

2025 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 02/06/2025.

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 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
addaprin 200 mg tablet ^{OTC}	1	
all day pain relief 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension ^{OTC}	1	
CELEBREX 200 MG CAPSULE	1	
CELEBREX 50 MG CAPSULE	1	
ibuprofen jr strength 100 mg chewable tablet ^{OTC}	1	
naproxen 500 mg tablet	1	
ibuprofen 200 mg tablet ^{OTC}	1	
INFANT'S MOTRIN 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{OTC}	1	
ibu 400 mg tablet	1	
naproxen sodium 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
INFANT'S ADVIL 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{OTC}	1	
naproxen 500 mg tablet,delayed release	1	
i-prin 200 mg tablet ^{OTC}	1	
ibuprofen 400 mg tablet	1	
CELEBREX 400 MG CAPSULE	1	
diclofenac sodium 50 mg tablet,delayed release	1	
pain relief (ibuprofen) 200 mg tablet ^{OTC}	1	
flanax (naproxen) 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP	1	
ibu 800 mg tablet	1	
naproxen 375 mg tablet	1	
etodolac 500 mg tablet	1	
ibuprofen 600 mg tablet	1	
naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release	1	
ADVIL 200 MG TABLET ^{OTC}	1	
CELEBREX 100 MG CAPSULE	1	
all day relief 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release	1	
motrin ib 200 mg tablet ^{OTC}	1	
meloxicam 7.5 mg tablet	1	
ibuprofen ib 200 mg tablet ^{OTC}	1	
etodolac 300 mg capsule	1	
children's profen ib 100 mg/5 ml oral suspension ^{OTC}	1	
naproxen 375 mg tablet,delayed release	1	
etodolac 200 mg capsule	1	
ibuprofen 100 mg chewable tablet ^{OTC}	1	
ibuprofen 50 mg/1.25 ml oral drops,suspension ^{OTC}	1	
naproxen 250 mg tablet	1	
nabumetone 500 mg tablet	1	
children's motrin jr strength 100 mg chewable tablet ^{OTC}	1	
diclofenac sodium 25 mg tablet,delayed release	1	
diclofenac sodium 75 mg tablet,delayed release	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 ib 100 mg chewable tablet ^{OTC}	1	
nabumetone 750 mg tablet	1	
ibu 600 mg tablet	1	
wal-proxen 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
ketoprofen 50 mg capsule	1	
infants profenib 50 mg/1.25 ml oral drops,suspension ^{OTC}	1	
mediproxen 220 mg tablet ^{OTC}	1	QL(90 cada 30 días)
ketoprofen 75 mg capsule	1	
children's ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1	
indomethacin 50 mg capsule	1	
CHILDREN'S MOTRIN 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
meloxicam 15 mg tablet	1	
ketorolac 10 mg tablet	1	
CHILDREN'S ADVIL 100 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
ibu-200 200 mg tablet ^{OTC}	1	
diclofenac 1 % topical gel	1	
ALEVE 220 MG TABLET ^{OTC}	1	QL(90 cada 30 días)
diclofenac 1 % topical gel ^{OTC}	1	
indomethacin 25 mg capsule	1	
etodolac 400 mg tablet	1	
flurbiprofen 100 mg tablet	1	
ibuprofen 800 mg tablet	1	
wal-profen 200 mg tablet ^{OTC}	1	
ibuprofen 100 mg/5 ml oral suspension	1	
ec-naproxen 500 mg tablet,delayed release	1	
ibuprofen 100 mg/5 ml oral suspension ^{OTC}	1	
morphine er 30 mg tablet,extended release	1	PA,QL(90 cada 30 días)
buprenorphine hcl 0.3 mg/ml injection solution	1	PA
fentanyl 25 mcg/hr transdermal patch	1	PA,QL(10 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)
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
levorphanol tartrate 2 mg tablet	1	PA
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
fentanyl 62.5 mcg/hour transdermal patch	1	PA,QL(10 cada 30 días)
BUTRANS 5 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 37.5 mcg/hour transdermal patch	1	PA
buprenorphine hcl 0.3 mg/ml injection syringe	1	PA
morphine er 15 mg tablet,extended release	1	PA,QL(90 cada 30 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)
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	1	PA,QL(4 cada 28 días)
levorphanol tartrate 3 mg tablet	1	PA
morphine er 60 mg tablet,extended release	1	PA,QL(90 cada 30 días)
fentanyl 75 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 12 mcg/hr transdermal patch	1	PA,QL(10 cada 30 días)
fentanyl 100 mcg/hr 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
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	PA
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	PA
hydromorphone 0.5 mg/0.5 ml injection syringe	1	PA
morphine 4 mg/ml intravenous syringe	1	PA
morphine (pf) 0.5 mg/ml injection solution	1	PA
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
morphine (pf) 30 mg/30 ml (1 mg/ml) pca intravenous solution	1	PA
morphine 2 mg/ml intravenous syringe	1	PA
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	PA
acetaminophen 300 mg-codeine 60 mg tablet	1	PA
hydromorphone (pf) 0.5 mg/0.5 ml injection syringe	1	PA
meperidine (pf) 25 mg/ml injection solution	1	PA
pentazocine 50 mg-naloxone 0.5 mg tablet	1	PA
hydromorphone 2 mg/ml injection solution	1	PA
meperidine 50 mg/5 ml oral solution	1	PA
meperidine (pf) 100 mg/ml injection solution	1	PA
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION	1	PA
morphine 15 mg immediate release tablet	1	PA
morphine 10 mg rectal suppository	1	PA
endocet 2.5 mg-325 mg tablet	1	PA
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	PA
hydromorphone 4 mg tablet	1	PA
hydromorphone (pf) 1 mg/ml injection syringe	1	PA
hydromorphone (pf) 10 mg/ml injection solution	1	PA
butorphanol 2 mg/ml injection solution	1	PA
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	PA
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	PA
oxycodone 5 mg capsule	1	PA
oxycodone-acetaminophen 5 mg-325 mg tablet	1	PA
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	PA
morphine 2 mg/ml injection solution	1	PA
HYDROMORPHONE 0.25 MG/0.5 ML INJECTION SYRINGE	1	PA
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
morphine 10 mg/5 ml oral solution	1	PA
acetaminophen 300 mg-codeine 15 mg tablet	1	PA
oxycodone-acetaminophen 10 mg-325 mg tablet	1	PA
tramadol 25 mg tablet	1	PA,QL(240 cada 30 días)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION	1	PA
oxycodone 30 mg tablet	1	PA
morphine 5 mg/ml injection solution	1	PA
morphine 8 mg/ml intravenous solution	1	PA
butorphanol 10 mg/ml nasal spray	1	PA,QL(2.5 cada 30 días)
morphine 4 mg/ml intravenous solution	1	PA
hydromorphone 2 mg/ml injection syringe	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
codeine sulfate 30 mg tablet	1	PA
endocet 7.5 mg-325 mg tablet	1	PA
acetaminophen 300 mg-codeine 30 mg tablet	1	PA
endocet 10 mg-325 mg tablet	1	PA
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	PA
morphine 20 mg rectal suppository	1	PA
hydromorphone 4 mg/ml injection syringe	1	PA
hydromorphone 1 mg/ml injection syringe	1	PA
morphine 4 mg/ml injection solution	1	PA
morphine 4 mg/ml injection syringe	1	PA
morphine 30 mg immediate release tablet	1	PA
oxycodone 5 mg tablet	1	PA
hydromorphone 3 mg rectal suppository	1	PA
codeine sulfate 15 mg tablet	1	PA
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	PA
hydromorphone 1 mg/ml oral liquid	1	PA
tramadol 100 mg tablet	1	PA,QL(120 cada 30 días)
butorphanol 1 mg/ml injection solution	1	PA
morphine 8 mg/ml intravenous syringe	1	PA
oxycodone 5 mg/5 ml oral solution	1	PA
morphine 10 mg/ml intravenous syringe	1	PA
hydromorphone (pf) 1 mg/ml injection solution	1	PA
morphine (pf) 1 mg/ml injection solution	1	PA
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule	1	PA
morphine 2 mg/ml injection syringe	1	PA
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	PA
codeine sulfate 60 mg tablet	1	PA
nalbuphine 20 mg/ml injection solution	1	PA
hydromorphone (pf) 4 mg/ml injection solution	1	PA
tramadol 75 mg tablet	1	PA
tramadol 37.5 mg-acetaminophen 325 mg tablet	1	PA,QL(318 cada 30 días)
oxycodone 20 mg/ml oral concentrate	1	PA
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	PA
hydromorphone 2 mg tablet	1	PA
hydromorphone (pf) 0.2 mg/ml injection syringe	1	PA
endocet 5 mg-325 mg tablet	1	PA
tramadol 50 mg tablet	1	PA,QL(240 cada 30 días)
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	PA
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	1	PA
meperidine 50 mg tablet	1	PA
hydromorphone 8 mg tablet	1	PA
oxycodone 15 mg tablet	1	PA
morphine 5 mg rectal suppository	1	PA
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
morphine 30 mg rectal suppository	1	PA
hydromorphone 1 mg/ml injection solution	1	PA
hydromorphone (pf) 2 mg/ml injection solution	1	PA
morphine 10 mg/ml intravenous solution	1	PA
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	PA
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	PA
morphine 10 mg/ml injection solution	1	PA
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution	1	PA
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	PA
oxycodone 10 mg tablet	1	PA
oxycodone 20 mg tablet	1	PA
nalbuphine 10 mg/ml injection solution	1	PA
morphine 50 mg/ml intravenous solution	1	PA
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	PA
meperidine (pf) 50 mg/ml injection solution	1	PA
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	PA
lidocaine hcl 2 % mucosal solution	1	
glydo 2 % mucosal jelly in applicator	1	
lidocan iv 5 % topical patch	1	QL(90 cada 30 días)
lidocan v 5 % topical patch	1	QL(90 cada 30 días)
ZTLIDO 1.8 % TOPICAL PATCH	1	PA,QL(90 cada 30 días)
lidocaine 4 % topical cream ^{OTC}	1	
lidocaine hcl 2 % mucosal jelly	1	
dermacinrx lidocan 5 % topical patch	1	QL(90 cada 30 días)
lidocan iii 5 % topical patch	1	QL(90 cada 30 días)
lidocaine 5 % topical patch	1	QL(90 cada 30 días)
LIDOCAN II 5 % TOPICAL PATCH	1	QL(90 cada 30 días)
asperflex (lidocaine) 4 % topical cream ^{OTC}	1	
lidocaine 2 % mucosal jelly in applicator	1	
lidocaine viscous 2 % mucosal solution	1	
LIDODERM 5 % TOPICAL PATCH	1	QL(90 cada 30 días)
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1	
acamprosate 333 mg tablet,delayed release	1	
naltrexone 50 mg tablet	1	
disulfiram 500 mg tablet	1	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	
disulfiram 250 mg tablet	1	
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1	QL(360 cada 30 días)
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	1	QL(150 cada 30 días)
buprenorphine hcl 2 mg sublingual tablet	1	QL(360 cada 30 días)
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1	QL(360 cada 30 días)
buprenorphine hcl 8 mg sublingual tablet	1	QL(90 cada 30 días)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1	QL(180 cada 30 días)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1	QL(60 cada 30 días)
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(1.5 cada 28 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	PA,QL(0.5 cada 28 días)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1	QL(90 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)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	1	QL(720 cada 30 días)
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	1	QL(90 cada 30 días)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	1	QL(60 cada 30 días)
naloxone 4 mg/actuation nasal spray ^{OTC}	1	
REXTOVY 4 MG/ACTUATION NASAL SPRAY	1	
nalmefene 1 mg/ml injection solution	1	
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	1	
naloxone 4 mg/actuation nasal spray	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{OTC}	1	
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	1	
naloxone 0.4 mg/ml injection solution	1	
naloxone 0.4 mg/ml injection syringe	1	
naloxone 1 mg/ml injection syringe	1	
varenicline tartrate 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	
varenicline tartrate 0.5 mg tablet	1	
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	
nicotine 21 mg/24 hr daily transdermal patch ^{OTC}	1	QL(30 cada 30 días)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1	
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	
nicotine 14 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)
NICODERM CQ 14 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)
varenicline tartrate 1 mg tablet	1	
CHANTIX 1 MG TABLET	1	
NICODERM CQ 21 MG/24 HR DAILY TRANSDERMAL PATCH ^{OTC}	1	QL(30 cada 30 días)
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl ^{OTC}	1	QL(56 cada 90 días)
paromomycin 250 mg capsule	1	
neomycin 500 mg tablet	1	
metronidazole 0.75 % topical cream	1	
trimethoprim 100 mg tablet	1	
vancomycin 250 mg capsule	1	
linezolid 600 mg/300 ml in 0.9 % sodium chloride intravenous piggyback	1	
XACIATO 2 % VAGINAL GEL	1	PA
linezolid 100 mg/5 ml oral suspension	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
nitrofurantoin macrocrystal 50 mg capsule	1	
ZYVOX 100 MG/5 ML ORAL SUSPENSION	1	
nitrofurantoin 25 mg/5 ml oral suspension	1	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1	
vancomycin 125 mg capsule	1	
linezolid in 5% dextrose in water 600 mg/300 ml intravenous piggyback	1	
SIVEXTRO 200 MG TABLET	1	
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1	
metronidazole 250 mg tablet	1	
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL	1	
metronidazole 500 mg tablet	1	
vancomycin 50 mg/ml oral solution	1	
CLEOCIN 2 % VAGINAL CREAM	1	
acetic acid 2 % ear solution	1	
linezolid 600 mg tablet	1	
clindamycin 75 mg/5 ml oral solution	1	
ZYVOX 200 MG/100 ML INTRAVENOUS PIGGYBACK	1	
metronidazole 0.75 % topical gel	1	
nitrofurantoin macrocrystal 100 mg capsule	1	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION	1	
clindamycin hcl 75 mg capsule	1	
ZYVOX 600 MG TABLET	1	
clindamycin hcl 300 mg capsule	1	
ZYVOX 600 MG/300 ML INTRAVENOUS PIGGYBACK	1	
clindamycin hcl 150 mg capsule	1	
clindamycin pediatric 75 mg/5 ml oral solution	1	
cephalexin 500 mg capsule	1	
cefuroxime axetil 500 mg tablet	1	
cefuroxime axetil 250 mg tablet	1	
cefdinir 125 mg/5 ml oral suspension	1	
cefadroxil 1 gram tablet	1	
cefpodoxime 50 mg/5 ml oral suspension	1	
cefdinir 300 mg capsule	1	
cefadroxil 500 mg capsule	1	
cefprozil 500 mg tablet	1	
cefprozil 250 mg/5 ml oral suspension	1	
cephalexin 125 mg/5 ml oral suspension	1	
cefadroxil 250 mg/5 ml oral suspension	1	
cefpodoxime 200 mg tablet	1	
cefaclor 375 mg/5 ml oral suspension	1	
cefpodoxime 100 mg/5 ml oral suspension	1	
cephalexin 250 mg capsule	1	
cefaclor 250 mg capsule	1	
cefaclor 500 mg capsule	1	
cefadroxil 500 mg/5 ml oral suspension	1	
cefaclor 250 mg/5 ml oral suspension	1	
cefpodoxime 100 mg tablet	1	
cefaclor 125 mg/5 ml oral suspension	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
cefdinir 250 mg/5 ml oral suspension	1	
cefprozil 125 mg/5 ml oral suspension	1	
cephalexin 250 mg/5 ml oral suspension	1	
cefprozil 250 mg tablet	1	
amoxicillin 125 mg chewable tablet	1	
ampicillin 500 mg capsule	1	
amoxicillin 400 mg/5 ml oral suspension	1	
penicillin v potassium 250 mg/5 ml oral solution	1	
amoxicillin 875 mg tablet	1	
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	1	
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	1	
dicloxacillin 500 mg capsule	1	
dicloxacillin 250 mg capsule	1	
amoxicillin 500 mg capsule	1	
amoxicillin 200 mg/5 ml oral suspension	1	
penicillin v potassium 250 mg tablet	1	
amoxicillin 250 mg capsule	1	
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	1	
penicillin v potassium 125 mg/5 ml oral solution	1	
amoxicillin 500 mg tablet	1	
amoxicillin 125 mg/5 ml oral suspension	1	
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	1	
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	1	
amoxicillin 250 mg chewable tablet	1	
amoxicillin 250 mg/5 ml oral suspension	1	
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	1	
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	1	
penicillin v potassium 500 mg tablet	1	
clarithromycin 500 mg tablet	1	
clarithromycin 250 mg tablet	1	
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1	
azithromycin 1 gram oral packet	1	
clarithromycin 125 mg/5 ml oral suspension	1	
azithromycin 600 mg tablet	1	QL(30 cada 30 días)
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1	
erythromycin 250 mg capsule, delayed release	1	
azithromycin 100 mg/5 ml oral suspension	1	
azithromycin 500 mg tablet	1	QL(7 cada 30 días)
clarithromycin er 500 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
azithromycin 200 mg/5 ml oral suspension	1	
clarithromycin 250 mg/5 ml oral suspension	1	
azithromycin 250 mg tablet	1	QL(6 cada 30 días)
levofloxacin 750 mg tablet	1	
ciprofloxacin 500 mg tablet	1	
ciprofloxacin 750 mg tablet	1	
levofloxacin 500 mg tablet	1	
levofloxacin 250 mg tablet	1	
ciprofloxacin 250 mg tablet	1	
moxifloxacin 400 mg tablet	1	
ciprofloxacin 100 mg tablet	1	
sulfadiazine 500 mg tablet	1	
sulfacetamide sodium 10 % eye ointment	1	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	1	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	1	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	1	
doxycycline monohydrate 50 mg capsule	1	
doxycycline monohydrate 50 mg tablet	1	
minocycline 100 mg capsule	1	
minocycline 50 mg capsule	1	
mondoxylene nl 100 mg capsule	1	
doxycycline monohydrate 100 mg capsule	1	
doxycycline hyclate 50 mg capsule	1	
minocycline 75 mg capsule	1	
doxycycline hyclate 100 mg tablet	1	
doxycycline monohydrate 25 mg/5 ml oral suspension	1	
doxycycline hyclate 100 mg capsule	1	
doxycycline hyclate 20 mg tablet	1	
doxycycline monohydrate 100 mg tablet	1	
avidoxy 100 mg tablet	1	
morgidox 50 mg capsule	1	
topiramate xr 25 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
EPRONTIA 25 MG/ML ORAL SOLUTION	1	PA,QL(480 cada 30 días)
KEPPRA 500 MG TABLET	1	PA
topiramate xr 50 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
TOPAMAX 50 MG TABLET	1	PA
LAMICTAL 100 MG TABLET	1	PA
topiramate xr 25 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	1	QL(35 cada 90 días)
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	1	QL(28 cada 90 días)
TOPAMAX 100 MG TABLET	1	PA
levetiracetam 750 mg tablet	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 125 MG TABLET,DELAYED RELEASE	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
LAMICTAL ODT 100 MG DISINTEGRATING TABLET	1	PA
topiramate xr 200 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 150 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
DEPAKOTE 500 MG TABLET,DELAYED RELEASE	1	PA
topiramate xr 100 mg capsule sprinkle,extended release 24 hr	1	QL(60 cada 30 días)
topiramate xr 50 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
topiramate 50 mg tablet	1	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE	1	
LAMICTAL 25 MG TABLET	1	PA
topiramate xr 100 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
topiramate xr 200 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
KEPPRA 250 MG TABLET	1	PA
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE	1	QL(60 cada 30 días)
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
lamotrigine 25 mg tablet	1	
topiramate 200 mg tablet	1	
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET	1	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution	1	
levetiracetam 100 mg/ml oral solution	1	
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE	1	QL(60 cada 30 días)
KEPPRA 100 MG/ML ORAL SOLUTION	1	PA
levetiracetam 500 mg/5 ml (5 ml) oral solution	1	
lamotrigine 200 mg tablet	1	
TOPAMAX 200 MG TABLET	1	PA
lamotrigine 25 mg (35) tablets in a dose pack	1	QL(35 cada 90 días)
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	1	QL(98 cada 90 días)
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	1	QL(49 cada 90 días)
levetiracetam 500 mg/5 ml intravenous solution	1	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK	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	
KEPPRA 750 MG TABLET	1	PA
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK	1	PA,QL(98 cada 90 días)
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK	1	PA,QL(49 cada 90 días)
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE	1	PA
divalproex 500 mg tablet,delayed release	1	
lamotrigine 25 mg chewable dispersible tablet	1	
subvenite 25 mg tablet	1	
subvenite 100 mg tablet	1	
subvenite 150 mg tablet	1	
levetiracetam er 500 mg tablet,extended release 24 hr	1	
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE	1	PA
subvenite 200 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE	1	QL(35 cada 90 días) PA
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	QL(98 cada 90 días)
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	QL(49 cada 90 días)
topiramate 100 mg tablet LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE	1	PA
lamotrigine er 250 mg tablet,extended release 24 hr lamotrigine 100 mg tablet	1	
divalproex er 250 mg tablet,extended release 24 hr levetiracetam 500 mg tablet	1	
topiramate 15 mg sprinkle capsule lamotrigine 150 mg tablet	1	
felbamate 600 mg/5 ml oral suspension lamotrigine 5 mg chewable dispersible tablet LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET	1	
LAMICTAL 150 MG TABLET	1	PA
valproate sodium 500 mg/5 ml (100 mg/ml) intravenous solution	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution KEPPRA XR 750 MG TABLET,EXTENDED RELEASE	1	PA
topiramate 25 mg tablet levetiracetam 1,000 mg tablet	1	
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION KEPPRA 1,000 MG TABLET	1	PA PA
divalproex 125 mg tablet,delayed release levetiracetam er 750 mg tablet,extended release 24 hr TOPAMAX 15 MG SPRINKLE CAPSULE	1	PA
roweepra xr 750 mg tablet,extended release lamotrigine er 300 mg tablet,extended release 24 hr TOPAMAX 25 MG SPRINKLE CAPSULE	1	PA
roweepra xr 500 mg tablet,extended release divalproex er 500 mg tablet,extended release 24 hr LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE	1	PA
TOPAMAX 25 MG TABLET lamotrigine 50 mg disintegrating tablet QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE lamotrigine 25 mg disintegrating tablet QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
lamotrigine 100 mg disintegrating tablet lamotrigine 200 mg disintegrating tablet divalproex 125 mg capsule,delayed release sprinkle roweepra 500 mg tablet	1	
lamotrigine er 25 mg tablet,extended release 24 hr lamotrigine er 50 mg tablet,extended release 24 hr LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT	1	PA,QL(35 cada 90 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
lamotrigine er 100 mg tablet,extended release 24 hr	1	
lamotrigine er 200 mg tablet,extended release 24 hr	1	
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE	1	PA
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE	1	PA
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE	1	PA
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE	1	PA
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING	1	PA,QL(28 cada 90 días)
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE	1	QL(28 cada 90 días)
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL	1	QL(35 cada 90 días)
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT	1	PA,QL(56 cada 90 días)
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL	1	QL(35 cada 90 días)
QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(60 cada 30 días)
LAMICTAL ODT 25 MG DISINTEGRATING TABLET	1	PA
DEPAKOTE 250 MG TABLET,DELAYED RELEASE	1	PA
FELBATOL 400 MG TABLET	1	
FELBATOL 600 MG TABLET	1	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET	1	PA
topiramate 25 mg sprinkle capsule	1	
levetiracetam 250 mg tablet	1	
valproic acid 250 mg capsule	1	
LAMICTAL 200 MG TABLET	1	PA
ethosuximide 250 mg capsule	1	
ethosuximide 250 mg/5 ml oral solution	1	
CELONTIN 300 MG CAPSULE	1	
topiramate 50 mg sprinkle capsule	1	
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1	
clobazam 20 mg tablet	1	QL(120 cada 30 días)
tiagabine 12 mg tablet	1	
tiagabine 4 mg tablet	1	
phenobarbital 64.8 mg tablet	1	
NEURONTIN 600 MG TABLET	1	QL(180 cada 30 días)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	1	QL(10 cada 30 días)
NEURONTIN 100 MG CAPSULE	1	QL(1080 cada 30 días)
primidone 125 mg tablet	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 cada 30 días)
AMYTAL 500 MG SOLUTION FOR INJECTION	1	
phenobarbital 60 mg tablet	1	
primidone 250 mg tablet	1	
NEURONTIN 300 MG CAPSULE	1	QL(360 cada 30 días)
phenobarbital 30 mg tablet	1	
NEURONTIN 250 MG/5 ML ORAL SOLUTION	1	PA,QL(2160 cada 30 días)
phenobarbital 100 mg tablet	1	
clobazam 10 mg tablet	1	QL(240 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ONFI 10 MG TABLET	1	PA,QL(240 cada 30 días)
tiagabine 16 mg tablet	1	
gabapentin 250 mg/5 ml oral solution	1	QL(2160 cada 30 días)
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	1	QL(10 cada 30 días)
tiagabine 2 mg tablet	1	
ONFI 20 MG TABLET	1	PA,QL(120 cada 30 días)
NEURONTIN 400 MG CAPSULE	1	QL(270 cada 30 días)
ONFI 2.5 MG/ML ORAL SUSPENSION	1	PA,QL(960 cada 30 días)
gabapentin 600 mg tablet	1	QL(180 cada 30 días)
primidone 50 mg tablet	1	
diazepam 2.5 mg rectal kit	1	QL(10 cada 30 días)
phenobarbital sodium 130 mg/ml injection solution	1	
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1	QL(10 cada 30 días)
gabapentin 400 mg capsule	1	QL(270 cada 30 días)
gabapentin 100 mg capsule	1	QL(1080 cada 30 días)
phenobarbital sodium 65 mg/ml injection solution	1	
diazepam 5 mg-7.5 mg-10 mg rectal kit	1	QL(10 cada 30 días)
GABARONE 400 MG TABLET	1	QL(270 cada 30 días)
GABARONE 100 MG TABLET	1	QL(1080 cada 30 días)
NEURONTIN 800 MG TABLET	1	QL(135 cada 30 días)
clobazam 2.5 mg/ml oral suspension	1	QL(960 cada 30 días)
gabapentin 800 mg tablet	1	QL(135 cada 30 días)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	1	QL(10 cada 30 días)
phenobarbital 32.4 mg tablet	1	
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 cada 30 días)
phenobarbital 16.2 mg tablet	1	
phenobarbital 15 mg tablet	1	
SYMPAZAN 5 MG ORAL FILM	1	QL(240 cada 30 días)
gabapentin 300 mg capsule	1	QL(360 cada 30 días)
phenobarbital 97.2 mg tablet	1	
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2160 cada 30 días)
SYMPAZAN 10 MG ORAL FILM	1	QL(240 cada 30 días)
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 cada 30 días)
SYMPAZAN 20 MG ORAL FILM	1	QL(120 cada 30 días)
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2160 cada 30 días)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION	1	
carbamazepine er 100 mg tablet,extended release,12 hr	1	PA
carbamazepine 100 mg chewable tablet	1	
phenytoin 50 mg chewable tablet	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension	1	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	1	
phenytoin sodium extended 100 mg capsule	1	
oxcarbazepine 300 mg tablet	1	
phenytoin sodium extended 200 mg capsule	1	
zonisamide 50 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
zonisamide 25 mg capsule	1	
carbamazepine 200 mg tablet	1	
oxcarbazepine 150 mg tablet	1	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	1	
carbamazepine er 100 mg capsule,extended release mphase12hr	1	
phenytoin sodium extended 300 mg capsule	1	
carbamazepine er 200 mg capsule,extended release mphase12hr	1	
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	1	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	1	
carbamazepine 100 mg/5 ml oral suspension	1	
fosphenytoin 100 mg pe/2 ml injection solution	1	
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE	1	
fosphenytoin 500 mg pe/10 ml injection solution	1	
carbamazepine er 300 mg capsule,extended release mphase12hr	1	
phenytoin sodium 50 mg/ml intravenous solution	1	
PHENYTEK 300 MG CAPSULE	1	
TRILEPTAL 600 MG TABLET	1	PA
phenytoin 100 mg/4 ml oral suspension	1	
TRILEPTAL 150 MG TABLET	1	PA
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE	1	
DILANTIN 30 MG CAPSULE	1	
TRILEPTAL 300 MG TABLET	1	PA
carbamazepine er 200 mg tablet,extended release,12 hr	1	PA
lacosamide 50 mg tablet	1	
oxcarbazepine 600 mg tablet	1	
lacosamide 100 mg tablet	1	
carbamazepine 200 mg chewable tablet	1	
dilantin extended 100 mg capsule	1	
carbamazepine 100 mg/5 ml (5 ml) oral suspension	1	
epitol 200 mg tablet	1	
carbamazepine 200 mg/10 ml oral suspension	1	PA
TEGRETOL 200 MG TABLET	1	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	1	
oxcarbazepine er 600 mg tablet,extended release 24 hr	1	
oxcarbazepine er 300 mg tablet,extended release 24 hr	1	
oxcarbazepine er 150 mg tablet,extended release 24 hr	1	
PHENYTEK 200 MG CAPSULE	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE	1	QL(120 cada 30 días)
carbamazepine er 400 mg tablet,extended release,12 hr	1	PA
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE	1	QL(240 cada 30 días)
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE	1	QL(150 cada 30 días)
phenytoin 125 mg/5 ml oral suspension	1	
lacosamide 200 mg tablet	1	
lacosamide 150 mg tablet	1	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
DILANTIN INFATABS 50 MG CHEWABLE TABLET	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE	1	
zonisamide 100 mg capsule	1	
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE	1	QL(30 cada 30 días)
LEQEMBI 100 MG/ML INTRAVENOUS SOLUTION	1	PA
memantine er 14 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	1	QL(30 cada 30 días)
memantine er 28 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	1	QL(30 cada 30 días)
NAMZARIC 14 MG-10 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)
ergoloid 1 mg tablet	1	QL(90 cada 30 días)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK	1	QL(28 cada 90 días)
ARICEPT 5 MG TABLET	1	PA,QL(30 cada 30 días)
galantamine er 8 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
galantamine er 16 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
galantamine er 24 mg 24 hr capsule,extended release	1	QL(30 cada 30 días)
ARICEPT 23 MG TABLET	1	PA,QL(30 cada 30 días)
RAZADYNE ER 16 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)
donepezil 10 mg tablet	1	QL(30 cada 30 días)
rivastigmine 13.3 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
galantamine 4 mg/ml oral solution	1	QL(180 cada 30 días)
rivastigmine 4.6 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
galantamine 4 mg tablet	1	QL(60 cada 30 días)
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 cada 28 días)
ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	1	QL(4 cada 28 días)
galantamine 12 mg tablet	1	QL(60 cada 30 días)
rivastigmine 3 mg capsule	1	QL(60 cada 30 días)
rivastigmine 4.5 mg capsule	1	QL(60 cada 30 días)
galantamine 8 mg tablet	1	QL(60 cada 30 días)
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL	1	QL(30 cada 30 días)
ARICEPT 10 MG TABLET	1	PA,QL(30 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)
donepezil 5 mg tablet	1	QL(30 cada 30 días)
donepezil 23 mg tablet	1	QL(30 cada 30 días)
rivastigmine 9.5 mg/24 hour transdermal patch	1	QL(30 cada 30 días)
rivastigmine 6 mg capsule	1	QL(60 cada 30 días)
donepezil 5 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
memantine 5 mg tablet	1	QL(60 cada 30 días)
memantine 10 mg tablet	1	QL(60 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)
memantine 14 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
memantine 21 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
memantine 2 mg/ml oral solution	1	QL(300 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)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK	1	QL(49 cada 90 días)
memantine 7 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
memantine 28 mg capsule sprinkle,extended release 24hr	1	QL(30 cada 30 días)
NAMENDA XR 14 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)
perphenazine-amitriptyline 4 mg-25 mg tablet	1	PA
APLENZIN 348 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)
bupropion hcl 75 mg tablet	1	QL(120 cada 30 días)
bupropion hcl xl 300 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)
REMERON SOLTAB 30 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
perphenazine-amitriptyline 2 mg-10 mg tablet	1	PA
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1	QL(60 cada 30 días)
mirtazapine 15 mg tablet	1	QL(30 cada 30 días)
REMERON 15 MG TABLET	1	PA,QL(30 cada 30 días)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 cada 30 días)
APLENZIN 522 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)
mirtazapine 45 mg disintegrating tablet	1	QL(30 cada 30 días)
ZURZUVAE 20 MG CAPSULE	1	PA,QL(28 cada 365 días)
ZURZUVAE 30 MG CAPSULE	1	PA,QL(14 cada 365 días)
ZURZUVAE 25 MG CAPSULE	1	PA,QL(28 cada 365 días)
bupropion hcl xl 450 mg 24 hr tablet, extended release	1	QL(30 cada 30 días)
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1	QL(60 cada 30 días)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE	1	QL(30 cada 30 días)
APLENZIN 174 MG TABLET,EXTENDED RELEASE	1	QL(30 cada 30 días)
SYMBYAX 6 MG-25 MG CAPSULE	1	PA,QL(30 cada 30 días)
olanzapine-fluoxetine 12 mg-50 mg capsule	1	PA,QL(30 cada 30 días)
olanzapine-fluoxetine 12 mg-25 mg capsule	1	PA,QL(30 cada 30 días)
olanzapine-fluoxetine 6 mg-50 mg capsule	1	PA,QL(30 cada 30 días)
FORFIVO XL 450 MG 24 HR TABLET, EXTENDED RELEASE	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
SYMBYAX 3 MG-25 MG CAPSULE	1	PA,QL(30 cada 30 días)
mirtazapine 15 mg disintegrating tablet	1	QL(30 cada 30 días)
REMERON SOLTAB 15 MG DISINTEGRATING TABLET	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
REMERON 30 MG TABLET	1	PA,QL(30 cada 30 días)
mirtazapine 7.5 mg tablet	1	QL(30 cada 30 días)
REMERON SOLTAB 45 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
mirtazapine 45 mg tablet	1	QL(30 cada 30 días)
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY	1	QL(16 cada 28 días)
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	1	PA
bupropion hcl 100 mg tablet	1	QL(120 cada 30 días)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY	1	QL(24 cada 28 días)
mirtazapine 30 mg tablet	1	QL(30 cada 30 días)
perphenazine-amitriptyline 4 mg-10 mg tablet	1	PA
perphenazine-amitriptyline 2 mg-25 mg tablet	1	PA
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	1	PA
mirtazapine 30 mg disintegrating tablet	1	QL(30 cada 30 días)
olanzapine-fluoxetine 3 mg-25 mg capsule	1	PA,QL(30 cada 30 días)
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	1	QL(60 cada 30 días)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE	1	QL(60 cada 30 días)
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1	QL(60 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)
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	1	QL(30 cada 30 días)
phenelzine 15 mg tablet	1	QL(180 cada 30 días)
NARDIL 15 MG TABLET	1	QL(180 cada 30 días)
MARPLAN 10 MG TABLET	1	QL(90 cada 30 días)
tranylcypromine 10 mg tablet	1	QL(180 cada 30 días)
venlafaxine er 150 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
TRINTELLIX 5 MG TABLET	1	QL(30 cada 30 días)
paroxetine er 37.5 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
paroxetine er 12.5 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)
paroxetine er 25 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
venlafaxine 75 mg tablet	1	QL(90 cada 30 días)
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
TRINTELLIX 10 MG TABLET	1	QL(30 cada 30 días)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
sertraline 100 mg tablet	1	QL(90 cada 30 días)
PROZAC 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
trazodone 50 mg tablet	1	QL(60 cada 30 días)
TRINTELLIX 20 MG TABLET	1	QL(30 cada 30 días)
citalopram 40 mg tablet	1	QL(30 cada 30 días)
VENLAFAXINE BESYLATE ER 112.5 MG TABLET,EXTENDED RELEASE 24 HR	1	QL(60 cada 30 días)
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
sertraline 50 mg tablet	1	QL(60 cada 30 días)
LEXAPRO 10 MG TABLET	1	PA,QL(45 cada 30 días)
paroxetine 10 mg tablet	1	QL(45 cada 30 días)
CELEXA 40 MG TABLET	1	PA,QL(30 cada 30 días)
citalopram 10 mg/5 ml oral solution	1	
citalopram 10 mg/5 ml oral solution	1	QL(600 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
PRISTIQ 100 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
escitalopram 20 mg tablet	1	QL(45 cada 30 días)
fluvoxamine er 150 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
fluvoxamine er 100 mg capsule,extended release 24 hr	1	QL(60 cada 30 días)
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
escitalopram 10 mg tablet	1	QL(45 cada 30 días)
vilazodone 10 mg tablet	1	QL(30 cada 30 días)
vilazodone 20 mg tablet	1	QL(30 cada 30 días)
vilazodone 40 mg tablet	1	QL(30 cada 30 días)
VIIBRYD 40 MG TABLET	1	QL(30 cada 30 días)
VIIBRYD 20 MG TABLET	1	QL(30 cada 30 días)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
VIIBRYD 10 MG TABLET	1	QL(30 cada 30 días)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
PAXIL 10 MG/5 ML ORAL SUSPENSION	1	QL(1200 cada 30 días)
ZOLOFT 50 MG TABLET	1	PA,QL(60 cada 30 días)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	1	QL(28 cada 90 días)
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule	1	
SERTRALINE 150 MG CAPSULE	1	QL(60 cada 30 días)
PEXEVA 20 MG TABLET	1	QL(30 cada 30 días)
PEXEVA 30 MG TABLET	1	QL(30 cada 30 días)
PEXEVA 10 MG TABLET	1	QL(30 cada 30 días)
PAXIL 20 MG TABLET	1	PA,QL(30 cada 30 días)
escitalopram 5 mg tablet	1	QL(30 cada 30 días)
LEXAPRO 5 MG TABLET	1	PA,QL(30 cada 30 días)
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution	1	QL(600 cada 30 días)
CELEXA 20 MG TABLET	1	PA,QL(45 cada 30 días)
sertraline 25 mg tablet	1	QL(60 cada 30 días)
ZOLOFT 20 MG/ML ORAL CONCENTRATE	1	PA,QL(300 cada 30 días)
sertraline 20 mg/ml oral concentrate	1	QL(300 cada 30 días)
paroxetine 10 mg/5 ml oral suspension	1	QL(1200 cada 30 días)
ZOLOFT 100 MG TABLET	1	PA,QL(90 cada 30 días)
fluoxetine 60 mg tablet	1	QL(30 cada 30 días)
ZOLOFT 25 MG TABLET	1	PA,QL(60 cada 30 días)
nefazodone 100 mg tablet	1	QL(60 cada 30 días)
fluvoxamine 50 mg tablet	1	QL(30 cada 30 días)
fluoxetine 20 mg capsule	1	QL(120 cada 30 días)
fluvoxamine 100 mg tablet	1	QL(90 cada 30 días)
fluvoxamine 25 mg tablet	1	QL(30 cada 30 días)
fluoxetine 10 mg capsule	1	QL(30 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
trazodone 150 mg tablet	1	QL(90 cada 30 días)
PAXIL 10 MG TABLET	1	PA,QL(45 cada 30 días)
PROZAC 20 MG CAPSULE	1	PA,QL(120 cada 30 días)
nefazodone 250 mg tablet	1	QL(60 cada 30 días)
paroxetine 40 mg tablet	1	QL(60 cada 30 días)
trazodone 300 mg tablet	1	QL(60 cada 30 días)
paroxetine 20 mg tablet	1	QL(30 cada 30 días)
nefazodone 50 mg tablet	1	QL(60 cada 30 días)
LEXAPRO 20 MG TABLET	1	PA,QL(45 cada 30 días)
PROZAC 10 MG CAPSULE	1	PA,QL(30 cada 30 días)
paroxetine 30 mg tablet	1	QL(60 cada 30 días)
venlafaxine 50 mg tablet	1	QL(90 cada 30 días)
venlafaxine 37.5 mg tablet	1	QL(90 cada 30 días)
desvenlafaxine er 50 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
trazodone 100 mg tablet	1	QL(90 cada 30 días)
desvenlafaxine er 100 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
venlafaxine er 37.5 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
venlafaxine er 75 mg tablet,extended release 24 hr	1	QL(90 cada 30 días)
venlafaxine 100 mg tablet	1	QL(90 cada 30 días)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
venlafaxine er 150 mg tablet,extended release 24 hr	1	QL(60 cada 30 días)
fluoxetine 40 mg capsule	1	QL(60 cada 30 días)
PAXIL 40 MG TABLET	1	PA,QL(60 cada 30 días)
fluoxetine 20 mg tablet	1	QL(120 cada 30 días)
nefazodone 200 mg tablet	1	QL(60 cada 30 días)
CELEXA 10 MG TABLET	1	PA,QL(45 cada 30 días)
venlafaxine 25 mg tablet	1	QL(90 cada 30 días)
venlafaxine er 75 mg capsule,extended release 24 hr	1	QL(90 cada 30 días)
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
venlafaxine er 225 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
fluoxetine 90 mg capsule,delayed release	1	QL(4 cada 28 días)
CITALOPRAM 30 MG CAPSULE	1	QL(30 cada 30 días)
fluoxetine 10 mg tablet	1	QL(45 cada 30 días)
escitalopram 5 mg/5 ml oral solution	1	QL(600 cada 30 días)
SERTRALINE 200 MG CAPSULE	1	QL(30 cada 30 días)
nefazodone 150 mg tablet	1	QL(60 cada 30 días)
citalopram 20 mg tablet	1	QL(45 cada 30 días)
PAXIL 30 MG TABLET	1	PA,QL(60 cada 30 días)
PRISTIQ 25 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	1	QL(30 cada 90 días)
citalopram 10 mg tablet	1	QL(45 cada 30 días)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
venlafaxine er 37.5 mg capsule,extended release 24 hr	1	QL(30 cada 30 días)
imipramine pamoate 75 mg capsule	1	QL(30 cada 30 días)
clomipramine 25 mg capsule	1	QL(60 cada 30 días)
nortriptyline 75 mg capsule	1	QL(60 cada 30 días)
PAMELOR 50 MG CAPSULE	1	PA,QL(90 cada 30 días)

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ANAFRANIL 75 MG CAPSULE	1	PA,QL(90 cada 30 días)
NORPRAMIN 10 MG TABLET	1	PA,QL(120 cada 30 días)
amitriptyline 75 mg tablet	1	QL(90 cada 30 días)
imipramine 10 mg tablet	1	QL(60 cada 30 días)
amoxapine 100 mg tablet	1	QL(120 cada 30 días)
nortriptyline 25 mg capsule	1	QL(120 cada 30 días)
nortriptyline 10 mg capsule	1	QL(120 cada 30 días)
amoxapine 150 mg tablet	1	QL(60 cada 30 días)
PAMELOR 10 MG CAPSULE	1	PA,QL(120 cada 30 días)
trimipramine 100 mg capsule	1	QL(90 cada 30 días)
nortriptyline 10 mg/5 ml oral solution	1	QL(600 cada 30 días)
ANAFRANIL 25 MG CAPSULE	1	PA,QL(60 cada 30 días)
PAMELOR 25 MG CAPSULE	1	PA,QL(120 cada 30 días)
imipramine pamoate 100 mg capsule	1	QL(90 cada 30 días)
imipramine 50 mg tablet	1	QL(180 cada 30 días)
ANAFRANIL 50 MG CAPSULE	1	PA,QL(150 cada 30 días)
PAMELOR 75 MG CAPSULE	1	PA,QL(60 cada 30 días)
desipramine 50 mg tablet	1	QL(60 cada 30 días)
amitriptyline 10 mg tablet	1	QL(120 cada 30 días)
clomipramine 50 mg capsule	1	QL(150 cada 30 días)
amoxapine 25 mg tablet	1	QL(60 cada 30 días)
imipramine 25 mg tablet	1	QL(30 cada 30 días)
amitriptyline 100 mg tablet	1	QL(90 cada 30 días)
desipramine 25 mg tablet	1	QL(60 cada 30 días)
imipramine pamoate 150 mg capsule	1	QL(60 cada 30 días)
trimipramine 25 mg capsule	1	QL(30 cada 30 días)
desipramine 150 mg tablet	1	QL(60 cada 30 días)
desipramine 100 mg tablet	1	QL(90 cada 30 días)
desipramine 75 mg tablet	1	QL(60 cada 30 días)
desipramine 10 mg tablet	1	QL(120 cada 30 días)
nortriptyline 50 mg capsule	1	QL(90 cada 30 días)
clomipramine 75 mg capsule	1	QL(90 cada 30 días)
trimipramine 50 mg capsule	1	QL(30 cada 30 días)
protriptyline 10 mg tablet	1	QL(120 cada 30 días)
amitriptyline 150 mg tablet	1	QL(90 cada 30 días)
amitriptyline 25 mg tablet	1	QL(90 cada 30 días)
protriptyline 5 mg tablet	1	QL(120 cada 30 días)
NORPRAMIN 25 MG TABLET	1	PA,QL(60 cada 30 días)
amoxapine 50 mg tablet	1	QL(120 cada 30 días)
imipramine pamoate 125 mg capsule	1	QL(60 cada 30 días)
amitriptyline 50 mg tablet	1	QL(90 cada 30 días)
promethazine 6.25 mg/5 ml oral syrup	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml) injection solution	1	PA
metoclopramide 5 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
compro 25 mg rectal suppository	1	
prochlorperazine maleate 10 mg tablet	1	PA
meclizine 25 mg tablet ^{OTC}	1	
promethegan 12.5 mg rectal suppository	1	
prochlorperazine 25 mg rectal suppository	1	
prochlorperazine edisylate 5 mg/ml injection solution	1	PA
motion-time 25 mg chewable tablet ^{OTC}	1	
motion sickness relief (meclizine) 25 mg tablet ^{OTC}	1	
promethazine 25 mg rectal suppository	1	
motion sickness relief (meclizine) 25 mg chewable tablet ^{OTC}	1	
prochlorperazine maleate 5 mg tablet	1	PA
medi-meclizine 25 mg tablet ^{OTC}	1	
verticalm 25 mg tablet ^{OTC}	1	
travel-ease (meclizine) 25 mg chewable tablet ^{OTC}	1	
promethazine 12.5 mg rectal suppository	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	1	QL(120 cada 30 días)
meclizine 25 mg tablet	1	
meclizine 25 mg chewable tablet ^{OTC}	1	
promethazine 50 mg tablet	1	
meclizine 12.5 mg tablet	1	
dramamine (meclizine) 25 mg chewable tablet ^{OTC}	1	
dramamine (meclizine) 25 mg tablet ^{OTC}	1	
promethazine 50 mg rectal suppository	1	
promethazine 25 mg tablet	1	
dramamine less drowsy 25 mg tablet ^{OTC}	1	
travel-ease (meclizine) 25 mg tablet ^{OTC}	1	
bonine 25 mg chewable tablet ^{OTC}	1	
metoclopramide 5 mg/5 ml oral solution	1	
promethazine 12.5 mg tablet	1	
promethegan 50 mg rectal suppository	1	
wal-dram 2 25 mg tablet ^{OTC}	1	
metoclopramide 10 mg tablet	1	
scopolamine 1 mg over 3 days transdermal patch	1	
promethegan 25 mg rectal suppository	1	
motion sickness (meclizine) 25 mg tablet ^{OTC}	1	
ondansetron 8 mg disintegrating tablet	1	QL(90 cada 30 días)
fosaprepitant 150 mg intravenous powder for solution	1	
ondansetron hcl (pf) 4 mg/2 ml injection solution	1	
aprepitant 40 mg capsule	1	
ondansetron hcl (pf) 4 mg/2 ml injection syringe	1	
ondansetron hcl 4 mg tablet	1	QL(90 cada 30 días)
ondansetron hcl 8 mg tablet	1	QL(90 cada 30 días)
ondansetron hcl 2 mg/ml intravenous solution	1	
ondansetron 4 mg disintegrating tablet	1	QL(90 cada 30 días)
aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack	1	
aprepitant 80 mg capsule	1	
ondansetron hcl 4 mg/5 ml oral solution	1	
zeasorb af 2 % topical powder ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
secura antifungal 2 % topical cream ^{OTC}	1	
clotrimazole af 1 % topical cream ^{OTC}	1	
antifungal (miconazole) 2 % topical cream ^{OTC}	1	
tioconazole-1 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
flucytosine 500 mg capsule	1	
miconazole-7 2 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
trimazole 1 % topical cream ^{OTC}	1	
mycozyl ac 1 % topical cream ^{OTC}	1	
thera antifungal 2 % topical powder ^{OTC}	1	
ciclodan 8 % topical solution	1	
TRITOLNACIDE C 1 % TOPICAL CREAM ^{OTC}	1	
ciclopirox 8 % topical solution	1	
tolnaftate 1 % topical cream ^{OTC}	1	
griseofulvin microsize 125 mg/5 ml oral suspension	1	
fluconazole 40 mg/ml oral suspension	1	
ciclopirox 0.77 % topical cream	1	
clotrimazole-3 2 % vaginal cream ^{OTC}	1	QL(42 cada 30 días)
antifungal (terbinafine) 1 % topical cream ^{OTC}	1	
lotrimin af 2 % topical powder ^{OTC}	1	
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	1	
gyne-lotrimin 7 1 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
lamisil af 1 % topical spray powder ^{OTC}	1	
mycozyl ap 2 % topical powder ^{OTC}	1	
nystatin 100,000 unit/gram topical cream	1	
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM ^{OTC}	1	
dermafungal 2 % topical cream ^{OTC}	1	
jock itch 1 % topical spray powder ^{OTC}	1	
remedy antifungal 2 % topical powder ^{OTC}	1	
itch relief (clotrimazole) 1 % topical cream ^{OTC}	1	
antifungal ringworm 1 % topical cream ^{OTC}	1	
remedy phytoplex antifungal 2 % topical powder ^{OTC}	1	
clotrimazole-betamethasone 1 %-0.05 % topical cream	1	
athlete's foot (terbinafine) 1 % topical cream ^{OTC}	1	
micro-guard 2 % topical powder ^{OTC}	1	
miconazole-3 200 mg-2 % (9 gram) vaginal kit ^{OTC}	1	PA,QL(14 cada 30 días)
tolnaftate 1 % topical spray powder ^{OTC}	1	
clotrimazole 10 mg troche	1	
miconazole-3 200 mg/5 gram (4 %) vaginal cream ^{OTC}	1	
tolnaftate 1 % topical powder ^{OTC}	1	
1-day 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
jock itch (terbinafine) 1 % topical cream ^{OTC}	1	
micatin 2 % topical cream ^{OTC}	1	
antifungal (tolnaftate) 1 % topical spray ^{OTC}	1	
LAMISIL AT 1 % TOPICAL CREAM ^{OTC}	1	
nystatin 100,000 unit/gram topical powder	1	
GYNE-LOTRIMIN 2 % VAGINAL CREAM ^{OTC}	1	QL(42 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
clotrimazole 3 day 2 % vaginal cream ^{OTC}	1	QL(42 cada 30 días)
terconazole 0.4 % vaginal cream	1	
nystatin 100,000 unit/ml oral suspension	1	
fluconazole 100 mg tablet	1	
miconazole nitrate 2 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
TINACTIN 1 % TOPICAL SPRAY POWDER ^{OTC}	1	
secura antifungal extra thick 2 % topical cream ^{OTC}	1	
antifungal spray 1 % topical powder ^{OTC}	1	
athlete's foot (tolnaftate) 1 % topical cream ^{OTC}	1	
miconazole nitrate 2 % topical powder ^{OTC}	1	
athlete's foot 2 % powder ^{OTC}	1	
MONISTAT 7 2 % VAGINAL CREAM ^{OTC}	1	QL(90 cada 30 días)
fluconazole 10 mg/ml oral suspension	1	
terbinafine hcl 250 mg tablet	1	
clotrimazole 1 % topical solution	1	
clotrimazole 1 % topical solution ^{OTC}	1	
baza antifungal 2 % topical cream ^{OTC}	1	
griseofulvin microsize 500 mg tablet	1	
athletic foot cream 1 % topical ^{OTC}	1	
tioconazole 6.5 % vaginal ointment ^{OTC}	1	QL(16 cada 30 días)
desenex 2 % topical powder ^{OTC}	1	
fluconazole 50 mg tablet	1	QL(3 cada 30 días)
ringworm 1 % topical cream ^{OTC}	1	
klayesta 100,000 unit/gram topical powder	1	
clotrimazole 1 % vaginal cream ^{OTC}	1	QL(90 cada 30 días)
fluconazole 200 mg tablet	1	
griseofulvin ultramicrosize 250 mg tablet	1	
ketoconazole 2 % topical cream	1	
clotrimazole 1 % topical cream	1	
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR	1	
antifungal extra thick 2 % topical cream ^{OTC}	1	
ketoconazole 200 mg tablet	1	
clotrimazole 1 % topical cream ^{OTC}	1	
thera antifungal 2 % topical cream ^{OTC}	1	
antifungal (miconazole) 2 % topical powder ^{OTC}	1	
nystatin 100,000 unit/gram topical ointment	1	
micotrin ac 1 % topical cream ^{OTC}	1	
foot and sneaker 1 % topical spray powder ^{OTC}	1	
micotrin ap 2 % topical powder ^{OTC}	1	
LOTTRIMIN AF (CLOTRIMAZOLE) 1 % TOPICAL CREAM ^{OTC}	1	
nystatin 500,000 unit tablet	1	
athlete's foot (clotrimazole) 1 % topical cream ^{OTC}	1	
TINACTIN 1 % TOPICAL POWDER ^{OTC}	1	
TINACTIN 1 % TOPICAL CREAM ^{OTC}	1	
athlete's foot (tolnaftate) 1 % topical spray powder ^{OTC}	1	
flucytosine 250 mg capsule	1	
antifungal (clotrimazole) 1 % topical cream ^{OTC}	1	
clotrimazole-7 1 % vaginal cream ^{OTC}	1	QL(90 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
odor control foot-sneaker 1 % topical spray powder ^{OTC}	1	
fluconazole 150 mg tablet	1	QL(4 cada 30 días)
terconazole 0.8 % vaginal cream	1	
nyamyc 100,000 unit/gram topical powder	1	
miconazole nitrate 2 % topical cream ^{OTC}	1	
clotrimazole-betamethasone 1 %-0.05 % lotion	1	
itraconazole 100 mg capsule	1	
3-day vaginal 2 % cream ^{OTC}	1	QL(42 cada 30 días)
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	1	
jock itch (clotrimazole) 1 % topical cream ^{OTC}	1	
ketoconazole 2 % shampoo	1	
nystop 100,000 unit/gram topical powder	1	
terbinafine hcl 1 % topical cream ^{OTC}	1	
TINACTIN 1 % TOPICAL SPRAY ^{OTC}	1	
inzo antifungal 2 % topical cream ^{OTC}	1	
athlete's foot 2 % topical spray powder ^{OTC}	1	
griseofulvin ultramicrosize 125 mg tablet	1	
antifungal (tolnaftate) 1 % topical cream ^{OTC}	1	
miconazorb af 2 % topical powder ^{OTC}	1	
athlete's foot (tolnaftate) 1 % topical spray ^{OTC}	1	
febuxostat 40 mg tablet	1	
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION	1	
COLCRYS 0.6 MG TABLET	1	
allopurinol 300 mg tablet	1	
allopurinol 500 mg intravenous solution	1	
probenecid 500 mg-colchicine 0.5 mg tablet	1	
ZYLOPRIM 100 MG TABLET	1	
colchicine 0.6 mg tablet	1	
probenecid 500 mg tablet	1	
febuxostat 80 mg tablet	1	
allopurinol 100 mg tablet	1	
allopurinol 200 mg tablet	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION	1	
ULORIC 80 MG TABLET	1	
colchicine 0.6 mg capsule	1	
ULORIC 40 MG TABLET	1	
MITIGARE 0.6 MG CAPSULE	1	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 30 días)
UBRELVY 50 MG TABLET	1	PA,QL(10 cada 20 días)
UBRELVY 100 MG TABLET	1	PA,QL(10 cada 20 días)
QULIPTA 60 MG TABLET	1	PA,QL(30 cada 30 días)
QULIPTA 30 MG TABLET	1	PA,QL(30 cada 30 días)
QULIPTA 10 MG TABLET	1	PA,QL(30 cada 30 días)
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	1	PA,QL(1.5 cada 30 días)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 cada 30 días)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1.5 cada 30 días)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1 cada 30 días)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE	1	PA,QL(3 cada 30 días)
NURTEC ODT 75 MG DISINTEGRATING TABLET	1	PA,QL(16 cada 30 días)
sumatriptan 100 mg tablet	1	QL(9 cada 30 días)
rizatriptan 5 mg disintegrating tablet	1	QL(12 cada 30 días)
sumatriptan 5 mg/actuation nasal spray	1	QL(6 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1	
rizatriptan 10 mg tablet	1	QL(12 cada 30 días)
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	1	QL(1 cada 30 días)
sumatriptan 4 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 50 mg tablet	1	QL(9 cada 30 días)
rizatriptan 5 mg tablet	1	QL(12 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(1 cada 30 días)
sumatriptan 20 mg/actuation nasal spray	1	QL(6 cada 30 días)
rizatriptan 10 mg disintegrating tablet	1	QL(12 cada 30 días)
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(1 cada 30 días)
sumatriptan 25 mg tablet	1	QL(9 cada 30 días)
pyridostigmine bromide 60 mg tablet	1	
pyridostigmine bromide 30 mg tablet	1	
rifabutin 150 mg capsule	1	
dapsone 100 mg tablet	1	
dapsone 25 mg tablet	1	
isoniazid 100 mg tablet	1	
pyrazinamide 500 mg tablet	1	
ethambutol 400 mg tablet	1	
ethambutol 100 mg tablet	1	
isoniazid 50 mg/5 ml oral solution	1	
isoniazid 300 mg tablet	1	
PRETOMANID 200 MG TABLET	1	
rifampin 300 mg capsule	1	
rifampin 150 mg capsule	1	
LEUKERAN 2 MG TABLET	1	
cyclophosphamide 50 mg capsule	1	
temozolomide 20 mg capsule	1	
temozolomide 5 mg capsule	1	
temozolomide 180 mg capsule	1	
temozolomide 140 mg capsule	1	
MATULANE 50 MG CAPSULE	1	
cyclophosphamide 25 mg capsule	1	
temozolomide 250 mg capsule	1	
melphalan 2 mg tablet	1	
MYLERAN 2 MG TABLET	1	
temozolomide 100 mg capsule	1	
nilutamide 150 mg tablet	1	
bicalutamide 50 mg tablet	1	
EMCYT 140 MG CAPSULE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
toremifene 60 mg tablet	1	
tamoxifen 10 mg tablet	1	
tamoxifen 20 mg tablet	1	
TABLOID 40 MG TABLET	1	
mercaptopurine 50 mg tablet	1	
leucovorin calcium 25 mg tablet	1	
hydroxyurea 500 mg capsule	1	
LYSODREN 500 MG TABLET	1	
leucovorin calcium 15 mg tablet	1	
leucovorin calcium 5 mg tablet	1	
leucovorin calcium 10 mg tablet	1	
AROMASIN 25 MG TABLET	1	PA
FEMARA 2.5 MG TABLET	1	PA
letrozole 2.5 mg tablet	1	PA
ARIMIDEX 1 MG TABLET	1	PA
exemestane 25 mg tablet	1	PA
anastrozole 1 mg tablet	1	PA
HYCAMTIN 0.25 MG CAPSULE	1	
etoposide 50 mg capsule	1	
HYCAMTIN 1 MG CAPSULE	1	
PANRETIN 0.1 % TOPICAL GEL	1	
MESNEX 400 MG TABLET	1	
mesna 400 mg tablet	1	
ivermectin 3 mg tablet	1	
albendazole 200 mg tablet	1	
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	
pentamidine 300 mg solution for inhalation	1	
benznidazole 100 mg tablet	1	
benznidazole 12.5 mg tablet	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION	1	PA
hydroxychloroquine 300 mg tablet	1	
hydroxychloroquine 400 mg tablet	1	
hydroxychloroquine 100 mg tablet	1	
atovaquone 750 mg/5 ml oral suspension	1	PA
chloroquine 250 mg tablet	1	
primaquine 26.3 mg (15 mg base) tablet	1	
KRINTAFEL 150 MG TABLET	1	
hydroxychloroquine 200 mg tablet	1	
atovaquone 250 mg-proguanil 100 mg tablet	1	
mefloquine 250 mg tablet	1	
LAMPIT 120 MG TABLET	1	
DARAPRIM 25 MG TABLET	1	
pyrimethamine 25 mg tablet	1	
chloroquine 500 mg tablet	1	
LAMPIT 30 MG TABLET	1	
trihexyphenidyl 5 mg tablet	1	
benztropine 1 mg/ml injection solution	1	
benztropine 0.5 mg tablet	1	
trihexyphenidyl 2 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
benztropine 2 mg tablet	1	
trihexyphenidyl 0.4 mg/ml oral elixir	1	
benztropine 1 mg tablet	1	
COMTAN 200 MG TABLET	1	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet	1	
ONGENTYS 50 MG CAPSULE	1	
STALEVO 200 50 MG-200 MG-200 MG TABLET	1	
tolcapone 100 mg tablet	1	
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE	1	
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE	1	
STALEVO 125 31.25 MG-125 MG-200 MG TABLET	1	
STALEVO 75 18.75 MG-75 MG-200 MG TABLET	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	
STALEVO 150 37.5 MG-150 MG-200 MG TABLET	1	
STALEVO 100 25 MG-100 MG-200 MG TABLET	1	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET	1	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet	1	
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet	1	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet	1	
amantadine hcl 100 mg capsule	1	
amantadine hcl 100 mg tablet	1	
amantadine hcl 50 mg/5 ml oral solution	1	
entacapone 200 mg tablet	1	
NOURIANZ 40 MG TABLET	1	
NOURIANZ 20 MG TABLET	1	
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE	1	
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE	1	
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE	1	
ONGENTYS 25 MG CAPSULE	1	
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	1	
TASMAR 100 MG TABLET	1	
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	
pramipexole 0.25 mg tablet	1	
ropinirole 1 mg tablet	1	
pramipexole 0.75 mg tablet	1	
pramipexole er 0.75 mg tablet,extended release 24 hr	1	
ropinirole 2 mg tablet	1	
ropinirole 3 mg tablet	1	
ropinirole er 6 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
ropinirole 5 mg tablet	1	
ropinirole er 12 mg tablet,extended release 24 hr	1	
ropinirole 0.5 mg tablet	1	
KYNMOBI 30 MG SUBLINGUAL FILM	1	
KYNMOBI 25 MG SUBLINGUAL FILM	1	
KYNMOBI 20 MG SUBLINGUAL FILM	1	
KYNMOBI 15 MG SUBLINGUAL FILM	1	
apomorphine 10 mg/ml subcutaneous cartridge	1	
KYNMOBI 10 MG SUBLINGUAL FILM	1	
KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE	1	
pramipexole 0.5 mg tablet	1	
bromocriptine 2.5 mg tablet	1	
bromocriptine 5 mg capsule	1	
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE	1	
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE	1	
pramipexole er 3.75 mg tablet,extended release 24 hr	1	
pramipexole er 2.25 mg tablet,extended release 24 hr	1	
pramipexole 0.125 mg tablet	1	
ropinirole er 2 mg tablet,extended release 24 hr	1	
ropinirole er 4 mg tablet,extended release 24 hr	1	
ropinirole er 8 mg tablet,extended release 24 hr	1	
pramipexole 1 mg tablet	1	
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE	1	
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE	1	
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE	1	
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE	1	
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	
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE	1	
pramipexole er 4.5 mg tablet,extended release 24 hr	1	
pramipexole er 3 mg tablet,extended release 24 hr	1	
pramipexole 1.5 mg tablet	1	
pramipexole er 1.5 mg tablet,extended release 24 hr	1	
pramipexole er 0.375 mg tablet,extended release 24 hr	1	
PARLODEL 5 MG CAPSULE	1	
ropinirole 0.25 mg tablet	1	
PARLODEL 2.5 MG TABLET	1	
ropinirole 4 mg tablet	1	
SINEMET 10 MG-100 MG TABLET	1	
CREXONT 52.5 MG-210 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(300 cada 30 días)
CREXONT 35 MG-140 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(450 cada 30 días)
CREXONT 70 MG-280 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(210 cada 30 días)
SINEMET 25 MG-100 MG TABLET	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	1	
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(300 cada 30 días)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(750 cada 30 días)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(480 cada 30 días)
carbidopa 10 mg-levodopa 100 mg tablet	1	
CREXONT 87.5 MG-350 MG CAPSULE, EXTENDED RELEASE	1	PA,QL(180 cada 30 días)
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(360 cada 30 días)
carbidopa 25 mg tablet	1	
INBRIJA 42 MG CAPSULES FOR INHALATION	1	
LODOSYN 25 MG TABLET	1	
carbidopa 25 mg-levodopa 250 mg tablet	1	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	1	
carbidopa 25 mg-levodopa 100 mg tablet	1	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	1	
carbidopa 10 mg-levodopa 100 mg disintegrating tablet	1	
DHIVY 25 MG-100 MG TABLET	1	
carbidopa 25 mg-levodopa 100 mg disintegrating tablet	1	
carbidopa 25 mg-levodopa 250 mg disintegrating tablet	1	
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP	1	
selegiline 5 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 capsule	1	
XADAGO 100 MG TABLET	1	
XADAGO 50 MG TABLET	1	
haloperidol decanoate 50 mg/ml intramuscular solution	1	PA
chlorpromazine 200 mg tablet	1	PA,QL(120 cada 30 días)
perphenazine 4 mg tablet	1	PA,QL(120 cada 30 días)
thiothixene 2 mg capsule	1	PA,QL(90 cada 30 días)
fluphenazine 5 mg/ml oral concentrate	1	PA
haloperidol lactate 5 mg/ml intramuscular syringe	1	PA
fluphenazine 10 mg tablet	1	PA,QL(120 cada 30 días)
thioridazine 10 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol lactate 5 mg/ml injection solution	1	PA
fluphenazine 1 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 5 mg tablet	1	PA,QL(120 cada 30 días)
thiothixene 1 mg capsule	1	PA,QL(90 cada 30 días)
thiothixene 10 mg capsule	1	PA,QL(90 cada 30 días)
pimozide 1 mg tablet	1	PA,QL(300 cada 30 días)
chlorpromazine 100 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
chlorpromazine 50 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine 2.5 mg tablet	1	PA,QL(120 cada 30 días)
trifluoperazine 5 mg tablet	1	PA,QL(60 cada 30 días)
haloperidol 1 mg tablet	1	PA,QL(90 cada 30 días)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION	1	PA
loxapine succinate 10 mg capsule	1	PA,QL(120 cada 30 días)
molindone 10 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol 5 mg tablet	1	PA,QL(90 cada 30 días)
chlorpromazine 25 mg tablet	1	PA,QL(120 cada 30 días)
thioridazine 100 mg tablet	1	PA,QL(120 cada 30 días)
droperidol 2.5 mg/ml injection solution	1	
haloperidol 20 mg tablet	1	PA,QL(90 cada 30 días)
molindone 5 mg tablet	1	PA,QL(120 cada 30 días)
loxapine succinate 5 mg capsule	1	PA,QL(120 cada 30 días)
trifluoperazine 10 mg tablet	1	PA,QL(120 cada 30 días)
perphenazine 8 mg tablet	1	PA,QL(120 cada 30 días)
haloperidol 2 mg tablet	1	PA,QL(90 cada 30 días)
loxapine succinate 50 mg capsule	1	PA,QL(120 cada 30 días)
chlorpromazine 10 mg tablet	1	PA,QL(120 cada 30 días)
molindone 25 mg tablet	1	PA,QL(270 cada 30 días)
chlorpromazine 100 mg tablet	1	PA,QL(120 cada 30 días)
fluphenazine 2.5 mg/5 ml oral elixir	1	PA
thiothixene 5 mg capsule	1	PA,QL(90 cada 30 días)
thioridazine 25 mg tablet	1	PA,QL(120 cada 30 días)
perphenazine 2 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
haloperidol decanoate 100 mg/ml intramuscular solution	1	PA
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION	1	PA
trifluoperazine 2 mg tablet	1	PA,QL(60 cada 30 días)
haloperidol 0.5 mg tablet	1	PA,QL(90 cada 30 días)
loxapine succinate 25 mg capsule	1	PA,QL(120 cada 30 días)
pimozide 2 mg tablet	1	PA,QL(150 cada 30 días)
trifluoperazine 1 mg tablet	1	PA,QL(60 cada 30 días)
chlorpromazine 30 mg/ml oral concentrate	1	PA,QL(801 cada 30 días)
fluphenazine decanoate 25 mg/ml injection solution	1	PA
haloperidol 10 mg tablet	1	PA,QL(90 cada 30 días)
fluphenazine 2.5 mg/ml injection solution	1	PA
haloperidol lactate 2 mg/ml oral concentrate	1	PA
thioridazine 50 mg tablet	1	PA,QL(120 cada 30 días)
chlorpromazine 25 mg/ml injection solution	1	PA
perphenazine 16 mg tablet	1	PA,QL(120 cada 30 días)
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 cada 28 días)
olanzapine 10 mg intramuscular solution	1	PA
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 cada 28 días)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	1	PA
ZYPREXA 15 MG TABLET	1	PA,QL(60 cada 30 días)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	1	PA,QL(7 cada 90 días)
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
aripiprazole 1 mg/ml oral solution	1	PA,QL(900 cada 30 días)
RYKINDO 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
risperidone 4 mg tablet	1	PA,QL(60 cada 30 días)
ZYPREXA 5 MG TABLET	1	PA,QL(30 cada 30 días)
RISPERDAL 0.5 MG TABLET	1	PA,QL(60 cada 30 días)
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
CAPLYTA 42 MG CAPSULE	1	PA,QL(30 cada 30 días)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
CAPLYTA 21 MG CAPSULE	1	PA,QL(30 cada 30 días)
NUPLAZID 34 MG CAPSULE	1	PA,QL(30 cada 30 días)
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
CAPLYTA 10.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
risperidone 0.25 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
quetiapine 300 mg tablet	1	PA,QL(120 cada 30 días)
NUPLAZID 10 MG TABLET	1	PA,QL(30 cada 30 días)
INVEGA 1.5 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
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
quetiapine 150 mg tablet	1	PA,QL(60 cada 30 días)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 cada 28 días)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 cada 28 días)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 cada 28 días)
SEROQUEL 300 MG TABLET	1	PA,QL(120 cada 30 días)
ERZOFRI 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.5 cada 28 días)
aripiprazole 2 mg tablet	1	PA,QL(30 cada 30 días)
ABILIFY 2 MG TABLET	1	PA,QL(30 cada 30 días)
RISPERDAL 4 MG TABLET	1	PA,QL(60 cada 30 días)
risperidone 1 mg/ml oral solution	1	PA,QL(240 cada 30 días)
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET	1	PA,QL(90 cada 30 días)
aripiprazole 15 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
RISPERDAL 3 MG TABLET	1	PA,QL(60 cada 30 días)
quetiapine 25 mg tablet	1	PA,QL(90 cada 30 días)
quetiapine 50 mg tablet	1	PA,QL(90 cada 30 días)
ERZOFRI 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.25 cada 28 días)
quetiapine 400 mg tablet	1	PA,QL(120 cada 30 días)
SEROQUEL 50 MG TABLET	1	PA,QL(90 cada 30 días)
LYBALVI 20 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
aripiprazole 10 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
SEROQUEL 400 MG TABLET	1	PA,QL(120 cada 30 días)
risperidone 3 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
risperidone 4 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
FANAPT 12 MG TABLET	1	PA,QL(60 cada 30 días)
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 cada 28 días)
OPIPZA 10 MG ORAL FILM	1	PA
FANAPT 10 MG TABLET	1	PA,QL(60 cada 30 días)
OPIPZA 5 MG ORAL FILM	1	PA
OPIPZA 2 MG ORAL FILM	1	PA
olanzapine 7.5 mg tablet	1	PA,QL(30 cada 30 días)
FANAPT 8 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 6 MG TABLET	1	PA,QL(60 cada 30 días)
FANAPT 4 MG TABLET	1	PA,QL(60 cada 30 días)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 cada 28 días)
FANAPT 2 MG TABLET	1	PA,QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK	1	PA,QL(8 cada 90 días)
risperidone 3 mg tablet	1	PA,QL(60 cada 30 días)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	1	PA
ZYPREXA 10 MG TABLET	1	PA,QL(60 cada 30 días)
ERZOFRI 351 MG/2.25 ML INTRAMUSCULAR SYRINGE	1	PA
RISPERDAL 2 MG TABLET	1	PA,QL(60 cada 30 días)
ERZOFRI 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 cada 28 días)
ERZOFRI 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
risperidone 1 mg tablet	1	PA,QL(60 cada 30 días)
lurasidone 40 mg tablet	1	PA,QL(30 cada 30 días)
GEODON 80 MG CAPSULE	1	PA,QL(90 cada 30 días)
ERZOFRI 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.75 cada 28 días)
lurasidone 80 mg tablet	1	PA,QL(60 cada 30 días)
FANAPT 1 MG TABLET	1	PA,QL(60 cada 30 días)
olanzapine 2.5 mg tablet	1	PA,QL(30 cada 30 días)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 cada 56 días)
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.14 cada 28 días)
ABILIFY MYCITE STARTER KIT 2 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
ABILIFY MYCITE STARTER KIT 5 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 cada 180 días)
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.21 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)
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.28 cada 28 días)
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.35 cada 28 días)
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.42 cada 56 días)
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.56 cada 56 días)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 cada 28 días)
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.7 cada 56 días)
paliperidone er 1.5 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
ABILIFY MYCITE STARTER KIT 20 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ABILIFY MYCITE STARTER KIT 30 MG ORAL TABLET WITH SENSOR, STRIP, POD	1	PA,QL(30 cada 90 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)
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)
ABILIFY MYCITE MAINTENANCE KIT 20 MG TABLET WITH SENSOR AND STRIP	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)
ABILIFY ASIMTUFI 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 cada 56 días)
quetiapine 100 mg tablet	1	PA,QL(90 cada 30 días)
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(3.5 cada 168 días)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(5 cada 168 días)
LYBALVI 5 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
LYBALVI 10 MG-10 MG TABLET	1	PA,QL(30 cada 30 días)
LYBALVI 15 MG-10 MG TABLET	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)
VRAYLAR 1.5 MG CAPSULE	1	PA,QL(60 cada 30 días)
VRAYLAR 3 MG CAPSULE	1	PA,QL(30 cada 30 días)
ZYPREXA 2.5 MG TABLET	1	PA,QL(30 cada 30 días)
VRAYLAR 4.5 MG CAPSULE	1	PA,QL(30 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)
quetiapine er 200 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
quetiapine er 300 mg tablet,extended release 24 hr	1	PA,QL(90 cada 30 días)
olanzapine 10 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
quetiapine er 400 mg tablet,extended release 24 hr	1	PA,QL(120 cada 30 días)
INVEGA 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
paliperidone er 9 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
lurasidone 20 mg tablet	1	PA,QL(30 cada 30 días)
LATUDA 80 MG TABLET	1	PA,QL(60 cada 30 días)
SEROQUEL 25 MG TABLET	1	PA,QL(90 cada 30 días)
quetiapine 200 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
olanzapine 5 mg tablet	1	PA,QL(30 cada 30 días)
olanzapine 5 mg disintegrating tablet	1	PA,QL(30 cada 30 días)
olanzapine 15 mg tablet	1	PA,QL(60 cada 30 días)
paliperidone er 6 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
GEODON 60 MG CAPSULE	1	PA,QL(90 cada 30 días)
risperidone 0.5 mg tablet	1	PA,QL(60 cada 30 días)
risperidone 2 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
risperidone 1 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
risperidone 2 mg tablet	1	PA,QL(60 cada 30 días)
risperidone 0.5 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
lurasidone 60 mg tablet	1	PA,QL(30 cada 30 días)
paliperidone er 3 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
LATUDA 60 MG TABLET	1	PA,QL(30 cada 30 días)
ABILIFY 30 MG TABLET	1	PA,QL(30 cada 30 días)
ZYPREXA 7.5 MG TABLET	1	PA,QL(30 cada 30 días)
olanzapine 15 mg disintegrating tablet	1	PA,QL(60 cada 30 días)
LATUDA 40 MG TABLET	1	PA,QL(30 cada 30 días)
ABILIFY 20 MG TABLET	1	PA,QL(60 cada 30 días)
ABILIFY 15 MG TABLET	1	PA,QL(30 cada 30 días)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
ABILIFY 10 MG TABLET	1	PA,QL(30 cada 30 días)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE	1	PA,QL(120 cada 30 días)
aripiprazole 30 mg tablet	1	PA,QL(30 cada 30 días)
REXULTI 0.25 MG TABLET	1	PA,QL(30 cada 30 días)
ziprasidone 20 mg capsule	1	PA,QL(60 cada 30 días)
aripiprazole 20 mg tablet	1	PA,QL(60 cada 30 días)
aripiprazole 15 mg tablet	1	PA,QL(30 cada 30 días)
GEODON 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
aripiprazole 10 mg tablet	1	PA,QL(30 cada 30 días)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
olanzapine 20 mg tablet	1	PA,QL(90 cada 30 días)
olanzapine 10 mg tablet	1	PA,QL(60 cada 30 días)
ziprasidone 20 mg/ml (final concentration) intramuscular solution	1	PA
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
REXULTI 4 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 0.5 MG TABLET	1	PA,QL(30 cada 30 días)
olanzapine 20 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
ZYPREXA RELPREVV 300 MG IM SUSPENSION	1	PA,QL(2 cada 28 días)
REXULTI 3 MG TABLET	1	PA,QL(30 cada 30 días)
ZYPREXA RELPREVV 405 MG IM SUSPENSION	1	PA,QL(1 cada 28 días)
ZYPREXA RELPREVV 210 MG IM SUSPENSION	1	PA,QL(2 cada 28 días)
REXULTI 2 MG TABLET	1	PA,QL(30 cada 30 días)
REXULTI 1 MG TABLET	1	PA,QL(30 cada 30 días)
RYKINDO 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
RYKINDO 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 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)
SEROQUEL 200 MG TABLET	1	PA,QL(90 cada 30 días)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 cada 28 días)
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	1	PA,QL(2 cada 28 días)
quetiapine er 150 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
ziprasidone 40 mg capsule	1	PA,QL(60 cada 30 días)
asenapine 5 mg sublingual tablet	1	PA,QL(60 cada 30 días)
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	1	PA,QL(2 cada 28 días)
quetiapine er 50 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
ziprasidone 80 mg capsule	1	PA,QL(90 cada 30 días)
LATUDA 20 MG TABLET	1	PA,QL(30 cada 30 días)
asenapine 10 mg sublingual tablet	1	PA,QL(60 cada 30 días)
ziprasidone 60 mg capsule	1	PA,QL(90 cada 30 días)
SAPHRIS 5 MG SUBLINGUAL TABLET	1	PA,QL(60 cada 30 días)
ABILIFY 5 MG TABLET	1	PA,QL(45 cada 30 días)
SEROQUEL 100 MG TABLET	1	PA,QL(90 cada 30 días)
SAPHRIS 10 MG SUBLINGUAL TABLET	1	PA,QL(60 cada 30 días)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.75 cada 84 días)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA,QL(2 cada 28 días)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.32 cada 84 días)
aripiprazole 5 mg tablet	1	PA,QL(45 cada 30 días)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.88 cada 84 días)
risperidone 0.25 mg tablet	1	PA,QL(60 cada 30 días)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.63 cada 84 días)
INVEGA 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
RISPERDAL 1 MG/ML ORAL SOLUTION	1	PA,QL(240 cada 30 días)
INVEGA 9 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
ZYPREXA 20 MG TABLET	1	PA,QL(90 cada 30 días)
lurasidone 120 mg tablet	1	PA,QL(30 cada 30 días)
GEODON 20 MG CAPSULE	1	PA,QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
LATUDA 120 MG TABLET	1	PA,QL(30 cada 30 días)
RISPERDAL 1 MG TABLET	1	PA,QL(60 cada 30 días)
clozapine 100 mg tablet	1	PA,QL(180 cada 30 días)
clozapine 12.5 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
CLOZARIL 25 MG TABLET	1	PA,QL(90 cada 30 días)
VERSACLOZ 50 MG/ML ORAL SUSPENSION	1	PA,QL(360 cada 30 días)
CLOZARIL 100 MG TABLET	1	PA,QL(180 cada 30 días)
CLOZARIL 50 MG TABLET	1	PA,QL(90 cada 30 días)
CLOZARIL 200 MG TABLET	1	PA,QL(90 cada 30 días)
clozapine 200 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clozapine 200 mg tablet	1	PA,QL(90 cada 30 días)
clozapine 150 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clozapine 100 mg disintegrating tablet	1	PA,QL(180 cada 30 días)
clozapine 25 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clozapine 50 mg tablet	1	PA,QL(90 cada 30 días)
clozapine 25 mg tablet	1	PA,QL(90 cada 30 días)
baclofen 5 mg tablet	1	
LYVISPAH 5 MG ORAL GRANULES IN PACKET	1	PA
tizanidine 2 mg tablet	1	
LYVISPAH 10 MG ORAL GRANULES IN PACKET	1	PA
LYVISPAH 20 MG ORAL GRANULES IN PACKET	1	PA
baclofen 15 mg tablet	1	
baclofen 10 mg tablet	1	
baclofen 20 mg tablet	1	
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	
adefovir 10 mg tablet	1	
entecavir 0.5 mg tablet	1	
BARACLUDE 0.05 MG/ML ORAL SOLUTION	1	
entecavir 1 mg tablet	1	
VEMLIDY 25 MG TABLET	1	PA
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	1	
TIVICAY 10 MG TABLET	1	
JULUCA 50 MG-25 MG TABLET	1	
ISENTRESS 100 MG ORAL POWDER PACKET	1	
TIVICAY 25 MG TABLET	1	
DOVATO 50 MG-300 MG TABLET	1	
TIVICAY 50 MG TABLET	1	
BIKTARVY 50 MG-200 MG-25 MG TABLET	1	
BIKTARVY 30 MG-120 MG-15 MG TABLET	1	
VOCABRIA 30 MG TABLET	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ISENTRESS 100 MG CHEWABLE TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	1	
ISENTRESS 400 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	1	
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1	
nevirapine 50 mg/5 ml oral suspension	1	
efavirenz 50 mg capsule	1	
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	
SYMFI LO 400 MG-300 MG-300 MG TABLET	1	
nevirapine 200 mg tablet	1	
efavirenz 600 mg tablet	1	
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1	
PIFELTRO 100 MG TABLET	1	
COMPLERA 200 MG-25 MG-300 MG TABLET	1	
nevirapine er 100 mg tablet,extended release 24 hr	1	
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet	1	
EDURANT 25 MG TABLET	1	
SYMFI 600 MG-300 MG-300 MG TABLET	1	
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	
efavirenz 200 mg capsule	1	
nevirapine er 400 mg tablet,extended release 24 hr	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET	1	
abacavir 600 mg-lamivudine 300 mg tablet	1	
zidovudine 300 mg tablet	1	
abacavir 20 mg/ml oral solution	1	
didanosine 250 mg capsule,delayed release	1	
stavudine 20 mg capsule	1	
lamivudine 150 mg-zidovudine 300 mg tablet	1	
abacavir 300 mg tablet	1	
lamivudine 300 mg tablet	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1	
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1	
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1	
zidovudine 100 mg capsule	1	
stavudine 40 mg capsule	1	
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1	
tenofovir disoproxil fumarate 300 mg tablet	1	
DESCOVY 200 MG-25 MG TABLET	1	
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1	
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1	
lamivudine 150 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
stavudine 15 mg capsule	1	
TEMIXYS 300 MG-300 MG TABLET	1	
EMTRIVA 10 MG/ML ORAL SOLUTION	1	
CIMDUO 300 MG-300 MG TABLET	1	
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1	
VIREAD 150 MG TABLET	1	
didanosine 400 mg capsule,delayed release	1	
DESCOVY 120 MG-15 MG TABLET	1	
lamivudine 10 mg/ml oral solution	1	
VIREAD 200 MG TABLET	1	
VIREAD 250 MG TABLET	1	
zidovudine 10 mg/ml oral syrup	1	
stavudine 30 mg capsule	1	
FUZEON 90 MG SUBCUTANEOUS SOLUTION	1	
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1	
SELZENTRY 25 MG TABLET	1	
SELZENTRY 75 MG TABLET	1	
SELZENTRY 300 MG TABLET	1	
SELZENTRY 150 MG TABLET	1	
SELZENTRY 20 MG/ML ORAL SOLUTION	1	
TYBOST 150 MG TABLET	1	
VIRACEPT 250 MG TABLET	1	
ritonavir 100 mg tablet	1	
darunavir 600 mg tablet	1	
LEXIVA 50 MG/ML ORAL SUSPENSION	1	
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution	1	
PREZISTA 150 MG TABLET	1	
lopinavir-ritonavir 100 mg-25 mg tablet	1	
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1	
darunavir 800 mg tablet	1	
REYATAZ 50 MG ORAL POWDER PACKET	1	
PREZISTA 75 MG TABLET	1	
atazanavir 300 mg capsule	1	
fosamprenavir 700 mg tablet	1	
lopinavir-ritonavir 200 mg-50 mg tablet	1	
EVOTAZ 300 MG-150 MG TABLET	1	
NORVIR 100 MG ORAL POWDER PACKET	1	
APTIVUS 250 MG CAPSULE	1	
atazanavir 200 mg capsule	1	
atazanavir 150 mg capsule	1	
VIRACEPT 625 MG TABLET	1	
PREZISTA 100 MG/ML ORAL SUSPENSION	1	
PREZCOBIX 800 MG-150 MG TABLET	1	
oseltamivir 30 mg capsule	1	
XOFLUZA 20 MG TABLET	1	
oseltamivir 6 mg/ml oral suspension	1	
oseltamivir 45 mg capsule	1	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	1	

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rimantadine 100 mg tablet	1	
oseltamivir 75 mg capsule	1	
valacyclovir 500 mg tablet	1	
valacyclovir 1 gram tablet	1	
acyclovir 400 mg tablet	1	
XERESE 5 %-1 % TOPICAL CREAM	1	QL(5 cada 90 días)
acyclovir 200 mg/5 ml oral suspension	1	
acyclovir 800 mg tablet	1	
ZOVIRAX 5 % TOPICAL CREAM	1	
acyclovir 200 mg capsule	1	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	1	
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	
hydroxyzine hcl 10 mg tablet	1	QL(120 cada 30 días)
bupirone 7.5 mg tablet	1	QL(90 cada 30 días)
bupirone 10 mg tablet	1	QL(120 cada 30 días)
doxepin 10 mg/ml oral concentrate	1	QL(900 cada 30 días)
meprobamate 400 mg tablet	1	QL(120 cada 30 días)
bupirone 15 mg tablet	1	QL(90 cada 30 días)
hydroxyzine hcl 50 mg tablet	1	QL(240 cada 30 días)
bupirone 30 mg tablet	1	QL(60 cada 30 días)
doxepin 50 mg capsule	1	QL(60 cada 30 días)
hydroxyzine hcl 25 mg tablet	1	QL(120 cada 30 días)
hydroxyzine hcl 50 mg/ml intramuscular solution	1	
meprobamate 200 mg tablet	1	QL(120 cada 30 días)
doxepin 100 mg capsule	1	QL(60 cada 30 días)
doxepin 25 mg capsule	1	QL(60 cada 30 días)
doxepin 150 mg capsule	1	QL(60 cada 30 días)
bupirone 5 mg tablet	1	QL(90 cada 30 días)
hydroxyzine hcl 25 mg/ml intramuscular solution	1	
doxepin 75 mg capsule	1	QL(60 cada 30 días)
hydroxyzine hcl 10 mg/5 ml oral solution	1	QL(3000 cada 30 días)
doxepin 10 mg capsule	1	QL(120 cada 30 días)
alprazolam 0.5 mg disintegrating tablet	1	QL(120 cada 30 días)
diazepam 5 mg/ml injection solution	1	PA
diazepam 5 mg tablet	1	QL(120 cada 30 días)
clonazepam 2 mg tablet	1	PA,QL(90 cada 30 días)
KLONOPIN 1 MG TABLET	1	PA,QL(90 cada 30 días)
lorazepam 2 mg/ml injection solution	1	PA
clonazepam 1 mg tablet	1	PA,QL(90 cada 30 días)
alprazolam 1 mg disintegrating tablet	1	PA,QL(120 cada 30 días)
lorazepam intensol 2 mg/ml oral concentrate	1	PA
LOREEV XR 1.5 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
ATIVAN 0.5 MG TABLET	1	PA,QL(120 cada 30 días)
alprazolam 2 mg disintegrating tablet	1	PA,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
lorazepam 0.5 mg tablet	1	QL(120 cada 30 días)
clorazepate dipotassium 15 mg tablet	1	QL(120 cada 30 días)
ATIVAN 4 MG/ML INJECTION SOLUTION	1	PA
alprazolam 0.25 mg tablet	1	QL(120 cada 30 días)
oxazepam 15 mg capsule	1	QL(120 cada 30 días)
oxazepam 30 mg capsule	1	PA,QL(120 cada 30 días)
alprazolam er 3 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
alprazolam er 2 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
alprazolam er 1 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
alprazolam er 0.5 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 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)
XANAX XR 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
alprazolam 2 mg tablet	1	PA,QL(120 cada 30 días)
KLONOPIN 0.5 MG TABLET	1	PA,QL(90 cada 30 días)
alprazolam 0.5 mg tablet	1	QL(120 cada 30 días)
chlordiazepoxide 25 mg capsule	1	PA,QL(120 cada 30 días)
ATIVAN 2 MG TABLET	1	PA,QL(120 cada 30 días)
diazepam 5 mg/ml injection syringe	1	PA
chlordiazepoxide 10 mg capsule	1	QL(120 cada 30 días)
lorazepam 2 mg/ml injection syringe	1	PA
KLONOPIN 2 MG TABLET	1	PA,QL(90 cada 30 días)
lorazepam 2 mg tablet	1	PA,QL(120 cada 30 días)
XANAX 0.25 MG TABLET	1	PA,QL(120 cada 30 días)
lorazepam 1 mg tablet	1	QL(120 cada 30 días)
diazepam 2 mg tablet	1	QL(120 cada 30 días)
diazepam 10 mg tablet	1	PA,QL(120 cada 30 días)
clorazepate dipotassium 3.75 mg tablet	1	QL(120 cada 30 días)
clonazepam 0.5 mg tablet	1	QL(90 cada 30 días)
lorazepam 2 mg/ml oral concentrate	1	PA
XANAX 0.5 MG TABLET	1	PA,QL(120 cada 30 días)
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution	1	
ATIVAN 1 MG TABLET	1	PA,QL(120 cada 30 días)
oxazepam 10 mg capsule	1	QL(120 cada 30 días)
clonazepam 2 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clonazepam 1 mg disintegrating tablet	1	PA,QL(90 cada 30 días)
clonazepam 0.5 mg disintegrating tablet	1	QL(90 cada 30 días)
clonazepam 0.25 mg disintegrating tablet	1	QL(90 cada 30 días)
clonazepam 0.125 mg disintegrating tablet	1	QL(90 cada 30 días)

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alprazolam 0.25 mg disintegrating tablet	1	QL(120 cada 30 días)
clorazepate dipotassium 7.5 mg tablet	1	QL(120 cada 30 días)
XANAX 2 MG TABLET	1	PA,QL(120 cada 30 días)
XANAX 1 MG TABLET	1	PA,QL(120 cada 30 días)
chlordiazepoxide 5 mg capsule	1	QL(120 cada 30 días)
diazepam intensol 5 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
alprazolam 1 mg tablet	1	PA,QL(120 cada 30 días)
diazepam 5 mg/ml oral concentrate	1	PA,QL(240 cada 30 días)
alprazolam intensol 1 mg/ml oral concentrate	1	PA,QL(120 cada 30 días)
ATIVAN 2 MG/ML INJECTION SOLUTION	1	PA
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1	
lorazepam 4 mg/ml injection solution	1	PA
LOREEV XR 2 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
LOREEV XR 3 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(90 cada 30 días)
LOREEV XR 1 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
lithium carbonate er 450 mg tablet,extended release	1	
lithium carbonate er 300 mg tablet,extended release	1	
lithium carbonate 300 mg capsule	1	
lithium carbonate 150 mg capsule	1	
lithium citrate 8 meq/5 ml oral solution	1	
lithium carbonate 300 mg tablet	1	
lithium carbonate 600 mg capsule	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE	1	PA
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	1	
FARXIGA 10 MG TABLET	1	
FARXIGA 5 MG TABLET	1	
glipizide 10 mg tablet	1	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
JANUVIA 50 MG TABLET	1	ST
glipizide 2.5 mg tablet	1	
metformin 1,000 mg tablet	1	
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
glyburide 5 mg tablet	1	
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	1	
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	
glipizide 5 mg tablet	1	
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 cada 28 días)
SYNJARDY 12.5 MG-1,000 MG TABLET	1	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	1	
SYNJARDY 12.5 MG-500 MG TABLET	1	
glipizide er 10 mg tablet, extended release 24 hr	1	
glipizide 5 mg-metformin 500 mg tablet	1	ST
JANUVIA 25 MG TABLET	1	ST
metformin 500 mg tablet	1	
glipizide 2.5 mg-metformin 500 mg tablet	1	ST
JANUVIA 100 MG TABLET	1	ST
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST
glipizide 2.5 mg-metformin 250 mg tablet	1	ST
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	1	ST
pioglitazone 30 mg tablet	1	ST,QL(30 cada 30 días)
pioglitazone 45 mg tablet	1	ST,QL(30 cada 30 días)
glyburide micronized 6 mg tablet	1	
pioglitazone 15 mg tablet	1	ST,QL(30 cada 30 días)
glyburide micronized 3 mg tablet	1	
GLUMETZA 500 MG TABLET,EXTENDED RELEASE	1	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE	1	
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2.4 cada 30 días)
repaglinide 2 mg tablet	1	
TRADJENTA 5 MG TABLET	1	ST
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2.4 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)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 cada 28 días)
glimepiride 1 mg tablet	1	
TRULICITY 1.5 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	
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN	1	PA,QL(15 cada 24 días)
SYNJARDY 5 MG-1,000 MG TABLET	1	
acarbose 100 mg tablet	1	
SYNJARDY 5 MG-500 MG TABLET	1	
JANUMET 50 MG-1,000 MG TABLET	1	ST
glyburide 5 mg-metformin 500 mg tablet	1	ST
repaglinide 1 mg tablet	1	
glimepiride 4 mg tablet	1	
glyburide 1.25 mg tablet	1	
JENTADUETO 2.5 MG-1,000 MG TABLET	1	ST
JENTADUETO 2.5 MG-850 MG TABLET	1	ST
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(9 cada 30 días)
JANUMET 50 MG-500 MG TABLET	1	ST

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OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
JENTADUETO 2.5 MG-500 MG TABLET	1	ST
glyburide 2.5 mg tablet	1	
glimepiride 2 mg tablet	1	
repaglinide 0.5 mg tablet	1	
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE	1	ST
metformin 625 mg tablet	1	
glyburide 2.5 mg-metformin 500 mg tablet	1	ST
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE	1	ST
JARDIANCE 25 MG TABLET	1	
JARDIANCE 10 MG TABLET	1	
acarbose 50 mg tablet	1	
metformin 850 mg tablet	1	
glyburide micronized 1.5 mg tablet	1	
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(9 cada 30 días)
acarbose 25 mg tablet	1	
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE	1	ST
metformin er 500 mg tablet,extended release 24 hr	1	
glipizide er 5 mg tablet, extended release 24 hr	1	
glimepiride 3 mg tablet	1	
metformin er 750 mg tablet,extended release 24 hr	1	
glyburide 1.25 mg-metformin 250 mg tablet	1	ST
GVOKE HYOPEN 2-PACK 1 MG/0.2 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	
GVOKE HYOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	1	
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
GVOKE PFS 2-PACK 1 MG/0.2 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	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	1	
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	1	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{OTC}	1	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	1	
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS ^{OTC}	1	

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

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	1	
jantoven 10 mg tablet	1	
jantoven 7.5 mg tablet	1	
jantoven 6 mg tablet	1	
jantoven 5 mg tablet	1	
jantoven 4 mg tablet	1	
jantoven 3 mg tablet	1	
jantoven 2.5 mg tablet	1	
jantoven 2 mg tablet	1	
jantoven 1 mg tablet	1	
XARELTO 1 MG/ML ORAL SUSPENSION	1	QL(600 cada 30 días)
enoxaparin 100 mg/ml subcutaneous syringe	1	
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	
warfarin 6 mg tablet	1	
heparin lock flush (porcine) 10 unit/ml intravenous solution	1	
enoxaparin 300 mg/3 ml subcutaneous solution	1	
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	
XARELTO 10 MG TABLET	1	QL(30 cada 30 días)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	1	QL(74 cada 90 días)
warfarin 1 mg tablet	1	
warfarin 2.5 mg tablet	1	
PRADAXA 110 MG CAPSULE	1	
warfarin 7.5 mg tablet	1	
enoxaparin 150 mg/ml subcutaneous syringe	1	
XARELTO 20 MG TABLET	1	QL(30 cada 30 días)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	1	QL(51 cada 90 días)
ELIQUIS 5 MG TABLET	1	QL(60 cada 30 días)
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	
warfarin 10 mg tablet	1	
XARELTO 2.5 MG TABLET	1	QL(60 cada 30 días)
hep flush-10 (pf) 10 unit/ml intravenous solution	1	
PRADAXA 150 MG CAPSULE	1	
heparin, porcine (pf) 100 unit/ml (1 ml) intravenous solution	1	
PRADAXA 75 MG CAPSULE	1	
heparin lock flush (porcine) 100 unit/ml intravenous solution	1	
ELIQUIS 2.5 MG TABLET	1	QL(60 cada 30 días)
warfarin 3 mg tablet	1	
heparin, porcine (pf) 10 unit/ml intravenous syringe	1	
heparin, porcine (pf) 100 unit/ml intravenous syringe	1	
heparin, porcine (pf) 1 unit/ml intravenous syringe	1	
warfarin 4 mg tablet	1	
warfarin 2 mg tablet	1	
XARELTO 15 MG TABLET	1	QL(60 cada 30 días)

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heparin lock flush (porcine) (pf) 10 unit/ml intravenous syringe	1	
heparin lock flush (porcine) (pf) 100 unit/ml intravenous syringe	1	
warfarin 5 mg tablet	1	
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	PA
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE	1	
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA
RELEUKO 300 MCG/ML INJECTION SOLUTION	1	
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	PA
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE	1	
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
RELEUKO 480 MCG/1.6 ML INJECTION SOLUTION	1	
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	PA
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	PA
RELEUKO 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION	1	
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
anagrelide 1 mg capsule	1	
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
anagrelide 0.5 mg capsule	1	
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	PA
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
RELEUKO 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE	1	
FYLNETRA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA

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ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION	1	PA
NEUPOGEN 300 MCG/ML INJECTION SOLUTION	1	
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE	1	PA
tranexamic acid 650 mg tablet	1	
st. joseph aspirin 81 mg tablet,delayed release ^{OTC}	1	
aspirin 81 mg tablet,delayed release ^{OTC}	1	
prasugrel hcl 10 mg tablet	1	
ecotrin low strength 81 mg tablet,enteric coated ^{OTC}	1	
dipyridamole 25 mg tablet	1	
cilostazol 100 mg tablet	1	
prasugrel hcl 5 mg tablet	1	
dipyridamole 50 mg tablet	1	
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase	1	
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET ^{OTC}	1	
st joseph aspirin 81 mg chewable tablet ^{OTC}	1	
clopidogrel 300 mg tablet	1	
aspirin 81 mg chewable tablet ^{OTC}	1	
aspirin childrens 81 mg chewable tablet ^{OTC}	1	
BRILINTA 90 MG TABLET	1	QL(60 cada 30 días)
cilostazol 50 mg tablet	1	
clopidogrel 75 mg tablet	1	
BRILINTA 60 MG TABLET	1	QL(60 cada 30 días)
adult aspirin regimen 81 mg tablet,delayed release ^{OTC}	1	
dipyridamole 75 mg tablet	1	
bayer low dose aspirin 81 mg tablet,delayed release ^{OTC}	1	
adult low dose aspirin 81 mg tablet,delayed release ^{OTC}	1	
children's aspirin 81 mg chewable tablet ^{OTC}	1	
midodrine 5 mg tablet	1	
clonidine 0.2 mg/24 hr weekly transdermal patch	1	QL(4 cada 28 días)
midodrine 10 mg tablet	1	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH	1	QL(4 cada 28 días)
methyldopa 250 mg tablet	1	
midodrine 2.5 mg tablet	1	
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH	1	QL(4 cada 28 días)
clonidine 0.1 mg/24 hr weekly transdermal patch	1	QL(4 cada 28 días)
clonidine hcl 0.3 mg tablet	1	QL(240 cada 30 días)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH	1	QL(8 cada 28 días)
guanfacine 1 mg tablet	1	
methyldopa 500 mg tablet	1	
clonidine hcl 0.2 mg tablet	1	QL(360 cada 30 días)
clonidine 0.3 mg/24 hr weekly transdermal patch	1	QL(8 cada 28 días)
clonidine hcl 0.1 mg tablet	1	QL(720 cada 30 días)
guanfacine 2 mg tablet	1	
terazosin 5 mg capsule	1	
prazosin 1 mg capsule	1	
doxazosin 1 mg tablet	1	
prazosin 5 mg capsule	1	

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doxazosin 4 mg tablet	1	
doxazosin 8 mg tablet	1	
prazosin 2 mg capsule	1	
MINIPRESS 2 MG CAPSULE	1	PA
MINIPRESS 1 MG CAPSULE	1	PA
MINIPRESS 5 MG CAPSULE	1	PA
terazosin 10 mg capsule	1	
doxazosin 2 mg tablet	1	
terazosin 1 mg capsule	1	
terazosin 2 mg capsule	1	
valsartan 40 mg tablet	1	QL(60 cada 30 días)
olmesartan 40 mg tablet	1	QL(30 cada 30 días)
olmesartan 20 mg tablet	1	QL(30 cada 30 días)
irbesartan 300 mg tablet	1	QL(30 cada 30 días)
olmesartan 5 mg tablet	1	QL(90 cada 30 días)
telmisartan 20 mg tablet	1	QL(30 cada 30 días)
losartan 25 mg tablet	1	QL(60 cada 30 días)
EDARBI 80 MG TABLET	1	QL(30 cada 30 días)
valsartan 320 mg tablet	1	QL(30 cada 30 días)
telmisartan 80 mg tablet	1	QL(30 cada 30 días)
losartan 50 mg tablet	1	QL(60 cada 30 días)
valsartan 80 mg tablet	1	QL(60 cada 30 días)
irbesartan 150 mg tablet	1	QL(30 cada 30 días)
EDARBI 40 MG TABLET	1	QL(30 cada 30 días)
valsartan 160 mg tablet	1	QL(60 cada 30 días)
telmisartan 40 mg tablet	1	QL(30 cada 30 días)
losartan 100 mg tablet	1	QL(30 cada 30 días)
irbesartan 75 mg tablet	1	QL(30 cada 30 días)
lisinopril 10 mg tablet	1	
ramipril 2.5 mg capsule	1	
quinapril 20 mg tablet	1	
ramipril 10 mg capsule	1	
fosinopril 20 mg tablet	1	
fosinopril 10 mg tablet	1	
quinapril 5 mg tablet	1	
quinapril 40 mg tablet	1	
lisinopril 30 mg tablet	1	
enalapril maleate 2.5 mg tablet	1	
quinapril 10 mg tablet	1	
ramipril 5 mg capsule	1	
fosinopril 40 mg tablet	1	
enalapril maleate 10 mg tablet	1	
lisinopril 5 mg tablet	1	
benazepril 20 mg tablet	1	
benazepril 5 mg tablet	1	
lisinopril 20 mg tablet	1	
enalapril maleate 20 mg tablet	1	
enalapril maleate 5 mg tablet	1	
ramipril 1.25 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
lisinopril 40 mg tablet	1	
benazepril 40 mg tablet	1	
benazepril 10 mg tablet	1	
lisinopril 2.5 mg tablet	1	
sorine 240 mg tablet	1	
sorine 80 mg tablet	1	
sotalol 160 mg tablet	1	
propafenone 300 mg tablet	1	
dofetilide 250 mcg capsule	1	
disopyramide phosphate 100 mg capsule	1	
flecainide 150 mg tablet	1	
sotalol af 160 mg tablet	1	
amiodarone 100 mg tablet	1	
sotalol af 120 mg tablet	1	
sotalol af 80 mg tablet	1	
sotalol 120 mg tablet	1	
quinidine sulfate 200 mg tablet	1	
disopyramide phosphate 150 mg capsule	1	
flecainide 50 mg tablet	1	
dofetilide 125 mcg capsule	1	
flecainide 100 mg tablet	1	
sotalol 80 mg tablet	1	
propafenone 150 mg tablet	1	
mexiletine 250 mg capsule	1	
sotalol 240 mg tablet	1	
pacerone 200 mg tablet	1	
mexiletine 200 mg capsule	1	
sorine 160 mg tablet	1	
quinidine sulfate 300 mg tablet	1	
amiodarone 200 mg tablet	1	
propafenone 225 mg tablet	1	
mexiletine 150 mg capsule	1	
dofetilide 500 mcg capsule	1	
sorine 120 mg tablet	1	
amiodarone 400 mg tablet	1	
labetalol 300 mg tablet	1	
bisoprolol fumarate 5 mg tablet	1	
propranolol 1 mg/ml intravenous solution	1	
labetalol 200 mg tablet	1	
metoprolol tartrate 25 mg tablet	1	
propranolol 60 mg tablet	1	
acebutolol 400 mg capsule	1	
bisoprolol fumarate 10 mg tablet	1	
propranolol er 80 mg capsule,24 hr,extended release	1	
carvedilol 3.125 mg tablet	1	
nebivolol 20 mg tablet	1	
metoprolol succinate er 100 mg tablet,extended release 24 hr	1	
propranolol er 60 mg capsule,24 hr,extended release	1	
atenolol 25 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
metoprolol tartrate 50 mg tablet	1	
nebivolol 10 mg tablet	1	
nebivolol 2.5 mg tablet	1	
nebivolol 5 mg tablet	1	
propranolol 10 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	
propranolol 80 mg tablet	1	
metoprolol tartrate 100 mg tablet	1	
metoprolol tartrate 75 mg tablet	1	
metoprolol tartrate 37.5 mg tablet	1	
propranolol er 120 mg capsule,24 hr,extended release	1	
atenolol 50 mg tablet	1	
carvedilol 6.25 mg tablet	1	
propranolol 20 mg/5 ml (4 mg/ml) oral solution	1	
propranolol 20 mg tablet	1	
propranolol er 160 mg capsule,24 hr,extended release	1	
labetalol 100 mg tablet	1	
metoprolol succinate er 50 mg tablet,extended release 24 hr	1	
atenolol 100 mg tablet	1	
carvedilol 12.5 mg tablet	1	
acebutolol 200 mg capsule	1	
labetalol 400 mg tablet	1	
propranolol 40 mg tablet	1	
carvedilol 25 mg tablet	1	
nifedipine er 90 mg tablet,extended release	1	
nifedipine 20 mg capsule	1	
NORLIQVA 1 MG/ML ORAL SOLUTION	1	PA
nifedipine er 30 mg tablet,extended release	1	
felodipine er 2.5 mg tablet,extended release 24 hr	1	
nifedipine 10 mg capsule	1	
nifedipine er 60 mg tablet,extended release	1	
amlodipine 2.5 mg tablet	1	
amlodipine 5 mg tablet	1	
nifedipine er 30 mg tablet,extended release 24 hr	1	
nimodipine 30 mg capsule	1	
nifedipine er 90 mg tablet,extended release 24 hr	1	
felodipine er 5 mg tablet,extended release 24 hr	1	
felodipine er 10 mg tablet,extended release 24 hr	1	
nifedipine er 60 mg tablet,extended release 24 hr	1	
amlodipine 10 mg tablet	1	
verapamil 40 mg tablet	1	
diltiazem cd 360 mg capsule,extended release 24 hr	1	
taztia xt 180 mg capsule,extended release	1	
verapamil er (sr) 120 mg tablet,extended release	1	
taztia xt 120 mg capsule,extended release	1	
taztia xt 240 mg capsule,extended release	1	
diltiazem er 180 mg capsule,24 hr,extended release	1	

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

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
diltiazem er 60 mg capsule,extended release 12 hr	1	
tiadylt er 120 mg capsule,extended release	1	
tiadylt er 300 mg capsule,extended release	1	
verapamil er 360 mg 24 hr capsule,extended release	1	
diltiazem er 360 mg capsule,24 hr,extended release	1	
diltiazem er 300 mg capsule,24 hr,extended release	1	
verapamil er 240 mg 24 hr capsule,extended release	1	
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE	1	
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE	1	
verapamil 80 mg tablet	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet	1	
amlodipine 10 mg-benazepril 20 mg capsule	1	QL(30 cada 30 días)
ivabradine 7.5 mg tablet	1	PA,QL(60 cada 30 días)
ENTRESTO 97 MG-103 MG TABLET	1	
ENTRESTO 49 MG-51 MG TABLET	1	
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1	
ENTRESTO 24 MG-26 MG TABLET	1	
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet	1	
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet	1	
losartan 100 mg-hydrochlorothiazide 25 mg tablet	1	
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	1	
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	
amlodipine 10 mg-benazepril 40 mg capsule	1	QL(30 cada 30 días)
amlodipine 5 mg-benazepril 40 mg capsule	1	QL(30 cada 30 días)
amlodipine 2.5 mg-benazepril 10 mg capsule	1	QL(30 cada 30 días)
digitek 125 mcg (0.125 mg) tablet	1	
atenolol 50 mg-chlorthalidone 25 mg tablet	1	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet	1	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet	1	
digoxin 250 mcg (0.25 mg) tablet	1	
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet	1	
digoxin 125 mcg (0.125 mg) tablet	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	1	
enalapril 10 mg-hydrochlorothiazide 25 mg tablet	1	
pentoxifylline er 400 mg tablet,extended release	1	
benazepril 20 mg-hydrochlorothiazide 25 mg tablet	1	
valsartan 320 mg-hydrochlorothiazide 25 mg tablet	1	
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet	1	
acetazolamide 250 mg tablet	1	
digitek 250 mcg (0.25 mg) tablet	1	
valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1	
CORLANOR 5 MG/5 ML ORAL SOLUTION	1	PA,QL(450 cada 30 días)
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	1	
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet	1	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet	1	
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 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
TEKTURNA 300 MG TABLET	1	
amlodipine 5 mg-benazepril 10 mg capsule	1	QL(30 cada 30 días)
amlodipine 5 mg-benazepril 20 mg capsule	1	QL(30 cada 30 días)
TEKTURNA 150 MG TABLET	1	
TEKTURNA HCT 300 MG-25 MG TABLET	1	
ranolazine er 500 mg tablet,extended release,12 hr	1	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	1	
TEKTURNA HCT 300 MG-12.5 MG TABLET	1	
acetazolamide 125 mg tablet	1	
TEKTURNA HCT 150 MG-25 MG TABLET	1	
TEKTURNA HCT 150 MG-12.5 MG TABLET	1	
propranolol 80 mg-hydrochlorothiazide 25 mg tablet	1	
ivabradine 5 mg tablet	1	PA,QL(60 cada 30 días)
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet	1	
EDARBYCLOR 40 MG-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	
EDARBYCLOR 40 MG-12.5 MG TABLET	1	
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet	1	
isosorbide 20 mg-hydralazine 37.5 mg tablet	1	
ranolazine er 1,000 mg tablet,extended release,12 hr	1	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	1	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet	1	
atenolol 100 mg-chlorthalidone 25 mg tablet	1	
acetazolamide er 500 mg capsule,extended release	1	
furosemide 80 mg tablet	1	
bumetanide 1 mg tablet	1	
furosemide 10 mg/ml oral solution	1	
furosemide 40 mg/5 ml (8 mg/ml) oral solution	1	
torsemide 20 mg tablet	1	
torsemide 5 mg tablet	1	
torsemide 10 mg tablet	1	
bumetanide 2 mg tablet	1	
furosemide 20 mg tablet	1	
torsemide 100 mg tablet	1	
bumetanide 0.5 mg tablet	1	
furosemide 40 mg tablet	1	
amiloride 5 mg tablet	1	
hydrochlorothiazide 50 mg tablet	1	
hydrochlorothiazide 12.5 mg tablet	1	
indapamide 1.25 mg tablet	1	
metolazone 5 mg tablet	1	
chlorthalidone 50 mg tablet	1	
chlorthalidone 25 mg tablet	1	
hydrochlorothiazide 12.5 mg capsule	1	
hydrochlorothiazide 25 mg tablet	1	
metolazone 2.5 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
indapamide 2.5 mg tablet	1	
metolazone 10 mg tablet	1	
fenofibrate 160 mg tablet	1	
fenofibrate 54 mg tablet	1	
fenofibrate micronized 134 mg capsule	1	
gemfibrozil 600 mg tablet	1	
fenofibrate micronized 43 mg capsule	1	
fenofibrate micronized 130 mg capsule	1	
fenofibrate micronized 200 mg capsule	1	
fenofibrate nanocrystallized 48 mg tablet	1	
fenofibrate nanocrystallized 145 mg tablet	1	
fenofibrate micronized 67 mg capsule	1	
atorvastatin 10 mg tablet	1	
lovastatin 10 mg tablet	1	
pravastatin 10 mg tablet	1	
simvastatin 5 mg tablet	1	
atorvastatin 20 mg tablet	1	
pravastatin 20 mg tablet	1	
simvastatin 20 mg tablet	1	
pravastatin 40 mg tablet	1	
lovastatin 40 mg tablet	1	
atorvastatin 40 mg tablet	1	
pravastatin 80 mg tablet	1	
simvastatin 10 mg tablet	1	
simvastatin 40 mg tablet	1	
simvastatin 80 mg tablet	1	
lovastatin 20 mg tablet	1	
atorvastatin 80 mg tablet	1	
rosuvastatin 5 mg tablet	1	
rosuvastatin 10 mg tablet	1	
rosuvastatin 40 mg tablet	1	
rosuvastatin 20 mg tablet	1	
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(3 cada 28 días)
icosapent ethyl 1 gram capsule	1	QL(120 cada 30 días)
ezetimibe 10 mg tablet	1	
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3 cada 28 días)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	1	PA,QL(3.5 cada 28 días)
prevalite 4 gram oral powder	1	
ezetimibe 10 mg-simvastatin 80 mg tablet	1	ST
ezetimibe 10 mg-simvastatin 40 mg tablet	1	ST
cholestyramine (with sugar) 4 gram oral powder	1	
colesevelam 625 mg tablet	1	
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)
omega-3 acid ethyl esters 1 gram capsule	1	
cholestyramine light 4 gram oral powder	1	
icosapent ethyl 0.5 gram capsule	1	QL(120 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
ezetimibe 10 mg-simvastatin 10 mg tablet	1	ST
ezetimibe 10 mg-simvastatin 20 mg tablet	1	ST
colesevelam 3.75 gram oral powder packet	1	
prevalite 4 gram powder for susp in a packet	1	
spironolactone 25 mg tablet	1	
spironolactone 50 mg tablet	1	
spironolactone 100 mg tablet	1	
hydralazine 25 mg tablet	1	
hydralazine 100 mg tablet	1	
hydralazine 10 mg tablet	1	
minoxidil 10 mg tablet	1	
hydralazine 50 mg tablet	1	
minoxidil 2.5 mg tablet	1	
nitroglycerin 0.3 mg sublingual tablet	1	
NITRO-BID 2 % TRANSDERMAL OINTMENT	1	
isosorbide dinitrate 30 mg tablet	1	
nitroglycerin 0.6 mg sublingual tablet	1	
isosorbide mononitrate er 120 mg tablet,extended release 24 hr	1	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	1	
nitroglycerin 0.4 mg sublingual tablet	1	
isosorbide mononitrate er 30 mg tablet,extended release 24 hr	1	
isosorbide dinitrate 10 mg tablet	1	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	1	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr	1	
isosorbide dinitrate 20 mg tablet	1	
isosorbide dinitrate 40 mg tablet	1	
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	1	
isosorbide mononitrate 10 mg tablet	1	
isosorbide dinitrate 5 mg tablet	1	
isosorbide mononitrate 20 mg tablet	1	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1	
lisdexamfetamine 10 mg chewable tablet	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
XELSTRYM 18 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	PA,QL(240 cada 30 días)
ZENZEDI 7.5 MG TABLET	1	PA,QL(60 cada 30 días)
ZENZEDI 2.5 MG TABLET	1	PA,QL(60 cada 30 días)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
ADDERALL 7.5 MG TABLET	1	PA,QL(90 cada 30 días)
dextroamphetamine-amphetamine 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
dextroamphetamine sulfate er 5 mg capsule,extended release	1	PA,QL(60 cada 30 días)
lisdexamfetamine 20 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 30 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 40 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 50 mg chewable tablet	1	PA,QL(30 cada 30 días)
lisdexamfetamine 60 mg chewable tablet	1	PA,QL(30 cada 30 días)
VYVANSE 10 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
VYVANSE 20 MG CHEWABLE TABLET	1	PA,QL(30 cada 30 días)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dextroamphetamine sulfate er 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)
VYVANSE 30 MG CAPSULE	1	PA,QL(30 cada 30 días)
VYVANSE 50 MG CAPSULE	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
VYVANSE 70 MG CAPSULE	1	PA,QL(30 cada 30 días)
ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release	1	PA,QL(30 cada 30 días)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR	1	PA,QL(30 cada 30 días)
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR	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)
DESOXYN 5 MG TABLET	1	PA
dextroamphetamine-amphetamine er 25 mg capsule,3 bead,ext release 24hr	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)
dextroamphetamine-amphetamine 20 mg tablet	1	PA,QL(90 cada 30 días)
dextroamphetamine sulfate 5 mg tablet	1	PA,QL(60 cada 30 días)
ADDERALL 15 MG TABLET	1	PA,QL(90 cada 30 días)
dextroamphetamine-amphetamine 30 mg tablet	1	PA,QL(90 cada 30 días)
dextroamphetamine sulfate 10 mg tablet	1	PA,QL(120 cada 30 días)
dextroamphetamine-amphetamine 7.5 mg tablet	1	PA,QL(90 cada 30 días)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
methamphetamine 5 mg tablet	1	PA
EVEKEO ODT 5 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr	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)
EVEKEO ODT 10 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
lisdexamfetamine 50 mg capsule	1	PA,QL(30 cada 30 días)
EVEKEO 5 MG TABLET	1	PA,QL(60 cada 30 días)
EVEKEO ODT 15 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
EVEKEO ODT 20 MG DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
ADDERALL 12.5 MG TABLET	1	PA,QL(90 cada 30 días)
EVEKEO 10 MG TABLET	1	PA,QL(180 cada 30 días)
lisdexamfetamine 70 mg capsule	1	PA,QL(30 cada 30 días)
lisdexamfetamine 30 mg capsule	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)
procentra 5 mg/5 ml oral solution	1	PA,QL(1200 cada 30 días)
ADDERALL 20 MG TABLET	1	PA,QL(90 cada 30 días)
dextroamphetamine sulfate 5 mg/5 ml oral solution	1	PA,QL(1200 cada 30 días)
XELSTRYM 13.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	1	PA,QL(30 cada 30 días)
amphetamine sulfate 5 mg tablet	1	PA,QL(60 cada 30 días)
ADDERALL 30 MG TABLET	1	PA,QL(90 cada 30 días)
amphetamine sulfate 10 mg tablet	1	PA,QL(180 cada 30 días)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
XELSTRYM 9 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH	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 15 mg tablet	1	PA,QL(90 cada 30 días)
DYANAVEL XR 20 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)
VYVANSE 10 MG CAPSULE	1	PA,QL(30 cada 30 días)
lisdexamfetamine 10 mg capsule	1	PA,QL(30 cada 30 días)
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate er 10 mg capsule,extended release	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine 10 mg tablet	1	PA,QL(90 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)
zenzedi 10 mg tablet	1	PA,QL(120 cada 30 días)
zenzedi 5 mg tablet	1	PA,QL(60 cada 30 días)
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
lisdexamfetamine 20 mg capsule	1	PA,QL(30 cada 30 días)
lisdexamfetamine 40 mg capsule	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 60 mg capsule	1	PA,QL(30 cada 30 días)
VYVANSE 20 MG CAPSULE	1	PA,QL(30 cada 30 días)
VYVANSE 40 MG CAPSULE	1	PA,QL(30 cada 30 días)
VYVANSE 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
AZSTARYS 39.2 MG-7.8 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 52.3 MG-10.4 MG CAPSULE	1	PA,QL(30 cada 30 días)
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release	1	PA,QL(60 cada 30 días)
ADDERALL 5 MG TABLET	1	PA,QL(90 cada 30 días)
ADDERALL 10 MG TABLET	1	PA,QL(90 cada 30 días)
dextroamphetamine-amphetamine 12.5 mg tablet	1	PA,QL(90 cada 30 días)
ZENZEDI 30 MG TABLET	1	PA,QL(60 cada 30 días)
ZENZEDI 20 MG TABLET	1	PA,QL(60 cada 30 días)
ZENZEDI 15 MG TABLET	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 30 mg tablet	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 20 mg tablet	1	PA,QL(60 cada 30 días)
dextroamphetamine sulfate 15 mg tablet	1	PA,QL(60 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)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
FOCALIN 10 MG TABLET	1	PA,QL(120 cada 30 días)
RELEXXII 63 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET	1	PA,QL(30 cada 30 días)
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
methylphenidate er 72 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
METADATE CD 50 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)
METADATE CD 60 MG CAPSULE,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)
methylphenidate 2.5 mg chewable tablet	1	PA,QL(90 cada 30 días)
APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 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)
methylphenidate 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
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate 10 mg/5 ml oral solution	1	PA,QL(900 cada 30 días)
DAYTRANA 10 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)
METHYLIN 5 MG/5 ML ORAL SOLUTION	1	PA,QL(1800 cada 30 días)
METHYLIN 10 MG/5 ML ORAL SOLUTION	1	PA,QL(900 cada 30 días)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
dexmethylphenidate 5 mg tablet	1	PA,QL(60 cada 30 días)
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
methylphenidate 10 mg tablet	1	PA,QL(90 cada 30 días)
QELBREE 100 MG CAPSULE,EXTENDED RELEASE	1	QL(30 cada 30 días)
QELBREE 150 MG CAPSULE,EXTENDED RELEASE	1	QL(60 cada 30 días)
dexmethylphenidate er 30 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)
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	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)
metadate er 20 mg tablet,extended release	1	QL(90 cada 30 días)
guanfacine er 1 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
FOCALIN 5 MG TABLET	1	PA,QL(60 cada 30 días)
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
guanfacine er 3 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
FOCALIN XR 5 MG CAPSULE,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)
guanfacine er 4 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
CONCERTA 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)

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METADATE CD 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INTUNIV ER 4 MG TABLET,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)
RELEXXII 72 MG TABLET,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)
STRATTERA 80 MG CAPSULE	1	PA,QL(30 cada 30 días)
STRATTERA 100 MG CAPSULE	1	PA,QL(30 cada 30 días)
methylphenidate 5 mg tablet	1	PA,QL(90 cada 30 días)
CONCERTA 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
atomoxetine 10 mg capsule	1	QL(60 cada 30 días)
atomoxetine 18 mg capsule	1	QL(60 cada 30 días)
atomoxetine 25 mg capsule	1	QL(60 cada 30 días)
atomoxetine 40 mg capsule	1	QL(60 cada 30 días)
atomoxetine 60 mg capsule	1	QL(30 cada 30 días)
STRATTERA 10 MG CAPSULE	1	PA,QL(60 cada 30 días)
methylphenidate er 10 mg tablet,extended release	1	PA,QL(90 cada 30 días)
APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
CONCERTA 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
methylphenidate er 27 mg tablet,extended release 24 hr	1	PA,QL(30 cada 30 días)
COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET	1	PA,QL(60 cada 30 días)
DAYTRANA 30 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
RITALIN 5 MG TABLET	1	PA,QL(90 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)
APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
RELEXXII 45 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
ONYDA XR 0.1 MG/ML ORAL SUSPENSION,EXTENDED RELEASE	1	QL(120 cada 30 días)
RELEXXII 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
RELEXXII 27 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
FOCALIN 2.5 MG TABLET	1	PA,QL(60 cada 30 días)
RELEXXII 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
dexmethylphenidate 2.5 mg tablet	1	PA,QL(60 cada 30 días)
methylphenidate er 10 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)
APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE	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 la 10 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
STRATTERA 25 MG CAPSULE	1	PA,QL(60 cada 30 días)

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methylphenidate 15 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)
RITALIN 10 MG TABLET	1	PA,QL(90 cada 30 días)
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
STRATTERA 40 MG CAPSULE	1	PA,QL(60 cada 30 días)
methylphenidate 10 mg/9 hr daily transdermal patch	1	PA,QL(30 cada 30 días)
methylphenidate er 20 mg tablet,extended release	1	PA,QL(90 cada 30 días)
STRATTERA 18 MG CAPSULE	1	PA,QL(60 cada 30 días)
dexmethylphenidate 10 mg tablet	1	PA,QL(120 cada 30 días)
STRATTERA 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
RITALIN 20 MG TABLET	1	PA,QL(90 cada 30 días)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	PA,QL(30 cada 30 días)
RELEXXII 54 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
APTENSIO XR 40 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 la 30 mg biphasic 50-50 capsule,extended release	1	PA,QL(60 cada 30 días)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release	1	PA,QL(30 cada 30 días)
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
guanfacine er 2 mg tablet,extended release 24 hr	1	QL(30 cada 30 días)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 cada 30 días)
methylphenidate 20 mg tablet	1	PA,QL(90 cada 30 días)
DAYTRANA 20 MG/9 HR DAILY PATCH	1	PA,QL(30 cada 30 días)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR	1	PA,QL(360 cada 30 días)
methylphenidate er 54 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
methylphenidate er 36 mg tablet,extended release 24 hr	1	PA,QL(60 cada 30 días)
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE	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 60 mg capsule,extended release (40-60) sprinkle	1	PA,QL(30 cada 30 días)
methylphenidate er 63 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 60 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release	1	PA,QL(30 cada 30 días)
CONCERTA 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INGREZZA 40 MG CAPSULE	1	PA,QL(30 cada 30 días)
INGREZZA 80 MG CAPSULE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
tetrabenazine 12.5 mg tablet	1	PA,QL(240 cada 30 días)
riluzole 50 mg tablet	1	
tetrabenazine 25 mg tablet	1	PA,QL(240 cada 30 días)
AUSTEDO 12 MG TABLET	1	PA,QL(120 cada 30 días)
AUSTEDO 9 MG TABLET	1	PA,QL(120 cada 30 días)
INGREZZA 60 MG CAPSULE	1	PA,QL(30 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 XR 24 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	PA,QL(28 cada 90 días)
AUSTEDO 6 MG TABLET	1	PA,QL(60 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 SPRINKLE 40 MG CAPSULE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
AUSTEDO 12 MG STARTING DOSE TITRATION KIT(WK1-4) 6-9-12 MG TABLET DSPK	1	PA
INGREZZA SPRINKLE 60 MG CAPSULE	1	PA,QL(30 cada 30 días)
AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG-12 MG-24 MG TABLET,ER DOSEPACK	1	PA,QL(42 cada 90 días)
INGREZZA SPRINKLE 80 MG CAPSULE	1	PA,QL(30 cada 30 días)
NUDEXTA 20 MG-10 MG CAPSULE	1	PA
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
LYRICA 20 MG/ML ORAL SOLUTION	1	PA,QL(900 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)
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	1	QL(60 cada 30 días)
duloxetine 40 mg capsule,delayed release	1	QL(60 cada 30 días)

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SAVELLA 50 MG TABLET	1	
pregabalin 20 mg/ml oral solution	1	QL(900 cada 30 días)
pregabalin 225 mg capsule	1	QL(60 cada 30 días)
pregabalin 200 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)
SAVELLA 12.5 MG TABLET	1	
SAVELLA 100 MG TABLET	1	
pregabalin 300 mg capsule	1	QL(60 cada 30 días)
LYRICA 50 MG CAPSULE	1	PA,QL(90 cada 30 días)
duloxetine 20 mg capsule,delayed release	1	QL(60 cada 30 días)
LYRICA 75 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 100 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 150 MG CAPSULE	1	PA,QL(90 cada 30 días)
duloxetine 30 mg capsule,delayed release	1	QL(60 cada 30 días)
duloxetine 60 mg capsule,delayed release	1	QL(60 cada 30 días)
pregabalin 25 mg capsule	1	QL(90 cada 30 días)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
LYRICA 200 MG CAPSULE	1	PA,QL(90 cada 30 días)
LYRICA 225 MG CAPSULE	1	PA,QL(60 cada 30 días)
LYRICA 300 MG CAPSULE	1	PA,QL(60 cada 30 días)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE	1	PA,QL(60 cada 30 días)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	1	QL(55 cada 90 días)
LYRICA 25 MG CAPSULE	1	PA,QL(90 cada 30 días)
pregabalin 75 mg capsule	1	QL(90 cada 30 días)
SAVELLA 25 MG TABLET	1	
pregabalin 50 mg capsule	1	QL(90 cada 30 días)
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 cada 365 días)
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 cada 23 días)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 cada 23 días)
AMPYRA 10 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 cada 30 días)
TASCENSO ODT 0.25 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SUBCUTANEOUS SOLUTION	1	PA
GILENYA 0.25 MG CAPSULE	1	PA,QL(30 cada 30 días)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4.2 cada 23 días)
TASCENSO ODT 0.5 MG DISINTEGRATING TABLET	1	PA,QL(30 cada 30 días)
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE	1	PA,QL(120 cada 30 días)
fingolimod 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)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(30 cada 25 días)

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ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULE DOSEPACK	1	PA,QL(37 cada 90 días)
dalfampridine er 10 mg tablet,extended release,12 hr	1	PA,QL(60 cada 30 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)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)-0.46 MG (3) CAPSULE DOSEPACK	1	PA,QL(7 cada 90 días)
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)
ZEPOSIA 0.92 MG CAPSULE	1	PA,QL(30 cada 30 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)
dimethyl fumarate 240 mg capsule,delayed release	1	PA,QL(60 cada 30 días)
dimethyl fumarate 120 mg capsule,delayed release	1	PA,QL(60 cada 30 días)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	1	PA
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	PA,QL(15 cada 25 días)
teriflunomide 7 mg tablet	1	PA,QL(30 cada 30 días)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION	1	PA,QL(20 cada 168 días)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	1	PA,QL(1 cada 23 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)
chlorhexidine gluconate 0.12 % mouthwash	1	
pilocarpine 5 mg tablet	1	
triamcinolone acetonide 0.1 % dental paste	1	
oralone 0.1 % dental paste	1	
pilocarpine 7.5 mg tablet	1	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1	
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	1	
acitretin 10 mg capsule	1	PA
clindamycin 1 %-benzoyl peroxide 5 % topical gel	1	
RETIN-A 0.025 % TOPICAL GEL	1	
RETIN-A 0.05 % TOPICAL CREAM	1	
DIFFERIN 0.1 % TOPICAL CREAM	1	ST
DIFFERIN 0.1 % TOPICAL GEL ^{OTC}	1	
claravis 10 mg capsule	1	
claravis 20 mg capsule	1	
claravis 40 mg capsule	1	
effaclar adapalene 0.1 % topical gel ^{OTC}	1	
zenatane 20 mg capsule	1	
zenatane 10 mg capsule	1	
zenatane 40 mg capsule	1	
zenatane 30 mg capsule	1	
neuac 1.2 % (1 % base)-5 % topical gel	1	
myorisan 10 mg capsule	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
myorisan 20 mg capsule	1	
myorisan 40 mg capsule	1	
myorisan 30 mg capsule	1	
FINACEA 15 % TOPICAL FOAM	1	
RETIN-A 0.025 % TOPICAL CREAM	1	
claravis 30 mg capsule	1	
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP	1	ST
RETIN-A 0.1 % TOPICAL CREAM	1	
ZIANA 1.2 %-0.025 % TOPICAL GEL	1	
acitretin 17.5 mg capsule	1	PA
RETIN-A 0.01 % TOPICAL GEL	1	
acitretin 25 mg capsule	1	PA
adapalene 0.1 % topical gel ^{OTC}	1	
erythromycin-benzoyl peroxide 3 %-5 % topical gel	1	
amnestem 40 mg capsule	1	
amnestem 20 mg capsule	1	
amnestem 10 mg capsule	1	
tazarotene 0.1 % topical cream	1	
aquaphor itch relief 1 % topical ointment ^{OTC}	1	
fluocinonide 0.05 % topical solution	1	
anusol-hc 2.5 % topical cream with perineal applicator	1	
halobetasol propionate 0.05 % topical cream	1	PA
ammonium lactate 12 % topical cream	1	
anti-itch (hydrocortisone) 1 % topical cream ^{OTC}	1	
EUCRISA 2 % TOPICAL OINTMENT	1	PA
betamethasone valerate 0.1 % lotion	1	
clobetasol 0.05 % topical cream	1	PA
fluocinonide-e 0.05 % topical cream	1	
pimecrolimus 1 % topical cream	1	PA
hydrocortisone 1 % topical cream with perineal applicator	1	
clodan 0.05 % shampoo	1	PA
hydrocortisone 1 % topical cream packet ^{OTC}	1	
ammonium lactate 12 % topical cream ^{OTC}	1	
halobetasol propionate 0.05 % topical foam	1	PA
fluocinonide 0.05 % topical ointment	1	
TEMOVATE 0.05 % TOPICAL OINTMENT	1	PA
mometasone 0.1 % topical ointment	1	
LEXETTE 0.05 % TOPICAL FOAM	1	PA
fluocinolone 0.025 % topical cream	1	
ammonium lactate 12 % lotion	1	
proctosol hc 2.5 % topical cream perineal applicator	1	
cortizone-10 with aloe 1 % topical cream ^{OTC}	1	
clobetasol 0.05 % shampoo	1	PA
TERSI FOAM 2.25 % TOPICAL	1	
ULTRAVATE 0.05 % LOTION	1	PA
procto-med hc 2.5 % topical cream perineal applicator	1	
fluocinolone 0.01 % topical cream	1	
selenium sulfide 2.5 % lotion	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
hydrocortisone 2.5 % topical cream	1	
anti-itch (hydrocortisone) 1 % topical ointment ^{OTC}	1	
betamethasone valerate 0.1 % topical ointment	1	
betamethasone, augmented 0.05 % topical cream	1	
clobetasol 0.05 % topical gel	1	PA
VANOS 0.1 % TOPICAL CREAM	1	PA
itch relief (hc) 1 % topical ointment ^{OTC}	1	
fluocinonide 0.1 % topical cream	1	PA
hydrocortisone 1 % topical ointment	1	
clobetasol 0.05 % topical spray	1	PA
cortisone (hydrocortisone) 1 % topical cream ^{OTC}	1	
fluocinonide 0.05 % topical gel	1	
hydrocream 1 % topical ^{OTC}	1	
cortisone with aloe 1 % topical cream ^{OTC}	1	
hydrocortisone 1 % topical ointment ^{OTC}	1	
fluticasone propionate 0.05 % topical cream	1	
betamethasone valerate 0.1 % topical cream	1	
hydrocortisone 20 mg tablet	1	
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
selenium sulfide 2.25 % shampoo	1	
betamethasone dipropionate 0.05 % topical ointment	1	PA
clobetasol 0.05 % scalp solution	1	PA
fluocinonide-emollient 0.05 % topical cream	1	
hydrocortisone 1 % topical cream ^{OTC}	1	
fluocinonide 0.05 % topical cream	1	
hydrocortisone 1 % topical cream	1	
proctozone-hc 2.5 % topical cream perineal applicator	1	
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
noble formula hc 1 % topical cream ^{OTC}	1	
OPZELURA 1.5 % TOPICAL CREAM	1	PA,QL(360 cada 365 días)
hydrocortisone 2.5 % topical ointment	1	
hydrocortisone plus 1 % topical cream ^{OTC}	1	
fluticasone propionate 0.005 % topical ointment	1	
AVEENO ANTI-ITCH (HYDROCORTISONE) 1 % TOPICAL CREAM ^{OTC}	1	
mometasone 0.1 % topical cream	1	
clobetasol-emollient 0.05 % topical cream	1	
tacrolimus 0.1 % topical ointment	1	PA
hydrocortisone 2.5 % topical cream with perineal applicator	1	
selsun blue 1 % shampoo ^{OTC}	1	
IMPEKLO 0.05 % TOPICAL LOTION IN PUMP	1	PA
betamethasone, augmented 0.05 % lotion	1	
clobetasol 0.05 % topical ointment	1	PA
hydrocortisone 10 mg tablet	1	
selenium sulfide 2.3 % shampoo	1	
dandruff shampoo (selenium sulfide) 1 % ^{OTC}	1	
hydrocortisone 5 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
mometasone 0.1 % topical solution	1	
fluocinolone 0.025 % topical ointment	1	
betamethasone, augmented 0.05 % topical gel preparation h hydrocortisone 1 % topical cream ^{OTC}	1	PA
halobetasol propionate 0.05 % topical ointment	1	PA
OLUX 0.05 % TOPICAL FOAM	1	PA
clobetasol 0.05 % topical foam	1	PA
tacrolimus 0.03 % topical ointment	1	PA
hydrocortisone-aloe vera 1 % topical cream ^{OTC}	1	
betamethasone dipropionate 0.05 % topical cream	1	PA
anti-itch (hydrocortisone) with aloe 1 % topical cream ^{OTC}	1	
clobetasol 0.05 % lotion	1	PA
hydrocortisone-aloe vera 0.5 % topical cream ^{OTC}	1	
anti-dandruff 1 % shampoo ^{OTC}	1	
betamethasone, augmented 0.05 % topical ointment	1	
selsun blue 2-in-1 1 % shampoo ^{OTC}	1	
betamethasone dipropionate 0.05 % lotion	1	PA
cortizone-10 1 % topical cream ^{OTC}	1	
hydrocortisone 2.5 % lotion	1	
hydrocortisone 0.5 % topical cream ^{OTC}	1	
cortizone-10 1 % topical ointment ^{OTC}	1	
fluorouracil 2 % topical solution	1	
calcipotriene 0.005 % topical cream	1	
calcipotriene 0.005 % scalp solution	1	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION	1	
podofilox 0.5 % topical solution	1	
fluorouracil 5 % topical cream	1	
OTEZLA 30 MG TABLET	1	PA
imiquimod 5 % topical cream packet	1	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM	1	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT	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	
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	1	PA
CARAC 0.5 % TOPICAL CREAM	1	
fluorouracil 5 % topical solution	1	
OTEZLA 20 MG TABLET	1	PA
diclofenac 3 % topical gel	1	PA
fluorouracil 0.5 % topical cream	1	
EFUDEX 5 % TOPICAL CREAM	1	
NATROBA 0.9 % TOPICAL SUSPENSION	1	
lice treatment 1 % topical liquid ^{OTC}	1	
lice treatment (permethrin) 1 % topical liquid ^{OTC}	1	
permethrin 5 % topical cream	1	
lice killing (permethrin) 1 % topical liquid ^{OTC}	1	
NIX CREME RINSE 1 % TOPICAL LIQUID ^{OTC}	1	

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clindamycin 1 % topical gel	1	
clindamycin phosphate 1 % topical solution	1	
clindamycin 1 % lotion	1	
erythromycin with ethanol 2 % topical gel	1	
clindamycin phosphate 1 % topical swab	1	
erythromycin with ethanol 2 % topical solution	1	
clindamycin 1 % topical gel, once daily	1	
mupirocin 2 % topical ointment	1	
potassium citrate er 10 meq (1,080 mg) tablet,extended release	1	
calcium 500 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
calcium 500 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule ^{OTC}	1	
BONEUP 333 MG-8.3 MCG-116.7 MG CAPSULE ^{OTC}	1	
hematinic plus vit/minerals 106 mg iron-1 mg tablet ^{OTC}	1	
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1	
OS-CAL 500 + D3 500 MG-15 MCG (600 UNIT) TABLET ^{OTC}	1	
VEGETARIAN BONEUP 166.6 MG-4.15 MCG-83.3 MG TABLET ^{OTC}	1	
liquid calcium with vitamin d 600 mg-5 mcg (200 unit) capsule ^{OTC}	1	
calcium 500 mg (as carbonate)-vitamin d3 15 mcg (600 unit) tablet ^{OTC}	1	
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}	1	
calcium 500 + d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE ^{OTC}	1	
calcium 200 mg (as citrate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
CALPHRON 667 MG TABLET ^{OTC}	1	
calcium 315 mg (as citrate)-vitamin d3 5 mcg (200 unit) 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	
calcium 500 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	
ORTHO-TABS 500 MG-400 UNIT-15 MCG-200 MCG TABLET ^{OTC}	1	
calcium 1,000 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1	
calcium 500 + d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
potassium chloride 40 meq/15 ml oral liquid	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
calcium 250 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 500 mg (as carbonate)-vit d3 10 mcg (400 unit) chewable tablet ^{OTC}	1	
calcium 500 + d 500 mg-10 mcg (400 unit) chewable tablet ^{OTC}	1	
oyster shell + d3 250 mg-3.125 mcg (125 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1	
potassium chloride er 15 meq tablet,extended release(part/cryst)	1	
sodium chloride 0.9 % (flush) injection syringe	1	
calcium 1,000 mg (citrate)-vit d3 10 mcg (400 unit)/30 ml oral liquid ^{OTC}	1	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}	1	
potassium chloride er 10 meq capsule,extended release	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	1	
calcium 500 mg (as citrate)-vit d3 12.5 mcg (500 unit) chewable tablet ^{OTC}	1	
UPCAL D 500 MG (AS CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER ^{OTC}	1	
UPCAL D 500 MG (CITRATE)-12.5 MCG (500 UNIT)/5 GRAM ORAL POWDER PACKET ^{OTC}	1	
CARBAGLU 200 MG DISPERSIBLE TABLET	1	PA
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule ^{OTC}	1	
calcium 200 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet ^{OTC}	1	
CITRACAL-D3 PETITES 200 MG (AS CITRATE)-6.25 MCG (250 UNIT) TABLET ^{OTC}	1	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet ^{OTC}	1	
oySCO 500/d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
zinc sulfate 50 mg zinc (220 mg) capsule ^{OTC}	1	
cal-citrate 250 mg-2.5 mcg (100 unit) tablet ^{OTC}	1	
potassium chloride er 10 meq tablet,extended release	1	
monoject prefill advanced 0.9 % sodium chloride injection syringe	1	
calcium 250 mg (as citrate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
potassium chloride er 20 meq tablet,extended release	1	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1	
potassium citrate er 5 meq (540 mg) tablet,extended release	1	
monoject 0.9% sodium chloride injection syringe	1	
BIOCAL 500 MG-100 UNIT-45 MG-800 MCG CAPSULE ^{OTC}	1	
tricon 110 mg-0.5 mg capsule ^{OTC}	1	
citracal + vitamin d maximum 315 mg-6.25 mcg (250 unit) tablet ^{OTC}	1	
os-cal 500 + d3 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
oyster shell calcium-vitamin d3 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
oyster shell calcium-vitamin d3 250 mg-3.125 mcg (125 unit) tablet ^{OTC}	1	
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet ^{OTC}	1	
bd posiflush normal saline 0.9 % injection syringe	1	
calcium with vit d3 600 mg (as carbonate)-12.5 mcg (500 unit) capsule ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 12.5 mcg (500 unit) capsule ^{OTC}	1	
potassium chloride 20 meq/15 ml oral liquid	1	
CAL-QUICK 500 MG-10 MCG (400 UNIT)/5 ML ORAL LIQUID ^{OTC}	1	
zinc gluconate 10 mg lozenges ^{OTC}	1	
calcium 500 mg (as calcium carbonate 1,250 mg) chewable tablet ^{OTC}	1	
klor-con/ef 25 meq effervescent tablet	1	
calcium 600 + d(3) 600 mg-10 mcg (400 unit) 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	
ferocon 110 mg-0.5 mg capsule ^{OTC}	1	
sodium chloride 0.9 % (flush) injection syringe with alcohol swab cap	1	
swabflush 0.9 % injection syringe with alcohol swab cap	1	
oystercal-d 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vit d3 10 mcg (400 unit)-minerals tablet ^{OTC}	1	
ACTICAL CAPSULE ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 5 mcg (200 unit) tablet ^{OTC}	1	
levocarnitine 330 mg tablet	1	
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension ^{OTC}	1	QL(900 cada 30 días)
potassium chloride er 20 meq tablet,extended release(part/cryst)	1	
phospha neutral 250 mg tablet ^{OTC}	1	
calcium 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}	1	
ZINC-220 50 MG ZINC (220 MG) CAPSULE ^{OTC}	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	
iferex 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
aquastat 0.9% sodium chloride injection syringe	1	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet ^{OTC}	1	
potassium chloride er 8 meq tablet,extended release	1	
aquastat sfr 0.9% sodium chloride injection syringe	1	

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calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}	1	
potassium chloride er 10 meq tablet,extended release(part/cryst)	1	
ORAZINC 50 MG ZINC (220 MG) CAPSULE ^{OTC}	1	
calcium 600 + d(3) 600 mg-5 mcg (200 unit) capsule ^{OTC}	1	
PRO-CAL 187.5 MG-40 MG-7.5 MG TABLET ^{OTC}	1	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet ^{OTC}	1	
klor-con m10 meq tablet,extended release	1	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule ^{OTC}	1	
calcium-500 500 mg (as calcium carbonate 1,250 mg) chewable tablet ^{OTC}	1	
klor-con m20 meq tablet,extended release	1	
ALGAE BASED CALCIUM 333.33 MG-6.67 MCG-32 MG TABLET ^{OTC}	1	
calcium 600 + d(3) 600 mg-5 mcg (200 unit) tablet ^{OTC}	1	
OSTEOPRIME PLUS CALCIUM-MAGNESIUM 200 MG-5 MCG-75 MG-200 MCGDFE TABLET ^{OTC}	1	
hi-cal plus vit d 500 mg-5 mcg (200 unit) tablet ^{OTC}	1	
ferrocite plus 106 mg iron-1 mg tablet ^{OTC}	1	
CALTRATE WITH VITAMIN D3 600 MG-20 MCG (800 UNIT) TABLET ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 62.5 mcg (2,500 unit) capsule ^{OTC}	1	
clearshield 0.9% sodium chloride flush injection syringe	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	
centratex 106 mg iron-1 mg capsule ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule ^{OTC}	1	
calcium with vitamin d 600 mg-10 mcg (400 unit) tablet ^{OTC}	1	
oyster shell calcium-vitamin d3 500 mg-10 mcg (400 unit) tablet ^{OTC}	1	
calcium 600 mg (as carbonate)-vitamin d3 20 mcg (800 unit) tablet ^{OTC}	1	
normal saline flush 0.9 % injection syringe	1	
ZINC (WITH VITAMINS A AND C) LOZENGES ^{OTC}	1	
calcium 315 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet ^{OTC}	1	
potassium chloride er 8 meq capsule,extended release	1	
citracal regular 250 mg (as citrate)-5 mcg (200 unit) 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	
potassium citrate er 15 meq (1,620 mg) tablet,extended release	1	
calcium citrate + d 315 mg-5 mcg (200 unit) tablet ^{OTC}	1	
penicillamine 250 mg tablet	1	
CHEMET 100 MG CAPSULE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
LYSIPLEX PLUS TABLET ^{OTC}	1	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION sevelamer carbonate 2.4 gram oral powder packet	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} sevelamer carbonate 0.8 gram oral powder packet	1	
FOSRENOL 500 MG CHEWABLE TABLET	1	
calcium acetate(phosphate binders) 667 mg tablet	1	
MAGNEBIND 300 250 MG-300 MG TABLET ^{OTC} calcium acetate(phosphate binders) 667 mg capsule	1	QL(300 cada 30 días)
sevelamer hcl 800 mg tablet	1	
sevelamer carbonate 800 mg tablet	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	1	
LOKELMA 5 GRAM ORAL POWDER PACKET	1	
VELTASSA 16.8 GRAM ORAL POWDER PACKET	1	
VELTASSA 25.2 GRAM ORAL POWDER PACKET	1	
VELTASSA 8.4 GRAM ORAL POWDER PACKET	1	
LOKELMA 10 GRAM ORAL POWDER PACKET	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	1	
sodium polystyrene sulfonate oral powder	1	
prenatal multivitamins 28 mg iron-800 mcg tablet ^{OTC}	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet	1	
KPN 9 MG IRON-267 MCG TABLET ^{OTC}	1	
MINI PRENATAL 6.75 MG IRON-200 MCG TABLET ^{OTC}	1	
CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET ^{OTC}	1	
neo-vital rx 27 mg iron-1 mg tablet	1	
prenatal tablet 28 mg iron-800 mcg ^{OTC}	1	
STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE ^{OTC}	1	
ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK ^{OTC}	1	
PRENATE AM 1 MG-500 MG TABLET	1	
prenatal 19 29 mg iron-1 mg chewable tablet ^{OTC}	1	
prenatal vitamin 27 mg iron-0.8 mg tablet ^{OTC}	1	
prenatal 19 29 mg iron-1 mg chewable tablet	1	
prenatal complete 14 mg iron-400 mcg tablet ^{OTC}	1	
prenatal multi 27 mg-800 mcg tablet ^{OTC}	1	
DERMACINRX PRENATRIX 27 MG IRON-1 MG TABLET	1	
prenatal 28 mg-800 mcg tablet ^{OTC}	1	
DERMACINRX PRETRATE 27 MG IRON-1 MG TABLET	1	
westab plus 27 mg iron-1 mg tablet	1	
women's prenatal plus dha 28 mg-975 mcg-200 mg oral pack ^{OTC}	1	
se-natal 19 chewable 29 mg iron-1 mg tablet	1	
prenatal formula 28 mg iron-800 mcg tablet ^{OTC}	1	
PRENATAL FORMULA-DHA 28 MG-800 MCG-200 MG CAPSULE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
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 vits no.179-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1	
prenatal plus vitamin-mineral 27 mg iron-1 mg tablet	1	
prenatal vitamin 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	
DERMACINRX PRENATRYL 27 MG IRON-1 MG TABLET	1	
prenatal vitamin 27 mg iron-800 mcg tablet ^{OTC}	1	
GENADEK STEP 1 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1	
prenatal multi-dha (algal oil) 27 mg iron-800 mcg-250 mg capsule ^{OTC}	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE ^{OTC}	1	
prenatal 28 mg iron-800 mcg tablet ^{OTC}	1	
taron-c dha 35 mg-1 mg-200 mg capsule	1	
folivane-ob 85 mg-1 mg capsule	1	
prenatal + dha 28 mg iron-975 mcg-200 mg oral pack ^{OTC}	1	
prenatal vitamin-ferrous fumarate 28 mg iron-folic acid 800 mcg tablet ^{OTC}	1	
THERANATAL COMPLETE 27 MG IRON-1 MG-150 MG ORAL PACK ^{OTC}	1	
TRICARE 27 MG IRON-1 MG TABLET	1	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE	1	
prenatal formula 9 mg iron-267 mcg tablet ^{OTC}	1	
prenatal vit no.95-ferrous fumarate 28 mg-folic acid 800 mcg tablet ^{OTC}	1	
prenatal vitamins with minerals 28 mg iron-800 mcg tablet ^{OTC}	1	
PRENATABS FA 29 MG-1 MG TABLET	1	
prenatal + dha 28 mg iron-800 mcg-200 mg oral pack ^{OTC}	1	
NEONATAL COMPLETE 29 MG-1 MG TABLET	1	
THERANATAL 27 MG IRON-1 MG TABLET ^{OTC}	1	
one daily prenatal 28 mg-800 mcg-440 mg oral pack ^{OTC}	1	
THERANATAL PLUS 27 MG IRON-1 MG-300 MG ORAL PACK ^{OTC}	1	
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET	1	
THERANATAL OVAVITE 18 MG-1 MG-125 UNIT ORAL PACK ^{OTC}	1	
SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK ^{OTC}	1	
prenatal multi-dha (with vitamin k) 27 mg iron-800 mcg-260 mg capsule ^{OTC}	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet ^{OTC}	1	
m-natal plus 27 mg iron-1 mg tablet	1	
completenate 29 mg iron-1 mg chewable tablet ^{OTC}	1	
trinatal rx 1 60 mg iron-1 mg tablet	1	
complete natal dha 29 mg iron-1 mg-200 mg oral pack	1	
lubiprostone 24 mcg capsule	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE	1	PA
LINZESS 290 MCG CAPSULE	1	PA
lubiprostone 8 mcg capsule	1	PA
LINZESS 72 MCG CAPSULE	1	PA
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
MIRALAX 17 GRAM ORAL POWDER PACKET ^{OTC}	1	PA
LINZESS 145 MCG CAPSULE	1	PA
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	1	PA
generlac 10 gram/15 ml oral solution	1	
clearlax 17 gram/dose oral powder ^{OTC}	1	
clearlax 17 gram oral powder packet ^{OTC}	1	PA
powderlax 17 gram/dose oral ^{OTC}	1	
laxaclear 17 gram/dose oral powder ^{OTC}	1	
constulose 10 gram/15 ml oral solution	1	
lactulose 10 gram/15 ml oral solution	1	
polyethylene glycol 3350 17 gram/dose oral powder ^{OTC}	1	
powderlax 17 gram oral powder packet ^{OTC}	1	PA
healthylax 17 gram oral powder packet ^{OTC}	1	PA
gentlelax 17 gram/dose oral powder ^{OTC}	1	
gavilax 17 gram/dose oral powder ^{OTC}	1	
enulose 10 gram/15 ml oral solution	1	
purelax 17 gram oral powder packet ^{OTC}	1	PA
natura-lax 17 gram/dose oral powder ^{OTC}	1	
smoothlax 17 gram/dose oral powder ^{OTC}	1	
laxative peg 3350 17 gram/dose oral powder ^{OTC}	1	
smoothlax 17 gram oral powder packet ^{OTC}	1	PA
purelax 17 gram/dose oral powder ^{OTC}	1	
mix-in laxative 17 gram oral powder packet ^{OTC}	1	PA
polyethylene glycol 3350 17 gram oral powder packet ^{OTC}	1	PA
IMODIUM A-D 2 MG TABLET ^{OTC}	1	QL(12 cada 14 días)
diamode 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID ^{OTC}	1	QL(120 cada 14 días)
anti-diarrheal (loperamide) 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
ultra a-d 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
anti-diarrheal (loperamide) 1 mg/7.5 ml oral liquid ^{OTC}	1	QL(120 cada 14 días)
loperamide 2 mg capsule	1	
anti-diarrheal (loperamide) 2 mg capsule ^{OTC}	1	
loperamide 1 mg/7.5 ml oral liquid ^{OTC}	1	QL(120 cada 14 días)
loperamide 2 mg tablet ^{OTC}	1	QL(12 cada 14 días)
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	1	
IMODIUM A-D 2 MG CAPSULE ^{OTC}	1	
glycopyrrolate 1 mg tablet	1	
dicyclomine 10 mg/5 ml oral solution	1	
dicyclomine 20 mg tablet	1	
glycopyrrolate 2 mg tablet	1	
dicyclomine 10 mg capsule	1	
teeny tummy infant gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
soothe regular strength 262 mg/15 ml oral suspension ^{OTC}	1	
soothe (bismuth subsalicylate) 262 mg tablet ^{OTC}	1	
anti-gas ultra strength 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
ursodiol 500 mg tablet	1	
bismuth subsalicylate 262 mg/15 ml oral suspension ^{OTC}	1	
antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
infants simethicone 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
pink bismuth 262 mg tablet ^{OTC}	1	
stomach relief 262 mg tablet ^{OTC}	1	
GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
gas relief extra strength 125 mg chewable tablet ^{OTC}	1	
stomach relief 262 mg/15 ml oral suspension ^{OTC}	1	
geri-lanta 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
calcium 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
stomach relief 262 mg chewable tablet ^{OTC}	1	
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
pink bismuth 262 mg/15 ml oral suspension ^{OTC}	1	
liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
KAOPECTATE (BISMUTH SUBSALICYLATE) 262 MG TABLET ^{OTC}	1	
alkums 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
TUMS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET ^{OTC}	1	
mylanta maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
stomach relief max strength 525 mg/15 ml oral suspension ^{OTC}	1	
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}	1	
DIOTAME INSTYDOSE 524 MG/30 ML ORAL SUSPENSION IN PACKET ^{OTC}	1	
TUMS 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1	
pepto-bismol 262 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET ^{OTC}	1	
bismuth subsalicylate 262 mg chewable tablet ^{OTC}	1	
peg-electrolyte solution 420 gram oral solution	1	
PHAZYME 180 MG CAPSULE ^{OTC}	1	QL(60 cada 30 días)
PEPTO-BISMOL TO-GO 262 MG CHEWABLE TABLET ^{OTC}	1	
foaming antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1	
antacid calcium 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
pink bismuth 262 mg chewable tablet ^{OTC}	1	
PEPTO-BISMOL 262 MG CHEWABLE TABLET ^{OTC}	1	
hyoscyamine 0.125 mg sublingual tablet	1	
GAS-X ULTRA-STRENGTH 180 MG CAPSULE ^{OTC}	1	QL(60 cada 30 días)
geri-mox antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
antacid anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
comfort gel 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
simethicone 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
hyoscyamine 0.125 mg/ml oral drops	1	
pink bismuth 525 mg/15 ml oral suspension ^{OTC}	1	
TUMS ULTRA 400 MG (AS CALCIUM CARBONATE 1,000 MG) CHEWABLE TABLET ^{OTC}	1	
comfort gel extra strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
ed-spaz 0.125 mg disintegrating tablet	1	
ursodiol 300 mg capsule	1	
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
little remedies gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
antacid maximum 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 liquid 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	
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	
opium tincture 10 mg/ml (morphine) oral	1	PA
gas relief 80 (simethicone) 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
calcium 260 mg (as calcium carbonate 648 mg) tablet ^{OTC}	1	
acid gone antacid extra strength 160 mg-105 mg chewable tablet ^{OTC}	1	
stomach relief 525 mg/15 ml oral suspension ^{OTC}	1	
ursodiol 250 mg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
heartburn antacid 160 mg-105 mg chewable tablet ^{OTC}	1	
heartburn relief 160 mg-105 mg chewable tablet ^{OTC}	1	
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension ^{OTC}	1	
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
aluminum-mag hydroxide-simethicone 400 mg-400 mg-40 mg/5 ml oral susp ^{OTC}	1	
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension ^{OTC}	1	
MAG-AL 200 MG-200 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
VOQUEZNA TRIPLE PAK 20 MG-500 MG-500 MG ORAL PACK	1	
gas relief (simethicone) 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
pep-t-med 262 mg chewable tablet ^{OTC}	1	
MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
antacid m 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
PEPTO-BISMOL MAX ST 525 MG/15 ML ORAL SUSPENSION ^{OTC}	1	
gas relief (simethicone) 80 mg chewable tablet ^{OTC}	1	QL(180 cada 30 días)
hyoscyamine sulfate 0.125 mg tablet	1	
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet ^{OTC}	1	
TUMS E-X 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET ^{OTC}	1	
acid gone antacid 95 mg-358 mg/15 ml oral suspension ^{OTC}	1	
little tummys gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
kaopectate ex str (bismuth ss) 525 mg/15 ml oral suspension ^{OTC}	1	
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
hyoscyamine er 0.375 mg tablet,extended release,12 hr	1	
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 ml oral susp ^{OTC}	1	
calcium antacid 400 mg (as carbonate 1,000 mg) chewable tablet ^{OTC}	1	
aluminum hydroxide gel 320 mg/5 ml oral suspension ^{OTC}	1	QL(1800 cada 30 días)
anti-diarrheal 262 mg/15 ml oral suspension ^{OTC}	1	
hyoscyamine 0.125 mg/5 ml oral elixir	1	
hyoscyamine 0.125 mg disintegrating tablet	1	
calcium antacid 320 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
sodium bicarbonate 325 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
diotame 262 mg chewable tablet ^{OTC}	1	
bismuth 262 mg chewable tablet ^{OTC}	1	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (AS CARB 750 MG) CHEWABLE TABLET ^{OTC}	1	
calcium 400 mg (as calcium carbonate 1,000 mg) chewable tablet ^{OTC}	1	
simethicone 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
flavor chews antacid 300 mg (as calcium carbonate 750 mg) tablet ^{OTC}	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE	1	
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension ^{OTC}	1	
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
alka-seltzer heartburn relief 300 mg (as carbonate 750 mg) chew tablet ^{OTC}	1	
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	1	
ban-acid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}	1	
oscimin sl 0.125 mg sublingual tablet	1	
oscimin 0.125 mg tablet	1	
mintox plus 200 mg-200 mg-25 mg chewable tablet ^{OTC}	1	
antacid 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}	1	
antacid ultra strength 430 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}	1	
sodium bicarbonate 650 mg tablet ^{OTC}	1	
gas relief ultra strength 180 mg capsule ^{OTC}	1	QL(60 cada 30 días)
antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension ^{OTC}	1	
geri-mox antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
TUMS FRESHERS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{OTC}	1	
infants gas relief 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
heartburn relief 254 mg-237.5 mg/5 ml oral suspension ^{OTC}	1	
soothe (bismuth subsalicylate) 262 mg chewable tablet ^{OTC}	1	
infants' mylicon 40 mg/0.6 ml oral drops,suspension ^{OTC}	1	
TAME THE FLAME 195 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
antacid extra-strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}	1	
geri-pectate 262 mg/15 ml oral suspension ^{OTC}	1	
stomach relief original 262 mg/15 ml oral suspension ^{OTC}	1	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1	
pink bismuth maximum strength 525 mg/15 ml oral suspension ^{OTC}	1	
digestive relief 262 mg tablet ^{OTC}	1	
digestive relief 262 mg/15 ml oral suspension ^{OTC}	1	
heartburn prevention 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid controller 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
PEPCID AC MAXIMUM STRENGTH 20 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
heartburn relief (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid reducer (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 300 mg tablet	1	QL(60 cada 30 días)
cimetidine 800 mg tablet	1	QL(60 cada 30 días)
nizatidine 300 mg capsule	1	QL(60 cada 30 días)
cimetidine 300 mg/5 ml oral solution	1	
nizatidine 150 mg capsule	1	QL(60 cada 30 días)
famotidine 40 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)
zantac-360 (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
zantac-360 (famotidine) 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
PEPCID AC 20 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
PEPCID AC 10 MG TABLET ^{OTC}	1	QL(60 cada 30 días)
famotidine 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
heartburn relief (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
acid controller 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 400 mg tablet	1	QL(60 cada 30 días)
acid reducer (famotidine) 10 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 200 mg tablet ^{OTC}	1	QL(60 cada 30 días)
cimetidine 200 mg tablet	1	QL(60 cada 30 días)
acid-pep 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
heartburn prevention 20 mg tablet ^{OTC}	1	QL(60 cada 30 días)
sucralfate 100 mg/ml oral suspension	1	
sucralfate 1 gram tablet	1	
misoprostol 100 mcg tablet	1	
misoprostol 200 mcg tablet	1	
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)
omeprazole 10 mg capsule, delayed release	1	QL(60 cada 30 días)
omeprazole 20 mg capsule, delayed release	1	QL(120 cada 30 días)
esomeprazole magnesium 40 mg capsule, delayed release	1	QL(30 cada 30 días)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET	1	QL(30 cada 30 días)
esomeprazole magnesium 20 mg capsule, delayed release ^{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
esomeprazole magnesium 20 mg capsule, delayed release	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)
omeprazole 40 mg capsule, delayed release	1	QL(60 cada 30 días)
pantoprazole 20 mg tablet, delayed release	1	QL(60 cada 30 días)
lansoprazole 30 mg capsule, delayed release	1	QL(30 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)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 cada 30 días)
pantoprazole 40 mg tablet, delayed release	1	QL(60 cada 30 días)
CREON 12,000-38,000-60,000 UNIT CAPSULE, DELAYED RELEASE	1	
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE, DELAYED RELEASE	1	
VYENDAQEL 20 MG CAPSULE	1	PA
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE, DELAYED RELEASE	1	
sodium phenylbutyrate 500 mg tablet	1	PA, QL(1000 cada 25 días)
betaine 1 gram/scoop oral powder	1	
sodium phenylbutyrate 0.94 gram/gram oral powder	1	PA, QL(532 cada 25 días)
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE	1	
CYSTAGON 150 MG CAPSULE	1	
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE	1	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE, DELAYED RELEASE	1	
CREON 6,000-19,000-30,000 UNIT CAPSULE, DELAYED RELEASE	1	
CREON 24,000-76,000-120,000 UNIT CAPSULE, DELAYED RELEASE	1	
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE	1	
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE	1	
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE	1	
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE	1	
CYSTAGON 50 MG CAPSULE	1	
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE	1	

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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)
VYNDAMAX 61 MG CAPSULE	1	PA
solifenacin 5 mg tablet	1	
solifenacin 10 mg tablet	1	
oxybutynin chloride 5 mg tablet	1	
oxybutynin chloride er 15 mg tablet,extended release 24 hr	1	
oxybutynin chloride 2.5 mg tablet	1	
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH	1	
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE	1	
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE	1	
oxybutynin chloride 5 mg/5 ml oral syrup	1	
oxybutynin chloride er 5 mg tablet,extended release 24 hr	1	
oxybutynin chloride er 10 mg tablet,extended release 24 hr	1	
fesoterodine er 8 mg tablet,extended release 24 hr	1	
fesoterodine er 4 mg tablet,extended release 24 hr	1	
alfuzosin er 10 mg tablet,extended release 24 hr	1	
tamsulosin 0.4 mg capsule	1	
dutasteride 0.5 mg capsule	1	
finasteride 5 mg tablet	1	
bethanechol chloride 5 mg tablet	1	
bethanechol chloride 25 mg tablet	1	
bethanechol chloride 10 mg tablet	1	
bethanechol chloride 50 mg tablet	1	
ELMIRON 100 MG CAPSULE	1	PA
EMFLAZA 30 MG TABLET	1	PA
prednisone 10 mg tablets in a dose pack	1	
EMFLAZA 18 MG TABLET	1	PA
EMFLAZA 6 MG TABLET	1	PA
triamcinolone acetonide 0.025 % topical cream	1	
dexamethasone 0.5 mg/5 ml oral elixir	1	
deflazacort 22.75 mg/ml oral suspension	1	PA
deflazacort 36 mg tablet	1	PA
deflazacort 30 mg tablet	1	PA
deflazacort 18 mg tablet	1	PA
dexamethasone 6 mg tablet	1	
prednisolone 15 mg/5 ml oral solution	1	
methylprednisolone 16 mg tablet	1	
triamcinolone acetonide 0.5 % topical cream	1	
methylprednisolone 32 mg tablet	1	
dexamethasone 0.5 mg/5 ml oral solution	1	
dexamethasone intensol 1 mg/ml drops (concentrate)	1	
dexamethasone 1.5 mg tablet	1	
prednisone 20 mg tablet	1	
fludrocortisone 0.1 mg tablet	1	
dexamethasone 0.5 mg tablet	1	
EMFLAZA 36 MG TABLET	1	PA
dexamethasone 4 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
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1	
deflazacort 6 mg tablet	1	PA
prednisone 5 mg/5 ml oral solution	1	
methylprednisolone 4 mg tablets in a dose pack	1	
triamcinolone acetonide 0.025 % lotion	1	
EMFLAZA 22.75 MG/ML ORAL SUSPENSION	1	PA
methylprednisolone 4 mg tablet	1	
dexamethasone 0.75 mg tablet	1	
prednisone 5 mg tablet	1	
triamcinolone acetonide 0.1 % lotion	1	
triamcinolone acetonide 0.1 % topical ointment	1	
prednisone 50 mg tablet	1	
prednisone 10 mg tablet	1	
hydrocortisone acetate 1 % topical ointment ^{OTC}	1	
triamcinolone acetonide 0.5 % topical ointment	1	
prednisone 5 mg tablets in a dose pack	1	
dexamethasone 2 mg tablet	1	
methylprednisolone 8 mg tablet	1	
prednisone 2.5 mg tablet	1	
prednisone 1 mg tablet	1	
dexamethasone 1 mg tablet	1	
hydrocortisone acetate 0.5 % topical cream ^{OTC}	1	
triamcinolone acetonide 0.025 % topical ointment	1	
triamcinolone acetonide 0.1 % topical cream	1	
hydrocortisone acetate 1 % topical cream ^{OTC}	1	
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE	1	PA
NORDITROPIN FLEXPPO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
NORDITROPIN FLEXPPO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
DDAVP 4 MCG/ML INJECTION SOLUTION	1	
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
desmopressin 4 mcg/ml injection solution	1	
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL	1	
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION	1	PA
NORDITROPIN FLEXPPO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE	1	PA
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA
SOGROYA 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
SOGROYA 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)	1	
DDAVP 0.1 MG TABLET	1	
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION	1	PA
SOGROYA 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
NOVAREL 5,000 UNIT INTRAMUSCULAR SOLUTION	1	PA
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT IM POWDER FOR SOLUTION	1	PA
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION	1	PA
desmopressin 10 mcg/spray (0.1 ml) nasal spray	1	
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE	1	PA
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE	1	PA
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE	1	PA
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE	1	PA
desmopressin 0.1 mg tablet	1	
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL	1	
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE	1	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION	1	PA
desmopressin 0.2 mg tablet	1	
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
DDAVP 0.2 MG TABLET	1	
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	1	PA,QL(300 cada 30 días)
testosterone cypionate 200 mg/ml intramuscular oil	1	PA
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL	1	PA

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testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel	1	PA,QL(150 cada 30 días)
testosterone 1 % (25 mg/2.5 gram) transdermal gel packet	1	PA,QL(30 cada 30 días)
testosterone cypionate 100 mg/ml intramuscular oil	1	PA
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL	1	PA
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	1	PA,QL(300 cada 30 días)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH	1	
estradiol valerate 20 mg/ml intramuscular oil	1	
estradiol valerate 40 mg/ml intramuscular oil	1	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	1	
MENEST 1.25 MG TABLET	1	
PREMARIN 1.25 MG TABLET	1	
estradiol 0.06 mg/24 hr weekly transdermal patch	1	
PREMARIN 0.625 MG TABLET	1	
estradiol 0.1 mg/24 hr weekly transdermal patch	1	
PREMARIN 0.9 MG TABLET	1	
PREMARIN 0.3 MG TABLET	1	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	1	
PREMARIN 25 MG SOLUTION FOR INJECTION	1	
PREMARIN 0.45 MG TABLET	1	
estradiol 0.0375 mg/24 hr weekly transdermal patch	1	
MENEST 0.3 MG TABLET	1	
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 2 mg tablet	1	
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 1 mg tablet	1	
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	1	
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH	1	
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 0.025 mg/24 hr weekly transdermal patch	1	
VAGIFEM 10 MCG VAGINAL TABLET	1	
estradiol 0.075 mg/24 hr weekly transdermal patch	1	
MENEST 2.5 MG TABLET	1	
estradiol 0.05 mg/24 hr weekly transdermal patch	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL	1	
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH	1	
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH	1	
estradiol 0.5 mg tablet	1	
estradiol 1.25 gram/actuation (0.06%) transdermal gel pump	1	
estradiol valerate 10 mg/ml intramuscular oil	1	
MENEST 0.625 MG TABLET	1	
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH	1	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	1	
vylibra 0.25 mg-35 mcg tablet	1	
amabelz 0.5 mg-0.1 mg tablet	1	
vestura (28) 3 mg-0.02 mg tablet	1	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
altavera (28) 0.15 mg-0.03 mg tablet	1	
juleber 0.15 mg-0.03 mg tablet	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
fyavolv 1 mg-5 mcg tablet	1	
fyavolv 0.5 mg-2.5 mcg tablet	1	
PREMPRO 0.625 MG-2.5 MG TABLET	1	
cyred 0.15 mg-0.03 mg tablet	1	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet	1	
cyred eq 0.15 mg-0.03 mg tablet	1	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet	1	
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1	
ocella 3 mg-0.03 mg tablet	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET	1	
elonest 0.3 mg-30 mcg tablet	1	
dolishale 90 mcg-20 mcg (28) tablet	1	
low-ogestrel (28) 0.3 mg-30 mcg tablet	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1	
balziva (28) 0.4 mg-35 mcg tablet	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET	1	
drosiprenone 3 mg-ethinyl estradiol 0.03 mg tablet	1	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK	1	PA
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	1	
mili 0.25 mg-35 mcg tablet	1	
jinteli 1 mg-5 mcg tablet	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	1	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	1	
minzoya 0.1 mg-0.02 mg (21)/iron (7) tablet	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	1	
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
nylia 1/35 (28) 1 mg-35 mcg tablet	1	
PREMPRO 0.3 MG-1.5 MG TABLET	1	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
turqoz (28) 0.3 mg-30 mcg tablet	1	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	1	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	1	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	1	
estarylla 0.25 mg-35 mcg tablet	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
lutera (28) 0.1 mg-20 mcg tablet	1	
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	1	
apri 0.15 mg-0.03 mg tablet	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
lessina 0.1 mg-20 mcg tablet	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
levora-28 0.15 mg-0.03 mg tablet	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH	1	
isibloom 0.15 mg-0.03 mg tablet	1	
YASMIN (28) 3 MG-0.03 MG TABLET	1	PA
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet	1	

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MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	1	PA
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET	1	
estradiol-norethindrone acet 1 mg-0.5 mg tablet	1	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	1	
zarah 3 mg-0.03 mg tablet	1	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
nymyo 0.25 mg-35 mcg tablet	1	
aviane 0.1 mg-20 mcg tablet	1	
drospiren-e.estradiol-mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	1	
FEMLYV 1 MG-20 MCG DISINTEGRATING TABLET	1	
merzee 1 mg-20 mcg (24)/75 mg (4) capsule	1	
mimvey 1 mg-0.5 mg tablet	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	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	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	1	
kelnor 1/50 (28) 1 mg-50 mcg tablet	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1	
zovia 1-35 (28) 1 mg-35 mcg tablet	1	
kurvelo (28) 0.15 mg-0.03 mg tablet	1	
aubra eq 0.1 mg-20 mcg tablet	1	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET	1	
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1	
hailey 1.5 mg-30 mcg tablet	1	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet	1	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING	1	
kalliga 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	
sronyx 0.1 mg-20 mcg tablet	1	
SLYND 4 MG (28) TABLET	1	

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ayuna 0.15 mg-0.03 mg tablet	1	
afirmelle 0.1 mg-20 mcg tablet	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
ELLA 30 MG TABLET	1	
zumandimine (28) 3 mg-0.03 mg tablet	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	1	
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL	1	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET	1	
ANGELIQ 0.5 MG-1 MG TABLET	1	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	1	
jasmiel (28) 3 mg-0.02 mg tablet	1	
lo-zumandimine (28) 3 mg-0.02 mg tablet	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet	1	
marlissa (28) 0.15 mg-0.03 mg tablet	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) 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	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK	1	PA
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) 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	
vienva 0.1 mg-20 mcg tablet	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	1	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
enskyce 0.15 mg-0.03 mg tablet	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
sprintec (28) 0.25 mg-35 mcg tablet	1	
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	1	
LOSEASONIQUE 0.1 MG-20 MCG (84)/10 MCG (7) TABLETS,3 MONTH DOSE PACK	1	PA
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	1	PA

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	1	
aubra 0.1 mg-20 mcg tablet	1	
nikki (28) 3 mg-0.02 mg tablet	1	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
junel 1/20 (21) 1 mg-20 mcg 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	
vyfemla (28) 0.4 mg-35 mcg tablet	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet	1	
PREMPRO 0.45 MG-1.5 MG TABLET	1	
larin 1/20 (21) 1 mg-20 mcg tablet	1	
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH	1	
mono-lynyah 0.25 mg-35 mcg tablet	1	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet	1	
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet	1	
YAZ (28) 3 MG-0.02 MG TABLET	1	PA
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
chateal eq (28) 0.15 mg-0.03 mg tablet	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET	1	PA
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	1	PA
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	1	PA
reclipsen (28) 0.15 mg-0.03 mg tablet	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	1	
tri-lynyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1	
falmina (28) 0.1 mg-20 mcg tablet	1	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
ANGELIQ 0.25 MG-0.5 MG TABLET	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	1	
briellyn 0.4 mg-35 mcg tablet	1	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet	1	
loryna (28) 3 mg-0.02 mg tablet	1	
amabelz 1 mg-0.5 mg tablet	1	
syeda 3 mg-0.03 mg tablet	1	
amethyst (28) 90 mcg-20 mcg tablet	1	
philith 0.4 mg-35 mcg tablet	1	
PREMPRO 0.625 MG-5 MG TABLET	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	1	PA
cryselle (28) 0.3 mg-30 mcg tablet	1	
drosipren-e.estradiol-mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	1	
portia 28 0.15 mg-0.03 mg tablet	1	
wera (28) 0.5 mg-35 mcg tablet	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
camila 0.35 mg tablet	1	
sharobel 0.35 mg tablet	1	
jencycla 0.35 mg tablet	1	
deblitane 0.35 mg tablet	1	
progesterone micronized 100 mg capsule	1	
my way 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
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)
PROVERA 10 MG TABLET	1	
lyleq 0.35 mg tablet	1	
tulana 0.35 mg tablet	1	
AFTERA 1.5 MG TABLET ^{OTC}	1	QL(3 cada 30 días)
lyza 0.35 mg tablet	1	
econtra ez 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
medroxyprogesterone 10 mg tablet	1	
norethindrone acetate 5 mg tablet	1	
econtra one-step 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
progesterone micronized 200 mg capsule	1	
megestrol 40 mg tablet	1	
NEXPLANON 68 MG SUBDERMAL IMPLANT	1	
norethindrone (contraceptive) 0.35 mg tablet	1	
my choice 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
her style 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1	
gallifrey 5 mg tablet	1	
new day 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
megestrol 20 mg tablet	1	
NORA-BE 0.35 MG TABLET	1	
errin 0.35 mg tablet	1	
TAKE ACTION 1.5 MG TABLET ^{OTC}	1	QL(3 cada 30 días)
emzahh 0.35 mg tablet	1	
julie 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
OPILL 0.075 MG TABLET ^{OTC}	1	
medroxyprogesterone 2.5 mg tablet	1	
medroxyprogesterone 150 mg/ml intramuscular suspension	1	
PROVERA 5 MG TABLET	1	
progesterone 50 mg/ml intramuscular oil	1	
megestrol 625 mg/5 ml (125 mg/ml) oral suspension	1	
incassia 0.35 mg tablet	1	
medroxyprogesterone 5 mg tablet	1	
opcicon one-step 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	1	
curae 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
PROVERA 2.5 MG TABLET	1	
option-2 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
medroxyprogesterone 150 mg/ml intramuscular syringe	1	
after pill 1.5 mg tablet ^{OTC}	1	QL(3 cada 30 días)
megestrol 400 mg/10 ml (10 ml) oral suspension	1	
heather 0.35 mg tablet	1	
raloxifene 60 mg tablet	1	
np thyroid 15 mg tablet	1	
levothyroxine 137 mcg tablet	1	
levothyroxine 75 mcg tablet	1	
levothyroxine 175 mcg tablet	1	
liothyronine 25 mcg tablet	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
THYQUIDITY 20 MCG/ML ORAL SOLUTION	1	
levothyroxine 300 mcg tablet	1	
liothyronine 5 mcg tablet	1	
levothyroxine 150 mcg tablet	1	
np thyroid 90 mg tablet	1	
np thyroid 60 mg tablet	1	
np thyroid 30 mg tablet	1	
levothyroxine 200 mcg tablet	1	
levothyroxine 100 mcg tablet	1	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
levothyroxine 125 mcg tablet	1	
levothyroxine 88 mcg tablet	1	
EUTHYROX 200 MCG TABLET	1	
liothyronine 50 mcg tablet	1	
EUTHYROX 112 MCG TABLET	1	
np thyroid 120 mg tablet	1	
EUTHYROX 88 MCG TABLET	1	
levothyroxine 50 mcg tablet	1	
EUTHYROX 150 MCG TABLET	1	
levothyroxine 112 mcg tablet	1	
EUTHYROX 100 MCG TABLET	1	

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EUTHYROX 125 MCG TABLET	1	
levothyroxine 25 mcg tablet	1	
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET	1	PA,QL(30 cada 30 días)
lanreotide 60 mg/0.2 ml subcutaneous syringe	1	PA
SIGNIFOR LAR 30 MG IM SUSPENSION	1	PA
lanreotide 90 mg/0.3 ml subcutaneous syringe	1	PA
cabergoline 0.5 mg tablet	1	
octreotide acetate 1,000 mcg/ml injection solution	1	PA
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	1	PA,QL(60 cada 30 días)
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION	1	PA
SIGNIFOR LAR 10 MG IM SUSPENSION	1	PA
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE	1	PA
octreotide acetate 50 mcg/ml injection solution	1	PA
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION	1	PA
octreotide,microspheres er 30 mg intramuscular susp, extended release	1	PA
octreotide acetate 500 mcg/ml injection solution	1	PA
octreotide acetate 200 mcg/ml injection solution	1	PA
lanreotide 120 mg/0.5 ml subcutaneous syringe	1	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION	1	PA
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE	1	PA
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	1	PA
octreotide acetate 100 mcg/ml injection solution	1	PA
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
ORLISSA 200 MG TABLET	1	PA,QL(60 cada 30 días)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE	1	PA
SIGNIFOR LAR 20 MG IM SUSPENSION	1	PA
octreotide,microspheres er 20 mg intramuscular susp, extended release	1	PA
octreotide acetate 50 mcg/ml (1 ml) injection syringe	1	PA
SIGNIFOR LAR 40 MG IM SUSPENSION	1	PA
octreotide acetate 500 mcg/ml (1 ml) injection syringe	1	PA
octreotide acetate 100 mcg/ml (1 ml) injection syringe	1	PA
SIGNIFOR LAR 60 MG IM SUSPENSION	1	PA
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
ORLISSA 150 MG TABLET	1	PA,QL(30 cada 30 días)
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	PA
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
methimazole 10 mg tablet	1	
propylthiouracil 50 mg tablet	1	
methimazole 5 mg tablet	1	
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
RINVOQ 45 MG TABLET,EXTENDED RELEASE	1	PA
RINVOQ LQ 1 MG/ML ORAL SOLUTION	1	PA

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LITFULO 50 MG CAPSULE	1	PA
TYENNE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
XELJANZ 10 MG TABLET	1	PA,QL(60 cada 30 días)
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA
COSENTYX 25 MG/ML INTRAVENOUS SOLUTION	1	PA
ENTYVIO 300 MG INTRAVENOUS SOLUTION	1	PA
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA
XELJANZ 5 MG TABLET	1	PA,QL(60 cada 30 días)
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS	1	PA
ORENCIA (WITH MALTOSE) 250 MG INTRAVENOUS SOLUTION	1	PA
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
ENTYVIO PEN 108 MG/0.68 ML SUBCUTANEOUS PEN INJECTOR	1	PA
TYENNE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS	1	PA
TYENNE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	1	PA
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE	1	PA
RIDAURA 3 MG CAPSULE	1	
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	1	PA
COSENTYX PEN 150 MG/ML SUBCUTANEOUS	1	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
RINVOQ 15 MG TABLET,EXTENDED RELEASE	1	PA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
OLUMIANT 4 MG TABLET	1	PA
OLUMIANT 2 MG TABLET	1	PA
OLUMIANT 1 MG TABLET	1	PA
XELJANZ 1 MG/ML ORAL SOLUTION	1	PA,QL(300 cada 30 días)
COSENTYX UNOREADY PEN 300 MG/2 ML SUBCUTANEOUS	1	PA
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS SYRINGE	1	PA
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	1	PA

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XOLAIR 150 MG SUBCUTANEOUS SOLUTION	1	PA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	1	PA
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS	1	PA
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS	1	PA
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS	1	PA
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS	1	PA
RINVOQ 30 MG TABLET,EXTENDED RELEASE	1	PA
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	1	PA
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	1	PA
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
mycophenolate mofetil 250 mg capsule	1	
methotrexate sodium 2.5 mg tablet	1	
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT	1	PA
sirolimus 1 mg tablet	1	
cyclosporine 25 mg capsule	1	
gengraf 100 mg capsule	1	
azathioprine 50 mg tablet	1	
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	1	PA
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	1	PA
leflunomide 10 mg tablet	1	
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	1	PA
cyclosporine modified 50 mg capsule	1	
sirolimus 1 mg/ml oral solution	1	
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	1	PA
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	PA
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	PA
cyclosporine modified 25 mg capsule	1	
mycophenolate mofetil 500 mg tablet	1	
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT	1	PA
mycophenolate mofetil 200 mg/ml oral powder for suspension	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	1	PA
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	PA

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SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	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
cyclosporine modified 100 mg capsule	1	
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA
HADLIMA PUSH TOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	1	PA
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	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
HADLIMA(CF) PUSH TOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
cyclosporine 100 mg capsule	1	
JYLAMVO 2 MG/ML ORAL SOLUTION	1	PA
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
tacrolimus 1 mg capsule, immediate-release	1	
cyclosporine modified 100 mg/ml oral solution	1	
sirolimus 0.5 mg tablet	1	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET	1	
PROGRAF 1 MG ORAL GRANULES IN PACKET	1	
AVSOLA 100 MG INTRAVENOUS SOLUTION	1	PA
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	1	PA
gengraf 100 mg/ml oral solution	1	
mycophenolate sodium 360 mg tablet, delayed release	1	
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	1	PA
methotrexate sodium 25 mg/ml injection solution	1	
mycophenolate sodium 180 mg tablet, delayed release	1	
leflunomide 20 mg tablet	1	
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	1	PA
sirolimus 2 mg tablet	1	
gengraf 25 mg capsule	1	
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	1	PA
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	PA
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KIT	1	PA
tacrolimus 0.5 mg capsule, immediate-release	1	
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	1	PA
ADALIMUMAB-FKJP 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA
tacrolimus 5 mg capsule, immediate-release	1	
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA

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ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	PA
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION	1	PA
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA
methotrexate sodium (pf) 25 mg/ml injection solution	1	
FLUZONE 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	
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1	
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM SOLUTION (1 VIAL)	1	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	1	
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	
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1	
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE	1	
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION	1	
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION	1	
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	1	
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	1	
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE	1	
FLUZONE 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	
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1	
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	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	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	1	
FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE	1	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1	
NOVAVAX COVID 2024-25(PF)(EUA) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	1	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)	1	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1	
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1	
SHINGRIX ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	1	
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1	
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	1	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	1	
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	1	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	1	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1	
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	1	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	1	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	1	
balsalazide 750 mg capsule	1	
mesalamine 400 mg capsule (with delayed release tablets inside)	1	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1	
mesalamine 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	
sulfasalazine 500 mg tablet	1	
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit	1	
mesalamine 1.2 gram tablet,delayed release	1	
SFROWASA 4 GRAM/60 ML ENEMA	1	

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DIPENTUM 250 MG CAPSULE	1	
hydrocortisone 100 mg/60 ml enema	1	
budesonide dr - er 3 mg capsule, delayed, extended release	1	
calcitriol 1 mcg/ml oral solution	1	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR	1	PA
calcitriol 0.5 mcg capsule	1	
risedronate 35 mg tablet	1	ST
SENSIPAR 90 MG TABLET	1	
calcitriol 0.25 mcg capsule	1	
SENSIPAR 60 MG TABLET	1	
alendronate 35 mg tablet	1	
SENSIPAR 30 MG TABLET	1	
alendronate 70 mg tablet	1	
alendronate 5 mg tablet	1	
cinacalcet 90 mg tablet	1	
paricalcitol 4 mcg capsule	1	
cinacalcet 60 mg tablet	1	
cinacalcet 30 mg tablet	1	
paricalcitol 2 mcg capsule	1	
risedronate 5 mg tablet	1	ST
calcitonin (salmon) 200 unit/actuation nasal spray	1	
paricalcitol 1 mcg capsule	1	
risedronate 30 mg tablet	1	ST
risedronate 150 mg tablet	1	ST
alendronate 10 mg tablet	1	
TROJAN-ENZ/SPERMICIDAL CONDOMS ^{OTC}	1	
ONE-A-DAY TEEN FOR HER VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1	
guaiaorb 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
MINIMED SYRINGE RESERVOIR 3 ML	1	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	1	
niacin 250 mg tablet ^{OTC}	1	
AEROCHAMBER MV SPACER	1	
sodium chloride 0.9 % irrigation solution	1	
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	1	
non-aspirin 325 mg tablet ^{OTC}	1	
acne-clear 10 % topical gel ^{OTC}	1	
dibucaine 1 % topical ointment ^{OTC}	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE ^{OTC}	1	
hair vitamins tablet ^{OTC}	1	
PUSH BUTTON SAFETY LANCETS 28 GAUGE ^{OTC}	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
adult multivitamin gummies 200 mcg chewable tablet ^{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	

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women's 50 plus daily formula 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	
CENTRUM MEN 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1	
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY ^{OTC}	1	
thera 400 mcg tablet ^{OTC}	1	
CERTAVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1	
lubricant eye 57.3 %-42.5 % ointment ^{OTC}	1	
stool softener 50 mg/5 ml oral liquid ^{OTC}	1	
vitamin c 250 mg chewable tablet ^{OTC}	1	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	1	
zyncof 20 mg-400 mg tablet ^{OTC}	1	
womens daily gummies 200 mcg chewable tablet ^{OTC}	1	
dimenhydrinate 50 mg tablet ^{OTC}	1	
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet ^{OTC}	1	
ULTRALANCE LANCETS 26 GAUGE ^{OTC}	1	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	1	
robafen 100 mg/5 ml oral liquid ^{OTC}	1	
driminate 50 mg tablet ^{OTC}	1	
daily vitamin formula-minerals tablet ^{OTC}	1	
guaiaatussin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
A AND D DIAPER RASH CREAM 1 %-10 % TOPICAL ^{OTC}	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1	
LANCETS,THIN 28 GAUGE ^{OTC}	1	
FEVERALL 325 MG RECTAL SUPPOSITORY ^{OTC}	1	
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
eye itch relief 0.025 % (0.035 %) drops ^{OTC}	1	
theratrum complete 50 plus with lutein tablet ^{OTC}	1	
PRIMEAIRE SPACER	1	
cetiri-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
PREVENT CAPSULE ^{OTC}	1	
multivitamin tablet ^{OTC}	1	
sski 1 gram/ml oral solution	1	
pyridoxine (vitamin b6) 100 mg tablet ^{OTC}	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup	1	PA
REFRESH TEARS 0.5 % EYE DROPS ^{OTC}	1	
cetirizine 5 mg-pseudoephedrine er 120 mg tablet,extended release,12hr ^{OTC}	1	ST,QL(60 cada 30 días)
DRAMAMINE 50 MG TABLET ^{OTC}	1	
first aid antiseptic (povidone-iodine) 10 % topical solution ^{OTC}	1	
G-ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{OTC}	1	
oncovite tablet ^{OTC}	1	
tussin dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
children's pain reliever and fever reducer 120 mg rectal suppository ^{OTC}	1	
MIRENA 21 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1	

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feosol 325 mg (65 mg iron) tablet ^{OTC}	1	
certa plus 18 mg-0.4 mg-250 mcg tablet ^{OTC}	1	
lice killing 0.33 %-4 % shampoo ^{OTC}	1	
docusate sodium 50 mg/5 ml oral liquid ^{OTC}	1	
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
corn starch topical powder ^{OTC}	1	
UNISTIK 2 DEVICE KIT ^{OTC}	1	
vitamin b-2 50 mg tablet ^{OTC}	1	
FEMCAP 22 MM VAGINAL DEVICE	1	
wal-phed 12 hour 120 mg tablet,extended release ^{OTC}	1	
LITE TOUCH LANCETS 33 GAUGE ^{OTC}	1	
FEMCAP 30 MM VAGINAL DEVICE	1	
FEMCAP 26 MM VAGINAL DEVICE	1	
ferrous gluconate 324 mg (38 mg iron) tablet ^{OTC}	1	
MEN'S DAILY 0.4 MG-600 MCG CAPSULE ^{OTC}	1	
child mucus relief expectorant 100 mg/5 ml oral liquid ^{OTC}	1	
MONOJECT SAFETY SYRINGES	1	
MONOJECT SAFETY SYRINGES ^{OTC}	1	
oralyte oral solution ^{OTC}	1	
first aid antibiotic 3.5 mg-500 unit-10,000 unit topical ointment ^{OTC}	1	
pseudoephedrine 30 mg tablet ^{OTC}	1	
REMEDY DIMETHICONE CREAM 5 % TOPICAL ^{OTC}	1	
wal-sporin 500 unit-10,000 unit/gram topical ointment ^{OTC}	1	
mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
SURE-PREP ALCOHOL PREP PADS ^{OTC}	1	
midazolam (pf) 5 mg/ml injection syringe	1	
midazolam (pf) 2 mg/2 ml (1 mg/ml) injection syringe	1	
lubricant eye drops 0.5 % drops in a dropperette ^{OTC}	1	
arthritis pain relief (capsaicin) 0.1 % topical cream ^{OTC}	1	
multivitamin with minerals-folic acid 0.4 mg tablet ^{OTC}	1	
ferosul 325 mg (65 mg iron) tablet ^{OTC}	1	
GLUCOCOM LANCETS 28 GAUGE ^{OTC}	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
codeine 10 mg-guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1	PA
MONOJECT SAFETY SYRINGES 6 ML	1	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
REFRESH OPTIVE 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
theratears 1 % gel in a dropperette ^{OTC}	1	
carboxymethylcellulose sodium 1 % eye gel in a dropperette ^{OTC}	1	
POLYETHYLENE GLYCOL 3350 (BULK) POWDER ^{OTC}	1	
SMART SENSE LANCETS 26 GAUGE ^{OTC}	1	
POLYETHYLENE GLYCOL 3350 (BULK) POWDER	1	
SURE-LANCE 26 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
UNILET COMFORTOUCH LANCET 26 GAUGE ^{OTC}	1	
FENESIN DM IR 15 MG-400 MG TABLET ^{OTC}	1	
ONE-A-DAY KID'S CHEWABLE TABLET ^{OTC}	1	
tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
dandruff shampoo (selenium sulfide-aloe) 1 % ^{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	
FLINTSTONES MULTIVITAMIN 300 MCG CHEWABLE TABLET ^{OTC}	1	
one daily energy tablet ^{OTC}	1	
animal chews tablet ^{OTC}	1	
REFRESH OPTIVE SENSITIVE (PF) 0.5 %-0.9 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
tussin cough (dm only) 15 mg/5 ml oral liquid ^{OTC}	1	
KIMONO MICROTHIN AQUA LUBE CONDOM ^{OTC}	1	
TRUSTEX NON-LUBRICATED CONDOMS ^{OTC}	1	
tussin dm clear 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
CITRUCEL (SUCROSE) ORAL POWDER ^{OTC}	1	
FANTASY CONDOM ^{OTC}	1	
pain relief (acetaminophen) 325 mg tablet ^{OTC}	1	
NU-IRON 150 MG IRON CAPSULE ^{OTC}	1	
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet ^{OTC}	1	
magnesium citrate oral solution ^{OTC}	1	
vitamin b-6 25 mg tablet ^{OTC}	1	
DELSYM 12 HOUR 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 cada 30 días)
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr ^{OTC}	1	
SURFAK 240 MG CAPSULE ^{OTC}	1	QL(30 cada 30 días)
acetaminophen 650 mg rectal suppository ^{OTC}	1	
acetaminophen 325 mg tablet ^{OTC}	1	
EASIVENT MASK MEDIUM	1	
dextromethorphan polistirex er 30 mg/5 ml oral susp ext.release 12hr ^{OTC}	1	QL(600 cada 30 días)
extraprin 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
TYLENOL 325 MG TABLET ^{OTC}	1	
alophen (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
COLACE 100 MG CAPSULE ^{OTC}	1	
vitamin a 2,400 mcg capsule ^{OTC}	1	QL(30 cada 30 días)
children's mapap 80 mg chewable tablet ^{OTC}	1	
ascorbic acid (vitamin c) 1,000 mg tablet ^{OTC}	1	
suphedrin 30 mg tablet ^{OTC}	1	
ONE DAILY COMPLETE TABLET ^{OTC}	1	
BD ALCOHOL SWABS ^{OTC}	1	
acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	

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pain-off 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1	
MICROCHAMBER SPACER	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
cyanocobalamin (vit b-12) er 1,000 mcg tablet,extended release ^{OTC}	1	
saline nasal mist 0.65 % spray aerosol ^{OTC}	1	
aspirin 300 mg rectal suppository ^{OTC}	1	
vitamin b-2 100 mg tablet ^{OTC}	1	
citrate of magnesia oral ^{OTC}	1	
pain reliever extra strength (acetaminophen) 500 mg tablet ^{OTC}	1	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment ^{OTC}	1	
antioxidant a/c/e/selenium capsule ^{OTC}	1	
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET ^{OTC}	1	
SUNVITE 18 MG IRON-400 MCG-25 MCG TABLET ^{OTC}	1	
THERAPEUTIC LIQUID ORAL ^{OTC}	1	
NOVA SUREFLEX LANCETS ^{OTC}	1	
REMEDY SKIN REPAIR 1.5 % CREAM ^{OTC}	1	
stool softener-stimulant laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" ^{OTC}	1	
guaifenesin er 1,200 mg tablet, extended release 12 hr ^{OTC}	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
child mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
folic acid 1 mg tablet ^{OTC}	1	
folic acid 1 mg tablet	1	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
vitamin c 500 mg capsule,extended release ^{OTC}	1	
vitamin c with rose hips 500 mg tablet ^{OTC}	1	
c-500 500 mg tablet ^{OTC}	1	
c-1000 with rose hips 1,000 mg tablet ^{OTC}	1	
vitamin c with rose hips 1,000 mg tablet ^{OTC}	1	
TRUEPLUS LANCETS 33 GAUGE ^{OTC}	1	
c-1000 1,000 mg tablet ^{OTC}	1	
vitamin c er 500 mg tablet,extended release ^{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	
vitamin c with rose hips 500 mg chewable tablet ^{OTC}	1	
acerola c 500 mg chewable tablet ^{OTC}	1	
UNIVERSAL 1 LANCETS 33 GAUGE ^{OTC}	1	
DAILY-VITE TABLET ^{OTC}	1	
daily multi-vitamin tablet ^{OTC}	1	
SUPER MULTIVITAMIN TABLET ^{OTC}	1	
infants' pain and fever 160 mg/5 ml oral suspension ^{OTC}	1	

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tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
ON CALL LANCING DEVICE ^{OTC}	1	
ON CALL LANCET 30 GAUGE ^{OTC}	1	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
BREATHERITE SPACER AND MASK, NEONATE	1	
one daily multivitamin tablet ^{OTC}	1	
BREATHERITE SPACER AND MASK, INFANT	1	
DAILY VITAMIN WITH IRON TABLET ^{OTC}	1	
BREATHERITE SPACER AND MASK, SMALL CHILD	1	
BREATHERITE SPACER AND MASK, CHILD	1	
BREATHERITE SPACER AND MASK, ADULT	1	
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops ^{OTC}	1	
VITAMIN D3 COMPLETE 18 MG IRON-800 MCG-150 MG TABLET ^{OTC}	1	
CHILDREN'S CHEWABLE VITAMIN TABLET ^{OTC}	1	
CORVITE 1.25 MG-2.5 MG-7 MG TABLET ^{OTC}	1	
vitamin k 1 mg/0.5 ml injection solution	1	
vitalets chewable tablet ^{OTC}	1	
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops ^{OTC}	1	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION ^{OTC}	1	
SILICONE MASK - INFANT	1	
PHYTOMULTI 3 MG-3 MG-200 MG TABLET ^{OTC}	1	
SAFETY LANCETS 26 GAUGE ^{OTC}	1	
one daily essential 400 mcg tablet ^{OTC}	1	
hemorrhoidal 0.25 %-3 % rectal suppository ^{OTC}	1	QL(120 cada 30 días)
RELIAMED MINI LANCING DEVICE ^{OTC}	1	
glycerin (child) rectal suppository ^{OTC}	1	
RELIAMED LANCET 30 GAUGE ^{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)
melatonin 1 mg/ml oral liquid ^{OTC}	1	
multivitamin-mins-folic acid 200 mcg-lutein 137.5 mcg chewable tablet ^{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	
liquituss gg 200 mg/5 ml oral liquid ^{OTC}	1	
stool softener 100 mg capsule ^{OTC}	1	
SMARTDIABETES VANTAGE ^{OTC}	1	
one daily women 50 plus 400 mcg-120 mg tablet ^{OTC}	1	
safe tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
sentry senior 500 mcg-300 mcg-250 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
theragran-m premier 50 plus 400 mcg-250 mcg-375 mcg tablet ^{OTC}	1	
adult one daily gummies 200 mcg chewable tablet ^{OTC}	1	
vitamin d3 50 mcg (2,000 unit) capsule ^{OTC}	1	
mega multivitamin for men 200 mcg-175 mcg-250 mcg tablet ^{OTC}	1	
MULTI FOR HER 18 MG IRON-600 MCG-40 MCG CAPSULE ^{OTC}	1	
iron (ferrous sulfate) 325 mg (65 mg iron) tablet ^{OTC}	1	
MULTI FOR HER 50 PLUS 400 MCG-80 MCG CAPSULE ^{OTC}	1	
a thru z select 50 plus formula 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
ONE-A-DAY MEN'S MULTIVITAMIN 400 MCG-20 MCG-300 MCG TABLET ^{OTC}	1	
medicated pads 50 % topical pads ^{OTC}	1	
ultra tuss safe 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
laxative (sennosides) 25 mg tablet ^{OTC}	1	
adult wal-tussin 100 mg/5 ml oral liquid ^{OTC}	1	
delta d3 10 mcg (400 unit) tablet ^{OTC}	1	
vitamin b-1 50 mg tablet ^{OTC}	1	
acetaminophen 160 mg chewable tablet ^{OTC}	1	
biotin 5 mg capsule ^{OTC}	1	
aspirin 325 mg tablet ^{OTC}	1	
ULTRA THIN LANCETS 33 GAUGE ^{OTC}	1	
GLUCOCOM LANCETS 33 GAUGE ^{OTC}	1	
hemorrhoidal hygiene 50 % topical pads ^{OTC}	1	
ready-to-use enema 19 gram-7 gram/118 ml ^{OTC}	1	
thiamine hcl (vitamin b1) 250 mg tablet ^{OTC}	1	
bacitracin zinc 500 unit/gram topical ointment ^{OTC}	1	
vitamin c 500 mg chewable tablet ^{OTC}	1	
sennosides 8.8 mg/5 ml oral syrup ^{OTC}	1	
athenol 325 mg tablet ^{OTC}	1	
children's pain relief 160 mg/5 ml oral elixir ^{OTC}	1	
non-aspirin 160 mg/5 ml oral suspension ^{OTC}	1	
children's pain reliever 160 mg/5 ml oral suspension ^{OTC}	1	
children's pain relief 160 mg/5 ml oral suspension ^{OTC}	1	
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 cada 30 días)
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 5/8" ^{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)
UNIVERSAL 1 LANCETS 30 GAUGE ^{OTC}	1	
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET ^{OTC}	1	QL(80 cada 30 días)
FEVERALL 80 MG RECTAL SUPPOSITORY ^{OTC}	1	
flintstones complete (iron) chewable tablet ^{OTC}	1	
UNIVERSAL 1 LANCETS 21 GAUGE ^{OTC}	1	
DEBROX 6.5 % EAR DROPS ^{OTC}	1	
SYSTANE GEL 0.3 % EYE GEL ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
RELIAMED SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE ^{OTC}	1	
milk of magnesia 400 mg/5 ml oral suspension ^{OTC}	1	
EASY TOUCH TWIST LANCETS 33 GAUGE ^{OTC}	1	
ed-apap 160 mg/5 ml oral liquid ^{OTC}	1	
PEDIALYTE SINGLES ORAL SOLUTION ^{OTC}	1	
TROJAN-ENZ LUBRICATED CONDOMS ^{OTC}	1	
SINGLE-LET MISC ^{OTC}	1	
children's chewable complete 9 mg iron-200 mcg tablet ^{OTC}	1	
refenesen dm 20 mg-400 mg tablet ^{OTC}	1	
BETADINE 10 % TOPICAL SOLUTION ^{OTC}	1	
EASY TOUCH TWIST LANCETS 32 GAUGE ^{OTC}	1	
castor oil 100 % oral ^{OTC}	1	
bisacodyl 5 mg tablet,delayed release ^{OTC}	1	
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release ^{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	
centravites 50 plus tablet ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 26 GAUGE ^{OTC}	1	
ADVOCATE LANCING DEVICE ^{OTC}	1	
ALCOHOL SWABS ^{OTC}	1	
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
ALAWAY 0.025 % (0.035 %) EYE DROPS ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg sublingual tablet ^{OTC}	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE ^{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	
UNISTIK 3 COMFORT LANCET 28 GAUGE ^{OTC}	1	
MONOLET THIN LANCETS 28 GAUGE ^{OTC}	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE ^{OTC}	1	
MONOLET LANCETS 21 GAUGE ^{OTC}	1	
ICAPS MV 100 MCG-1.66 MG-0.83 MG TABLET,DELAYED RELEASE ^{OTC}	1	
milk of magnesia concentrated 2,400 mg/10 ml oral suspension ^{OTC}	1	
THIN LANCETS 26 GAUGE ^{OTC}	1	
vitamin b-6 250 mg tablet ^{OTC}	1	
E-Z JECT LANCETS 26 GAUGE ^{OTC}	1	
poly-iron 150 mg iron capsule ^{OTC}	1	
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	
eye allergy relief (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
murine ear wax removal system 6.5 % drops ^{OTC}	1	
E-Z JECT LANCETS 30 GAUGE ^{OTC}	1	
sudogest 30 mg tablet ^{OTC}	1	
TECHLITE LANCETS 28 GAUGE ^{OTC}	1	
TECHLITE LANCETS 25 GAUGE ^{OTC}	1	
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT ^{OTC}	1	
motion sickness 50 mg tablet ^{OTC}	1	
little remedies fever and pain reliever 160 mg/5 ml oral liquid ^{OTC}	1	
super thera vite m tablet ^{OTC}	1	
HONEY BEARS WITH IRON-ZINC 4.5 MG CHEWABLE TABLET ^{OTC}	1	
fiber therapy (psyllium seed-sucrose) oral powder ^{OTC}	1	
guaifenesin 100 mg/5 ml oral liquid ^{OTC}	1	
arthritis pain relief (capsaicin) 0.075 % topical cream ^{OTC}	1	
lice treatment 0.33 %-4 % shampoo ^{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	
mucus relief dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
SOLUS V2 LANCETS 28 GAUGE ^{OTC}	1	
lice pyrinyl shampoo 0.33 %-4 % ^{OTC}	1	
SOOTHE AND COOL BODY POWDER TOPICAL ^{OTC}	1	
antiseptic 10 % topical solution ^{OTC}	1	
vegetable laxative 8.6 mg tablet ^{OTC}	1	
REFRESH CELLUVISC 1 % EYE GEL IN A DROPPERETTE ^{OTC}	1	
one daily multivitamin 400 mcg tablet ^{OTC}	1	
ESSENTIAL MAN 50 PLUS 0.4 MG-2 MG-250 MCG TABLET ^{OTC}	1	
ultra fresh 0.5 % eye drops ^{OTC}	1	
ESSENTIAL WOMAN 50 PLUS 0.4 MG-250 MCG TABLET ^{OTC}	1	
TELCARE LANCETS 30 GAUGE ^{OTC}	1	
ultra fresh pm eye ointment ^{OTC}	1	
AEROTRACH PLUS SPACER	1	
melatonin 3 mg tablet ^{OTC}	1	
LANCING SYSTEM ^{OTC}	1	
TRUSTEX-RIA NON-LUBRICATED CONDOMS ^{OTC}	1	
suphedrine 12 hour 120 mg tablet,extended release ^{OTC}	1	
SPACE CHAMBER	1	
enema disposable 19 gram-7 gram/118 ml ^{OTC}	1	
natural fiber laxative (aspartame) oral powder ^{OTC}	1	
non-aspirin pain relief 500 mg tablet ^{OTC}	1	
hemorrhoidal (witch hazel) 50 % topical pads ^{OTC}	1	
UNIVERSAL 1 LANCETS 26 GAUGE ^{OTC}	1	
max sleep junior 1 mg/ml oral liquid ^{OTC}	1	
ULTRA THIN LANCETS 31 GAUGE ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 18 GAUGE ^{OTC}	1	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
chest congestion relief dm 20 mg-400 mg tablet ^{OTC}	1	
SCOOBY-DOO ONE A DAY KIDS CHEWABLE TABLET ^{OTC}	1	
STERILANCE TL 32 GAUGE ^{OTC}	1	
E-Z JECT LANCETS 32 GAUGE ^{OTC}	1	
FLINTSTONES GUMMIES CHEWABLE TABLET ^{OTC}	1	
ADVOCATE LANCET 26 GAUGE ^{OTC}	1	
dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
vitamin e (dl, acetate) 22.5 mg (50 unit)/ml oral drops ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 25 GAUGE ^{OTC}	1	
PRESERVISION LUTEIN 226 MG-90 MG-0.8 MG-5 MG CAPSULE ^{OTC}	1	
lubricant dry eye relief 1 % eye liquid gel drops ^{OTC}	1	
E-Z JECT THIN LANCETS 28 GAUGE ^{OTC}	1	
ACTI-LANCE LANCETS 17 GAUGE ^{OTC}	1	
MEDLANCE PLUS LANCETS 25 GAUGE ^{OTC}	1	
ASSURE LANCE 25 GAUGE ^{OTC}	1	
NEXAFED 30 MG TABLET ^{OTC}	1	
UNISTIK CZT LANCET 23 GAUGE ^{OTC}	1	
ACCU-CHEK SAFE-T-PRO 23 GAUGE ^{OTC}	1	
NOVA SAFETY LANCETS 23 GAUGE ^{OTC}	1	
MACUVITE WITH LUTEIN 5,000 UNIT-60 MG-30 UNIT-2 MG TABLET ^{OTC}	1	
mucus relief dm 20 mg-400 mg tablet ^{OTC}	1	
FLINTSTONES SOUR GUMMIES COMPLETE CHEWABLE TABLET ^{OTC}	1	
CENTRUM WOMEN IMMUNE MINIS 9 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1	
SUREFLEX LANCING DEVICE WITH LANCETS KIT ^{OTC}	1	
geri-kot 8.6 mg tablet ^{OTC}	1	
midazolam 10 mg/5 ml (2 mg/ml) oral syrup	1	PA
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET ^{OTC}	1	
4-n-1 no rinse wash 1 % topical cream ^{OTC}	1	
TROJAN ULTRA THIN SPERMICIDAL CONDOM ^{OTC}	1	
CERTAVITE-ANTIOXIDANT 18 MG-400 MCG TABLET ^{OTC}	1	
SYSTANE BALANCE 0.6 % EYE DROPS ^{OTC}	1	
soluvita 0.5 mg (1.1 mg sod.fluor)/ml oral drops ^{OTC}	1	
AIMSCO LATEX CONDOM ^{OTC}	1	
healthy eyes 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET ^{OTC}	1	
THERA-M 9 MG IRON-400 MCG TABLET ^{OTC}	1	
rid lice killing 0.33 %-4 % shampoo ^{OTC}	1	
ULTRA THIN PLUS LANCETS 33 GAUGE ^{OTC}	1	
docuprene 100 mg tablet ^{OTC}	1	
FORA LANCING DEVICE ^{OTC}	1	
CEROVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET ^{OTC}	1	
FORACARE LANCETS 30 GAUGE ^{OTC}	1	
ON CALL PLUS LANCET 30 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MEDLANCE PLUS LANCETS 30 GAUGE ^{OTC}	1	
SURE-LANCE ULTRA THIN 30 GAUGE ^{OTC}	1	
ULTRA THIN II LANCETS 30 GAUGE ^{OTC}	1	
LANCETS 28 GAUGE ^{OTC}	1	
pharbetol 325 mg tablet ^{OTC}	1	
pharbetol 500 mg tablet ^{OTC}	1	
gluco burst 40 % oral gel ^{OTC}	1	
SURE-LANCE ^{OTC}	1	
LANCETS 26 GAUGE ^{OTC}	1	
LANCETS 21 GAUGE ^{OTC}	1	
SAFETY SEAL LANCETS 30 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 30 GAUGE ^{OTC}	1	
COMFORT EZ LANCETS 23 GAUGE ^{OTC}	1	
GLUCOCOM LANCETS 30 GAUGE ^{OTC}	1	
COMFORT EZ LANCETS 21 GAUGE ^{OTC}	1	
INJECT EASE LANCETS 30 GAUGE ^{OTC}	1	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1	
CAVILON DURABLE BARRIER 1.3 % TOPICAL CREAM ^{OTC}	1	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	1	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	1	
vitamin d3 10 mcg (400 unit) capsule ^{OTC}	1	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
ADVOCATE LANCET 30 GAUGE ^{OTC}	1	
STERILANCE TL 30 GAUGE ^{OTC}	1	
INVACARE LANCETS 30 GAUGE ^{OTC}	1	
levomefolate calcium 7.5 mg tablet ^{OTC}	1	PA
KIMONO THIN LUBRICATED CONDOMS ^{OTC}	1	
alka-seltzer plus allergy 25 mg tablet ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 21 GAUGE ^{OTC}	1	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE ^{OTC}	1	
SMART SENSE LANCETS 21 GAUGE ^{OTC}	1	
allerclear d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
MINI LANCING DEVICE ^{OTC}	1	
UNISTIK 3 LANCETS 21 GAUGE ^{OTC}	1	
melatonin 2.5 mg chewable tablet ^{OTC}	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
adult tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE ^{OTC}	1	
SAFETY LANCETS 21 GAUGE ^{OTC}	1	
MEDLANCE PLUS LANCETS 21 GAUGE ^{OTC}	1	
mucus dm 30 mg-600 mg tablet,extended release ^{OTC}	1	
COMFORT EZ LANCETS 28 GAUGE ^{OTC}	1	
mucus dm max er 60 mg-1,200 mg tablet,extended release ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
phillips' liqui-gels 100 mg capsule ^{OTC}	1	
bufferin 325 mg tablet ^{OTC}	1	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment ^{OTC}	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}	1	
phenazopyridine 95 mg tablet ^{OTC}	1	QL(30 cada 60 días)
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" ^{OTC}	1	
myferon 150 150 mg iron capsule ^{OTC}	1	
COLOR LANCETS 21 GAUGE ^{OTC}	1	
BREATHERITE VALVED MDI SPACER	1	
REFRESH OPTIVE ADVANCED (PF) 0.5 %-1 %-0.5 % EYE DROPS IN DROPPERETTE ^{OTC}	1	
alka-seltzer plus mucus-congestion 10 mg-200 mg capsule ^{OTC}	1	
BREATHERITE MDI SPACER	1	
BD MICROTAINER LANCET 30 GAUGE ^{OTC}	1	
BD MICROTAINER LANCET 21 GAUGE ^{OTC}	1	
TECHLITE LANCETS 30 GAUGE ^{OTC}	1	
ultra lubricant eye 0.4 %-0.3 % drops ^{OTC}	1	
spectravite adult 50 plus(with lutein) 500 mcg-250 mcg chewable tablet ^{OTC}	1	
spectravite adult 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	1	
complete multivitamin adult 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	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	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	1	
stimulant laxative plus 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	1	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	1	
melatonin 2.5 mg/10 ml oral liquid ^{OTC}	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	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	1	
EASY TOUCH SAFETY LANCETS 32 GAUGE ^{OTC}	1	
children's multivitamin chewable tablet ^{OTC}	1	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	1	
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
PRESERVISION AREDS-2 250 MG-90 MG-40 MG-1 MG CAPSULE ^{OTC}	1	
hemorrhoidal(phenyleph-min oil-petrolat)0.25 %-14 %-74.9 % rectal oint ^{OTC}	1	
SUPRESS DM 5 MG-50 MG/ML ORAL DROPS ^{OTC}	1	
lorata-dine d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
cool bottoms 1 % topical cream ^{OTC}	1	
neutrathor 1 % topical cream ^{OTC}	1	
NICORETTE 2 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 cada 30 días)
NICORETTE 4 MG BUCCAL LOZENGE ^{OTC}	1	QL(600 cada 30 días)
wal-zyr (ketotifen) 0.025 % (0.035 %) eye drops ^{OTC}	1	
ADVANCED TRAVEL LANCETS 28 GAUGE ^{OTC}	1	
one daily for men 0.4 mg-600 mcg tablet ^{OTC}	1	
diabetes health formula 500 mcg-250 mcg tablet ^{OTC}	1	
children's fever reducing 120 mg rectal suppository ^{OTC}	1	
children's multi-vitamin gummies 200 mcg chewable tablet ^{OTC}	1	
century mature 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
century 18 mg-400 mcg tablet ^{OTC}	1	
thiamine mononitrate (vitamin b1) 100 mg tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) tablet ^{OTC}	1	
vitamin b-1 (mononitrate) 100 mg tablet ^{OTC}	1	
adult wal-tussin dm max 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
a thru z select women's tablet ^{OTC}	1	
KETONE URINE TEST STRIPS ^{OTC}	1	
neosporin(neo-bac-polym) 3.5 mg-400 unit-5,000 unit top ointment packt ^{OTC}	1	
UNISTIK CZT LANCET 28 GAUGE ^{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	
slow release iron 143 mg (45 mg iron) tablet,extended release ^{OTC}	1	
wal-mucil natural fiber laxative 3.4 gram/12 gram oral powder ^{OTC}	1	
DROPLET LANCETS 30 GAUGE ^{OTC}	1	
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment ^{OTC}	1	
fruit c-500 500 mg chewable tablet ^{OTC}	1	
centrum specialist heart 3 mg-200 mcg-400 mg tablet ^{OTC}	1	
children's mucinex cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ultrathon 25 % topical spray ^{OTC}	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE ^{OTC}	1	
men's one daily 400 mcg-20 mcg-300 mcg tablet ^{OTC}	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE ^{OTC}	1	
ULTRA-THIN II LANCETS 28 GAUGE ^{OTC}	1	
aphen 325 mg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
fiber (with aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1	
fiber (psyllium husk-sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
fiber (psyllium husk-sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	
SURE-PEN LANCING DEVICE ^{OTC}	1	
RETAINÉ MGD (PF) 0.5 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
REFRESH OPTIVE ADVANCED 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1	
vision formula (with lutein) 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment ^{OTC}	1	
AYR ALLERGY AND SINUS 2.65 % NASAL SPRAY AEROSOL ^{OTC}	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1	
SMARTEST LANCET ^{OTC}	1	
women's daily formula 27 mg-0.4 mg tablet ^{OTC}	1	
retaine pm 80 %-20 % eye ointment ^{OTC}	1	
aller-tec d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
DECUBI VITE 400 MCG-50 MG-500 MG CAPSULE ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	1	
VAGINAL CONTRACEPTIVE FILM 28 % ^{OTC}	1	QL(30 cada 30 días)
ADVOCATE RAPID-SAFE LANCING DEVICE ^{OTC}	1	
allergy eye (naphazoline-pheniramine) 0.025 %-0.3 % drops ^{OTC}	1	
all day allergy-d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
acetaminophen 500 mg capsule ^{OTC}	1	
COAGUCHEK LANCETS ^{OTC}	1	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE	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	
my-vitalife capsule ^{OTC}	1	
acetaminophen pain relief 500 mg tablet ^{OTC}	1	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET ^{OTC}	1	
calcidol 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1	
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) capsule ^{OTC}	1	
non-aspirin extra strength 500 mg tablet ^{OTC}	1	
FEVERALL 120 MG RECTAL SUPPOSITORY ^{OTC}	1	
MINI WRIGHT PEAK FLOW METER	1	
UNILET COMFORTOUCH LANCET ^{OTC}	1	
hydrocodone-homatropine 5 mg-1.5 mg tablet	1	PA
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1	
RELIAMED TWIST AND CAP LANCET 28 GAUGE ^{OTC}	1	
pediatric electrolyte oral solution ^{OTC}	1	
UNISTIK 3 GENTLE 30 GAUGE ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg tablet ^{OTC}	1	
docusate sodium 100 mg tablet ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	1	
children delysym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{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
vitamin d3 10 mcg (400 unit) tablet ^{OTC}	1	
MAGOX 400 MG (241.3 MG MAGNESIUM) TABLET ^{OTC}	1	
konsyl (sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
vitamin e 268 mg (400 unit) capsule ^{OTC}	1	
mineral oil enema ^{OTC}	1	
deep sea nasal 0.65 % spray aerosol ^{OTC}	1	
SUDAFED 30 MG TABLET ^{OTC}	1	
FINGERSTIX LANCETS ^{OTC}	1	
maxrelief junior 160 mg/5 ml oral suspension ^{OTC}	1	
spectravite advanced formula 18 mg-400 mcg tablet ^{OTC}	1	
ALTRIXA 1,000 MCG TABLET ^{OTC}	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE ^{OTC}	1	
artificial tears (pg400-hypromell-glycerin) 1 %-0.2 %-0.2 % eye drops ^{OTC}	1	
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM ORAL POWDER ^{OTC}	1	
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
one daily energy 9 mg iron-400 mcg-200 mg tablet ^{OTC}	1	
TOPCARE UNIVERSAL1 LANCET ^{OTC}	1	
allergy d-12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
SUPERIOR WOMEN'S MULTI 2.5 MG IRON-400 MCG DFE-30MCG TABLET ^{OTC}	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	
DUREX EXTRA SENSITIVE CONDOM ^{OTC}	1	
SIDESTREAM PEDIATRIC FACE MASK ^{OTC}	1	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1	
therapeutic-m 9 mg iron-400 mcg tablet ^{OTC}	1	
vitamin d3 50 mcg (2,000 unit) tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) tablet ^{OTC}	1	
dok 100 mg tablet ^{OTC}	1	
MICROLET 2 LANCING DEVICE KIT ^{OTC}	1	
THERA M PLUS (FERROUS FUMARATE) 9 MG IRON-400 MCG TABLET ^{OTC}	1	
arginine (l-arginine) 500 mg capsule ^{OTC}	1	
RITEFLO AEROCHAMBER	1	
DUREX TROPICAL CONDOM ^{OTC}	1	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 50 mcg (2,000 unit) capsule ^{OTC}	1	
gummi bear multivitamin chewable tablet ^{OTC}	1	
ADVANCED LANCING DEVICE KIT ^{OTC}	1	
SUPERIOR MEN'S MULTI 400 MCG DFE-30 MCG-30 MG TABLET ^{OTC}	1	
EASY TOUCH LANCETS 28 GAUGE ^{OTC}	1	
BOOSTNOW IMMUNE SUPPORT 166.6 MG-83.3 MG-33.3 MG CAPSULE ^{OTC}	1	
nicotine (polacrilex) 4 mg gum ^{OTC}	1	QL(720 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MENATROL 220 MG-15 MCG-100 MG CAPSULE ^{OTC}	1	
ear wax removal kit 6.5 % drops ^{OTC}	1	
ULTRA TLC LANCETS ^{OTC}	1	
ACE AEROSOL CLOUD ENHANCER SPACER	1	
bayer aspirin 325 mg tablet ^{OTC}	1	
niacinamide 250 mg tablet ^{OTC}	1	
NAPHCN-A 0.025 %-0.3 % EYE DROPS ^{OTC}	1	
ALIVE DAILY ENERGY 18 MG IRON-240 MCG-40 MCG TABLET ^{OTC}	1	
CURITY ALCOHOL SWABS ^{OTC}	1	
aspirin 325 mg tablet,delayed release ^{OTC}	1	
pseudoephedrine 60 mg tablet ^{OTC}	1	
wal-zyr d 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
TRUE COVER CONDOM ^{OTC}	1	
SORBITOL 70 % SOLUTION ^{OTC}	1	
EASIVENT MASK SMALL	1	
IMMUNE ESSENTIALS DAILY 750 MCG-150 MG-31.25 MCG CAPSULE ^{OTC}	1	
melatonin 5 mg tablet ^{OTC}	1	
ARGININE (L-ARGININE) (BULK) 100 % CRYSTALS ^{OTC}	1	
ONE DAILY PLUS MINERALS TABLET ^{OTC}	1	
BODY, HAIR, SKIN AND NAILS 3 MG-133 MCG CAPSULE ^{OTC}	1	
cholecalciferol (vitamin d3) 10 mcg (400 unit) tablet ^{OTC}	1	
CENTRUM ULTRA MEN'S 8 MG IRON-200 MCG-600 MCG TABLET ^{OTC}	1	
centrum complete 18 mg-400 mcg tablet ^{OTC}	1	
RIGHTEST GD500 LANCING DEVICE ^{OTC}	1	
one-a-day essential tablet ^{OTC}	1	
antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint ^{OTC}	1	
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION ^{OTC}	1	
SOLUS V2 LANCETS 30 GAUGE ^{OTC}	1	
SOLUS V2 LANCING DEVICE KIT ^{OTC}	1	
sulfacetamide sodium 10 % shampoo	1	
senexon-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
SURE COMFORT ALCOHOL PREP PADS ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-800 MCG CAPSULE ^{OTC}	1	
SURE COMFORT LANCING PEN ^{OTC}	1	
KIMONO TEXTURED CONDOMS ^{OTC}	1	
vitamin d3 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	
acetaminophen 650 mg/20.3 ml oral solution ^{OTC}	1	
vitamin b-1 100 mg tablet ^{OTC}	1	
acetaminophen 325 mg/10.15 ml oral solution ^{OTC}	1	
acetaminophen 160 mg/5 ml (5 ml) oral solution ^{OTC}	1	
CLEVER CHEK LANCETS 30 GAUGE ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
LITEAIRE MDI CHAMBER	1	
tussin 100 mg/5 ml oral liquid ^{OTC}	1	
REQ49 PLUS 200 MCG-1.5 MG-1.5 MG TABLET ^{OTC}	1	
the magic bullet 10 mg rectal suppository ^{OTC}	1	
ALIVE CALCIUM-VITAMIN D3-K2 300 MG-25 MCG-66 MG-37.5 MCG TABLET ^{OTC}	1	
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS ^{OTC}	1	
ferrous sulfate 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
ASTHMAPACK CHILDREN'S KIT	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	
guaifenesin er 600 mg tablet, extended release 12 hr ^{OTC}	1	
vitamin e (dl, acetate) 180 mg (400 unit) capsule ^{OTC}	1	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1" ^{OTC}	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}	1	
glucose gel 40 % oral gel ^{OTC}	1	
ALPHA BETIC 240 MCG-100 MG TABLET ^{OTC}	1	
dex4 glucose quick dissolve 4 gram chewable tablet ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 1,500 UNIT-1,000 MCG CHEW TABLET ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}	1	
ULTILET BASIC LANCETS 30 GAUGE ^{OTC}	1	
LITE TOUCH LANCETS 30 GAUGE ^{OTC}	1	
HAIR, SKIN AND NAILS (HERBS) 120 MCG-1,250 MCG-60 MCG CAPSULE ^{OTC}	1	
ACTI-LANCE LANCETS 23 GAUGE ^{OTC}	1	
ON CALL PLUS LANCING DEVICE ^{OTC}	1	
VICKS DAYQUIL MUCUS CONTROL DM 10 MG-200 MG/15 ML ORAL LIQUID ^{OTC}	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	
VORTEX VHC FROG MASK-CHILD	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{OTC}	1	
ULTI-LANCE MISC ^{OTC}	1	
EASY COMFORT LANCETS 30 GAUGE ^{OTC}	1	
one-a-day teen advantage 18 mg-400 mcg tablet ^{OTC}	1	
one-a-day teen advantage 9 mg iron-400 mcg tablet ^{OTC}	1	
AUTOLET LANCING DEVICE ^{OTC}	1	
MULTITOL-M 2,040 MCG DFE TABLET ^{OTC}	1	
FLEET ENEMA EXTRA 19 GRAM-7 GRAM/197 ML ^{OTC}	1	
MULTIA DAILY MULTIVITAMIN 4.5 MG IRON-500 MCG CAPSULE ^{OTC}	1	
decara 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
infants' pain 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
mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
vitamin c 250 mg tablet ^{OTC}	1	
CENTRUM SILVER 400 MCG-250 MCG CHEWABLE TABLET ^{OTC}	1	
tussin dm 20 mg-400 mg tablet ^{OTC}	1	
tussin 400 mg tablet ^{OTC}	1	
centrum silver 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT TOPICAL OINTMENT PACKET ^{OTC}	1	
vitamin e acetate 134 mg (200 unit) capsule ^{OTC}	1	
daily gummies 200 mcg chewable tablet ^{OTC}	1	
allergy eye (ketotifen) 0.025 % (0.035 %) drops ^{OTC}	1	
I-CAPS 280 MG-10 MG-2 MG CAPSULE ^{OTC}	1	
acne treatment (benzoyl peroxide) 10 % topical gel ^{OTC}	1	
ferrous gluconate 324 mg (37.5 mg iron) tablet ^{OTC}	1	
nasal decongestant (pseudoephedrine) 30 mg tablet ^{OTC}	1	
AIRBORNE IMMUNE SUPPORT 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE ELDERBERRY COMPLEX 90 MG-3.15 MCG-3.35 MG-150 MG CHEW TABLET ^{OTC}	1	
ferrous sulfate 325 mg (65 mg iron) tablet,delayed release ^{OTC}	1	
vitamin d2 1,250 mcg (50,000 unit) capsule	1	
ZYNCOF 20 MG-400 MG/5 ML ORAL LIQUID ^{OTC}	1	
metamucil (with sugar) 3.4 gram/12 gram oral powder ^{OTC}	1	
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
c-500 500 mg tablet,extended release ^{OTC}	1	
LITE TOUCH LANCING DEVICE ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	1	
travel sickness 50 mg tablet ^{OTC}	1	
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)
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT ^{OTC}	1	
PERSA-GEL 10 % TOPICAL ^{OTC}	1	
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	
VERIFINE UNIVERSAL LANCET 33 GAUGE ^{OTC}	1	
VERIFINE UNIVERSAL LANCET 30 GAUGE ^{OTC}	1	
FOLAMED DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1	
dodex 1,000 mcg/ml injection solution	1	
LANZO LANCING DEVICE KIT ^{OTC}	1	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	1	
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
children's acetaminophen 160 mg/5 ml (5 ml) oral suspension ^{OTC}	1	
acne foaming wash 10 % topical cleanser ^{OTC}	1	
clearcanal earwax softener 6.5 % drops ^{OTC}	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{OTC}	1	
thera-vite max-m 9 mg iron-400 mcg tablet ^{OTC}	1	
l-arginine (alpha-ketoglutarate) 350 mg tablet,extended release ^{OTC}	1	
PROSIGHT 5,000 UNIT-60 MG-30 UNIT TABLET ^{OTC}	1	
MVW COMPLETE FORMULATION D3000 3,000 UNIT-1,000 MCG CHEWABLE TABLET ^{OTC}	1	
g-fenesin dm 20 mg-400 mg tablet ^{OTC}	1	
FREEDAVITE 1.8 MG IRON-400 MCG TABLET ^{OTC}	1	
multi-vitamin with fluoride 0.25 mg/ml oral drops ^{OTC}	1	
multi-vitamin with fluoride 0.5 mg/ml oral drops ^{OTC}	1	
laxative stool softener with senna 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
COLACE 2-IN-1 8.6 MG-50 MG TABLET ^{OTC}	1	QL(240 cada 30 días)
daily vitamin formula-iron 18 mg-400 mcg tablet ^{OTC}	1	
children's chewable multivitamin 300 mcg tablet ^{OTC}	1	
endur-c with rose hips 500 mg tablet,extended release ^{OTC}	1	
EMBRACE LANCETS 30 GAUGE ^{OTC}	1	
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	1	
off deep woods sportsmen 25 % topical spray pump ^{OTC}	1	
CUTTER BACKWOODS 25 % TOPICAL PUMP SPRAY ^{OTC}	1	
DIATROL 1,700 MCG DFE-90 MCG TABLET ^{OTC}	1	
melatonin 10 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	
DEXCOM G7 RECEIVER	1	
fiber (psyllium husk-sugar) 3 gram/11 gram oral powder ^{OTC}	1	
ALIVE WOMEN'S 50 PLUS ULTRA POTENCY 800 MCG DFE-150 MCG TABLET ^{OTC}	1	
READYLANCE SAFETY LANCETS 28 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 26 GAUGE ^{OTC}	1	
REPEL FAMILY 10 % TOPICAL SPRAY ^{OTC}	1	
READYLANCE SAFETY LANCETS 23 GAUGE ^{OTC}	1	
READYLANCE SAFETY LANCETS 21 GAUGE ^{OTC}	1	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT IN PACKET ^{OTC}	1	
DUREX AIR CONDOM ^{OTC}	1	
bayer aspirin 325 mg tablet,delayed release ^{OTC}	1	
HAIR, SKIN AND NAILS-ARGAN OIL 66.7 MCG-1,666.7 MCG CAPSULE ^{OTC}	1	
one-a-day men's pro edge 0.4 mg tablet ^{OTC}	1	
WEBCOL TOPICAL PADS ^{OTC}	1	
TRUE METRIX LEVEL 1 SOLUTION ^{OTC}	1	
TRUE METRIX LEVEL 2 SOLUTION ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
TRUE METRIX LEVEL 3 SOLUTION ^{OTC}	1	
capzix 0.1 % topical cream ^{OTC}	1	
cholecalciferol (vitamin d3) 250 mcg (10,000 unit) tablet ^{OTC}	1	
MACULAR HEALTH FORMULA 5 MG-1 MG-7.5 MG CAPSULE ^{OTC}	1	
centrum 18 mg-400 mcg tablet ^{OTC}	1	
CAPRON DMT 30 MG-30 MG TABLET ^{OTC}	1	
PERDIEM OVERNIGHT RELIEF 15 MG TABLET ^{OTC}	1	
VANACOF XP 18 MG-396 MG/15 ML ORAL LIQUID ^{OTC}	1	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
AQUA-E 13.4 MG-16 MG/ML ORAL EMULSION ^{OTC}	1	
MVW MODULATOR FORMULTN MINI MULTIVT 3,000 MCG-200 MG-18.75 MCG CAPSULE ^{OTC}	1	
dextromethorphan-guaifenesin 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
dulcolax stool softener (docusate) 100 mg capsule ^{OTC}	1	
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
sorbugen nr 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
fleet glycerin (adult) rectal suppository ^{OTC}	1	
secura dimethicone 5 % topical cream ^{OTC}	1	
arginine hcl (l-arginine) 500 mg capsule ^{OTC}	1	
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
KYLEENA 17.5 MCG/24 HR (UP TO 5 YEARS) 19.5 MG INTRAUTERINE DEVICE	1	
women's multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
men's multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
ULTILET LANCETS 33 GAUGE ^{OTC}	1	
glycerin (adult) rectal suppository ^{OTC}	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{OTC}	1	
AYR SALINE 0.65 % NASAL SPRAY AEROSOL ^{OTC}	1	
AYR SALINE 0.65 % NASAL DROPS ^{OTC}	1	
TRUEPLUS KETONE STRIPS ^{OTC}	1	
wal-itin d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
ONE-A-DAY TEEN FOR HIM VITACRAVES 300 UNIT-37.5 MCG CHEWABLE TABLET ^{OTC}	1	
ACTIVNUTRIENTS PERFORMANCE 72.25 MCG DFE-22.5 MG CAPSULE ^{OTC}	1	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
ENDUR-VM WITH IRON 18 MG IRON-400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1	

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SOOTHE NIGHT TIME LUBRICANT 80 %-20 % EYE OINTMENT ^{OTC}	1	
ENDUR-VM IRON-FREE 400 MCG TABLET,EXTENDED RELEASE ^{OTC}	1	
optimal d3 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	1	
UNILET LANCETS 30 GAUGE ^{OTC}	1	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	1	
PROTECT PLUS SO 0.5 MG-15 MG CAPSULE ^{OTC}	1	
daily fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder ^{OTC}	1	
onelax magnesium citrate oral solution ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	1	
PRESERVISION AREDS 2 PLUS MULTIVIT 200 MCG-15 MCG-5 MG-1 MG CAPSULE ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	1	
one-a-day women vitacraves 200 mcg chewable tablet ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	1	
pharbinex-dm 20 mg-400 mg tablet ^{OTC}	1	
lintera 10 % topical cleanser ^{OTC}	1	
capsaicin hp 0.1 % topical cream ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	1	
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-50 MCG TABLET ^{OTC}	1	
robitussin cough-chest congestion dm 10 mg-200 mg capsule ^{OTC}	1	
tm-daily vite 400 mcg tablet ^{OTC}	1	
acetaminophen 650 mg/20.3 ml oral suspension ^{OTC}	1	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	1	
xcellent a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 cada 30 días)
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS ^{OTC}	1	
MOBILE LANCETS 30 GAUGE ^{OTC}	1	
acetaminophen 325 mg/10.15 ml oral suspension ^{OTC}	1	
4-N-1 NO RINSE WASH 1 % TOPICAL ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	1	
ONE-A-DAY MEN VITACRAVES 200 MCG CHEWABLE TABLET ^{OTC}	1	
ANTIOXIDANT FORMULA (SELENIUM YEAST) 8,333 UNIT-167 MG-133 UNIT TABLET ^{OTC}	1	
PRO COMFORT SAFETY LANCET 30 GAUGE ^{OTC}	1	
MVW MODULATOR FORMULATION MULTIVIT 6,000 MCG-400 MG-37.5 MCG CAPSULE ^{OTC}	1	
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	1	
lubricant eye (cmc-glycerin) 0.5 %-0.9 % drops ^{OTC}	1	
CARETOUCH TWIST LANCET 30 GAUGE ^{OTC}	1	
CARETOUCH LANCING DEVICE ^{OTC}	1	
fiber supplement(wheat dextrin) 3 gram/3.8 gram oral powder ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
COMPACT SPACE CHAMBER	1	
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette ^{OTC}	1	
COMPACT SPACE CHAMBER-SM MASK	1	
COMPACT SPACE CHAMBER-MED MASK	1	
onevite daily multivitamin 400 mcg tablet ^{OTC}	1	
ONE-A-DAY WOMEN'S COMPLETE 18 MG IRON-400 MCG TABLET ^{OTC}	1	
LILETTA 20.4 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE	1	
lubricant eye (propylene glycol) 0.6 % drops ^{OTC}	1	
COMPACT SPACE CHAMBER-LRG MASK	1	
off deep woods 25 % topical pump spray ^{OTC}	1	
ASSURE LANCE PLUS 30 GAUGE ^{OTC}	1	
GENTEAL TEARS MODERATE 0.1 %-0.3 %-0.2 % EYE DROPS ^{OTC}	1	
IGALMI 120 MCG SUBLINGUAL FILM	1	PA
onelax fiber therapy (psyllium-sucrose) 3.4 gram/12 gram oral powder ^{OTC}	1	
ADVANCED MULTI EA 22.5 MG-400 MCG-150 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	
ONE-A-DAY PROACTIVE 65 PLUS 200 MCG TABLET ^{OTC}	1	
ONELAX FIBER THERAPY (PSYLLIUM-SUCRALOSE) 3.4 GRAM/12 GRAM ORAL POWDER ^{OTC}	1	
multivitamin-minerals-ferrous gluconate 12 mg iron/15 ml oral liquid ^{OTC}	1	
insect repellent (deet) 15 % topical spray ^{OTC}	1	
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
LIVITA FOR ADULT 1,700 MCG DFE-500 MG/15 ML ORAL LIQUID ^{OTC}	1	
total home insect repellent 30 % topical spray ^{OTC}	1	
FLINTSTONES COMPLETE CHEWABLE TABLET ^{OTC}	1	
MVW MODULATOR FORMUL PEDIATRIC 2,000 MCG-150 MG-19 MCG/3 ML ORAL DROPS ^{OTC}	1	
DEXCOM G7 SENSOR DEVICE	1	
IGALMI 180 MCG SUBLINGUAL FILM	1	PA
SYSTANE COMPLETE PF 0.6 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
EASY-C IMMUNE HEALTH 500 MG TABLET ^{OTC}	1	
REFRESH TEARS PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
d3-5000 125 mcg (5,000 unit) capsule ^{OTC}	1	
FOLAGENT DHA 28 MG-1,000 MCG-35 MG-200 MG CAPSULE ^{OTC}	1	
uro-pain 95 mg tablet ^{OTC}	1	QL(30 cada 60 días)
pain reliever (acetaminophen) 500 mg tablet ^{OTC}	1	
MVW COMPLETE FORMULATION D3000 3,000 UNIT-800 MCG CAPSULE ^{OTC}	1	
hemorrhoidal (phenyleph-cocoa) 0.25 %-88.44 % rectal suppository ^{OTC}	1	QL(120 cada 30 días)
ventiva tears 0.5 % eye drops ^{OTC}	1	
FLEXICHAMBER-LARGE CHILD MASK	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
FLEXICHAMBER-SMALL ADULT MASK	1	
UNISTIK SAFETY 28 GAUGE ^{OTC}	1	
FLEXICHAMBER-SMALL CHILD MASK	1	
UNISTIK SAFETY 30 GAUGE ^{OTC}	1	
PROTECT CARDIO AF 0.5 MG-30 MG-60 MG-90 MG CAPSULE ^{OTC}	1	
p-col rite 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
CENTRUM ADULTS 12 MCG CHEWABLE TABLET ^{OTC}	1	
ALCOHOL PREP PADS ^{OTC}	1	
sentia 0.6 % eye drops ^{OTC}	1	
robitussin honey max dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ACTIVNUTRIENTS (WITHOUT COPPER-IRON) 170 MCG DFE CAPSULE ^{OTC}	1	
allergy relief d12 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
LIVITA FOR CHILDREN ORAL LIQUID ^{OTC}	1	
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	1	
MACUVITE EYE CARE 7,160 UNIT-113 MG-1 MG TABLET ^{OTC}	1	
children's saline nasal spray 0.65 % aerosol ^{OTC}	1	
vitamin b-6 50 mg tablet ^{OTC}	1	
ULTILET SAFETY LANCETS 23 GAUGE ^{OTC}	1	
onelax docusate sodium 50 mg/5 ml oral liquid ^{OTC}	1	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
natural vegetable laxative (sennosides) 8.6 mg tablet ^{OTC}	1	
DEKAS PLUS LIQUID 500 MCG/ML ORAL ^{OTC}	1	
infant-toddler multivitamin-iron 11 mg iron/ml oral drops ^{OTC}	1	
PRO COMFORT SPACER-INFANT MASK ^{OTC}	1	
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	1	
PRODIGY LANCETS 26 GAUGE ^{OTC}	1	
AUTOLET PLUS LANCING DEVICE ^{OTC}	1	
vcf contraceptive 4 % vaginal gel ^{OTC}	1	QL(153 cada 30 días)
one daily women 50 plus(vit k) 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	
fenesin dm ir 20 mg-400 mg tablet ^{OTC}	1	
konsyl (sugar) 3 gram/12 gram oral powder ^{OTC}	1	
AEROVENT PLUS SPACER	1	
ONE A DAY MEN COMPLETE 240 MCG-25 MCG-300 MCG TABLET ^{OTC}	1	
KIDS MULTI ZERO CHEWABLE TABLET ^{OTC}	1	
CHILDREN'S DELSYM COUGH 30 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE ^{OTC}	1	QL(600 cada 30 días)
HYDRAGUARD-D 12.5 % TOPICAL CREAM ^{OTC}	1	
EASY MINI EJECT LANCING DEVICE ^{OTC}	1	
DERMACINRX DEXATRAN 18 MG IRON-1 MG CAPSULE ^{OTC}	1	
advanced exfoliating cleanser 5 % topical ^{OTC}	1	
LIQUID MULTIVITAMIN 9 MG IRON/15 ML (15 ML) ORAL ^{OTC}	1	
children's cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)

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TOPCARE UNIVERSAL1 LANCET 33 GAUGE ^{OTC}	1	
MULTI-LANCET DEVICE 2 KIT ^{OTC}	1	
diabetic multivitamin 120 mcg chewable tablet ^{OTC}	1	
FLINTSTONES COMPLETE (FERROUS SULFATE) 10 MG IRON CHEWABLE TABLET ^{OTC}	1	
mucinex cough-chest congestion hbp 10 mg-200 mg capsule ^{OTC}	1	
FLINTSTONES WITH EXTRA IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1	
maxtussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
EYEPROTECT 7,160 UNIT-113 MG-100 UNIT TABLET ^{OTC}	1	
VISION OPTIMIZER 66.6MG-3.33MCG-3.33MG-0.66MG CAPSULE ^{OTC}	1	
clinere ear wax removal 6.5 % drops ^{OTC}	1	
UNISTIK TOUCH LANCETS 30 GAUGE ^{OTC}	1	
UNISTIK TOUCH LANCETS 21 GAUGE ^{OTC}	1	
UNISTIK TOUCH LANCETS 28 GAUGE ^{OTC}	1	
UNISTIK TOUCH LANCETS 23 GAUGE ^{OTC}	1	
HI-D DROP 76 MCG-1,000 MCG/ML ORAL DROPS ^{OTC}	1	
shake that ache 500 mg tablet ^{OTC}	1	
move it along 100 mg tablet ^{OTC}	1	
daily fiber (psyllium-sucrose) 3.4 gram/12 gram oral powder ^{OTC}	1	
vitajoy melatonin 2.5 mg chewable tablet ^{OTC}	1	
CENTRUM MINIS WOMEN 50 PLUS 4 MG IRON-200 MCG-25 MCG TABLET ^{OTC}	1	
REPEL 100 98.11 % TOPICAL PUMP SPRAY ^{OTC}	1	
cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
REPEL SPORTSMEN MAX 40 % TOPICAL PUMP SPRAY ^{OTC}	1	
kindermid infants pain-fever 160 mg/5 ml oral suspension ^{OTC}	1	
kindermid kids pain-fever 160 mg/5 ml oral suspension ^{OTC}	1	
SURE COMFORT LANCETS 18 GAUGE ^{OTC}	1	
daily multivitamin 200 mcg-100 mcg-500 mcg capsule ^{OTC}	1	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	1	
FC2 FEMALE CONDOM ^{OTC}	1	
ACNE MEDICATION 10 % TOPICAL GEL ^{OTC}	1	
extra pain relief 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
OFF FAMILYCARE (WITH PICARIDIN) 5 % TOPICAL SPRAY WITH PUMP ^{OTC}	1	
children's giltuss cough-chest 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	1	
abc complete women's 18 mg-400 mcg tablet ^{OTC}	1	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	1	
NICADAN ZX 400 MG-5 MG-250 MCG-10 MG TABLET ^{OTC}	1	
OFF FAMILYCARE (WITH DEET) 5 % TOPICAL SPRAY ^{OTC}	1	

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off familycare (with deet) 7 % topical spray ^{OTC}	1	
centrum adult 50 plus 80 mcg chewable tablet ^{OTC}	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	1	
EASY TOUCH LANCETS 26 GAUGE ^{OTC}	1	
abc complete men's 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
EASY TOUCH LANCETS 32 GAUGE ^{OTC}	1	
melatonin 5 mg chewable tablet ^{OTC}	1	
SYSTANE COMPLETE PF 0.6 % EYE DROPS ^{OTC}	1	
HI-D ADEK GUMMIES PLUS ZINC 2,400 MCG-62.5 MCG-67 MG CHEWABLE TABLET ^{OTC}	1	
kids melatonin 1 mg chewable tablet ^{OTC}	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{OTC}	1	
REFRESH OPTIVE 1 %-0.9 % EYE GEL DROPS ^{OTC}	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	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{OTC}	1	
gental tears mild 0.1 %-0.3 % eye drops ^{OTC}	1	
one-a-day women's 50 plus 0.4 mg tablet ^{OTC}	1	
ACTIVNUTRIENTS CHEWABLE 0.75 MG-85 MCG DFE TABLET ^{OTC}	1	
ONE-A-DAY TRIPLE IMMUNE SUPPORT 400 MCG-370 MCG TABLET ^{OTC}	1	
abc complete senior 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	
abc complete senior men's 300 mcg-60 mcg-600 mcg-300mcg tablet ^{OTC}	1	
readyprep pvp 10 % topical solution ^{OTC}	1	
adults 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
PUSH BUTTON SAFETY LANCETS 21 GAUGE ^{OTC}	1	
elfolate 7.5 mg tablet ^{OTC}	1	PA
elfolate 15 mg tablet ^{OTC}	1	PA
onelax senna 8.8 mg/5 ml oral syrup ^{OTC}	1	
12-hour cough relief 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
DEKAS PLUS (FOLIC ACID) 200 MCG-1,000 MCG-10 MG CAPSULE ^{OTC}	1	
smooth texture fiber 3 gram/5.8 gram oral powder ^{OTC}	1	
infant-toddler multivitamin 250 mcg-50 mg-10 mcg-5 mg/ml oral drops ^{OTC}	1	
EASIVENT HOLDING CHAMBER	1	
vitamin e (dl, acetate) 45 mg (100 unit) capsule ^{OTC}	1	
zostrix-hp 0.1 % topical cream ^{OTC}	1	
zostrix-hp foot 0.1 % topical cream ^{OTC}	1	
children multivitamin chewable tablet ^{OTC}	1	

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first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment ^{OTC}	1	
OCUVITE ADULT 50 PLUS 250 MG (90 MG-160 MG) CAPSULE ^{OTC}	1	
robafen dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1	
PEDIA POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1	
children's multivitamin gummy chewable tablet ^{OTC}	1	
men's 50 plus daily formula 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
ALCOHOL WIPES ^{OTC}	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	
pediatric enema 9.5 gram-3.5 gram/59 ml ^{OTC}	1	
nusyllium 3.4 gram/12 gram oral powder ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}	1	
UNILET EXCELITE LANCET ^{OTC}	1	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER ^{OTC}	1	
vision formula(a-c-e-zn-se-cu) 1,000 unit-60 mg-30 unit tablet ^{OTC}	1	
immune support (vit c, d and zinc) 180 mg-10 mcg-5.5 mg-150 mg capsule ^{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	
women's gentle laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
ADJUSTABLE LANCING DEVICE ^{OTC}	1	
women's daily formula 18 mg iron-400 mcg-500 mg tablet ^{OTC}	1	
CARETOUCH TWIST LANCET 28 GAUGE ^{OTC}	1	
a thru z men's ultimate 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
a thru z select 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
CARETOUCH TWIST LANCET 33 GAUGE ^{OTC}	1	
MEXSANA (CORNSTARCH) 83.7 % TOPICAL POWDER ^{OTC}	1	
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt ^{OTC}	1	
CENTRUM SILVER ULTRA MEN'S 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1	
KIMONO MICROTHIN CONDOMS ^{OTC}	1	
OPURITY MULTIVITAMIN 30 MG IRON-800 MCG CHEWABLE TABLET ^{OTC}	1	
FLINTSTONES WITH IRON 18 MG IRON CHEWABLE TABLET ^{OTC}	1	
DRY EYE FORMULA 133 MG-167 MG-170 MG CAPSULE ^{OTC}	1	
REFRESH OPTIVE MEGA-3 (PF) 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
LANCETS,THIN ^{OTC}	1	
MICROSPACER	1	
quit 2 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
children's mapap 160 mg chewable tablet ^{OTC}	1	
natural daily fiber 3.4 gram/5.8 gram oral powder ^{OTC}	1	

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UNILET GP LANCET ^{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)
METAMUCIL 3.4 GRAM/5.4 GRAM ORAL POWDER ^{OTC}	1	
CUTTER BACKWOODS DRY 25 % TOPICAL SPRAY ^{OTC}	1	
lubricant eye 57.7 %-31.9 % ointment ^{OTC}	1	
repel family 15 % topical spray powder ^{OTC}	1	
REPEL HUNTER'S 25 % TOPICAL SPRAY ^{OTC}	1	
REPEL SPORTSMEN DRY 25 % TOPICAL SPRAY ^{OTC}	1	
EASY TOUCH LANCETS 30 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 21 GAUGE ^{OTC}	1	
VERIFINE UNIVERSAL LANCET 28 GAUGE ^{OTC}	1	
SURE COMFORT LANCETS 23 GAUGE ^{OTC}	1	
MVW COMPLETE FORMULATION D5000 5,000 UNIT-800 MCG CAPSULE ^{OTC}	1	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	1	
CARESENS LANCETS 30 GAUGE ^{OTC}	1	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	
INCONTROL ALCOHOL PADS ^{OTC}	1	
nasal decongestant (phenylephrine) 10 mg tablet ^{OTC}	1	
HYPOLANCE AST LANCING KIT ^{OTC}	1	
eye health plus lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
PRESERVISION AREDS 4,296 MCG-226 MG-90 MG CAPSULE ^{OTC}	1	
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP ^{OTC}	1	
melatonin 10 mg-lemon balm leaf extract 1 mg tablet ^{OTC}	1	
kindermid kids cough-congest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
cough syrup dm 5 mg-50 mg/5 ml ^{OTC}	1	
TROPICAL LIQUID NUTRITION ORAL ^{OTC}	1	
selsun blue moisturizing 1 % shampoo ^{OTC}	1	
men 50 plus multivitamin 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg tablet ^{OTC}	1	
infant's acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	
stye (pva-povidone) 0.5 %-0.6 % eye drops ^{OTC}	1	
theratrum complete with lutein tablet ^{OTC}	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir ^{OTC}	1	
REPEL SPORTSMEN MAX 40 % TOPICAL SPRAY ^{OTC}	1	
CUTTER SKINSATIONS 7 % TOPICAL PUMP SPRAY ^{OTC}	1	
OFF FAMILYCARE (WITH DEET) 15 % TOPICAL SPRAY POWDER ^{OTC}	1	
ESSENTIAL MAN 0.4 MG-2 MG-250 MCG TABLET ^{OTC}	1	
OFF ACTIVE 15 % TOPICAL SPRAY ^{OTC}	1	
SWEEN 24 6 % TOPICAL CREAM ^{OTC}	1	

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OFF DEEP WOODS DRY 25 % TOPICAL SPRAY POWDER ^{OTC}	1	
mucus relief 400 mg tablet ^{OTC}	1	
OFF DEEP WOODS 25 % TOPICAL SPRAY ^{OTC}	1	
REPEL SPORTSMEN 25 % TOPICAL SPRAY ^{OTC}	1	
lubricant eye drops 0.5 % ^{OTC}	1	
dry eye relief 1 %-0.2 %-0.2 % drops ^{OTC}	1	
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/4 GRAM ORAL POWDER ^{OTC}	1	
wal-phed d 120 mg tablet,extended release ^{OTC}	1	
CUTTER BACKWOODS 25 % TOPICAL SPRAY ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" ^{OTC}	1	
FREESTYLE LANCETS 28 GAUGE ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" ^{OTC}	1	
d3 dots 50 mcg (2,000 unit) tablet ^{OTC}	1	
FLINTSTONES/EXTRA C 100 MCG CHEWABLE TABLET ^{OTC}	1	
MYGLUCOHEALTH LANCETS 30 GAUGE ^{OTC}	1	
preparation h (witch hazel) 50 % topical pads ^{OTC}	1	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
RIGHTEST GL300 LANCETS 30 GAUGE ^{OTC}	1	
central-vite women's mature 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}	1	
ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}	1	
AUTO-LANCET MINI ^{OTC}	1	
STRESS B-COMPLEX 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1	
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1	
VITATRUM 18 MG-500 MCG-300 MCG-250 MCG TABLET ^{OTC}	1	
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}	1	
midazolam (pf) 5 mg/ml injection solution	1	
senna leaf extract 176 mg/5 ml oral syrup ^{OTC}	1	
senna 176 mg/5 ml oral syrup ^{OTC}	1	
tussin cough and chest congestion 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
LANCETS,ULTRA THIN ^{OTC}	1	
pain relief (acetaminophen) 160 mg/5 ml oral liquid ^{OTC}	1	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
SAFETY-LET LANCETS 30 GAUGE ^{OTC}	1	
senna lax 8.6 mg tablet ^{OTC}	1	
UNISTIK 2 NORMAL LANCET 21 GAUGE ^{OTC}	1	
thera-tabs tablet ^{OTC}	1	
ketotifen 0.025 % (0.035 %) eye drops ^{OTC}	1	
ocutabs tablet ^{OTC}	1	

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sinus 12 hour 120 mg tablet,extended release ^{OTC}	1	
pure and gentle (saline) 19 gram-7 gram/118 ml enema ^{OTC}	1	
a thru z select tablet ^{OTC}	1	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
pure l-citrulline 600 mg capsule ^{OTC}	1	
TROJAN-ENZ (NON-LUBRICATED) CONDOMS ^{OTC}	1	
laxa basic 100 mg capsule ^{OTC}	1	
ocuvite with lutein 300 mcg-200 mg-27 mg-2 mg tablet ^{OTC}	1	
SIDEROL TABLET ^{OTC}	1	
vis guard (polyvinyl alcohol) 1.4 % eye drops ^{OTC}	1	
capsaid es 0.1 % topical cream ^{OTC}	1	
endit (zinc oxide) 20 % topical ointment ^{OTC}	1	
folaprime 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
COBENFY 100 MG-20 MG CAPSULE	1	PA,QL(60 cada 30 días)
melatonin 5 mg capsule ^{OTC}	1	
PROCHAMBER	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	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg capsule ^{OTC}	1	
wellfola 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
iferex 150 150 mg iron capsule ^{OTC}	1	
TRUEDRAW LANCING DEVICE ^{OTC}	1	
ALIVE ENERGY 50 PLUS 240 MCG-45 MCG-900 MCG-250MCG TABLET ^{OTC}	1	
APETIBEX 12.5 MG-12.5 MCG-30 MG-5 MG SPRINKLE CAPSULE ^{OTC}	1	
UNISTIK 3 DUAL LANCET 18 GAUGE ^{OTC}	1	
CENTRUM MINIS ADULTS 50 PLUS 200 MCG-15 MCG-150 MCG-125MCG TABLET ^{OTC}	1	
pain relief (acetaminophen) 500 mg tablet ^{OTC}	1	
ALIVE KIDS CHEWABLE 75 MG-15 MG TABLET ^{OTC}	1	
biotect plus oral liquid ^{OTC}	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
vitamin d3 125 mcg (5,000 unit) tablet ^{OTC}	1	
MICRO THIN LANCETS 33 GAUGE ^{OTC}	1	
betatemp 160 mg/5 ml oral suspension ^{OTC}	1	
COBENFY 50 MG-20 MG CAPSULE	1	PA,QL(60 cada 30 días)
COBENFY 125 MG-30 MG CAPSULE	1	PA,QL(60 cada 30 días)
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops ^{OTC}	1	
children's chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
ULTRA FREEDA 267 MCG TABLET ^{OTC}	1	
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	1	PA,QL(1 cada 90 días)
vitamin a palmitate 3,000 mcg (10,000 unit) tablet ^{OTC}	1	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
ferro-time 325 mg (65 mg iron) tablet ^{OTC}	1	
VORTEX HOLDING CHAMBER	1	
daily value tablet ^{OTC}	1	
fleet docusate 100 mg capsule ^{OTC}	1	
men's multivitamin 200 mcg-60 mcg-600 mcg tablet ^{OTC}	1	
nasal moisturizing 0.65 % spray aerosol ^{OTC}	1	
vis guard (petrolatum-min oil) 83 %-15 % eye ointment ^{OTC}	1	
black-draught lax-senna 8.6 mg tablet ^{OTC}	1	
eyes alive 0.5 % drops in a dropperette ^{OTC}	1	
polysaccharide iron complex 150 mg iron capsule ^{OTC}	1	
children's non-aspirin 160 mg chewable tablet ^{OTC}	1	
vanquish 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK	1	
spectravite men's 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
bp wash 10 % topical cleanser ^{OTC}	1	
bp wash 5 % topical cleanser ^{OTC}	1	
riboflavin (vitamin b2) 100 mg tablet ^{OTC}	1	
PRODIGY TWIST TOP LANCET 28 GAUGE ^{OTC}	1	
benzonatate 200 mg capsule	1	
PRODIGY LANCING DEVICE ^{OTC}	1	
expectorant dm 20 mg-300 mg/5 ml oral liquid ^{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)
KIMONO MICROTHIN LARGE CONDOMS ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 1.2 MM ^{OTC}	1	
vitamin e (dl, acetate) 90 mg (200 unit) capsule ^{OTC}	1	
PRORENAL QD 400 MCG-500 UNIT CAPSULE ^{OTC}	1	
women's one daily 18 mg iron-400 mcg-500 mg ca tablet ^{OTC}	1	
PEDIALYTE ORAL SOLUTION ^{OTC}	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE ^{OTC}	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE ^{OTC}	1	
INCONTROL LANCING DEVICE ^{OTC}	1	
melatonin 10 mg tablet ^{OTC}	1	
wal-mucil fiber (sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram oral powder ^{OTC}	1	
ONE-A-DAY WOMEN'S PETITES 9 MG IRON-200 MCG TABLET ^{OTC}	1	
ONE-A-DAY MENOPAUSE FORMULA 400 MCG-60 MG TABLET ^{OTC}	1	
ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG TABLET ^{OTC}	1	
ONE-A-DAY ENERGY 9 MG IRON-400 MCG-200 MG TABLET ^{OTC}	1	
artificial tears (dextran 70-hypromellose) eye drops ^{OTC}	1	
polyvinyl alcohol 1.4 % eye drops ^{OTC}	1	
wal-itin d 12 hour 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
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
senna 8.6 mg tablet ^{OTC}	1	
ONE-A-DAY VITACRAVES IMMUNITY 200 MCG CHEWABLE TABLET ^{OTC}	1	
quit 2 mg gum ^{OTC}	1	QL(720 cada 30 días)
quit 4 mg gum ^{OTC}	1	QL(720 cada 30 días)
a and d (lanolin-petrolatum) topical ointment ^{OTC}	1	
quintabs 400 mcg tablet ^{OTC}	1	
EASY TOUCH ALCOHOL PREP PADS ^{OTC}	1	
EASY TOUCH LANCING DEVICE ^{OTC}	1	
quintabs-m iron free 0.4 mg tablet ^{OTC}	1	
MONOCAPS 14 MG IRON-400 MCG TABLET ^{OTC}	1	
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS ^{OTC}	1	
psyllium husk 2.6 gram/4.1 gram oral powder ^{OTC}	1	
bp 5 % topical gel ^{OTC}	1	
bp 10 % topical gel ^{OTC}	1	
dextrose 40 % oral gel ^{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	
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET ^{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
artificial tears (pf) 0.1 %-0.3 % drops in a dropperette ^{OTC}	1	
bacitracin plus 500 unit/gram topical ointment ^{OTC}	1	
benzoyl peroxide 5 % topical gel ^{OTC}	1	
ALTERNATE SITE LANCET 26 GAUGE ^{OTC}	1	
TRUSTEX LATEX CONDOM ^{OTC}	1	
ergocalciferol (vitamin d2) 10 mcg (400 unit) tablet ^{OTC}	1	
stool softener 100 mg tablet ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg/15 ml oral liquid ^{OTC}	1	QL(450 cada 30 días)
ENFAMIL ENFALYTE ORAL SOLUTION ^{OTC}	1	
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)
SURE-TOUCH LANCET ^{OTC}	1	
LITE TOUCH-MEDIUM MASK	1	
OCUVITE EYE PLUS MULTI 200 MCG-15 MCG-150 MCG TABLET ^{OTC}	1	
gummy dinos chewable tablet ^{OTC}	1	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT ^{OTC}	1	
one daily plus iron 18 mg-400 mcg tablet ^{OTC}	1	
one daily maximum 18 mg-0.4 mg tablet ^{OTC}	1	
mgo 400 mg (241.3 mg magnesium) tablet ^{OTC}	1	
e-200 90 mg (200 unit) capsule ^{OTC}	1	
ONE-A-DAY MEN'S 50 PLUS (WITH GINKGO) 400 MCG-300 MCG-120 MG TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
one daily men's 50 plus memory support 400 mcg-600 mcg-120 mg tablet ^{OTC}	1	
FLEXICHAMBER SPACER	1	
senna-time s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
men's daily gummies 200 mcg chewable tablet ^{OTC}	1	
kids' gummy chewable tablet ^{OTC}	1	
AZO URINARY PAIN RELIEF 95 MG TABLET ^{OTC}	1	QL(30 cada 60 días)
skin protectant a and d (petrolatum, lanolin) topical ointment ^{OTC}	1	
senior tabs 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
ferric x-150 150 mg iron capsule ^{OTC}	1	
EVAC 3 GRAM/3 GRAM ORAL POWDER ^{OTC}	1	
evac-u-gen (sennosides) 8.6 mg tablet ^{OTC}	1	
ONE DAILY MULTIVITAMIN WITH IRON 18 MG IRON TABLET ^{OTC}	1	
loratadine-d 5 mg-120 mg tablet,extended release 12 hr ^{OTC}	1	ST,QL(60 cada 30 días)
INFANT'S TYLENOL 160 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
ONE-A-DAY VITACRAVES 200 MCG CHEWABLE TABLET ^{OTC}	1	
allergy-congestion relief-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
daily multivitamin with iron 18 mg-400 mcg tablet ^{OTC}	1	
povidone-iodine 10 % topical spray ^{OTC}	1	
DUREX AVANTI BARE REAL FEEL CONDOM ^{OTC}	1	
50 plus adult eye health 250 mg-5 mg-1 mg capsule ^{OTC}	1	
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	1	
OFF DEEP WOODS SPORTSMEN 30 % TOPICAL SPRAY ^{OTC}	1	
CENTRUM SILVER MEN 300 MCG-60 MCG-600 MCG-300 MCG TABLET ^{OTC}	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
OCUVEL 0.5 MG-250 MG-200 UNIT-40 MG CAPSULE ^{OTC}	1	
ONE DAILY COMPLETE 18 MG-0.4 MG TABLET ^{OTC}	1	
OFF DEEP WOODS SPORTSMEN 98.25 % TOPICAL SPRAY PUMP ^{OTC}	1	
laxative (sennosides) 15 mg tablet ^{OTC}	1	
centravites 0.4 mg-162 mg-18 mg tablet ^{OTC}	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
a thru z select 500 mcg-300 mcg-250 mcg tablet ^{OTC}	1	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
AEROCHAMBER MINI	1	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	1	
METAMUCIL (WITH SUGAR) 3.4 GRAM/7 GRAM ORAL POWDER ^{OTC}	1	
AEROCHAMBER PLUS FLOW-VU	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{OTC}	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
I-VITE 300 MCG-200 MG-27 MG-2 MG TABLET ^{OTC}	1	
docu 50 mg/5 ml oral liquid ^{OTC}	1	

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TRUZONE PEAK FLOW METER	1	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	1	
MEDLANCE PLUS SPECIAL BLADE 0.8 MM X 2 MM MISC ^{OTC}	1	
arginine (l-arginine) 500 mg tablet ^{OTC}	1	
cyanocobalamin (vit b-12) 5,000 mcg/ml sublingual drops ^{OTC}	1	
lubricating plus 0.5 % eye drops in a dropperette ^{OTC}	1	
ULTILET ALCOHOL SWAB ^{OTC}	1	
MOISTUREL THERAPEUTIC 3 % LOTION ^{OTC}	1	
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap	1	PA
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	
abc plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
BIOCEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET ^{OTC}	1	
VITACEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET ^{OTC}	1	
ascorbic acid (vitamin c) 500 mg chewable tablet ^{OTC}	1	
guaifenesin 200 mg tablet ^{OTC}	1	
ULTILET CLASSIC LANCETS 30 GAUGE ^{OTC}	1	
ULTILET LANCETS 30 GAUGE ^{OTC}	1	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE ^{OTC}	1	
glucose 4 gram chewable tablet ^{OTC}	1	
SUPER THIN LANCETS 30 GAUGE ^{OTC}	1	
pyridoxine (vitamin b6) 25 mg tablet ^{OTC}	1	
pain relief extra strength (acetaminophen) 500 mg tablet ^{OTC}	1	
ACCU-CHEK GUIDE TEST STRIPS ^{OTC}	1	QL(200 cada 30 días)
robatussin cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
acetaminophen 160 mg/5 ml (5 ml) oral suspension ^{OTC}	1	
KAOPECTATE (DOCUSATE CALCIUM) 240 MG CAPSULE ^{OTC}	1	QL(30 cada 30 días)
centravites 50 plus 0.4 mg-300 mcg-250 mcg tablet ^{OTC}	1	
ASSURE LANCE PLUS 21 GAUGE ^{OTC}	1	
ASSURE LANCE PLUS 25 GAUGE ^{OTC}	1	
niva-plus 27 mg iron-1 mg tablet ^{OTC}	1	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE ^{OTC}	1	
2-in-1 laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
keyfolic 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
centravites adults 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
tussin mucus-chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
a thru z high potency tablet ^{OTC}	1	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	1	
PRO COMFORT LANCET 30 GAUGE ^{OTC}	1	
PRO COMFORT ALCOHOL PADS ^{OTC}	1	
chest congestion relief 400 mg tablet ^{OTC}	1	
dermacinrx dimopair 5 % topical cream ^{OTC}	1	
arginine hcl (l-arginine) 1,000 mg tablet ^{OTC}	1	

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SYSTANE CONTACTS EYE DROPS ^{OTC}	1	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	1	
SAFETY NEEDLES 18 GAUGE X 1 1/2"	1	
abc complete adult 8 mg iron-200 mcg-600 mcg tablet ^{OTC}	1	
UNILET LANCET 33 GAUGE ^{OTC}	1	
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE	1	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	1	
PRO COMFORT LANCET 31 GAUGE ^{OTC}	1	
READYLANCER SAFETY LANCETS 30 GAUGE ^{OTC}	1	
ONE-A-DAY MEN'S 50 PLUS 400 MCG-370 MCG TABLET ^{OTC}	1	
maxtussin 100 mg/5 ml oral liquid ^{OTC}	1	
maxrelief junior 160 mg/5 ml oral liquid ^{OTC}	1	
g tussin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
NOVAFERRUM PEDIATRIC MULTIVITAMIN-IRON 10 MG IRON/ML ORAL DROPS ^{OTC}	1	
long acting nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1	
CHILDREN'S CHEW MULTIVIT WITH IRON 15 MG IRON TABLET ^{OTC}	1	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	1	
levomefolate calcium 15 mg tablet ^{OTC}	1	PA
tussin dm max 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
ADVANCED TRAVEL LANCETS 30 GAUGE ^{OTC}	1	
cyanocobalamin (vitamin b-12) 1,000 mcg capsule ^{OTC}	1	
melatonin 3 mg capsule ^{OTC}	1	
EASY TOUCH TWIST LANCETS 26 GAUGE ^{OTC}	1	
trueplus glucose 4 gram chewable tablet ^{OTC}	1	
MINIMED SYRINGE RESERVOIR 1.8 ML	1	
fever reducer 120 mg rectal suppository ^{OTC}	1	
FLINTSTONES MULTI-VITAMINS GUMMIES 200 MCG CHEWABLE TABLET ^{OTC}	1	
dialyvit vitamin d 125 mcg (5,000 unit) capsule ^{OTC}	1	
ALKA-SELTZER ORIGINAL 325 MG EFFERVESCENT TABLET ^{OTC}	1	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT ^{OTC}	1	
TROJAN ULTRA THIN DEVICE ^{OTC}	1	
TROJAN PLEASURE PACK DEVICE ^{OTC}	1	
TROJAN BARESKIN DEVICE ^{OTC}	1	
a thru z advanced formula 18 mg-400 mcg tablet ^{OTC}	1	
THERA-M 19 MG IRON-400 MCG TABLET ^{OTC}	1	
DROPLET LANCING DEVICE ^{OTC}	1	
lubricant eye (propylene glycol) 0.7 % drops ^{OTC}	1	
UDAMIN SP 1,000 MCG-320 MG TABLET ^{OTC}	1	
PERFECT POINT SAFETY LANCETS 28 GAUGE ^{OTC}	1	
true multivitamin 400 mcg tablet ^{OTC}	1	
ACNE MEDICATION 5 % TOPICAL GEL ^{OTC}	1	
SUPER THIN LANCETS ^{OTC}	1	
c complex 500 mg tablet,extended release ^{OTC}	1	

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urinary pain relief 97.5 mg tablet ^{OTC}	1	
ALTERNATE SITE LANCING DEVICE ^{OTC}	1	
ACTIVNUTRIENTS 1.25 MG IRON-170 MCG DFE CAPSULE ^{OTC}	1	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1	
FLINTSTONES IMMUNITY SUPPORT 10 MG IRON CHEWABLE TABLET ^{OTC}	1	
PERFECT POINT SAFETY LANCETS 30 GAUGE ^{OTC}	1	
ACTIVNUTRIENTS (NO IRON) 170 MCG DFE CAPSULE ^{OTC}	1	
MOOD FOOD 250 MG-50MG-50MG-1,360MCG DFE CAPSULE ^{OTC}	1	
UNISTIK 2 EXTRA LANCET 21 GAUGE ^{OTC}	1	
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel ^{OTC}	1	ST,QL(30 cada 30 días)
OPTICHAMBER ADULT MASK-LARGE	1	
benzoyl peroxide 5 % topical cleanser ^{OTC}	1	
phenylephrine 10 mg tablet ^{OTC}	1	
THERAMILL FORTE 67 MCG-12.5 MG-12.5 MG-17 MG CAPSULE ^{OTC}	1	
ECOTRIN 325 MG TABLET,ENTERIC COATED ^{OTC}	1	
vitamins a-d-e with selenium 10,000 unit-400 unit tablet ^{OTC}	1	
GUAICON DMS 20 MG-200 MG/10 ML ORAL LIQUID IN PACKET ^{OTC}	1	
ONE WAY VALVED MOUTHPIECE DEVICE ^{OTC}	1	
one daily multivitamin with iron (folic acid) 18 mg-400 mcg tablet ^{OTC}	1	
ULTILET CLASSIC LANCETS 33 GAUGE ^{OTC}	1	
FOLCYTEINE 1 MG-47 MG-20 MCG-16 MG TABLET ^{OTC}	1	
UNISTIK 2 COMFORT LANCET 28 GAUGE ^{OTC}	1	
wal-tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
sulfacetamide sodium 10 % topical cleanser, gel	1	
one daily essential tablet ^{OTC}	1	
lysiplex plus oral liquid ^{OTC}	1	
AEROGear ACTION ASTHMA KIT	1	
TROJAN EXTENDED PLEASURE DEVICE ^{OTC}	1	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ON-THE-GO LANCETS 30 GAUGE ^{OTC}	1	
EASY TOUCH SAFETY LANCETS 30 GAUGE ^{OTC}	1	
suphedrine 30 mg tablet ^{OTC}	1	
daily multivitamin-minerals tablet ^{OTC}	1	
ear drops (carbamide peroxide) 6.5 % ^{OTC}	1	
NICORETTE 2 MG GUM ^{OTC}	1	QL(720 cada 30 días)
niacin 500 mg 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	
nicotine (polacrilex) 2 mg gum ^{OTC}	1	QL(720 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
HYDROCIL ORAL POWDER ^{OTC}	1	
ULTRA THIN LANCETS 30 GAUGE ^{OTC}	1	
TRUEPLUS LANCETS 30 GAUGE ^{OTC}	1	
little remedies 0.65 % nasal spray aerosol ^{OTC}	1	
midazolam (pf) 1 mg/ml injection solution	1	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	1	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	1	
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET ^{OTC}	1	
LITETOUCH-SMALL MASK	1	
docusate calcium 240 mg capsule ^{OTC}	1	QL(30 cada 30 días)
LITETOUCH-LARGE MASK	1	
laxacin 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
children's pain and fever relief 160 mg/5 ml oral suspension ^{OTC}	1	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1	
ECLIPSE NEEDLE 25 GAUGE X 5/8"	1	
expectorant dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
NOVA SAFETY LANCETS 28 GAUGE ^{OTC}	1	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION ^{OTC}	1	
infant fever reducer-pain relief 160 mg/5 ml oral suspension ^{OTC}	1	
altamist 0.65 % nasal spray aerosol ^{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	
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	
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	
ALCOHOL PADS ^{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	
TROJAN ULTRA RIBBED CONDOM ^{OTC}	1	
children's acetaminophen 160 mg/5 ml oral suspension ^{OTC}	1	
GENTEAL TEARS SEVERE GEL DROPS 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
DERMACINRX VITRANOL FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
clear eyes natural tears 0.5 %-0.6 % drops ^{OTC}	1	
DERMACINRX VENEXA 1,000 MCG TABLET ^{OTC}	1	
EMERGEN-C 500 MG CHEWABLE TABLET ^{OTC}	1	
ACCU-CHEK FASTCLIX LANCET DRUM ^{OTC}	1	

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high potency multivitamin (w-iron) 9 mg iron-400 mcg tablet ^{OTC}	1	
therems-m 9 mg iron-400 mcg tablet ^{OTC}	1	
vision health 250 mg-90 mg-40 mg-2 mg-5 mg capsule ^{OTC}	1	
airshield 250 mg-87.5 mg chewable tablet ^{OTC}	1	
WOMEN'S MULTIVITAMIN WITH COLLAGEN 200 MCG-25 MG CHEWABLE TABLET ^{OTC}	1	
fe-vite 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
daylogic acne foaming wash 10 % topical cleanser ^{OTC}	1	
pediatric d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
MVW COMPLETE FORMULATION MULTIVITAMIN 750 UNIT-500 MCG CAPSULE ^{OTC}	1	
ALIVE WOMEN'S 50 PLUS GUMMY 120 MCG-150 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1	
12 hour nasal decongestant (pse) 120 mg tablet,extended release ^{OTC}	1	
ELDERTONIC 3.6 MG-0.75 MG/15 ML ORAL LIQUID ^{OTC}	1	
mucinex fast-max chest congestion 100 mg/5 ml oral liquid ^{OTC}	1	
eye multivitamin 2,148 mcg-113 mg-45 mg-17.4 mg tablet ^{OTC}	1	
GENADEK 19 MCG-500 MCG/ML ORAL DROPS ^{OTC}	1	
multivitamin gummies 200 mcg chewable tablet ^{OTC}	1	
DERMACINRX VITREXATE FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
DERMACINRX VITREXATE 1,000 MCG TABLET ^{OTC}	1	
DERMACINRX VITRANOL 1,000 MCG TABLET ^{OTC}	1	
VITREXYL 1,000 MCG TABLET ^{OTC}	1	
AZO HORMONAL HEALTH CYCLE CARE 100 MG-50 MG-50 MG-15 MG TABLET ^{OTC}	1	
HYLAZINC 1 MG-1.5 MG-1.7 MG-50 MG TABLET ^{OTC}	1	
pediatric multivitamin no.194-ferrous sulfate 10 mg iron/ml oral drops ^{OTC}	1	
BUTTERFLY TOUCH LANCET 30 GAUGE ^{OTC}	1	
restore plus (carboxymethylcellulose) 0.5 % eye drops in a dropperette ^{OTC}	1	
children's cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
CULTURELLE PROBIOTIC-MULTIVIT 1 BILLION CELL-1 GRAM CHEWABLE TABLET ^{OTC}	1	
AZO HORMONAL HEALTH HAPPY CYCLE 100 MG-50 MG-50 MG-50 MG TABLET ^{OTC}	1	
ULTRA-CARE LANCETS 30 GAUGE ^{OTC}	1	
TAB-A-VITE MULTIVITAMIN W-IRON 15 MG IRON-400 MCG TABLET ^{OTC}	1	
ULTRA FINE LANCETS 30 GAUGE ^{OTC}	1	
VITREXYL PLUS IRON 27 MG IRON-1 MG TABLET ^{OTC}	1	
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup ^{OTC}	1	
SYSTANE COMPLETE 0.6 % EYE DROPS ^{OTC}	1	
poly-vita with iron 10 mg/ml oral drops ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
poly-vita drops 750 unit-35 mg-400 unit/ml oral ^{OTC}	1	
women's multivitamin 18 mg-400 mcg-500 mg-50 mcg tablet ^{OTC}	1	
ONE-A-DAY MEN'S COMPLETE 240 MCG-30 MCG-300 MCG TABLET ^{OTC}	1	
giltuss cough-congestion 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
multivit,calc,mins-folic 240 mcg-vit k1 30 mcg-lycopene 300 mcg tablet ^{OTC}	1	
MULTI PRO 32 MG IRON-1 MG-315 MG CAPSULE ^{OTC}	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE ^{OTC}	1	
PURE COMFORT LANCETS 30 GAUGE ^{OTC}	1	
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET	1	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET	1	PA
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE	1	PA
guaifenesin ac 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid ^{OTC}	1	
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE	1	PA
PEDIALYTE FREEZER POPS ORAL SOLUTION ^{OTC}	1	
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE	1	PA
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE	1	PA
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE	1	PA
daily fiber (psyllium-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
daylogic acne treatment 10 % topical gel ^{OTC}	1	
PURE COMFORT ALCOHOL PADS ^{OTC}	1	
ULTRA ANTIOXIDANT FORMULA TABLET ^{OTC}	1	
weekly-d 1,250 mcg (50,000 unit) capsule ^{OTC}	1	QL(12 cada 28 días)
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1	
EZ-LETS 26 GAUGE ^{OTC}	1	
REFRESH RELIEVA PF 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
ABC COMPLETE SENIOR WOMEN'S 8 MG IRON-400 MCG-50 MCG TABLET ^{OTC}	1	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT ^{OTC}	1	

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ALIVE WOMEN'S 50 PLUS (FRUIT-VEG BLEND) 240 MCG-120 MCG-300 MCG TABLET ^{OTC}	1	
children's acetaminophen 160 mg/5 ml oral liquid ^{OTC}	1	
NEOVITE 1 MG-100 MG-1 MG TABLET ^{OTC}	1	
one daily women's 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
REMIEDIANT 3.6 MG-1,000 MCG CAPSULE ^{OTC}	1	
senna plus 8.6 mg-50 mg capsule ^{OTC}	1	
stool softener-stimulant laxative 8.6 mg-50 mg capsule ^{OTC}	1	
PEDIATRIC POLY-VITE 250 MCG-50 MG-10-MCG-5 MG/ML ORAL DROPS ^{OTC}	1	
BENEFIBER HEALTHY SHAPE 5 GRAM/7.4 GRAM ORAL POWDER ^{OTC}	1	
children's sleep (melatonin) 1 mg/ml oral liquid ^{OTC}	1	
child robittussin cough-chest dm 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
DEXCOM G6 SENSOR DEVICE	1	
DEXCOM G6 RECEIVER	1	
DEXCOM G6 TRANSMITTER DEVICE	1	
PEDIATRIC POLY-VITE WITH IRON 11 MG IRON/ML ORAL DROPS ^{OTC}	1	
one daily essential 0.5 mg tablet ^{OTC}	1	
UNISTIK PRO LANCET 21 GAUGE ^{OTC}	1	
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
UNISTIK PRO LANCET 25 GAUGE ^{OTC}	1	
UNISTIK PRO LANCET 28 GAUGE ^{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	
THERA MOISTURIZING 1.5 % TOPICAL CREAM ^{OTC}	1	
adults multivitamin 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
DERMACINRX VENTRIXYL FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
immune support 250 mg-12.5 mg chewable 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	
VISTA ADVANCED DRY EYE 250 MG-667 MG-12.5 MG-12.5MCG CAPSULE ^{OTC}	1	
VISTA ADVANCED AREDS2 250 MG-137.5 MG-12.5 MG CAPSULE ^{OTC}	1	
acetaminophen 500 mg tablet ^{OTC}	1	
ADULTS' DAILY FORMULA 18 MG IRON-25 MCG TABLET ^{OTC}	1	
children's tylenol 160 mg chewable tablet ^{OTC}	1	
zinc oxide 20 % topical ointment ^{OTC}	1	
mucus relief er dm-max 60 mg-1,200 mg tablet,extended release ^{OTC}	1	
high potency multivitamin (w-iron) 18 mg-400 mcg tablet ^{OTC}	1	
vista tears 0.4 %-0.3 % eye drops ^{OTC}	1	
multihealth fiber (sugar) 3.4 gram/7 gram oral powder ^{OTC}	1	

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central-vite 18 mg iron-400 mcg-25 mcg tablet ^{OTC}	1	
vista gel 0.3 % eye gel ^{OTC}	1	
DEKAS BARIATRIC 22.5 MG-400 MCG-500 MCG-10 MG CHEWABLE TABLET ^{OTC}	1	
vista meibo tears 0.6 % eye drops ^{OTC}	1	
RENAPLEX-D 800 MCG-12.5 MG-2,000 UNIT TABLET ^{OTC}	1	
RENAPLEX 800 MCG-12.5 MG TABLET ^{OTC}	1	
children's pain relief 160 mg chewable tablet ^{OTC}	1	
children's pain and fever relief 160 mg chewable tablet ^{OTC}	1	
pedia iron 15 mg iron (75 mg)/ml oral drops ^{OTC}	1	
pedia d-vite 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
DERMACINRX FOLITIN-Z 9 MG IRON-500 MCG TABLET ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 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 1 ML 31 GAUGE X 15/64 ^{OTC}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64 ^{OTC}	1	
multi-vite 9 mg iron/15 ml oral liquid ^{OTC}	1	
therapeutic-m 19 mg iron-400 mcg tablet ^{OTC}	1	
CHILDREN'S SLEEP (MELATONIN) 1 MG CHEWABLE TABLET ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 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 0.3 ML 31 GAUGE X 15/64 ^{OTC}	1	
MOOD FOOD ES 50 MG-50 MG-50 MG-150 MG CAPSULE ^{OTC}	1	
melatonin 1 mg chewable tablet ^{OTC}	1	
DROPLET GENTEEL LANCING DEVICE ^{OTC}	1	
biocotron 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
mucus relief er 600 mg tablet, extended release ^{OTC}	1	
iron 325 mg (65 mg iron) tablet ^{OTC}	1	
nasal decongestant (pseudoephedrine) 120 mg tablet,extended release ^{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	
KONSYL DAILY FIBER (STEVIA) 3.5 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
hematex 150 mg iron tablet ^{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	
REFRESH DIGITAL PF 0.5 %-1 %-0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	

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REFRESH DIGITAL 0.5 %-1 %-0.5 % EYE DROPS ^{OTC}	1	
magnesium 400 mg (as magnesium oxide) tablet ^{OTC}	1	
spectravite women 18 mg-400 mcg tablet ^{OTC}	1	
SPACE CHAMBER WITH LARGE MASK	1	
SPACE CHAMBER WITH MEDIUM MASK	1	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD DASH PDM KIT (GEN 4)	1	
SPACE CHAMBER WITH SMALL MASK	1	
dulcolax (magnesium hydroxide) 400 mg/5 ml oral suspension ^{OTC}	1	
restore pm 57.3 %-42.5 % eye ointment ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg sublingual lozenge ^{OTC}	1	
ALIVE WOMEN'S ENERGY 18 MG IRON-240 MCG-120 MCG TABLET ^{OTC}	1	
ALIVE WOMEN'S ULTRA POTENCY 18 MG-800 MCG DFE-150 MCG TABLET ^{OTC}	1	
mucus relief dm cough 20 mg-400 mg tablet ^{OTC}	1	
MONOJECT ENFIT SYRINGE 12 ML ^{OTC}	1	
MONOJECT ENFIT SYRINGE 12 ML	1	
MONOJECT ENFIT STERILE SYRINGE 60 ML	1	
MONOJECT ENFIT STERILE SYRINGE 35 ML	1	
MONOJECT ENFIT STERILE SYRINGE 6 ML	1	
MONOJECT ENFIT STERILE SYRINGE 1 ML	1	
MONOJECT ENFIT STERILE SYRINGE 3 ML	1	
HAIR-SKIN-NAIL (VIT A,C-BIOTIN-ZN-CU) 2,500 UNIT-100 MG-2,500 MCG CAP ^{OTC}	1	
fiber (with aspartame) 3 gram/5.8 gram oral powder ^{OTC}	1	
ALIVE MAX POTENCY 300 MCG-80 MCG/30 ML ORAL LIQUID ^{OTC}	1	
ALIVE IMMUNE HEALTH 900 MCG-90 MG-20 MCG-5.5 MG CAPSULE ^{OTC}	1	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1	
melatonin 3 mg/4 ml oral drops ^{OTC}	1	
ALIVE PREMIUM PRENATAL 120 MCG-25 MG-66.7 MG CHEWABLE TABLET ^{OTC}	1	
ALIVE WOMEN'S GUMMY VITAMIN 120 MCG-37.5 MG CHEWABLE TABLET ^{OTC}	1	
children's acetaminophen 160 mg chewable tablet ^{OTC}	1	
ALIVE HAIR, SKIN AND NAILS 1,250 MCG-50 MG-67.5 MG-15 MG CHEW TABLET ^{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	
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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DERMACINRX MULTITAM 1,000 MCG TABLET ^{OTC}	1	
LITE TOUCH LANCETS 28 GAUGE ^{OTC}	1	
children's chewable vitamin complete 18 mg iron tablet ^{OTC}	1	
hair,skin and nails (folic acid-biotin) 100 mcg-1,500 mcg tablet ^{OTC}	1	
THERA MOISTURIZING 1.75 % TOPICAL CREAM ^{OTC}	1	
ONE-DAILY MULTI 800 MCG-1 MG-500 MCG-500 MCG CAPSULE ^{OTC}	1	
DERMACINRX RIBOTIN-E 9 MG IRON-500 MCG TABLET ^{OTC}	1	
JUST 4 KIDZ MULTIVITAMIN-PROBIOTIC 1.25 MG CHEWABLE TABLET ^{OTC}	1	
pvp prep 10 % topical solution ^{OTC}	1	
bisacodyl 10 mg rectal suppository ^{OTC}	1	
UNISTIK EXTRA LANCETS 21 GAUGE ^{OTC}	1	
UNISTIK COMFORT LANCETS 28 GAUGE ^{OTC}	1	
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 133.3 MCG-1,666.7 MCG CAPSULE ^{OTC}	1	
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID ^{OTC}	1	
one daily men's health 240 mcg-30 mcg-300 mcg tablet ^{OTC}	1	
DAYAVITE 1 MG-75 MG-10 MG TABLET ^{OTC}	1	
DERMACINRX VENTRIXYL 1,000 MCG TABLET ^{OTC}	1	
OPTIFAST 120 MCG-30 MCG CHEWABLE TABLET ^{OTC}	1	
ADUHELM 100 MG/ML INTRAVENOUS SOLUTION	1	PA
DAILY-VITE (WITH FOLIC ACID) 400 MCG TABLET ^{OTC}	1	
APPE-CURB 18.8 MG-187.5 MG-93.8 MG CAPSULE ^{OTC}	1	
ESTROVEN MENOPAUSE 400 MCG-40 MG-40 MG-100 MG TABLET ^{OTC}	1	
artificial eye lubricant 83 %-15 % ointment ^{OTC}	1	
lubricating tears 0.1 %-0.3 % eye drops ^{OTC}	1	
spectravite men 50 plus 300 mcg-60 mcg-600 mcg-300 mcg tablet ^{OTC}	1	
enema 19 gram-7 gram/118 ml ^{OTC}	1	
spectravite adult 18 mg-400 mcg tablet ^{OTC}	1	
DAILY VITES/IRON TABLET ^{OTC}	1	
spectravite women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1	
women's 50 plus advanced 400 mcg-20 mcg tablet ^{OTC}	1	
ICAPS AREDS2 (COPPER CITRATE) 250 MG-200 UNIT-12.5 MG-1 MG TABLET ^{OTC}	1	
geri-tussin dm 10 mg-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	
artificial tears (carboxymethylcellulose) 1 % eye drops ^{OTC}	1	
tussin dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	

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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	
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	
natural fiber supplement 6 gram/6 gram oral powder ^{OTC}	1	
non-aspirin 80 mg chewable tablet ^{OTC}	1	
2-IN-1 LANCET DEVICE 30 GAUGE ^{OTC}	1	
fiber therapy (psyllium husk-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
VCF CONTRACEPTIVE FILM 28 % VAGINAL ^{OTC}	1	QL(30 cada 30 días)
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)
PIP LANCET 28 GAUGE ^{OTC}	1	
PIP LANCET 30 GAUGE ^{OTC}	1	
REFRESH RELIEVA 0.5 %-0.9 % EYE DROPS ^{OTC}	1	
PROCARE SPACER WITH CHILD MASK	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	1	
stool softener (docusate calcium) 240 mg capsule ^{OTC}	1	QL(30 cada 30 días)
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{OTC}	1	
DERMACINRX VENEXA FE 27 MG IRON-1 MG TABLET ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1	
POCKET CHAMBER SPACER	1	
povidone-iodine 10 % topical solution ^{OTC}	1	
vitamin k1 10 mg/ml injection solution	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{OTC}	1	
ferrous sulfate 325 mg (65 mg iron) tablet ^{OTC}	1	
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS ^{OTC}	1	
stool softener-laxative 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1	
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	1	
alavert d-12 allergy-sinus 5 mg-120 mg tablet,extended release ^{OTC}	1	ST,QL(60 cada 30 días)
lorata-d 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
allergy relief d-24hr 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
tylenol pm extra strength 25 mg-500 mg tablet ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	1	
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	1	
CORN STARCH (BULK) POWDER ^{OTC}	1	
ULTRA THIN LANCETS ^{OTC}	1	
STROVITE FORTE 10 MG-1 MG TABLET ^{OTC}	1	

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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	
ALIVE MEN'S ENERGY 240 MCG-120 MCG-100 MCG TABLET ^{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	
tussin dm 5 mg-50 mg/5 ml oral liquid ^{OTC}	1	
amladex 1 mg-5 mg-50 mg tablet ^{OTC}	1	
TROJAN VERY THIN LUBRICATED CONDOMS ^{OTC}	1	
folamax 20 mg iron-1,670 mcg dfe tablet ^{OTC}	1	
DERMACINRX FOLIFLEX 9 MG IRON-500 MCG TABLET ^{OTC}	1	
ascorbic acid (vitamin c) 250 mg chewable 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	
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	
b-sure 50 % topical pads ^{OTC}	1	
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	
DERMACINRX VITRAMYN 1,000 MCG TABLET ^{OTC}	1	
DERMACINRX ZINTREXYL-C 9 MG IRON-500 MCG TABLET ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	1	
CLARITIN-D 12 HOUR 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 cada 30 días)
acetaminophen extra strength 500 mg tablet ^{OTC}	1	
ZYRTEC-D 5 MG-120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	ST,QL(60 cada 30 días)
senna laxative 8.6 mg tablet ^{OTC}	1	
SUPPORT-500 CAPSULE ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{OTC}	1	
niacinamide 500 mg tablet ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1	
POLY-VI-SOL 250 MCG-50 MG-10 MCG/ML ORAL DROPS ^{OTC}	1	
AIRBORNE (ASCORBIC ACID) 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	1	
fluoride 0.5 mg (1.1 mg sodium fluoride) 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	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
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	
SORBUTUSS 10 MG-100 MG-85 MG/5 ML ORAL LIQUID ^{OTC}	1	
AIRBORNE GUMMY 250 MG-11.66 MG CHEWABLE TABLET ^{OTC}	1	
AIRBORNE KIDS 250 MG-8.875 MG CHEWABLE TABLET ^{OTC}	1	
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	1	QL(5 cada 30 días)
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	
NICORETTE 4 MG GUM ^{OTC}	1	QL(720 cada 30 días)
urinary pain relief 99.5 mg tablet ^{OTC}	1	
melatonin 12 mg tablet ^{OTC}	1	
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM ^{OTC}	1	
child mucinex freefrom day cough 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION	1	PA,QL(28.8 cada 30 días)
stresstabs energy 120 mg-400 mcg-62.5 mg tablet ^{OTC}	1	
MULTIVITAMIN-ZINC-STRESS 500 MG-400 MCG-23.9 MG-3 MG TABLET ^{OTC}	1	
diphenhydramine 25 mg tablet ^{OTC}	1	
SYSTANE HYDRATION (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
metamucil sunrise oral powder ^{OTC}	1	
gentle laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
GOJJI LANCING DEVICE ^{OTC}	1	
GOJJI LANCETS 30 GAUGE ^{OTC}	1	
giltuss hbp 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
vitajoy adult multi 200 mcg chewable tablet ^{OTC}	1	
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	1	PA
THEREMS MULTIVITAMIN 400 MCG TABLET ^{OTC}	1	
adult 50 plus eye health 250 mg-5 mg-1 mg capsule ^{OTC}	1	
HEMORRHOIDAL (PHENYLEPHRINE-HARD FAT) 0.25 %-88.7 % RECTAL SUPPOSITORY ^{OTC}	1	QL(120 cada 30 días)
giltuss diabetic 10 mg-100 mg/5 ml oral liquid ^{OTC}	1	
TAB-A-VITE MULTIVITAMIN W-IRON 18 MG-400 MCG TABLET ^{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	
fiber therapy (psyllium husk-sucrose) 3 gram/12 gram oral powder ^{OTC}	1	
butalbital-aspirin-caffeine 50 mg-325 mg-40 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
reguloid (psyllium husk-sucrose) 3 gram/7 gram oral powder ^{OTC}	1	
REGULOID (PSYLLIUM HUSK-SUCROSE) 3 GRAM/12 GRAM ORAL POWDER ^{OTC}	1	
niacin 100 mg tablet ^{OTC}	1	
MEDI-PADS 50 % TOPICAL PADS ^{OTC}	1	
ONETOUCH DELICA PLUS LANCING DEVICE KIT ^{OTC}	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	1	PA
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	
VIVAGUARD LANCET 30 GAUGE ^{OTC}	1	
reguloid (psyllium husk) 3 gram/5.4 gram oral powder ^{OTC}	1	
VIVAGUARD LANCING DEVICE ^{OTC}	1	
BARIATRIC MULTIVITAMINS 45 MG IRON-800 MCG-120 MCG CAPSULE ^{OTC}	1	
glutose-5 40 % oral gel ^{OTC}	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}	1	
OCULAR VITAMINS 7,160 UNIT-113 MG-0.5 MG TABLET ^{OTC}	1	
acne control (benzoyl peroxide) 10 % topical cleanser ^{OTC}	1	
multivitamin with minerals-ferrous fumarate 15 mg iron tablet ^{OTC}	1	
ranger ready repellent 20 % topical spray with pump ^{OTC}	1	
robitussin er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
ascorbic acid (vitamin c) er 500 mg capsule,extended release ^{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	
pediatric multivitamin no.171 750 unit-35 mg-400 unit/ml oral drops ^{OTC}	1	
motion sickness relief 50 mg tablet ^{OTC}	1	
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid ^{OTC}	1	
overnight lubricating eye 94 %-3 % ointment ^{OTC}	1	
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
MERIBIN 5 MG CAPSULE ^{OTC}	1	
docusate sodium 100 mg capsule ^{OTC}	1	
healthy eyes lutein-zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule ^{OTC}	1	
SURE COMFORT LANCETS 28 GAUGE ^{OTC}	1	
pain reliever (acetaminophen-aspirin-caff) 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
a thru z 18 mg-500 mcg-300 mcg-250 mcg tablet ^{OTC}	1	
vitamins a and d-white petrolatum-lanolin topical ointment ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
KIDS MULTIVITAMIN-MINERALS 200 MCG CHEWABLE TABLET ^{OTC}	1	
pyridoxine (vitamin b6) 50 mg tablet ^{OTC}	1	
FEVERALL 650 MG RECTAL SUPPOSITORY ^{OTC}	1	
SEKOT 8.6 MG TABLET ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	1	
saline mist 0.65 % nasal spray aerosol ^{OTC}	1	
INJECT EASE LANCETS 28 GAUGE ^{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	
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	
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	
MURINE EAR 6.5 % DROPS ^{OTC}	1	
PRODIGY LANCETS 28 GAUGE ^{OTC}	1	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ^{OTC}	1	
ULTRA THIN LANCETS 28 GAUGE ^{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	
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	
melatonin 10 mg capsule ^{OTC}	1	
centrum women 18 mg-400 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)
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)
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" ^{OTC}	1	
magnesium hydroxide 400 mg/5 ml oral suspension ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	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	
APATATE FORTE ORAL LIQUID ^{OTC}	1	
acetaminophen 120 mg rectal suppository ^{OTC}	1	
vitamin c 1,000 mg tablet ^{OTC}	1	
claritin-d 24 hour 10 mg-240 mg tablet,extended release ^{OTC}	1	ST,QL(30 cada 30 días)
vitajoy daily d 25 mcg (1,000 unit) chewable tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MICROLET NEXT LANCING DEVICE KIT ^{OTC}	1	
vitamin a 3,000 mcg (10,000 unit) capsule ^{OTC}	1	QL(30 cada 30 días)
arginine (l-arginine) oral powder ^{OTC}	1	
magnesium oxide 400 mg (241.3 mg magnesium) tablet ^{OTC}	1	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML ^{OTC}	1	
E-Z JECT LANCETS 33 GAUGE ^{OTC}	1	
SUPER MULTIPLE - LOW IRON 400 MCG TABLET ^{OTC}	1	
SMART SENSE LANCETS 33 GAUGE ^{OTC}	1	
OCUVITE LUTEIN AND ZEAXANTHIN 60 MG-13.5 MG-15 MG-2 MG-6 MG CAPSULE ^{OTC}	1	
soothe xp 1 %-4.5 % eye drops ^{OTC}	1	
laxative pills 25 mg tablet ^{OTC}	1	
senna-s 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
vic-forte 1 mg capsule ^{OTC}	1	
coricidin hbp chest congestion-cough 10 mg-200 mg capsule ^{OTC}	1	
REFRESH LIQUIGEL 1 % EYE LIQUID GEL DROPS ^{OTC}	1	
cholecalciferol (vitamin d3) 25 mcg (1,000 unit) capsule ^{OTC}	1	
v-c forte 1 mg capsule ^{OTC}	1	
wal-dram 50 mg tablet ^{OTC}	1	
nasal spray (sodium chloride) 0.65 % aerosol ^{OTC}	1	
BD MICROTAINER LANCET 1.5 MM X 2 MM ^{OTC}	1	
dex4 glucose 4 gram chewable tablet ^{OTC}	1	
wal-phed 30 mg tablet ^{OTC}	1	
saline nose 0.65 % spray aerosol ^{OTC}	1	
wal-tussin 100 mg/5 ml oral liquid ^{OTC}	1	
expectorant cough syrup 100 mg/5 ml oral liquid ^{OTC}	1	
expectorant 100 mg/5 ml oral liquid ^{OTC}	1	
cough syrup 100 mg/5 ml oral liquid ^{OTC}	1	
NEO-TUSS 30 MG-200 MG/5 ML ORAL LIQUID ^{OTC}	1	
antitussive dm 10 mg-100 mg/5 ml oral syrup ^{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	
laxative (bisacodyl) 10 mg rectal suppository ^{OTC}	1	
laxative pills regular 15 mg tablet ^{OTC}	1	
natural fiber laxative (sugar) oral powder ^{OTC}	1	
metamucil (sugar) oral powder ^{OTC}	1	
col-rite 100 mg capsule ^{OTC}	1	
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID ^{OTC}	1	
FLINTSTONES TAB CHEW 100 MCG TABLET ^{OTC}	1	
ONE-A-DAY WEIGHTSMART 200 MG-18 MG-0.4 MG TABLET ^{OTC}	1	
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER	1	
ARGININE HCL(L-ARGININE)(BULK) 100 % POWDER ^{OTC}	1	
pyridoxine (vitamin b6) 500 mg tablet ^{OTC}	1	
potassium iodide 1 gram/ml oral solution	1	
E-Z JECT LANCETS ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
SUDAFED 12 HOUR 120 MG TABLET,EXTENDED RELEASE ^{OTC}	1	
LANCETS ^{OTC}	1	
tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{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	
ULTILET LANCETS 28 GAUGE ^{OTC}	1	
ULTILET CLASSIC LANCETS 28 GAUGE ^{OTC}	1	
ASSURE LANCE 28 GAUGE ^{OTC}	1	
ASSURE HAEMOLANCE PLUS 28 GAUGE ^{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	
PRESERVISION AREDS 2,148 MCG-113 MG-45 MG-17.4 MG 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	
AQUA LANCE LANCING DEVICE ^{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	
promolaxin 100 mg tablet ^{OTC}	1	
nighttime dry-eye relief 57.3 %-42.5 % ointment ^{OTC}	1	
multivitamin women 50 plus 8 mg iron-400 mcg-50 mcg tablet ^{OTC}	1	
GENTEAL TEARS SEVERE 0.3 % EYE GEL ^{OTC}	1	
hair,skin and nails (folic acid-biotin) 66.7 mcg-1,666.7 mcg tablet ^{OTC}	1	
genicin vita-q 1 mg-25 mg-12.5 mg-1 mg tablet ^{OTC}	1	
ONE DAILY MULTIVITAMINS WITH MINERALS 4.5 MG IRON TABLET ^{OTC}	1	
CENTRUM CHEWABLES 8 MG IRON-400 MCG-10 MCG TABLET ^{OTC}	1	
women's 50 plus multivitamin 400 mcg-500 mg calcium-20 mcg tablet ^{OTC}	1	
men's 50 plus multivitamin 400 mcg-20 mcg-370 mcg tablet ^{OTC}	1	
glutose-15 40 % oral gel ^{OTC}	1	
glutose-45 40 % oral gel ^{OTC}	1	
corvita 1.25 mg-2.5 mg-7 mg tablet ^{OTC}	1	
TRUE COMFORT ALCOHOL PADS ^{OTC}	1	
TRUE COMFORT LANCET 30 GAUGE ^{OTC}	1	
PRO COMFORT SPACER-ADULT MASK ^{OTC}	1	
PRO COMFORT SPACER-CHILD MASK ^{OTC}	1	

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VITABEX PLUS 500 MCG-25 MG-10 MG CAPSULE ^{OTC}	1	
sudogest 12-hour 120 mg tablet,extended release ^{OTC}	1	
CITRUCCEL SUGAR FREE ORAL POWDER ^{OTC}	1	
docuzen 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
children's acetaminophen 80 mg chewable tablet ^{OTC}	1	
CAREONE LANCING DEVICE ^{OTC}	1	
CAREONE THIN LANCET ^{OTC}	1	
CAREONE ULTRA THIN LANCET ^{OTC}	1	
psyllium husk (with sugar) 3 gram/7 gram oral powder ^{OTC}	1	
melatonin 300 mcg tablet ^{OTC}	1	
ROBITUSSIN COUGH-CHEST CONGESTION DM 5 MG-50 MG/5 ML ORAL LIQUID ^{OTC}	1	
METAMUCIL FREE 3 GRAM/7 GRAM ORAL POWDER ^{OTC}	1	
freshkote 2.7 %-2 % eye drops ^{OTC}	1	
chest congestion-cough relief 20 mg-400 mg tablet ^{OTC}	1	
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) capsule ^{OTC}	1	
PHASEAL PROTECTOR 20 MM DEVICE	1	
PHASEAL PROTECTOR 28 MM DEVICE	1	
PHASEAL PROTECTOR 13 MM DEVICE	1	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1" ^{OTC}	1	
folic acid 400 mcg tablet ^{OTC}	1	
niacin 50 mg tablet ^{OTC}	1	
foaming acne face wash 10 % topical cleanser ^{OTC}	1	
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.8 GRAM ORAL POWDER ^{OTC}	1	
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.95 GRAM ORAL POWDER ^{OTC}	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	1	PA
best fiber 3 gram/3.5 gram oral powder ^{OTC}	1	
cough dm er 30 mg/5 ml oral suspension,extended release ^{OTC}	1	QL(600 cada 30 días)
LANCETS 30 GAUGE ^{OTC}	1	
LANCETS 33 GAUGE ^{OTC}	1	
NOVAFERRUM 15 MG IRON/ML ORAL DROPS ^{OTC}	1	
yelets 18 mg-400 mcg tablet ^{OTC}	1	
PARVLEX 29 MG IRON-400 MCG TABLET ^{OTC}	1	
LANCING DEVICE WITH LANCETS ^{OTC}	1	
carboxymethylcellulose sodium 1 % eye liquid gel drops ^{OTC}	1	
artificial tears (dextran 70-hypromellose) 0.1 %-0.3 % eye drops ^{OTC}	1	
HAIR, SKIN AND NAILS ADVANCED 3.3 MG IRON-25 MCG TABLET ^{OTC}	1	
SOOTHE HYDRATION 1.25 % EYE DROPS ^{OTC}	1	
multivitamin with iron tablet ^{OTC}	1	
children's chewables extra c 300 mcg tablet ^{OTC}	1	
children's chewables 300 mcg tablet ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
one daily women's metabolism 300 mg-18 mg-400 mcg-50 mg tablet ^{OTC}	1	
cholecalciferol (vitamin d3) 10 mcg (400 unit) capsule ^{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	
mega multi for women 13.5 mg-200 mcg-250 mcg 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	
anti-dandruff with menthol 1 % shampoo ^{OTC}	1	
diabetic support formula 167 mcg-100 mcg-83 mcg tablet ^{OTC}	1	
GUMMIES CHILDREN MULTIVITAMIN CHEWABLE TABLET ^{OTC}	1	
women's daily formula 18 mg iron-400 mcg-500 mg ca tablet ^{OTC}	1	
one daily 0.4 mg-600 mcg tablet ^{OTC}	1	
k-pax immune support 2.25 mg iron-100 mcg tablet ^{OTC}	1	
icaps areds 4,296 mcg-226 mg-90 mg capsule ^{OTC}	1	
one daily essential 0.4 mg tablet ^{OTC}	1	
MUCINEX 600 MG TABLET, EXTENDED RELEASE ^{OTC}	1	
essentia 18 mg-400 mcg tablet ^{OTC}	1	
thera-d 50 mcg (2,000 unit) tablet ^{OTC}	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	1	
theralogix companion 0.4 mg tablet ^{OTC}	1	
omnicap 0.4 mg tablet ^{OTC}	1	
iron er 159 mg (45 mg iron) tablet,extended release ^{OTC}	1	
milltrium senior tablet ^{OTC}	1	
complete multivitamin-multimineral 18 mg-400 mcg tablet ^{OTC}	1	
niacin (inositol niacinate) 500 mg tablet ^{OTC}	1	
one daily healthy weight 200 mg-18 mg-0.4 mg tablet ^{OTC}	1	
ULTRALANCE LANCETS 28 GAUGE ^{OTC}	1	
infant pain reliever 160 mg/5 ml oral suspension ^{OTC}	1	
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) tablet ^{OTC}	1	
soothing pureway-c 500 mg tablet ^{OTC}	1	
ascorbic acid (vitamin c) 250 mg tablet ^{OTC}	1	
phenazopyridine 100 mg tablet	1	
EZ SMART LANCETS 28 GAUGE ^{OTC}	1	
dextromethorphan-guaifenesin 20 mg-400 mg tablet ^{OTC}	1	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	1	
medicated wipes 50 % (pads) ^{OTC}	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	
hair,skin and nails tablet ^{OTC}	1	
multiple vitamin-minerals tablet ^{OTC}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}	1	

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ONETOUCH ULTRASOFT LANCETS ^{OTC}	1	
benzonatate 100 mg capsule	1	
CAPZASIN-HP 0.1 % TOPICAL CREAM ^{OTC}	1	
capsaicin 0.1 % topical cream ^{OTC}	1	
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	PA
diabetic tussin dm 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
AUTOLET IMPRESSION LANCING DEVICE KIT ^{OTC}	1	
TWIST LANCETS 30 GAUGE ^{OTC}	1	
TWIST LANCETS 32 GAUGE ^{OTC}	1	
c-lax laxative (bisacodyl) 5 mg tablet,delayed release ^{OTC}	1	
high potency multivitamin 400 mcg tablet ^{OTC}	1	
tab-a-vite 400 mcg tablet ^{OTC}	1	
HAIR-SKIN-NAILS (MULTIVIT-FOLIC-BIOTIN) 400 MCG-2,000 MCG TABLET ^{OTC}	1	
VANALICE 0.3 %-3.5 % TOPICAL GEL ^{OTC}	1	
MUCILIN SF 3.5 GRAM/5 GRAM ORAL POWDER ^{OTC}	1	
AIRBORNE PLUS GOOD REST 250 MG-66.6 MG-15 MG CHEWABLE TABLET ^{OTC}	1	
maxi-tuss gmx 10 mg-200 mg/5 ml oral liquid ^{OTC}	1	
zinc with vitamins a and c 15 mg lozenges ^{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	
pyridoxine (vitamin b6) 250 mg tablet ^{OTC}	1	
VEKLURY 100 MG INTRAVENOUS POWDER FOR SOLUTION	1	
AIRBORNE VITS ZINC ELDERBERRY 65 MG-3.15 MCG-3.35 MG-1 MG CHEW TABLET ^{OTC}	1	
natural tears (pf) 0.1 %-0.3 % drops in a dropperette ^{OTC}	1	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1	
d-vi-sol 10 mcg/ml (400 unit/ml) oral drops ^{OTC}	1	
PRECISION XTRA B-KETONE STRIPS ^{OTC}	1	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	
ACCUTREND GLUCOSE CONTROL SOLUTION ^{OTC}	1	
LANCETS, SUPER THIN ^{OTC}	1	
MICROLET LANCET ^{OTC}	1	
COMFORT LANCETS ^{OTC}	1	
ULTRA FREEDA 6 MG IRON-267 MCG TABLET ^{OTC}	1	
multivitamin with minerals 9 mg iron/15 ml oral liquid ^{OTC}	1	
NORMLSHIELD 4.5 % TOPICAL CREAM ^{OTC}	1	
QUINTABS-M 10 MG IRON-400 MCG TABLET ^{OTC}	1	
THERA-M 27 MG-0.4 MG TABLET ^{OTC}	1	
e-400 c-500 and beta carotene tablet ^{OTC}	1	
nortemp 160 mg/5 ml oral suspension ^{OTC}	1	
nicotine (polacrilex) 2 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
AIRBORNE (WITH LYSINE ACETATE) 250 MG-12.5 MG CHEWABLE TABLET ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
nicotine (polacrilex) 4 mg buccal lozenge ^{OTC}	1	QL(600 cada 30 días)
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	
CHEMSTRIP 10 MD ^{OTC}	1	
for sty relief eye ointment ^{OTC}	1	
child complete multivitamin 18 mg iron chewable tablet ^{OTC}	1	
guaifenesin 400 mg tablet ^{OTC}	1	
vitamin d3 25 mcg (1,000 unit) capsule ^{OTC}	1	
vitamin d3 25 mcg (1,000 unit) tablet ^{OTC}	1	
TROJAN MAGNUM CONDOMS ^{OTC}	1	
laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET ^{OTC}	1	
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/3.8 GRAM ORAL POWDER ^{OTC}	1	
ear wax removal drops 6.5 % ^{OTC}	1	
EASIVENT MASK LARGE	1	
CORRECTOL 5 MG TABLET ^{OTC}	1	
FREESTYLE UNISTIK 2 ^{OTC}	1	
mapap (acetaminophen) 500 mg capsule ^{OTC}	1	
pure and gentle eye 0.3 % drops ^{OTC}	1	
RESOURCE THICKENUP ORAL POWDER ^{OTC}	1	
RESOURCE THICKENUP ORAL PACKET ^{OTC}	1	
ULTI-LANCE KIT ^{OTC}	1	
carboxymethylcellulose sodium 0.5 % eye drops in a dropperette ^{OTC}	1	
migraine formula 250 mg-250 mg-65 mg tablet ^{OTC}	1	QL(80 cada 30 días)
children's non-aspirin 160 mg/5 ml oral suspension ^{OTC}	1	
benzoyl peroxide 10 % topical gel ^{OTC}	1	
women's laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
carboxymethylcellulose sodium 0.5 % eye drops ^{OTC}	1	
woman's laxative (bisacodyl) 5 mg tablet ^{OTC}	1	
support oral liquid ^{OTC}	1	
super antioxidant capsule ^{OTC}	1	
saline nasal 0.65 % spray aerosol ^{OTC}	1	
FORTAVIT CAPSULE ^{OTC}	1	
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1	
multiple vitamins tablet ^{OTC}	1	
panoxyl 10 % topical cleanser ^{OTC}	1	
daytime-nighttime 10-5-325mg(d)/15-325-6.25mg capsules ^{OTC}	1	
vitamin d3 10 mcg (400 unit) chewable tablet ^{OTC}	1	
d3-2000 50 mcg (2,000 unit) capsule ^{OTC}	1	
PANDA MASK ^{OTC}	1	
vitamin e mixed 400 unit capsule ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE ^{OTC}	1	
STRESS FORMULA WITH IRON(SULF) 500 MG-400 MCG-27 MG IRON TABLET ^{OTC}	1	
STRESS FORMULA WITH IRON 500 MG-400 MCG-18 MG IRON TABLET ^{OTC}	1	
sentry 18 mg-400 mcg tablet ^{OTC}	1	
TYLENOL EXTRA STRENGTH 500 MG TABLET ^{OTC}	1	
riboflavin (vitamin b2) 50 mg tablet ^{OTC}	1	
pain reliever (acetaminophen) 325 mg tablet ^{OTC}	1	
phytonadione (vitamin k1) 10 mg/ml injection solution	1	
vitamin c 500 mg tablet ^{OTC}	1	
acetaminophen 160 mg/5 ml oral liquid ^{OTC}	1	
TRUSTEX-RIA LUBRICATED CONDOMS ^{OTC}	1	
vitamin b-1 250 mg tablet ^{OTC}	1	
aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet ^{OTC}	1	
pseudoephedrine er 120 mg tablet,extended release ^{OTC}	1	
BAZA CLEANSE AND PROTECT 2 % LOTION ^{OTC}	1	
hemorrhoidal ointment ^{OTC}	1	
STRESS FORMULA TABLET ^{OTC}	1	
capsaicin 0.075 % topical cream ^{OTC}	1	
one-a-day maximum formula tablet ^{OTC}	1	
vitrum senior tablet ^{OTC}	1	
butalbital 50 mg-acetaminophen 325 mg tablet	1	
midazolam 1 mg/ml injection solution	1	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
midazolam 5 mg/ml injection solution	1	
senna 8.8 mg/5 ml oral syrup ^{OTC}	1	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) oral drops ^{OTC}	1	
BION TEARS (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE ^{OTC}	1	
one daily calcium/iron tablet ^{OTC}	1	
methylergonovine 0.2 mg tablet	1	
bacitracin 500 unit/gram topical ointment ^{OTC}	1	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1	PA
REFRESH PLUS 0.5 % EYE DROPS IN A DROPPERETTE ^{OTC}	1	
TRUSTEX LUBRICATED CONDOMS ^{OTC}	1	
niacinamide 50 mg tablet ^{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	
thiamine hcl (vitamin b1) 100 mg tablet ^{OTC}	1	
cyanocobalamin (vit b-12) 1,000 mcg tablet ^{OTC}	1	
FILTER NEEDLES 19 X 1 1/2"	1	
CHILDREN'S TYLENOL 160 MG/5 ML ORAL SUSPENSION ^{OTC}	1	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	1	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution ^{OTC}	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
one daily womens 50 plus 0.4 mg tablet ^{OTC}	1	
urinary pain relief 95 mg tablet ^{OTC}	1	QL(30 cada 60 días)
melatonin 1 mg/4 ml oral drops ^{OTC}	1	
thiamine hcl (vitamin b1) 50 mg tablet ^{OTC}	1	
BACMIN 27 MG IRON-1 MG TABLET ^{OTC}	1	
KIMONO LUBRICATED CONDOMS ^{OTC}	1	
vision plus lutein tablet ^{OTC}	1	
c-500 500 mg chewable 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)
sudogest 60 mg tablet ^{OTC}	1	
FILTER NEEDLES 19 X 1"	1	
melatonin-pyridoxine hcl (vitamin b6) 3 mg-10 mg tablet ^{OTC}	1	
multivitamin 50 plus tablet ^{OTC}	1	
melatonin 1 mg tablet ^{OTC}	1	
LANCING DEVICE WITH LANCETS KIT ^{OTC}	1	
THRESHOLD PEP DEVICE	1	
THRESHOLD IMT TRAINER DEVICE	1	
strawberry c 500 mg chewable tablet ^{OTC}	1	
BABY AYR SALINE 0.65 % NASAL DROPS ^{OTC}	1	
vitamin b-12 1,000 mcg tablet ^{OTC}	1	
diabetic tussin ex 100 mg/5 ml oral liquid ^{OTC}	1	
PEDIATRIC MEDIUM MASK ^{OTC}	1	
PEDIATRIC SMALL MASK ^{OTC}	1	
tri-buffered aspirin 325 mg tablet ^{OTC}	1	
loratadine-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
allergy and congestion relief 10 mg-240 mg tablet,extend release 24 hr ^{OTC}	1	ST,QL(30 cada 30 días)
MONOJECT TUBERCULIN SYRINGE 1 ML ^{OTC}	1	
bacitracin 500 unit/gram topical packet ^{OTC}	1	
bacitracin zinc 500 unit/gram topical ointment in packet ^{OTC}	1	
artificial tears (pf) drops in a dropperette ^{OTC}	1	
senna plus 8.6 mg-50 mg tablet ^{OTC}	1	QL(240 cada 30 días)
ferrex 150 mg iron capsule ^{OTC}	1	
benzoyl peroxide 10 % topical cleanser ^{OTC}	1	
artificial tears(dextran-hypromel-glycern) 0.1 %-0.3 %-0.2 % eye drops ^{OTC}	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{OTC}	1	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	1	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	1	
MONOJECT SYRINGE 6 ML 21 X 1 1/2" ^{OTC}	1	
MONOJECT SYRINGE 6 ML 21 X 1"	1	
MONOJECT SYRINGE 6 ML 21 X 1" ^{OTC}	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2" ^{OTC}	1	
MONOJECT SYRINGE 6 ML	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
MONOJECT SYRINGE 3 ML	1	
PEDIATRIC PANDA MASK ^{OTC}	1	
multi complete with iron 18 mg-400 mcg tablet ^{OTC}	1	
MOUHPICEE DEVICE ^{OTC}	1	
tucks (witch hazel) 50 % topical pads ^{OTC}	1	
cyclopentolate 1 % eye drops	1	
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION	1	
ROCKLATAN 0.02 %-0.005 % EYE DROPS	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 cada 30 días)
tropicamide 0.5 % eye drops	1	
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1	
atropine 1 % eye drops	1	
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1	
cyclopentolate 2 % eye drops	1	
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION	1	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	1	
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1	
dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette	1	
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	1	PA,QL(60 cada 30 días)
tropicamide 1 % eye drops	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS	1	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	1	
cyclopentolate 0.5 % eye drops	1	
polycin 500 unit-10,000 unit/gram eye ointment	1	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1	
OXERVATE 0.002 % EYE DROPS	1	PA
olopatadine 0.1 % eye drops	1	
olopatadine 0.1 % eye drops ^{OTC}	1	
olopatadine 0.2 % eye drops	1	
PATADAY TWICE DAILY RELIEF 0.1 % EYE DROPS ^{OTC}	1	
azelastine 0.05 % eye drops	1	
olopatadine 0.2 % eye drops ^{OTC}	1	
cromolyn 4 % eye drops	1	
clear eyes once daily allergy 0.2 % drops ^{OTC}	1	
eye allergy itch relief 0.2 % drops ^{OTC}	1	
eye allergy itch-redness relief 0.1 % drops ^{OTC}	1	
BEPREVE 1.5 % EYE DROPS	1	
PATADAY ONCE DAILY RELIEF 0.2 % EYE DROPS ^{OTC}	1	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	1	
sulfacetamide sodium 10 % eye drops	1	

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moxifloxacin 0.5 % eye drops	1	
moxifloxacin 0.5 % viscous eye drops	1	
AZASITE 1 % EYE DROPS	1	
TOBREX 0.3 % EYE OINTMENT	1	
ofloxacin 0.3 % eye drops	1	
erythromycin 5 mg/gram (0.5 %) eye ointment	1	
gentamicin 0.3 % eye drops	1	
CILOXAN 0.3 % EYE OINTMENT	1	
trifluridine 1 % eye drops	1	
tobramycin 0.3 % eye drops	1	
ciprofloxacin 0.3 % eye drops	1	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION	1	
LOTEMAX 0.5 % EYE GEL DROPS	1	
LOTEMAX 0.5 % EYE OINTMENT	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION	1	
DUREZOL 0.05 % EYE DROPS	1	
ketorolac 0.4 % eye drops	1	
diclofenac 0.1 % eye drops	1	
dexamethasone sodium phosphate 0.1 % eye drops	1	
ketorolac 0.5 % eye drops	1	
flurbiprofen 0.03 % eye drops	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	1	
FLAREX 0.1 % EYE DROPS,SUSPENSION	1	
ALREX 0.2 % EYE DROPS,SUSPENSION	1	
PRED MILD 0.12 % EYE DROPS,SUSPENSION	1	
prednisolone acetate 1 % eye drops,suspension	1	
prednisolone sodium phosphate 1 % eye drops	1	
timolol maleate 0.5 % eye drops	1	
levobunolol 0.5 % eye drops	1	
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION	1	
carteolol 1 % eye drops	1	
timolol maleate (pf) 0.25 % eye drops in a dropperette	1	
timolol maleate (pf) 0.5 % eye drops in a dropperette	1	
BETIMOL 0.5 % EYE DROPS	1	
timolol maleate 0.25 % eye drops	1	
timolol maleate 0.5 % once daily eye drops	1	
pilocarpine 2 % eye drops	1	
methazolamide 50 mg tablet	1	
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE	1	
dorzolamide 2 % eye drops	1	
ALPHAGAN P 0.15 % EYE DROPS	1	
methazolamide 25 mg tablet	1	
pilocarpine 4 % eye drops	1	
pilocarpine 1 % eye drops	1	
brimonidine 0.2 % eye drops	1	
AZOPT 1 % EYE DROPS,SUSPENSION	1	
RHOPRESSA 0.02 % EYE DROPS	1	
ALPHAGAN P 0.1 % EYE DROPS	1	
apraclonidine 0.5 % eye drops	1	

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TRAVATAN Z 0.004 % EYE DROPS	1	
latanoprost 0.005 % eye drops	1	
LUMIGAN 0.01 % EYE DROPS	1	
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	1	
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	1	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	
ofloxacin 0.3 % ear drops	1	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION	1	
fluocinolone acetonide oil 0.01 % ear drops	1	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	1	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
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 TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 cada 30 días)
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
fluticasone propionate 100 mcg/actuation blister powder for inhalation	1	
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	1	
budesonide 32 mcg/actuation nasal spray ^{OTC}	1	
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	1	
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	1	
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(120 cada 30 días)
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(120 cada 30 días)
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1	
fluticasone propionate 50 mcg/actuation blister powder for inhalation	1	
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	1	QL(13 cada 30 días)
budesonide 1 mg/2 ml suspension for nebulization	1	QL(60 cada 30 días)
triamcinolone acetonide 55 mcg nasal spray aerosol ^{OTC}	1	
24 hour nasal allergy 55 mcg spray aerosol ^{OTC}	1	

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fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1	
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 cada 30 días)
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	
fluticasone propionate 50 mcg/actuation nasal spray,suspension ^{OTC}	1	
nasal allergy 55 mcg spray aerosol ^{OTC}	1	
fluticasone propionate 250 mcg/actuation blister powder for inhalation	1	
OMNARIS 50 MCG NASAL SPRAY	1	
levocetirizine 5 mg tablet ^{OTC}	1	
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
levocetirizine 5 mg tablet	1	
chlortabs 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
cetirizine 5 mg tablet ^{OTC}	1	
loradamed 10 mg tablet ^{OTC}	1	
fexofenadine 180 mg tablet ^{OTC}	1	
aller-ease 180 mg tablet ^{OTC}	1	
VISTARIL 25 MG CAPSULE	1	PA,QL(120 cada 30 días)
CLARITIN REDITABS 10 MG DISINTEGRATING TABLET ^{OTC}	1	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY	1	
children's allergy relief (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
diphenhydramine 12.5 mg/5 ml oral liquid ^{OTC}	1	
allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
children's aller-tec 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
children's wal-dryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
cetirizine 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
maxallergy kids 12.5 mg/5 ml oral liquid ^{OTC}	1	
naramin 12.5 mg/5 ml oral liquid in packet ^{OTC}	1	
allergy (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
hydroxyzine pamoate 100 mg capsule	1	QL(120 cada 30 días)
azelastine 137 mcg (0.1 %) nasal spray	1	
children's allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy relief (diphenhydramine) 25 mg tablet ^{OTC}	1	
complete allergy 25 mg capsule ^{OTC}	1	
children's cetirizine 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
diphenhydramine 25 mg tablet ^{OTC}	1	
geri-dryl 12.5 mg/5 ml oral liquid ^{OTC}	1	
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
wal-fex allergy 180 mg tablet ^{OTC}	1	
BENADRYL ALLERGY 12.5 MG/5 ML ORAL LIQUID ^{OTC}	1	
children's diphenhydramine 12.5 mg/5 ml oral liquid ^{OTC}	1	

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loratadine 10 mg disintegrating tablet ^{OTC}	1	
chlorpheniramine 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
geri-dryl 25 mg tablet ^{OTC}	1	
aller-g-time 25 mg tablet ^{OTC}	1	
allergy relief (loratadine) 10 mg disintegrating tablet ^{OTC}	1	
allergy relief (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
nighttime allergy relief 25 mg tablet ^{OTC}	1	
aller-fex 180 mg tablet ^{OTC}	1	
loratadine 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
carbinoxamine 4 mg/5 ml oral liquid	1	
banophen 25 mg capsule ^{OTC}	1	
children's wal-zyr 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
m-dryl 12.5 mg/5 ml oral liquid ^{OTC}	1	
hydroxyzine pamoate 25 mg capsule	1	QL(120 cada 30 días)
wal-zyr (cetirizine) 10 mg tablet ^{OTC}	1	
allergy 25 mg tablet ^{OTC}	1	
diphen 25 mg tablet ^{OTC}	1	
ALLEGRA HIVES 180 MG TABLET ^{OTC}	1	
BENADRYL 25 MG CAPSULE ^{OTC}	1	
allergy relief (fexofenadine) 60 mg tablet ^{OTC}	1	
VISTARIL 50 MG CAPSULE	1	PA,QL(120 cada 30 días)
allergy-time 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
allergy relief (cetirizine) 10 mg tablet ^{OTC}	1	
children's wal-dryl allergy 12.5 mg/5 ml prefilled spoon ^{OTC}	1	
ALAVERT 10 MG DISINTEGRATING TABLET ^{OTC}	1	
wal-fex allergy 60 mg tablet ^{OTC}	1	
hydroxyzine pamoate 50 mg capsule	1	QL(120 cada 30 días)
allergy (diphenhydramine) 25 mg tablet ^{OTC}	1	
allerclear 10 mg tablet ^{OTC}	1	
wal-itin 10 mg tablet ^{OTC}	1	
allergy relief (loratadine) 10 mg tablet ^{OTC}	1	
diphenhydramine 25 mg capsule ^{OTC}	1	
total allergy medicine 25 mg tablet ^{OTC}	1	
all day allergy (cetirizine) 10 mg tablet ^{OTC}	1	
aler-cap 25 mg capsule ^{OTC}	1	
CLARITIN 5 MG/5 ML ORAL SOLUTION ^{OTC}	1	QL(300 cada 30 días)
banophen 50 mg capsule ^{OTC}	1	
CLARITIN 10 MG TABLET ^{OTC}	1	
children's allergy relief (fexofenadine) 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 cada 30 días)
banophen 25 mg tablet ^{OTC}	1	
wal-finatate 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
cyproheptadine 4 mg tablet	1	
complete allergy medicine 25 mg tablet ^{OTC}	1	
allergy (diphenhydramine) 25 mg capsule ^{OTC}	1	
benadryl allergy 25 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
allergy medicine 25 mg tablet ^{OTC}	1	
diphenhydramine 12.5 mg/5 ml oral liquid ^{OTC}	1	
chlorpheniramine 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
diphenhydramine allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
complete allergy medicine 25 mg capsule ^{OTC}	1	
allergy relief (fexofenadine) 180 mg tablet ^{OTC}	1	
CHILDREN'S ALLEGRA ALLERGY 30 MG/5 ML ORAL SUSPENSION ^{OTC}	1	QL(300 cada 30 días)
ALLEGRA ALLERGY 180 MG TABLET ^{OTC}	1	
ALLEGRA ALLERGY 60 MG TABLET ^{OTC}	1	
ed chlorpheniramine jr 2 mg/5 ml oral syrup ^{OTC}	1	QL(900 cada 30 días)
pheniramine 25 mg capsule ^{OTC}	1	
allergy relief (diphenhydramine) 25 mg capsule ^{OTC}	1	
pheniramine 50 mg capsule ^{OTC}	1	
wal-dryl allergy 25 mg tablet ^{OTC}	1	
allergy relief (cetirizine) 5 mg tablet ^{OTC}	1	
wal-zyr (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy relief (loratadine) 5 mg/5 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)
24hour allergy 10 mg tablet ^{OTC}	1	
wal-dryl allergy 12.5 mg/5 ml oral liquid ^{OTC}	1	
children's wal-fex 30 mg/5 ml oral suspension ^{OTC}	1	QL(300 cada 30 días)
wal-dryl allergy 25 mg capsule ^{OTC}	1	
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid ^{OTC}	1	
levocetirizine 2.5 mg/5 ml oral solution	1	ST,QL(300 cada 30 días)
allergy (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
children's all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
cyproheptadine 2 mg/5 ml oral syrup	1	
loratadine 10 mg tablet ^{OTC}	1	
cetirizine 1 mg/ml oral solution	1	QL(300 cada 30 días)
cetirizine 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	1	QL(300 cada 30 días)
aller-tec 10 mg tablet ^{OTC}	1	
diphenhydramine 50 mg capsule ^{OTC}	1	
ALLER-CHLOR 4 MG TABLET ^{OTC}	1	QL(180 cada 30 días)
fexofenadine 60 mg tablet ^{OTC}	1	
cetirizine 10 mg tablet ^{OTC}	1	
diphenhydramine 12.5 mg/5 ml oral elixir ^{OTC}	1	
wal-itin 5 mg/5 ml oral solution ^{OTC}	1	QL(300 cada 30 días)
allergy medication 25 mg capsule ^{OTC}	1	
ZYRTEC 10 MG TABLET ^{OTC}	1	
allergy relief (chlorpheniramine) 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
pheniramine 4 mg tablet ^{OTC}	1	QL(180 cada 30 días)
complete allergy 25 mg tablet ^{OTC}	1	
montelukast 4 mg chewable tablet	1	
montelukast 5 mg chewable tablet	1	

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
montelukast 10 mg tablet	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	1	QL(25.8 cada 30 días)
ipratropium bromide 42 mcg (0.06 %) nasal spray	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 cada 30 días)
ipratropium bromide 21 mcg (0.03 %) nasal spray	1	
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION	1	PA,QL(4 cada 30 días)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	ST,QL(4 cada 30 días)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 cada 30 días)
ipratropium bromide 0.02 % solution for inhalation	1	QL(125 cada 30 días)
albuterol sulfate er 4 mg tablet,extended release,12 hr	1	
albuterol sulfate 2 mg/5 ml oral syrup	1	
albuterol sulfate 1.25 mg/3 ml solution for nebulization	1	
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization	1	
albuterol sulfate er 8 mg tablet,extended release,12 hr	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	1	QL(54 cada 30 días)
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER	1	ST,QL(45 cada 30 días)
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1	
albuterol sulfate 0.63 mg/3 ml solution for nebulization	1	
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	1	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	1	
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	1	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	PA
NASALCROM 5.2 MG/SPRAY (4 %) SPRAY ^{OTC}	1	
cromolyn 5.2 mg/spray (4 %) nasal spray ^{OTC}	1	
cromolyn 100 mg/5 ml oral concentrate	1	
theophylline 80 mg/15 ml oral elixir	1	
theophylline er 400 mg tablet,extended release 24 hr	1	
theophylline er 300 mg tablet,extended release,12 hr	1	
theophylline er 450 mg tablet,extended release,12 hr	1	
theophylline 80 mg/15 ml oral solution	1	
theophylline er 600 mg tablet,extended release 24 hr	1	
sildenafil (pulmonary hypertension) 10 mg/12.5 ml intravenous solution	1	PA,QL(2250 cada 30 días)
bosentan 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)
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension	1	PA,QL(180 cada 30 días)

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NOMBRE DEL MEDICAMENTO	GRUPO DE NIVEL DEL MEDICAMENTO	REQUISITOS DE CONTROL DE LA UTILIZACIÓN
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(90 cada 30 días)
tadalafil 20 mg tablet (pulmonary hypertension)	1	PA,QL(60 cada 30 días)
bosentan 62.5 mg tablet	1	PA,QL(120 cada 30 días)
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln	1	QL(270 cada 30 días)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	1	PA
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	1	PA
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION	1	QL(60 cada 30 días)
acetylcysteine 100 mg/ml (10 %) solution	1	
GRASSTEK 2,800 BAU SUBLINGUAL TABLET	1	PA
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET	1	PA
ORALAIR 300 IR SUBLINGUAL TABLET	1	PA
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 cada 30 días)
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA
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)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(8 cada 30 días)
sodium chloride 10 % for nebulization	1	
sodium chloride 7 % for nebulization	1	
hyper-sal 7 % solution for nebulization	1	
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET	1	PA
acetylcysteine 200 mg/ml (20 %) solution	1	
AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 cada 30 días)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED	1	QL(1 cada 30 días)
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	1	PA,QL(60 cada 30 días)
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 cada 30 días)
pulmosal 7 % solution for nebulization	1	
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)
ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET	1	PA
nebusal 3 % solution for nebulization	1	
NUCALA 100 MG SUBCUTANEOUS SOLUTION	1	PA
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 cada 30 días)

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DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER sodium chloride 0.9 % for nebulization	1	QL(13 cada 30 días)
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 cada 30 días)
AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED sodium chloride 3 % for nebulization	1	QL(1 cada 30 días)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 cada 30 días)
chlorzoxazone 250 mg tablet	1	
orphenadrine citrate er 100 mg tablet,extended release	1	
orphenadrine citrate 30 mg/ml injection solution	1	
methocarbamol 100 mg/ml injection solution	1	
cyclobenzaprine 7.5 mg tablet	1	
chlorzoxazone 375 mg tablet	1	
cyclobenzaprine 5 mg tablet	1	
chlorzoxazone 750 mg tablet	1	
methocarbamol 750 mg tablet	1	
methocarbamol 1,000 mg tablet	1	
cyclobenzaprine 10 mg tablet	1	
chlorzoxazone 500 mg tablet	1	
methocarbamol 500 mg tablet	1	
tasimelteon 20 mg capsule	1	PA,QL(30 cada 30 días)
estazolam 1 mg tablet	1	QL(30 cada 30 días)
QUVIVIQ 25 MG TABLET	1	QL(30 cada 30 días)
quazepam 15 mg tablet	1	QL(30 cada 30 días)
AMBIEN 10 MG TABLET	1	PA,QL(30 cada 30 días)
HETLIOZ 20 MG CAPSULE	1	PA,QL(30 cada 30 días)
QUVIVIQ 50 MG TABLET	1	QL(30 cada 30 días)
AMBIEN 5 MG TABLET	1	PA,QL(30 cada 30 días)
HALCION 0.25 MG TABLET	1	PA,QL(30 cada 30 días)
zolpidem 1.75 mg sublingual tablet	1	QL(30 cada 30 días)
zolpidem 3.5 mg sublingual tablet	1	QL(30 cada 30 días)
flurazepam 30 mg capsule	1	PA,QL(30 cada 30 días)
zolpidem 5 mg tablet	1	QL(30 cada 30 días)
HETLIOZ LQ 4 MG/ML ORAL SUSPENSION	1	PA,QL(150 cada 30 días)
ZOLPIDEM 7.5 MG CAPSULE	1	QL(30 cada 30 días)
zaleplon 10 mg capsule	1	QL(60 cada 30 días)
DAYVIGO 10 MG TABLET	1	QL(30 cada 30 días)
zolpidem 10 mg tablet	1	QL(30 cada 30 días)
DAYVIGO 5 MG TABLET	1	QL(30 cada 30 días)
zaleplon 5 mg capsule	1	QL(60 cada 30 días)
RESTORIL 15 MG CAPSULE	1	PA,QL(30 cada 30 días)
DORAL 15 MG TABLET	1	PA,QL(30 cada 30 días)
RESTORIL 22.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
temazepam 7.5 mg capsule	1	QL(30 cada 30 días)
temazepam 22.5 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
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 cada 30 días)
LUNESTA 3 MG TABLET	1	PA,QL(30 cada 30 días)
LUNESTA 2 MG TABLET	1	PA,QL(30 cada 30 días)
LUNESTA 1 MG TABLET	1	PA,QL(30 cada 30 días)
eszopiclone 1 mg tablet	1	QL(30 cada 30 días)
triazolam 0.125 mg tablet	1	QL(30 cada 30 días)
estazolam 2 mg tablet	1	PA,QL(30 cada 30 días)
temazepam 15 mg capsule	1	QL(30 cada 30 días)
ramelteon 8 mg tablet	1	QL(30 cada 30 días)
RESTORIL 30 MG CAPSULE	1	PA,QL(30 cada 30 días)
ROZEREM 8 MG TABLET	1	PA,QL(30 cada 30 días)
BELSOMRA 5 MG TABLET	1	QL(30 cada 30 días)
BELSOMRA 10 MG TABLET	1	QL(30 cada 30 días)
BELSOMRA 15 MG TABLET	1	QL(30 cada 30 días)
BELSOMRA 20 MG TABLET	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)
doxepin 3 mg tablet	1	QL(30 cada 30 días)
doxepin 6 mg tablet	1	QL(30 cada 30 días)
SILENOR 3 MG TABLET	1	PA,QL(30 cada 30 días)
SILENOR 6 MG TABLET	1	PA,QL(30 cada 30 días)
EDLUAR 10 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
EDLUAR 5 MG SUBLINGUAL TABLET	1	QL(30 cada 30 días)
temazepam 30 mg capsule	1	PA,QL(30 cada 30 días)
RESTORIL 7.5 MG CAPSULE	1	PA,QL(30 cada 30 días)
eszopiclone 2 mg tablet	1	QL(30 cada 30 días)
flurazepam 15 mg capsule	1	QL(30 cada 30 días)
triazolam 0.25 mg tablet	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)
WAKIX 4.45 MG TABLET	1	PA,QL(60 cada 30 días)
WAKIX 17.8 MG TABLET	1	PA,QL(60 cada 30 días)
XYREM 500 MG/ML ORAL SOLUTION	1	PA,QL(540 cada 30 días)
sodium oxybate 500 mg/ml oral solution	1	PA,QL(540 cada 30 días)
modafinil 200 mg tablet	1	PA,QL(60 cada 30 días)
armodafinil 200 mg tablet	1	PA,QL(30 cada 30 días)
SUNOSI 75 MG TABLET	1	PA,QL(30 cada 30 días)
NUVIGIL 200 MG TABLET	1	PA,QL(30 cada 30 días)
NUVIGIL 250 MG TABLET	1	PA,QL(30 cada 30 días)
NUVIGIL 150 MG TABLET	1	PA,QL(30 cada 30 días)
NUVIGIL 50 MG TABLET	1	PA,QL(60 cada 30 días)
PROVIGIL 100 MG TABLET	1	PA,QL(30 cada 30 días)
SUNOSI 150 MG TABLET	1	PA,QL(30 cada 30 días)
armodafinil 250 mg tablet	1	PA,QL(30 cada 30 días)
armodafinil 50 mg tablet	1	PA,QL(60 cada 30 días)
armodafinil 150 mg tablet	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
XYWAV 0.5 GRAM/ML ORAL SOLUTION	1	PA,QL(540 cada 30 días)
PROVIGIL 200 MG TABLET	1	PA,QL(60 cada 30 días)
modafinil 100 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.

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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.