPICAL CREAM ^{OTC}	1	
ketoconazole 2 % topical cream	1	
lotrimin af powder 2 % topical spray ^{OTC}	1	
LOTTRIMIN AF (CLOTRIMAZOLE) 1 % TOPICAL CREAM ^{OTC}	1	
griseofulvin ultramicrosize 250 mg tablet	1	
athlete's foot 2 % powder ^{OTC}	1	
TINACTIN 1 % TOPICAL SPRAY POWDER ^{OTC}	1	
miconazole nitrate 2 % topical powder ^{OTC}	1	
miconazole nitrate 2 % topical cream ^{OTC}	1	
zeasorb af 2 % topical powder ^{OTC}	1	
tolnaftate 1 % topical powder ^{OTC}	1	
trimazole 1 % topical cream ^{OTC}	1	
griseofulvin microsize 125 mg/5 ml oral suspension	1	
jock itch (terbinafine) 1 % topical cream ^{OTC}	1	
miconazole nitrate 2 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
mycozyl ac 1 % topical cream ^{OTC}	1	
MONISTAT 7 2 % VAGINAL CREAM ^{OTC}	1	QL(90 cada 30 días)
thera antifungal 2 % topical cream ^{OTC}	1	
terconazole 0.4 % vaginal cream	1	
thera antifungal 2 % topical powder ^{OTC}	1	
lamisil af 1 % topical spray powder ^{OTC}	1	
foot and sneaker 1 % topical spray powder ^{OTC}	1	
ketoconazole 2 % shampoo	1	
griseofulvin ultramicrosize 125 mg tablet	1	
nystatin 100,000 unit/gram topical ointment	1	
ciclodan 8 % topical solution	1	
fluconazole 200 mg tablet	1	
griseofulvin microsize 500 mg tablet	1	
nyamyc 100,000 unit/gram topical powder	1	
flucytosine 250 mg capsule	1	
fluconazole 150 mg tablet	1	QL(4 cada 30 días)
terbinafine hcl 1 % topical cream ^{OTC}	1	
itch relief (clotrimazole) 1 % topical cream ^{OTC}	1	
TINACTIN 1 % TOPICAL SPRAY ^{OTC}	1	
clotrimazole 10 mg troche	1	
tolnaftate 1 % topical spray powder ^{OTC}	1	
fluconazole 100 mg tablet	1	
dermafungal 2 % topical cream ^{OTC}	1	
ringworm 1 % topical cream ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
remedy phytoplex antifungal 2 % topical powder ^{OTC}	1	
nystop 100,000 unit/gram topical powder	1	
antifungal (miconazole) 2 % topical cream ^{OTC}	1	
athlete's foot (clotrimazole) 1 % topical cream ^{OTC}	1	
mycozyl ap 2 % topical powder ^{OTC}	1	
athlete's foot 2 % topical spray ^{OTC}	1	
clotrimazole-betamethasone 1 %-0.05 % lotion	1	
tioconazole-1 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
ciclopirox 0.77 % topical cream	1	
athlete's foot (tolnaftate) 1 % topical spray ^{OTC}	1	
flucytosine 500 mg capsule	1	
itraconazole 100 mg capsule	1	
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM ^{OTC}	1	
miconazole-3 200 mg/5 gram (4 %) vaginal cream ^{OTC}	1	
remedy antifungal 2 % topical powder ^{OTC}	1	
secura antifungal 2 % topical cream ^{OTC}	1	
clotrimazole-3 2 % vaginal cream ^{OTC}	1	QL(42 cada 30 días)
ciclopirox 8 % topical solution	1	
miconazole-7 2 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
secura antifungal extra thick 2 % topical cream ^{OTC}	1	
LAMISIL AT 1 % TOPICAL CREAM ^{OTC}	1	
antifungal ringworm 1 % topical cream ^{OTC}	1	
TINACTIN 1 % TOPICAL POWDER ^{OTC}	1	
gyne-lotrimin 7 1 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
clotrimazole-7 1 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	1	
GYNE-LOTRIMIN 2 % VAGINAL CREAM ^{OTC}	1	QL(42 cada 30 días)
clotrimazole 3 day 2 % vaginal cream ^{OTC}	1	QL(42 cada 30 días)
nystatin 500,000 unit tablet	1	
antifungal (clotrimazole) 1 % topical cream ^{OTC}	1	
antifungal (tolnaftate) 1 % topical cream ^{OTC}	1	
antifungal spray 1 % topical powder ^{OTC}	1	
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	1	
micotrin ac 1 % topical cream ^{OTC}	1	
micotrin ap 2 % topical powder ^{OTC}	1	
tolnaftate 1 % topical cream ^{OTC}	1	
klayesta 100,000 unit/gram topical powder	1	
antifungal extra thick 2 % topical cream ^{OTC}	1	
desenex 2 % topical powder ^{OTC}	1	
3-day vaginal 2 % cream ^{OTC}	1	QL(42 cada 30 días)
fluconazole 50 mg tablet	1	QL(3 cada 30 días)
micatin 2 % topical cream ^{OTC}	1	
athletic foot cream 1 % topical ^{OTC}	1	
clotrimazole 1 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
athlete's foot (tolnaftate) 1 % topical spray powder ^{OTC}	1	
terbinafine hcl 250 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
miconazole-3 200 mg-2 % (9 gram) vaginal kit ^{OTC}	1	PA,QL(14 cada 30 días)
lotrimin af 2 % topical spray ^{OTC}	1	
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR	1	
antifungal (terbinafine) 1 % topical cream ^{OTC}	1	
athlete's foot 2 % topical spray powder ^{OTC}	1	
fluconazole 10 mg/ml oral suspension	1	
clotrimazole af 1 % topical cream ^{OTC}	1	
colchicine 0.6 mg tablet	1	
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION	1	
COLCRYS 0.6 MG TABLET	1	
ZYLOPRIM 100 MG TABLET	1	
MITIGARE 0.6 MG CAPSULE	1	
colchicine 0.6 mg capsule	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION	1	
allopurinol 500 mg intravenous solution	1	
probenecid 500 mg-colchicine 0.5 mg tablet	1	
allopurinol 100 mg tablet	1	
ULORIC 80 MG TABLET	1	
allopurinol 200 mg tablet	1	
ULORIC 40 MG TABLET	1	
febuxostat 80 mg tablet	1	
probenecid 500 mg tablet	1	
febuxostat 40 mg tablet	1	
allopurinol 300 mg tablet	1	
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
topiramate 25 mg sprinkle capsule	1	
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 cada 30 días)
TOPAMAX 50 MG TABLET	1	PA
topiramate 50 mg tablet	1	
QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
topiramate 200 mg tablet	1	
topiramate xr 50 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate 25 mg tablet	1	
QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
QULIPTA 30 MG TABLET	1	PA,QL(30 cada 30 días)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1.5 cada 30 días)
QULIPTA 10 MG TABLET	1	PA,QL(30 cada 30 días)
TOPAMAX 15 MG SPRINKLE CAPSULE	1	PA
topiramate xr 100 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 25 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
TOPAMAX 25 MG TABLET	1	PA
topiramate xr 50 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
QULIPTA 60 MG TABLET	1	PA,QL(30 cada 30 días)
topiramate xr 100 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 25 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 200 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
topiramate xr 150 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 200 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	1	PA,QL(1.5 cada 30 días)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE	1	QL(60 cada 30 días)
TOPAMAX 200 MG TABLET	1	PA
TOPAMAX 100 MG TABLET	1	PA
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
topiramate 100 mg tablet	1	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 30 días)
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1 cada 30 días)
TOPAMAX 25 MG SPRINKLE CAPSULE	1	PA
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 cada 30 días)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE	1	PA,QL(3 cada 30 días)
topiramate 15 mg sprinkle capsule	1	
EPRONTIA 25 MG/ML ORAL SOLUTION	1	PA,QL(480 cada 30 días)
sumatriptan 25 mg tablet	1	QL(9 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(1 cada 30 días)
rizatriptan 10 mg disintegrating tablet	1	QL(12 cada 30 días)
sumatriptan 50 mg tablet	1	QL(9 cada 30 días)
rizatriptan 10 mg tablet	1	QL(12 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(1 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(1 cada 30 días)
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	1	QL(1 cada 30 días)
sumatriptan 20 mg/actuation nasal spray	1	QL(6 cada 30 días)
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(1 cada 30 días)
rizatriptan 5 mg tablet	1	QL(12 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1	
rizatriptan 5 mg disintegrating tablet	1	QL(12 cada 30 días)
sumatriptan 5 mg/actuation nasal spray	1	QL(6 cada 30 días)
sumatriptan 100 mg tablet	1	QL(9 cada 30 días)
pyridostigmine bromide 60 mg tablet	1	
pyridostigmine bromide 30 mg tablet	1	
dapsone 25 mg tablet	1	
rifabutin 150 mg capsule	1	
dapsone 100 mg tablet	1	
ethambutol 400 mg tablet	1	
rifampin 300 mg capsule	1	
pyrazinamide 500 mg tablet	1	
isoniazid 100 mg tablet	1	
isoniazid 50 mg/5 ml oral solution	1	
isoniazid 300 mg tablet	1	
ethambutol 100 mg tablet	1	
PRETOMANID 200 MG TABLET	1	
rifampin 150 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
temozolomide 180 mg capsule	1	
temozolomide 250 mg capsule	1	
temozolomide 140 mg capsule	1	
MYLERAN 2 MG TABLET	1	
cyclophosphamide 50 mg capsule	1	
cyclophosphamide 25 mg capsule	1	
temozolomide 20 mg capsule	1	
MATULANE 50 MG CAPSULE	1	
temozolomide 5 mg capsule	1	
temozolomide 100 mg capsule	1	
melphalan 2 mg tablet	1	
LEUKERAN 2 MG TABLET	1	
nilutamide 150 mg tablet	1	
bicalutamide 50 mg tablet	1	
EMCYT 140 MG CAPSULE	1	
toremifene 60 mg tablet	1	
tamoxifen 10 mg tablet	1	
tamoxifen 20 mg tablet	1	
hydroxyurea 500 mg capsule	1	
mercaptopurine 50 mg tablet	1	
TABLOID 40 MG TABLET	1	
leucovorin calcium 25 mg tablet	1	
leucovorin calcium 15 mg tablet	1	
leucovorin calcium 5 mg tablet	1	
leucovorin calcium 10 mg tablet	1	
ARIMIDEX 1 MG TABLET	1	PA
letrozole 2.5 mg tablet	1	PA
anastrozole 1 mg tablet	1	PA
FEMARA 2.5 MG TABLET	1	PA
AROMASIN 25 MG TABLET	1	PA
exemestane 25 mg tablet	1	PA
HYCAMTIN 1 MG CAPSULE	1	
HYCAMTIN 0.25 MG CAPSULE	1	
etoposide 50 mg capsule	1	
PANRETIN 0.1 % TOPICAL GEL	1	
MESNEX 400 MG TABLET	1	
ivermectin 3 mg tablet	1	
albendazole 200 mg tablet	1	
KRINTAFEL 150 MG TABLET	1	
hydroxychloroquine 300 mg tablet	1	
atovaquone 250 mg-proguanil 100 mg tablet	1	
DARAPRIM 25 MG TABLET	1	
hydroxychloroquine 200 mg tablet	1	
benznidazole 100 mg tablet	1	
benznidazole 12.5 mg tablet	1	
LAMPIT 120 MG TABLET	1	
pyrimethamine 25 mg tablet	1	
hydroxychloroquine 400 mg tablet	1	
atovaquone 750 mg/5 ml oral suspension	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
chloroquine 250 mg tablet	1	
LAMPIT 30 MG TABLET	1	
primaquine 26.3 mg (15 mg base) tablet	1	
hydroxychloroquine 100 mg tablet	1	
pentamidine 300 mg solution for inhalation	1	
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION	1	PA
mefloquine 250 mg tablet	1	
chloroquine 500 mg tablet	1	
trihexyphenidyl 2 mg tablet	1	
trihexyphenidyl 5 mg tablet	1	
benztropine 1 mg/ml injection solution	1	
benztropine 1 mg tablet	1	
benztropine 2 mg tablet	1	
benztropine 0.5 mg tablet	1	
trihexyphenidyl 0.4 mg/ml oral elixir	1	
STALEVO 150 37.5 MG-150 MG-200 MG TABLET	1	
STALEVO 100 25 MG-100 MG-200 MG TABLET	1	
amantadine hcl 100 mg tablet	1	
amantadine hcl 50 mg/5 ml oral solution	1	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet	1	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET	1	
entacapone 200 mg tablet	1	
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	1	
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE	1	
STALEVO 125 31.25 MG-125 MG-200 MG TABLET	1	
ONGENTYS 50 MG CAPSULE	1	
STALEVO 200 50 MG-200 MG-200 MG TABLET	1	
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE	1	
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE	1	
STALEVO 75 18.75 MG-75 MG-200 MG TABLET	1	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet	1	
ONGENTYS 25 MG CAPSULE	1	
amantadine hcl 100 mg capsule	1	
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet	1	
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet	1	
tolcapone 100 mg tablet	1	
NOURIANZ 40 MG TABLET	1	
NOURIANZ 20 MG TABLET	1	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet	1	
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE	1	
COMTAN 200 MG TABLET	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet	1	
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE	1	
TASMAR 100 MG TABLET	1	
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE	1	
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE	1	
ropinirole 1 mg tablet	1	
pramipexole er 3.75 mg tablet,extended release 24 hr	1	
pramipexole 1 mg tablet	1	
bromocriptine 2.5 mg tablet	1	
pramipexole er 2.25 mg tablet,extended release 24 hr	1	
PARLODEL 5 MG CAPSULE	1	
bromocriptine 5 mg capsule	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE	1	
apomorphine 10 mg/ml subcutaneous cartridge	1	
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
pramipexole 0.5 mg tablet	1	
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
ropinirole er 6 mg tablet,extended release 24 hr	1	
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
ropinirole 0.5 mg tablet	1	
ropinirole 4 mg tablet	1	
KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM	1	
KYNMOBI 10 MG SUBLINGUAL FILM	1	
pramipexole er 0.75 mg tablet,extended release 24 hr	1	
KYNMOBI 15 MG SUBLINGUAL FILM	1	
KYNMOBI 20 MG SUBLINGUAL FILM	1	
KYNMOBI 25 MG SUBLINGUAL FILM	1	
KYNMOBI 30 MG SUBLINGUAL FILM	1	
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE	1	
pramipexole er 0.375 mg tablet,extended release 24 hr	1	
pramipexole er 4.5 mg tablet,extended release 24 hr	1	
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE	1	
pramipexole 1.5 mg tablet	1	
PARLODEL 2.5 MG TABLET	1	
pramipexole 0.25 mg tablet	1	
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE	1	
pramipexole er 3 mg tablet,extended release 24 hr	1	
pramipexole 0.125 mg tablet	1	
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE	1	
ropinirole er 12 mg tablet,extended release 24 hr	1	
pramipexole er 1.5 mg tablet,extended release 24 hr	1	
ropinirole 3 mg tablet	1	
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE	1	
pramipexole 0.75 mg tablet	1	
ropinirole er 8 mg tablet,extended release 24 hr	1	
ropinirole er 4 mg tablet,extended release 24 hr	1	
ropinirole er 2 mg tablet,extended release 24 hr	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
ropinirole 0.25 mg tablet	1	
ropinirole 5 mg tablet	1	
ropinirole 2 mg tablet	1	
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE	1	
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE	1	
carbidopa 25 mg-levodopa 250 mg tablet	1	
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE	1	
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE	1	
SINEMET 10 MG-100 MG TABLET	1	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	1	
LODOSYN 25 MG TABLET	1	
carbidopa 25 mg tablet	1	
INBRIJA 42 MG CAPSULES FOR INHALATION	1	
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	1	
DHIVY 25 MG-100 MG TABLET	1	
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP	1	
CREXONT 87.5 MG-350 MG CAPSULE, EXTENDED RELEASE	1	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	1	
carbidopa 25 mg-levodopa 100 mg tablet	1	
CREXONT 35 MG-140 MG CAPSULE, EXTENDED RELEASE	1	
CREXONT 52.5 MG-210 MG CAPSULE, EXTENDED RELEASE	1	
CREXONT 70 MG-280 MG CAPSULE, EXTENDED RELEASE	1	
carbidopa 25 mg-levodopa 100 mg disintegrating tablet	1	
carbidopa 10 mg-levodopa 100 mg disintegrating tablet	1	
SINEMET 25 MG-100 MG TABLET	1	
carbidopa 25 mg-levodopa 250 mg disintegrating tablet	1	
carbidopa 10 mg-levodopa 100 mg tablet	1	
selegiline 5 mg capsule	1	
XADAGO 100 MG TABLET	1	
XADAGO 50 MG TABLET	1	
rasagiline 0.5 mg tablet	1	
rasagiline 1 mg tablet	1	
AZILECT 0.5 MG TABLET	1	
AZILECT 1 MG TABLET	1	
ZELAPAR 1.25 MG DISINTEGRATING TABLET	1	
selegiline 5 mg tablet	1	
perphenazine 8 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine 5 mg/ml oral concentrate	1	PA
chlorpromazine 30 mg/ml oral concentrate	1	PA,QL(801 cada 30 días)
haloperidol 2 mg tablet	1	PA,QL(90 cada 30 días)
chlorpromazine 10 mg tablet	1	PA,QL(120 cada 30 días)
molindone 10 mg tablet	1	PA,QL(120 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
fluphenazine 2.5 mg/ml injection solution	1	PA
chlorpromazine 200 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol decanoate 100 mg/ml intramuscular solution	1	PA
thioridazine 50 mg tablet	1	PA,QL(120 cada 30 días)
molindone 5 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine decanoate 25 mg/ml injection solution	1	PA
trifluoperazine 1 mg tablet	1	PA,QL(60 cada 30 días)
chlorpromazine 100 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION	1	PA
chlorpromazine 100 mg tablet	1	PA,QL(120 cada 30 días)
trifluoperazine 5 mg tablet	1	PA,QL(60 cada 30 días)
haloperidol 10 mg tablet	1	PA,QL(90 cada 30 días)
pimozide 2 mg tablet	1	PA,QL(150 cada 30 días)
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION	1	PA
molindone 25 mg tablet	1	PA,QL(270 cada 30 días)
thiothixene 5 mg capsule	1	PA,QL(90 cada 30 días)
perphenazine 16 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol decanoate 50 mg/ml intramuscular solution	1	PA
thiothixene 2 mg capsule	1	PA,QL(90 cada 30 días)
loxapine succinate 5 mg capsule	1	PA,QL(120 cada 30 días)
haloperidol 1 mg tablet	1	PA,QL(90 cada 30 días)
chlorpromazine 25 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol lactate 2 mg/ml oral concentrate	1	PA
fluphenazine 1 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine 5 mg tablet	1	PA,QL(120 cada 30 días)
trifluoperazine 10 mg tablet	1	PA,QL(120 cada 30 días)
chlorpromazine 50 mg tablet	1	PA,QL(120 cada 30 días)
loxapine succinate 25 mg capsule	1	PA,QL(120 cada 30 días)
fluphenazine 10 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine 2.5 mg/5 ml oral elixir	1	PA
trifluoperazine 2 mg tablet	1	PA,QL(60 cada 30 días)
droperidol 2.5 mg/ml injection solution	1	
haloperidol 0.5 mg tablet	1	PA,QL(90 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
thiothixene 1 mg capsule	1	PA,QL(90 cada 30 días)
loxapine succinate 50 mg capsule	1	PA,QL(120 cada 30 días)
thiothixene 10 mg capsule	1	PA,QL(90 cada 30 días)
haloperidol lactate 5 mg/ml injection solution	1	PA
fluphenazine 2.5 mg tablet	1	PA,QL(120 cada 30 días)
pimozide 1 mg tablet	1	PA,QL(300 cada 30 días)
haloperidol 20 mg tablet	1	PA,QL(90 cada 30 días)
haloperidol lactate 5 mg/ml intramuscular syringe	1	PA
perphenazine 2 mg tablet	1	PA,QL(120 cada 30 días)
perphenazine 4 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol 5 mg tablet	1	PA,QL(90 cada 30 días)
thioridazine 10 mg tablet	1	PA,QL(120 cada 30 días)
thioridazine 25 mg tablet	1	PA,QL(120 cada 30 días)
chlorpromazine 25 mg/ml injection solution	1	PA
loxapine succinate 10 mg capsule	1	PA,QL(120 cada 30 días)
thioridazine 100 mg tablet	1	PA,QL(120 cada 30 días)
quetiapine 200 mg tablet	1	PA,QL(90 cada 30 días)
risperidone 4 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ZYPREXA 10 MG TABLET	1	PA,QL(60 cada 30 días)
olanzapine 15 mg tablet	1	PA,QL(60 cada 30 días)
aripiprazole 15 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
lurasidone 20 mg tablet	1	PA,QL(30 cada 30 días)
asenapine 5 mg sublingual tablet	1	PA,QL(60 cada 30 días)
asenapine 10 mg sublingual tablet	1	PA,QL(60 cada 30 días)
SAPHRIS 5 MG SUBLINGUAL TABLET	1	PA,QL(60 cada 30 días)
SAPHRIS 10 MG SUBLINGUAL TABLET	1	PA,QL(60 cada 30 días)
olanzapine 20 mg tablet	1	PA,QL(90 cada 30 días)
LATUDA 20 MG TABLET	1	PA,QL(30 cada 30 días)
aripiprazole 10 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
risperidone 3 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
SEROQUEL 400 MG TABLET	1	PA,QL(120 cada 30 días)
SEROQUEL 50 MG TABLET	1	PA,QL(90 cada 30 días)
quetiapine 400 mg tablet	1	PA,QL(120 cada 30 días)
quetiapine 50 mg tablet	1	PA,QL(90 cada 30 días)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
risperidone 1 mg tablet	1	PA,QL(60 cada 30 días)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 cada 28 días)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 cada 28 días)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.5 cada 28 días)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.25 cada 28 días)
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(3.5 cada 168 días)
RYKINDO 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
RYKINDO 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
RYKINDO 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
ABILIFY 30 MG TABLET	1	PA,QL(30 cada 30 días)
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.7 cada 56 días)
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.56 cada 56 días)
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.42 cada 56 días)
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.35 cada 28 días)
quetiapine 300 mg tablet	1	PA,QL(120 cada 30 días)
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.28 cada 28 días)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.88 cada 84 días)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.32 cada 84 días)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.75 cada 84 días)
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.21 cada 28 días)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.63 cada 84 días)
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.14 cada 28 días)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 cada 56 días)
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 cada 28 días)
aripiprazole 1 mg/ml oral solution	1	PA,QL(900 cada 30 días)
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 cada 28 días)
lurasidone 80 mg tablet	1	PA,QL(60 cada 30 días)
VRAYLAR 1.5 MG CAPSULE	1	PA,QL(60 cada 30 días)
NUPLAZID 34 MG CAPSULE	1	PA,QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NUPLAZID 10 MG TABLET	1	PA,QL(30 cada 30 días)
lurasidone 40 mg tablet	1	PA,QL(30 cada 30 días)
VRAYLAR 3 MG CAPSULE	1	PA,QL(30 cada 30 días)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	1	PA
ZYPREXA 7.5 MG TABLET	1	PA,QL(30 cada 30 días)
ziprasidone 20 mg/ml (final concentration) intramuscular solution	1	PA
olanzapine 10 mg tablet	1	PA,QL(60 cada 30 días)
olanzapine 20 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
VRAYLAR 4.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
ziprasidone 80 mg capsule	1	PA,QL(90 cada 30 días)
VRAYLAR 6 MG CAPSULE	1	PA,QL(30 cada 30 días)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.9 cada 56 días)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(1.6 cada 28 días)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 cada 28 días)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 cada 28 días)
LATUDA 40 MG TABLET	1	PA,QL(30 cada 30 días)
LATUDA 80 MG TABLET	1	PA,QL(60 cada 30 días)
quetiapine 25 mg tablet	1	PA,QL(90 cada 30 días)
SEROQUEL 300 MG TABLET	1	PA,QL(120 cada 30 días)
GEODON 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
RISPERDAL 1 MG TABLET	1	PA,QL(60 cada 30 días)
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
RISPERDAL 4 MG TABLET	1	PA,QL(60 cada 30 días)
olanzapine 5 mg tablet	1	PA,QL(30 cada 30 días)
SEROQUEL 100 MG TABLET	1	PA,QL(90 cada 30 días)
ziprasidone 40 mg capsule	1	PA,QL(60 cada 30 días)
SEROQUEL 25 MG TABLET	1	PA,QL(90 cada 30 días)
aripiprazole 2 mg tablet	1	PA,QL(30 cada 30 días)
ziprasidone 60 mg capsule	1	PA,QL(90 cada 30 días)
GEODON 60 MG CAPSULE	1	PA,QL(90 cada 30 días)
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
GEODON 80 MG CAPSULE	1	PA,QL(90 cada 30 días)
GEODON 20 MG CAPSULE	1	PA,QL(60 cada 30 días)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
risperidone 0.5 mg tablet	1	PA,QL(60 cada 30 días)
quetiapine 150 mg tablet	1	PA,QL(60 cada 30 días)
risperidone 4 mg tablet	1	PA,QL(60 cada 30 días)
ZYPREXA 20 MG TABLET	1	PA,QL(90 cada 30 días)
ABILIFY 2 MG TABLET	1	PA,QL(30 cada 30 días)

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risperidone 2 mg tablet	1	PA,QL(60 cada 30 días)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
ABILIFY MYCITE MAINTENANCE KIT 30 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INVEGA 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
paliperidone er 1.5 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
LYBALVI 20 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
olanzapine 5 mg disintegrating tablet	1	PA,QL(30 cada 30 días)
INVEGA 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
INVEGA 9 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
asenapine 2.5 mg sublingual tablet	1	PA,QL(60 cada 30 días)
SAPHRIS 2.5 MG SUBLINGUAL TABLET	1	PA,QL(60 cada 30 días)
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 cada 28 días)
risperidone 2 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ABILIFY MYCITE STARTER KIT 30 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
LYBALVI 15 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
ABILIFY MYCITE MAINTENANCE KIT 2 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
ABILIFY MYCITE MAINTENANCE KIT 5 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
ERZOFRI 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
ERZOFRI 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 cada 28 días)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
ABILIFY MYCITE MAINTENANCE KIT 15 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
ERZOFRI 351 MG/2.25 ML INTRAMUSCULAR SYRINGE	1	PA
ABILIFY 5 MG TABLET	1	PA,QL(45 cada 30 días)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	1	PA,QL(7 cada 90 días)
ABILIFY MYCITE STARTER KIT 5 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
paliperidone er 9 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
quetiapine er 50 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
quetiapine er 150 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
ABILIFY MYCITE MAINTENANCE KIT 20 MG TABLET WITH SENSOR AND STRIP	1	PA,QL(30 cada 30 días)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK	1	PA,QL(8 cada 90 días)
FANAPT 12 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 10 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 8 MG TABLET	1	PA,QL(60 cada 30 días)

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risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 cada 28 días)
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 cada 28 días)
FANAPT 6 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 4 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 2 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 1 MG TABLET	1	PA,QL(60 cada 30 días)
risperidone 1 mg/ml oral solution	1	PA,QL(240 cada 30 días)
risperidone 0.25 mg tablet	1	PA,QL(60 cada 30 días)
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET	1	PA,QL(90 cada 30 días)
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
ZYPREXA 2.5 MG TABLET	1	PA,QL(30 cada 30 días)
ZYPREXA 15 MG TABLET	1	PA,QL(60 cada 30 días)
RISPERDAL 0.5 MG TABLET	1	PA,QL(60 cada 30 días)
ZYPREXA 5 MG TABLET	1	PA,QL(30 cada 30 días)
lurasidone 60 mg tablet	1	PA,QL(30 cada 30 días)
ZYPREXA RELPREVV 300 MG IM SUSPENSION	1	PA,QL(2 cada 28 días)
ZYPREXA RELPREVV 210 MG IM SUSPENSION	1	PA,QL(2 cada 28 días)
RISPERDAL 2 MG TABLET	1	PA,QL(60 cada 30 días)
ZYPREXA RELPREVV 405 MG IM SUSPENSION	1	PA,QL(1 cada 28 días)
LATUDA 60 MG TABLET	1	PA,QL(30 cada 30 días)
olanzapine 15 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
CAPLYTA 42 MG CAPSULE	1	PA,QL(30 cada 30 días)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE	1	PA,QL(120 cada 30 días)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 cada 180 días)
SEROQUEL 200 MG TABLET	1	PA,QL(90 cada 30 días)
olanzapine 10 mg intramuscular solution	1	PA
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	1	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 cada 56 días)
ABILIFY 20 MG TABLET	1	PA,QL(60 cada 30 días)
risperidone 0.25 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ABILIFY 15 MG TABLET	1	PA,QL(30 cada 30 días)
quetiapine er 400 mg tablet,extended release 24 hr	1	PA,QL(120 cada 30 días)
quetiapine er 300 mg tablet,extended release 24 hr	1	PA,QL(90 cada 30 días)
quetiapine er 200 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(5 cada 168 días)
olanzapine 10 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
CAPLYTA 21 MG CAPSULE	1	PA,QL(30 cada 30 días)
ABILIFY 10 MG TABLET	1	PA,QL(30 cada 30 días)
aripiprazole 30 mg tablet	1	PA,QL(30 cada 30 días)
aripiprazole 20 mg tablet	1	PA,QL(60 cada 30 días)
CAPLYTA 10.5 MG CAPSULE	1	PA,QL(30 cada 30 días)

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RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
aripiprazole 15 mg tablet	1	PA,QL(30 cada 30 días)
REXULTI 0.25 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 0.5 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 1 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 2 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 3 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 4 MG TABLET	1	PA,QL(30 cada 30 días)
lurasidone 120 mg tablet	1	PA,QL(30 cada 30 días)
LATUDA 120 MG TABLET	1	PA,QL(30 cada 30 días)
aripiprazole 10 mg tablet	1	PA,QL(30 cada 30 días)
olanzapine 2.5 mg tablet	1	PA,QL(30 cada 30 días)
ziprasidone 20 mg capsule	1	PA,QL(60 cada 30 días)
olanzapine 7.5 mg tablet	1	PA,QL(30 cada 30 días)
aripiprazole 5 mg tablet	1	PA,QL(45 cada 30 días)
ERZOFRI 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 cada 28 días)
LYBALVI 10 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
risperidone 1 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ERZOFRI 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.5 cada 28 días)
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
ERZOFRI 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.25 cada 28 días)
ABILIFY MYCITE STARTER KIT 2 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
risperidone 0.5 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
RISPERDAL 3 MG TABLET	1	PA,QL(60 cada 30 días)
LYBALVI 5 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
paliperidone er 6 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
RISPERDAL 1 MG/ML ORAL SOLUTION	1	PA,QL(240 cada 30 días)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 cada 28 días)
ABILIFY MYCITE STARTER KIT 20 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 cada 28 días)
ABILIFY MYCITE STARTER KIT 10 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
ABILIFY MYCITE STARTER KIT 15 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
paliperidone er 3 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
quetiapine 100 mg tablet	1	PA,QL(90 cada 30 días)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 cada 28 días)
risperidone 3 mg tablet	1	PA,QL(60 cada 30 días)

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RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
CLOZARIL 25 MG TABLET	1	PA,QL(90 cada 30 días)
clozapine 200 mg tablet	1	PA,QL(90 cada 30 días)
clozapine 12.5 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clozapine 200 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clozapine 25 mg tablet	1	PA,QL(90 cada 30 días)
CLOZARIL 50 MG TABLET	1	PA,QL(90 cada 30 días)
clozapine 150 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
CLOZARIL 200 MG TABLET	1	PA,QL(90 cada 30 días)
CLOZARIL 100 MG TABLET	1	PA,QL(180 cada 30 días)
clozapine 100 mg tablet	1	PA,QL(180 cada 30 días)
clozapine 25 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
VERSACLOZ 50 MG/ML ORAL SUSPENSION	1	PA,QL(360 cada 30 días)
clozapine 50 mg tablet	1	PA,QL(90 cada 30 días)
clozapine 100 mg disintegrating tablet	1	PA,QL(180 cada 30 días)
baclofen 20 mg tablet	1	
baclofen 10 mg tablet	1	
baclofen 15 mg tablet	1	
baclofen 5 mg tablet	1	
LYVISPAH 20 MG ORAL GRANULES IN PACKET	1	PA
tizanidine 2 mg tablet	1	
LYVISPAH 10 MG ORAL GRANULES IN PACKET	1	PA
LYVISPAH 5 MG ORAL GRANULES IN PACKET	1	PA
tizanidine 4 mg tablet	1	
VALCYTE 50 MG/ML ORAL SOLUTION	1	
valganciclovir 50 mg/ml oral solution	1	
valganciclovir 450 mg tablet	1	
VALCYTE 450 MG TABLET	1	
VEMLIDY 25 MG TABLET	1	PA
entecavir 0.5 mg tablet	1	
entecavir 1 mg tablet	1	
adefovir 10 mg tablet	1	
BARACLUDE 0.05 MG/ML ORAL SOLUTION	1	
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1	
VOCABRIA 30 MG TABLET	1	
TIVICAY 50 MG TABLET	1	
JULUCA 50 MG-25 MG TABLET	1	
DOVATO 50 MG-300 MG TABLET	1	
BIKTARVY 30 MG-120 MG-15 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	1	
ISENTRESS 100 MG CHEWABLE TABLET	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	1	
TIVICAY 25 MG TABLET	1	
BIKTARVY 50 MG-200 MG-25 MG TABLET	1	

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ISENTRESS 100 MG ORAL POWDER PACKET	1	
TIVICAY 10 MG TABLET	1	
ISENTRESS 400 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1	
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	
efavirenz 600 mg tablet	1	
nevirapine er 400 mg tablet,extended release 24 hr	1	
PIFELTRO 100 MG TABLET	1	
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1	
SYMFI LO 400 MG-300 MG-300 MG TABLET	1	
efavirenz 50 mg capsule	1	
EDURANT 25 MG TABLET	1	
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet	1	
SYMFI 600 MG-300 MG-300 MG TABLET	1	
COMPLERA 200 MG-25 MG-300 MG TABLET	1	
nevirapine 50 mg/5 ml oral suspension	1	
nevirapine 200 mg tablet	1	
nevirapine er 100 mg tablet,extended release 24 hr	1	
efavirenz 200 mg capsule	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET	1	
TEMIXYS 300 MG-300 MG TABLET	1	
abacavir 20 mg/ml oral solution	1	
abacavir 300 mg tablet	1	
lamivudine 150 mg tablet	1	
zidovudine 300 mg tablet	1	
stavudine 30 mg capsule	1	
stavudine 15 mg capsule	1	
lamivudine 150 mg-zidovudine 300 mg tablet	1	
didanosine 250 mg capsule,delayed release	1	
stavudine 20 mg capsule	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1	
tenofovir disoproxil fumarate 300 mg tablet	1	
zidovudine 100 mg capsule	1	
abacavir 600 mg-lamivudine 300 mg tablet	1	
stavudine 40 mg capsule	1	
zidovudine 10 mg/ml oral syrup	1	
CIMDUO 300 MG-300 MG TABLET	1	
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1	
didanosine 400 mg capsule,delayed release	1	
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1	
VIREAD 150 MG TABLET	1	
VIREAD 200 MG TABLET	1	
VIREAD 250 MG TABLET	1	

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EMTRIVA 10 MG/ML ORAL SOLUTION	1	
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1	
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1	
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1	
DESCOVY 120 MG-15 MG TABLET	1	
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1	
lamivudine 10 mg/ml oral solution	1	
lamivudine 300 mg tablet	1	
DESCOVY 200 MG-25 MG TABLET	1	
SELZENTRY 150 MG TABLET	1	
SELZENTRY 300 MG TABLET	1	
FUZEON 90 MG SUBCUTANEOUS SOLUTION	1	
SELZENTRY 25 MG TABLET	1	
SELZENTRY 75 MG TABLET	1	
TYBOST 150 MG TABLET	1	
SELZENTRY 20 MG/ML ORAL SOLUTION	1	
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1	
PREZISTA 75 MG TABLET	1	
NORVIR 100 MG ORAL POWDER PACKET	1	
PREZCOBIX 800 MG-150 MG TABLET	1	
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution	1	
atazanavir 300 mg capsule	1	
lopinavir-ritonavir 100 mg-25 mg tablet	1	
VIRACEPT 250 MG TABLET	1	
VIRACEPT 625 MG TABLET	1	
REYATAZ 50 MG ORAL POWDER PACKET	1	
darunavir 800 mg tablet	1	
APTIVUS 250 MG CAPSULE	1	
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1	
PREZISTA 150 MG TABLET	1	
NORVIR 80 MG/ML ORAL SOLUTION	1	
fosamprenavir 700 mg tablet	1	
darunavir 600 mg tablet	1	
PREZISTA 100 MG/ML ORAL SUSPENSION	1	
atazanavir 150 mg capsule	1	
atazanavir 200 mg capsule	1	
ritonavir 100 mg tablet	1	
EVOTAZ 300 MG-150 MG TABLET	1	
LEXIVA 50 MG/ML ORAL SUSPENSION	1	
lopinavir-ritonavir 200 mg-50 mg tablet	1	
rimantadine 100 mg tablet	1	
oseltamivir 75 mg capsule	1	
XOFLUZA 20 MG TABLET	1	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	1	

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oseltamivir 30 mg capsule	1	
oseltamivir 45 mg capsule	1	
oseltamivir 6 mg/ml oral suspension	1	
acyclovir 200 mg/5 ml oral suspension	1	
valacyclovir 500 mg tablet	1	
acyclovir 200 mg capsule	1	
acyclovir 800 mg tablet	1	
acyclovir 400 mg tablet	1	
XERESE 5 %-1 % TOPICAL CREAM	1	QL(5 cada 90 días)
ZOVIRAX 5 % TOPICAL CREAM	1	
valacyclovir 1 gram tablet	1	
bupirone 5 mg tablet	1	QL(90 cada 30 días)
meprobamate 400 mg tablet	1	QL(120 cada 30 días)
doxepin 10 mg capsule	1	QL(120 cada 30 días)
hydroxyzine hcl 50 mg/ml intramuscular solution	1	
hydroxyzine hcl 25 mg tablet	1	QL(120 cada 30 días)
bupirone 7.5 mg tablet	1	QL(90 cada 30 días)
hydroxyzine hcl 10 mg tablet	1	QL(120 cada 30 días)
doxepin 50 mg capsule	1	QL(60 cada 30 días)
doxepin 10 mg/ml oral concentrate	1	QL(900 cada 30 días)
doxepin 75 mg capsule	1	QL(60 cada 30 días)
doxepin 150 mg capsule	1	QL(60 cada 30 días)
doxepin 25 mg capsule	1	QL(60 cada 30 días)
hydroxyzine hcl 25 mg/ml intramuscular solution	1	
bupirone 10 mg tablet	1	QL(120 cada 30 días)
bupirone 15 mg tablet	1	QL(90 cada 30 días)
hydroxyzine hcl 10 mg/5 ml oral solution	1	QL(3000 cada 30 días)
bupirone 30 mg tablet	1	QL(60 cada 30 días)
doxepin 100 mg capsule	1	QL(60 cada 30 días)
meprobamate 200 mg tablet	1	QL(120 cada 30 días)
hydroxyzine hcl 50 mg tablet	1	QL(240 cada 30 días)
clorazepate dipotassium 3.75 mg tablet	1	QL(120 cada 30 días)
alprazolam er 1 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
KLONOPIN 0.5 MG TABLET	1	PA,QL(90 cada 30 días)
oxazepam 15 mg capsule	1	QL(120 cada 30 días)
clorazepate dipotassium 15 mg tablet	1	QL(120 cada 30 días)
diazepam 5 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
diazepam intensol 5 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
alprazolam 2 mg tablet	1	PA,QL(120 cada 30 días)
diazepam 10 mg tablet	1	PA,QL(120 cada 30 días)
ATIVAN 2 MG TABLET	1	PA,QL(120 cada 30 días)
clorazepate dipotassium 7.5 mg tablet	1	QL(120 cada 30 días)
lorazepam 2 mg/ml injection syringe	1	PA
oxazepam 10 mg capsule	1	QL(120 cada 30 días)

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
alprazolam er 0.5 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
alprazolam 0.25 mg tablet	1	QL(120 cada 30 días)
alprazolam er 2 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
oxazepam 30 mg capsule	1	PA,QL(120 cada 30 días)
LOREEV XR 1.5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
alprazolam 1 mg tablet	1	PA,QL(120 cada 30 días)
ATIVAN 2 MG/ML INJECTION SOLUTION	1	PA
XANAX 0.5 MG TABLET	1	PA,QL(120 cada 30 días)
clonazepam 0.125 mg disintegrating tablet	1	QL(90 cada 30 días)
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution	1	
alprazolam intensol 1 mg/ml oral concentrate	1	PA,QL(120 cada 30 días)
alprazolam 0.5 mg tablet	1	QL(120 cada 30 días)
clonazepam 0.25 mg disintegrating tablet	1	QL(90 cada 30 días)
XANAX 1 MG TABLET	1	PA,QL(120 cada 30 días)
chlordiazepoxide 10 mg capsule	1	QL(120 cada 30 días)
XANAX 0.25 MG TABLET	1	PA,QL(120 cada 30 días)
lorazepam 2 mg tablet	1	PA,QL(120 cada 30 días)
alprazolam 0.25 mg disintegrating tablet	1	QL(120 cada 30 días)
alprazolam 0.5 mg disintegrating tablet	1	QL(120 cada 30 días)
KLONOPIN 1 MG TABLET	1	PA,QL(90 cada 30 días)
alprazolam 1 mg disintegrating tablet	1	PA,QL(120 cada 30 días)
clonazepam 2 mg tablet	1	PA,QL(90 cada 30 días)
clonazepam 0.5 mg disintegrating tablet	1	QL(90 cada 30 días)
alprazolam 2 mg disintegrating tablet	1	PA,QL(120 cada 30 días)
diazepam 5 mg/ml injection syringe	1	PA
alprazolam er 3 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
clonazepam 1 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
XANAX XR 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
lorazepam intensol 2 mg/ml oral concentrate	1	PA
lorazepam 4 mg/ml injection solution	1	PA
chlordiazepoxide 25 mg capsule	1	PA,QL(120 cada 30 días)
clonazepam 2 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
lorazepam 2 mg/ml injection solution	1	PA
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1	
ATIVAN 1 MG TABLET	1	PA,QL(120 cada 30 días)
XANAX XR 1 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
XANAX XR 2 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
lorazepam 0.5 mg tablet	1	QL(120 cada 30 días)
diazepam 5 mg/ml injection solution	1	PA
clonazepam 1 mg tablet	1	PA,QL(90 cada 30 días)
KLONOPIN 2 MG TABLET	1	PA,QL(90 cada 30 días)
clonazepam 0.5 mg tablet	1	QL(90 cada 30 días)
lorazepam 1 mg tablet	1	QL(120 cada 30 días)
lorazepam 2 mg/ml oral concentrate	1	PA
ATIVAN 0.5 MG TABLET	1	PA,QL(120 cada 30 días)
diazepam 2 mg tablet	1	QL(120 cada 30 días)
chlordiazepoxide 5 mg capsule	1	QL(120 cada 30 días)
diazepam 5 mg tablet	1	QL(120 cada 30 días)
LOREEV XR 2 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
XANAX 2 MG TABLET	1	PA,QL(120 cada 30 días)
LOREEV XR 3 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
ATIVAN 4 MG/ML INJECTION SOLUTION	1	PA
LOREEV XR 1 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
lithium carbonate 150 mg capsule	1	
lithium carbonate 300 mg tablet	1	
lithium citrate 8 meq/5 ml oral solution	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE	1	PA
lithium carbonate er 300 mg tablet,extended release	1	
lithium carbonate 300 mg capsule	1	
lithium carbonate er 450 mg tablet,extended release	1	
lithium carbonate 600 mg capsule	1	
glimepiride 3 mg tablet	1	
glyburide 1.25 mg tablet	1	
glipizide 10 mg tablet	1	
glimepiride 2 mg tablet	1	
GLUMETZA 500 MG TABLET,EXTENDED RELEASE	1	
FARXIGA 5 MG TABLET	1	
FARXIGA 10 MG TABLET	1	
SYNJARDY 5 MG-500 MG TABLET	1	
SYNJARDY 5 MG-1,000 MG TABLET	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(9 cada 30 días)
metformin er 500 mg tablet,extended release 24 hr	1	
SYNJARDY 12.5 MG-500 MG TABLET	1	
glipizide 2.5 mg-metformin 250 mg tablet	1	ST
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	1	
JARDIANCE 25 MG TABLET	1	
pioglitazone 45 mg tablet	1	ST,QL(34 cada 30 días)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
glipizide er 2.5 mg tablet, extended release 24 hr	1	
glyburide 1.25 mg-metformin 250 mg tablet	1	ST
JARDIANCE 10 MG TABLET	1	
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
glyburide 5 mg tablet	1	
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(9 cada 30 días)
repaglinide 0.5 mg tablet	1	
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2.4 cada 30 días)
glipizide 5 mg-metformin 500 mg tablet	1	ST
glyburide 5 mg-metformin 500 mg tablet	1	ST
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2.4 cada 30 días)
glyburide 2.5 mg tablet	1	
repaglinide 2 mg tablet	1	
metformin 500 mg tablet	1	
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
JANUMET 50 MG-500 MG TABLET	1	ST
INVOKAMET 50 MG-500 MG TABLET	1	
INVOKAMET 150 MG-500 MG TABLET	1	
JANUMET 50 MG-1,000 MG TABLET	1	ST
glipizide 2.5 mg-metformin 500 mg tablet	1	ST
INVOKAMET 50 MG-1,000 MG TABLET	1	
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
metformin 625 mg tablet	1	
glyburide micronized 6 mg tablet	1	
glimepiride 4 mg tablet	1	
TRADJENTA 5 MG TABLET	1	ST
metformin er 750 mg tablet,extended release 24 hr	1	
INVOKANA 300 MG TABLET	1	
INVOKANA 100 MG TABLET	1	
glipizide 2.5 mg tablet	1	
SYNJARDY 12.5 MG-1,000 MG TABLET	1	
acarbose 100 mg tablet	1	
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN	1	PA,QL(15 cada 24 días)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
glipizide er 10 mg tablet, extended release 24 hr	1	
glyburide 2.5 mg-metformin 500 mg tablet	1	ST
glipizide 5 mg tablet	1	
JENTADUETO 2.5 MG-1,000 MG TABLET	1	ST
JENTADUETO 2.5 MG-850 MG TABLET	1	ST
JENTADUETO 2.5 MG-500 MG TABLET	1	ST
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE	1	ST
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE	1	ST
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE	1	ST

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	1	
acarbose 25 mg tablet	1	
JANUVIA 25 MG TABLET	1	ST
JANUVIA 50 MG TABLET	1	ST
JANUVIA 100 MG TABLET	1	ST
glyburide micronized 3 mg tablet	1	
glipizide er 5 mg tablet, extended release 24 hr	1	
pioglitazone 30 mg tablet	1	ST,QL(34 cada 30 días)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(1.5 cada 28 días)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
repaglinide 1 mg tablet	1	
metformin 1,000 mg tablet	1	
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 cada 28 días)
metformin 850 mg tablet	1	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE	1	
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	1	
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
glyburide micronized 1.5 mg tablet	1	
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
acarbose 50 mg tablet	1	
INVOKAMET 150 MG-1,000 MG TABLET	1	
glimepiride 1 mg tablet	1	
pioglitazone 15 mg tablet	1	ST,QL(34 cada 30 días)
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	1	
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	1	
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	1	
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	1	
GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION	1	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	1	
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	1	
GVOKE HYOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE HYOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE HYOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE HYOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	1	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	1	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP ^{OTC}	1	
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS ^{OTC}	1	
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	1	
INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS ^{OTC}	1	
INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
INSULIN ASPART (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
INSULIN DEGLUDEC (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	1	
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS ^{OTC}	1	
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{OTC}	1	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	1	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS ^{OTC}	1	
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1	
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS	1	
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS	1	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{OTC}	1	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{OTC}	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{OTC}	1	
heparin, porcine (pf) 100 unit/ml (1 ml) intravenous solution	1	
heparin, porcine (pf) 10 unit/ml intravenous syringe	1	
warfarin 7.5 mg tablet	1	
heparin, porcine (pf) 100 unit/ml intravenous syringe	1	
hep flush-10 (pf) 10 unit/ml intravenous solution	1	
jantoven 2 mg tablet	1	
jantoven 1 mg tablet	1	
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	1	QL(51 cada 90 días)
jantoven 10 mg tablet	1	
warfarin 10 mg tablet	1	
ELIQUIS 5 MG TABLET	1	QL(60 cada 30 días)
jantoven 2.5 mg tablet	1	
enoxaparin 300 mg/3 ml subcutaneous solution	1	
warfarin 1 mg tablet	1	
warfarin 4 mg tablet	1	
heparin lock flush (porcine) (pf) 10 unit/ml intravenous syringe	1	
heparin lock flush (porcine) (pf) 100 unit/ml intravenous syringe	1	
jantoven 3 mg tablet	1	
jantoven 4 mg tablet	1	
heparin lock flush (porcine) 10 unit/ml intravenous solution	1	
jantoven 5 mg tablet	1	
warfarin 2 mg tablet	1	
heparin lock flush (porcine) 100 unit/ml intravenous solution	1	
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	1	QL(74 cada 90 días)
enoxaparin 150 mg/ml subcutaneous syringe	1	
warfarin 5 mg tablet	1	
PRADAXA 110 MG CAPSULE	1	
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	
enoxaparin 100 mg/ml subcutaneous syringe	1	
warfarin 6 mg tablet	1	
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
warfarin 3 mg tablet	1	
heparin, porcine (pf) 1 unit/ml intravenous syringe	1	
XARELTO 10 MG TABLET	1	QL(30 cada 30 días)
PRADAXA 150 MG CAPSULE	1	
ELIQUIS 2.5 MG TABLET	1	QL(60 cada 30 días)
jantoven 7.5 mg tablet	1	
XARELTO 2.5 MG TABLET	1	QL(60 cada 30 días)
warfarin 2.5 mg tablet	1	
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	
XARELTO 20 MG TABLET	1	QL(30 cada 30 días)
PRADAXA 75 MG CAPSULE	1	
XARELTO 15 MG TABLET	1	QL(60 cada 30 días)
jantoven 6 mg tablet	1	
XARELTO 1 MG/ML ORAL SUSPENSION	1	QL(600 cada 30 días)
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
RELEUKO 480 MCG/1.6 ML INJECTION SOLUTION	1	
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
RELEUKO 300 MCG/ML INJECTION SOLUTION	1	
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
anagrelide 0.5 mg capsule	1	
RELEUKO 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION	1	
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
RELEUKO 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE	1	
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE	1	
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE	1	
anagrelide 1 mg capsule	1	
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	PA

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EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	PA
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	PA
NEUPOGEN 300 MCG/ML INJECTION SOLUTION	1	
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	PA
FYLNETRA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	PA
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	1	PA
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA
tranexamic acid 650 mg tablet	1	
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET ^{OTC}	1	
dipyridamole 25 mg tablet	1	
st joseph aspirin 81 mg chewable tablet ^{OTC}	1	
bayer low dose aspirin 81 mg tablet,delayed release ^{OTC}	1	
BRILINTA 60 MG TABLET	1	QL(60 cada 30 días)
aspirin childrens 81 mg chewable tablet ^{OTC}	1	
aspirin 81 mg tablet,delayed release ^{OTC}	1	
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase	1	
clopidogrel 75 mg tablet	1	
adult aspirin regimen 81 mg tablet,delayed release ^{OTC}	1	
st. joseph aspirin 81 mg tablet,delayed release ^{OTC}	1	
adult low dose aspirin 81 mg tablet,delayed release ^{OTC}	1	
BRILINTA 90 MG TABLET	1	QL(60 cada 30 días)
dipyridamole 50 mg tablet	1	
ecotrin low strength 81 mg tablet,enteric coated ^{OTC}	1	
dipyridamole 75 mg tablet	1	
cilostazol 50 mg tablet	1	
clopidogrel 300 mg tablet	1	
prasugrel 5 mg tablet	1	
prasugrel 10 mg tablet	1	
cilostazol 100 mg tablet	1	
aspirin 81 mg chewable tablet ^{OTC}	1	
children's aspirin 81 mg chewable tablet ^{OTC}	1	
midodrine 2.5 mg tablet	1	
clonidine hcl 0.3 mg tablet	1	QL(240 cada 30 días)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH	1	QL(4 cada 28 días)
midodrine 10 mg tablet	1	
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH	1	QL(8 cada 28 días)
clonidine 0.3 mg/24 hr weekly transdermal patch	1	QL(8 cada 28 días)
methyldopa 250 mg tablet	1	
clonidine hcl 0.1 mg tablet	1	QL(720 cada 30 días)
guanfacine 2 mg tablet	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
methyldopa 500 mg tablet	1	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH	1	QL(4 cada 28 días)
clonidine 0.2 mg/24 hr weekly transdermal patch	1	QL(4 cada 28 días)
clonidine hcl 0.2 mg tablet	1	QL(360 cada 30 días)
clonidine 0.1 mg/24 hr weekly transdermal patch	1	QL(4 cada 28 días)
midodrine 5 mg tablet	1	
guanfacine 1 mg tablet	1	
prazosin 1 mg capsule	1	
terazosin 10 mg capsule	1	
prazosin 2 mg capsule	1	
doxazosin 2 mg tablet	1	
terazosin 1 mg capsule	1	
doxazosin 8 mg tablet	1	
prazosin 5 mg capsule	1	
terazosin 2 mg capsule	1	
doxazosin 4 mg tablet	1	
doxazosin 1 mg tablet	1	
MINIPRESS 5 MG CAPSULE	1	PA
MINIPRESS 2 MG CAPSULE	1	PA
terazosin 5 mg capsule	1	
MINIPRESS 1 MG CAPSULE	1	PA
olmesartan 40 mg tablet	1	QL(30 cada 30 días)
irbesartan 75 mg tablet	1	QL(30 cada 30 días)
EDARBI 80 MG TABLET	1	QL(30 cada 30 días)
losartan 50 mg tablet	1	QL(60 cada 30 días)
EDARBI 40 MG TABLET	1	QL(30 cada 30 días)
olmesartan 5 mg tablet	1	QL(90 cada 30 días)
olmesartan 20 mg tablet	1	QL(30 cada 30 días)
telmisartan 80 mg tablet	1	QL(30 cada 30 días)
valsartan 320 mg tablet	1	QL(30 cada 30 días)
losartan 100 mg tablet	1	QL(30 cada 30 días)
irbesartan 150 mg tablet	1	QL(30 cada 30 días)
losartan 25 mg tablet	1	QL(60 cada 30 días)
telmisartan 20 mg tablet	1	QL(30 cada 30 días)
valsartan 40 mg tablet	1	QL(60 cada 30 días)
irbesartan 300 mg tablet	1	QL(30 cada 30 días)
telmisartan 40 mg tablet	1	QL(30 cada 30 días)
valsartan 160 mg tablet	1	QL(60 cada 30 días)
valsartan 80 mg tablet	1	QL(60 cada 30 días)
fosinopril 40 mg tablet	1	
ramipril 10 mg capsule	1	
lisinopril 40 mg tablet	1	
lisinopril 20 mg tablet	1	
quinapril 5 mg tablet	1	
enalapril maleate 5 mg tablet	1	
benazepril 20 mg tablet	1	
ramipril 5 mg capsule	1	
lisinopril 5 mg tablet	1	
ramipril 1.25 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
enalapril maleate 10 mg tablet	1	
lisinopril 30 mg tablet	1	
lisinopril 2.5 mg tablet	1	
benazepril 5 mg tablet	1	
quinapril 10 mg tablet	1	
fosinopril 10 mg tablet	1	
quinapril 40 mg tablet	1	
ramipril 2.5 mg capsule	1	
enalapril maleate 2.5 mg tablet	1	
lisinopril 10 mg tablet	1	
quinapril 20 mg tablet	1	
fosinopril 20 mg tablet	1	
benazepril 40 mg tablet	1	
enalapril maleate 20 mg tablet	1	
benazepril 10 mg tablet	1	
quinidine sulfate 300 mg tablet	1	
propafenone 150 mg tablet	1	
sorine 80 mg tablet	1	
amiodarone 200 mg tablet	1	
mexiletine 150 mg capsule	1	
sotalol 80 mg tablet	1	
sotalol 120 mg tablet	1	
sotalol 160 mg tablet	1	
sorine 120 mg tablet	1	
propafenone 300 mg tablet	1	
disopyramide phosphate 150 mg capsule	1	
flecainide 100 mg tablet	1	
quinidine sulfate 200 mg tablet	1	
flecainide 150 mg tablet	1	
propafenone 225 mg tablet	1	
amiodarone 100 mg tablet	1	
amiodarone 400 mg tablet	1	
dofetilide 250 mcg capsule	1	
dofetilide 125 mcg capsule	1	
sotalol af 160 mg tablet	1	
sorine 240 mg tablet	1	
mexiletine 250 mg capsule	1	
flecainide 50 mg tablet	1	
pacerone 200 mg tablet	1	
mexiletine 200 mg capsule	1	
dofetilide 500 mcg capsule	1	
sotalol 240 mg tablet	1	
disopyramide phosphate 100 mg capsule	1	
sotalol af 80 mg tablet	1	
sorine 160 mg tablet	1	
sotalol af 120 mg tablet	1	
propranolol 80 mg tablet	1	
metoprolol tartrate 75 mg tablet	1	
metoprolol tartrate 25 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
propranolol er 120 mg capsule,24 hr,extended release	1	
propranolol 40 mg tablet	1	
acebutolol 200 mg capsule	1	
metoprolol tartrate 37.5 mg tablet	1	
acebutolol 400 mg capsule	1	
propranolol 20 mg tablet	1	
propranolol 1 mg/ml intravenous solution	1	
nebivolol 5 mg tablet	1	
metoprolol tartrate 100 mg tablet	1	
bisoprolol fumarate 10 mg tablet	1	
carvedilol 3.125 mg tablet	1	
labetalol 200 mg tablet	1	
atenolol 25 mg tablet	1	
bisoprolol fumarate 5 mg tablet	1	
propranolol 10 mg tablet	1	
labetalol 300 mg tablet	1	
nebivolol 10 mg tablet	1	
propranolol 20 mg/5 ml (4 mg/ml) oral solution	1	
metoprolol succinate er 100 mg tablet,extended release 24 hr	1	
carvedilol 12.5 mg tablet	1	
nebivolol 2.5 mg tablet	1	
propranolol er 60 mg capsule,24 hr,extended release	1	
metoprolol tartrate 50 mg tablet	1	
propranolol er 160 mg capsule,24 hr,extended release	1	
propranolol er 80 mg capsule,24 hr,extended release	1	
labetalol 100 mg tablet	1	
nebivolol 20 mg tablet	1	
atenolol 100 mg tablet	1	
metoprolol succinate er 50 mg tablet,extended release 24 hr	1	
carvedilol 6.25 mg tablet	1	
carvedilol 25 mg tablet	1	
propranolol 60 mg tablet	1	
atenolol 50 mg tablet	1	
metoprolol succinate er 25 mg tablet,extended release 24 hr	1	
metoprolol succinate er 200 mg tablet,extended release 24 hr	1	
propranolol 40 mg/5 ml (8 mg/ml) oral solution	1	
nifedipine er 90 mg tablet,extended release	1	
NORLIQVA 1 MG/ML ORAL SOLUTION	1	PA
nifedipine er 60 mg tablet,extended release 24 hr	1	
nifedipine 20 mg capsule	1	
felodipine er 10 mg tablet,extended release 24 hr	1	
amlodipine 10 mg tablet	1	
nifedipine er 30 mg tablet,extended release	1	
felodipine er 2.5 mg tablet,extended release 24 hr	1	
amlodipine 5 mg tablet	1	
amlodipine 2.5 mg tablet	1	
nifedipine er 90 mg tablet,extended release 24 hr	1	
nifedipine 10 mg capsule	1	
nifedipine er 60 mg tablet,extended release	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
nimodipine 30 mg capsule	1	
nifedipine er 30 mg tablet,extended release 24 hr	1	
felodipine er 5 mg tablet,extended release 24 hr	1	
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE	1	
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE	1	
verapamil er (sr) 120 mg tablet,extended release	1	
tiadylt er 360 mg capsule,extended release	1	
cartia xt 180 mg capsule,extended release	1	
diltiazem er 240 mg capsule,24 hr,extended release	1	
cartia xt 120 mg capsule,extended release	1	
verapamil 120 mg tablet	1	
diltiazem er 420 mg tablet,extended release 24 hr	1	
verapamil er 360 mg 24 hr capsule,extended release	1	
cartia xt 240 mg capsule,extended release	1	
diltiazem er 60 mg capsule,extended release 12 hr	1	
diltiazem cd 240 mg capsule,extended release 24 hr	1	
CALAN SR 240 MG TABLET,EXTENDED RELEASE	1	
verapamil er 120 mg 24 hr capsule,extended release	1	
diltiazem er 120 mg capsule,24 hr,extended release	1	
verapamil er 180 mg 24 hr capsule,extended release	1	
verapamil 80 mg tablet	1	
cartia xt 300 mg capsule,extended release	1	
diltiazem er 420 mg capsule,24 hr,extended release	1	
diltiazem er 120 mg tablet,extended release 24 hr	1	
diltiazem er 360 mg tablet,extended release 24 hr	1	
diltiazem er 180 mg capsule,24 hr,extended release	1	
verapamil er (sr) 180 mg tablet,extended release	1	
verapamil er (sr) 240 mg tablet,extended release	1	
CALAN SR 120 MG TABLET,EXTENDED RELEASE	1	
diltiazem 30 mg tablet	1	
diltiazem cd 120 mg capsule,extended release 24 hr	1	
diltiazem er 180 mg tablet,extended release 24 hr	1	
diltiazem er 300 mg tablet,extended release 24 hr	1	
diltiazem er 240 mg tablet,extended release 24 hr	1	
verapamil er 240 mg 24 hr capsule,extended release	1	
diltiazem 90 mg tablet	1	
tiadylt er 300 mg capsule,extended release	1	
dilt-xr 240 mg capsule, extended release	1	
dilt-xr 180 mg capsule, extended release	1	
dilt-xr 120 mg capsule, extended release	1	
taztia xt 120 mg capsule,extended release	1	
taztia xt 180 mg capsule,extended release	1	
taztia xt 240 mg capsule,extended release	1	
taztia xt 300 mg capsule,extended release	1	
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled	1	
taztia xt 360 mg capsule,extended release	1	
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
diltiazem er 360 mg capsule,24 hr,extended release	1	
diltiazem 5 mg/ml intravenous solution	1	
diltiazem er 300 mg capsule,24 hr,extended release	1	
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE	1	
diltiazem 60 mg tablet	1	
tiadylt er 120 mg capsule,extended release	1	
tiadylt er 180 mg capsule,extended release	1	
tiadylt er 240 mg capsule,extended release	1	
verapamil 40 mg tablet	1	
tiadylt er 420 mg capsule,extended release	1	
diltiazem er 120 mg capsule,extended release 12 hr	1	
diltiazem cd 180 mg capsule,extended release 24 hr	1	
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE	1	
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE	1	
diltiazem 120 mg tablet	1	
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled	1	
diltiazem er 90 mg capsule,extended release 12 hr	1	
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE	1	
diltiazem cd 360 mg capsule,extended release 24 hr	1	
diltiazem cd 300 mg capsule,extended release 24 hr	1	
amlodipine 5 mg-benazepril 10 mg capsule	1	QL(30 cada 30 días)
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet	1	
amlodipine 2.5 mg-benazepril 10 mg capsule	1	QL(30 cada 30 días)
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	1	
RANEXA 500 MG TABLET,EXTENDED RELEASE	1	
acetazolamide 250 mg tablet	1	
TEKTURNA HCT 150 MG-12.5 MG TABLET	1	
ranolazine er 500 mg tablet,extended release,12 hr	1	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet	1	
TEKTURNA HCT 150 MG-25 MG TABLET	1	
TEKTURNA HCT 300 MG-12.5 MG TABLET	1	
propranolol 80 mg-hydrochlorothiazide 25 mg tablet	1	
TEKTURNA HCT 300 MG-25 MG TABLET	1	
atenolol 50 mg-chlorthalidone 25 mg tablet	1	
amlodipine 5 mg-benazepril 40 mg capsule	1	QL(30 cada 30 días)
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet	1	
amlodipine 10 mg-benazepril 40 mg capsule	1	QL(30 cada 30 días)
valsartan 320 mg-hydrochlorothiazide 25 mg tablet	1	
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet	1	
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	1	
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet	1	
benazepril 20 mg-hydrochlorothiazide 25 mg tablet	1	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet	1	
methazolamide 25 mg tablet	1	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	1	
digox 125 mcg (0.125 mg) tablet	1	
digox 250 mcg (0.25 mg) tablet	1	
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1	
methazolamide 50 mg tablet	1	
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet	1	
amlodipine 5 mg-benazepril 20 mg capsule	1	QL(30 cada 30 días)
isosorbide 20 mg-hydralazine 37.5 mg tablet	1	
atenolol 100 mg-chlorthalidone 25 mg tablet	1	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet	1	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	1	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet	1	
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1	
digoxin 250 mcg (0.25 mg) tablet	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	1	
acetazolamide 125 mg tablet	1	
ENTRESTO 24 MG-26 MG TABLET	1	
ENTRESTO 49 MG-51 MG TABLET	1	
ranolazine er 1,000 mg tablet,extended release,12 hr	1	
ENTRESTO 97 MG-103 MG TABLET	1	
digoxin 125 mcg (0.125 mg) tablet	1	
TEKTURNA 150 MG TABLET	1	
TEKTURNA 300 MG TABLET	1	
digitek 250 mcg (0.25 mg) tablet	1	
ASPRUZYO SPRINKLE 500 MG GRANULES,EXTENDED RELEASE IN PACKET	1	
ASPRUZYO SPRINKLE 1,000 MG GRANULES,EXTENDED RELEASE IN PACKET	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	1	
amlodipine 10 mg-benazepril 20 mg capsule	1	QL(30 cada 30 días)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	
EDARBYCLOR 40 MG-12.5 MG TABLET	1	
EDARBYCLOR 40 MG-25 MG TABLET	1	
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet	1	
ivabradine 5 mg tablet	1	PA,QL(60 cada 30 días)
losartan 100 mg-hydrochlorothiazide 25 mg tablet	1	
ivabradine 7.5 mg tablet	1	PA,QL(60 cada 30 días)
pentoxifylline er 400 mg tablet,extended release	1	
digitek 125 mcg (0.125 mg) tablet	1	
enalapril 10 mg-hydrochlorothiazide 25 mg tablet	1	
CORLANOR 5 MG/5 ML ORAL SOLUTION	1	PA,QL(450 cada 30 días)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet	1	
acetazolamide er 500 mg capsule,extended release	1	
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet	1	
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet	1	
furosemide 40 mg/5 ml (8 mg/ml) oral solution	1	
bumetanide 0.5 mg tablet	1	
furosemide 80 mg tablet	1	
bumetanide 2 mg tablet	1	
furosemide 10 mg/ml oral solution	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
torseamide 5 mg tablet	1	
torseamide 20 mg tablet	1	
furosemide 20 mg tablet	1	
furosemide 40 mg tablet	1	
torseamide 100 mg tablet	1	
bumetanide 1 mg tablet	1	
torseamide 10 mg tablet	1	
spironolactone 100 mg tablet	1	
spironolactone 50 mg tablet	1	
amiloride 5 mg tablet	1	
spironolactone 25 mg tablet	1	
indapamide 2.5 mg tablet	1	
indapamide 1.25 mg tablet	1	
chlorthalidone 50 mg tablet	1	
chlorthalidone 25 mg tablet	1	
hydrochlorothiazide 50 mg tablet	1	
metolazone 5 mg tablet	1	
hydrochlorothiazide 25 mg tablet	1	
metolazone 10 mg tablet	1	
hydrochlorothiazide 12.5 mg tablet	1	
hydrochlorothiazide 12.5 mg capsule	1	
metolazone 2.5 mg tablet	1	
fenofibrate 54 mg tablet	1	
fenofibrate micronized 200 mg capsule	1	
fenofibrate 160 mg tablet	1	
fenofibrate micronized 67 mg capsule	1	
fenofibrate nanocrystallized 145 mg tablet	1	
gemfibrozil 600 mg tablet	1	
fenofibrate micronized 134 mg capsule	1	
fenofibrate nanocrystallized 48 mg tablet	1	
fenofibrate micronized 130 mg capsule	1	
fenofibrate micronized 43 mg capsule	1	
atorvastatin 80 mg tablet	1	
atorvastatin 10 mg tablet	1	
lovastatin 40 mg tablet	1	
lovastatin 20 mg tablet	1	
pravastatin 10 mg tablet	1	
simvastatin 80 mg tablet	1	
simvastatin 20 mg tablet	1	
rosuvastatin 5 mg tablet	1	
rosuvastatin 10 mg tablet	1	
pravastatin 20 mg tablet	1	
rosuvastatin 20 mg tablet	1	
pravastatin 40 mg tablet	1	
simvastatin 40 mg tablet	1	
rosuvastatin 40 mg tablet	1	
lovastatin 10 mg tablet	1	
atorvastatin 40 mg tablet	1	
pravastatin 80 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
simvastatin 5 mg tablet	1	
simvastatin 10 mg tablet	1	
atorvastatin 20 mg tablet	1	
colesevelam 625 mg tablet	1	
cholestyramine (with sugar) 4 gram oral powder	1	
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(3 cada 28 días)
ezetimibe 10 mg-simvastatin 10 mg tablet	1	ST
ezetimibe 10 mg-simvastatin 20 mg tablet	1	ST
cholestyramine light 4 gram oral powder	1	
ezetimibe 10 mg-simvastatin 40 mg tablet	1	ST
ezetimibe 10 mg-simvastatin 80 mg tablet	1	ST
icosapent ethyl 1 gram capsule	1	QL(120 cada 30 días)
colesevelam 3.75 gram oral powder packet	1	
prevalite 4 gram oral powder	1	
prevalite 4 gram powder for susp in a packet	1	
ezetimibe 10 mg tablet	1	
icosapent ethyl 0.5 gram capsule	1	QL(120 cada 30 días)
omega-3 acid ethyl esters 1 gram capsule	1	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	1	PA,QL(3.5 cada 28 días)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
hydralazine 10 mg tablet	1	
minoxidil 10 mg tablet	1	
hydralazine 50 mg tablet	1	
hydralazine 100 mg tablet	1	
hydralazine 25 mg tablet	1	
minoxidil 2.5 mg tablet	1	
isosorbide mononitrate 10 mg tablet	1	
isosorbide mononitrate er 120 mg tablet,extended release 24 hr	1	
isosorbide dinitrate 30 mg tablet	1	
NITRO-BID 2 % TRANSDERMAL OINTMENT	1	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr	1	
nitroglycerin 0.3 mg sublingual tablet	1	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	1	
isosorbide mononitrate 20 mg tablet	1	
isosorbide dinitrate 10 mg tablet	1	
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	1	
isosorbide dinitrate 20 mg tablet	1	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	1	
isosorbide dinitrate 40 mg tablet	1	
nitroglycerin 0.6 mg sublingual tablet	1	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1	
isosorbide dinitrate 5 mg tablet	1	
nitroglycerin 0.4 mg sublingual tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
isosorbide mononitrate er 30 mg tablet,extended release 24 hr	1	
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 50 mg capsule,3 bead,ext release 24hr	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr	1	PA,QL(30 cada 30 días)
dextroamphetamine sulfate 30 mg tablet	1	PA,QL(60 cada 30 días)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
ZENZEDI 15 MG TABLET	1	PA,QL(60 cada 30 días)
ZENZEDI 20 MG TABLET	1	PA,QL(60 cada 30 días)
ZENZEDI 30 MG TABLET	1	PA,QL(60 cada 30 días)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 25 mg capsule,3 bead,ext release 24hr	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr	1	PA,QL(30 cada 30 días)
ZENZEDI 7.5 MG TABLET	1	PA,QL(60 cada 30 días)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
procentra 5 mg/5 ml oral solution	1	PA,QL(1200 cada 30 días)
ADDERALL 30 MG TABLET	1	PA,QL(90 cada 30 días)
ZENZEDI 2.5 MG TABLET	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 7.5 mg tablet	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 2.5 mg tablet	1	PA,QL(60 cada 30 días)
lisdexamfetamine 50 mg capsule	1	PA,QL(30 cada 30 días)
VYVANSE 60 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 50 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 40 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 30 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 20 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 10 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
lisdexamfetamine 60 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 50 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 40 mg chewable tablet	1	PA,QL(30 cada 30 días)
zenzedi 10 mg tablet	1	PA,QL(120 cada 30 días)
lisdexamfetamine 30 mg chewable tablet	1	PA,QL(30 cada 30 días)
zenzedi 5 mg tablet	1	PA,QL(60 cada 30 días)
lisdexamfetamine 20 mg chewable tablet	1	PA,QL(30 cada 30 días)
dextroamphetamine sulfate er 10 mg capsule,extended release	1	PA,QL(60 cada 30 días)
lisdexamfetamine 10 mg chewable tablet	1	PA,QL(30 cada 30 días)

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
lisdexamfetamine 20 mg capsule	1	PA,QL(30 cada 30 días)
lisdexamfetamine 40 mg capsule	1	PA,QL(30 cada 30 días)
VYVANSE 70 MG CAPSULE	1	PA,QL(30 cada 30 días)
dextroamphetamine sulfate 15 mg tablet	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 20 mg tablet	1	PA,QL(60 cada 30 días)
VYVANSE 50 MG CAPSULE	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine 20 mg tablet	1	PA,QL(90 cada 30 días)
dextroamphetamine-amphetamine 7.5 mg tablet	1	PA,QL(90 cada 30 días)
dextroamphetamine sulfate 5 mg tablet	1	PA,QL(60 cada 30 días)
VYVANSE 30 MG CAPSULE	1	PA,QL(30 cada 30 días)
dextroamphetamine sulfate er 15 mg capsule,extended release	1	PA,QL(60 cada 30 días)
ADDERALL 12.5 MG TABLET	1	PA,QL(90 cada 30 días)
dextroamphetamine sulfate 5 mg/5 ml oral solution	1	PA,QL(1200 cada 30 días)
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	PA,QL(240 cada 30 días)
lisdexamfetamine 70 mg capsule	1	PA,QL(30 cada 30 días)
DESOXYN 5 MG TABLET	1	PA
ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
lisdexamfetamine 30 mg capsule	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine 30 mg tablet	1	PA,QL(90 cada 30 días)
ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
ADDERALL 7.5 MG TABLET	1	PA,QL(90 cada 30 días)
ADDERALL 15 MG TABLET	1	PA,QL(90 cada 30 días)
ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
XELSTRYM 4.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine 10 mg tablet	1	PA,QL(90 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methamphetamine 5 mg tablet	1	PA
dextroamphetamine sulfate er 5 mg capsule,extended release	1	PA,QL(60 cada 30 días)
EVEKEO ODT 20 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
EVEKEO ODT 15 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine 15 mg tablet	1	PA,QL(90 cada 30 días)
EVEKEO ODT 10 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
EVEKEO ODT 5 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
ADDERALL 10 MG TABLET	1	PA,QL(90 cada 30 días)
lisdexamfetamine 10 mg capsule	1	PA,QL(30 cada 30 días)
VYVANSE 10 MG CAPSULE	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine 12.5 mg tablet	1	PA,QL(90 cada 30 días)
ADDERALL 5 MG TABLET	1	PA,QL(90 cada 30 días)
EVEKEO 5 MG TABLET	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine 5 mg tablet	1	PA,QL(90 cada 30 días)
EVEKEO 10 MG TABLET	1	PA,QL(180 cada 30 días)
dextroamphetamine sulfate 10 mg tablet	1	PA,QL(120 cada 30 días)
amphetamine sulfate 5 mg tablet	1	PA,QL(60 cada 30 días)
VYVANSE 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
VYVANSE 40 MG CAPSULE	1	PA,QL(30 cada 30 días)
VYVANSE 20 MG CAPSULE	1	PA,QL(30 cada 30 días)
amphetamine sulfate 10 mg tablet	1	PA,QL(180 cada 30 días)
lisdexamfetamine 60 mg capsule	1	PA,QL(30 cada 30 días)
XELSTRYM 18 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
XELSTRYM 13.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
XELSTRYM 9 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
ADDERALL 20 MG TABLET	1	PA,QL(90 cada 30 días)
STRATTERA 100 MG CAPSULE	1	PA,QL(30 cada 30 días)
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
STRATTERA 80 MG CAPSULE	1	PA,QL(30 cada 30 días)
DAYTRANA 30 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
DAYTRANA 20 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
DAYTRANA 15 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
DAYTRANA 10 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
methylphenidate 30 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)
methylphenidate 20 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate la 30 mg biphasic 50-50 capsule,extended release	1	PA,QL(60 cada 30 días)
APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
methylphenidate la 20 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
atomoxetine 80 mg capsule	1	QL(30 cada 30 días)
atomoxetine 100 mg capsule	1	QL(30 cada 30 días)
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
CONCERTA 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
CONCERTA 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
dexmethylphenidate 5 mg tablet	1	PA,QL(60 cada 30 días)
APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
guanfacine er 1 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
QELBREE 150 MG CAPSULE,EXTENDED RELEASE	1	QL(60 cada 30 días)
APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
RELEXXII 72 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
atomoxetine 60 mg capsule	1	QL(30 cada 30 días)
RITALIN 5 MG TABLET	1	PA,QL(90 cada 30 días)
FOCALIN 2.5 MG TABLET	1	PA,QL(60 cada 30 días)
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
atomoxetine 40 mg capsule	1	QL(60 cada 30 días)
dexmethylphenidate 2.5 mg tablet	1	PA,QL(60 cada 30 días)
QELBREE 100 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
methylphenidate er 36 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
METADATE CD 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
RITALIN 20 MG TABLET	1	PA,QL(90 cada 30 días)
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate 10 mg tablet	1	PA,QL(90 cada 30 días)
RELEXXII 63 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
RELEXXII 45 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)

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methylphenidate la 10 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
AZSTARYS 52.3 MG-10.4 MG CAPSULE	1	PA,QL(30 cada 30 días)
AZSTARYS 26.1 MG-5.2 MG CAPSULE	1	PA,QL(30 cada 30 días)
AZSTARYS 39.2 MG-7.8 MG CAPSULE	1	PA,QL(30 cada 30 días)
ONYDA XR 0.1 MG/ML ORAL SUSPENSION,EXTENDED RELEASE	1	
CONCERTA 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
FOCALIN 5 MG TABLET	1	PA,QL(60 cada 30 días)
RITALIN 10 MG TABLET	1	PA,QL(90 cada 30 días)
RELEXXII 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
guanfacine er 4 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
guanfacine er 2 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
RELEXXII 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
atomoxetine 25 mg capsule	1	QL(60 cada 30 días)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
RELEXXII 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
atomoxetine 18 mg capsule	1	QL(60 cada 30 días)
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dexmethylphenidate 10 mg tablet	1	PA,QL(120 cada 30 días)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR	1	PA,QL(360 cada 30 días)
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
atomoxetine 10 mg capsule	1	QL(60 cada 30 días)
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
methylphenidate 20 mg tablet	1	PA,QL(90 cada 30 días)
methylphenidate er 72 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RELEXXII 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate er 18 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate 15 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)
methylphenidate 10 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
METADATE CD 50 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
METADATE CD 60 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
clonidine hcl er 0.1 mg tablet,extended release,12 hr	1	QL(120 cada 30 días)
metadate er 20 mg tablet,extended release	1	QL(90 cada 30 días)
CONCERTA 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
guanfacine er 3 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
methylphenidate er 27 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
methylphenidate er 10 mg tablet,extended release	1	PA,QL(90 cada 30 días)
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET	1	PA,QL(30 cada 30 días)
methylphenidate 2.5 mg chewable tablet	1	PA,QL(90 cada 30 días)
STRATTERA 25 MG CAPSULE	1	PA,QL(60 cada 30 días)
methylphenidate 5 mg chewable tablet	1	PA,QL(90 cada 30 días)
methylphenidate 10 mg chewable tablet	1	PA,QL(90 cada 30 días)
STRATTERA 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
QELBREE 200 MG CAPSULE,EXTENDED RELEASE	1	QL(90 cada 30 días)
methylphenidate 5 mg/5 ml oral solution	1	PA,QL(1800 cada 30 días)
methylphenidate 10 mg/5 ml oral solution	1	PA,QL(900 cada 30 días)
COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
METHYLIN 5 MG/5 ML ORAL SOLUTION	1	PA,QL(1800 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
METADATE CD 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
STRATTERA 18 MG CAPSULE	1	PA,QL(60 cada 30 días)
methylphenidate 5 mg tablet	1	PA,QL(90 cada 30 días)
APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
methylphenidate er 45 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
methylphenidate er 63 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
methylphenidate er 54 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
methylphenidate er 20 mg tablet,extended release	1	PA,QL(90 cada 30 días)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
METHYLIN 10 MG/5 ML ORAL SOLUTION	1	PA,QL(900 cada 30 días)
FOCALIN 10 MG TABLET	1	PA,QL(120 cada 30 días)
STRATTERA 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
STRATTERA 10 MG CAPSULE	1	PA,QL(60 cada 30 días)
tetrabenazine 25 mg tablet	1	PA,QL(240 cada 30 días)
AUSTEDO XR TITRATION (WEEK 1-4) 12-18-24-30 MG TABLET, ER 24HR DOSE PK	1	PA,QL(28 cada 90 días)
INGREZZA 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
tetrabenazine 12.5 mg tablet	1	PA,QL(240 cada 30 días)
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO 9 MG TABLET	1	PA,QL(120 cada 30 días)
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	PA
INGREZZA 80 MG CAPSULE	1	PA,QL(30 cada 30 días)
AUSTEDO 12 MG TABLET	1	PA,QL(120 cada 30 días)
AUSTEDO 6 MG TABLET	1	PA,QL(60 cada 30 días)
INGREZZA 40 MG CAPSULE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	PA
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	PA
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	PA
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	PA

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INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	PA,QL(28 cada 90 días)
riluzole 50 mg tablet	1	
AUSTEDO 12 MG STARTING DOSE TITRATION KIT(WK1-4) 6-9-12 MG TABLET DSPK	1	PA
NUEDEXTA 20 MG-10 MG CAPSULE	1	PA
AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG-12 MG-24 MG TABLET,ER DOSEPACK	1	PA,QL(42 cada 90 días)
LYRICA 20 MG/ML ORAL SOLUTION	1	PA,QL(900 cada 30 días)
pregabalin 20 mg/ml oral solution	1	QL(900 cada 30 días)
pregabalin 25 mg capsule	1	QL(90 cada 30 días)
pregabalin 50 mg capsule	1	QL(90 cada 30 días)
pregabalin 75 mg capsule	1	QL(90 cada 30 días)
pregabalin 100 mg capsule	1	QL(90 cada 30 días)
pregabalin 150 mg capsule	1	QL(90 cada 30 días)
LYRICA 300 MG CAPSULE	1	PA,QL(60 cada 30 días)
LYRICA 225 MG CAPSULE	1	PA,QL(60 cada 30 días)
pregabalin 200 mg capsule	1	QL(90 cada 30 días)
pregabalin 225 mg capsule	1	QL(60 cada 30 días)
pregabalin 300 mg capsule	1	QL(60 cada 30 días)
LYRICA 25 MG CAPSULE	1	PA,QL(90 cada 30 días)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	1	QL(55 cada 90 días)
SAVELLA 100 MG TABLET	1	
SAVELLA 12.5 MG TABLET	1	
SAVELLA 25 MG TABLET	1	
LYRICA 200 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 150 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 100 MG CAPSULE	1	PA,QL(90 cada 30 días)
SAVELLA 50 MG TABLET	1	
LYRICA 50 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 75 MG CAPSULE	1	PA,QL(90 cada 30 días)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SUBCUTANEOUS SOLUTION	1	PA
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4.2 cada 23 días)
ZEPOSIA 0.92 MG CAPSULE	1	PA,QL(30 cada 30 días)
TASCENSO ODT 0.5 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(30 cada 25 días)
ingolimod 0.5 mg capsule	1	PA,QL(30 cada 30 días)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULES DOSEPACK	1	PA,QL(28 cada 90 días)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	1	PA,QL(1 cada 23 días)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION	1	PA,QL(15 cada 23 días)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	1	PA,QL(1 cada 23 días)
TASCENSO ODT 0.25 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	PA,QL(15 cada 25 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.	1	PA,QL(4.2 cada 23 días)
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 cada 23 días)
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 cada 23 días)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION	1	PA,QL(20 cada 168 días)
GILENYA 0.25 MG CAPSULE	1	PA,QL(30 cada 30 días)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	1	PA
dimethyl fumarate 120 mg capsule,delayed release	1	PA,QL(60 cada 30 días)
dimethyl fumarate 240 mg capsule,delayed release	1	PA,QL(60 cada 30 días)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)-0.46 MG (3) CAPSULES DOSEPACK	1	PA,QL(7 cada 90 días)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULES DOSEPACK	1	PA,QL(37 cada 90 días)
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE	1	PA,QL(120 cada 30 días)
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 cada 365 días)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 cada 23 días)
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 cada 23 días)
dalfampridine er 10 mg tablet,extended release,12 hr	1	PA,QL(60 cada 30 días)
AMPYRA 10 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(30 cada 25 días)
teriflunomide 14 mg tablet	1	PA,QL(30 cada 30 días)
teriflunomide 7 mg tablet	1	PA,QL(30 cada 30 días)
triamcinolone acetonide 0.1 % dental paste	1	
pilocarpine 5 mg tablet	1	
pilocarpine 7.5 mg tablet	1	
chlorhexidine gluconate 0.12 % mouthwash	1	
oralone 0.1 % dental paste	1	
ZIANA 1.2 %-0.025 % TOPICAL GEL	1	
myorisan 40 mg capsule	1	
adapalene 0.3 % topical gel	1	ST
myorisan 20 mg capsule	1	
myorisan 10 mg capsule	1	
acitretin 17.5 mg capsule	1	PA
amnesteem 10 mg capsule	1	
amnesteem 20 mg capsule	1	
amnesteem 40 mg capsule	1	
myorisan 30 mg capsule	1	
clindamycin 1 %-benzoyl peroxide 5 % topical gel	1	
RETIN-A 0.025 % TOPICAL CREAM	1	
FINACEA 15 % TOPICAL FOAM	1	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1	

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clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	1	
tazarotene 0.1 % topical cream	1	
RETIN-A 0.1 % TOPICAL CREAM	1	
acitretin 25 mg capsule	1	PA
claravis 40 mg capsule	1	
claravis 20 mg capsule	1	
claravis 10 mg capsule	1	
adapalene 0.3 % topical gel with pump	1	ST
RETIN-A 0.025 % TOPICAL GEL	1	
neuc 1.2 % (1 % base)-5 % topical gel	1	
zenatane 10 mg capsule	1	
claravis 30 mg capsule	1	
acitretin 10 mg capsule	1	PA
zenatane 40 mg capsule	1	
adapalene 0.1 % topical cream	1	ST
RETIN-A 0.05 % TOPICAL CREAM	1	
adapalene 0.1 % topical gel ^{OTC}	1	
zenatane 30 mg capsule	1	
RETIN-A 0.01 % TOPICAL GEL	1	
erythromycin-benzoyl peroxide 3 %-5 % topical gel	1	
zenatane 20 mg capsule	1	
betamethasone, augmented 0.05 % lotion	1	
hydrocortisone 2.5 % topical cream	1	
fluocinolone 0.025 % topical cream	1	
betamethasone, augmented 0.05 % topical gel	1	PA
proctosol hc 2.5 % topical cream perineal applicator	1	
fluocinonide 0.05 % topical solution	1	
selenium sulfide 2.5 % lotion	1	
hydrocortisone-aloe vera 1 % topical cream ^{OTC}	1	
hydrocortisone 2.5 % lotion	1	
fluocinonide 0.05 % topical gel	1	
fluocinolone 0.01 % topical cream	1	
betamethasone dipropionate 0.05 % topical cream	1	PA
hydrocortisone 1 % topical cream ^{OTC}	1	
fluticasone propionate 0.05 % topical cream	1	
hydrocortisone 1 % topical ointment ^{OTC}	1	
clobetasol 0.05 % topical ointment	1	PA
hydrocortisone 5 mg tablet	1	
hydrocortisone 1 % topical cream	1	
hydrocortisone 10 mg tablet	1	
ammonium lactate 12 % topical cream	1	
mometasone 0.1 % topical solution	1	
tacrolimus 0.1 % topical ointment	1	PA
hydrocream 1 % topical ^{OTC}	1	
clobetasol 0.05 % topical cream	1	PA
hydrocortisone 1 % topical ointment	1	
clodan 0.05 % shampoo	1	PA
preparation h hydrocortisone 1 % topical cream ^{OTC}	1	

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ammonium lactate 12 % topical cream ^{OTC}	1	
selenium sulfide 2.3 % shampoo	1	
skin treatment 12 % lotion ^{OTC}	1	
clobetasol 0.05 % topical spray	1	PA
cortisone with aloe 1 % topical cream ^{OTC}	1	
hydrocortisone 2.5 % topical cream with perineal applicator	1	
hydrocortisone 20 mg tablet	1	
fluticasone propionate 0.005 % topical ointment	1	
tacrolimus 0.03 % topical ointment	1	PA
cortisone (hydrocortisone) 1 % topical cream ^{OTC}	1	
betamethasone valerate 0.1 % topical ointment	1	
betamethasone, augmented 0.05 % topical cream	1	
dandruff shampoo (selenium sulfide) 1 % ^{OTC}	1	
hydrocortisone plus 1 % topical cream ^{OTC}	1	
procto-med hc 2.5 % topical cream perineal applicator	1	
selsun blue 1 % shampoo ^{OTC}	1	
proctozone-hc 2.5 % topical cream perineal applicator	1	
ammonium lactate 12 % lotion	1	
clobetasol 0.05 % shampoo	1	PA
ULTRAVATE 0.05 % LOTION	1	PA
halobetasol propionate 0.05 % topical cream	1	PA
ammonium lactate 12 % lotion ^{OTC}	1	
clobetasol 0.05 % topical foam	1	PA
clobetasol 0.05 % topical gel	1	PA
AVEENO ANTI-ITCH (HYDROCORTISONE) 1 % TOPICAL CREAM ^{OTC}	1	
halobetasol propionate 0.05 % topical foam	1	PA
betamethasone valerate 0.1 % topical cream	1	
LEXETTE 0.05 % TOPICAL FOAM	1	PA
anti-itch (hydrocortisone) with aloe 1 % topical cream ^{OTC}	1	
selenium sulfide 2.25 % shampoo	1	
noble formula hc 1 % topical cream ^{OTC}	1	
anti-itch (hydrocortisone) 1 % topical ointment ^{OTC}	1	
hydrocortisone 2.5 % topical ointment	1	
IMPEKLO 0.05 % TOPICAL LOTION IN PUMP	1	PA
amlactin 12 % lotion ^{OTC}	1	
fluocinonide 0.05 % topical cream	1	
TERSI FOAM 2.25 % TOPICAL	1	
hydrocortisone 1 % topical cream packet ^{OTC}	1	
hydrocortisone 1 % topical cream with perineal applicator	1	
fluocinonide-e 0.05 % topical cream	1	
aquaphor itch relief 1 % topical ointment ^{OTC}	1	
halobetasol propionate 0.05 % topical ointment	1	PA
cortizone-10 1 % topical ointment ^{OTC}	1	
selsun blue 2-in-1 1 % shampoo ^{OTC}	1	
OLUX 0.05 % TOPICAL FOAM	1	PA
cortizone-10 1 % topical cream ^{OTC}	1	
pimecrolimus 1 % topical cream	1	PA

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fluocinonide-emollient 0.05 % topical cream	1	
hydrocortisone-aloe vera 0.5 % topical cream ^{OTC}	1	
betamethasone valerate 0.1 % lotion	1	
fluocinonide 0.1 % topical cream	1	PA
itch relief (hc) 1 % topical ointment ^{OTC}	1	
VANOS 0.1 % TOPICAL CREAM	1	PA
betamethasone dipropionate 0.05 % lotion	1	PA
fluocinonide 0.05 % topical ointment	1	
anti-itch (hydrocortisone) 1 % topical cream ^{OTC}	1	
cortizone-10 plus 1 % topical cream ^{OTC}	1	
TEMOVATE 0.05 % TOPICAL OINTMENT	1	PA
cortizone-10 with aloe 1 % topical cream ^{OTC}	1	
anti-dandruff 1 % shampoo ^{OTC}	1	
clobetasol 0.05 % lotion	1	PA
anusol-hc 2.5 % topical cream with perineal applicator	1	
betamethasone, augmented 0.05 % topical ointment	1	
mometasone 0.1 % topical ointment	1	
betamethasone dipropionate 0.05 % topical ointment	1	PA
clobetasol-emollient 0.05 % topical cream	1	
hydrocortisone 0.5 % topical cream ^{OTC}	1	
fluocinolone 0.025 % topical ointment	1	
mometasone 0.1 % topical cream	1	
clobetasol 0.05 % scalp solution	1	PA
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	1	PA
EFUDEX 5 % TOPICAL CREAM	1	
imiquimod 5 % topical cream packet	1	
OTEZLA 20 MG TABLET	1	PA
fluorouracil 5 % topical solution	1	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION	1	
CARAC 0.5 % TOPICAL CREAM	1	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM	1	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT	1	
diclofenac 3 % topical gel	1	PA
fluorouracil 2 % topical solution	1	
OTEZLA 30 MG TABLET	1	PA
calcipotriene 0.005 % topical cream	1	
fluorouracil 0.5 % topical cream	1	
calcipotriene 0.005 % scalp solution	1	
podofilox 0.5 % topical solution	1	
fluorouracil 5 % topical cream	1	
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	1	PA
silver sulfadiazine 1 % topical cream	1	
NATROBA 0.9 % TOPICAL SUSPENSION	1	
NIX CREME RINSE 1 % TOPICAL LIQUID ^{OTC}	1	
lice treatment 1 % topical liquid ^{OTC}	1	
lice treatment (permethrin) 1 % topical liquid ^{OTC}	1	

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lice killing (permethrin) 1 % topical liquid ^{OTC}	1	
permethrin 5 % topical cream	1	
clindamycin phosphate 1 % topical solution	1	
clindamycin 1 % topical gel	1	
clindamycin 1 % lotion	1	
clindacin p 1 % topical swab	1	
mupirocin 2 % topical ointment	1	
clindamycin 1 % topical gel, once daily	1	
erythromycin with ethanol 2 % topical solution	1	
erythromycin with ethanol 2 % topical gel	1	
clindacin etz 1 % topical swab	1	
clindamycin phosphate 1 % topical swab	1	
sodium chloride 0.9 % (flush) injection syringe	1	
potassium chloride er 8 meq tablet,extended release	1	
calcium 600 with vitamin d3 600 mg-10 mcg (400 unit) chewable tablet ^{OTC}	1	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet ^{OTC}	1	
oyster shell calcium-vitamin d3 250 mg-3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 500 + d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
zinc sulfate 50 mg zinc (220 mg) capsule ^{OTC}	1	
calcium 250 mg (as citrate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vit d3 10 mcg (400 unit)-minerals tablet ^{OTC}	1	
calcium 315 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet ^{OTC}	1	
oyster shell calcium-vitamin d3 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
monoject prefill advanced 0.9 % sodium chloride injection syringe	1	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1	
ZINC (WITH VITAMINS A AND C) LOZENGES ^{OTC}	1	
calcium 600 + d(3) 600 mg-5 mcg (200 unit) capsule ^{OTC}	1	
tricon 110 mg-0.5 mg capsule ^{OTC}	1	
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet ^{OTC}	1	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1	
os-cal 500 + d3 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet ^{OTC}	1	
calcium 500 + d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
calcium 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1	
calcium 500 with d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
levocarnitine (with sugar) 100 mg/ml oral solution	1	
calcium 500 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	

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calcium 200 mg (as citrate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 600 + d(3) 600 mg-5 mcg (200 unit) tablet ^{OTC}	1	
calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}	1	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet ^{OTC}	1	
calcium 1,000 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1	
calcium 1,000 mg (citrate)-vit d3 10 mcg (400 unit)/30 ml oral liquid ^{OTC}	1	
OS-CAL 500 + D3 500 MG-15 MCG (600 UNIT) TABLET ^{OTC}	1	
calcium 500 mg (as carbonate)-vitamin d3 15 mcg (600 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
klor-con m20 meq tablet,extended release	1	
klor-con m10 meq tablet,extended release	1	
potassium chloride er 10 meq tablet,extended release(part/cryst)	1	
CALTRATE WITH VITAMIN D3 600 MG-20 MCG (800 UNIT) TABLET ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1	
ORTHO-TABS 500 MG-400 UNIT-15 MCG-200 MCG TABLET ^{OTC}	1	
potassium citrate er 10 meq (1,080 mg) tablet,extended release	1	
calcium-500 500 mg (as calcium carbonate 1,250 mg) chewable tablet ^{OTC}	1	
OSTEOPRIME PLUS CALCIUM-MAGNESIUM 200 MG-5 MCG-75 MG-200 MCGDFE TABLET ^{OTC}	1	
folivane-plus 125 mg iron-1 mg capsule ^{OTC}	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule ^{OTC}	1	
calcium 500 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
swabflush 0.9 % injection syringe with alcohol swab cap	1	
monoject 0.9% sodium chloride injection syringe	1	
potassium chloride er 20 meq tablet,extended release	1	
clearshield 0.9% sodium chloride flush injection syringe	1	
calcium with vit d3 600 mg (as carbonate)-12.5 mcg (500 unit) capsule ^{OTC}	1	
oystercal-d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
sodium chloride 0.9 % (flush) injection syringe with alcohol swab cap	1	
potassium chloride er 20 meq tablet,extended release(part/cryst)	1	
potassium citrate er 15 meq (1,620 mg) tablet,extended release	1	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule ^{OTC}	1	

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liquid calcium with vitamin d 600 mg-5 mcg (200 unit) capsule ^{OTC}	1	
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1	
hematinic plus vit/minerals 106 mg iron-1 mg tablet ^{OTC}	1	
PRO-CAL 187.5 MG-40 MG-7.5 MG TABLET ^{OTC}	1	
calcium 315 mg (as citrate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
phospha neutral 250 mg tablet ^{OTC}	1	
ACTICAL CAPSULE ^{OTC}	1	
potassium chloride er 10 meq capsule,extended release	1	
potassium chloride er 10 meq tablet,extended release	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	1	
potassium chloride er 15 meq tablet,extended release(part/cryst)	1	
ferrocite plus 106 mg iron-1 mg tablet ^{OTC}	1	
calcium 500 mg (as carbonate)-d3 2.5 mcg (100 unit) chewable tablet ^{OTC}	1	
CALTRATE PLUS D 600 MG (CARBONATE)-20 MCG (800 UNIT) CHEWABLE TABLET ^{OTC}	1	
hi-cal plus vit d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
citracal regular 250 mg (as citrate)-5 mcg (200 unit) tablet ^{OTC}	1	
ferocon 110 mg-0.5 mg capsule ^{OTC}	1	
cal-citrate 250 mg-2.5 mcg (100 unit) tablet ^{OTC}	1	
oysco 500/d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 62.5 mcg (2,500 unit) capsule ^{OTC}	1	
potassium citrate er 5 meq (540 mg) tablet,extended release	1	
potassium chloride er 8 meq capsule,extended release	1	
potassium chloride 20 meq/15 ml oral liquid	1	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
zinc gluconate 10 mg lozenges ^{OTC}	1	
iferex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
CALPHRON 667 MG TABLET ^{OTC}	1	
normal saline flush 0.9 % injection syringe	1	
oyster shell calcium-vitamin d3 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
calcium with vitamin d 600 mg-10 mcg (400 unit) tablet ^{OTC}	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1	
centratex 106 mg iron-1 mg capsule ^{OTC}	1	
klor-con/ef 25 meq effervescent tablet	1	
ORAZINC 50 MG ZINC (220 MG) CAPSULE ^{OTC}	1	
calcium citrate + d 315 mg-5 mcg (200 unit) tablet ^{OTC}	1	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet ^{OTC}	1	

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oyster shell + d3 250 mg-3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 500 + d 500 mg-10 mcg (400 unit) chewable tablet ^{OTC}	1	
calcium 500 mg (as carbonate)-vit d3 10 mcg (400 unit) chewable tablet ^{OTC}	1	
calcium 500 mg (as calcium carbonate 1,250 mg) chewable tablet ^{OTC}	1	
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE ^{OTC}	1	
calcium 250 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 12.5 mcg (500 unit) capsule ^{OTC}	1	
CAL-QUICK 500 MG-10 MCG (400 UNIT)/5 ML ORAL LIQUID ^{OTC}	1	
bd posiflush normal saline 0.9 % injection syringe	1	
aquastat sfr 0.9% sodium chloride injection syringe	1	
ZINC-220 50 MG ZINC (220 MG) CAPSULE ^{OTC}	1	
aquastat 0.9% sodium chloride injection syringe	1	
citracal + vitamin d maximum 315 mg-6.25 mcg (250 unit) tablet ^{OTC}	1	
VEGETARIAN BONEUP 166.6 MG-4.15 MCG-83.3 MG TABLET ^{OTC}	1	
BONEUP (CALCIUM ASCORBATE) 166.6 MG-4.15 MCG-83.3 MG CAPSULE ^{OTC}	1	
ULTRA BONEUP 200 MG-8.3 MCG-83.3 MG-8.3 MG TABLET ^{OTC}	1	
BONEUP 333 MG-8.3 MCG-116.7 MG CAPSULE ^{OTC}	1	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule ^{OTC}	1	
potassium chloride 40 meq/15 ml oral liquid	1	
BIOCAL 500 MG-100 UNIT-45 MG-800 MCG CAPSULE ^{OTC}	1	
calcium 500 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
ALGAE BASED CALCIUM 333.33 MG-6.67 MCG-32 MG TABLET ^{OTC}	1	
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}	1	
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension ^{OTC}	1	QL(900 cada 30 días)
UPCAL D 500 MG (AS CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER ^{OTC}	1	
levocarnitine 330 mg tablet	1	
UPCAL D 500 MG (CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER PACKET ^{OTC}	1	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1	
calcium 500 mg (as citrate)-vit d3 12.5 mcg (500 unit) chewable tablet ^{OTC}	1	
CARBAGLU 200 MG DISPERSIBLE TABLET	1	PA
CITRACAL-D3 PETITES 200 MG (AS CITRATE)-6.25 MCG (250 UNIT) TABLET ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	

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calcium 200 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet ^{OTC}	1	
calcium 600 + d(3) 600 mg-10 mcg (400 unit) tablet ^{OTC}	1	
penicillamine 250 mg tablet	1	
CHEMET 100 MG CAPSULE	1	
LYSIPLEX PLUS TABLET ^{OTC}	1	
MAGNEBIND 300 250 MG-300 MG TABLET ^{OTC}	1	QL(300 cada 30 días)
calcium acetate(phosphate binders) 667 mg tablet	1	
calcium acetate(phosphate binders) 667 mg capsule	1	
sevelamer carbonate 2.4 gram oral powder packet	1	
sevelamer carbonate 0.8 gram oral powder packet	1	
sevelamer carbonate 800 mg tablet	1	
FOSRENOL 500 MG CHEWABLE TABLET	1	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION	1	QL(1800 cada 30 días)
FOSRENOL 1,000 MG CHEWABLE TABLET	1	
FOSRENOL 750 MG CHEWABLE TABLET	1	
calcium acetate 668 mg (169 mg calcium) tablet ^{OTC}	1	
sevelamer hcl 800 mg tablet	1	
VELTASSA 8.4 GRAM ORAL POWDER PACKET	1	
VELTASSA 16.8 GRAM ORAL POWDER PACKET	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	1	
VELTASSA 25.2 GRAM ORAL POWDER PACKET	1	
sodium polystyrene sulfonate oral powder	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	1	
LOKELMA 10 GRAM ORAL POWDER PACKET	1	
LOKELMA 5 GRAM ORAL POWDER PACKET	1	
prenatal + dha 28 mg iron-975 mcg-200 mg oral pack ^{OTC}	1	
prenatal vitamin 27 mg iron-0.8 mg tablet ^{OTC}	1	
prenatal tablet 28 mg iron-800 mcg ^{OTC}	1	
women's prenatal plus dha 28 mg-975 mcg-200 mg oral pack ^{OTC}	1	
prenatal multi 27 mg-800 mcg tablet ^{OTC}	1	
se-natal 19 chewable 29 mg iron-1 mg tablet	1	
prenatal complete 14 mg iron-400 mcg tablet ^{OTC}	1	
PRENATAL FORMULA-DHA 28 MG-800 MCG-200 MG CAPSULE ^{OTC}	1	
prenatal vitamin 27 mg iron-800 mcg tablet ^{OTC}	1	
prenatal + dha 28 mg iron-800 mcg-200 mg oral pack ^{OTC}	1	
THERANATAL 27 MG IRON-1 MG TABLET ^{OTC}	1	
one daily prenatal 28 mg-800 mcg-440 mg oral pack ^{OTC}	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE ^{OTC}	1	
prenatal multi-dha (algal oil) 27 mg iron-800 mcg-250 mg capsule ^{OTC}	1	
CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET ^{OTC}	1	
neo-vital rx 27 mg iron-1 mg tablet	1	
STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE ^{OTC}	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
westab plus 27 mg iron-1 mg tablet	1	
DERMACINRX PRENATRIX 27 MG IRON-1 MG TABLET	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet ^{OTC}	1	
THERANATAL OVAVITE 18 MG-1 MG-125 UNIT ORAL PACK ^{OTC}	1	
prenatal formula 9 mg iron-267 mcg tablet ^{OTC}	1	
TRICARE 27 MG IRON-1 MG TABLET	1	
THERANATAL PLUS 27 MG IRON-1 MG-300 MG ORAL PACK ^{OTC}	1	
taron-c dha 35 mg-1 mg-200 mg capsule	1	
prenatal one daily 27 mg iron-800 mcg tablet ^{OTC}	1	
THERANATAL ONE 27 MG IRON-1,000 MCG-300 MG CAPSULE ^{OTC}	1	
prenatal vitamin-ferrous fumarate 28 mg iron-folic acid 800 mcg tablet ^{OTC}	1	
ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK ^{OTC}	1	
prenatal vitamins with minerals 28 mg iron-800 mcg tablet ^{OTC}	1	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE	1	
PRENATE AM 1 MG-500 MG TABLET	1	
prenatal 19 29 mg iron-1 mg chewable tablet ^{OTC}	1	
folivane-ob 85 mg-1 mg capsule	1	
prenatal 19 29 mg iron-1 mg chewable tablet	1	
prenatal vits no.179-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet	1	
THERANATAL COMPLETE 27 MG IRON-1 MG-150 MG ORAL PACK ^{OTC}	1	
PRENATABS FA 29 MG-1 MG TABLET	1	
prenatal formula 28 mg iron-800 mcg tablet ^{OTC}	1	
ONE-A-DAY PRENATAL-1 27 MG IRON-800 MCG-235 MG CAPSULE ^{OTC}	1	
GENADEK STEP 2 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1	
MINI PRENATAL 6.75 MG IRON-200 MCG TABLET ^{OTC}	1	
completenate 29 mg iron-1 mg chewable tablet ^{OTC}	1	
GENADEK STEP 1 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1	
trinatal rx 1 60 mg iron-1 mg tablet	1	
prenatal vitamin 28 mg iron-800 mcg tablet ^{OTC}	1	
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET	1	
prenatal 28 mg-800 mcg tablet ^{OTC}	1	
prenatal vit no.95-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1	
prenatal 28 mg iron-800 mcg tablet ^{OTC}	1	
prenatal multivitamins 28 mg iron-800 mcg tablet ^{OTC}	1	
prenatal multi-dha (with vitamin k) 27 mg iron-800 mcg-260 mg capsule ^{OTC}	1	
m-natal plus 27 mg iron-1 mg tablet	1	
complete natal dha 29 mg iron-1 mg-200 mg oral pack	1	
prenatal plus vitamin-mineral 27 mg iron-1 mg tablet	1	
DERMACINRX PRETRATE 27 MG IRON-1 MG TABLET	1	
NEONATAL COMPLETE 29 MG-1 MG TABLET	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK ^{OTC}	1	
KPN 9 MG IRON-267 MCG TABLET ^{OTC}	1	
DERMACINRX PRENATRYL 27 MG IRON-1 MG TABLET	1	
clearlax 17 gram/dose oral powder ^{OTC}	1	
MIRALAX 17 GRAM ORAL POWDER PACKET ^{OTC}	1	PA
smoothlax 17 gram/dose oral powder ^{OTC}	1	
gentlelax 17 gram/dose oral powder ^{OTC}	1	
laxative peg 3350 17 gram/dose oral powder ^{OTC}	1	
gavilax 17 gram/dose oral powder ^{OTC}	1	
polyethylene glycol 3350 17 gram/dose oral powder ^{OTC}	1	
clearlax 17 gram oral powder packet ^{OTC}	1	PA
generlac 10 gram/15 ml oral solution	1	
purelax 17 gram oral powder packet ^{OTC}	1	PA
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	PA
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
purelax 17 gram/dose oral powder ^{OTC}	1	
lactulose 10 gram/15 ml (15 ml) oral solution	1	
LINZESS 290 MCG CAPSULE	1	PA
LINZESS 145 MCG CAPSULE	1	PA
natura-lax 17 gram/dose oral powder ^{OTC}	1	
LINZESS 72 MCG CAPSULE	1	PA
powderlax 17 gram/dose oral ^{OTC}	1	
lubiprostone 24 mcg capsule	1	PA
mix-in laxative 17 gram oral powder packet ^{OTC}	1	PA
polyethylene glycol 3350 17 gram oral powder packet ^{OTC}	1	PA
laxaclear 17 gram/dose oral powder ^{OTC}	1	
enulose 10 gram/15 ml oral solution	1	
powderlax 17 gram oral powder packet ^{OTC}	1	PA
lactulose 20 gram/30 ml oral solution	1	
constulose 10 gram/15 ml oral solution	1	
lactulose 10 gram/15 ml oral solution	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	1	PA
smoothlax 17 gram oral powder packet ^{OTC}	1	PA
healthylax 17 gram oral powder packet ^{OTC}	1	PA
lubiprostone 8 mcg capsule	1	PA
anti-diarrheal (loperamide) 1 mg/7.5 ml oral liquid ^{OTC}	1	QL(120 cada 14 días)
diamode 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
loperamide 2 mg capsule	1	
loperamide 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
anti-diarrheal (loperamide) 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
loperamide 1 mg/7.5 ml oral liquid ^{OTC}	1	QL(120 cada 14 días)
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID ^{OTC}	1	QL(120 cada 14 días)
IMODIUM A-D 2 MG TABLET ^{OTC}	1	QL(12 cada 14 días)
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	1	
ultra a-d 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
IMODIUM A-D 2 MG CAPSULE ^{OTC}	1	
anti-diarrheal (loperamide) 2 mg capsule ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
dicyclomine 10 mg/5 ml oral solution	1	
glycopyrrolate 2 mg tablet	1	
dicyclomine 10 mg capsule	1	
glycopyrrolate 1 mg tablet	1	
dicyclomine 20 mg tablet	1	
liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
infants gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
soothe (bismuth subsalicylate) 262 mg tablet ^{OTC}	1	
anti-diarrheal 262 mg/15 ml oral suspension ^{OTC}	1	
hyoscyamine er 0.375 mg tablet,extended release,12 hr	1	
comfort gel extra strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid liquid 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
geri-lanta supreme 400 mg-135 mg/5 ml oral suspension ^{OTC}	1	
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension ^{OTC}	1	
geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
TUMS E-X 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1	
oscimin 0.125 mg tablet	1	
stomach relief max strength 525 mg/15 ml oral suspension ^{OTC}	1	
opium tincture 10 mg/ml (morphine) oral	1	PA
geri-mox antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
oscimin sl 0.125 mg sublingual tablet	1	
little remedies gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
TUMS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	
comfort gel 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
heartburn relief 160 mg-105 mg chewable tablet ^{OTC}	1	
ursodiol 250 mg tablet	1	
alkums 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
mylanta maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid m 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
bismuth subsalicylate 262 mg chewable tablet ^{OTC}	1	
heartburn antacid 160 mg-105 mg chewable tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
TUMS 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1	
antacid ultra strength 430 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
stomach relief 525 mg/15 ml oral suspension ^{OTC}	1	
pink bismuth 525 mg/15 ml oral suspension ^{OTC}	1	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (AS CARB 750 MG) CHEWABLE TABLET ^{OTC}	1	
calcium 260 mg (as calcium carbonate 648 mg) tablet ^{OTC}	1	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET ^{OTC}	1	
stomach relief 262 mg/15 ml oral suspension ^{OTC}	1	
pink bismuth 262 mg tablet ^{OTC}	1	
PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
pink bismuth 262 mg/15 ml oral suspension ^{OTC}	1	
stomach relief 262 mg tablet ^{OTC}	1	
stomach relief 262 mg chewable tablet ^{OTC}	1	
gas relief (simethicone) 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
alka-seltzer heartburn relief 300 mg (as carbonate 750 mg) chew tablet ^{OTC}	1	
GAS-X ULTRA-STRENGTH 180 MG CAPSULE ^{OTC}	1	QL(60 cada 30 días)
antacid extra-strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}	1	
gas relief ultra strength 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
mintox plus 200 mg-200 mg-25 mg chewable tablet ^{OTC}	1	
calcium 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
flavor chews antacid 300 mg (as calcium carbonate 750 mg) tablet ^{OTC}	1	
maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
PEPTO-BISMOL 262 MG CHEWABLE TABLET ^{OTC}	1	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
teeny tummy infant gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
sodium bicarbonate 650 mg tablet ^{OTC}	1	
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 ml oral susp ^{OTC}	1	
simethicone 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
TUMS ULTRA 400 MG (AS CALCIUM CARBONATE 1,000 MG) CHEWABLE TABLET ^{OTC}	1	
MAG-AL 200 MG-200 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
aluminum hydroxide gel 320 mg/5 ml oral suspension ^{OTC}	1	QL(1800 cada 30 días)
antacid (calcium carb-magnesium hyd) 400 mg-135 mg/5 ml oral susp ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
hyoscyamine 0.125 mg disintegrating tablet	1	
antacid calcium 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
gas relief (simethicone) 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
hyoscyamine sulfate 0.125 mg tablet	1	
bismuth 262 mg chewable tablet ^{OTC}	1	
TAME THE FLAME 195 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	
ed-spaz 0.125 mg disintegrating tablet	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	1	
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	1	
acid gone antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1	
hyoscyamine 0.125 mg/5 ml oral elixir	1	
little tummys gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
PEPTO-BISMOL MAX ST 525 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
calcium 400 mg (as calcium carbonate 1,000 mg) chewable tablet ^{OTC}	1	
pink bismuth 262 mg chewable tablet ^{OTC}	1	
pepto-bismol 262 mg tablet ^{OTC}	1	
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET ^{OTC}	1	
gas relief extra strength 125 mg chewable tablet ^{OTC}	1	
GAVICON 95 MG-358 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
soothe regular strength 262 mg/15 ml oral suspension ^{OTC}	1	
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
simethicone 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
stomach relief original 262 mg/15 ml oral suspension ^{OTC}	1	
PEPTO-BISMOL TO-GO 262 MG CHEWABLE TABLET ^{OTC}	1	
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet ^{OTC}	1	
pink bismuth maximum strength 525 mg/15 ml oral suspension ^{OTC}	1	
ban-acid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
pep-t-med 262 mg chewable tablet ^{OTC}	1	
gas relief 80 (simethicone) 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
anti-gas ultra strength 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
PHAZYME 180 MG CAPSULE ^{OTC}	1	QL(60 cada 30 días)
acid gone antacid extra strength 160 mg-105 mg chewable tablet ^{OTC}	1	
foaming antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1	
hyoscyamine 0.125 mg/ml oral drops	1	
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
calcium antacid 400 mg (as carbonate 1,000 mg) chewable tablet ^{OTC}	1	
sodium bicarbonate 325 mg tablet ^{OTC}	1	
bismuth subsalicylate 262 mg/15 ml oral suspension ^{OTC}	1	
aluminum-mag hydroxide-simethicone 400 mg-400 mg-40 mg/5 ml oral susp ^{OTC}	1	
infants simethicone 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension ^{OTC}	1	
digestive relief 262 mg/15 ml oral suspension ^{OTC}	1	
digestive relief 262 mg tablet ^{OTC}	1	
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension ^{OTC}	1	
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
heartburn relief 254 mg-237.5 mg/5 ml oral suspension ^{OTC}	1	
hyoscyamine 0.125 mg sublingual tablet	1	
soothe (bismuth subsalicylate) 262 mg chewable tablet ^{OTC}	1	
kaopectate ex str (bismuth ss) 525 mg/15 ml oral suspension ^{OTC}	1	
calcium antacid 320 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
geri-pectate 262 mg/15 ml oral suspension ^{OTC}	1	
geri-lanta 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
ursodiol 500 mg tablet	1	
peg-electrolyte solution 420 gram oral solution	1	
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}	1	
antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
smooth antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
ursodiol 300 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
geri-mox antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
KAOPECTATE (BISMUTH SUBSALICYLATE) 262 MG TABLET ^{OTC}	1	
antacid-simethicone 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1	
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE	1	
infants' mylicon 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
simethicone 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
diotame 262 mg chewable tablet ^{OTC}	1	
TUMS FRESHERS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	
mag-al plus 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
DIOTAME INSTYDOSE 524 MG/30 ML ORAL SUSPENSION IN PACKET ^{OTC}	1	
TAGAMET HB 200 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
cimetidine 200 mg tablet ^{OTC}	1	QL(60 cada 30 días)
heartburn relief (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
PEPCID AC 10 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
acid reducer (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid reducer (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 200 mg tablet	1	QL(60 cada 30 días)
acid reducer (cimetidine) 200 mg tablet ^{OTC}	1	QL(60 cada 30 días)
heartburn relief (cimetidine) 200 mg tablet ^{OTC}	1	QL(60 cada 30 días)
PEPCID AC MAXIMUM STRENGTH 20 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
nizatidine 150 mg capsule	1	QL(60 cada 30 días)
heartburn relief (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
heartburn prevention 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
famotidine 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid controller 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 800 mg tablet	1	QL(60 cada 30 días)
acid-pep 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 400 mg tablet	1	QL(60 cada 30 días)
zantac-360 (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 300 mg tablet	1	QL(60 cada 30 días)
famotidine 20 mg tablet	1	QL(60 cada 30 días)
famotidine 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid controller 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 300 mg/5 ml oral solution	1	
famotidine 40 mg tablet	1	QL(60 cada 30 días)
zantac-360 (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
PEPCID AC 20 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
nizatidine 300 mg capsule	1	QL(60 cada 30 días)
heartburn prevention 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
misoprostol 200 mcg tablet	1	
sucralfate 100 mg/ml oral suspension	1	
misoprostol 100 mcg tablet	1	
sucralfate 1 gram tablet	1	
omeprazole 20 mg capsule,delayed release	1	QL(120 cada 30 días)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET	1	QL(30 cada 30 días)
esomeprazole magnesium 40 mg capsule,delayed release	1	QL(30 cada 30 días)
omeprazole 10 mg capsule,delayed release	1	QL(60 cada 30 días)
esomeprazole magnesium 20 mg capsule,delayed release	1	QL(30 cada 30 días)
esomeprazole magnesium 20 mg capsule,delayed release ^{OTC}	1	QL(30 cada 30 días)
lansoprazole 15 mg capsule,delayed release ^{OTC}	1	QL(30 cada 30 días)
lansoprazole 15 mg capsule,delayed release	1	QL(30 cada 30 días)
pantoprazole 20 mg tablet,delayed release	1	QL(60 cada 30 días)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	1	QL(30 cada 30 días)
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	1	QL(30 cada 30 días)
omeprazole 40 mg capsule,delayed release	1	QL(60 cada 30 días)
lansoprazole 30 mg capsule,delayed release	1	QL(30 cada 30 días)
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
pantoprazole 40 mg tablet,delayed release	1	QL(60 cada 30 días)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	1	
VYндаQEL 20 MG CAPSULE	1	PA
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	1	
betaine 1 gram/scoop oral powder	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
PHEBURANE 483 MG/GRAM ORAL GRANULES	1	PA,QL(1218 cada 28 días)
CYSTAGON 50 MG CAPSULE	1	
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	1	
sodium phenylbutyrate 0.94 gram/gram oral powder	1	PA,QL(532 cada 25 días)
sodium phenylbutyrate 500 mg tablet	1	PA,QL(1000 cada 25 días)
VYNDAMAX 61 MG CAPSULE	1	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	1	
CYSTAGON 150 MG CAPSULE	1	
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE	1	
oxybutynin chloride er 15 mg tablet,extended release 24 hr	1	
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE	1	
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE	1	
fesoterodine er 4 mg tablet,extended release 24 hr	1	
oxybutynin chloride er 10 mg tablet,extended release 24 hr	1	
oxybutynin chloride 5 mg/5 ml oral syrup	1	
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH	1	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET	1	
solifenacin 10 mg tablet	1	
oxybutynin chloride 5 mg tablet	1	
oxybutynin chloride er 5 mg tablet,extended release 24 hr	1	
fesoterodine er 8 mg tablet,extended release 24 hr	1	
solifenacin 5 mg tablet	1	
oxybutynin chloride 2.5 mg tablet	1	
tamsulosin 0.4 mg capsule	1	
finasteride 5 mg tablet	1	
alfuzosin er 10 mg tablet,extended release 24 hr	1	
dutasteride 0.5 mg capsule	1	
ELMIRON 100 MG CAPSULE	1	PA
bethanechol chloride 10 mg tablet	1	
bethanechol chloride 50 mg tablet	1	
bethanechol chloride 5 mg tablet	1	
bethanechol chloride 25 mg tablet	1	
triamcinolone acetonide 0.025 % topical cream	1	
EMFLAZA 18 MG TABLET	1	PA
prednisone 5 mg tablets in a dose pack	1	
EMFLAZA 30 MG TABLET	1	PA
EMFLAZA 36 MG TABLET	1	PA
EMFLAZA 6 MG TABLET	1	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION	1	PA
hydrocortisone acetate 1 % topical ointment ^{OTC}	1	

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triamcinolone acetonide 0.5 % topical ointment	1	
methylprednisolone 4 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
hydrocortisone acetate 1 % topical cream ^{OTC}	1	
deflazacort 22.75 mg/ml oral suspension	1	PA
deflazacort 36 mg tablet	1	PA
hydrocortisone acetate 0.5 % topical cream ^{OTC}	1	
prednisone 5 mg tablet	1	
triamcinolone acetonide 0.1 % topical cream	1	
deflazacort 30 mg tablet	1	PA
methylprednisolone 4 mg tablets in a dose pack	1	
deflazacort 18 mg tablet	1	PA
dexamethasone 0.5 mg/5 ml oral elixir	1	
prednisone 10 mg tablet	1	
prednisone 5 mg/5 ml oral solution	1	
dexamethasone 4 mg tablet	1	
triamcinolone acetonide 0.025 % topical ointment	1	
prednisone 20 mg tablet	1	
triamcinolone acetonide 0.5 % topical cream	1	
deflazacort 6 mg tablet	1	PA
prednisone 50 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 0.75 mg tablet	1	
prednisone 2.5 mg tablet	1	
triamcinolone acetonide 0.1 % topical ointment	1	
methylprednisolone 16 mg tablet	1	
triamcinolone acetonide 0.025 % lotion	1	
prednisolone 15 mg/5 ml oral solution	1	
methylprednisolone 8 mg tablet	1	
prednisone 1 mg tablet	1	
prednisone 10 mg tablets in a dose pack	1	
triamcinolone acetonide 0.1 % lotion	1	
dexamethasone intensol 1 mg/ml drops (concentrate)	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1	
fludrocortisone 0.1 mg tablet	1	
dexamethasone 6 mg tablet	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
methylprednisolone 32 mg tablet	1	
dexamethasone 0.5 mg/5 ml oral solution	1	
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE	1	PA
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE	1	PA
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA
desmopressin 10 mcg/spray (0.1 ml) nasal spray	1	

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SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE	1	PA
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT IM POWDER FOR SOLUTION	1	PA
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL	1	
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE	1	PA
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE	1	PA
DDAVP 0.2 MG TABLET	1	
desmopressin 0.2 mg tablet	1	
NORDITROPIN FLEXPPO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
desmopressin 0.1 mg tablet	1	
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
NORDITROPIN FLEXPPO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
DDAVP 0.1 MG TABLET	1	
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
DDAVP 4 MCG/ML INJECTION SOLUTION	1	
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION	1	PA
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL	1	
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
desmopressin 4 mcg/ml injection solution	1	
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION	1	PA
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION	1	PA
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE	1	PA
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)	1	
NORDITROPIN FLEXPPO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NOVAREL 5,000 UNIT INTRAMUSCULAR SOLUTION	1	PA
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION	1	PA
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	1	PA,QL(300 cada 30 días)
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL	1	PA
testosterone cypionate 100 mg/ml intramuscular oil	1	PA
testosterone 1 % (25 mg/2.5 gram) transdermal gel packet	1	PA,QL(30 cada 30 días)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(60 cada 30 días)
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(60 cada 30 días)
testosterone cypionate 200 mg/ml intramuscular oil	1	PA
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	1	PA,QL(300 cada 30 días)
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel	1	PA,QL(150 cada 30 días)
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL	1	PA
estradiol 0.025 mg/24 hr weekly transdermal patch	1	
estradiol 1 mg tablet	1	
estradiol 0.05 mg/24 hr weekly transdermal patch	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL	1	
estradiol valerate 20 mg/ml intramuscular oil	1	
MENEST 0.625 MG TABLET	1	
estradiol 0.075 mg/24 hr weekly transdermal patch	1	
VAGIFEM 10 MCG VAGINAL TABLET	1	
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH	1	
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH	1	
estradiol valerate 10 mg/ml intramuscular oil	1	
MENEST 2.5 MG TABLET	1	
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 0.1 mg/24 hr weekly transdermal patch	1	
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH	1	
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH	1	
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 1.25 gram/actuation (0.06%) transdermal gel pump	1	
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH	1	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 0.0375 mg/24 hr weekly transdermal patch	1	
estradiol 0.06 mg/24 hr weekly transdermal patch	1	
estradiol 2 mg tablet	1	
PREMARIN 1.25 MG TABLET	1	
PREMARIN 0.625 MG TABLET	1	
PREMARIN 0.9 MG TABLET	1	
PREMARIN 0.3 MG TABLET	1	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	1	
estradiol valerate 40 mg/ml intramuscular oil	1	
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH	1	
PREMARIN 25 MG SOLUTION FOR INJECTION	1	
PREMARIN 0.45 MG TABLET	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MENEST 0.3 MG TABLET	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	1	
MENEST 1.25 MG TABLET	1	
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	1	
estradiol 0.5 mg tablet	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	1	
marlissa (28) 0.15 mg-0.03 mg tablet	1	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet	1	
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet	1	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estradiol 0.01 mg(5) tablet	1	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1	
larin 1/20 (21) 1 mg-20 mcg tablet	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
vyfemla (28) 0.4 mg-35 mcg tablet	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet	1	
enskyce 0.15 mg-0.03 mg tablet	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET	1	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
apri 0.15 mg-0.03 mg tablet	1	
aubra 0.1 mg-20 mcg tablet	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	1	PA
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK	1	PA
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	1	
mono-lynyah 0.25 mg-35 mcg tablet	1	

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desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
ocella 3 mg-0.03 mg tablet	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet	1	
vestura (28) 3 mg-0.02 mg tablet	1	
chateal (28) 0.15 mg-0.03 mg tablet	1	
elinest 0.3 mg-30 mcg tablet	1	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
aviane 0.1 mg-20 mcg tablet	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
estarylla 0.25 mg-35 mcg tablet	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
falmina (28) 0.1 mg-20 mcg tablet	1	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	1	
low-ogestrel (28) 0.3 mg-30 mcg tablet	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
vienva 0.1 mg-20 mcg tablet	1	
juleber 0.15 mg-0.03 mg tablet	1	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	1	PA
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
LOSEASONIQUE 0.1 MG-20 MCG (84)/10 MCG (7) TABLETS,3 MONTH DOSE PACK	1	PA
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	1	
cyred 0.15 mg-0.03 mg tablet	1	
philith 0.4 mg-35 mcg tablet	1	
estradiol-norethindrone acet 1 mg-0.5 mg tablet	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet	1	
nikki (28) 3 mg-0.02 mg tablet	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
wera (28) 0.5 mg-35 mcg tablet	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	1	
YASMIN (28) 3 MG-0.03 MG TABLET	1	PA
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	1	
amethyst (28) 90 mcg-20 mcg tablet	1	
syeda 3 mg-0.03 mg tablet	1	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	1	
PREMPRO 0.625 MG-5 MG TABLET	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	1	
PREMPRO 0.45 MG-1.5 MG TABLET	1	
lo-zumandimine (28) 3 mg-0.02 mg tablet	1	
zumandimine (28) 3 mg-0.03 mg tablet	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
afirmelle 0.1 mg-20 mcg tablet	1	
ayuna 0.15 mg-0.03 mg tablet	1	
SLYND 4 MG (28) TABLET	1	
kalliga 0.15 mg-0.03 mg tablet	1	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING	1	
lutera (28) 0.1 mg-20 mcg tablet	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
hailey 1.5 mg-30 mcg tablet	1	
balziva (28) 0.4 mg-35 mcg tablet	1	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet	1	
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	1	
PREMPRO 0.3 MG-1.5 MG TABLET	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	1	PA
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	1	
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH	1	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet	1	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET	1	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET	1	
dolishale 90 mcg-20 mcg (28) tablet	1	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	1	

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gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	1	
mimvey 1 mg-0.5 mg tablet	1	
zovia 1-35 (28) 1 mg-35 mcg tablet	1	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
jinteli 1 mg-5 mcg tablet	1	
nymyo 0.25 mg-35 mcg tablet	1	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	1	PA
drosipren-e.estradiol-mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	1	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
merzee 1 mg-20 mcg (24)/75 mg (4) capsule	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	1	
zarah 3 mg-0.03 mg tablet	1	
drosipren-e.estradiol-mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET	1	PA
cryselle (28) 0.3 mg-30 mcg tablet	1	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
aubra eq 0.1 mg-20 mcg tablet	1	
chateal eq (28) 0.15 mg-0.03 mg tablet	1	
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
femynor 0.25 mg-35 mcg tablet	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	1	PA
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
ELLA 30 MG TABLET	1	
cyred eq 0.15 mg-0.03 mg tablet	1	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
PREMPRO 0.625 MG-2.5 MG TABLET	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	1	
kurvelo (28) 0.15 mg-0.03 mg tablet	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet	1	
fyavolv 0.5 mg-2.5 mcg tablet	1	
fyavolv 1 mg-5 mcg tablet	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet	1	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
junel 1/20 (21) 1 mg-20 mcg tablet	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
jasmiel (28) 3 mg-0.02 mg tablet	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
amabelz 0.5 mg-0.1 mg tablet	1	
june1 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
amabelz 1 mg-0.5 mg tablet	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
mili 0.25 mg-35 mcg tablet	1	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET	1	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1	
kelnor 1/50 (28) 1 mg-50 mcg tablet	1	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet	1	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK	1	PA
sprintec (28) 0.25 mg-35 mcg tablet	1	
sronyx 0.1 mg-20 mcg tablet	1	
isibloom 0.15 mg-0.03 mg tablet	1	
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	1	
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet	1	
vylibra 0.25 mg-35 mcg tablet	1	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	1	
altavera (28) 0.15 mg-0.03 mg tablet	1	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
turqoz (28) 0.3 mg-30 mcg tablet	1	
briellyn 0.4 mg-35 mcg tablet	1	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	1	
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	1	PA
loryna (28) 3 mg-0.02 mg tablet	1	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
portia 28 0.15 mg-0.03 mg tablet	1	
lessina 0.1 mg-20 mcg tablet	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
levora-28 0.15 mg-0.03 mg tablet	1	
FEMLYV 1 MG-20 MCG DISINTEGRATING TABLET	1	

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microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet	1	
nylia 1/35 (28) 1 mg-35 mcg tablet	1	
YAZ (28) 3 MG-0.02 MG TABLET	1	PA
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
reclipsen (28) 0.15 mg-0.03 mg tablet	1	
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	1	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	1	
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet	1	
jencycla 0.35 mg tablet	1	
medroxyprogesterone 2.5 mg tablet	1	
PROVERA 2.5 MG TABLET	1	
my way 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
opcicon one-step 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
AFTERA 1.5 MG TABLET ^{OTC}	1	QL(3 cada 30 días)
deblitane 0.35 mg tablet	1	
econtra ez 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
sharobel 0.35 mg tablet	1	
norethindrone acetate 5 mg tablet	1	
progesterone micronized 200 mg capsule	1	
TAKE ACTION 1.5 MG TABLET ^{OTC}	1	QL(3 cada 30 días)
medroxyprogesterone 5 mg tablet	1	
levonorgestrel 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
PLAN B ONE-STEP 1.5 MG TABLET ^{OTC}	1	QL(3 cada 30 días)
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1	
NEXPLANON 68 MG SUBDERMAL IMPLANT	1	
megestrol 400 mg/10 ml (10 ml) oral suspension	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	1	
errin 0.35 mg tablet	1	
medroxyprogesterone 10 mg tablet	1	
option-2 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
her style 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
curae 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)

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medroxyprogesterone 150 mg/ml intramuscular syringe	1	
lyleq 0.35 mg tablet	1	
after pill 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
heather 0.35 mg tablet	1	
tulana 0.35 mg tablet	1	
new day 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
incassia 0.35 mg tablet	1	
medroxyprogesterone 150 mg/ml intramuscular suspension	1	
lyza 0.35 mg tablet	1	
progesterone micronized 100 mg capsule	1	
megestrol 20 mg tablet	1	
megestrol 625 mg/5 ml (125 mg/ml) oral suspension	1	
progesterone 50 mg/ml intramuscular oil	1	
norethindrone (contraceptive) 0.35 mg tablet	1	
econtra one-step 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
my choice 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
megestrol 40 mg tablet	1	
gallifrey 5 mg tablet	1	
PROVERA 5 MG TABLET	1	
NORA-BE 0.35 MG TABLET	1	
PROVERA 10 MG TABLET	1	
OPILL 0.075 MG TABLET ^{OTC}	1	
julie 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
emzahn 0.35 mg tablet	1	
camila 0.35 mg tablet	1	
raloxifene 60 mg tablet	1	
np thyroid 15 mg tablet	1	
EUTHYROX 75 MCG TABLET	1	
levothyroxine 50 mcg tablet	1	
EUTHYROX 88 MCG TABLET	1	
THYQUIDITY 20 MCG/ML ORAL SOLUTION	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
liothyronine 50 mcg tablet	1	
levothyroxine 175 mcg tablet	1	
levothyroxine 88 mcg tablet	1	
np thyroid 30 mg tablet	1	
np thyroid 60 mg tablet	1	
liothyronine 5 mcg tablet	1	
EUTHYROX 150 MCG TABLET	1	
np thyroid 90 mg tablet	1	
levothyroxine 137 mcg tablet	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
levothyroxine 25 mcg tablet	1	
EUTHYROX 100 MCG TABLET	1	
levothyroxine 112 mcg tablet	1	

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EUTHYROX 112 MCG TABLET	1	
levothyroxine 125 mcg tablet	1	
levothyroxine 75 mcg tablet	1	
liothyronine 25 mcg tablet	1	
levothyroxine 100 mcg tablet	1	
levothyroxine 150 mcg tablet	1	
levothyroxine 200 mcg tablet	1	
EUTHYROX 25 MCG TABLET	1	
np thyroid 120 mg tablet	1	
levothyroxine 300 mcg tablet	1	
LYSODREN 500 MG TABLET	1	
octreotide acetate 50 mcg/ml (1 ml) injection syringe	1	PA
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
octreotide acetate 50 mcg/ml injection solution	1	PA
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
octreotide acetate 100 mcg/ml (1 ml) injection syringe	1	PA
octreotide acetate 1,000 mcg/ml injection solution	1	PA
cabergoline 0.5 mg tablet	1	
octreotide acetate 200 mcg/ml injection solution	1	PA
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION	1	PA
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE	1	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION	1	PA
ORLISSA 150 MG TABLET	1	PA,QL(30 cada 30 días)
ORLISSA 200 MG TABLET	1	PA,QL(60 cada 30 días)
SIGNIFOR LAR 10 MG IM SUSPENSION	1	PA
octreotide,microspheres er 30 mg intramuscular susp, extended release	1	PA
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
SIGNIFOR LAR 30 MG IM SUSPENSION	1	PA
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE	1	PA
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
octreotide,microspheres er 20 mg intramuscular susp, extended release	1	PA
octreotide acetate 100 mcg/ml injection solution	1	PA
lanreotide 90 mg/0.3 ml subcutaneous syringe	1	PA
SIGNIFOR LAR 60 MG IM SUSPENSION	1	PA
lanreotide 60 mg/0.2 ml subcutaneous syringe	1	PA
lanreotide 120 mg/0.5 ml subcutaneous syringe	1	PA
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE	1	PA
SIGNIFOR LAR 20 MG IM SUSPENSION	1	PA
octreotide acetate 500 mcg/ml (1 ml) injection syringe	1	PA
SIGNIFOR LAR 40 MG IM SUSPENSION	1	PA
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION	1	PA

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octreotide acetate 500 mcg/ml injection solution	1	PA
methimazole 5 mg tablet	1	
propylthiouracil 50 mg tablet	1	
methimazole 10 mg tablet	1	
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
COSENTYX 25 MG/ML INTRAVENOUS SOLUTION	1	PA
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	1	PA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	1	PA
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
ENTYVIO 300 MG INTRAVENOUS SOLUTION	1	PA
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
RINVOQ 15 MG TABLET,EXTENDED RELEASE	1	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
RIDAURA 3 MG CAPSULE	1	
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE	1	PA
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA
RINVOQ 30 MG TABLET,EXTENDED RELEASE	1	PA
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS SYRINGE	1	PA
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
ORENCIA (WITH MALTOSE) 250 MG INTRAVENOUS SOLUTION	1	PA
TYENNE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS	1	PA
TYENNE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
XELJANZ 5 MG TABLET	1	PA,QL(60 cada 30 días)
TYENNE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS	1	PA
ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS	1	PA
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS	1	PA
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
XELJANZ 10 MG TABLET	1	PA,QL(60 cada 30 días)

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XELJANZ XR 11 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS	1	PA
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS	1	PA
COSENTYX PEN 150 MG/ML SUBCUTANEOUS	1	PA
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS	1	PA
RINVOQ LQ 1 MG/ML ORAL SOLUTION	1	PA
RINVOQ 45 MG TABLET,EXTENDED RELEASE	1	PA
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
ENTYVIO PEN 108 MG/0.68 ML SUBCUTANEOUS PEN INJECTOR	1	PA
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION	1	PA
OLUMIANT 2 MG TABLET	1	PA
OLUMIANT 4 MG TABLET	1	PA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
OLUMIANT 1 MG TABLET	1	PA
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA
XELJANZ 1 MG/ML ORAL SOLUTION	1	PA,QL(300 cada 30 días)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
tacrolimus 5 mg capsule, immediate-release	1	
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	1	PA
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT	1	PA
gengraf 100 mg/ml oral solution	1	
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT	1	PA
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	1	PA
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA
JYLAMVO 2 MG/ML ORAL SOLUTION	1	PA
mycophenolate sodium 180 mg tablet,delayed release	1	
mycophenolate sodium 360 mg tablet,delayed release	1	
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION	1	PA
tacrolimus 1 mg capsule, immediate-release	1	
cyclosporine modified 25 mg capsule	1	
azathioprine 50 mg tablet	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	1	PA

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HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	1	PA
mycophenolate mofetil 250 mg capsule	1	
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	PA
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	1	PA
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT	1	PA
cyclosporine modified 50 mg capsule	1	
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	PA
cyclosporine modified 100 mg/ml oral solution	1	
gengraf 25 mg capsule	1	
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	1	PA
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	PA
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	PA
gengraf 100 mg capsule	1	
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
sirolimus 0.5 mg tablet	1	
HADLIMA PUSH TOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	1	PA
HADLIMA(CF) PUSH TOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
sirolimus 1 mg/ml oral solution	1	
cyclosporine modified 100 mg capsule	1	
mycophenolate mofetil 500 mg tablet	1	
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	1	PA
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	1	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA
AVSOLA 100 MG INTRAVENOUS SOLUTION	1	PA
methotrexate sodium 25 mg/ml injection solution	1	
sirolimus 2 mg tablet	1	
methotrexate sodium (pf) 25 mg/ml injection solution	1	
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	1	PA
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	1	PA
leflunomide 10 mg tablet	1	
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	1	PA

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ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA
ADALIMUMAB-FKJP 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	1	PA
cyclosporine 100 mg capsule	1	
tacrolimus 0.5 mg capsule, immediate-release	1	
methotrexate sodium 2.5 mg tablet	1	
sirolimus 1 mg tablet	1	
cyclosporine 25 mg capsule	1	
mycophenolate mofetil 200 mg/ml oral powder for suspension	1	
leflunomide 20 mg tablet	1	
PROGRAF 1 MG ORAL GRANULES IN PACKET	1	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET	1	
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	1	PA
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	1	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	1	
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1	
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	1	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION	1	
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	1	
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	1	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM SOLUTION (1 VIAL)	1	
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
FLUARIX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUCELVAX TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE	1	
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	1	
FLUZONE TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE	1	
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	1	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	1	
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	1	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1	
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
SHINGRIX ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	1	
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1	
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1	
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1	
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
SFROWASA 4 GRAM/60 ML ENEMA	1	
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE	1	
mesalamine 1,000 mg rectal suppository	1	
sulfasalazine 500 mg tablet,delayed release	1	
mesalamine 4 gram/60 ml enema	1	
mesalamine 400 mg capsule (with delayed release tablets inside)	1	
balsalazide 750 mg capsule	1	
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit	1	
DIPENTUM 250 MG CAPSULE	1	
mesalamine 1.2 gram tablet,delayed release	1	
sulfasalazine 500 mg tablet	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1	

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APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE	1	
budesonide dr - er 3 mg capsule,delayed,extended release	1	
hydrocortisone 100 mg/60 ml enema	1	
alendronate 35 mg tablet	1	
risedronate 35 mg tablet	1	ST
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR	1	PA
SENSIPAR 30 MG TABLET	1	
SENSIPAR 60 MG TABLET	1	
cinacalcet 90 mg tablet	1	
cinacalcet 60 mg tablet	1	
cinacalcet 30 mg tablet	1	
SENSIPAR 90 MG TABLET	1	
alendronate 5 mg tablet	1	
risedronate 150 mg tablet	1	ST
calcitriol 0.5 mcg capsule	1	
risedronate 30 mg tablet	1	ST
calcitriol 0.25 mcg capsule	1	
paricalcitol 4 mcg capsule	1	
paricalcitol 2 mcg capsule	1	
paricalcitol 1 mcg capsule	1	
risedronate 5 mg tablet	1	ST
calcitriol 1 mcg/ml oral solution	1	
alendronate 70 mg tablet	1	
alendronate 10 mg tablet	1	
calcitonin (salmon) 200 unit/actuation nasal spray	1	
antitussive dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
NEO-TUSS 30 MG-200 MG/5 ML ORAL LIQUID ^{OTC}	1	
cough syrup 100 mg/5 ml oral liquid ^{OTC}	1	
fleet bisacodyl 5 mg tablet,delayed release ^{OTC}	1	
laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
gentle laxative (bisacodyl) 10 mg rectal suppository ^{OTC}	1	
expectorant 100 mg/5 ml oral liquid ^{OTC}	1	
laxative (bisacodyl) 10 mg rectal suppository ^{OTC}	1	
laxative pills regular 15 mg tablet ^{OTC}	1	
natural fiber laxative (sugar) oral powder ^{OTC}	1	
expectorant cough syrup 100 mg/5 ml oral liquid ^{OTC}	1	
metamucil (sugar) oral powder ^{OTC}	1	
stool softener 50 mg capsule ^{OTC}	1	
col-rite 100 mg capsule ^{OTC}	1	
PROTECT CARDIO AF 0.5 MG-30 MG-60 MG-90 MG CAPSULE ^{OTC}	1	
konsyl (sugar) 3.4 gram oral powder packet ^{OTC}	1	
hemorrhoidal (phenyleph-cocoa) 0.25 %-88.44 % rectal suppository ^{OTC}	1	QL(120 cada 30 días)
MVW COMPLETE FORMULATION D3000 3,000 UNIT-800 MCG CAPSULE ^{OTC}	1	
lubricant eye 57.7 %-31.9 % ointment ^{OTC}	1	
melatonin 10 mg-lemon balm leaf extract 1 mg tablet ^{OTC}	1	

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daily fiber (psyllium-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
TROPICAL LIQUID NUTRITION ORAL ^{OTC}	1	
selsun blue moisturizing 1 % shampoo ^{OTC}	1	
multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg tablet ^{OTC}	1	
FLINTSTONES COMPLETE CHEWABLE TABLET ^{OTC}	1	
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET	1	PA
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET	1	PA
PURE COMFORT LANCETS 30 GAUGE ^{OTC}	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE ^{OTC}	1	
NURTEC ODT 75 MG DISINTEGRATING TABLET	1	PA,QL(16 cada 30 días)
wal-phed d 120 mg tablet,extended release ^{OTC}	1	
HAIR, SKIN AND NAILS-ARGAN OIL 66.7 MCG-1,666.7 MCG CAPSULE ^{OTC}	1	
TAB-A-VITE MULTIVITAMIN W-IRON 18 MG-400 MCG TABLET ^{OTC}	1	
giltuss diabetic 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
HEMORRHOIDAL (PHENYLEPHRINE-HARD FAT) 0.25 %-88.7 % RECTAL SUPPOSITORY ^{OTC}	1	QL(120 cada 30 días)
pain-off 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
PRO COMFORT LANCET 30 GAUGE ^{OTC}	1	
PRO COMFORT ALCOHOL PADS ^{OTC}	1	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	1	
DUREX AVANTI BARE REAL FEEL CONDOM ^{OTC}	1	
riboflavin (vitamin b2) 100 mg tablet ^{OTC}	1	
benzonatate 200 mg capsule	1	
off familycare (with deet) 7 % topical spray ^{OTC}	1	
OFF FAMILYCARE (WITH DEET) 5 % TOPICAL SPRAY ^{OTC}	1	
NICADAN ZX 400 MG-5 MG-250 MCG-10 MG TABLET ^{OTC}	1	

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vitamin b-2 100 mg tablet ^{OTC}	1	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	1	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	1	
OFF FAMILYCARE (WITH PICARIDIN) 5 % TOPICAL SPRAY WITH PUMP ^{OTC}	1	
extra pain relief 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
SURE COMFORT LANCETS 18 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 21 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 23 GAUGE ^{OTC}	1	
MVW COMPLETE FORMULATION D5000 5,000 UNIT-800 MCG CAPSULE ^{OTC}	1	
KYLEENA 17.5 MCG/24 HR (UP TO 5 YEARS) 19.5 MG INTRAUTERINE DEVICE	1	
TRUEPLUS KETONE STRIPS ^{OTC}	1	
SOOTHE NIGHT TIME LUBRICANT 80 %-20 % EYE OINTMENT ^{OTC}	1	
ONE DAILY COMPLETE TABLET ^{OTC}	1	
aspirin 300 mg rectal suppository ^{OTC}	1	
saline nasal mist 0.65 % spray aerosol ^{OTC}	1	
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT ^{OTC}	1	
ferrex 150 mg iron capsule ^{OTC}	1	
laxative (sennosides) 15 mg tablet ^{OTC}	1	
tri-buffered aspirin 325 mg tablet ^{OTC}	1	
alophen (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
TYLENOL 325 MG TABLET ^{OTC}	1	
cyanocobalamin (vit b-12) er 1,000 mcg tablet,extended release ^{OTC}	1	
diabetic tussin ex 100 mg/5 ml oral liquid ^{OTC}	1	
laxa basic 100 mg capsule ^{OTC}	1	
SIDEROL TABLET ^{OTC}	1	
dextromethorphan-guaifenesin 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
dextrose 40 % oral gel ^{OTC}	1	
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr ^{OTC}	1	
sennosides 8.6 mg-docusate sodium 50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
midazolam 2 mg/ml oral syrup	1	PA
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
benzoyl peroxide 5 % topical gel ^{OTC}	1	
robafen 100 mg/5 ml oral liquid ^{OTC}	1	
magnesium citrate oral solution ^{OTC}	1	
ergocalciferol (vitamin d2) 10 mcg (400 unit) tablet ^{OTC}	1	
children's acetaminophen 160 mg chewable tablet ^{OTC}	1	
multihealth fiber 3.4 gram/5.8 gram oral powder ^{OTC}	1	
one daily men's 50 plus with d3 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
theratrum complete 50 plus(lycopene,lutein) 0.4 mg-300 mcg-250 mcg tab ^{OTC}	1	

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ALCOHOL PADS ^{OTC}	1	
LITE TOUCH LANCETS 28 GAUGE ^{OTC}	1	
children's chewable vitamin complete 18 mg iron tablet ^{OTC}	1	
KIMONO MICROTHIN LARGE CONDOMS ^{OTC}	1	
PEDIALYTE ORAL SOLUTION ^{OTC}	1	
geri-mucil (sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
CEROVITE JR 18 MG IRON-10 MCG CHEWABLE TABLET ^{OTC}	1	
adults multivitamin 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
PEDIA POLY-VITE 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS ^{OTC}	1	
immune support 250 mg-12.5 mg chewable tablet ^{OTC}	1	
stool softener 60 mg/15 ml oral syrup ^{OTC}	1	
artificial tears (dextran 70-hypromellose) eye drops ^{OTC}	1	
polyvinyl alcohol 1.4 % eye drops ^{OTC}	1	
ADULTS' DAILY FORMULA 18 MG IRON-25 MCG TABLET ^{OTC}	1	
children's tylenol 160 mg chewable tablet ^{OTC}	1	
MICROCHAMBER SPACER	1	
nasal moisturizing 0.65 % spray aerosol ^{OTC}	1	
saline nose 0.65 % spray aerosol ^{OTC}	1	
wal-tussin 100 mg/5 ml oral liquid ^{OTC}	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	1	PA
niacin 100 mg tablet ^{OTC}	1	
ULTILET LANCETS 33 GAUGE ^{OTC}	1	
sorbugen nr 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1	
REFRESH LIQUIGEL 1 % EYE LIQUID GEL DROPS ^{OTC}	1	
KONSYL SUGAR-FREE 6 GRAM/6 GRAM ORAL POWDER ^{OTC}	1	
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 66.7 MCG-1,000 MCG TABLET ^{OTC}	1	
vic-forte 1 mg capsule ^{OTC}	1	
strawberry c 500 mg chewable tablet ^{OTC}	1	
BABY AYR SALINE 0.65 % NASAL DROPS ^{OTC}	1	
senna-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
women's gentle laxative (bisacodyl) 5 mg tablet, delayed release ^{OTC}	1	
a thru z men's ultimate 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
SORBUTUSS 10 MG-100 MG-85 MG/5 ML ORAL LIQUID ^{OTC}	1	
a thru z select 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt ^{OTC}	1	
vitamin b-12 1,000 mcg tablet ^{OTC}	1	
LANCING DEVICE WITH LANCETS ^{OTC}	1	
CENTRUM SILVER ULTRA MEN'S 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1	
CHILDREN'S TYLENOL 160 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
FILTER NEEDLES 19 X 1 1/2"	1	

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OPURITY MULTIVITAMIN 30 MG IRON-800 MCG CHEWABLE TABLET ^{OTC}	1	
FLINTSTONES WITH IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1	
quit 2 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
pediatric electrolyte oral solution ^{OTC}	1	
daily multivitamin-minerals tablet ^{OTC}	1	
niacinamide 50 mg tablet ^{OTC}	1	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1	
hydrocodone-homatropine 5 mg-1.5 mg tablet	1	PA
ear drops (carbamide peroxide) 6.5 % ^{OTC}	1	
FEVERALL 120 MG RECTAL SUPPOSITORY ^{OTC}	1	
ASSURE LANCE PLUS 25 GAUGE ^{OTC}	1	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1	
niva-plus 27 mg iron-1 mg tablet ^{OTC}	1	
non-aspirin extra strength 500 mg tablet ^{OTC}	1	
midazolam 1 mg/ml injection solution	1	
aspirin 325 mg tablet,delayed release ^{OTC}	1	
niacin 500 mg tablet ^{OTC}	1	
UNILET LANCET 33 GAUGE ^{OTC}	1	
CHILDREN'S CHEW MULTIVIT WITH IRON 15 MG IRON TABLET ^{OTC}	1	
BAZA CLEANSE AND PROTECT 2 % LOTION ^{OTC}	1	
EASY TOUCH TWIST LANCETS 26 GAUGE ^{OTC}	1	
50 plus adult eye health 250 mg-5 mg-1 mg capsule ^{OTC}	1	
vitamin b-1 250 mg tablet ^{OTC}	1	
melatonin 5 mg chewable tablet ^{OTC}	1	
MULTI-DAY PLUS MINERALS 18 MG IRON-400 MCG-25 MCG TABLET ^{OTC}	1	
vitamin b-6 100 mg tablet ^{OTC}	1	
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	1	
natural daily fiber 3.4 gram/5.8 gram oral powder ^{OTC}	1	
quit 4 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
TRUE METRIX GLUCOSE TEST STRIP ^{OTC}	1	QL(200 cada 30 días)
TRUE METRIX LEVEL 1 SOLUTION ^{OTC}	1	
TRUE METRIX LEVEL 2 SOLUTION ^{OTC}	1	
riboflavin (vitamin b2) 50 mg tablet ^{OTC}	1	
TYLENOL EXTRA STRENGTH 500 MG TABLET ^{OTC}	1	
TRUE METRIX LEVEL 3 SOLUTION ^{OTC}	1	
cholecalciferol (vitamin d3) 250 mcg (10,000 unit) tablet ^{OTC}	1	
DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE ^{OTC}	1	
carboxymethylcellulose sodium 1 % eye liquid gel drops ^{OTC}	1	
adult 50 plus eye health 250 mg-5 mg-1 mg capsule ^{OTC}	1	
EMBRACE LANCETS 30 GAUGE ^{OTC}	1	
multi-vitamin with fluoride 0.5 mg/ml oral drops ^{OTC}	1	
multi-vitamin with fluoride 0.25 mg/ml oral drops ^{OTC}	1	

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METAMUCIL (WITH SUGAR) 3.4 GRAM ORAL POWDER PACKET ^{OTC}	1	
THEREMS MULTIVITAMIN 400 MCG TABLET ^{OTC}	1	
vitajoy adult multi 200 mcg chewable tablet ^{OTC}	1	
SYSTANE GEL 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
centrum 9 mg iron/15 ml oral liquid ^{OTC}	1	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE ^{OTC}	1	
zinc oxide diaper cream 1 %-10 % topical ^{OTC}	1	
giltuss hbp 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
AQUA LANCE LANCING DEVICE ^{OTC}	1	
GOJJI LANCETS 30 GAUGE ^{OTC}	1	
endur-c with rose hips 500 mg tablet,extended release ^{OTC}	1	
GOJJI LANCING DEVICE ^{OTC}	1	
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
acne foaming wash 10 % topical cleanser ^{OTC}	1	
citrate of magnesia oral ^{OTC}	1	
COLACE 2-IN-1 8.6 MG-50 MG TABLET ^{OTC}	1	QL(240 cada 30 días)
children's acetaminophen 160 mg/5 ml (5 ml) oral suspension ^{OTC}	1	
MULTIVITAMIN-ZINC-STRESS 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1	
one daily for women 18 mg-0.4 mg tablet ^{OTC}	1	
one daily for men 50 plus adv 400 mcg-600 mcg-120 mg tablet ^{OTC}	1	
l-arginine (alpha-ketoglutarate) 350 mg tablet,extended release ^{OTC}	1	
wal-phed 30 mg tablet ^{OTC}	1	
dex4 glucose 4 gram chewable tablet ^{OTC}	1	
stresstabs energy 120 mg-400 mcg-62.5 mg tablet ^{OTC}	1	
children's saline nasal spray 0.65 % aerosol ^{OTC}	1	
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION	1	PA,QL(28.8 cada 30 días)
pediatric enema 9.5 gram-3.5 gram/59 ml ^{OTC}	1	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER ^{OTC}	1	
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) capsule ^{OTC}	1	
child mucinex freefrom day cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	1	
melatonin 12 mg tablet ^{OTC}	1	
urinary pain relief 99.5 mg tablet ^{OTC}	1	
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
niacinamide 500 mg tablet ^{OTC}	1	
UNILET LANCETS 30 GAUGE ^{OTC}	1	
CARESENS PREMIUM COMFORT LANCING DEVICE ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
CARELANCE ULTIMATE COMFORT LANCING DEVICE ^{OTC}	1	
optimal d3 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
FORTAVIT CAPSULE ^{OTC}	1	
therapeutic-m 9 mg iron-400 mcg tablet ^{OTC}	1	
saline nasal 0.65 % spray aerosol ^{OTC}	1	
sulfacetamide sodium 10 % topical cleanser, gel	1	
ULTILET CLASSIC LANCETS 33 GAUGE ^{OTC}	1	
NUPERCAINAL 1 % OINTMENT ^{OTC}	1	
one daily multivitamin with iron (folic acid) 18 mg-400 mcg tablet ^{OTC}	1	
MICROLET LANCET ^{OTC}	1	
THERAMILL FORTE 67 MCG-12.5 MG-12.5 MG-17 MG CAPSULE ^{OTC}	1	
daily multivitamin 200 mcg-100 mcg-500 mcg capsule ^{OTC}	1	
FC2 FEMALE CONDOM ^{OTC}	1	
thiamine hcl (vitamin b1) 50 mg tablet ^{OTC}	1	
ACNE MEDICATION 10 % TOPICAL GEL ^{OTC}	1	
c-500 500 mg chewable tablet ^{OTC}	1	
ACNE MEDICATION 5 % TOPICAL GEL ^{OTC}	1	
sudogest 60 mg tablet ^{OTC}	1	
TWIST LANCETS 32 GAUGE ^{OTC}	1	
TWIST LANCETS 30 GAUGE ^{OTC}	1	
restore pm 57.3 %-42.5 % eye ointment ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}	1	
2-IN-1 LANCET DEVICE 30 GAUGE ^{OTC}	1	
stool softener-stimulant laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
fiber therapy (psyllium husk-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
ONE DAILY MULTIVITAMIN WITH IRON 18 MG IRON TABLET ^{OTC}	1	
m-pap 160 mg/5 ml oral liquid ^{OTC}	1	
vegetable laxative-stool softener 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
evac-u-gen (sennosides) 8.6 mg tablet ^{OTC}	1	
PIP LANCET 28 GAUGE ^{OTC}	1	
PIP LANCET 30 GAUGE ^{OTC}	1	
REFRESH RELIEVA 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
REMEDY SKIN REPAIR 1.5 % CREAM ^{OTC}	1	
PROCARE SPACER WITH CHILD MASK	1	
EVAC 3 GRAM/3 GRAM ORAL POWDER ^{OTC}	1	
PROCARE SPACER WITH ADULT MASK	1	
tusnel-ex 100 mg/5 ml oral liquid ^{OTC}	1	
ONEVITE(WITH LUTEIN) 1 MG-100 MG-1 MG TABLET ^{OTC}	1	
chest congestion-cough relief 20 mg-400 mg tablet ^{OTC}	1	
tm-daily vite 400 mcg tablet ^{OTC}	1	
ferric x-150 150 mg iron capsule ^{OTC}	1	
senior tabs 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
capsaicin hp 0.1 % topical cream ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
skin protectant a and d (petrolatum, lanolin) topical ointment ^{OTC}	1	
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM ^{OTC}	1	
lintera 10 % topical cleanser ^{OTC}	1	
NOVA SUREFLEX LANCETS ^{OTC}	1	
kids' gummy chewable tablet ^{OTC}	1	
men's daily gummies 200 mcg chewable tablet ^{OTC}	1	
fiber therapy (psyllium husk-sucrose) 3 gram/12 gram oral powder ^{OTC}	1	
senna-time s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
acetaminophen 500 mg tablet ^{OTC}	1	
SUNVITE 18 MG IRON-400 MCG-25 MCG TABLET ^{OTC}	1	
onelax magnesium citrate oral solution ^{OTC}	1	
onelax docusate sodium 50 mg/5 ml oral liquid ^{OTC}	1	
guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1	
VICKS DAYQUIL MUCUS CONTROL DM 10 MG-200 MG/15 ML ORAL LIQUID ^{OTC}	1	
artificial tears (pg400-hypromell-glycerin) 1 %-0.2 %-0.2 % eye drops ^{OTC}	1	
reguloid (psyllium husk-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
REGULOID (PSYLLIUM HUSK-SUCROSE) 3 GRAM/12 GRAM ORAL POWDER ^{OTC}	1	
ONETOUCH DELICA PLUS LANCING DEVICE KIT ^{OTC}	1	
ONETOUCH DELICA PLUS LANCET 33 GAUGE ^{OTC}	1	
ONETOUCH DELICA PLUS LANCET 30 GAUGE ^{OTC}	1	
reguloid (aspartame) 3 gram/5.8 gram oral powder ^{OTC}	1	
microdot glucose gel 40 % oral ^{OTC}	1	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE ^{OTC}	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
spectravite advanced formula 18 mg-400 mcg tablet ^{OTC}	1	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	1	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	1	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	1	
FLEXICHAMBER SPACER	1	
VIVAGUARD LANCET 30 GAUGE ^{OTC}	1	
e-200 90 mg (200 unit) capsule ^{OTC}	1	
reguloid (psyllium husk) 3 gram/5.4 gram oral powder ^{OTC}	1	
VIVAGUARD LANCING DEVICE ^{OTC}	1	
wellfola 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
BARIATRIC MULTIVITAMINS 45 MG IRON-800 MCG-120 MCG CAPSULE ^{OTC}	1	
glutose-5 40 % oral gel ^{OTC}	1	
pediatric multivitamin no.171 750 unit-35 mg-400 unit/ml oral drops ^{OTC}	1	
children's pain and fever relief 160 mg/5 ml oral suspension ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
UNISTIK 2 COMFORT LANCET 28 GAUGE ^{OTC}	1	
overnight lubricating eye 94 %-3 % ointment ^{OTC}	1	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment ^{OTC}	1	
FOLCYTEINE 1 MG-47 MG-20 MCG-16 MG TABLET ^{OTC}	1	
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
healthy eyes lutein-zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule ^{OTC}	1	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1	
UNISTIK 2 EXTRA LANCET 21 GAUGE ^{OTC}	1	
ECLIPSE NEEDLE 25 GAUGE X 5/8"	1	
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) capsule ^{OTC}	1	
MOOD FOOD 250 MG-50MG-50MG-1,360MCG DFE CAPSULE ^{OTC}	1	
freshkote 2.7 %-2 % eye drops ^{OTC}	1	
ACTIVNUTRIENTS (NO IRON) 170 MCG DFE CAPSULE ^{OTC}	1	
METAMUCIL FREE 3 GRAM/7 GRAM ORAL POWDER ^{OTC}	1	
ROBITUSSIN COUGH-CHEST CONGESTION DM 5 MG-50 MG/5 ML ORAL LIQUID ^{OTC}	1	
bp wash 5 % topical cleanser ^{OTC}	1	
psyllium husk (with sugar) 3 gram/7 gram oral powder ^{OTC}	1	
PHASEAL PROTECTOR 13 MM DEVICE	1	
bp wash 10 % topical cleanser ^{OTC}	1	
spectravite men's 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" ^{OTC}	1	
docuzen 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1	
povidone-iodine 10 % topical spray ^{OTC}	1	
VITABEX PLUS 500 MCG-25 MG-10 MG CAPSULE ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1	
PRO COMFORT SPACER-CHILD MASK ^{OTC}	1	
PRO COMFORT SPACER-ADULT MASK ^{OTC}	1	
TRUE COMFORT LANCET 30 GAUGE ^{OTC}	1	
TRUE COMFORT ALCOHOL PADS ^{OTC}	1	
PHASEAL PROTECTOR 28 MM DEVICE	1	
PHASEAL PROTECTOR 20 MM DEVICE	1	
ONE-A-DAY WEIGHTSMART 200 MG-18 MG-0.4 MG TABLET ^{OTC}	1	
OCUVITE EYE PLUS MULTI 200 MCG-15 MCG-150 MCG TABLET ^{OTC}	1	
womens daily gummies 200 mcg chewable tablet ^{OTC}	1	
men's 50 plus multivitamin 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
women's 50 plus multivitamin 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
CENTRUM CHEWABLES 8 MG IRON-400 MCG-10 MCG TABLET ^{OTC}	1	
vitamin d3 10 mcg (400 unit) chewable tablet ^{OTC}	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16 ^{OTC}	1	
genicin vita-q 1 mg-25 mg-12.5 mg-1 mg tablet ^{OTC}	1	
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 66.7 MCG-1,666.7 MCG TABLET ^{OTC}	1	
GENTEAL TEARS SEVERE 0.3 % EYE GEL ^{OTC}	1	
multivitamin women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
nighttime dry-eye relief 57.3 %-42.5 % ointment ^{OTC}	1	
daytime-nighttime 10-5-325mg(d)/15-325-6.25mg capsules ^{OTC}	1	
zyncof 20 mg-400 mg tablet ^{OTC}	1	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	1	
panoxyl 10 % topical cleanser ^{OTC}	1	
MUCILIN SF 3.5 GRAM/5 GRAM ORAL POWDER ^{OTC}	1	
VANALICE 0.3 %-3.5 % TOPICAL GEL ^{OTC}	1	
mucilin sf 3.5 gram oral powder packet ^{OTC}	1	
HAIR-SKIN-NAILS (MULTIVIT-FOLIC-BIOTIN) 400 MCG-2,000 MCG TABLET ^{OTC}	1	
FLINTSTONES TAB CHEW 100 MCG TABLET ^{OTC}	1	
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
BD MICROTAINER LANCET 1.5 MM X 2 MM ^{OTC}	1	
c-lax laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
ONELAX FIBER THERAPY (PSYLLIUM-SUCRALOSE) 3.4 GRAM/12 GRAM ORAL POWDER ^{OTC}	1	
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET ^{OTC}	1	
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
artificial tears (pf) 0.1 %-0.3 % drops in a dropperette ^{OTC}	1	
bacitracin plus 500 unit/gram topical ointment ^{OTC}	1	
ALTERNATE SITE LANCET 26 GAUGE ^{OTC}	1	
sinus 12 hour 120 mg tablet,extended release ^{OTC}	1	
ADVOCATE LANCING DEVICE ^{OTC}	1	
ocutabs tablet ^{OTC}	1	
TRUSTEX LATEX CONDOM ^{OTC}	1	
stool softener 100 mg tablet ^{OTC}	1	
UNISTIK 2 NORMAL LANCET 21 GAUGE ^{OTC}	1	
DEXCOM G7 SENSOR DEVICE	1	
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release ^{OTC}	1	
ONE-DAILY MULTI 800 MCG-1 MG-500 MCG-500 MCG CAPSULE ^{OTC}	1	
thera moisturizing 1.5 % topical cream ^{OTC}	1	
EASY-C IMMUNE HEALTH 500 MG TABLET ^{OTC}	1	
DERMACINRX VENTRIXYL FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
METAMUCIL (WITH SUGAR) 3 GRAM/7 GRAM ORAL POWDER ^{OTC}	1	
PRESERVISION AREDS-2 250 MG-90 MG-40 MG-1 MG CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
cyanocobalamin (vit b-12) 1,000 mcg/15 ml oral liquid ^{OTC}	1	QL(450 cada 30 días)
cholecalciferol (vitamin d3) 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
liquid b-12 1,000 mcg/15 ml oral ^{OTC}	1	QL(450 cada 30 días)
ONE-A-DAY MEN'S 50 PLUS (WITH GINKGO) 400 MCG-300 MCG-120 MG TABLET ^{OTC}	1	
castor oil 100 % oral ^{OTC}	1	
TRUECONTROL LEVEL 0 SOLUTION ^{OTC}	1	
LEQEMBI 100 MG/ML INTRAVENOUS SOLUTION	1	PA
one daily men's 50 plus memory support 400 mcg-600 mcg-120 mg tablet ^{OTC}	1	
daily fiber (psyllium-aspartame) 3.4 gram oral powder packet ^{OTC}	1	
HI-D ADEK GUMMIES PLUS ZINC 2,400 MCG-62.5 MCG-67 MG CHEWABLE TABLET ^{OTC}	1	
SYSTANE COMPLETE PF 0.6 % EYE DROPS ^{OTC}	1	
children's multivitamin gummy chewable tablet ^{OTC}	1	
sudogest 12-hour 120 mg tablet,extended release ^{OTC}	1	
PEDIA POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1	
infant fever reducer-pain relief 160 mg/5 ml oral suspension ^{OTC}	1	
MEGAVITE 18 MG IRON-800 MCG-150 MG TABLET ^{OTC}	1	
vitalee 0.4 mg tablet ^{OTC}	1	
geri-tussin 100 mg/5 ml oral liquid ^{OTC}	1	
kids melatonin 1 mg chewable tablet ^{OTC}	1	
robafen dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1	
VITALETS 10 MG IRON CHEWABLE TABLET ^{OTC}	1	
ONE-A-DAY WOMEN'S ACTIVE 18 MG IRON-400 MCG-180 MG TABLET ^{OTC}	1	
lubrifresh pm 83 %-15 % eye ointment ^{OTC}	1	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION ^{OTC}	1	
daily multiple for women 18 mg iron-400 mcg-500 mg ca tablet ^{OTC}	1	
METAMUCIL MULTIHEALTH FIBER 3.4 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
OCUVITE ADULT 50 PLUS 250 MG (90 MG-160 MG) CAPSULE ^{OTC}	1	
stye (pva-povidone) 0.5 %-0.6 % eye drops ^{OTC}	1	
cough syrup dm 5 mg-50 mg/5 ml ^{OTC}	1	
ACTIVNUTRIENTS CHEWABLE 0.75 MG-85 MCG DFE TABLET ^{OTC}	1	
adult tussin dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
allergy complete-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
FOLAGENT DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 1.2 MM ^{OTC}	1	
vitamin e (dl, acetate) 90 mg (200 unit) capsule ^{OTC}	1	
corvita 1.25 mg-2.5 mg-7 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
glucose-45 40 % oral gel ^{OTC}	1	
d3-5000 125 mcg (5,000 unit) capsule ^{OTC}	1	
IGALMI 180 MCG SUBLINGUAL FILM	1	PA
IGALMI 120 MCG SUBLINGUAL FILM	1	PA
PRORENAL QD 400 MCG-500 UNIT CAPSULE ^{OTC}	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
mgo 400 mg (241.3 mg magnesium) tablet ^{OTC}	1	
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET ^{OTC}	1	
ALIVE ENERGY 50 PLUS 240 MCG-45 MCG-900 MCG-250MCG TABLET ^{OTC}	1	
gummy dinos chewable tablet ^{OTC}	1	
OCULAR VITAMINS 7,160 UNIT-113 MG-0.5 MG TABLET ^{OTC}	1	
LITETOUCH-SMALL MASK	1	
LITETOUCH-LARGE MASK	1	
acne control (benzoyl peroxide) 10 % topical cleanser ^{OTC}	1	
APETIBEX 12.5 MG-12.5 MCG-30 MG-5 MG SPRINKLE CAPSULE ^{OTC}	1	
ALIVE KIDS CHEWABLE 75 MG-15 MG TABLET ^{OTC}	1	
multivitamin with minerals-ferrous fumarate 15 mg iron tablet ^{OTC}	1	
ranger ready repellent 20 % topical spray with pump ^{OTC}	1	
CHILDREN'S DELSYM COUGH 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 cada 30 días)
vitamins a and d-white petrolatum-lanolin topical ointment ^{OTC}	1	
KIDS MULTIVITAMIN-MINERALS 200 MCG CHEWABLE TABLET ^{OTC}	1	
laxacin 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
clinere ear wax removal 6.5 % drops ^{OTC}	1	
SAFETY NEEDLES 18 GAUGE X 1 1/2"	1	
chest congestion relief 400 mg tablet ^{OTC}	1	
VISION OPTIMIZER 66.6MG-3.33MCG-3.33MG-0.66MG CAPSULE ^{OTC}	1	
a thru z high potency tablet ^{OTC}	1	
KAOPECTATE (DOCUSATE CALCIUM) 240 MG CAPSULE ^{OTC}	1	QL(30 cada 30 días)
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT ^{OTC}	1	
one daily plus iron 18 mg-400 mcg tablet ^{OTC}	1	
kindermed kids cough-congest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
kindermed kids pain-fever 160 mg/5 ml oral suspension ^{OTC}	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE ^{OTC}	1	
kindermed infants pain-fever 160 mg/5 ml oral suspension ^{OTC}	1	
pain relief extra strength (acetaminophen) 500 mg tablet ^{OTC}	1	
men's one daily 400 mcg-20 mcg-300 mcg tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
CENTRUM MINIS WOMEN 50 PLUS 4 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	1	
HI-D DROP 76 MCG-1,000 MCG/ML ORAL DROPS ^{OTC}	1	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	1	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	1	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	1	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE ^{OTC}	1	
ULTRA-THIN II LANCETS 28 GAUGE ^{OTC}	1	
aphen 325 mg tablet ^{OTC}	1	
fiber (with aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1	
DEXCOM G7 RECEIVER	1	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ^{OTC}	1	
TROJAN-ENZ (NON-LUBRICATED) CONDOMS ^{OTC}	1	
one daily maximum 18 mg-0.4 mg tablet ^{OTC}	1	
REMEDY CLEANSING BODY 1.5 % TOPICAL CLEANSER ^{OTC}	1	
cholecalciferol (vitamin d3) 10 mcg (400 unit) chewable tablet ^{OTC}	1	
kids vitamin d3 10 mcg (400 unit) chewable tablet ^{OTC}	1	
FEVERALL 650 MG RECTAL SUPPOSITORY ^{OTC}	1	
pure l-citrulline 600 mg capsule ^{OTC}	1	
tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
onelax fiber therapy (psyllium-sucrose) 3.4 gram/12 gram oral powder ^{OTC}	1	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
a thru z select tablet ^{OTC}	1	
UNISTIK PRO LANCET 28 GAUGE ^{OTC}	1	
UNISTIK PRO LANCET 25 GAUGE ^{OTC}	1	
UNISTIK PRO LANCET 21 GAUGE ^{OTC}	1	
DEXCOM G6 TRANSMITTER DEVICE	1	
DEXCOM G6 RECEIVER	1	
DEXCOM G6 SENSOR DEVICE	1	
child robitussin cough-chest dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
polysaccharide iron complex 150 mg iron capsule ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1	
senna laxative 8.6 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
multi-vite 9 mg iron/15 ml oral liquid ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64 ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64 ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64 ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64 ^{OTC}	1	
SUPPORT-500 CAPSULE ^{OTC}	1	
pedia d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
pedia iron 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
children's pain and fever relief 160 mg chewable tablet ^{OTC}	1	
children's pain relief 160 mg chewable tablet ^{OTC}	1	
RENAPLEX 800 MCG-12.5 MG TABLET ^{OTC}	1	
RENAPLEX-D 800 MCG-12.5 MG-2,000 UNIT TABLET ^{OTC}	1	
DEKAS BARIATRIC 22.5 MG-400 MCG-500 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	
central-vite 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
multihealth fiber (sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1	
mucus relief er dm-max 60 mg-1,200 mg tablet,extended release ^{OTC}	1	
fenesin dm ir 20 mg-400 mg tablet ^{OTC}	1	
LIQUID MULTIVITAMIN 9 MG IRON/15 ML (15 ML) ORAL ^{OTC}	1	
urinary pain relief 95 mg tablet ^{OTC}	1	
melatonin 1 mg/4 ml oral drops ^{OTC}	1	
a thru z select 50 plus formula 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
DERMACINRX DEXATRAN 18 MG IRON-1 MG CAPSULE ^{OTC}	1	
KIDS MULTI ZERO CHEWABLE TABLET ^{OTC}	1	
ONE A DAY MEN COMPLETE 240 MCG-25 MCG-300 MCG TABLET ^{OTC}	1	
mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
BACMIN 27 MG IRON-1 MG TABLET ^{OTC}	1	
wal-sporin 500 unit-10,000 unit/gram topical ointment ^{OTC}	1	
REMEDY DIMETHICONE CREAM 5 % TOPICAL ^{OTC}	1	
first aid antibiotic 3.5 mg-500 unit-10,000 unit topical ointment ^{OTC}	1	
KIMONO LUBRICATED CONDOMS ^{OTC}	1	
vision plus lutein tablet ^{OTC}	1	
LANCING DEVICE ^{OTC}	1	
allergy and congestion relief 5 mg-120 mg tablet,extend release 12 hr ^{OTC}	1	ST,QL(60 cada 30 días)
cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
vitajoy melatonin 2.5 mg chewable tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
daily fiber (psyllium-sucrose) 3.4 gram/12 gram oral powder ^{OTC}	1	
ONE-A-DAY MEN'S MULTIVITAMIN 400 MCG-20 MCG-300 MCG TABLET ^{OTC}	1	
move it along 100 mg tablet ^{OTC}	1	
shake that ache 500 mg tablet ^{OTC}	1	
ultra tuss safe 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
sentry 18 mg-400 mcg tablet ^{OTC}	1	
STRESS FORMULA WITH IRON 500 MG-400 MCG-18 MG IRON TABLET ^{OTC}	1	
STRESS FORMULA WITH IRON(SULF) 500 MG-400 MCG-27 MG IRON TABLET ^{OTC}	1	
vitamin e mixed 400 unit capsule ^{OTC}	1	
PARVLEX 29 MG IRON-400 MCG TABLET ^{OTC}	1	
LITFULO 50 MG CAPSULE	1	PA
yelets 18 mg-400 mcg tablet ^{OTC}	1	
NOVAFERRUM 15 MG IRON/ML ORAL DROPS ^{OTC}	1	
LANCETS 33 GAUGE ^{OTC}	1	
pain reliever extra strength (acetaminophen) 500 mg tablet ^{OTC}	1	
GENTEAL TEARS MODERATE 0.1 %-0.3 %-0.2 % EYE DROPS ^{OTC}	1	
off deep woods 25 % topical pump spray ^{OTC}	1	
COMPACT SPACE CHAMBER-LRG MASK	1	
COMPACT SPACE CHAMBER-MED MASK	1	
COMPACT SPACE CHAMBER-SM MASK	1	
COMPACT SPACE CHAMBER	1	
total home insect repellent 30 % topical spray ^{OTC}	1	
insect repellent (deet) 15 % topical spray ^{OTC}	1	
REPEL FAMILY 10 % TOPICAL SPRAY ^{OTC}	1	
CUTTER BACKWOODS 25 % TOPICAL PUMP SPRAY ^{OTC}	1	
REPEL 100 98.11 % TOPICAL PUMP SPRAY ^{OTC}	1	
REPEL SPORTSMEN MAX 40 % TOPICAL PUMP SPRAY ^{OTC}	1	
EASY TOUCH LANCETS 26 GAUGE ^{OTC}	1	
EASY TOUCH LANCETS 32 GAUGE ^{OTC}	1	
EASY TOUCH LANCETS 30 GAUGE ^{OTC}	1	
CARESENS LANCETS 30 GAUGE ^{OTC}	1	
senna 8.6 mg tablet ^{OTC}	1	
altamist 0.65 % nasal spray aerosol ^{OTC}	1	
pyridoxine (vitamin b6) 250 mg tablet ^{OTC}	1	
arginine hcl (l-arginine) 500 mg capsule ^{OTC}	1	
zinc with vitamins a and c 15 mg lozenges ^{OTC}	1	
expectorant dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
women's multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
men's multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
ascorbic acid (vitamin c) er 500 mg capsule,extended release ^{OTC}	1	
MURINE EAR 6.5 % DROPS ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SYSTANE COMPLETE 0.6 % EYE DROPS ^{OTC}	1	
ONE-A-DAY TEEN FOR HIM VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1	
ULTRA FINE LANCETS 30 GAUGE ^{OTC}	1	
docusate calcium 240 mg capsule ^{OTC}	1	QL(30 cada 30 días)
ULTRA-CARE LANCETS 30 GAUGE ^{OTC}	1	
PROTECT PLUS SO 0.5 MG-15 MG CAPSULE ^{OTC}	1	
children's cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
restore plus (carboxymethylcellulose) 0.5 % eye drops in a dropperette ^{OTC}	1	
motion sickness relief 50 mg tablet ^{OTC}	1	
LANZO LANCING DEVICE KIT ^{OTC}	1	
MERIBIN 5 MG CAPSULE ^{OTC}	1	
docusate sodium 100 mg capsule ^{OTC}	1	
pain reliever (acetaminophen-aspirin-caff) 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
PROSIGHT 5,000 UNIT-60 MG-30 UNIT TABLET ^{OTC}	1	
NICORETTE 2 MG GUM ^{OTC}	1	QL(720 cada 30 días)
suphedrine 30 mg tablet ^{OTC}	1	
daily vitamin formula-iron 18 mg-400 mcg tablet ^{OTC}	1	
children's chewable multivitamin 300 mcg tablet ^{OTC}	1	
OCUVEL 0.5 MG-250 MG-200 UNIT-40 MG CAPSULE ^{OTC}	1	
12 hour nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 750 UNIT-500 MCG CAPSULE ^{OTC}	1	
pyridoxine (vitamin b6) 25 mg tablet ^{OTC}	1	
daylogic acne foaming wash 10 % topical cleanser ^{OTC}	1	
melatonin 3 mg capsule ^{OTC}	1	
pyridoxine (vitamin b6) 50 mg tablet ^{OTC}	1	
cyanocobalamin (vitamin b-12) 1,000 mcg capsule ^{OTC}	1	
SEKOT 8.6 MG TABLET ^{OTC}	1	
ADVANCED TRAVEL LANCETS 30 GAUGE ^{OTC}	1	
FREESTYLE LANCETS 28 GAUGE ^{OTC}	1	
ACCU-CHEK FASTCLIX LANCET DRUM ^{OTC}	1	
EMERGEN-C 500 MG CHEWABLE TABLET ^{OTC}	1	
NOVAFERRUM PEDIATRIC MULTIVITAMIN-IRON 10 MG IRON/ML ORAL DROPS ^{OTC}	1	
clear eyes natural tears 0.5 %-0.6 % drops ^{OTC}	1	
CLARITIN-D 12 HOUR 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 cada 30 días)
AIRBORNE PLUS GOOD REST 250 MG-66.6 MG-15 MG CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
maxi-tuss gmx 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
maxi-tuss g 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
maxi-tuss ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
DERMACINRX PENETRAL 0.025 % TOPICAL CREAM ^{OTC}	1	
VEKLURY 100 MG INTRAVENOUS POWDER FOR SOLUTION	1	
psyllium husk 2.6 gram/4.1 gram oral powder ^{OTC}	1	
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
ferosul 325 mg (65 mg iron) tablet ^{OTC}	1	
VERIFINE UNIVERSAL LANCET 33 GAUGE ^{OTC}	1	
AIRBORNE VITS ZINC ELDERBERRY 65 MG-3.15 MCG-3.35 MG-1 MG CHEW TABLET ^{OTC}	1	
VERIFINE UNIVERSAL LANCET 30 GAUGE ^{OTC}	1	
arthritis-muscle (capsaicin) 0.025 % topical cream ^{OTC}	1	
POLY-VI-SOL 250 MCG-50 MG-10 MCG/ML ORAL DROPS ^{OTC}	1	
clearcanal earwax softener 6.5 % drops ^{OTC}	1	
bp 5 % topical gel ^{OTC}	1	
AIRBORNE (ASCORBIC ACID) 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
CENTRUM ADULT 50 PLUS FRESH-FRUITY 120 MCG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE PLUS PROBIOTIC 250 MG-166.67 MILLION CELL CHEWABLE TABLET ^{OTC}	1	
TRI-VI-SOL 250 MCG-50 MG-10 MCG/ML ORAL DROPS ^{OTC}	1	
multivitamin with minerals-folic acid 120 mcg chewable tablet ^{OTC}	1	
AIRBORNE KIDS 250 MG-11.66 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE NATURAL ENERGY 500 MG-175 MG/30 ML ORAL LIQUID IN PACKET ^{OTC}	1	
bp 10 % topical gel ^{OTC}	1	
AIRBORNE GUMMY 250 MG-11.66 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE KIDS 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
QUIN B STRONG 500 MG-400 MCG-15 MG TABLET ^{OTC}	1	
children's fever reducer-pain reliever 160 mg/5 ml oral suspension ^{OTC}	1	
allergy relief-d (loratadine) 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
multivitamin with minerals-folic acid 0.4 mg tablet ^{OTC}	1	
arthritis pain relief (capsaicin) 0.1 % topical cream ^{OTC}	1	
maxtussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
lubricant eye drops 0.5 % drops in a dropperette ^{OTC}	1	

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FLINTSTONES WITH EXTRA IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1	
midazolam (pf) 2 mg/2 ml (1 mg/ml) injection syringe	1	
midazolam (pf) 5 mg/ml injection syringe	1	
melatonin 1 mg/ml oral liquid ^{OTC}	1	
SURE COMFORT LANCETS 28 GAUGE ^{OTC}	1	
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	1	PA,QL(60 cada 30 días)
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	1	QL(5 cada 30 días)
multivitamin-mins-folic acid 200 mcg-lutein 137.5 mcg chewable tablet ^{OTC}	1	
POLY-VI-SOL WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1	
SOOTHE XP (PF) 1 %-4.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) tablet ^{OTC}	1	
poly bacitracin (zinc) 500 unit-10,000 unit/gram topical ointment ^{OTC}	1	
SURE-PREP ALCOHOL PREP PADS ^{OTC}	1	
FLINTSTONES COMPLETE (FERROUS SULFATE) 10 MG IRON CHEWABLE TABLET ^{OTC}	1	
diabetic multivitamin 120 mcg chewable tablet ^{OTC}	1	
liquituss gg 200 mg/5 ml oral liquid ^{OTC}	1	
LANCETS, SUPER THIN ^{OTC}	1	
COMFORT LANCETS ^{OTC}	1	
robitussin er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
CLEVER CHEK LANCETS 30 GAUGE ^{OTC}	1	
MVW COMPLETE FORMULATION D5000 5,000 UNIT-1,000 MCG CHEWABLE TABLET ^{OTC}	1	
GENTEEL VACUUM LANCING DEVICE COMBO PACK ^{OTC}	1	
NOVAMV 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS ^{OTC}	1	
CENTRUM MINIS ADULTS 50 PLUS 200 MCG-15 MCG-150 MCG-125MCG TABLET ^{OTC}	1	
UNISTIK 3 DUAL LANCET 18 GAUGE ^{OTC}	1	
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET ^{OTC}	1	
FILTER NEEDLES 19 X 1"	1	
LANCETS 30 GAUGE ^{OTC}	1	
melatonin-pyridoxine hcl (vitamin b6) 3 mg-10 mg tablet ^{OTC}	1	
cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	1	PA
smooth texture fiber 3 gram/5.8 gram oral powder ^{OTC}	1	
readyprep pvp 10 % topical solution ^{OTC}	1	
multivitamin 50 plus tablet ^{OTC}	1	
melatonin 1 mg tablet ^{OTC}	1	
LANCING DEVICE WITH LANCETS KIT ^{OTC}	1	
foaming acne face wash 10 % topical cleanser ^{OTC}	1	
OCUVITE LUTEIN AND ZEAXANTHIN 60 MG-13.5 MG-15 MG-2 MG-6 MG CAPSULE ^{OTC}	1	
THRESHOLD PEP DEVICE	1	
THRESHOLD IMT TRAINER DEVICE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SMART SENSE LANCETS 33 GAUGE ^{OTC}	1	
SUPER MULTIPLE - LOW IRON 400 MCG TABLET ^{OTC}	1	
E-Z JECT LANCETS 33 GAUGE ^{OTC}	1	
a thru z 18 mg-500 mcg-300 mcg-250 mcg tablet ^{OTC}	1	
folic acid 400 mcg tablet ^{OTC}	1	
PEDIATRIC MEDIUM MASK ^{OTC}	1	
PEDIATRIC SMALL MASK ^{OTC}	1	
geri-tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
abc complete senior men's 300 mcg-60 mcg-600 mcg-300mcg tablet ^{OTC}	1	
MONOJECT SAFETY SYRINGES ^{OTC}	1	
abc complete senior 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
MONOJECT SAFETY SYRINGES	1	
child mucus relief expectorant 100 mg/5 ml oral liquid ^{OTC}	1	
ICAPS AREDS2 250 MG-200 UNIT-12.5 MG-1 MG CAPSULE ^{OTC}	1	
ICAPS AREDS2 (COPPER CITRATE) 250 MG-200 UNIT-12.5 MG-1 MG CHEW TABLET ^{OTC}	1	
child mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
artificial tears (carboxymethylcellulose) 1 % eye drops ^{OTC}	1	
ONE-A-DAY TRIPLE IMMUNE SUPPORT 400 MCG-370 MCG TABLET ^{OTC}	1	
tussin dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" ^{OTC}	1	
CENTRUM KIDS (WITH VIT D3, VIT K) 8 MG IRON-10 MCG CHEWABLE TABLET ^{OTC}	1	
CARETOUCH SAFETY LANCETS 28 GAUGE ^{OTC}	1	
CARETOUCH SAFETY LANCETS 26 GAUGE ^{OTC}	1	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1" ^{OTC}	1	
one-a-day women's 50 plus 0.4 mg tablet ^{OTC}	1	
natural fiber supplement 6 gram/6 gram oral powder ^{OTC}	1	
AEROVENT PLUS SPACER	1	
daily fiber (psyllium-aspartame) 3 gram oral powder packet ^{OTC}	1	
KONSYL DAILY FIBER (STEVIA) 3.5 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
GLUCOCOM LANCETS 28 GAUGE ^{OTC}	1	
one daily women 50 plus(vit k) 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	
MONOCAPS 14 MG IRON-400 MCG TABLET ^{OTC}	1	
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS ^{OTC}	1	
hematex 150 mg iron tablet ^{OTC}	1	
REFRESH DIGITAL PF 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
REFRESH DIGITAL 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1	
ocuvite with lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	

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VERIFINE UNIVERSAL LANCET 28 GAUGE ^{OTC}	1	
spectravite women 18 mg-400 mcg tablet ^{OTC}	1	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
SPACE CHAMBER WITH LARGE MASK	1	
SPACE CHAMBER WITH MEDIUM MASK	1	
SPACE CHAMBER WITH SMALL MASK	1	
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
dulcolax (magnesium hydroxide) 400 mg/5 ml oral suspension ^{OTC}	1	
high potency multivitamin 400 mcg tablet ^{OTC}	1	
tab-a-vite 400 mcg tablet ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-1,000 MCG CHEW TABLET ^{OTC}	1	
delta d3 10 mcg (400 unit) tablet ^{OTC}	1	
ADVOCATE RAPID-SAFE LANCING DEVICE ^{OTC}	1	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	1	
MONOJECT ENFIT STERILE SYRINGE 3 ML	1	
laxative (sennosides) 25 mg tablet ^{OTC}	1	
HAIR-SKIN-NAIL (VIT A,C-BIOTIN-ZN-CU) 2,500 UNIT-100 MG-2,500 MCG CAP ^{OTC}	1	
guaifenesin er 600 mg tablet, extended release 12 hr ^{OTC}	1	
SYSTANE COMPLETE PF 0.6 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
REFRESH TEARS PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
ventiva tears 0.5 % eye drops ^{OTC}	1	
sentia 0.6 % eye drops ^{OTC}	1	
LIVITA FOR CHILDREN ORAL LIQUID ^{OTC}	1	
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	
UBRELVY 100 MG TABLET	1	PA,QL(10 cada 20 días)
nusyllium 3.4 gram/12 gram oral powder ^{OTC}	1	
oralyte oral solution ^{OTC}	1	
immune support (vit c, d and zinc) 180 mg-10 mcg-5.5 mg-150 mg capsule ^{OTC}	1	
BION TEARS (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE ^{OTC}	1	
capzix 0.1 % topical cream ^{OTC}	1	
senna plus 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
VANACOF XP 18 MG-396 MG/15 ML ORAL LIQUID ^{OTC}	1	
artificial tears (pf) drops in a dropperette ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-800 MCG CAPSULE ^{OTC}	1	
AQUA-E 13.4 MG-16 MG/ML ORAL EMULSION ^{OTC}	1	

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dextromethorphan polistirex er 30 mg/5 ml oral susp ext.release 12hr ^{OTC}	1	QL(600 cada 30 días)
MVW MODULATOR FORMULTN MINI MULTIVT 3,000 MCG-200 MG-18.75 MCG CAPSULE ^{OTC}	1	
ALKA-SELTZER ORIGINAL 325 MG EFFERVESCENT TABLET ^{OTC}	1	
senna 8.8 mg/5 ml oral syrup ^{OTC}	1	
midazolam 5 mg/ml injection solution	1	
benzoyl peroxide 10 % topical gel ^{OTC}	1	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
NICORETTE 2 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 cada 30 días)
THERA-M 19 MG IRON-400 MCG TABLET ^{OTC}	1	
NICORETTE 4 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 cada 30 días)
carboxymethylcellulose sodium 0.5 % eye drops ^{OTC}	1	
support oral liquid ^{OTC}	1	
nicotine (polacrilex) 4 mg gum ^{OTC}	1	QL(720 cada 30 días)
true multivitamin 400 mcg tablet ^{OTC}	1	
phillips' liqui-gels 100 mg capsule ^{OTC}	1	
wal-zyr (ketotifen) 0.025 % (0.035 %) eye drops ^{OTC}	1	
ACTIVNUTRIENTS 1.25 MG IRON-170 MCG DFE CAPSULE ^{OTC}	1	
FLINTSTONES IMMUNITY SUPPORT 10 MG IRON CHEWABLE TABLET ^{OTC}	1	
infants' pain relief 160 mg/5 ml oral suspension ^{OTC}	1	
MONOJECT ENFIT STERILE SYRINGE 35 ML	1	
children delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
pure and gentle eye 0.3 % drops ^{OTC}	1	
ear wax removal kit 6.5 % drops ^{OTC}	1	
vitamin c 1,000 mg tablet ^{OTC}	1	
MONOJECT ENFIT STERILE SYRINGE 6 ML	1	
CEROVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1	
UNISTIK 3 GENTLE 30 GAUGE ^{OTC}	1	
mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
CENTRUM SILVER 400 MCG-250 MCG CHEWABLE TABLET ^{OTC}	1	
FORACARE LANCETS 30 GAUGE ^{OTC}	1	
RELIAMED TWIST AND CAP LANCET 28 GAUGE ^{OTC}	1	
lorata-d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
tussin dm 20 mg-400 mg tablet ^{OTC}	1	
women's daily formula 27 mg-0.4 mg tablet ^{OTC}	1	
tussin 400 mg tablet ^{OTC}	1	
TROJAN VERY THIN LUBRICATED CONDOMS ^{OTC}	1	
tylenol pm extra strength 25 mg-500 mg tablet ^{OTC}	1	
centrum silver 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
FREESTYLE UNISTIK 2 ^{OTC}	1	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET ^{OTC}	1	
allergy eye (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1	

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artificial tears(dextran-hypromel-glycern) 0.1 %-0.3 %-0.2 % eye drops ^{OTC}	1	
CORRECTOL 5 MG TABLET ^{OTC}	1	
laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
alavert d-12 allergy-sinus 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
TROJAN MAGNUM CONDOMS ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	1	
vitamin d3 25 mcg (1,000 unit) tablet ^{OTC}	1	
cool bottoms 1 % topical cream ^{OTC}	1	
vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1	
neutraphor 1 % topical cream ^{OTC}	1	
super antioxidant capsule ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{OTC}	1	
UBRELVY 50 MG TABLET	1	PA,QL(10 cada 20 días)
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT TOPICAL OINTMENT PACKET ^{OTC}	1	
CLARITIN-D 24 HOUR 10 MG-240 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(30 cada 30 días)
loratadine-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
MONOJECT ENFIT STERILE SYRINGE 1 ML	1	
WOMEN'S MULTIVITAMIN WITH BIOTIN 200 MCG-300 MCG CHEWABLE TABLET ^{OTC}	1	
men 50 plus advanced one daily 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
ULTRA THIN LANCETS 33 GAUGE ^{OTC}	1	
GLUCOCOM LANCETS 33 GAUGE ^{OTC}	1	
ASSURE LANCE PLUS 30 GAUGE ^{OTC}	1	
TRUEPLUS LANCETS 33 GAUGE ^{OTC}	1	
UNIVERSAL 1 LANCETS 33 GAUGE ^{OTC}	1	
infants' pain and fever 160 mg/5 ml oral suspension ^{OTC}	1	
EZ SMART LANCETS 28 GAUGE ^{OTC}	1	
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
ON CALL LANCING DEVICE ^{OTC}	1	
dextromethorphan-guaifenesin 20 mg-400 mg tablet ^{OTC}	1	
ON CALL LANCET 30 GAUGE ^{OTC}	1	
midazolam (pf) 5 mg/ml injection solution	1	
midazolam (pf) 1 mg/ml injection solution	1	
wal-tussin dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
SYSTANE (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
vitamin k1 10 mg/ml injection solution	1	
aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
hair,skin and nails tablet ^{OTC}	1	
multiple vitamin-minerals tablet ^{OTC}	1	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION ^{OTC}	1	
multi complete with iron 18 mg-400 mcg tablet ^{OTC}	1	
vitamin k 1 mg/0.5 ml injection solution	1	
d3-2000 50 mcg (2,000 unit) capsule ^{OTC}	1	
CORVITE 1.25 MG-2.5 MG-7 MG TABLET ^{OTC}	1	
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops ^{OTC}	1	
methylergonovine 0.2 mg tablet	1	
biocotron 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
hemorrhoidal-analgesic 1 % topical ointment ^{OTC}	1	
mucus relief er 600 mg tablet, extended release ^{OTC}	1	
acetaminophen 325 mg tablet ^{OTC}	1	
DIALYVITE 800-ULTRA D 0.8 MG-2,000 UNIT TABLET ^{OTC}	1	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	1	
BREATHERITE SPACER AND MASK, ADULT	1	
BREATHERITE SPACER AND MASK, CHILD	1	
BREATHERITE SPACER AND MASK, SMALL CHILD	1	
BREATHERITE SPACER AND MASK, INFANT	1	
BREATHERITE SPACER AND MASK, NEONATE	1	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
BREATHERITE VALVED MDI SPACER	1	
BREATHERITE MDI SPACER	1	
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap	1	PA
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{OTC}	1	
daily vitamin formula tablet ^{OTC}	1	
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	1	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	1	
SAFETY-LET LANCETS 30 GAUGE ^{OTC}	1	
pain relief (acetaminophen) 160 mg/5 ml oral liquid ^{OTC}	1	
LANCETS,ULTRA THIN ^{OTC}	1	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment ^{OTC}	1	
tussin cough and chest congestion 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
senna 176 mg/5 ml oral syrup ^{OTC}	1	
EZ-LETS 26 GAUGE ^{OTC}	1	
woman's laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
bacitracin zinc 500 unit/gram topical ointment in packet ^{OTC}	1	
ADVANCED TRAVEL LANCETS 28 GAUGE ^{OTC}	1	
bacitracin 500 unit/gram topical packet ^{OTC}	1	
vitamin e acetate 134 mg (200 unit) capsule ^{OTC}	1	
MONOJECT TUBERCULIN SYRINGE 1 ML ^{OTC}	1	
povidone-iodine 10 % topical solution ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
allergy and congestion relief 10 mg-240 mg tablet,extend release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
one daily for men 0.4 mg-600 mcg tablet ^{OTC}	1	
senna leaf extract 176 mg/5 ml oral syrup ^{OTC}	1	
pain relief (acetaminophen) 500 mg tablet ^{OTC}	1	
extraprin 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
butalbital 50 mg-acetaminophen 325 mg tablet	1	
vitrum senior tablet ^{OTC}	1	
one daily essential tablet ^{OTC}	1	
COLACE 100 MG CAPSULE ^{OTC}	1	
one-a-day maximum formula tablet ^{OTC}	1	
myferon 150 150 mg iron capsule ^{OTC}	1	
capsaicin 0.075 % topical cream ^{OTC}	1	
diabetes health formula 500 mcg-250 mcg tablet ^{OTC}	1	
children's fever reducing 120 mg rectal suppository ^{OTC}	1	
STRESS FORMULA TABLET ^{OTC}	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1	
non-aspirin 325 mg tablet ^{OTC}	1	
hemorrhoidal ointment ^{OTC}	1	
ASSURE LANCE PLUS 21 GAUGE ^{OTC}	1	
adult wal-tussin 100 mg/5 ml oral liquid ^{OTC}	1	
pseudoephedrine er 120 mg tablet,extended release ^{OTC}	1	
vitamin a 2,400 mcg capsule ^{OTC}	1	QL(30 cada 30 días)
children's mapap 80 mg chewable tablet ^{OTC}	1	
wal-tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
ONE WAY VALVED MOUTHPIECE DEVICE ^{OTC}	1	
phenylephrine 10 mg tablet ^{OTC}	1	
OPTICHAMBER ADULT MASK-LARGE	1	
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel ^{OTC}	1	ST,QL(30 cada 30 días)
cetirizine 5 mg-pseudoephedrine er 120 mg tablet,extended release,12hr ^{OTC}	1	ST,QL(60 cada 30 días)
REFRESH TEARS 0.5 % EYE DROPS ^{OTC}	1	
stool softener (docusate calcium) 240 mg capsule ^{OTC}	1	QL(30 cada 30 días)
ascorbic acid (vitamin c) 1,000 mg tablet ^{OTC}	1	
ALTERNATE SITE LANCING DEVICE ^{OTC}	1	
AUTOLET PLUS LANCING DEVICE ^{OTC}	1	
12-hour cough relief 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
PUSH BUTTON SAFETY LANCETS 21 GAUGE ^{OTC}	1	
adults 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
OCUVITE EYE HEALTH 50 MG-15 UNIT-4.5 MG-2.5 MG CHEWABLE TABLET ^{OTC}	1	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
senna lax 8.6 mg tablet ^{OTC}	1	
gentle tears mild 0.1 %-0.3 % eye drops ^{OTC}	1	
thera-tabs tablet ^{OTC}	1	

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ketotifen 0.025 % (0.035 %) eye drops ^{OTC}	1	
melatonin 5 mg tablet ^{OTC}	1	
MONOJECT SYRINGE 6 ML 21 X 1 1/2" ^{OTC}	1	
UNISTIK 2 DEVICE KIT ^{OTC}	1	
first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment ^{OTC}	1	
children multivitamin chewable tablet ^{OTC}	1	
zostrix-hp foot 0.1 % topical cream ^{OTC}	1	
nortemp 160 mg/5 ml oral suspension ^{OTC}	1	
zostrix-hp 0.1 % topical cream ^{OTC}	1	
CUTTER BACKWOODS 25 % TOPICAL SPRAY ^{OTC}	1	
REPEL SPORTSMEN 25 % TOPICAL SPRAY ^{OTC}	1	
OFF DEEP WOODS 25 % TOPICAL SPRAY ^{OTC}	1	
OFF DEEP WOODS DRY 25 % TOPICAL SPRAY POWDER ^{OTC}	1	
OFF ACTIVE 15 % TOPICAL SPRAY ^{OTC}	1	
OFF FAMILYCARE (WITH DEET) 15 % TOPICAL SPRAY POWDER ^{OTC}	1	
CUTTER SKINSATIONS 7 % TOPICAL PUMP SPRAY ^{OTC}	1	
REPEL SPORTSMEN MAX 40 % TOPICAL SPRAY ^{OTC}	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir ^{OTC}	1	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	1	
pure and gentle (saline) 19 gram-7 gram/118 ml enema ^{OTC}	1	
infant's acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	
men 50 plus multivitamin 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP ^{OTC}	1	
eye health plus lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
ENDUR-VM IRON-FREE 400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg tablet ^{OTC}	1	
dibucaine 1 % rectal ointment ^{OTC}	1	
INCONTROL ALCOHOL PADS ^{OTC}	1	
ICAPS AREDS2 (COPPER CITRATE) 250 MG-200 UNIT-12.5 MG-1 MG TABLET ^{OTC}	1	
REPEL SPORTSMEN DRY 25 % TOPICAL SPRAY ^{OTC}	1	
REPEL HUNTER'S 25 % TOPICAL SPRAY ^{OTC}	1	
repele family 15 % topical spray powder ^{OTC}	1	
CUTTER BACKWOODS DRY 25 % TOPICAL SPRAY ^{OTC}	1	
PROCHAMBER	1	
stool softener-stimulant laxative 8.6 mg-50 mg capsule ^{OTC}	1	
nicotine (polacrilex) 2 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
senna plus 8.6 mg-50 mg capsule ^{OTC}	1	
BIO-35, GLUTEN FREE 3 MG-133 MCG-33 MCG-33 MCG CAPSULE ^{OTC}	1	
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
slow release iron 143 mg (45 mg iron) tablet,extended release ^{OTC}	1	
phenazopyridine 100 mg tablet	1	
eye itch relief 0.025 % (0.035 %) drops ^{OTC}	1	
theratrum complete 50 plus with lutein tablet ^{OTC}	1	
a thru z select women's tablet ^{OTC}	1	
wal-mucil natural fiber laxative 3.4 gram/12 gram oral powder ^{OTC}	1	
DROPLET LANCETS 30 GAUGE ^{OTC}	1	
adult wal-tussin dm max 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
vitamin b-1 (mononitrate) 100 mg tablet ^{OTC}	1	
urinary pain relief 97.5 mg tablet ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	1	
ascorbic acid (vitamin c) 250 mg tablet ^{OTC}	1	
guaiaatussin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
robitussin cough-chest congestion dm 10 mg-200 mg capsule ^{OTC}	1	
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-50 MCG TABLET ^{OTC}	1	
DROPLET LANCING DEVICE ^{OTC}	1	
a thru z advanced formula 18 mg-400 mcg tablet ^{OTC}	1	
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
daily fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder ^{OTC}	1	
multivitamin tablet ^{OTC}	1	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT ^{OTC}	1	
4-N-1 NO RINSE WASH 1 % TOPICAL ^{OTC}	1	
ANTIOXIDANT FORMULA (SELENIUM YEAST) 8,333 UNIT-167 MG-133 UNIT TABLET ^{OTC}	1	
hair vitamins tablet ^{OTC}	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{OTC}	1	
lorata-dine d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
rid lice killing 0.33 %-4 % shampoo ^{OTC}	1	
multiple vitamins tablet ^{OTC}	1	
antioxidant a/c/e/selenium capsule ^{OTC}	1	
THERAPEUTIC LIQUID ORAL ^{OTC}	1	
FEMCAP 22 MM VAGINAL DEVICE	1	
A AND D DIAPER RASH CREAM 1 %-10 % TOPICAL ^{OTC}	1	
MONOJECT SYRINGE 6 ML 21 X 1" ^{OTC}	1	
wal-zyr d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
MONOJECT SYRINGE 6 ML 21 X 1"	1	
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1	
nicotine (polacrilex) 2 mg gum ^{OTC}	1	QL(720 cada 30 días)
HYDROCIL ORAL POWDER ^{OTC}	1	
EYEPROTECT 7,160 UNIT-113 MG-100 UNIT TABLET ^{OTC}	1	
UNISTIK TOUCH LANCETS 21 GAUGE ^{OTC}	1	
UNISTIK TOUCH LANCETS 28 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
UNISTIK TOUCH LANCETS 23 GAUGE ^{OTC}	1	
UNISTIK TOUCH LANCETS 30 GAUGE ^{OTC}	1	
EASY MINI EJECT LANCING DEVICE ^{OTC}	1	
vcf contraceptive 4 % vaginal gel ^{OTC}	1	QL(153 cada 30 días)
iron 325 mg (65 mg iron) tablet ^{OTC}	1	
GUAICON DMS 20 MG-200 MG/10 ML ORAL LIQUID IN PACKET ^{OTC}	1	
nasal decongestant (pseudoephedrine) 120 mg tablet,extended release ^{OTC}	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	1	
ALIVE WOMEN'S 50 PLUS (FRUIT-VEG BLEND) 240 MCG-120 MCG-300 MCG TABLET ^{OTC}	1	
vitamins a-d-e with selenium 10,000 unit-400 unit tablet ^{OTC}	1	
I-CAPS 280 MG-10 MG-2 MG CAPSULE ^{OTC}	1	
travel sickness 50 mg tablet ^{OTC}	1	
VORTEX VHC FROG MASK-CHILD	1	
NORMLSHIELD 4.5 % TOPICAL CREAM ^{OTC}	1	
COMFORT EZ LANCETS 23 GAUGE ^{OTC}	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	
APATATE FORTE ORAL LIQUID ^{OTC}	1	
acetaminophen 120 mg rectal suppository ^{OTC}	1	
DECUBI VITE 400 MCG-50 MG-500 MG CAPSULE ^{OTC}	1	
allergy eye (ketotifen) 0.025 % (0.035 %) drops ^{OTC}	1	
daily gummies 200 mcg chewable tablet ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{OTC}	1	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1	
MONOJECT ENFIT SYRINGE 12 ML	1	
ULTI-LANCE KIT ^{OTC}	1	
MONOJECT ENFIT STERILE SYRINGE 60 ML	1	
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops ^{OTC}	1	
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
BODY, HAIR, SKIN AND NAILS 3 MG-133 MCG CAPSULE ^{OTC}	1	
women's laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
konsyl (sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
COMFORT EZ LANCETS 28 GAUGE ^{OTC}	1	
ascorbic acid (vitamin c) 250 mg chewable tablet ^{OTC}	1	
aller-tec d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
ferrous sulfate 325 mg (65 mg iron) tablet ^{OTC}	1	
one-a-day teen advantage 9 mg iron-400 mcg tablet ^{OTC}	1	
AUTOLET LANCING DEVICE ^{OTC}	1	
children's non-aspirin 160 mg/5 ml oral suspension ^{OTC}	1	
migraine formula 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
ULTRA THIN PLUS LANCETS 33 GAUGE ^{OTC}	1	
REFRESH OPTIVE 1 %-0.9 % EYE GEL DROPS ^{OTC}	1	
docuprene 100 mg tablet ^{OTC}	1	

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BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{OTC}	1	
RESOURCE THICKENUP ORAL PACKET ^{OTC}	1	
FORA LANCING DEVICE ^{OTC}	1	
folic acid 1 mg tablet ^{OTC}	1	
folic acid 1 mg tablet	1	
ULTI-LANCE MISC ^{OTC}	1	
RESOURCE THICKENUP ORAL POWDER ^{OTC}	1	
FLEET ENEMA EXTRA 19 GRAM-7 GRAM/197 ML ^{OTC}	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	1	
REMIENT 3.6 MG-1,000 MCG CAPSULE ^{OTC}	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2" ^{OTC}	1	
MONOJECT SYRINGE 6 ML	1	
ENDUR-VM WITH IRON 18 MG IRON-400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1	
MONOJECT SYRINGE 3 ML	1	
nicotine (polacrilex) 4 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
retaine pm 80 %-20 % eye ointment ^{OTC}	1	
PEDIATRIC PANDA MASK ^{OTC}	1	
ARGININE (L-ARGININE) (BULK) 100 % CRYSTALS ^{OTC}	1	
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1	
e-400 c-500 and beta carotene tablet ^{OTC}	1	
melatonin 5 mg capsule ^{OTC}	1	
MOUTHPIECE DEVICE ^{OTC}	1	
iron (ferrous sulfate) 325 mg (65 mg iron) tablet ^{OTC}	1	
PANDA MASK ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg sublingual lozenge ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	1	
bisacodyl 10 mg rectal suppository ^{OTC}	1	
CURITY ALCOHOL SWABS ^{OTC}	1	
CHEMSTRIP 10 MD ^{OTC}	1	
for sty relief eye ointment ^{OTC}	1	
magnesium hydroxide 400 mg/5 ml oral suspension ^{OTC}	1	
NAPHCON-A 0.025 %-0.3 % EYE DROPS ^{OTC}	1	
guaifenesin 400 mg tablet ^{OTC}	1	
THERA-M 27 MG-0.4 MG TABLET ^{OTC}	1	
one daily women's 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
elfolate 15 mg tablet ^{OTC}	1	PA
REFRESH RELIEVA PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
elfolate 7.5 mg tablet ^{OTC}	1	PA
ABC COMPLETE SENIOR WOMEN'S 8 MG IRON-400 MCG-50 MCG TABLET ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	1	
FEVERALL 325 MG RECTAL SUPPOSITORY ^{OTC}	1	
NEOVITE 1 MG-100 MG-1 MG TABLET ^{OTC}	1	
mucus relief dm cough 20 mg-400 mg tablet ^{OTC}	1	
stool softener 100 mg capsule ^{OTC}	1	

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CENTRUM ULTRA MEN'S 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1	
pain reliever (acetaminophen) 325 mg tablet ^{OTC}	1	
COMFORT EZ LANCETS 21 GAUGE ^{OTC}	1	
children's acetaminophen 160 mg/5 ml oral liquid ^{OTC}	1	
CAVILON DURABLE BARRIER 1.3 % TOPICAL CREAM ^{OTC}	1	
LITE TOUCH LANCING DEVICE ^{OTC}	1	
MONOJECT ENFIT SYRINGE 12 ML ^{OTC}	1	
acne treatment (benzoyl peroxide) 10 % topical gel ^{OTC}	1	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT ^{OTC}	1	
daylogic acne treatment 10 % topical gel ^{OTC}	1	
lysiplex plus oral liquid ^{OTC}	1	
SENOKOT-S 8.6 MG-50 MG TABLET ^{OTC}	1	QL(240 cada 30 días)
ferrous fumarate 324 mg (106 mg iron) tablet ^{OTC}	1	
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid ^{OTC}	1	
PEDIALYTE FREEZER POPS ORAL SOLUTION ^{OTC}	1	
CHILDREN'S MULTIVITAMIN CHEWABLE TABLET ^{OTC}	1	
allergy relief d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
AUTO-LANCET MINI ^{OTC}	1	
central-vite women's mature 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
vitalets chewable tablet ^{OTC}	1	
dimenhydrinate 50 mg tablet ^{OTC}	1	
AEROCHAMBER MV SPACER	1	
capsaicin 0.025 % topical cream ^{OTC}	1	
RIGHTEST GL300 LANCETS 30 GAUGE ^{OTC}	1	
POLYETHYLENE GLYCOL 3350 (BULK) POWDER ^{OTC}	1	
POLYETHYLENE GLYCOL 3350 (BULK) POWDER	1	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
vitamin c 250 mg chewable tablet ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	1	
MYGLUCOHEALTH LANCETS 30 GAUGE ^{OTC}	1	
MINIMED SYRINGE RESERVOIR 3 ML	1	
SORBITOL 70 % SOLUTION ^{OTC}	1	
tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	PA
pseudoephedrine 60 mg tablet ^{OTC}	1	
glycerin (adult) rectal suppository ^{OTC}	1	
secura dimethicone 5 % topical cream ^{OTC}	1	
fleet glycerin (adult) rectal suppository ^{OTC}	1	
dulcolax stool softener (docusate) 100 mg capsule ^{OTC}	1	
AEROTRACH PLUS SPACER	1	
ULTRA ANTIOXIDANT FORMULA TABLET ^{OTC}	1	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION ^{OTC}	1	

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bayer aspirin 325 mg tablet ^{OTC}	1	
WEBCOL TOPICAL PADS ^{OTC}	1	
UNILET GP LANCET ^{OTC}	1	
MICROSPACER	1	
LANCETS,THIN ^{OTC}	1	
KIMONO MICROTHIN CONDOMS ^{OTC}	1	
ADJUSTABLE LANCING DEVICE ^{OTC}	1	
benzonatate 100 mg capsule	1	
sski 1 gram/ml oral solution	1	
BETADINE 10 % TOPICAL SOLUTION ^{OTC}	1	
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	PA
COLACE CLEAR 50 MG CAPSULE ^{OTC}	1	
ULTILET SAFETY LANCETS 23 GAUGE ^{OTC}	1	
FLINTSTONES/EXTRA C 100 MCG CHEWABLE TABLET ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg capsule ^{OTC}	1	
AEROCHAMBER MINI	1	
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1	
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION ^{OTC}	1	
antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint ^{OTC}	1	
RIGHTEST GD500 LANCING DEVICE ^{OTC}	1	
a thru z select 500 mcg-300 mcg-250 mcg tablet ^{OTC}	1	
SUPER THIN LANCETS ^{OTC}	1	
DAILY VITES/IRON TABLET ^{OTC}	1	
DAILY-VITE TABLET ^{OTC}	1	
SPACE CHAMBER	1	
UDAMIN SP 1,000 MCG-320 MG TABLET ^{OTC}	1	
centrum complete 18 mg-400 mcg tablet ^{OTC}	1	
wal-itin d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
centravites 0.4 mg-162 mg-18 mg tablet ^{OTC}	1	
ONE DAILY COMPLETE 18 MG-0.4 MG TABLET ^{OTC}	1	
enema 19 gram-7 gram/118 ml ^{OTC}	1	
daily multi-vitamin tablet ^{OTC}	1	
AYR SALINE 0.65 % NASAL DROPS ^{OTC}	1	
AYR SALINE 0.65 % NASAL SPRAY AEROSOL ^{OTC}	1	
suphedrine 12 hour 120 mg tablet,extended release ^{OTC}	1	
NICORETTE 4 MG GUM ^{OTC}	1	QL(720 cada 30 días)
SUPER MULTIVITAMIN TABLET ^{OTC}	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{OTC}	1	
BD ALCOHOL SWABS ^{OTC}	1	
acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	
diphenhydramine 25 mg tablet ^{OTC}	1	
metamucil sunrise oral powder ^{OTC}	1	
VITATRUM 18 MG-500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1	
TRUSTEX-RIA NON-LUBRICATED CONDOMS ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
one daily multivitamin tablet ^{OTC}	1	
gentle laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
AUTOLET IMPRESSION LANCING DEVICE KIT ^{OTC}	1	
melatonin 3 mg tablet ^{OTC}	1	
CORN STARCH (BULK) POWDER ^{OTC}	1	
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	1	
ULTRA THIN LANCETS ^{OTC}	1	
STROVITE FORTE 10 MG-1 MG TABLET ^{OTC}	1	
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1	
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	1	PA
EASIVENT MASK SMALL	1	
guaifenesin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
one-a-day teen advantage 18 mg-400 mcg tablet ^{OTC}	1	
sodium chloride 0.9 % irrigation solution	1	
DAILY VITAMIN WITH IRON TABLET ^{OTC}	1	
decara 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
STRESS B-COMPLEX 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1	
CHILDREN'S CHEWABLE VITAMIN TABLET ^{OTC}	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
biotect plus oral liquid ^{OTC}	1	
SYSTANE BALANCE 0.6 % EYE DROPS ^{OTC}	1	
CERTAVITE-ANTIOXIDANT 18 MG-400 MCG TABLET ^{OTC}	1	
4-n-1 no rinse wash 1 % topical cream ^{OTC}	1	
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET ^{OTC}	1	
TROJAN-ENZ/SPERMICIDAL CONDOMS ^{OTC}	1	
MIRENA 21 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1	
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY ^{OTC}	1	
corn starch topical powder ^{OTC}	1	
lice killing 0.33 %-4 % shampoo ^{OTC}	1	
thera 400 mcg tablet ^{OTC}	1	
midazolam 10 mg/5 ml (2 mg/ml) oral syrup	1	PA
SUREFLEX LANCING DEVICE WITH LANCETS KIT ^{OTC}	1	
complete multivitamin-multimineral 9 mg iron/15 ml oral liquid ^{OTC}	1	
melatonin 5 mg/15 ml oral liquid ^{OTC}	1	
child chest congestion-cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
vitamin b-2 50 mg tablet ^{OTC}	1	
METAMUCIL FIBER SINGLES 3.4 GRAM ORAL POWDER PACKET ^{OTC}	1	
vitamin c 250 mg tablet ^{OTC}	1	
children's acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	
fever reducer 120 mg rectal suppository ^{OTC}	1	
FLINTSTONES MULTI-VITAMINS GUMMIES 200 MCG CHEWABLE TABLET ^{OTC}	1	

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dialyvite vitamin d 125 mcg (5,000 unit) capsule ^{OTC}	1	
niacin (inositol niacinate) 500 mg tablet ^{OTC}	1	
docusate sodium 50 mg/5 ml oral liquid ^{OTC}	1	
nasal decongestant (pseudoephedrine) 30 mg tablet ^{OTC}	1	
one daily healthy weight 200 mg-18 mg-0.4 mg tablet ^{OTC}	1	
ULTRALANCE LANCETS 28 GAUGE ^{OTC}	1	
ferrous sulfate 325 mg (65 mg iron) tablet,delayed release ^{OTC}	1	
vitamin d2 1,250 mcg (50,000 unit) capsule	1	
infant pain reliever 160 mg/5 ml oral suspension ^{OTC}	1	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT ^{OTC}	1	
ALKA-SELTZER ORIGINAL 325 MG-1,916 MG-1,000 MG EFFERVESCENT TABLET ^{OTC}	1	
weekly-d 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
hemorrhoidal(phenyleph-min oil-petrolat)0.25 %-14 %-74.9 % rectal oint ^{OTC}	1	
EASY COMFORT LANCETS 30 GAUGE ^{OTC}	1	
POCKET CHAMBER SPACER	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	1	
THERA M PLUS (FERROUS FUMARATE) 9 MG IRON-400 MCG TABLET ^{OTC}	1	
geri-kot 8.6 mg tablet ^{OTC}	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup	1	PA
PURE COMFORT ALCOHOL PADS ^{OTC}	1	
TRUEDRAW LANCING DEVICE ^{OTC}	1	
thiamine mononitrate (vitamin b1) 100 mg tablet ^{OTC}	1	
century 18 mg-400 mcg tablet ^{OTC}	1	
d3 dots 50 mcg (2,000 unit) tablet ^{OTC}	1	
century mature 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
children's multi-vitamin gummies 200 mcg chewable tablet ^{OTC}	1	
promolaxin 100 mg tablet ^{OTC}	1	
ONE DAILY MULTIVITAMINS WITH MINERALS 4.5 MG IRON TABLET ^{OTC}	1	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1	
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID ^{OTC}	1	
carboxymethylcellulose sodium 0.5 % eye drops in a dropperette ^{OTC}	1	
stool softener-laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
SUPRESS DM 5 MG-50 MG/ML ORAL DROPS ^{OTC}	1	
stool softener 50 mg/5 ml oral liquid ^{OTC}	1	
centravites 50 plus tablet ^{OTC}	1	
bisacodyl 5 mg tablet,delayed release ^{OTC}	1	
niacin 50 mg tablet ^{OTC}	1	
vitamin b-1 50 mg tablet ^{OTC}	1	
DRAMAMINE 50 MG TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ready-to-use enema 19 gram-7 gram/118 ml ^{OTC}	1	
acetaminophen 160 mg chewable tablet ^{OTC}	1	
tussin dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
PREVENT CAPSULE ^{OTC}	1	
biotin 5 mg capsule ^{OTC}	1	
aspirin 325 mg tablet ^{OTC}	1	
pyridoxine (vitamin b6) 100 mg tablet ^{OTC}	1	
oncovite tablet ^{OTC}	1	
ULTRA FREEDA 6 MG IRON-267 MCG TABLET ^{OTC}	1	
thiamine hcl (vitamin b1) 250 mg tablet ^{OTC}	1	
multivitamin with minerals 9 mg iron/15 ml oral liquid ^{OTC}	1	
bacitracin zinc 500 unit/gram topical ointment ^{OTC}	1	
QUINTABS-M 10 MG IRON-400 MCG TABLET ^{OTC}	1	
daily value tablet ^{OTC}	1	
VORTEX HOLDING CHAMBER	1	
ferro-time 325 mg (65 mg iron) tablet ^{OTC}	1	
vitamin c 500 mg chewable tablet ^{OTC}	1	
sennosides 8.8 mg/5 ml oral syrup ^{OTC}	1	
vitamin a palmitate 3,000 mcg (10,000 unit) tablet ^{OTC}	1	QL(30 cada 30 días)
THERA-M 9 MG IRON-400 MCG TABLET ^{OTC}	1	
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET ^{OTC}	1	
ULTRA FREEDA 267 MCG TABLET ^{OTC}	1	
children's chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops ^{OTC}	1	
healthy eyes 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
betatemp 160 mg/5 ml oral suspension ^{OTC}	1	
AIMSCO LATEX CONDOM ^{OTC}	1	
MICRO THIN LANCETS 33 GAUGE ^{OTC}	1	
vitamin d3 125 mcg (5,000 unit) tablet ^{OTC}	1	
BIOCEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET ^{OTC}	1	
ear wax removal drops 6.5 % ^{OTC}	1	
EASIVENT MASK LARGE	1	
one-a-day men's pro edge 0.4 mg tablet ^{OTC}	1	
one daily calcium/iron tablet ^{OTC}	1	
children's pain relief 160 mg/5 ml oral elixir ^{OTC}	1	
multivitamin-minerals-ferrous gluconate 12 mg iron/15 ml oral liquid ^{OTC}	1	
LIVITA FOR ADULT 1,700 MCG DFE-500 MG/15 ML ORAL LIQUID ^{OTC}	1	
mapap (acetaminophen) 500 mg capsule ^{OTC}	1	
MVW MODULATOR FORMUL PEDIATRIC 2,000 MCG-150 MG-19 MCG/3 ML ORAL DROPS ^{OTC}	1	
ACE AEROSOL CLOUD ENHANCER SPACER	1	
UNILET EXCELITE LANCET ^{OTC}	1	
non-aspirin 160 mg/5 ml oral suspension ^{OTC}	1	
children's pain reliever 160 mg/5 ml oral suspension ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ALCOHOL WIPES ^{OTC}	1	
ULTRA TLC LANCETS ^{OTC}	1	
REFRESH CLASSIC (PF) 1.4 %-0.6 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	1	
allergy relief d12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
HYDROCIL INSTANT ORAL PACKET ^{OTC}	1	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
non-aspirin 80 mg chewable tablet ^{OTC}	1	
children's pain relief 160 mg/5 ml oral suspension ^{OTC}	1	
vitamin d3 50 mcg (2,000 unit) capsule ^{OTC}	1	
arginine (l-arginine) 500 mg capsule ^{OTC}	1	
VCF CONTRACEPTIVE FILM 28 % VAGINAL ^{OTC}	1	QL(30 cada 30 días)
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 cada 30 días)
benzoyl peroxide 5 % topical cleanser ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg chewable tablet ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg sublingual tablet ^{OTC}	1	
KONSYL SUGAR-FREE 6 GRAM ORAL POWDER PACKET ^{OTC}	1	
ALCOHOL SWABS ^{OTC}	1	
ECOTRIN 325 MG TABLET,ENTERIC COATED ^{OTC}	1	
ALCOHOL PREP PADS ^{OTC}	1	
p-col rite 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
glucose 4 gram chewable tablet ^{OTC}	1	
pain reliever (acetaminophen) 500 mg tablet ^{OTC}	1	
vitamin c 500 mg capsule,extended release ^{OTC}	1	
vitamin c with rose hips 500 mg tablet ^{OTC}	1	
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER ^{OTC}	1	
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER	1	
FINGERSTIX LANCETS ^{OTC}	1	
ALIVE IMMUNE HEALTH 900 MCG-90 MG-20 MCG-5.5 MG CAPSULE ^{OTC}	1	
melatonin 3 mg/4 ml oral drops ^{OTC}	1	
adult one daily gummies 200 mcg chewable tablet ^{OTC}	1	
ALIVE PREMIUM PRENATAL 120 MCG-25 MG-66.7 MG CHEWABLE TABLET ^{OTC}	1	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	1	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	1	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	1	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	1	
MULTI FOR HER 50 PLUS 400 MCG-80 MCG CAPSULE ^{OTC}	1	
MULTI FOR HER 18 MG IRON-600 MCG-40 MCG CAPSULE ^{OTC}	1	
mega multivitamin for men 200 mcg-175 mcg-250 mcg tablet ^{OTC}	1	

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SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	1	
OPTISOURCE 9 MG IRON-200 MCG-40 MCG CHEWABLE TABLET ^{OTC}	1	
hair,skin and nails 1 mg iron-66.7 mcg-1,000 mcg tablet ^{OTC}	1	
PRESERVISION AREDS 4,296 MCG-226 MG-90 MG CAPSULE ^{OTC}	1	
HYPOLANCE AST LANCING KIT ^{OTC}	1	
nasal decongestant (phenylephrine) 10 mg tablet ^{OTC}	1	
MULTIA DAILY MULTIVITAMIN 4.5 MG IRON-500 MCG CAPSULE ^{OTC}	1	
MULTITOL-M 2,040 MCG DFE TABLET ^{OTC}	1	
fiber (with aspartame) 3 gram/5.8 gram oral powder ^{OTC}	1	
ALTRIXA 1,000 MCG TABLET ^{OTC}	1	
maxrelief junior 160 mg/5 ml oral suspension ^{OTC}	1	
IMMUNE ESSENTIALS DAILY 750 MCG-150 MG-31.25 MCG CAPSULE ^{OTC}	1	
TRUE COVER CONDOM ^{OTC}	1	
ALIVE DAILY ENERGY 18 MG IRON-240 MCG-40 MCG TABLET ^{OTC}	1	
abc plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
niacinamide 250 mg tablet ^{OTC}	1	
potassium iodide 1 gram/ml oral solution	1	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1	
MENATROL 220 MG-15 MCG-100 MG CAPSULE ^{OTC}	1	
EASIVENT MASK MEDIUM	1	
BOOSTNOW IMMUNE SUPPORT 166.6 MG-83.3 MG-33.3 MG CAPSULE ^{OTC}	1	
SUPERIOR MEN'S MULTI 400 MCG DFE-30 MCG-30 MG TABLET ^{OTC}	1	
DUREX TROPICAL CONDOM ^{OTC}	1	
DUREX EXTRA SENSITIVE CONDOM ^{OTC}	1	
athenol 325 mg tablet ^{OTC}	1	
E-Z JECT LANCETS ^{OTC}	1	
SUPERIOR WOMEN'S MULTI 2.5 MG IRON-400 MCG DFE-30MCG TABLET ^{OTC}	1	
LANCETS ^{OTC}	1	
ACTIVNUTRIENTS PERFORMANCE 72.25 MCG DFE-22.5 MG CAPSULE ^{OTC}	1	
thera-vite max-m 9 mg iron-400 mcg tablet ^{OTC}	1	
pseudoephedrine 30 mg tablet ^{OTC}	1	
DIATROL 1,700 MCG DFE-90 MCG TABLET ^{OTC}	1	
tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
melatonin 10 mg/ml oral drops ^{OTC}	1	
fiber (psyllium husk-sugar) 3 gram/11 gram oral powder ^{OTC}	1	
DUREX AIR CONDOM ^{OTC}	1	
SMARTDIABETES VANTAGE ^{OTC}	1	
niacin 250 mg tablet ^{OTC}	1	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET ^{OTC}	1	
magnesium oxide 400 mg (241.3 mg magnesium) tablet ^{OTC}	1	
AEROCHAMBER PLUS FLOW-VU	1	
vitamin a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 cada 30 días)
THERA MOISTURIZING 1.75 % TOPICAL CREAM ^{OTC}	1	
ON-THE-GO LANCETS 30 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 30 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 32 GAUGE ^{OTC}	1	
PRESERVISION AREDS-2 250 MG-90 MG-40 MG-1 MG CAPSULE ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
vitamin c er 500 mg tablet,extended release ^{OTC}	1	
little remedies 0.65 % nasal spray aerosol ^{OTC}	1	
vitamin c with rose hips 500 mg tablet,extended release ^{OTC}	1	
vitamin c er 1,000 mg tablet,extended release ^{OTC}	1	
METAMUCIL (WITH SUGAR) 3.4 GRAM/7 GRAM ORAL POWDER ^{OTC}	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}	1	
codeine 10 mg-guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1	PA
ONETOUCH ULTRASOFT LANCETS ^{OTC}	1	
TRUEPLUS LANCETS 30 GAUGE ^{OTC}	1	
CAPZASIN-HP 0.1 % TOPICAL CREAM ^{OTC}	1	
ULTRA THIN LANCETS 30 GAUGE ^{OTC}	1	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	1	
capsaicin 0.1 % topical cream ^{OTC}	1	
SUPER THIN LANCETS 30 GAUGE ^{OTC}	1	
vitamin c with rose hips 500 mg chewable tablet ^{OTC}	1	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE ^{OTC}	1	
acetaminophen 325 mg/10.15 ml oral solution ^{OTC}	1	
diabetic tussin dm 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
acetaminophen 650 mg/20.3 ml oral solution ^{OTC}	1	
TRUSTEX-RIA LUBRICATED CONDOMS ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	
vitamin d3 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	
KIMONO TEXTURED CONDOMS ^{OTC}	1	
SURE COMFORT LANCING PEN ^{OTC}	1	
SURE COMFORT ALCOHOL PREP PADS ^{OTC}	1	
senexon-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
sulfacetamide sodium 10 % shampoo	1	
suphedrin 30 mg tablet ^{OTC}	1	
acerola c 500 mg chewable tablet ^{OTC}	1	
enema disposable 19 gram-7 gram/118 ml ^{OTC}	1	
c complex 500 mg tablet,extended release ^{OTC}	1	
SOLUS V2 LANCING DEVICE KIT ^{OTC}	1	
acne-clear 10 % topical gel ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SOLUS V2 LANCETS 30 GAUGE ^{OTC}	1	
ALIVE WOMEN'S GUMMY VITAMIN 120 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1	
ALIVE HAIR, SKIN AND NAILS 1,250 MCG-50 MG-67.5 MG-15 MG CHEW TABLET ^{OTC}	1	
c-500 500 mg tablet ^{OTC}	1	
dibucaine 1 % topical ointment ^{OTC}	1	
ONELAX DAILY FIBER 3.4 GRAM/6 GRAM ORAL POWDER ^{OTC}	1	
ALIVE DIABETIC MULTIVITAMIN 120 MCG-100 MCG TABLET ^{OTC}	1	
dry eye relief (propylene glycol-peg 400) 0.4 %-0.3 % eye gel drops ^{OTC}	1	
deep sea nasal 0.65 % spray aerosol ^{OTC}	1	
c-1000 with rose hips 1,000 mg tablet ^{OTC}	1	
DERMACINRX MULTITAM 1,000 MCG TABLET ^{OTC}	1	
theragran-m premier 50 plus 400 mcg-250 mcg-375 mcg tablet ^{OTC}	1	
hair,skin and nails (folic acid-biotin) 100 mcg-1,500 mcg tablet ^{OTC}	1	
ALIVE MEN'S ENERGY 240 MCG-120 MCG-100 MCG TABLET ^{OTC}	1	
mineral oil enema ^{OTC}	1	
ALIVE MEN'S GUMMY 120 MCG-50 MG CHEWABLE TABLET ^{OTC}	1	
ALIVE MEN'S 50 PLUS MULTIVIT (VIT K) 240 MCG-120 MCG-300 MCG TABLET ^{OTC}	1	
ALIVE MEN'S 50 PLUS MULTIVITAMIN 120 MCG-150 MCG-50 MG CHEWABLE TABLET ^{OTC}	1	
lubricant eye (propylene glycol) 0.6 % drops ^{OTC}	1	
sentry senior 500 mcg-300 mcg-250 mcg tablet ^{OTC}	1	
safe tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
MAGOX 400 MG (241.3 MG MAGNESIUM) TABLET ^{OTC}	1	
tussin dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1	
amladex 1 mg-5 mg-50 mg tablet ^{OTC}	1	
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	
iferex 150 150 mg iron capsule ^{OTC}	1	
folamax 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
DERMACINRX FOLIFLEX 9 MG IRON-500 MCG TABLET ^{OTC}	1	
HEALTHY EYES SUPERVISION2 250 MG-90 MG-10 MG-1 MG CAPSULE ^{OTC}	1	
onelax bisacodyl 10 mg rectal suppository ^{OTC}	1	
vitamin c with rose hips 1,000 mg tablet ^{OTC}	1	
profola 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
CENTRUM MINIS MEN 50 PLUS 150 MCG-30 MCG-300 MCG-150 MCG TABLET ^{OTC}	1	
c-1000 1,000 mg tablet ^{OTC}	1	
vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
VITACEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
chest congestion-cough hbp 10 mg-200 mg capsule ^{OTC}	1	
CENTRUM CHEWABLES 8 MG IRON-400 MCG-80 MCG TABLET ^{OTC}	1	
MVW ADEK GUMMIES PLUS ZINC 2400 MCG-18.75 MCG-67 MG-400MCG CHEW TABLET ^{OTC}	1	
AEROGear ACTION ASTHMA KIT	1	
DERMACINRX VITRAMYN 1,000 MCG TABLET ^{OTC}	1	
vitamin b-6 50 mg tablet ^{OTC}	1	
AIRBORNE (WITH LYSINE ACETATE) 250 MG-12.5 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE (ASCORBATE SODIUM) 334 MG-1.7 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE (ASCORBATE SODIUM) 333 MG-1.7 MG CHEWABLE TABLET ^{OTC}	1	
zephrex-d 30 mg tablet ^{OTC}	1	
child complete multivitamin 18 mg iron chewable tablet ^{OTC}	1	
one daily women 50 plus 400 mcg-120 mg tablet ^{OTC}	1	
acetaminophen 160 mg/5 ml (5 ml) oral solution ^{OTC}	1	
poly-iron 150 mg iron capsule ^{OTC}	1	
acetaminophen 650 mg/20.3 ml oral suspension ^{OTC}	1	
eye allergy relief (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1	
murine ear wax removal system 6.5 % drops ^{OTC}	1	
acetaminophen 325 mg/10.15 ml oral suspension ^{OTC}	1	
acetaminophen 160 mg/5 ml (5 ml) oral suspension ^{OTC}	1	
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT ^{OTC}	1	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	1	
arginine hcl (l-arginine) 1,000 mg tablet ^{OTC}	1	
SYSTANE CONTACTS EYE DROPS ^{OTC}	1	
arthritis pain relief (capsaicin) 0.075 % topical cream ^{OTC}	1	
lice treatment 0.33 %-4 % shampoo ^{OTC}	1	
lice pyrinyl shampoo 0.33 %-4 % ^{OTC}	1	
SOOTHE AND COOL BODY POWDER TOPICAL ^{OTC}	1	
antiseptic 10 % topical solution ^{OTC}	1	
ultra fresh 0.5 % eye drops ^{OTC}	1	
ultra fresh pm eye ointment ^{OTC}	1	
one-a-day women vitacraves 200 mcg chewable tablet ^{OTC}	1	
ASTHMAPACK CHILDREN'S KIT	1	
LANCING SYSTEM ^{OTC}	1	
alka-seltzer plus mucus-congestion 10 mg-200 mg capsule ^{OTC}	1	
COBENFY 50 MG-20 MG CAPSULE	1	
thiamine hcl (vitamin b1) 100 mg tablet ^{OTC}	1	
vitamin e (dl, acetate) 22.5 mg (50 unit)/ml oral drops ^{OTC}	1	
REFRESH OPTIVE ADVANCED (PF) 0.5 %-1 %-0.5 % EYE DROPS IN DROPPERETTE ^{OTC}	1	
COBENFY 100 MG-20 MG CAPSULE	1	
folaprime 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
cyanocobalamin (vit b-12) 1,000 mcg tablet ^{OTC}	1	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	1	
COLOR LANCETS 21 GAUGE ^{OTC}	1	
chest congestion relief dm 20 mg-400 mg tablet ^{OTC}	1	
gummi bear multivitamin chewable tablet ^{OTC}	1	
capsaid es 0.1 % topical cream ^{OTC}	1	
vis guard (polyvinyl alcohol) 1.4 % eye drops ^{OTC}	1	
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet ^{OTC}	1	
TROJAN EXTENDED PLEASURE DEVICE ^{OTC}	1	
PERFECT POINT SAFETY LANCETS 30 GAUGE ^{OTC}	1	
PERFECT POINT SAFETY LANCETS 28 GAUGE ^{OTC}	1	
VITAMIN D3 COMPLETE 18 MG IRON-800 MCG-150 MG TABLET ^{OTC}	1	
PHYTOMULTI 3 MG-3 MG-200 MG TABLET ^{OTC}	1	
SAFETY LANCETS 26 GAUGE ^{OTC}	1	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	1	
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) capsule ^{OTC}	1	
lubricant eye (propylene glycol) 0.7 % drops ^{OTC}	1	
metamucil (with sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
milk of magnesia concentrated 2,400 mg/10 ml oral suspension ^{OTC}	1	
FANTASY CONDOM ^{OTC}	1	
children's mapap 160 mg chewable tablet ^{OTC}	1	
children's mucinex cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
tussin dm clear 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
REFRESH OPTIVE MEGA-3 (PF) 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
DRY EYE FORMULA 133 MG-167 MG-170 MG CAPSULE ^{OTC}	1	
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
MEXSANA (CORNSTARCH) 83.7 % TOPICAL POWDER ^{OTC}	1	
CARETOUCH TWIST LANCET 33 GAUGE ^{OTC}	1	
CARETOUCH TWIST LANCET 28 GAUGE ^{OTC}	1	
women's daily formula 18 mg iron-400 mcg-500 mg tablet ^{OTC}	1	
TRUSTEX NON-LUBRICATED CONDOMS ^{OTC}	1	
vision formula(a-c-e-zn-se-cu) 1,000 unit-60 mg-30 unit tablet ^{OTC}	1	
c-500 500 mg tablet,extended release ^{OTC}	1	
tussin cough (dm only) 15 mg/5 ml oral liquid ^{OTC}	1	
children's chewable complete 9 mg iron-200 mcg tablet ^{OTC}	1	
artificial tears (dextran 70-hypromellose) 0.1 %-0.3 % eye drops ^{OTC}	1	
ultrathon 25 % topical spray ^{OTC}	1	
men's 50 plus daily formula 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
HAIR, SKIN AND NAILS ADVANCED 3.3 MG IRON-25 MCG TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SOOTHE HYDRATION 1.25 % EYE DROPS ^{OTC}	1	
children's chewables extra c 300 mcg tablet ^{OTC}	1	
children's chewables 300 mcg tablet ^{OTC}	1	
FLEXICHAMBER-SMALL CHILD MASK	1	
FLEXICHAMBER-SMALL ADULT MASK	1	
FLEXICHAMBER-LARGE CHILD MASK	1	
one daily women's metabolism 300 mg-18 mg-400 mcg-50 mg tablet ^{OTC}	1	
healthy eyes supervision 4,296 mcg-226 mg-90 mg capsule ^{OTC}	1	
FLINTSTONES MULTI-VITAMINS GUMMIES 100 MCG CHEWABLE TABLET ^{OTC}	1	
ONE-A-DAY PROACTIVE 65 PLUS 200 MCG TABLET ^{OTC}	1	
REFRESH OPTIVE SENSITIVE (PF) 0.5 %-0.9 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
ADVANCED MULTI EA 22.5 MG-400 MCG-150 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	
MULTI-LANCET DEVICE 2 KIT ^{OTC}	1	
calcidol 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1	
READYLANCE SAFETY LANCETS 21 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 23 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 26 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 28 GAUGE ^{OTC}	1	
one daily energy tablet ^{OTC}	1	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE ^{OTC}	1	
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops ^{OTC}	1	
dandruff shampoo (selenium sulfide-aloe) 1 % ^{OTC}	1	
vitamin e (dl, acetate) 180 mg (400 unit) capsule ^{OTC}	1	
hemorrhoidal 0.25 %-3 % rectal suppository ^{OTC}	1	QL(120 cada 30 días)
RELIAMED SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1	
dex4 glucose quick dissolve 4 gram chewable tablet ^{OTC}	1	
SILICONE MASK - INFANT	1	
children's non-aspirin 160 mg chewable tablet ^{OTC}	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{OTC}	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{OTC}	1	
vitamin e (dl, acetate) 45 mg (100 unit) capsule ^{OTC}	1	
EASIVENT HOLDING CHAMBER	1	
eyes alive 0.5 % drops in a dropperette ^{OTC}	1	
FEMCAP 30 MM VAGINAL DEVICE	1	
acetaminophen 650 mg rectal suppository ^{OTC}	1	
FEMCAP 26 MM VAGINAL DEVICE	1	
dry eye relief 1 %-0.2 %-0.2 % drops ^{OTC}	1	
lubricant eye drops 0.5 % ^{OTC}	1	
mucus relief 400 mg tablet ^{OTC}	1	
SURFAK 240 MG CAPSULE ^{OTC}	1	QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
mucosa dm 20 mg-400 mg tablet ^{OTC}	1	
mucosa 400 mg tablet ^{OTC}	1	
ECLIPSE NEEDLE 23 GAUGE X 1"	1	
stop smoking aid 4 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
stop smoking aid 2 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
MOISTUREL THERAPEUTIC 3 % LOTION ^{OTC}	1	
lubricating plus 0.5 % eye drops in a dropperette ^{OTC}	1	
cyanocobalamin (vit b-12) 5,000 mcg/ml sublingual drops ^{OTC}	1	
MEDLANCE PLUS SPECIAL BLADE 0.8 MM X 2 MM MISC ^{OTC}	1	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
EASY TOUCH LANCETS 28 GAUGE ^{OTC}	1	
ADVANCED LANCING DEVICE KIT ^{OTC}	1	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	1	
melatonin 2.5 mg/10 ml oral liquid ^{OTC}	1	
cetiri-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
SWEEN 24 6 % TOPICAL CREAM ^{OTC}	1	
ESSENTIAL MAN 0.4 MG-2 MG-250 MCG TABLET ^{OTC}	1	
theratrum complete with lutein tablet ^{OTC}	1	
HONEY BEARS WITH IRON-ZINC 4.5 MG CHEWABLE TABLET ^{OTC}	1	
fiber therapy (psyllium seed-sucrose) oral powder ^{OTC}	1	
vegetable laxative 8.6 mg tablet ^{OTC}	1	
ESSENTIAL MAN 50 PLUS 0.4 MG-2 MG-250 MCG TABLET ^{OTC}	1	
ESSENTIAL WOMAN 50 PLUS 0.4 MG-250 MCG TABLET ^{OTC}	1	
natural fiber laxative (aspartame) oral powder ^{OTC}	1	
bacitracin 500 unit/gram topical ointment ^{OTC}	1	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1	PA
black-draught lax-senna 8.6 mg tablet ^{OTC}	1	
REFRESH PLUS 0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet ^{OTC}	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	1	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
one daily essential 400 mcg tablet ^{OTC}	1	
allerclear d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
TROJAN BARESKIN DEVICE ^{OTC}	1	
RELIAMED MINI LANCING DEVICE ^{OTC}	1	
RELIAMED LANCET 30 GAUGE ^{OTC}	1	
TROJAN PLEASURE PACK DEVICE ^{OTC}	1	
TROJAN ULTRA THIN DEVICE ^{OTC}	1	
ferrous gluconate 324 mg (38 mg iron) tablet ^{OTC}	1	
levomefolate calcium 7.5 mg tablet ^{OTC}	1	PA
RITFLO AEROCHAMBER	1	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
THIN LANCETS 26 GAUGE ^{OTC}	1	
non-aspirin pain relief 500 mg tablet ^{OTC}	1	
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
E-Z JECT LANCETS 26 GAUGE ^{OTC}	1	
E-Z JECT LANCETS 30 GAUGE ^{OTC}	1	
TECHLITE LANCETS 28 GAUGE ^{OTC}	1	
TECHLITE LANCETS 25 GAUGE ^{OTC}	1	
MICROLET 2 LANCING DEVICE KIT ^{OTC}	1	
little remedies fever and pain reliever 160 mg/5 ml oral liquid ^{OTC}	1	
TROJAN ULTRA RIBBED CONDOM ^{OTC}	1	
TROJAN ULTRA THIN SPERMICIDAL CONDOM ^{OTC}	1	
vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1	
levomefolate 15 mg-algal oil 90.314 mg capsule ^{OTC}	1	
MEGAVITE GOLDEN YEARS 55 PLUS 800 MCG-150 MG-25 MG TABLET ^{OTC}	1	
FEVERALL 80 MG RECTAL SUPPOSITORY ^{OTC}	1	
mucus relief dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
SURE-LANCE ^{OTC}	1	
SOLUS V2 LANCETS 28 GAUGE ^{OTC}	1	
gluco burst 40 % oral gel ^{OTC}	1	
pharbetol 500 mg tablet ^{OTC}	1	
pharbetol 325 mg tablet ^{OTC}	1	
dok 100 mg tablet ^{OTC}	1	
REFRESH CELLUVISC 1 % EYE GEL IN A DROPPERETTE ^{OTC}	1	
one daily multivitamin 400 mcg tablet ^{OTC}	1	
TELCARE LANCETS 30 GAUGE ^{OTC}	1	
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) tablet ^{OTC}	1	
UNIVERSAL 1 LANCETS 26 GAUGE ^{OTC}	1	
vitamin d3 50 mcg (2,000 unit) tablet ^{OTC}	1	
UNIVERSAL 1 LANCETS 30 GAUGE ^{OTC}	1	
UNIVERSAL 1 LANCETS 21 GAUGE ^{OTC}	1	
SYSTANE GEL 0.3 % EYE GEL ^{OTC}	1	
CARETOUCH LANCING DEVICE ^{OTC}	1	
CARETOUCH TWIST LANCET 30 GAUGE ^{OTC}	1	
LILETTA 20.4 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1	
centravites 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
centravites adults 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	1	
tussin mucus-chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS ^{OTC}	1	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	1	
ADVOCATE LANCET 30 GAUGE ^{OTC}	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	1	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ^{OTC}	1	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1	
STERILANCE TL 30 GAUGE ^{OTC}	1	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	1	
INJECT EASE LANCETS 30 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
GLUCOCOM LANCETS 30 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 30 GAUGE ^{OTC}	1	
INVACARE LANCETS 30 GAUGE ^{OTC}	1	
ALIVE CALCIUM-VITAMIN D3-K2 300 MG-25 MCG-66 MG-37.5 MCG TABLET ^{OTC}	1	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1	
HAIR, SKIN AND NAILS (HERBS) 120 MCG-1,250 MCG-60 MCG CAPSULE ^{OTC}	1	
alka-seltzer plus allergy 25 mg tablet ^{OTC}	1	
PRO COMFORT LANCET 31 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 30 GAUGE ^{OTC}	1	
KIMONO THIN LUBRICATED CONDOMS ^{OTC}	1	
ULTILET ALCOHOL SWAB ^{OTC}	1	
g tussin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 21 GAUGE ^{OTC}	1	
trueplus glucose 4 gram chewable tablet ^{OTC}	1	
SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1	
arginine (l-arginine) 500 mg tablet ^{OTC}	1	
MINIMED SYRINGE RESERVOIR 1.8 ML	1	
AIRBORNE ELDERBERRY COMPLEX 90 MG-3.15 MCG-3.35 MG-150 MG CHEW TABLET ^{OTC}	1	
AIRBORNE IMMUNE SUPPORT 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
OFF DEEP WOODS SPORTSMEN 30 % TOPICAL SPRAY ^{OTC}	1	
LANCETS 21 GAUGE ^{OTC}	1	
centrum women 18 mg-400 mcg tablet ^{OTC}	1	
CENTRUM SILVER MEN 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1	
nicotine (polacrilex) 4 mg buccal mini lozenge ^{OTC}	1	QL(600 cada 30 días)
NICORETTE 4 MG BUCCAL MINI LOZENGE ^{OTC}	1	QL(600 cada 30 días)
OFF DEEP WOODS SPORTSMEN 98.25 % TOPICAL SPRAY PUMP ^{OTC}	1	
nicotine (polacrilex) 2 mg buccal mini lozenge ^{OTC}	1	QL(600 cada 30 días)
NICORETTE 2 MG BUCCAL MINI LOZENGE ^{OTC}	1	QL(600 cada 30 días)
LANCETS 26 GAUGE ^{OTC}	1	
docu 50 mg/5 ml oral liquid ^{OTC}	1	
MVW COMPLETE FORMULATION D3000 3,000 UNIT-1,000 MCG CHEWABLE TABLET ^{OTC}	1	
SMART SENSE LANCETS 21 GAUGE ^{OTC}	1	
lubricant eye (cmc-glycerin) 0.5 %-0.9 % drops ^{OTC}	1	
I-VITE 300 MCG-200 MG-27 MG-2 MG TABLET ^{OTC}	1	
child multivitamin plus iron 18 mg chewable tablet ^{OTC}	1	
GENTEAL TEARS MODERATE (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE ^{OTC}	1	
LANCETS 28 GAUGE ^{OTC}	1	
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MINI LANCING DEVICE ^{OTC}	1	
ULTRA THIN II LANCETS 30 GAUGE ^{OTC}	1	
SURE-LANCE ULTRA THIN 30 GAUGE ^{OTC}	1	
MEDLANCE PLUS LANCETS 30 GAUGE ^{OTC}	1	
ON CALL PLUS LANCET 30 GAUGE ^{OTC}	1	
ON CALL PLUS LANCING DEVICE ^{OTC}	1	
ACTI-LANCE LANCETS 23 GAUGE ^{OTC}	1	
vitajoy daily d 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	
LITE TOUCH LANCETS 30 GAUGE ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) tablet ^{OTC}	1	
MICROLET NEXT LANCING DEVICE KIT ^{OTC}	1	
KETONE URINE TEST STRIPS ^{OTC}	1	
arginine (l-arginine) oral powder ^{OTC}	1	
UNISTIK 3 LANCETS 21 GAUGE ^{OTC}	1	
vitamin c 500 mg tablet ^{OTC}	1	
neosporin(neo-bac-polym) 3.5 mg-400 unit-5,000 unit top ointment packt ^{OTC}	1	
melatonin 2.5 mg chewable tablet ^{OTC}	1	
adult tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
max sleep junior 1 mg/ml oral liquid ^{OTC}	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE ^{OTC}	1	
ULTILET BASIC LANCETS 30 GAUGE ^{OTC}	1	
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet ^{OTC}	1	
COAGUCHEK LANCETS ^{OTC}	1	
ULTILET CLASSIC LANCETS 30 GAUGE ^{OTC}	1	
ULTILET LANCETS 30 GAUGE ^{OTC}	1	
SAFETY LANCETS 21 GAUGE ^{OTC}	1	
MEDLANCE PLUS LANCETS 21 GAUGE ^{OTC}	1	
all day allergy-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
ONE-A-DAY MEN VITACRAVES 200 MCG CHEWABLE TABLET ^{OTC}	1	
12 hour decongestant er 120 mg tablet,extended release ^{OTC}	1	
children's cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
CENTRUM WOMEN IMMUNE MINIS 9 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1	
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
mucus dm 30 mg-600 mg tablet,extended release ^{OTC}	1	
ACCU-CHEK GUIDE TEST STRIPS ^{OTC}	1	QL(200 cada 30 días)
robitussin cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ALPHA BETIC 240 MCG-100 MG TABLET ^{OTC}	1	
PUSH BUTTON SAFETY LANCETS 28 GAUGE ^{OTC}	1	
pecgen dmx 10 mg-187 mg/5 ml oral liquid ^{OTC}	1	
men's daily formula 400 mcg-20 mcg-300 mcg tablet ^{OTC}	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	1	
women's 50 plus daily formula 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ICAPS MV 100 MCG-1.66 MG-0.83 MG TABLET,DELAYED RELEASE ^{OTC}	1	
natural tears (pf) 0.1 %-0.3 % drops in a dropperette ^{OTC}	1	
one daily womens 50 plus 0.4 mg tablet ^{OTC}	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1	
SMARTEST LANCET ^{OTC}	1	
soothe xp 1 %-4.5 % eye drops ^{OTC}	1	
laxative pills 25 mg tablet ^{OTC}	1	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1	
coricidin hbp chest congestion-cough 10 mg-200 mg capsule ^{OTC}	1	
CENTRUM MEN 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1	
d-vi-sol 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
PRESERVISION AREDS 2,148 MCG-113 MG-45 MG-17.4 MG TABLET ^{OTC}	1	
PRECISION XTRA B-KETONE STRIPS ^{OTC}	1	
v-c forte 1 mg capsule ^{OTC}	1	
wal-dram 50 mg tablet ^{OTC}	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	
women's multivitamin 18 mg-400 mcg-500 mg-50 mcg tablet ^{OTC}	1	
bufferin 325 mg tablet ^{OTC}	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE ^{OTC}	1	
advanced exfoliating cleanser 5 % topical ^{OTC}	1	
UNISTIK 3 COMFORT LANCET 28 GAUGE ^{OTC}	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE ^{OTC}	1	
ALAWAY 0.025 % (0.035 %) EYE DROPS ^{OTC}	1	
tri-vite with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops ^{OTC}	1	
tri-vite with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops ^{OTC}	1	
ACCUTREND GLUCOSE CONTROL SOLUTION ^{OTC}	1	
magnesium 400 mg (as magnesium oxide) tablet ^{OTC}	1	
nasal spray (sodium chloride) 0.65 % aerosol ^{OTC}	1	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD DASH PDM KIT (GEN 4)	1	
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.95 GRAM ORAL POWDER ^{OTC}	1	
UNISTIK CZT LANCET 28 GAUGE ^{OTC}	1	
ferrous gluconate 324 mg (37.5 mg iron) tablet ^{OTC}	1	
CAPRON DMT 30 MG-30 MG TABLET ^{OTC}	1	
ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{OTC}	1	
centrum 18 mg-400 mcg tablet ^{OTC}	1	
MACULAR HEALTH FORMULA 5 MG-1 MG-7.5 MG CAPSULE ^{OTC}	1	
acetaminophen 160 mg/5 ml oral liquid ^{OTC}	1	
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
acetaminophen pain relief 500 mg tablet ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
off deep woods sportsmen 25 % topical spray pump ^{OTC}	1	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	1	
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette ^{OTC}	1	
TRUZONE PEAK FLOW METER	1	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE ^{OTC}	1	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
long acting nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1	
levomefolate calcium 15 mg tablet ^{OTC}	1	PA
natural vegetable laxative (sennosides) 8.6 mg tablet ^{OTC}	1	
MACUVITE EYE CARE 7,160 UNIT-113 MG-1 MG TABLET ^{OTC}	1	
tussin dm max 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
laxative stool softener with senna 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
ferrous sulfate 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
migraine relief 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
pain reliever plus 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
FREEDAVIDE 1.8 MG IRON-400 MCG TABLET ^{OTC}	1	
g-fenesin dm 20 mg-400 mg tablet ^{OTC}	1	
expectorant dm 20 mg-300 mg/5 ml oral liquid ^{OTC}	1	
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS ^{OTC}	1	
REQ49 PLUS 200 MCG-1.5 MG-1.5 MG TABLET ^{OTC}	1	
glycerin (child) rectal suppository ^{OTC}	1	
tussin 100 mg/5 ml oral liquid ^{OTC}	1	
SURE-PEN LANCING DEVICE ^{OTC}	1	
vitamin b-6 250 mg tablet ^{OTC}	1	
UNISTIK SAFETY 30 GAUGE ^{OTC}	1	
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	
UNISTIK SAFETY 28 GAUGE ^{OTC}	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution ^{OTC}	1	
multivitamin with iron tablet ^{OTC}	1	
vision formula (with lutein) 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 10 mcg (400 unit) capsule ^{OTC}	1	
sudogest 30 mg tablet ^{OTC}	1	
motion sickness 50 mg tablet ^{OTC}	1	
vitamin a palmitate 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 cada 30 días)
ULTILET CLASSIC LANCETS ^{OTC}	1	
UNILET EXCELITE II LANCET ^{OTC}	1	
super thera vite m tablet ^{OTC}	1	
AYR ALLERGY AND SINUS 2.65 % NASAL SPRAY AEROSOL ^{OTC}	1	
children's cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
guaiaorb dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
PRODIGY LANCING DEVICE ^{OTC}	1	
PRODIGY TWIST TOP LANCET 28 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
daily multivitamin with iron 18 mg-400 mcg tablet ^{OTC}	1	
ONE-A-DAY TEEN FOR HER VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1	
MUCINEX 600 MG TABLET, EXTENDED RELEASE ^{OTC}	1	
LITEAIRE MDI CHAMBER	1	
ACTIVNUTRIENTS (WITHOUT COPPER-IRON) 170 MCG DFE CAPSULE ^{OTC}	1	
DERMACINRX VENTRIXYL 1,000 MCG TABLET ^{OTC}	1	
DAYAVITE 1 MG-75 MG-10 MG TABLET ^{OTC}	1	
one daily men's health 240 mcg-30 mcg-300 mcg tablet ^{OTC}	1	
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 133.3 MCG-1,666.7 MCG CAPSULE ^{OTC}	1	
soothing pureway-c 500 mg tablet ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	1	
robitussin honey max dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
UNISTIK COMFORT LANCETS 28 GAUGE ^{OTC}	1	
UNISTIK EXTRA LANCETS 21 GAUGE ^{OTC}	1	
pvp prep 10 % topical solution ^{OTC}	1	
JUST 4 KIDZ MULTIVITAMIN-PROBIOTIC 1.25 MG CHEWABLE TABLET ^{OTC}	1	
DERMACINRX RIBOTIN-E 9 MG IRON-500 MCG TABLET ^{OTC}	1	
TRUECONTROL LEVEL 1 SOLUTION ^{OTC}	1	
DERMACINRX ZINTREXYL-C 9 MG IRON-500 MCG TABLET ^{OTC}	1	
saline mist 0.65 % nasal spray aerosol ^{OTC}	1	
VISTA ADVANCED AREDS2 250 MG-137.5 MG-12.5 MG CAPSULE ^{OTC}	1	
VISTA ADVANCED DRY EYE 250 MG-667 MG-12.5 MG-12.5MCG CAPSULE ^{OTC}	1	
CENTRUM ADULTS 12 MCG CHEWABLE TABLET ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	1	
MULTI PRO 32 MG IRON-1 MG-315 MG CAPSULE ^{OTC}	1	
multivit,calc,mins-folic 240 mcg-vit k1 30 mcg-lycopene 300 mcg tablet ^{OTC}	1	
giltuss cough-congestion 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
ONE-A-DAY MEN'S COMPLETE 240 MCG-30 MCG-300 MCG TABLET ^{OTC}	1	
poly-vita drops 750 unit-35 mg-400 unit/ml oral ^{OTC}	1	
poly-vita with iron 10 mg/ml oral drops ^{OTC}	1	
quintabs-m iron free 0.4 mg tablet ^{OTC}	1	
melatonin 300 mcg tablet ^{OTC}	1	
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
VITREXYL PLUS IRON 27 MG IRON-1 MG TABLET ^{OTC}	1	
EASY TOUCH LANCING DEVICE ^{OTC}	1	
EASY TOUCH ALCOHOL PREP PADS ^{OTC}	1	
METAMUCIL 3.4 GRAM/5.4 GRAM ORAL POWDER ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
CAREONE ULTRA THIN LANCET ^{OTC}	1	
TAB-A-VITE MULTIVITAMIN W-IRON 15 MG IRON-400 MCG TABLET ^{OTC}	1	
AZO HORMONAL HEALTH HAPPY CYCLE 100 MG-50 MG-50 MG-50 MG TABLET ^{OTC}	1	
quintabs 400 mcg tablet ^{OTC}	1	
CULTURELLE PROBIOTIC-MULTIVIT 1 BILLION CELL-1 GRAM CHEWABLE TABLET ^{OTC}	1	
CAREONE THIN LANCET ^{OTC}	1	
a and d (lanolin-petrolatum) topical ointment ^{OTC}	1	
children's giltuss cough-chest 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
abc complete women's 18 mg-400 mcg tablet ^{OTC}	1	
centrum adult 50 plus 80 mcg chewable tablet ^{OTC}	1	
BUTTERFLY TOUCH LANCET 30 GAUGE ^{OTC}	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE ^{OTC}	1	
REFRESH OPTIVE 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
INCONTROL LANCING DEVICE ^{OTC}	1	
ONE-A-DAY WOMEN'S COMPLETE 18 MG IRON-400 MCG TABLET ^{OTC}	1	
theratears 1 % gel in a dropperette ^{OTC}	1	
onevite daily multivitamin 400 mcg tablet ^{OTC}	1	
carboxymethylcellulose sodium 1 % eye gel in a dropperette ^{OTC}	1	
therapeutic-m 19 mg iron-400 mcg tablet ^{OTC}	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE ^{OTC}	1	
MVW MODULATOR FORMULATION MULTIVIT 6,000 MCG-400 MG-37.5 MCG CAPSULE ^{OTC}	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE ^{OTC}	1	
DERMACINRX FOLITIN-Z 9 MG IRON-500 MCG TABLET ^{OTC}	1	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment ^{OTC}	1	
REFRESH OPTIVE ADVANCED 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1	
RETAINÉ MGD (PF) 0.5 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
FENESIN DM IR 15 MG-400 MG TABLET ^{OTC}	1	
fiber (psyllium husk-sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	
KONSYL DAILY FIBER (STEVIA) 3.5 GRAM ORAL POWDER PACKET ^{OTC}	1	
fiber (psyllium husk-sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
vista meibo tears 0.6 % eye drops ^{OTC}	1	
vista gel 0.3 % eye gel ^{OTC}	1	
vista tears 0.4 %-0.3 % eye drops ^{OTC}	1	
ZYTEC-D 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 cada 30 días)
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) tablet ^{OTC}	1	
acetaminophen extra strength 500 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
high potency multivitamin (w-iron) 18 mg-400 mcg tablet ^{OTC}	1	
DERMACINRX VENEXA FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
women's 50 plus advanced 400 mcg-20 mcg tablet ^{OTC}	1	
spectravite women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
spectravite adult 18 mg-400 mcg tablet ^{OTC}	1	
PRO COMFORT SAFETY LANCET 30 GAUGE ^{OTC}	1	
spectravite men 50 plus 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
lubricating tears 0.1 %-0.3 % eye drops ^{OTC}	1	
MOBILE LANCETS 30 GAUGE ^{OTC}	1	
refenesen dm 20 mg-400 mg tablet ^{OTC}	1	
xcellent a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 cada 30 días)
artificial eye lubricant 83 %-15 % ointment ^{OTC}	1	
ESTROVEN MENOPAUSE 400 MCG-40 MG-40 MG-100 MG TABLET ^{OTC}	1	
pharbinex-dm 20 mg-400 mg tablet ^{OTC}	1	
APPE-CURB 18.8 MG-187.5 MG-93.8 MG CAPSULE ^{OTC}	1	
DAILY-VITE (WITH FOLIC ACID) 400 MCG TABLET ^{OTC}	1	
ADUHELM 100 MG/ML INTRAVENOUS SOLUTION	1	PA
PRESERVISION AREDS 2 PLUS MULTIVIT 200 MCG-15 MCG-5 MG-1 MG CAPSULE ^{OTC}	1	
OPTIFAST 120 MCG-30 MCG CHEWABLE TABLET ^{OTC}	1	
loratadine-d 5 mg-120 mg tablet,extended release 12 hr ^{OTC}	1	ST,QL(60 cada 30 días)
one daily essential 0.5 mg tablet ^{OTC}	1	
PEDIATRIC POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1	
keyfolc 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
children's sleep (melatonin) 1 mg/ml oral liquid ^{OTC}	1	
mucinex cough-chest congestion hbp 10 mg-200 mg capsule ^{OTC}	1	
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE	1	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	1	
LITE TOUCH-MEDIUM MASK	1	
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	1	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	1	
SURE-TOUCH LANCET ^{OTC}	1	
PRODIGY LANCETS 26 GAUGE ^{OTC}	1	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	1	
HYDRAGUARD-D 12.5 % TOPICAL CREAM ^{OTC}	1	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	1	
children's acetaminophen 80 mg chewable tablet ^{OTC}	1	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	1	
ENFAMIL ENFALYTE ORAL SOLUTION ^{OTC}	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	1	
konsyl (sugar) 3 gram/12 gram oral powder ^{OTC}	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	1	

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SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	1	
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	1	
centrum specialist heart 3 mg-200 mcg-400 mg tablet ^{OTC}	1	
PRO COMFORT SPACER-INFANT MASK ^{OTC}	1	
DEKAS PLUS LIQUID 500 MCG/ML ORAL ^{OTC}	1	
fruit c-500 500 mg chewable tablet ^{OTC}	1	
double antibiotic (bacitracin zn) 500 unit-10,000 unit/gram top ointment ^{OTC}	1	
ALIVE MAX POTENCY 300 MCG-80 MCG/30 ML ORAL LIQUID ^{OTC}	1	
women's one daily 18 mg iron-400 mcg-500 mg ca tablet ^{OTC}	1	
ALIVE WOMEN'S ULTRA POTENCY 18 MG-800 MCG DFE-150 MCG TABLET ^{OTC}	1	
ALIVE WOMEN'S ENERGY 18 MG IRON-240 MCG-120 MCG TABLET ^{OTC}	1	
infant-toddler multivitamin-iron 11 mg iron/ml oral drops ^{OTC}	1	
NOVA SAFETY LANCETS 28 GAUGE ^{OTC}	1	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1	
glutose-15 40 % oral gel ^{OTC}	1	
FOLAMED DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1	
dodex 1,000 mcg/ml injection solution	1	
infant-toddler multivitamin 250 mcg-50 mg-10 mcg-5 mg/ml oral drops ^{OTC}	1	
EYE MULTIVIT-LUTEIN(C-E-CU-ZN) 226 MG-90 MG-2 MG-34.8 MG-5MG CAPSULE ^{OTC}	1	
ALIVE WOMEN'S 50 PLUS ULTRA POTENCY 800 MCG DFE-150 MCG TABLET ^{OTC}	1	
onelax senna 8.8 mg/5 ml oral syrup ^{OTC}	1	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT IN PACKET ^{OTC}	1	
bayer aspirin 325 mg tablet,delayed release ^{OTC}	1	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	1	
pediatric multivitamin no.194-ferrous sulfate 10 mg iron/ml oral drops ^{OTC}	1	
abc complete men's 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
HYLAZINC 1 MG-1.5 MG-1.7 MG-50 MG TABLET ^{OTC}	1	
maxrelief junior 160 mg/5 ml oral liquid ^{OTC}	1	
maxtussin 100 mg/5 ml oral liquid ^{OTC}	1	
quit 4 mg gum ^{OTC}	1	QL(720 cada 30 días)
quit 2 mg gum ^{OTC}	1	QL(720 cada 30 días)
AZO HORMONAL HEALTH CYCLE CARE 100 MG-50 MG-50 MG-15 MG TABLET ^{OTC}	1	
ONE-A-DAY MEN'S 50 PLUS 400 MCG-370 MCG TABLET ^{OTC}	1	
CAREONE LANCING DEVICE ^{OTC}	1	
ONE-A-DAY VITACRAVES IMMUNITY 200 MCG CHEWABLE TABLET ^{OTC}	1	
one daily women's 18 mg iron-400 mcg-450 mg ca tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
abc complete adult 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
wal-itin d 12 hour 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
VITREXYL 1,000 MCG TABLET ^{OTC}	1	
ONE-A-DAY ENERGY 9 MG IRON-400 MCG-200 MG TABLET ^{OTC}	1	
ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG TABLET ^{OTC}	1	
DERMACINRX VITRANOL 1,000 MCG TABLET ^{OTC}	1	
DERMACINRX VITREXATE 1,000 MCG TABLET ^{OTC}	1	
DERMACINRX VITREXATE FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
ONE-A-DAY MENOPAUSE FORMULA 400 MCG-60 MG TABLET ^{OTC}	1	
MONOJECT SAFETY SYRINGES 6 ML	1	
GENADEK 19 MCG-500 MCG/ML ORAL DROPS ^{OTC}	1	
eye multivitamin 2,148 mcg-113 mg-45 mg-17.4 mg tablet ^{OTC}	1	
mucinex fast-max chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
ONE-A-DAY WOMEN'S PETITES 9 MG IRON-200 MCG TABLET ^{OTC}	1	
ELDERTONIC 3.6 MG-0.75 MG/15 ML ORAL LIQUID ^{OTC}	1	
ALIVE WOMEN'S 50 PLUS GUMMY 120 MCG-150 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1	
pediatric d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
fe-vite 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
WOMEN'S MULTIVITAMIN WITH COLLAGEN 200 MCG-25 MG CHEWABLE TABLET ^{OTC}	1	
airshield 250 mg-87.5 mg chewable tablet ^{OTC}	1	
vision health 250 mg-90 mg-40 mg-2 mg-5 mg capsule ^{OTC}	1	
therems-m 9 mg iron-400 mcg tablet ^{OTC}	1	
dermacinrx dimopair 5 % topical cream ^{OTC}	1	
high potency multivitamin (w-iron) 9 mg iron-400 mcg tablet ^{OTC}	1	
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1	
DERMACINRX VENEXA 1,000 MCG TABLET ^{OTC}	1	
DERMACINRX VITRANOL FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
allergy-congestion relief-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
ONE-A-DAY VITACRAVES 200 MCG CHEWABLE TABLET ^{OTC}	1	
GENTEAL TEARS SEVERE GEL DROPS 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
wal-mucil fiber (sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	
INFANT'S TYLENOL 160 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
phytonadione (vitamin k1) 10 mg/ml injection solution	1	
ONE DAILY PLUS MINERALS TABLET ^{OTC}	1	
ULTRALANCE LANCETS 26 GAUGE ^{OTC}	1	
k-pax immune support 2.25 mg iron-100 mcg tablet ^{OTC}	1	
SMART SENSE LANCETS 26 GAUGE ^{OTC}	1	
cholecalciferol (vitamin d3) 10 mcg (400 unit) tablet ^{OTC}	1	
SURE-LANCE 26 GAUGE ^{OTC}	1	

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UNILET COMFORTOUCH LANCET 26 GAUGE ^{OTC}	1	
icaps areds 4,296 mcg-226 mg-90 mg capsule ^{OTC}	1	
ONE-A-DAY KID'S CHEWABLE TABLET ^{OTC}	1	
FLINTSTONES MULTIVITAMIN 300 MCG CHEWABLE TABLET ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	1	
one daily energy 9 mg iron-400 mcg-200 mg tablet ^{OTC}	1	
VAGINAL CONTRACEPTIVE FILM 28 % ^{OTC}	1	QL(30 cada 30 días)
one daily essential 0.4 mg tablet ^{OTC}	1	
FLINTSTONES SOUR GUMMIES COMPLETE CHEWABLE TABLET ^{OTC}	1	
acetaminophen 500 mg capsule ^{OTC}	1	
essentia 18 mg-400 mcg tablet ^{OTC}	1	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE	1	
NOVA SAFETY LANCETS 23 GAUGE ^{OTC}	1	
my-vitalife capsule ^{OTC}	1	
thera-d 50 mcg (2,000 unit) tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) capsule ^{OTC}	1	
ACCU-CHEK SAFE-T-PRO 23 GAUGE ^{OTC}	1	
UNISTIK CZT LANCET 23 GAUGE ^{OTC}	1	
NEXAFED 30 MG TABLET ^{OTC}	1	
ASSURE LANCE 25 GAUGE ^{OTC}	1	
MINI WRIGHT PEAK FLOW METER	1	
docusate sodium 60 mg/15 ml oral syrup ^{OTC}	1	
UNILET COMFORTOUCH LANCET ^{OTC}	1	
driminate 50 mg tablet ^{OTC}	1	
theralogix companion 0.4 mg tablet ^{OTC}	1	
MEDLANCE PLUS LANCETS 25 GAUGE ^{OTC}	1	
ACTI-LANCE LANCETS 17 GAUGE ^{OTC}	1	
docusate sodium 100 mg tablet ^{OTC}	1	
E-Z JECT THIN LANCETS 28 GAUGE ^{OTC}	1	
omnicap 0.4 mg tablet ^{OTC}	1	
lubricant dry eye relief 1 % eye liquid gel drops ^{OTC}	1	
iron er 159 mg (45 mg iron) tablet,extended release ^{OTC}	1	
vitamin e 268 mg (400 unit) capsule ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 25 GAUGE ^{OTC}	1	
SUDAFED 30 MG TABLET ^{OTC}	1	
dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ADVOCATE LANCET 26 GAUGE ^{OTC}	1	
pyridoxine (vitamin b6) 500 mg tablet ^{OTC}	1	
FLINTSTONES GUMMIES CHEWABLE TABLET ^{OTC}	1	
wal-phed 12 hour 120 mg tablet,extended release ^{OTC}	1	
certa plus 18 mg-0.4 mg-250 mcg tablet ^{OTC}	1	
TRUSTEX LUBRICATED CONDOMS ^{OTC}	1	
ACCU-CHEK SOFTCLIX LANCETS ^{OTC}	1	
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	1	
stimulant laxative plus 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
feosol 325 mg (65 mg iron) tablet ^{OTC}	1	
daily vitamin formula-minerals tablet ^{OTC}	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE ^{OTC}	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
vis guard (petrolatum-min oil) 83 %-15 % eye ointment ^{OTC}	1	
men's multivitamin 200 mcg-60 mcg-600 mcg tablet ^{OTC}	1	
complete multivitamin adult 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
fleet docusate 100 mg capsule ^{OTC}	1	
animal chews tablet ^{OTC}	1	
spectravite adult 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
KIMONO MICROTHIN AQUA LUBE CONDOM ^{OTC}	1	
spectravite adult 50 plus(with lutein) 500 mcg-250 mcg chewable tablet ^{OTC}	1	
ultra lubricant eye 0.4 %-0.3 % drops ^{OTC}	1	
mucus relief dm 20 mg-400 mg tablet ^{OTC}	1	
TECHLITE LANCETS 30 GAUGE ^{OTC}	1	
MACUVITE WITH LUTEIN 5,000 UNIT-60 MG-30 UNIT-2 MG TABLET ^{OTC}	1	
BD MICROTAINER LANCET 21 GAUGE ^{OTC}	1	
BD MICROTAINER LANCET 30 GAUGE ^{OTC}	1	
DELSYM 12 HOUR 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 cada 30 días)
PRESERVISION LUTEIN 226 MG-90 MG-0.8 MG-5 MG CAPSULE ^{OTC}	1	
vitamin b-6 25 mg tablet ^{OTC}	1	
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	1	
COBENFY 125 MG-30 MG CAPSULE	1	
mega multi for women 13.5 mg-200 mcg-250 mcg tablet ^{OTC}	1	
TOPCARE UNIVERSAL1 LANCET ^{OTC}	1	
soluvita 0.5 mg (1.1 mg sod.fluor)/ml oral drops ^{OTC}	1	
anti-dandruff with menthol 1 % shampoo ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" ^{OTC}	1	
PRIMEAIRE SPACER	1	
NU-IRON 150 MG IRON CAPSULE ^{OTC}	1	
diabetic support formula 167 mcg-100 mcg-83 mcg tablet ^{OTC}	1	
pain relief (acetaminophen) 325 mg tablet ^{OTC}	1	
GUMMIES CHILDREN MULTIVITAMIN CHEWABLE TABLET ^{OTC}	1	
adult multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	
women's daily formula 18 mg iron-400 mcg-500 mg ca tablet ^{OTC}	1	
CERTAVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1	
one daily 0.4 mg-600 mcg tablet ^{OTC}	1	
lubricant eye 57.3 %-42.5 % ointment ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 28 GAUGE ^{OTC}	1	

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milk of magnesia 400 mg/5 ml oral suspension ^{OTC}	1	
INJECT EASE LANCETS 28 GAUGE ^{OTC}	1	
ed-apap 160 mg/5 ml oral liquid ^{OTC}	1	
RELIAMED LANCET 28 GAUGE ^{OTC}	1	
RELIAMED LANCET 23 GAUGE ^{OTC}	1	
allerclear d-12hr 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
geri-mucil (aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1	
PEDIALYTE SINGLES ORAL SOLUTION ^{OTC}	1	
SKYLA 14 MCG/24 HR (UP TO 3 YEARS) 13.5 MG INTRAUTERINE DEVICE	1	
multi-day with iron 18 mg-400 mcg tablet ^{OTC}	1	
SAFETY LANCETS 28 GAUGE ^{OTC}	1	
TROJAN-ENZ LUBRICATED CONDOMS ^{OTC}	1	
PRESSURE ACTIVATED LANCETS 28 GAUGE ^{OTC}	1	
ACTI-LANCE LANCETS 28 GAUGE ^{OTC}	1	
PROCERV HP 9 MG IRON-300 MCG-50 MCG TABLET ^{OTC}	1	
vitamin b-1 100 mg tablet ^{OTC}	1	
SIDESTREAM PEDIATRIC FACE MASK ^{OTC}	1	
allergy d-12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
PRODIGY LANCETS 28 GAUGE ^{OTC}	1	
ULTRA THIN LANCETS 28 GAUGE ^{OTC}	1	
SINGLE-LET MISC ^{OTC}	1	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE ^{OTC}	1	
UNILET LANCET 28 GAUGE ^{OTC}	1	
SOLO 400 MCG-80 MCG TABLET ^{OTC}	1	
TRUEPLUS LANCETS 28 GAUGE ^{OTC}	1	
the magic bullet 10 mg rectal suppository ^{OTC}	1	
SUPER THIN LANCETS 28 GAUGE ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
ARGININE (L-ARGININE) (BULK) 100 % POWDER ^{OTC}	1	
ARGININE (L-ARGININE) (BULK) 100 % POWDER	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1	
melatonin 10 mg capsule ^{OTC}	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
little animals-iron chewable tablet ^{OTC}	1	
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
benzoyl peroxide 10 % topical cleanser ^{OTC}	1	
PEDIATRIC POLY-VITE 250 MCG-50 MG-10-MCG-5 MG/ML ORAL DROPS ^{OTC}	1	
DROPLET GENTEEL LANCING DEVICE ^{OTC}	1	
melatonin 1 mg chewable tablet ^{OTC}	1	
MOOD FOOD ES 50 MG-50 MG-50 MG-150 MG CAPSULE ^{OTC}	1	
melatonin 10 mg tablet ^{OTC}	1	
CHILDREN'S SLEEP (MELATONIN) 1 MG CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
2-in-1 laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
milltrium senior tablet ^{OTC}	1	
SUDAFED 12 HOUR 120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE ^{OTC}	1	
E-Z JECT LANCETS 32 GAUGE ^{OTC}	1	
STERILANCE TL 32 GAUGE ^{OTC}	1	
SCOOPY-DOO ONE A DAY KIDS CHEWABLE TABLET ^{OTC}	1	
guaifenesin 200 mg tablet ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 18 GAUGE ^{OTC}	1	
complete multivitamin-multimineral 18 mg-400 mcg tablet ^{OTC}	1	
ULTRA THIN LANCETS 31 GAUGE ^{OTC}	1	
mucus dm max er 60 mg-1,200 mg tablet,extended release ^{OTC}	1	
glucose gel 40 % oral gel ^{OTC}	1	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE ^{OTC}	1	
EASY TOUCH TWIST LANCETS 33 GAUGE ^{OTC}	1	
EASY TOUCH TWIST LANCETS 32 GAUGE ^{OTC}	1	
EASY TOUCH TWIST LANCETS 30 GAUGE ^{OTC}	1	
EASY TOUCH TWIST LANCETS 28 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 28 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 26 GAUGE ^{OTC}	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 23 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 21 GAUGE ^{OTC}	1	
MULTI FOR HER 18 MG IRON-600 MCG-80 MCG TABLET ^{OTC}	1	
multi vitamin 9 mg iron/15 ml oral liquid ^{OTC}	1	
MONOLET THIN LANCETS 28 GAUGE ^{OTC}	1	
MONOLET LANCETS 21 GAUGE ^{OTC}	1	
LITE TOUCH LANCETS 33 GAUGE ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	1	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1	
flintstones complete (iron) chewable tablet ^{OTC}	1	
children's pain reliever and fever reducer 120 mg rectal suppository ^{OTC}	1	
G-ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{OTC}	1	
MEN'S DAILY 0.4 MG-600 MCG CAPSULE ^{OTC}	1	
first aid antiseptic (povidone-iodine) 10 % topical solution ^{OTC}	1	
DEBROX 6.5 % EAR DROPS ^{OTC}	1	
LANCETS,THIN 28 GAUGE ^{OTC}	1	
sentry senior 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
MEDISENSE THIN LANCETS 28 GAUGE ^{OTC}	1	
EASY TWIST AND CAP LANCETS 28 GAUGE ^{OTC}	1	
SAFETY SEAL LANCETS 28 GAUGE ^{OTC}	1	
SURE-LANCE 28 GAUGE ^{OTC}	1	
PERSA-GEL 10 % TOPICAL ^{OTC}	1	
ULTILET LANCETS 28 GAUGE ^{OTC}	1	

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ULTILET CLASSIC LANCETS 28 GAUGE ^{OTC}	1	
ASSURE LANCE 28 GAUGE ^{OTC}	1	
one-a-day essential tablet ^{OTC}	1	
atropine 1 % eye drops	1	
cyclopentolate 1 % eye drops	1	
dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette	1	
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION	1	
polycin 500 unit-10,000 unit/gram eye ointment	1	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION	1	
cyclopentolate 0.5 % eye drops	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS	1	
tropicamide 0.5 % eye drops	1	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1	
ROCKLATAN 0.02 %-0.005 % EYE DROPS	1	
tropicamide 1 % eye drops	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 cada 30 días)
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1	
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	1	
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1	
cyclopentolate 2 % eye drops	1	
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1	
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 cada 30 días)
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	1	
OXERVATE 0.002 % EYE DROPS	1	PA
BEPREVE 1.5 % EYE DROPS	1	
cromolyn 4 % eye drops	1	
azelastine 0.05 % eye drops	1	
olopatadine 0.1 % eye drops ^{OTC}	1	
olopatadine 0.2 % eye drops	1	
olopatadine 0.2 % eye drops ^{OTC}	1	
olopatadine 0.1 % eye drops	1	
AZASITE 1 % EYE DROPS	1	
ciprofloxacin 0.3 % eye drops	1	
sulfacetamide sodium 10 % eye drops	1	
moxifloxacin 0.5 % viscous eye drops	1	
tobramycin 0.3 % eye drops	1	
moxifloxacin 0.5 % eye drops	1	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	1	
gentamicin 0.3 % eye drops	1	
TOBREX 0.3 % EYE OINTMENT	1	
CILOXAN 0.3 % EYE OINTMENT	1	

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erythromycin 5 mg/gram (0.5 %) eye ointment	1	
ofloxacin 0.3 % eye drops	1	
trifluridine 1 % eye drops	1	
PRED MILD 0.12 % EYE DROPS,SUSPENSION	1	
DUREZOL 0.05 % EYE DROPS	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	1	
LOTEMAX 0.5 % EYE GEL DROPS	1	
ketorolac 0.5 % eye drops	1	
ALREX 0.2 % EYE DROPS,SUSPENSION	1	
dexamethasone sodium phosphate 0.1 % eye drops	1	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION	1	
prednisolone sodium phosphate 1 % eye drops	1	
LOTEMAX 0.5 % EYE OINTMENT	1	
flurbiprofen 0.03 % eye drops	1	
PRED FORTE 1 % EYE DROPS,SUSPENSION	1	
ketorolac 0.4 % eye drops	1	
diclofenac 0.1 % eye drops	1	
timolol maleate (pf) 0.5 % eye drops in a dropperette	1	
timolol maleate 0.5 % once daily eye drops	1	
levobunolol 0.5 % eye drops	1	
timolol maleate 0.25 % eye drops	1	
timolol 0.5 % eye drops	1	
timolol maleate (pf) 0.25 % eye drops in a dropperette	1	
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION	1	
timolol maleate 0.5 % eye drops	1	
carteolol 1 % eye drops	1	
pilocarpine 2 % eye drops	1	
AZOPT 1 % EYE DROPS,SUSPENSION	1	
pilocarpine 1 % eye drops	1	
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE	1	
RHOPRESSA 0.02 % EYE DROPS	1	
ALPHAGAN P 0.1 % EYE DROPS	1	
pilocarpine 4 % eye drops	1	
dorzolamide 2 % eye drops	1	
apraclonidine 0.5 % eye drops	1	
brimonidine 0.2 % eye drops	1	
ALPHAGAN P 0.15 % EYE DROPS	1	
LUMIGAN 0.01 % EYE DROPS	1	
TRAVATAN Z 0.004 % EYE DROPS	1	
latanoprost 0.005 % eye drops	1	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	1	
ofloxacin 0.3 % ear drops	1	
DERMOTIC OIL 0.01 % EAR DROPS	1	
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	1	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION	1	

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neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	1	
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	1	
fluticasone propionate 50 mcg/actuation nasal spray,suspension ^{OTC}	1	
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	1	
fluticasone propionate 250 mcg/actuation blister powder for inhalation	1	
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	1	
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	
triamcinolone acetonide 55 mcg nasal spray aerosol ^{OTC}	1	
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 cada 30 días)
budesonide 1 mg/2 ml suspension for nebulization	1	QL(60 cada 30 días)
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
nasal allergy 55 mcg spray aerosol ^{OTC}	1	
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
fluticasone propionate 100 mcg/actuation blister powder for inhalation	1	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(120 cada 30 días)
24 hour nasal allergy 55 mcg spray aerosol ^{OTC}	1	
budesonide 32 mcg/actuation nasal spray ^{OTC}	1	
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
OMNARIS 50 MCG NASAL SPRAY	1	
QVAR REDHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1	
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1	
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(120 cada 30 días)
fluticasone propionate 50 mcg/actuation blister powder for inhalation	1	
QVAR REDHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	

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ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
complete allergy 25 mg capsule ^{OTC}	1	
diphenhydramine 50 mg capsule ^{OTC}	1	
children's allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
loratadine 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
diphenhydramine 12.5 mg/5 ml oral elixir	1	
diphenhydramine 12.5 mg/5 ml oral liquid ^{OTC}	1	
24hour allergy 10 mg tablet ^{OTC}	1	
allergy relief (diphenhydramine) 25 mg tablet ^{OTC}	1	
fexofenadine 180 mg tablet ^{OTC}	1	
aller-tec 10 mg tablet ^{OTC}	1	
CLARITIN 10 MG TABLET ^{OTC}	1	
diphenhydramine 12.5 mg/5 ml oral elixir ^{OTC}	1	
cetirizine 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
wal-fex allergy 180 mg tablet ^{OTC}	1	
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
aller-g-time 25 mg tablet ^{OTC}	1	
complete allergy medicine 25 mg capsule ^{OTC}	1	
pharbedryl 25 mg capsule ^{OTC}	1	
pharbedryl 50 mg capsule ^{OTC}	1	
allergy-time 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
diphedryl 12.5 mg/5 ml oral liquid ^{OTC}	1	
all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
cetirizine 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
aler-cap 25 mg capsule ^{OTC}	1	
allergy (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
m-dryl 12.5 mg/5 ml oral liquid ^{OTC}	1	
BENADRYL ALLERGY 12.5 MG/5 ML ORAL LIQUID ^{OTC}	1	
loratadine 10 mg disintegrating tablet ^{OTC}	1	
allergy relief (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
maxallergy kids 12.5 mg/5 ml oral liquid ^{OTC}	1	
allergy medicine 25 mg tablet ^{OTC}	1	
benadryl allergy 25 mg tablet ^{OTC}	1	
geri-dryl 25 mg tablet ^{OTC}	1	
complete allergy medicine 25 mg tablet ^{OTC}	1	
allergy 25 mg tablet ^{OTC}	1	
allergy (diphenhydramine) 25 mg capsule ^{OTC}	1	
cyproheptadine 4 mg tablet	1	
children's diphenhydramine 12.5 mg/5 ml oral liquid ^{OTC}	1	
cetirizine 10 mg tablet ^{OTC}	1	
allerclear 10 mg tablet ^{OTC}	1	
VISTARIL 25 MG CAPSULE	1	PA,QL(120 cada 30 días)
total allergy medicine 25 mg tablet ^{OTC}	1	
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
loradamed 10 mg tablet ^{OTC}	1	

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cetirizine 5 mg tablet ^{OTC}	1	
fexofenadine 60 mg tablet ^{OTC}	1	
hydroxyzine pamoate 100 mg capsule	1	QL(120 cada 30 días)
ALAVERT 10 MG DISINTEGRATING TABLET ^{OTC}	1	
chlorpheniramine 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
children's wal-dryl allergy 12.5 mg/5 ml prefilled spoon ^{OTC}	1	
banophen 25 mg tablet ^{OTC}	1	
complete allergy 25 mg tablet ^{OTC}	1	
chlortabs 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
hydroxyzine pamoate 50 mg capsule	1	QL(120 cada 30 días)
wal-finat 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
cyproheptadine 2 mg/5 ml oral syrup	1	
wal-fex allergy 60 mg tablet ^{OTC}	1	
allergy relief (fexofenadine) 60 mg tablet ^{OTC}	1	
aller-fex 180 mg tablet ^{OTC}	1	
wal-zyr (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
nighttime allergy relief 25 mg tablet ^{OTC}	1	
allergy relief (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
geri-dryl 12.5 mg/5 ml oral liquid ^{OTC}	1	
diphen 25 mg tablet ^{OTC}	1	
all day allergy (cetirizine) 10 mg tablet ^{OTC}	1	
wal-zyr (cetirizine) 10 mg tablet ^{OTC}	1	
children's allergy relief (fexofenadine) 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 cada 30 días)
allergy medication 25 mg capsule ^{OTC}	1	
children's wal-fex 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 cada 30 días)
ALLER-CHLOR 4 MG TABLET ^{OTC}	1	QL(180 cada 30 días)
VISTARIL 50 MG CAPSULE	1	PA,QL(120 cada 30 días)
allergy relief (loratadine) 10 mg disintegrating tablet ^{OTC}	1	
loratadine 10 mg tablet ^{OTC}	1	
allergy relief (cetirizine) 10 mg tablet ^{OTC}	1	
children's all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
aller-ease 180 mg tablet ^{OTC}	1	
BENADRYL 25 MG CAPSULE ^{OTC}	1	
wal-dryl allergy 25 mg capsule ^{OTC}	1	
hydroxyzine pamoate 25 mg capsule	1	QL(120 cada 30 días)
diphenhydramine 25 mg capsule ^{OTC}	1	
allergy relief (fexofenadine) 180 mg tablet ^{OTC}	1	
CLARITIN REDITABS 10 MG DISINTEGRATING TABLET ^{OTC}	1	
CHILDREN'S ALLEGRA ALLERGY 30 MG/5 ML ORAL SUSPENSION ^{OTC}	1	QL(300 cada 30 días)
aller-ease 60 mg tablet ^{OTC}	1	
ALLEGRA ALLERGY 180 MG TABLET ^{OTC}	1	
ALLEGRA HIVES 180 MG TABLET ^{OTC}	1	

• OTC – Medicamentos sin receta • PA – Autorización previa • QL – Límite de cantidad • ST – Terapia por fases

NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ALLEGRA ALLERGY 60 MG TABLET ^{OTC}	1	
wal-dryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
ed chlorped jr 2 mg/5 ml oral syrup ^{OTC}	1	QL(900 cada 30 días)
levocetirizine 2.5 mg/5 ml oral solution	1	ST,QL(300 cada 30 días)
pharbechlor 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
ZYRTEC 10 MG TABLET ^{OTC}	1	
allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
children's wal-zyr 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
banophen 50 mg capsule ^{OTC}	1	
children's aller-tec 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy relief (cetirizine) 5 mg tablet ^{OTC}	1	
levocetirizine 5 mg tablet ^{OTC}	1	
levocetirizine 5 mg tablet	1	
CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
wal-itin 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
carbinoxamine 4 mg/5 ml oral liquid	1	
chlorhist 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
allergy relief (loratadine) 10 mg tablet ^{OTC}	1	
banophen 25 mg capsule ^{OTC}	1	
allergy relief (diphenhydramine) 25 mg capsule ^{OTC}	1	
children's cetirizine 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
diphedryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
children's wal-dryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
children's allergy relief (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
children's allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
naramin 12.5 mg/5 ml oral liquid in packet ^{OTC}	1	
wal-dryl allergy 25 mg tablet ^{OTC}	1	
cetirizine 1 mg/ml oral solution	1	QL(300 cada 30 días)
allergy (diphenhydramine) 25 mg tablet ^{OTC}	1	
azelastine 137 mcg (0.1 %) nasal spray	1	
diphenhydramine 25 mg tablet ^{OTC}	1	
wal-itin 10 mg tablet ^{OTC}	1	
montelukast 4 mg chewable tablet	1	
montelukast 5 mg chewable tablet	1	
montelukast 10 mg tablet	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	1	QL(25.8 cada 30 días)
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	ST,QL(4 cada 30 días)
ipratropium bromide 42 mcg (0.06 %) nasal spray	1	
ipratropium bromide 0.02 % solution for inhalation	1	QL(125 cada 30 días)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION	1	PA,QL(4 cada 30 días)
ipratropium bromide 21 mcg (0.03 %) nasal spray	1	

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SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 cada 30 días)
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	1	
albuterol sulfate er 8 mg tablet,extended release,12 hr	1	
albuterol sulfate 0.63 mg/3 ml solution for nebulization	1	
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER	1	ST,QL(45 cada 30 días)
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	1	
albuterol sulfate er 4 mg tablet,extended release,12 hr	1	
albuterol sulfate 1.25 mg/3 ml solution for nebulization	1	
albuterol sulfate 2 mg/5 ml oral syrup	1	
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization	1	
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	1	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	1	QL(54 cada 30 días)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	PA
NASALCROM 5.2 MG/SPRAY (4 %) SPRAY ^{OTC}	1	
cromolyn 100 mg/5 ml oral concentrate	1	
cromolyn 5.2 mg/spray (4 %) nasal spray ^{OTC}	1	
theophylline er 300 mg tablet,extended release,12 hr	1	
theophylline 80 mg/15 ml oral elixir	1	
theophylline 80 mg/15 ml oral solution	1	
theophylline er 400 mg tablet,extended release 24 hr	1	
theophylline er 450 mg tablet,extended release,12 hr	1	
theophylline er 600 mg tablet,extended release 24 hr	1	
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(90 cada 30 días)
TRACLEER 62.5 MG TABLET	1	PA,QL(120 cada 30 días)
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension	1	PA,QL(180 cada 30 días)
sildenafil (pulmonary hypertension) 10 mg/12.5 ml intravenous solution	1	PA,QL(2250 cada 30 días)
tadalafil 20 mg tablet (pulmonary hypertension)	1	PA,QL(60 cada 30 días)
TRACLEER 125 MG TABLET	1	PA,QL(60 cada 30 días)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION	1	PA,QL(120 cada 30 días)
alyq 20 mg tablet	1	PA,QL(60 cada 30 días)
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 cada 30 días)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	1	PA
acetylcysteine 200 mg/ml (20 %) solution	1	
nebusal 3 % solution for nebulization	1	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY	1	

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AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 cada 30 días)
pulmosal 7 % solution for nebulization	1	
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 cada 30 días)
AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 cada 30 días)
acetylcysteine 100 mg/ml (10 %) solution	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(8 cada 30 días)
sodium chloride 3 % for nebulization	1	
ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET	1	PA
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION	1	QL(60 cada 30 días)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 cada 30 días)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 cada 30 días)
sodium chloride 7 % for nebulization	1	
hyper-sal 7 % solution for nebulization	1	
NUCALA 100 MG SUBCUTANEOUS SOLUTION	1	PA
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 cada 30 días)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(13 cada 30 días)
ORALAIR 300 IR SUBLINGUAL TABLET	1	PA
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln	1	QL(270 cada 30 días)
sodium chloride 10 % for nebulization	1	
GRASTEK 2,800 BAU SUBLINGUAL TABLET	1	PA
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	1	PA
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET	1	PA
sodium chloride 0.9 % for nebulization	1	
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 cada 30 días)
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 cada 30 días)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET	1	PA
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)

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ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
cyclobenzaprine 10 mg tablet	1	
methocarbamol 100 mg/ml injection solution	1	
cyclobenzaprine 7.5 mg tablet	1	
chlorzoxazone 500 mg tablet	1	
methocarbamol 1,000 mg tablet	1	
chlorzoxazone 750 mg tablet	1	
methocarbamol 750 mg tablet	1	
chlorzoxazone 375 mg tablet	1	
cyclobenzaprine 5 mg tablet	1	
methocarbamol 500 mg tablet	1	
orphenadrine citrate er 100 mg tablet,extended release	1	
orphenadrine citrate 30 mg/ml injection solution	1	
chlorzoxazone 250 mg tablet	1	
DAYVIGO 5 MG TABLET	1	QL(30 cada 30 días)
ROZEREM 8 MG TABLET	1	PA,QL(30 cada 30 días)
triazolam 0.125 mg tablet	1	QL(30 cada 30 días)
RESTORIL 7.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
flurazepam 15 mg capsule	1	QL(30 cada 30 días)
zolpidem er 6.25 mg tablet,extended release,multiphase	1	QL(30 cada 30 días)
zolpidem er 12.5 mg tablet,extended release,multiphase	1	QL(30 cada 30 días)
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
eszopiclone 3 mg tablet	1	QL(30 cada 30 días)
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RESTORIL 22.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
quazepam 15 mg tablet	1	QL(30 cada 30 días)
temazepam 7.5 mg capsule	1	QL(30 cada 30 días)
DAYVIGO 10 MG TABLET	1	QL(30 cada 30 días)
eszopiclone 2 mg tablet	1	QL(30 cada 30 días)
eszopiclone 1 mg tablet	1	QL(30 cada 30 días)
temazepam 22.5 mg capsule	1	PA,QL(30 cada 30 días)
HETLIOZ LQ 4 MG/ML ORAL SUSPENSION	1	PA,QL(150 cada 30 días)
LUNESTA 1 MG TABLET	1	PA,QL(30 cada 30 días)
DORAL 15 MG TABLET	1	PA,QL(30 cada 30 días)
ZOLPIDEM 7.5 MG CAPSULE	1	QL(30 cada 30 días)
ramelteon 8 mg tablet	1	QL(30 cada 30 días)
zaleplon 5 mg capsule	1	QL(60 cada 30 días)
LUNESTA 2 MG TABLET	1	PA,QL(30 cada 30 días)
RESTORIL 15 MG CAPSULE	1	PA,QL(30 cada 30 días)
RESTORIL 30 MG CAPSULE	1	PA,QL(30 cada 30 días)
HALCION 0.25 MG TABLET	1	PA,QL(30 cada 30 días)
LUNESTA 3 MG TABLET	1	PA,QL(30 cada 30 días)
QUVIVIQ 25 MG TABLET	1	QL(30 cada 30 días)
EDLUAR 5 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
QUVIVIQ 50 MG TABLET	1	QL(30 cada 30 días)
zaleplon 10 mg capsule	1	QL(60 cada 30 días)
AMBIEN 5 MG TABLET	1	PA,QL(30 cada 30 días)
estazolam 2 mg tablet	1	PA,QL(30 cada 30 días)

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estazolam 1 mg tablet	1	QL(30 cada 30 días)
EDLUAR 10 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
BELSOMRA 20 MG TABLET	1	QL(30 cada 30 días)
flurazepam 30 mg capsule	1	PA,QL(30 cada 30 días)
SILENOR 6 MG TABLET	1	PA,QL(30 cada 30 días)
SILENOR 3 MG TABLET	1	PA,QL(30 cada 30 días)
doxepin 6 mg tablet	1	QL(30 cada 30 días)
doxepin 3 mg tablet	1	QL(30 cada 30 días)
BELSOMRA 15 MG TABLET	1	QL(30 cada 30 días)
zolpidem 10 mg tablet	1	QL(30 cada 30 días)
zolpidem 5 mg tablet	1	QL(30 cada 30 días)
BELSOMRA 10 MG TABLET	1	QL(30 cada 30 días)
AMBIEN 10 MG TABLET	1	PA,QL(30 cada 30 días)
zolpidem 3.5 mg sublingual tablet	1	QL(30 cada 30 días)
zolpidem 1.75 mg sublingual tablet	1	QL(30 cada 30 días)
BELSOMRA 5 MG TABLET	1	QL(30 cada 30 días)
tasimelteon 20 mg capsule	1	PA,QL(30 cada 30 días)
temazepam 15 mg capsule	1	QL(30 cada 30 días)
temazepam 30 mg capsule	1	PA,QL(30 cada 30 días)
triazolam 0.25 mg tablet	1	QL(30 cada 30 días)
HETLIOZ 20 MG CAPSULE	1	PA,QL(30 cada 30 días)
PROVIGIL 100 MG TABLET	1	PA,QL(30 cada 30 días)
PROVIGIL 200 MG TABLET	1	PA,QL(60 cada 30 días)
armodafinil 250 mg tablet	1	PA,QL(30 cada 30 días)
WAKIX 17.8 MG TABLET	1	PA,QL(60 cada 30 días)
NUVIGIL 200 MG TABLET	1	PA,QL(30 cada 30 días)
armodafinil 200 mg tablet	1	PA,QL(30 cada 30 días)
NUVIGIL 50 MG TABLET	1	PA,QL(60 cada 30 días)
NUVIGIL 150 MG TABLET	1	PA,QL(30 cada 30 días)
NUVIGIL 250 MG TABLET	1	PA,QL(30 cada 30 días)
WAKIX 4.45 MG TABLET	1	PA,QL(60 cada 30 días)
SUNOSI 150 MG TABLET	1	PA,QL(30 cada 30 días)
modafinil 200 mg tablet	1	PA,QL(60 cada 30 días)
SUNOSI 75 MG TABLET	1	PA,QL(30 cada 30 días)
modafinil 100 mg tablet	1	PA,QL(30 cada 30 días)
XYREM 500 MG/ML ORAL SOLUTION	1	PA,QL(540 cada 30 días)
armodafinil 50 mg tablet	1	PA,QL(60 cada 30 días)
XYWAV 0.5 GRAM/ML ORAL SOLUTION	1	PA,QL(540 cada 30 días)
sodium oxybate 500 mg/ml oral solution	1	PA,QL(540 cada 30 días)
armodafinil 150 mg tablet	1	PA,QL(30 cada 30 días)

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Llámenos si nos necesita

Si tiene alguna pregunta, o necesita ayuda para leer o entender este documento, llámenos al **866-274-5888 (TTY: 711)**. Estamos a su disposición de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. Podemos ayudarle sin costo para usted. Podemos explicarle el documento en inglés o en su idioma materno. También podemos brindarle ayuda si tiene dificultades de la vista o la audición. Consulte su Manual para los afiliados para obtener información sobre sus derechos.

¡Importante!

En Humana, es importante que usted reciba un trato justo.

Humana Inc. y sus subsidiarias no discriminan ni excluyen a las personas por motivos de raza, color, origen nacional, edad, discapacidad, sexo, orientación sexual, género, identidad de género, ascendencia, origen étnico, estado civil, religión, o idioma. La discriminación va en contra de la ley. Humana y sus subsidiarias cumplen con las leyes de derechos civiles federales aplicables. Si usted cree que Humana o sus subsidiarias le han discriminado, hay formas de obtener ayuda.

- Usted puede presentar una queja, también conocida como queja formal a: **Discrimination Grievances**, P.O. Box 14618, Lexington, KY 40512-4618. Si necesita ayuda para presentar una queja formal, llame al **866-274-5888** o bien, si utiliza un **TTY**, llame al **711**.
- También puede presentar una queja de derechos civiles ante el **Departamento de Salud y Servicios Humanos de EE. UU., Oficina de Derechos Civiles** por medios electrónicos a través de su Portal de quejas disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o a **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Los formularios de quejas están disponibles en **<https://www.hhs.gov/ocr/complaints/index.html>**.

Tiene a su disposición recursos y servicios auxiliares gratuitos.
866-274-5888 (TTY: 711)

Humana provee recursos y servicios auxiliares gratuitos como, por ejemplo, intérpretes acreditados de lenguaje de señas, interpretación remota por video e información escrita en otros formatos para personas con discapacidades, cuando dichos recursos y servicios auxiliares sean necesarios para garantizar la igualdad de oportunidades de participación.

Humana Healthy Horizons in Indiana es un producto de Medicaid de Arcadian Health Plan, Inc.

Usted tiene a su disposición servicios gratuitos de asistencia lingüística.
866-274-5888 (TTY: 711)

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

繁體中文 (Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga librang serbisyo sa tulong sa wika.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें ।

日本語 (Japanese) 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.