

**KAISER PERMANENTE: 2020
CALIFORNIA DEL NORTE
COMERCIAL HMO
FORMULARIO**

[ESTE FORMULARIO SE ACTUALIZÓ EL: 12/01/2020]

2020 Norte de California Comercial HMO Formulario

(Lista de medicamentos cubiertos)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACION SOBRE LOS MEDICAMENTOS QUE CUBIERTAMOS CUANDO PARTICIPA EN UN [PLAN GROUP / INDIVIDUAL] OFRECIDO POR KAISER PERMANENTE.

Este formulario de medicamentos recetados es efectivo a partir de 12/01/2020. Este documento de formulario puede variar dependiendo de su plan de salud. Este formulario está sujeto a cambios y todas las versiones anteriores del formulario ya no se aplican. Todas las versiones anteriores efectivas del formulario ya no se aplican, y las copias deben descartarse para evitar una interpretación errónea.

Para obtener una versión electrónica del formulario, o preguntas sobre qué formulario de medicamentos se aplica a su plan, visite kp.org/formulary o llame a nuestro Centro de contacto de servicio al miembro las 24 horas del día, los siete días de la semana (vacaciones cerradas). 1-800-464-4000 Inglés (y más de 150 idiomas), 1-800-788-0616 Español, 1-800-757-7585 Dialectos chinos, y 711 TTY para personas sordos o con dificultades auditivas.

Esta no es una lista de todo incluido y no proporciona información sobre cobertura específica, exclusiones, copagos o coseguros. Esa información se puede encontrar refiriéndose a su *Evidencia de Cobertura* (EOC). Para localizar un EOC que incluya la distribución de costos aplicable a los medicamentos recetados para los productos del plan de salud que se aplica este formulario siga las siguientes instrucciones:

Grupo pequeño: <https://www.coveredca.com/forsmallbusiness/>

Planes individuales: <https://www.coveredca.com/>

Para los planes de Grupo Grande (cubiertos a través de su empleador, y el empleador tiene 101 o más empleados): Comuníquese con Servicios para Miembros al 844-554-9181 para solicitar su *Evidencia de Cobertura* (EOC, por sus parte). Por favor, tenga el número de grupo de su empleador disponible, y si su grupo ofrece más de un plan, el nombre del plan. (El número de grupo de su empleador solo se puede obtener de su empleador.)

Una descripción de beneficios de medicamentos para su cobertura de recetas ambulatorias para medicamentos, dispositivos y productos aprobados por la FDA se puede encontrar en su EOC.

La presencia de un medicamento en nuestro formulario de medicamentos no significa necesariamente que su médico lo prescribirá para una condición médica. Su médico elegirá la terapia adecuada en función de la necesidad médica en su juicio.

Si se producen cambios en el formulario de medicamentos o se agregan restricciones a un medicamento, y usted está tomando el medicamento afectado por el cambio, se le puede permitir continuar recibiendo ese medicamento de acuerdo con su beneficio de medicamentos, si su médico lo considera médicamente necesario.

Cambios en el formulario

Kaiser Permanente actualiza el formulario mensualmente. Los medicamentos se agregan o eliminan del Formulario Comercial de California durante el año, estos cambios en el Formulario se basan en nueva información o nuevos medicamentos que están disponibles.

Estos cambios en el formulario pueden incluir:

C colgar en forma dedroga o dosis - cambios en la colocación de nivel de un medicamento que resulta en un aumento en el costo compartido; y cualquier cambio de restricciones de gestión de la utilización, incluyendo cualquier adición de estas restricciones.

Marca a genérico - cuando una versión genérica de un medicamento de marca en nuestro formulario está disponible y cumple con nuestros estándares, por lo general reemplaza el medicamento de marca en nuestro formulario.

Cambio terapéutico - la prescripción se cambia de un medicamento a otro porque hemos decidido que el nuevo medicamento es una mejor opción basada en estándares de seguridad, eficacia o asequibilidad.

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Informativo

Definiciones

Término
La droga de marca es un medicamento que se comercializa bajo un nombre patentado, protegido por marca registrada. El medicamento de marca se indicará en todas las letras CAPITAL.
El coseguro es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Copago es una cantidad fija en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
El deducible es la cantidad que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar todo o parte del costo del beneficio de atención médica bajo los términos de la póliza.
El nivel de medicamentos es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la porción del afiliado del costo del medicamento.
El afiliado es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los inscritos en esta plantilla de formulario también incluirán el suscriptor tal como se define en esta sección a continuación
La solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o proveedor de atención médica que prescribe envía una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la condición del afiliado.
Las circunstancias más exigentes son cuando un afiliado está sufriendo de una condición de salud que puede poner en serio peligro la vida, la salud o la capacidad del afiliado para recuperar la máxima función o cuando un afiliado está siendo sometido a un curso actual de tratamiento usando un medicamento no formulariano. Las circunstancias más exigentes a veces se conocen como "urgentes".
El formulario es la lista completa de medicamentos recetados preferidos para su uso y elegibles para la cobertura bajo un producto del plan de salud , e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados.
El medicamento genérico es el mismo medicamento que su nombre equivalente en dosis, seguridad, fuerza, cómo se toma, calidad, rendimiento, y el uso previsto. Un medicamento genérico aparece en letras minúsculas en negrita y cursiva .
El medicamento no del formulario es un medicamento recetado que no aparece en el formulario del plan de salud.
Los costos de bolsillo son copagos, coseguro y el deducible aplicable, más todos los costos de los servicios de atención médica que no están cubiertos por el plan de salud.
El proveedor de prescripción es un proveedor de atención médica autorizado a escribir una receta médica para tratar una condición médica para un afiliado a un plan de salud.

<p>La prescripción es un pedido oral, escrito o electrónico de un proveedor de prescripción para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento prescrito, la fecha de emisión, el nombre y la información de contacto del proveedor de prescripción, la firma del proveedor de prescripción si la receta es por escrito, y si lo solicita el afiliado, la condición médica o propósito para el cual se prescribe el medicamento.</p>
<p>El medicamento recetado es un medicamento que es prescrito por el proveedor de prescripción del afiliado y requiere una receta bajo la ley aplicable.</p>
<p>La Autorización Previa (PA, por sus) es el requisito de un plan de salud de que el afiliado o el proveedor de prescripción del afiliado obtengan la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario para que el afiliado obtenga el medicamento. Nota: Kaiser Foundation Health Plan no tiene un requisito para PA.</p>
<p>Paso Therapy (ST) es un proceso que especifica la secuencia en la que se prescriben diferentes medicamentos recetados para una condición médica dada y médicamente apropiado para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la condición médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de acuerdo con una solicitud de terapia escalonada. Si el proveedor de prescripción del afiliado presenta una solicitud de excepción de terapia escalonada, los planes de salud harán excepciones a la terapia escalonada cuando se cumplan los criterios. Nota: Kaiser Foundation Health Plan no tiene un requisito para la terapia escalonada.</p>
<p>Suscriptor significa la persona que es responsable del pago a un plan o cuyo empleo u otro estatus, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.</p>

¿Qué es el formulario comercial Kaiser Permanente California?

El Formulario Comercial de California es una lista de medicamentos cubiertos elegidos por un grupo de médicos y farmacéuticos de Kaiser Permanente conocidos como el Comité de Farmacia y pharmacists Terapéutica. Committee. El Comité se reúne regularmente para evaluar y seleccionar los medicamentos que son seguros y eficaces para nuestros miembros. Este Formulario cumple con los requisitos descritos en la ley estatal, regulaciones y orientación para los planes comerciales.

¿Qué medicamentos están cubiertos?

Kaiser Permanente cubre medicamentos de marca, genéricos y especiales as que figuran en el Formulario Comercial de California, siempre y cuando el medicamento sea médicamente necesario, la receta se llene en un Kaiser Permanente, o una farmacia afiliada, pharmacy, y se cumplan otras reglas de cobertura.

Si le recetan un medicamento en el formulario comercial de California, ese medicamento estará cubierto bajo los términos de su beneficio de medicamentos.

¿Qué medicamentos están cubiertos por el beneficio médico frente al medicamento recetado para pacientes ambulatorios?

Los medicamentos y productos administrados son medicamentos y productos que requieren administración u observación por parte del personal médico. Estos medicamentos y productos están cubiertos cuando son prescritos por un Proveedor del Plan, de acuerdo con nuestras pautas de

formulario de medicamentos, y se le administran en un Centro de Plan o durante las visitas domiciliarias. Consulte su *Evidencia de Cobertura* para obtener más información.

Obtener una excepción al formulario

Los medicamentos que no figuran en el formulario se denominan medicamentos no formularia. Cuando un médico de Kaiser Permanente, o un médico de referencia autorizado, determina que un medicamento no-formulario es médicamente apropiado y necesario, ese medicamento estará cubierto bajo los términos de sus beneficios (si usted tiene un beneficio de medicamento recetado). Si usted no tiene un beneficio de medicamentos recetados, se le cobrará el precio de venta al por menor completo para el medicamento.

Puede consultar con su proveedor del Plan si se necesita una excepción al formulario. Usted y su proveedor del Plan son los mejores capaces de determinar sus necesidades de medicamentos.

También puede ponerse en contacto con Servicios para Miembros las 24 horas del día, los 7 días de la semana. Si desea tener un medicamento no formal que su médico determine que no es médicamente necesario, puede presentar una queja ante Servicios para Miembros llamando al 1-800-464-4000.

Si el Plan otorga la solicitud de excepción estándar de un miembro, el Plan proporcionará cobertura del medicamento no-formulario durante la duración de la receta, incluyendo recargas. Si el Plan otorga una excepción basada en circunstancias exigentes (urgentes), el Plan proporcionará cobertura del medicamento no-formulario durante la duración de la exigencia.

¿Cómo solicito una determinación de cobertura?

Usted, su representante designado, su Kaiser Permanente o médico afiliado, u otro prescriptor puede solicitar una determinación de cobertura.

Se tomará una decisión estándar en un plazo de 72 horas. Para solicitudes urgentes, se tomará una decisión rápida (rápida) en un plazo de 24 horas. Para todas las solicitudes de excepción, el período de tiempo comienza cuando su médico u otro prescriptor proporciona una declaración de apoyo.

¿Existen restricciones a los medicamentos cubiertos en el formulario?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura, como límites de cantidad. Para ciertos medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento dispensado a un suministro determinado de días. Por ejemplo, cuando hay una escasez nacional de un medicamento, podemos limitar la cantidad de la droga dispensada. Además, la ley actual limita la cuota de costo (por máximo de prescripción) en medicamentos orales contra el cáncer a no más de \$200 por suministro de 30 días.

¿Qué medicamentos son elegibles para ser enviados por correo desde la farmacia de pedidos por correo?

La mayoría de los medicamentos se pueden enviar por correo desde nuestra farmacia de pedidos por correo. Algunos medicamentos (por ejemplo, medicamentos que tienen un costo extremadamente alto o requieren un manejo especial) pueden no ser elegibles para el envío por correo. Las drogas no se pueden enviar por correo fuera de los Estados Unidos.

Puede solicitar recargas a través de nuestro servicio de pedidos por correo en línea en [kp.org/refill](https://www.kp.org/refill) o por teléfono o aplicación móvil. El pedido por correo no conlleva ningún cargo

adicional. Se aplicará la cuota de costo apropiada (de acuerdo con su beneficio de medicamentos recetados).

Su drug beneficio de medicamentos recetados puede tener una cuota de costo más bajo si utiliza la farmacia de pedidos por correo.

Consulte su *Evidencia de Cobertura* para obtener detalles completos de su beneficio de medicamentos recetados.

¿Cómo localizar una farmacia y rellenar sus recetas?

Consulte su guía electrónica para miembros en kp.org/eguidebook para obtener una lista completa de las farmacias de la red disponibles para usted o comuníquese con Servicios para Miembros.

Recarga en línea

Visita kp.org/refill para pedir recargas y comprobar el estado de tus pedidos. Si es la primera vez que realiza un pedido de recarga en línea, cree una cuenta visitando kp.org/register.

Recarga por teléfono

Llame al número de recarga de la farmacia en su etiqueta de prescripción. Tenga listo su número de registro médico, número de receta, número de teléfono residencial e información de tarjeta de crédito o débito cuando llame.

¿Cómo utilizo el formulario?

Los medicamentos se enumeran alfabéticamente bajo la columna titulada "Nombre del medicamento recetado" por su marca o nombre genérico bajo la categoría terapéutica y la clase a la que pertenece. Puede buscar en esta lista utilizando la marca o el nombre genérico del medicamento por: Buscando la categoría o clase a la que pertenece el medicamento y buscar el nombre de la droga en orden alfabético o buscar en el índice alfabético de drogas por el nombre de la droga.

La inclusión de un medicamento en el formulario no garantiza que su médico o prescriptor lo prescriba.

Dolencia

El formulario comienza en la página 11. Los medicamentos de este formulario se agrupan en categorías dependiendo del tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Drogas cardiovasculares." Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 2. A continuación, busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si usted no está seguro de qué categoría para buscar, usted debe buscar su medicamento en el índice que comienza en la página 105. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Busque en el índice y encuentre su droga. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Acceda a la página que aparece en el índice y busque el nombre de su medicamento en la primera columna de la lista.

Formulary Legend

Columna 1:

Un medicamento se enumera alfabéticamente por su marca y nombres genéricos en la

categoría terapéutica y clase a la que pertenece.

El nombre genérico de un medicamento de marca se incluye después del nombre de marca entre paréntesis y todas las letras minúsculas en negrita y cursiva.

Si un equivalente genérico para un medicamento de marca está disponible, y tanto el nombre de marca como los equivalentes genéricos están cubiertos, el medicamento genérico se enumerará por separado del medicamento de marca en todas las letras minúsculas en negrita y cursiva.

If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name is listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Ejemplo	
Medicamentos genéricos	<i>atorvastatin calcium</i>
Medicamentos genéricos comercializados con una marca	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Marca	ADVAIR DISKUS AEPB 250-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>

Todas las **formas** de dosificación y **fortalezas** para un medicamento en particular listado puede no estar **en el formulario**. Algunos medicamentos tienen múltiples formas de dosificación. En tales casos, algunas dosis pueden estar en el formulario y otros no.

Algunos de estos medicamentos pueden estar disponibles solo en un entorno clínico y su costo compartido aplicable puede aplicarse.

Columna 2:

La segunda columna, "Drug Tier", indicará en qué número de nivel se encuentra el medicamento. Los medicamentos en el formulario comercial de California se clasifican:

<u>Nivel 1</u> – Nivel genérico
<u>Nivel 2</u> – Nivel de marca
<u>Nivel 4</u> – Nivel de especialidad

El formulario es una lista de medicamentos cubiertos. Kaiser Permanente considera los medicamentos colocados en los medicamentos Tier 1 (Genérico) y Tier 2 (Marca) como medicamentos preferidos. Kaiser Permanente no tiene un nivel que se alinee con la definición de medicamentos de nivel 3 (Nen el valor preferido Brand) que están cubiertos a un costo más altocompartido.

¿Qué son los medicamentos genéricos?

Un medicamento genérico es aprobado por la FDA como tener el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Qué son los medicamentos de marca?

Medicamentos de marca son fabricados y vendidos por la compañía farmacéutica que originalmente investigó y desarrolló la droga. Cuando la patente de un medicamento de marca expira, otras compañías farmacéuticas pueden fabricar y vender una versión genérica aprobada por la FDA del medicamento con el mismo ingrediente activo a precios más bajos.

Qué son los medicamentos de nivel especial

Los medicamentos de nivel especializado son medicamentos de muy alto costo aprobados por la FDA que están en nuestro formulario.

Para obtener información sobre el costo compartido para cada nivel de medicamentos y cualquier máximo de dólar aplicable en su paquete de beneficios del plan de salud, consulte el "Resumen de costo compartido" de su EOC (*Evidencia de cobertura*).

Si los Cargos por Servicios son menores que el Copago descrito en su EOC, usted pagará la cantidad menor, sujeto a cualquier deducible o máximo de su bolsillo aplicable.

Nota: El nivel en el que se clasifica un medicamento genérico o de marca puede cambiar en cualquier momento del año. Además, ciertos medicamentos de marca pueden estar cubiertos con la cuota de costo que se aplica para el Nivel 1 y ciertos medicamentos genéricos pueden estar cubiertos en la cuota de costo de Nivel 2. El nivel 4 es para medicamentos especiales que están cubiertos a un costo más alto compartido.

Columna 3:

La tercera columna del gráfico indicará cualquier requisito o límite para ese medicamento.

Clave de las abreviaturas del formulario
QL - Límites de cantidad para ciertos medicamentos, podemos limitar la cantidad de medicamento que usted puede recibir. Además, cuando hay una escasez nacional de un medicamento, podemos may limitar la cantidad de la droga dispensada.
LD = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, consulte su guía electrónica para miembros en kp.org/eguidebook (bajo el directorio de instalaciones) o comuníquese con Servicios para Miembros.
OC = Hay un límite máximo en el monto de copago/coseguro para los medicamentos contra el cáncer administrados por vía oral de no más de \$200 por suministro de 30 días. Consulte su Resumen de Beneficios para obtener información más detallada.
PREV = Los medicamentos preventivos para la salud son medicamentos selectos requeridos por la ley federal para ser cubiertos sin cargo alguno a los miembros en planes selectos. Los medicamentos preventivos para la salud se determinan sobre la base de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con una calificación de "A" o "B".
MB = Un medicamento de beneficio médico es un medicamento que generalmente no es autoadministrado y administrado por un profesional de la salud. El beneficio de medicamentos recetados para pacientes ambulatorios incluye medicamentos aprobados por la FDA que son autoadministrados, comúnmente orales, o autoinyectables, no excluidos de la cobertura.

Formulario

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA TABS 200 MG [<i>albendazole</i>]	2	
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	1	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 10 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 15 (10-5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
AZACTAM IN DEXTROSE SOLN 1 GM/50ML <i>[aztreonam-dextrose]</i>	2	MB
AZACTAM IN DEXTROSE SOLN 2 GM/50ML <i>[aztreonam-dextrose]</i>	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	
<i>azithromycin susr 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	
<i>azithromycin tabs 500 mg</i>	1	
<i>azithromycin tabs 600 mg</i>	1	
<i>aztreonam solr 1 gm</i>	1	MB
<i>aztreonam solr 2 gm</i>	1	MB
BICILLIN L-A SUSP 1200000 UNIT/2ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 600000 UNIT/ML <i>[penicillin g benzathine]</i>	2	MB
CAYSTON SOLR 75 MG <i>[aztreonam lysine]</i>	2	QL - 30 day(s)
<i>cefaclor caps 250 mg</i>	1	
<i>cefaclor caps 500 mg</i>	1	
<i>cefadroxil caps 500 mg</i>	1	
<i>cefazolin sodium solr 1 gm</i>	1	MB
<i>cefazolin sodium solr 10 gm</i>	1	MB
<i>cefazolin sodium solr 20 gm</i>	1	MB
<i>cefazolin sodium solr 500 mg</i>	1	MB
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	1	MB
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	MB
<i>cefepime hcl solr 2 gm</i>	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	MB
<i>cefotaxime sodium solr 1 gm</i>	1	MB
<i>cefotaxime sodium solr 2 gm</i>	1	MB
<i>cefotaxime sodium solr 500 mg</i>	1	MB
<i>cefotetan disodium solr 1 gm</i>	1	MB
<i>cefotetan disodium solr 2 gm</i>	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	MB
<i>cefoxitin sodium solr 1 gm</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil susr 50 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 7.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
cephalexin tabs 500 mg	1	
chloramphenicol sod succinate solr 1 gm	1	MB
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 200 mg/100ml	1	MB
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
CLARITHROMYCIN TABS 500 MG [clarithromycin]	1	
CLEOCIN IN D5W SOLN 300 MG/50ML [clindamycin phosphate in d5w]	2	MB
CLEOCIN IN D5W SOLN 600 MG/50ML [clindamycin phosphate in d5w]	2	MB
CLEOCIN IN D5W SOLN 900 MG/50ML [clindamycin phosphate in d5w]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 300 MG/2ML	1	MB
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 900 MG/6ML	1	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	1	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate soln 300 mg/2ml	1	MB
CLINDAMYCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	1	MB
CUBICIN SOLR 500 MG [daptomycin]	2	MB
demeclocycline hcl tabs 150 mg	1	
demeclocycline hcl tabs 300 mg	1	
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate caps 100 mg	1	
doxycycline hyclate caps 50 mg	1	
doxycycline hyclate tabs 100 mg	1	
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500 MG [erythromycin lactobionate]	2	MB
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	2	
fluconazole in sodium chloride soln 100-0.9 mg/50ml-%	1	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 0.9-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.4-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	1	MB
gentamicin sulfate soln 10 mg/ml	1	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM [ertapenem sodium]	2	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	2	MB
nafcillin sodium solr 1 gm	1	MB
nafcillin sodium solr 10 gm	1	MB
nafcillin sodium solr 2 gm	1	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose]	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	2	MB
penicillin g potassium solr 2000000 unit	1	MB
penicillin g potassium solr 5000000 unit	1	MB
penicillin g procaine susp 600000 unit/ml	1	MB
penicillin g sodium solr 5000000 unit	1	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	1	MB
PRIMAXIN IV SOLR 250-250 MG [imipenem-cilastatin]	2	MB
PRIMAXIN IV SOLR 500-500 MG [imipenem-cilastatin]	2	MB
streptomycin sulfate solr 1 gm	1	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
SYNERCID SOLR 150-350 MG [quinupristin-dalfopristin]	2	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	1	
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	1	
TOBI PODHALER CAPS 28 MG [tobramycin]	2	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
tobramycin sulfate solr 1.2 gm	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	2	MB
vancomycin hcl solr 1 gm	1	MB
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB
XIFAXAN TABS 550 MG [rifaximin]	2	QL - 30 day(s)
ZINACEF IN STERILE WATER SOLN 1.5 GM [cefuroxime in sterile water]	2	MB
ZINACEF SOLR 750 MG [cefuroxime sodium]	2	MB
ZITHROMAX PACK 1 GM [azithromycin]	2	
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML [amphotericin b lipid]	2	MB
amphotericin b solr 50 mg	1	MB
CANCIDAS SOLR 50 MG [caspofungin acetate]	2	MB
CANCIDAS SOLR 70 MG [caspofungin acetate]	2	MB
fluconazole in dextrose soln 200 mg/100ml	1	MB
fluconazole in dextrose soln 400 mg/200ml	1	MB
fluconazole in nacl inj nacl 200	1	MB
fluconazole in nacl inj nacl 400	1	MB
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	1	MB
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
<i>terbinafine hcl tabs 250 mg</i>	1	
VFEND IV SOLR 200 MG [<i>voriconazole</i>]	2	MB
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR 1 GM [<i>capreomycin sulfate</i>]	2	MB
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB
<i>isoniazid syrp 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	1	MB
TRECTOR TABS 250 MG [<i>ethionamide</i>]	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML [<i>nitazoxanide</i>]	2	
ALINIA TABS 500 MG [<i>nitazoxanide</i>]	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG [artemether-lumefantrine]	2	
DARAPRIM TABS 25 MG [pyrimethamine]	2	QL - 30 day(s)
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG [tafenoquine succinate]	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE IN NAACL SOLN 5-0.79 MG/ML-% [metronidazole in nacl]	1	MB
METRONIDAZOLE IN NAACL SOLN 500-0.74 MG/100ML-% [metronidazole in nacl]	2	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG [pentamidine isethionate]	2	
paromomycin sulfate caps 250 mg	1	
PENTAM SOLR 300 MG [pentamidine isethionate]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 MG [primaquine phosphate]	2	
ANTIVIRALS		
abacavir sulfate tabs 300 mg	1	
abacavir sulfate-lamivudine tabs 600-300 mg	1	
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	1	
acyclovir caps 200 mg	1	
acyclovir sodium inj 1000mg	1	MB
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG [tipranavir]	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
ATRIPLA TABS 600-200-300 MG [efavirenz-emtricitabine-tenofovir disoproxil fumarate]	2	
BARACLUDGE SOLN 0.05 MG/ML [entecavir]	2	
BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG [lamivudine-tenofovir disoproxil fumarate]	1	
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	2	
CRIXIVAN CAPS 200 MG [indinavir sulfate]	2	
CRIXIVAN CAPS 400 MG [indinavir sulfate]	2	
DAKLINZA TABS 30 MG [daclatasvir dihydrochloride]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	2	QL - 30 day(s)
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 200 mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	2	
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	2	
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	2	
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	2	QL - 30 day(s)
EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat</i>]	2	
<i>famciclovir tabs 500 mg</i>	1	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML [<i>foscarnet sodium</i>]	2	MB
FUZEON SOLR 90 MG [<i>enfuvirtide</i>]	2	QL - 30 day(s),MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
INTELENCE TABS 100 MG [<i>etravirine</i>]	2	
INTELENCE TABS 200 MG [<i>etravirine</i>]	2	
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	2	
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	2	
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	2	
KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 100 mg</i>	1	
<i>lamivudine tabs 150 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
<i>nevirapine er tb24 400 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	2	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	2	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	2	
RELENZA DISKHALER AEPB 5 MG/BLISTER [<i>zanamivir</i>]	2	
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	2	
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
SOVALDI PACK 150 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
SOVALDI PACK 200 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
<i>stavudine caps 15 mg</i>	1	
<i>stavudine caps 20 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	2	
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	1	
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	1	
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
SYNAGIS SOLN 100 MG/ML [palivizumab]	2	MB
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	2	MB
TAMIFLU SUSR 6 MG/ML [oseltamivir phosphate]	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY PD TBSO 5 MG [dolutegravir sodium]	2	
TIVICAY TABS 10 MG [dolutegravir sodium]	2	
TIVICAY TABS 25 MG [dolutegravir sodium]	2	
TIVICAY TABS 50 MG [dolutegravir sodium]	2	
TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	2	
TRUVADA TABS 100-150 MG [emtricitabine-tenofovir disoproxil fumarate]	2	
TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	2	
TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	2	
TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	2	PREV
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	2	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VIDEX SOLR 2 GM [didanosine]	2	
VIDEX SOLR 4 GM [didanosine]	2	
VIRACEPT TABS 250 MG [nelfinavir mesylate]	2	
VIRACEPT TABS 625 MG [nelfinavir mesylate]	2	
VIRAZOLE SOLR 6 GM [ribavirin]	2	
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML [abacavir sulfate]	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG <i>[nitrofurantoin macrocrystal]</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG <i>[nitrofurantoin macrocrystal]</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tabs 100 mg</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	MB
<i>promethazine hcl soln 25 mg/ml</i>	1	MB
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	1	QL - 30 day(s),OC
ABRAXANE SUSR 100 MG <i>[paclitaxel protein-bound particles]</i>	2	MB
ADCETRIS SOLR 50 MG <i>[brentuximab vedotin]</i>	2	MB
AFINITOR TABS 10 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 2.5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 7.5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
ALECENSA CAPS 150 MG <i>[alectinib hcl]</i>	2	QL - 30 day(s),OC
ALIMTA SOLR 500 MG <i>[pemetrexed disodium]</i>	2	MB
ALKERAN TABS 2 MG <i>[melphalan]</i>	2	OC
ALUNBRIG TABS 180 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ARRANON SOLN 5 MG/ML <i>[nelarabine]</i>	2	MB
AVASTIN SOLN 100 MG/4ML <i>[bevacizumab]</i>	2	MB
AVASTIN SOLN 400 MG/16ML <i>[bevacizumab]</i>	2	MB
<i>azacitidine susr 100 mg</i>	1	MB
BENDEKA SOLN 100 MG/4ML <i>[bendamustine hcl]</i>	2	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
BICNU SOLR 100 MG <i>[carmustine]</i>	2	MB
<i>bleomycin sulfate solr 15 unit</i>	1	MB
<i>bleomycin sulfate solr 30 unit</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	2	QL - 30 day(s),MB
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	1	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	1	MB
<i>capecitabine tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	2	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 50 mg/50ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>]	2	MB
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	2	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	2	QL - 30 day(s),MB
<i>cytarabine (pf) soln 100 mg/ml</i>	1	MB
<i>cytarabine (pf) soln 20 mg/ml</i>	1	MB
<i>cytarabine soln 20 mg/ml</i>	1	MB
<i>dacarbazine solr 100 mg</i>	1	MB
<i>dacarbazine solr 200 mg</i>	1	MB
DACOGEN SOLR 50 MG [<i>decitabine</i>]	2	MB
<i>dactinomycin inj 0.5mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	2	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
DEPOCYT SUSP 50 MG/5ML [<i>cytarabine liposome</i>]	2	MB
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML [<i>docetaxel</i>]	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[docetaxel]		
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML [docetaxel]	2	QL - 30 day(s),MB
docetaxel conc 80 mg/4ml	1	MB
DOXIL INJ 2 MG/ML [doxorubicin hcl liposomal]	2	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
doxorubicin hcl solr 10 mg	1	MB
doxorubicin hcl solr 50 mg	1	MB
EMCYT CAPS 140 MG [estramustine phosphate sodium]	2	QL - 30 day(s),OC
ERBITUX SOLN 100 MG/50ML [cetuximab]	2	MB
ERBITUX SOLN 200 MG/100ML [cetuximab]	2	MB
ERIVEDGE CAPS 150 MG [vismodegib]	2	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	2	MB
etoposide caps 50 mg	1	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 1 gm/20ml	1	MB
fluorouracil soln 2.5 gm/50ml	1	MB
fluorouracil soln 5 gm/100ml	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant soln 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GEMZAR SOLR 1 GM [gemcitabine hcl]	2	MB
GLEOSTINE CAPS 10 MG [lomustine]	2	OC
GLEOSTINE CAPS 100 MG [lomustine]	2	OC
GLEOSTINE CAPS 40 MG [lomustine]	2	OC
GLEOSTINE CAPS 5 MG [lomustine]	2	OC
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	2	MB
HERCEPTIN SOLR 150 MG [trastuzumab]	2	QL - 30 day(s),MB
HEXALEN CAPS 50 MG [altretamine]	2	QL - 30 day(s),OC
HYCAMTIN CAPS 0.25 MG [topotecan hcl]	2	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [topotecan hcl]	2	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE TABS 100 MG [palbociclib]	2	QL - 30 day(s)
IBRANCE TABS 125 MG [palbociclib]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
IBRANCE TABS 75 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IDAMYCIN PFS SOLN 10 MG/10ML [<i>idarubicin hcl</i>]	1	MB
<i>idarubicin hcl soln 5 mg/5ml</i>	1	MB
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	1	MB
<i>imatinib mesylate tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>imatinib mesylate tabs 400 mg</i>	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
IRESSA TABS 250 MG [<i>gefitinib</i>]	2	QL - 30 day(s),OC
<i>irinotecan hcl soln 500 mg/25ml</i>	1	MB
ISTODAX (OVERFILL) SOLR 10 MG [<i>romidepsin</i>]	2	MB
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	2	MB
KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	2	MB
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG [chlorambucil]	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG [lorlatinib]	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG [lorlatinib]	2	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [leuprolide acetate]	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [leuprolide acetate]	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [leuprolide acetate (3 month)]	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [leuprolide acetate (3 month)]	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG [leuprolide acetate (4 month)]	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG [leuprolide acetate (6 month)]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)]	2	MB
LYNPARZA TABS 100 MG [olaparib]	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG [olaparib]	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG [mitotane]	2	QL - 30 day(s),OC
MARQIBO SUSP 5 MG/31ML [vincristine sulfate liposome]	2	QL - 30 day(s),MB
MATULANE CAPS 50 MG [procarbazine hcl]	2	QL - 30 day(s),OC
megestrol acetate susp 40 mg/ml	1	OC
megestrol acetate susp 400 mg/10ml	1	OC
megestrol acetate tabs 20 mg	1	OC
megestrol acetate tabs 40 mg	1	OC
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	2	QL - 30 day(s),OC
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	2	QL - 30 day(s),OC
melphalan hcl solr 50 mg	1	MB
mercaptopurine tabs 50 mg	1	OC
methotrexate sodium (pf) soln 50 mg/2ml	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	1	MB
methotrexate sodium solr 1 gm	1	MB
methotrexate tabs 2.5 mg	1	OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
mitoxantrone hcl conc 25 mg/12.5ml	1	MB
MUSTARGEN SOLR 10 MG [mechlorethamine hcl]	2	MB
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	2	MB
MYLERAN TABS 2 MG [busulfan]	2	OC
NEXAVAR TABS 200 MG [sorafenib tosylate]	2	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG [ixazomib citrate]	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG [ixazomib citrate]	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG [ixazomib citrate]	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [sonidegib phosphate]	2	QL - 30 day(s),OC
OPDIVO SOLN 100 MG/10ML [nivolumab]	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [nivolumab]	2	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
pentostatin inj 10mg	1	MB
PERJETA SOLN 420 MG/14ML [pertuzumab]	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG [pomalidomide]	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG [pomalidomide]	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG [pomalidomide]	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG [pomalidomide]	2	QL - 30 day(s),OC
PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [lenalidomide]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG [lenalidomide]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [lenalidomide]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG [lenalidomide]	2	QL - 30 day(s),LD,OC
RITUXAN SOLN 100 MG/10ML [rituximab]	2	MB
RITUXAN SOLN 500 MG/50ML [rituximab]	2	MB
romidepsin solr 10 mg	2	MB
ROZLYTREK CAPS 100 MG [entrectinib]	2	QL - 30 day(s)
ROZLYTREK CAPS 200 MG [entrectinib]	2	
RYDAPT CAPS 25 MG [midostaurin]	2	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML [isatuximab-irfc]	2	
SARCLISA SOLN 500 MG/25ML [isatuximab-irfc]	2	
SPRYCEL TABS 100 MG [dasatinib]	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [dasatinib]	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [dasatinib]	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [dasatinib]	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [dasatinib]	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [dasatinib]	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG [regorafenib]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SUTENT CAPS 12.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 25 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 37.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 50 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SYLVANT SOLR 100 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	OC
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	2	OC
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	2	MB
TECENTRIQ SOLN 1200 MG/20ML [<i>atezolizumab</i>]	2	QL - 30 day(s),MB
temozolomide caps 100 mg	1	OC
temozolomide caps 140 mg	1	OC
temozolomide caps 180 mg	1	OC
temozolomide caps 20 mg	1	OC
temozolomide caps 250 mg	1	OC
temozolomide caps 5 mg	1	OC
TENIPOSIDE SOLN 10 MG/ML [<i>teniposide</i>]	2	MB
thiotepa solr 15 mg	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	2	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	2	MB
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	2	QL - 30 day(s),MB
TUKYSA TABS 150 MG [<i>tucatinib</i>]	2	
TUKYSA TABS 50 MG [<i>tucatinib</i>]	2	
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	2	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
vincristine sulfate soln 1 mg/ml	1	MB
vinorelbine tartrate soln 10 mg/ml	1	MB
vinorelbine tartrate soln 50 mg/5ml	1	MB
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	2	QL - 30 day(s),OC
YONDELIS SOLR 1 MG [<i>trabectedin</i>]	2	QL - 30 day(s),MB
ZANOSAR SOLR 1 GM [<i>streptozocin</i>]	2	MB
ZEJULA CAPS 100 MG [<i>niraparib tosylate</i>]	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 0.4 MG/ML [<i>atropine sulfate</i>]	2	MB
ATROPINE SULFATE SOLN 8 MG/20ML [<i>atropine sulfate</i>]	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML [<i>atropine sulfate</i>]	2	MB
ATROVENT HFA AERS 17 MCG/ACT [<i>ipratropium bromide hfa</i>]	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG [<i>belladonna alkaloids & opium</i>]	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG [<i>belladonna alkaloids & opium</i>]	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	1	
CUVPOSA SOLN 1 MG/5ML [<i>glycopyrrolate</i>]	2	
<i>dicyclomine hcl caps 10 mg</i>	1	
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	1	
DONNATAL TABS 16.2 MG [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	1	
<i>glycopyrrolate soln 0.2 mg/ml</i>	1	MB
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	MB
<i>glycopyrrolate soln 4 mg/20ml</i>	1	MB
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG [<i>hyoscyamine sulfate</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HYOSCYAMINE SULFATE SUBL 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide sol inhal</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
LEVSIN SOLN 0.5 MG/ML <i>[hyoscyamine sulfate]</i>	2	MB
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT <i>[tiotropium bromide monohydrate]</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS 1 MG <i>[varenicline tartrate]</i>	2	PREV
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 <i>[varenicline tartrate]</i>	2	PREV
CHANTIX TABS 0.5 MG <i>[varenicline tartrate]</i>	2	PREV
CHANTIX TABS 1 MG <i>[varenicline tartrate]</i>	2	PREV
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
NICORETTE LOZG 2 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE LOZG 4 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE MINI LOZG 2 MG <i>[nicotine polacrilex]</i>	1	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
DONEPEZIL HCL TABS 5 MG <i>[donepezil hydrochloride]</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	1	MB
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG <i>[galantamine hydrobromide]</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>galantamine hydrobromide tabs 8 mg</i>	1	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
<i>neostigmine methylsulfate soln 0.5 mg/ml</i>	1	MB
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [<i>neostigmine methylsulfate</i>]	2	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [<i>physostigmine salicylate</i>]	2	MB
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
REGONOL SOLN 10 MG/2ML [<i>pyridostigmine bromide</i>]	2	MB
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>atracurium besylate soln 50 mg/5ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	
<i>dantrolene sodium caps 50 mg</i>	1	
GABLOFEN SOLN 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 50 MCG/ML [<i>baclofen</i>]	2	MB
<i>methocarbamol tabs 500 mg</i>	1	
<i>methocarbamol tabs 750 mg</i>	1	
<i>pancuronium bromide soln 1 mg/ml</i>	1	MB
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	MB
<i>rocuronium bromide soln 100 mg/10ml</i>	1	MB
<i>rocuronium bromide soln 50 mg/5ml</i>	1	MB
RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	2	MB
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	
<i>vecuronium bromide solr 10 mg</i>	1	MB
<i>vecuronium bromide solr 20 mg</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	QL - 30 day(s),MB
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	1	
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
MIGRANAL SOLN 4 MG/ML [<i>dihydroergotamine mesylate</i>]	2	
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR HFA AERO 115-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ADVAIR HFA AERO 45-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	1	
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	1	
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	1	
<i>dobutamine hcl soln 250 mg/20ml</i>	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w</i>]	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w</i>]	1	MB
<i>dopamine hcl inj 80mg/ml</i>	1	MB
<i>dopamine hcl soln 160 mg/ml</i>	1	MB
DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine hcl</i>]	1	MB
<i>dopamine hcl soln 80 mg/ml</i>	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [<i>dopamine in d5w</i>]	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [<i>dopamine in d5w</i>]	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [<i>dopamine in d5w</i>]	1	MB
EPHEDRINE SULFATE SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	1	MB
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	1	MB
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
<i>epinephrine soaj 0.3 mg/0.3ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
EPINEPHRINE SOLN 30 MG/30ML [<i>epinephrine</i>]	1	MB
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	1	MB
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>metaproterenol sulfate syrpr 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10 mg</i>	1	
<i>metaproterenol sulfate tabs 20 mg</i>	1	
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
<i>norepinephrine bitartrate soln 1 mg/ml</i>	1	MB
SEREVENT DISKUS AEPB 50 MCG/DOSE [<i>salmeterol xinafoate</i>]	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [<i>olodaterol hcl</i>]	2	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % [<i>albumin, human</i>]	1	MB
ALBURX SOLN 5 % [<i>albumin, human</i>]	1	MB
ALBUTEIN SOLN 25 % [<i>albumin, human</i>]	1	MB
BUMINATE SOLN 5 % [<i>albumin, human</i>]	2	MB
PLASMANATE SOLN 5 % [<i>plasma protein fraction</i>]	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
FERREX 150 CAPS 150 MG [<i>polysaccharide iron complex</i>]	1	
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	2	MB
PROFERRIN ES TABS 12 MG [<i>iron heme polypeptide</i>]	2	
PROFERRIN-FORTE TABS 12-1 MG [<i>iron heme polypeptide-folic acid</i>]	2	
VENOFER SOLN 20 MG/ML [<i>iron sucrose</i>]	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	2	QL - 30 day(s),MB
ADVATE SOLR 1500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	2	QL - 30 day(s),MB
ADVATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	2	QL - 30 day(s),MB
ADVATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	2	QL - 30 day(s),MB
ADVATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ADVATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 2000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 3000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL,MB
GELFOAM SPONGE SIZE 100 MISC <i>[gelatin absorbable]</i>	2	
HELIXATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 250 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>(recombinant)</i>		
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
MONONINE SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	2	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	QL - 30 day(s),MB
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
WILATE KIT 1000-1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
WILATE KIT 500-500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
XYNTHA KIT 1000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	MB
XYNTHA KIT 250 UNIT <i>[antihemophilic factor (rcmb)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>moroctocog alfa(bdd-rfviii,mor)</i>		
XYNTHA KIT 500 UNIT [<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>]	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT [<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>]	2	QL - 30 day(s),MB
ANTITHROMBOTIC AGENTS		
ACTIVASE SOLR 100 MG [<i>alteplase</i>]	2	MB
ACTIVASE SOLR 50 MG [<i>alteplase</i>]	2	MB
AGGRENOX CP12 25-200 MG [<i>aspirin-dipyridamole</i>]	2	
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG [<i>bivalirudin trifluoroacetate</i>]	2	MB
ARGATROBAN SOLN 250 MG/2.5ML [<i>argatroban</i>]	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
BRILINTA TABS 90 MG [<i>ticagrelor</i>]	2	
CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	2	MB
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
EFFIENT TABS 10 MG [<i>prasugrel hcl</i>]	2	
EFFIENT TABS 5 MG [<i>prasugrel hcl</i>]	2	
<i>heparin sodium (porcine) lock flush soln</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [<i>heparin (porcine) in sodium chloride</i>]	2	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [<i>heparin (porcine) in sodium chloride</i>]	2	MB
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [<i>heparin (porcine) in sodium chloride</i>]	2	MB
HEPARIN LOCK FLUSH SOLN 1 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [<i>heparin sod (porcine) in d5w</i>]	2	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w</i>]	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	MB
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
INTEGRILIN SOLN 75 MG/100ML <i>[eptifibatide]</i>	2	MB
LOVENOX SOLN 100 MG/ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 60 MG/0.6ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
LOVENOX SOLN 80 MG/0.8ML <i>[enoxaparin sodium]</i>	1	QL - 30 day(s)
PRADAXA CAPS 110 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 150 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 75 MG <i>[dabigatran etexilate mesylate]</i>	2	
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
THROMBATE III SOLR 500 UNIT <i>[antithrombin iii (human)]</i>	2	MB
TNKASE KIT 50 MG <i>[tenecteplase]</i>	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML <i>[crizanlizumab-tmca]</i>	2	
LEUKINE SOLR 250 MCG <i>[sargramostim]</i>	2	QL - 30 day(s),MB
NEUPOGEN SOLN 300 MCG/ML <i>[filgrastim]</i>	2	QL - 30 day(s),MB
NEUPOGEN SOLN 480 MCG/1.6ML <i>[filgrastim]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 10000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG <i>[eltrombopag olamine]</i>	2	
PROMACTA TABS 12.5 MG <i>[eltrombopag olamine]</i>	2	QL - 30 day(s)
PROMACTA TABS 25 MG <i>[eltrombopag olamine]</i>	2	QL - 30 day(s)
PROMACTA TABS 50 MG <i>[eltrombopag olamine]</i>	2	QL - 30 day(s)
PROMACTA TABS 75 MG <i>[eltrombopag olamine]</i>	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML <i>[filgrastim-sndz]</i>	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML <i>[filgrastim-sndz]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbc</i> 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs</i> 1 mg	1	
<i>doxazosin mesylate tabs</i> 2 mg	1	
<i>doxazosin mesylate tabs</i> 4 mg	1	
<i>doxazosin mesylate tabs</i> 8 mg	1	
<i>prazosin hcl caps</i> 1 mg	1	
<i>prazosin hcl caps</i> 2 mg	1	
<i>prazosin hcl caps</i> 5 mg	1	
<i>tamsulosin hcl caps</i> 0.4 mg	1	
<i>terazosin hcl caps</i> 1 mg	1	
<i>terazosin hcl caps</i> 10 mg	1	
<i>terazosin hcl caps</i> 2 mg	1	
<i>terazosin hcl caps</i> 5 mg	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs</i> 10 mg	1	PREV
<i>atorvastatin calcium tabs</i> 20 mg	1	PREV
<i>atorvastatin calcium tabs</i> 40 mg	1	PREV
<i>atorvastatin calcium tabs</i> 80 mg	1	PREV
<i>cholestyramine light powd</i> 4 gm/dose	1	
<i>cholestyramine pack</i> 4 gm	1	
<i>cholestyramine powd</i> 4 gm/dose	1	
<i>colestipol hcl gran</i> 5 gm	1	
<i>colestipol hcl pack</i> 5 gm	1	
<i>colestipol hcl tabs</i> 1 gm	1	
<i>ezetimibe tabs</i> 10 mg	1	
<i>fenofibrate tabs</i> 160 mg	1	
<i>fenofibrate tabs</i> 54 mg	1	
<i>gemfibrozil tabs</i> 600 mg	1	
<i>lovastatin tabs</i> 10 mg	1	PREV
<i>lovastatin tabs</i> 20 mg	1	PREV
<i>lovastatin tabs</i> 40 mg	1	PREV
<i>pravastatin sodium tabs</i> 10 mg	1	PREV
<i>pravastatin sodium tabs</i> 20 mg	1	PREV
<i>pravastatin sodium tabs</i> 40 mg	1	PREV
<i>pravastatin sodium tabs</i> 80 mg	1	PREV
<i>rosuvastatin calcium tabs</i> 10 mg	1	PREV
<i>rosuvastatin calcium tabs</i> 20 mg	1	PREV
<i>rosuvastatin calcium tabs</i> 40 mg	1	PREV
<i>rosuvastatin calcium tabs</i> 5 mg	1	PREV
<i>simvastatin tabs</i> 10 mg	1	PREV
<i>simvastatin tabs</i> 20 mg	1	PREV
<i>simvastatin tabs</i> 40 mg	1	PREV

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
BREVIBLOC IN NAACL SOLN 2000 MG/100ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
BREVIBLOC IN NAACL SOLN 2500 MG/250ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	MB
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>propranolol hcl er cp24 120 mg</i>	1	
<i>propranolol hcl er cp24 160 mg</i>	1	
<i>propranolol hcl er cp24 60 mg</i>	1	
<i>propranolol hcl er cp24 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 120 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>sotalol hcl (af) tabs 160 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 180 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML [<i>clevidipine</i>]	2	MB
CLEVIPREX EMUL 50 MG/100ML [<i>clevidipine</i>]	2	MB
<i>diltiazem hcl er cp12 120 mg</i>	1	
<i>diltiazem hcl er cp12 60 mg</i>	1	
<i>diltiazem hcl er cp12 90 mg</i>	1	
<i>diltiazem hcl er cp24 120 mg</i>	1	
<i>diltiazem hcl er cp24 180 mg</i>	1	
<i>diltiazem hcl er cp24 240 mg</i>	1	
<i>diltiazem hcl soln 125 mg/25ml</i>	1	MB
<i>diltiazem hcl soln 25 mg/5ml</i>	1	MB
<i>diltiazem hcl soln 50 mg/10ml</i>	1	MB
<i>diltiazem hcl tabs 120 mg</i>	1	
<i>diltiazem hcl tabs 30 mg</i>	1	
<i>diltiazem hcl tabs 60 mg</i>	1	
<i>diltiazem hcl tabs 90 mg</i>	1	
NICARDIPINE HCL SOLN 2.5 MG/ML [<i>nicardipine hcl</i>]	1	MB
<i>nifedipine caps 10 mg</i>	1	
<i>nifedipine caps 20 mg</i>	1	
<i>nifedipine er osmotic release tb24 30 mg</i>	1	
<i>nifedipine er osmotic release tb24 60 mg</i>	1	
<i>nifedipine er osmotic release tb24 90 mg</i>	1	
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbc 120 mg</i>	1	
<i>verapamil hcl er tbc 180 mg</i>	1	
<i>verapamil hcl er tbc 240 mg</i>	1	
<i>verapamil hcl soln 2.5 mg/ml</i>	1	MB
<i>verapamil hcl tabs 120 mg</i>	1	
<i>verapamil hcl tabs 40 mg</i>	1	
<i>verapamil hcl tabs 80 mg</i>	1	
CARDIAC DRUGS		
<i>adenosine inj 6mg/2ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 150 mg/3ml</i>	1	MB
<i>amiodarone hcl soln 450 mg/9ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	2	
<i>digoxin soln 0.25 mg/ml</i>	1	MB
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
<i>lidocaine hcl (cardiac) pf soty 100 mg/5ml</i>	1	MB
<i>lidocaine hcl (cardiac) soty 50 mg/5ml</i>	1	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
QUINIDINE GLUCONATE SOLN 80 MG/ML [<i>quinidine gluconate</i>]	2	MB
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		
CARDENE IV SOLN 20-0.86 MG/200ML-% [<i>nicardipine</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>hcl in sodium chloride]</i>		
CARDENE IV SOLN 20-4.8 MG/200ML-% <i>[nicardipine hcl in dextrose]</i>	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% <i>[nicardipine hcl in sodium chloride]</i>	2	MB
CARDENE IV SOLN 40-5 MG/200ML-% <i>[nicardipine hcl in dextrose]</i>	2	MB
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	MB
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
<i>enalaprilat inj 1.25 mg/ml</i>	1	MB
ENTRESTO TABS 24-26 MG <i>[sacubitril-valsartan]</i>	2	
ENTRESTO TABS 49-51 MG <i>[sacubitril-valsartan]</i>	2	
ENTRESTO TABS 97-103 MG <i>[sacubitril-valsartan]</i>	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 1 %	1	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>dipyridamole soln 5 mg/ml</i>	1	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>isosorbide dinitrate er tbcr 40 mg</i>	1	
<i>isosorbide dinitrate tabs 10 mg</i>	1	
<i>isosorbide dinitrate tabs 20 mg</i>	1	
<i>isosorbide dinitrate tabs 30 mg</i>	1	
<i>isosorbide dinitrate tabs 5 mg</i>	1	
<i>isosorbide mononitrate er tb24 120 mg</i>	1	
<i>isosorbide mononitrate er tb24 30 mg</i>	1	
<i>isosorbide mononitrate er tb24 60 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	2	QL - 30 day(s),LD
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	2	QL - 30 day(s),LD
[Nitroglycerin] MINITRAN PT24 0.1 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.2 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.4 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.6 MG/HR	1	
[Nitroglycerin] NITRO-BID OINT 2 %	1	
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	
<i>nitroglycerin cr cap 9mg cr</i>	1	
NITROGLYCERIN ER CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN ER CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
<i>nitroglycerin soln 5 mg/ml</i>	1	MB
NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.4 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.6 MG [<i>nitroglycerin</i>]	2	
PAPAVERINE HCL SOLN 30 MG/ML [<i>papaverine hcl</i>]	2	MB
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	2	LD,MB
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	2	LD,MB
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	2	MB
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	2	LD,MB
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30/day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 30 day(s)
<i>tadalafil (pah) tabs 20 mg</i>	1	
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG [<i>bosentan</i>]	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG [<i>bosentan</i>]	2	QL - 30 day(s),LD
<i>treprostinil soln 100 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 20 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 200 mg/20ml</i>	1	MB
<i>treprostinil soln 50 mg/20ml</i>	1	LD,MB
TYVASO SOLN 0.6 MG/ML [<i>treprostinil</i>]	2	QL - 30 day(s)
<i>vardenafil hcl tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 5 mg</i>	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	2	QL - 30 day(s)
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>alfentanil hcl soln 1000 mcg/2ml</i>	1	MB
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
<i>choline magnesium trisalicylate tab 1000mg</i>	1	
CHOLINE-MAG TRISALICYLATE LIQD 500 MG/5ML <i>[choline & mag salicylate]</i>	1	
CODEINE SULFATE TABS 15 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 30 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 60 MG <i>[codeine sulfate]</i>	1	
DURAMORPH SOLN 0.5 MG/ML <i>[morphine sulfate]</i>	1	MB
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	1	MB
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML <i>[fentanyl citrate]</i>	2	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 10 mg/ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB
HYDROMORPHONE HCL SUPP 3 MG	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[hydromorphone hcl]		
hydromorphone hcl tabs 2 mg	1	
hydromorphone hcl tabs 4 mg	1	
hydromorphone hcl tabs 8 mg	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
[Indomethacin] INDOCIN SUPP 50 MG	1	
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG [indomethacin sodium]	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	2	MB
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [morphine sulfate for continuous microinfusion]	2	MB
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	1	
meclofenamate sodium caps 100 mg	1	
meclofenamate sodium caps 50 mg	1	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
METHADONE HCL SOLN 10 MG/ML [methadone hcl]	2	MB
METHADONE HCL TABS 10 MG [methadone hcl]	1	
METHADONE HCL TABS 5 MG [methadone hcl]	1	
MORPHINE SULFATE (CONCENTRATE) SOLN 100 MG/5ML [morphine sulfate]	1	
morphine sulfate (pf) soln 0.5 mg/ml	1	MB
morphine sulfate (pf) soln 1 mg/ml	1	MB
MORPHINE SULFATE (PF) SOLN 10 MG/ML [morphine sulfate]	2	MB
MORPHINE SULFATE (PF) SOLN 2 MG/ML [morphine sulfate]	2	MB
MORPHINE SULFATE (PF) SOLN 4 MG/ML [morphine sulfate]	2	MB
morphine sulfate er tbcr 100 mg	1	
morphine sulfate er tbcr 15 mg	1	
morphine sulfate er tbcr 200 mg	1	
morphine sulfate er tbcr 30 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>morphine sulfate er tbc</i> 60 mg	1	
MORPHINE SULFATE SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML [<i>morphine sulfate</i>]	1	
MORPHINE SULFATE SOLN 10 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 2 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 25 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 4 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 5 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 50 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 8 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>]	2	
<i>nabumetone tabs</i> 500 mg	1	
<i>nabumetone tabs</i> 750 mg	1	
<i>nalbuphine hcl soln</i> 10 mg/ml	1	MB
<i>nalbuphine hcl soln</i> 20 mg/ml	1	MB
<i>naproxen susp</i> 125 mg/5ml	1	
<i>naproxen tabs</i> 250 mg	1	
<i>naproxen tabs</i> 375 mg	1	
<i>naproxen tabs</i> 500 mg	1	
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen lysine</i>]	2	MB
OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	2	MB
OPANA SOLN 1 MG/ML [<i>oxymorphone hcl</i>]	2	MB
<i>oxycodone hcl tabs</i> 5 mg	1	
<i>oxycodone-acetaminophen tabs</i> 10-325 mg	1	
<i>oxycodone-acetaminophen tabs</i> 5-325 mg	1	
<i>oxycodone-acetaminophen tabs</i> 7.5-325 mg	1	QL - 30 day(s)
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sufentanil citrate soln 50 mcg/ml</i>	1	MB
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR CP24 10 MG [<i>amphetamine-dextroamphetamine</i>]	1	
ADDERALL XR CP24 15 MG [<i>amphetamine-dextroamphetamine</i>]	1	
ADDERALL XR CP24 20 MG [<i>amphetamine-dextroamphetamine</i>]	1	
ADDERALL XR CP24 25 MG [<i>amphetamine-dextroamphetamine</i>]	1	
ADDERALL XR CP24 30 MG [<i>amphetamine-dextroamphetamine</i>]	1	
ADDERALL XR CP24 5 MG [<i>amphetamine-dextroamphetamine</i>]	1	
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 60 MG [<i>methylphenidate hcl</i>]	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB
CONCERTA TBCR 18 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 27 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 36 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 54 MG [<i>methylphenidate hcl</i>]	2	
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	
<i>methylphenidate hcl er tbcx 10 mg</i>	1	
<i>methylphenidate hcl er tbcx 18 mg</i>	1	
<i>methylphenidate hcl er tbcx 20 mg</i>	1	
<i>methylphenidate hcl er tbcx 27 mg</i>	1	
<i>methylphenidate hcl er tbcx 36 mg</i>	1	
<i>methylphenidate hcl er tbcx 54 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
<i>modafinil tabs 100 mg</i>	1	
<i>modafinil tabs 200 mg</i>	1	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONVULSANTS		
BANZEL SUSP 40 MG/ML [<i>rufinamide</i>]	2	
BANZEL TABS 200 MG [<i>rufinamide</i>]	2	
BANZEL TABS 400 MG [<i>rufinamide</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	1	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
EQUETRO CP12 200 MG [<i>carbamazepine (antipsychotic)</i>]	2	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tabs 400 mg</i>	1	
<i>felbamate tabs 600 mg</i>	1	
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	1	MB
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	1	MB
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	2	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[levetiracetam in sodium chloride]		
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML [levetiracetam in sodium chloride]	2	MB
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML [levetiracetam in sodium chloride]	2	MB
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	
levetiracetam tabs 500 mg	1	
levetiracetam tabs 750 mg	1	
MAGNESIUM SULFATE SOLN 20 GM/500ML [magnesium sulfate]	2	MB
MAGNESIUM SULFATE SOLN 4 GM/100ML [magnesium sulfate]	2	MB
MAGNESIUM SULFATE SOLN 4 GM/50ML [magnesium sulfate]	2	MB
MAGNESIUM SULFATE SOLN 40 GM/1000ML [magnesium sulfate]	2	MB
magnesium sulfate soln 50 %	1	MB
oxcarbazepine susp 300 mg/5ml	1	
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 300 mg	1	
oxcarbazepine tabs 600 mg	1	
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG phenytoin sodium extended caps 100 mg	1	
phenytoin sodium soln 50 mg/ml	1	MB
phenytoin susp 125 mg/5ml	1	
pregabalin caps 100 mg	1	
pregabalin caps 150 mg	1	
pregabalin caps 200 mg	1	
pregabalin caps 225 mg	1	
pregabalin caps 25 mg	1	
pregabalin caps 300 mg	1	
pregabalin caps 50 mg	1	
pregabalin caps 75 mg	1	
pregabalin soln 20 mg/ml	1	
primidone tab 50mg	1	
primidone tabs 250 mg	1	
SABRIL PACK 500 MG [vigabatrin]	2	QL - 30 day(s)
topiramate cpsp 15 mg	1	
topiramate cpsp 25 mg	1	
topiramate tabs 100 mg	1	
topiramate tabs 200 mg	1	
topiramate tabs 25 mg	1	
topiramate tabs 50 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>valproate sodium soln 500 mg/5ml</i>	1	MB
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	2	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	1	
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	
<i>sumatriptan soln 20 mg/act</i>	1	
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s),LD
<i>benztropine mesylate soln 1 mg/ml</i>	1	MB
<i>benztropine mesylate tabs 0.5 mg</i>	1	
<i>benztropine mesylate tabs 1 mg</i>	1	
<i>benztropine mesylate tabs 2 mg</i>	1	
<i>bromocriptine mesylate caps 5 mg</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	
<i>cabergoline tabs 0.5 mg</i>	1	
<i>carbidopa tabs 25 mg</i>	1	
<i>carbidopa-levodopa er tbc 25-100 mg</i>	1	
<i>carbidopa-levodopa er tbc 50-200 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>carbidopa-levodopa tabs 10-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	2	MB
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	1	
LODOSYN TABS 25 MG [<i>carbidopa</i>]	2	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	
<i>rasagiline mesylate tabs 0.5 mg</i>	1	
<i>rasagiline mesylate tabs 1 mg</i>	1	
<i>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>bupirone hcl tabs 5 mg</i>	1	
<i>bupirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	1	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	1	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	1	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 25 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10 mg</i>	1	
<i>hydroxyzine hcl tabs 25 mg</i>	1	
<i>hydroxyzine hcl tabs 50 mg</i>	1	
<i>hydroxyzine pamoate caps 100 mg</i>	1	
<i>hydroxyzine pamoate caps 25 mg</i>	1	
<i>hydroxyzine pamoate caps 50 mg</i>	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam soln 2 mg/ml</i>	1	MB
<i>lorazepam soln 4 mg/ml</i>	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	1	MB
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl soln 10 mg/2ml</i>	1	MB
<i>midazolam hcl soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl syrp 2 mg/ml</i>	1	
[Pentobarbital Sodium] NEMBUTAL SOLN 50 MG/ML	1	MB
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PHENOBARBITAL SODIUM SOLN 130 MG/ML <i>[phenobarbital sodium]</i>	2	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML <i>[phenobarbital sodium]</i>	2	MB
PHENOBARBITAL TABS 100 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 15 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 16.2 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 30 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 32.4 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 60 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 64.8 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 97.2 MG <i>[phenobarbital]</i>	1	
PRECEDEX SOLN 200 MCG/2ML <i>[dexmedetomidine hcl]</i>	2	MB
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium tbec 333 mg</i>	1	
<i>flumazenil soln 0.5 mg/5ml</i>	1	MB
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOLN 10 MG/5ML <i>[memantine hcl]</i>	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG <i>[memantine hcl]</i>	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG <i>[methohexital sodium]</i>	2	MB
<i>etomidate soln 2 mg/ml</i>	1	MB
FORANE SOLN <i>[isoflurane]</i>	2	
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 100 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
<i>propofol emul 200 mg/20ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
NALTREXONE HCL POWD <i>[naltrexone hcl (bulk)]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML [<i>naloxone hcl</i>]	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	
ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	2	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	
<i>bupropion hcl tabs 75 mg</i>	1	
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	MB
<i>chlorpromazine hcl tabs 10 mg</i>	1	
<i>chlorpromazine hcl tabs 100 mg</i>	1	
<i>chlorpromazine hcl tabs 200 mg</i>	1	
<i>chlorpromazine hcl tabs 25 mg</i>	1	
<i>chlorpromazine hcl tabs 50 mg</i>	1	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10 mg</i>	1	
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	
<i>clomipramine hcl caps 25 mg</i>	1	
<i>clomipramine hcl caps 50 mg</i>	1	
<i>clomipramine hcl caps 75 mg</i>	1	
<i>clozapine tabs 100 mg</i>	1	
<i>clozapine tabs 200 mg</i>	1	
<i>clozapine tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>clozapine tabs 50 mg</i>	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
<i>desipramine hcl tabs 10 mg</i>	1	
<i>desipramine hcl tabs 100 mg</i>	1	
<i>desipramine hcl tabs 150 mg</i>	1	
<i>desipramine hcl tabs 25 mg</i>	1	
<i>desipramine hcl tabs 50 mg</i>	1	
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<i>doxepin hcl caps 100 mg</i>	1	
<i>doxepin hcl caps 150 mg</i>	1	
<i>doxepin hcl caps 25 mg</i>	1	
<i>doxepin hcl caps 50 mg</i>	1	
<i>doxepin hcl caps 75 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>duloxetine hcl cpep 20 mg</i>	1	
<i>duloxetine hcl cpep 30 mg</i>	1	
<i>duloxetine hcl cpep 60 mg</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	
<i>fluoxetine hcl caps 10 mg</i>	1	
<i>fluoxetine hcl caps 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	
<i>fluoxetine hcl sol 20mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	
<i>fluvoxamine maleate tabs 100 mg</i>	1	
<i>fluvoxamine maleate tabs 25 mg</i>	1	
<i>fluvoxamine maleate tabs 50 mg</i>	1	
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MB
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MB
<i>haloperidol lactate conc 2 mg/ml</i>	1	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	2	MB
<i>loxapine succinate caps 10 mg</i>	1	
<i>loxapine succinate caps 25 mg</i>	1	
<i>loxapine succinate caps 5 mg</i>	1	
<i>loxapine succinate caps 50 mg</i>	1	
<i>mirtazapine tabs 15 mg</i>	1	
<i>mirtazapine tabs 30 mg</i>	1	
<i>mirtazapine tabs 45 mg</i>	1	
<i>nefazodone hcl tabs 100 mg</i>	1	
<i>nefazodone hcl tabs 150 mg</i>	1	
<i>nefazodone hcl tabs 200 mg</i>	1	
<i>nefazodone hcl tabs 250 mg</i>	1	
<i>nefazodone hcl tabs 50 mg</i>	1	
<i>nortriptyline hcl caps 10 mg</i>	1	
<i>nortriptyline hcl caps 25 mg</i>	1	
<i>nortriptyline hcl caps 50 mg</i>	1	
<i>nortriptyline hcl caps 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>olanzapine solr 10 mg</i>	1	MB
<i>olanzapine tabs 10 mg</i>	1	
<i>olanzapine tabs 15 mg</i>	1	
<i>olanzapine tabs 2.5 mg</i>	1	
<i>olanzapine tabs 20 mg</i>	1	
<i>olanzapine tabs 5 mg</i>	1	
<i>olanzapine tabs 7.5 mg</i>	1	
ORAP TABS 1 MG <i>[pimozide]</i>	2	
ORAP TABS 2 MG <i>[pimozide]</i>	2	
<i>paroxetine hcl tabs 10 mg</i>	1	
<i>paroxetine hcl tabs 20 mg</i>	1	
<i>paroxetine hcl tabs 30 mg</i>	1	
<i>paroxetine hcl tabs 40 mg</i>	1	
<i>perphenazine tab 16mg</i>	1	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>perphenazine-amitriptyline tabs 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	2	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	2	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 3 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 4 MG [<i>risperidone</i>]	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [<i>diaphragm wide seal</i>]	2	PREV
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL MISC [<i>spacer/aerosol-holding chambers</i>]	2	
AEROCHAMBER Z-STAT PLUS MISC [<i>spacer/aerosol-holding chambers</i>]	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC [<i>spacer/aerosol-holding chambers</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers]	2	
AEROTRACH PLUS MISC [respiratory therapy supplies]	2	
ALLERGIST SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
ALLERGIST TRAY KIT 26G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
ALLERGIST TRAY KIT 26G X 3/8" 1 ML [tuberculin/allergy syringes]	2	
ALLERGIST TRAY KIT 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
ALLERGIST TRAY KIT 27G X 3/8" 0.5 ML [tuberculin/allergy syringes]	2	
ALLERGIST TRAY KIT 27G X 3/8" 1 ML [tuberculin/allergy syringes]	2	
ASSESS FULL RANGE PEAK METER DEVI [peak flow meter]	2	MB
BAYER BREEZE 2 CONTROL LIQD LOW [blood glucose calibration]	2	
BAYER BREEZE 2 CONTROL LIQD NORMAL [blood glucose calibration]	2	
BD CATHETER TIP SYRINGE MISC 60 ML [catheter syringes]	2	
BD DISP NEEDLE MISC 23G X 1" [needle (disp) 23 g]	2	
BD DISP NEEDLE MISC 25G X 1" [needle (disp) 25 g]	2	
BD DISP NEEDLE MISC 30G X 1" [needle (disp) 30 g]	2	
BD DISP NEEDLES MISC 18G X 1-1/2" [needle (disp) 18 g]	2	
BD DISP NEEDLES MISC 20G X 1" [needle (disp) 20 g]	2	
BD DISP NEEDLES MISC 20G X 1-1/2" [needle (disp) 20 g]	2	
BD DISP NEEDLES MISC 21G X 1-1/2" [needle (disp) 21 g]	2	
BD DISP NEEDLES MISC 22G X 1-1/2" [needle (disp) 22 g]	2	
BD DISP NEEDLES MISC 25G X 5/8" [needle (disp) 25 g]	2	
BD DISP NEEDLES MISC 27G X 1/2" [needle (disp) 27 g]	2	
BD DISP NEEDLES MISC 30G X 1/2" [needle (disp) 30 g]	2	
BD ECLIPSE NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
BD ECLIPSE SYRINGE MISC 22G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD FILTER NEEDLE/5 MICRON MISC [needles & syringes]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD HYPODERMIC NEEDLE MISC 16G X 1" <i>[needle (disp) 16 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 19G X 1-1/2" <i>[needle (disp) 19 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1-1/2" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 23G X 1-1/2" <i>[needle (disp) 23 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1" <i>[needle (disp) 25 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 5/8" <i>[needle (disp) 25 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 26G X 1/2" <i>[needle (disp) 26 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 26G X 3/8" <i>[needle (disp) 26 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 26G X 5/8" <i>[needle (disp) 26 g]</i>	2	
BD INSULIN SYRINGE HALF-UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LANCET DEVICE MISC <i>[lancet devices]</i>	2	
BD LANCET ULTRAFINE 33G MISC <i>[lancets]</i>	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 10 ML	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>[syringe/needle (disp) 10 ml]</i>		
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1-1/2" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 23G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 26G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 2G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SAFETYGLIDE SHIELDED NEEDLE MISC 23G X 1" <i>[needle (disp) 23 g]</i>	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML <i>[syringe/needle (disp) 1 ml]</i>	2	
BD SYRINGE BLUNT CANNULA 17G MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE DUAL CANNULA MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER SLIP TIP MISC 5 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 20 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 30 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 5 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 60 ML <i>[syringe (disposable)]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD SYRINGE MISC 60 ML [syringe (disposable)]	2	
BD SYRINGE SLIP TIP MISC 3 ML [syringe (disposable)]	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	
BD TB SYRINGE MISC 26G X 3/8" 1 ML [tuberculin/allergy syringes]	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML [insulin syringe/needle u-100]	2	
BLUNT PLASTIC CANNULA MISC [parenteral therapy supplies]	2	
BUTTERFLY 25G X 3/4" MIS 25GX3/4" [needle (disp) 25 g]	2	
DISPOSABLE POWER KIT [misc. devices]	2	
EXEL COMFORT POINT INSULIN SYR MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
HYPODERMIC NEEDLE MISC 26G X 1/2" [needle (disp) 26 g]	2	
HYPODERMIC NEEDLE MISC 26G X 3/8" [needle (disp) 26 g]	2	
HYPODERMIC NEEDLE MISC 27G X 1/2" [needle (disp) 27 g]	2	
HYPODERMIC NEEDLE MISC 30G X 1/2" [needle (disp) 30 g]	2	
INSUFLON MISC 25G X 0.71" [subcutaneous soft cannula]	2	
MEDSAVER SYRINGE MISC 25G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MEDSAVER SYRINGE MISC 25G X 5/8" 1 ML [syringe/needle (disp) 1 ml]	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT SYRINGE REG LUER MISC 20 ML [syringe (disposable)]	2	
MONOJECT TB SYRINGE MISC 1 ML [syringe]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>(disposable)]</i>		
NOKOR VENTED NEEDLE MISC 16G X 1" <i>[needle (disp) 16 g]</i>	2	
NOKOR VENTED NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection device]</i>	2	
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH ULTRA CONTROL SOLN <i>[blood glucose calibration]</i>	2	
ONETOUCH ULTRA MINI KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	
PEDIATRIC SMALL MASK MISC <i>[masks]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
POLYFIN QR INFUSION SET 42" MISC <i>[insulin infusion pump supplies]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 22G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 23G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SAFETY-LOK TB SYRINGE MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
SILHOUETTE INFUSION SET 23" MISC <i>[insulin infusion pump supplies]</i>	2	
SOF-SERTER INSERTION DEVICE MISC <i>[insulin infusion pump supplies]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	1	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	1	
SYRINGE DISPOSABLE MISC 10 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 20 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 3 ML <i>[syringe</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
(disposable)]		
SYRINGE MISC 20G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
SYRINGE MISC 20G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
SYRINGE MISC 21G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
[Insulin Syringe/needle U-100] TERUMO INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MIS 0.5/27G	2	
TERUMO SYRINGE/NEEDLE/23G/1/2"/3ML MIS [syringe/needle (disp) 3 ml]	2	
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	2	MB
TUBERCULIN SYRINGE MISC 1 ML [syringe (disposable)]	2	
TUBERCULIN SYRINGE MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
ULTRA THIN LANCETS 30G MISC [lancets]	2	
VANISHPOINT SAFETY SYRINGE MISC 22G X 1-1/2" 5 ML [syringe/needle (disp) 5 ml]	2	
VANISHPOINT SAFETY SYRINGE MISC 23G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
YALE DISP NEEDLES MISC 21G X 1" [needle (disp) 21 g]	2	
YALE DISP NEEDLES MISC 23G X 1" [needle (disp) 23 g]	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS [acetone (urine) test]	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
AK-FLUOR SOLN 10 % [fluorescein sodium injection]	1	MB
ALBUSTIX STRP [albumin (urine) test]	2	
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	1	
CANDIN SOLN [candida albicans skin test antigen]	2	MB
CHEMSTRIP 9 STRP [multiple urine tests]	2	
CHIRHOSTIM SOLR 16 MCG [secretin acetate (human)]	2	MB
CONRAY 43 INJ 43% [iothalamate meglumine]	2	MB
CONRAY SOLN 60 % [iothalamate meglumine]	2	MB
CORTROSYN SOLR 0.25 MG [cosyntropin]	2	MB
CREON CPEP 36000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CYSTO-CONRAY II SOLN 17.2 % [iothalamate meglumine]	2	MB
CYSTOGRAFIN SOLN 30 % [diatrizoate meglumine]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	2	MB
DIASTIX STRP [<i>glucose urine test-(glucose oxidase)</i>]	2	
E-Z-CAT DRY PACK 2 % [<i>barium sulfate</i>]	2	
EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	2	MB
FUL-GLO STRP 1 MG [<i>fluorescein sodium topical</i>]	1	
GADAVIST SOLN 1 MMOL/ML [<i>gadobutrol</i>]	2	MB
GASTROGRAFIN SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	2	
INDIGO CARMINE SOLN 8 MG/ML [<i>indigotindisulfonate sodium</i>]	2	MB
KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	2	
KETOSTIX STRP [<i>acetone (urine) test</i>]	2	
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	2	MB
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	2	MB
MAGNEVIST SOLN 469.01 MG/ML [<i>gadopentetate dimeglumine</i>]	2	MB
MD-76 R SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	2	MB
METOPIRONE CAPS 250 MG [<i>metyrapone</i>]	2	
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</i>]	2	MB
OMNIPAQUE INJ 300MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE INJ 350MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 180 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 240 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 300 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 350 MG/ML [<i>iohexol</i>]	2	MB
ONETOUCH ULTRA STRP [<i>glucose blood</i>]	2	
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	2	
READI-CAT 2 SUSP 2.1 % [<i>barium sulfate</i>]	2	
THYROGEN SOLR 1.1 MG [<i>thyrotropin alfa</i>]	2	MB
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	2	MB
VOLUMEN SUSP 0.1 % [<i>barium sulfate</i>]	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SODIUM BICARBONATE SOLN 4.2 % <i>[sodium bicarbonate]</i>	1	MB
SODIUM BICARBONATE SOLN 7.5 % <i>[sodium bicarbonate]</i>	2	MB
SODIUM BICARBONATE SOLN 8.4 % <i>[sodium bicarbonate]</i>	1	MB
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG <i>[sodium phenylbutyrate]</i>	2	QL - 30 day(s)
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
LITHOSTAT TABS 250 MG <i>[acetohydroxamic acid]</i>	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % <i>[amino acid infusion]</i>	2	MB
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 % <i>[amino acid electrolyte w/ calcium infusion in d10w]</i>	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d10w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d25w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d15w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d20w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid infusion in d10w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % <i>[amino acid infusion in d25w]</i>	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based]</i>	2	MB
PHENEX-1 POWD <i>[nutritional supplements]</i>	2	
PROSOL SOLN 20 % <i>[amino acid infusion]</i>	2	MB
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	1	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	1	
<i>bumetanide soln 0.25 mg/ml</i>	1	MB
<i>bumetanide tabs 0.5 mg</i>	1	
<i>bumetanide tabs 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	
<i>chlorthalidone tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
chlorthalidone tabs 50 mg	1	
EDECIN TABS 25 MG [<i>ethacrynic acid</i>]	2	
ethacrynic acid tabs 25 mg	1	
furosemide soln 10 mg/ml	1	MB
FUROSEMIDE TABS 20 MG [<i>furosemide</i>]	1	
FUROSEMIDE TABS 40 MG [<i>furosemide</i>]	1	
furosemide tabs 80 mg	1	
hydrochlorothiazide tabs 25 mg	1	
hydrochlorothiazide tabs 50 mg	1	
indapamide tabs 1.25 mg	1	
indapamide tabs 2.5 mg	1	
MANNITOL SOLN 25 % [<i>mannitol</i>]	1	MB
metolazone tabs 10 mg	1	
metolazone tabs 2.5 mg	1	
metolazone tabs 5 mg	1	
OSMITROL SOLN 20 % [<i>mannitol</i>]	1	MB
SODIUM EDECIN SOLR 50 MG [<i>ethacrynate sodium</i>]	2	MB
toremide tabs 10 mg	1	
toremide tabs 100 mg	1	
toremide tabs 20 mg	1	
toremide tabs 5 mg	1	
triamterene-hctz caps 37.5-25 mg	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
RENVELA PACK 2.4 GM [<i>sevelamer carbonate</i>]	2	
RENVELA TABS 800 MG [<i>sevelamer carbonate</i>]	2	
sevelamer carbonate pack 2.4 gm	1	
sevelamer carbonate tabs 800 mg	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sodium polystyrene sulfonate susp 30 gm/120ml	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	2	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % [<i>acetic acid</i>]	1	MB
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L [peritoneal dialysis solutions]	2	MB
RINGERS IRRIGATION SOLN [ringer's irrigation]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	1	MB
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	1	MB
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L [peritoneal dialysis solutions]	2	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [peritoneal dialysis solutions]	2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [peritoneal dialysis solutions]	2	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	1	MB
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML [chromic chloride]	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers]	1	MB
dextrose in ringers soln 5 %	1	MB
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.225 % [dextrose w/ sodium chloride]	2	MB
DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
EFFER-K TBEF 25 MEQ [potassium bicarbonate]	1	
[Calcium Acetate (phosphate Binder)] ELIPHOS TABS 667 MG	1	
hetastarch-nacl soln 6-0.9 %	1	MB
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	2	MB
K-EFFERVESCENT TBEF 25 MEQ [potassium bicarbonate]	1	
K-PHOS TABS 500 MG [potassium phosphate monobasic]	2	
K-TAB TBCR 10 MEQ [potassium chloride]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In D5w] LMD IN D5W SOLN 10-5 %	2	MB
[Dextran 40 In Saline] LMD IN NAACL SOLN 10-0.9 %	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML- % [magnesium sulfate in dextrose]	2	MB
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML [trace minerals (cr-cu-mn-zn)]	1	MB
sodium chloride soln	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride crys er tbcr 20 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.45 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
potassium chloride sol 10% sf	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [potassium chloride]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	1	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [potassium phosphates]	1	MB
RINGERS SOLN [ringer's]	1	MB
SELENIUM SOLN 40 MCG/ML [selenious acid]	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	1	MB
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [trace minerals (cr-cu-mn-zn)]	2	MB
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride]	2	MB
URICOSURIC AGENTS		
colchicine-probenecid tabs 0.5-500 mg	1	
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [aronidase]	2	MB
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT [imiglucerase]	2	MB
ELAPRASE SOLN 6 MG/3ML [idursulfase]	2	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG [rasburicase]	2	MB
ELITEK SOLR 7.5 MG [rasburicase]	2	MB
FABRAZYME SOLR 35 MG [agalsidase beta]	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [agalsidase beta]	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	2	MB
LUMIZYME SOLR 50 MG [alglucosidase alfa]	2	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML [galsulfase]	2	QL - 30 day(s),MB
PULMOZYME SOLN 1 MG/ML [dornase alfa]	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [asfotase alfa]	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	2	QL - 30 day(s)

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VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	2	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBREX OINT 0.3 % [<i>tobramycin (ophth)</i>]	2	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	1	
BLEPHAMIDE SUSP 10-0.2 % [<i>sulfacetamide sod-prednisolone</i>]	2	
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	2	
CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	2	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
FML FORTE SUSP 0.25 % [<i>fluorometholone (ophth)</i>]	2	
FML OINT 0.1 % [<i>fluorometholone (ophth)</i>]	2	
<i>ketorolac tromethamine soln 0.4 %</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	

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PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	2	
<i>prednisolone acetate susp 1 %</i>	1	
RESTASIS EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	2	
RESTASIS MULTIDOSE EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	2	
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	2	MB
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
LUMIGAN SOLN 0.01 % [<i>bimatoprost</i>]	2	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>acetic acid-aluminum acetate soln 2 %</i>	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BEOVU SOLN 6 MG/0.05ML [<i>brolucizumab-dblj</i>]	2	QL - 30 day(s)
BSS PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
EYLEA SOLN 2 MG/0.05ML <i>[aflibercept]</i>	2	MB
EYLEA SOSY 2 MG/0.05ML <i>[aflibercept]</i>	2	
HEALON5 INJ 23MG/ML <i>[sodium hyaluronate]</i>	2	MB
IOPIDINE SOLN 1 % <i>[apraclonidine hcl]</i>	2	
LUCENTIS SOLN 0.3 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
MACUGEN SOLN 0.3 MG <i>[pegaptanib sodium]</i>	2	MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % <i>[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]</i>	2	
VISUDYNE SOLR 15 MG <i>[verteporfin]</i>	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % <i>[lidocaine hcl (ophth)]</i>	2	
[Proparacaine Hcl] ALCaine SOLN 0.5 %	1	
C-TOPICAL SOLN 4 % <i>[cocaine hcl]</i>	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	
<i>proparacaine hcl soln 0.5 %</i>	1	
TETRACaine HCL SOLN 0.5 % <i>[tetracaine hcl (ophth)]</i>	1	
TETRAVISC SOLN 0.5 % <i>[tetracaine hcl (ophth)]</i>	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % <i>[atropine sulfate (ophthalmic)]</i>	2	
ATROPINE SULFATE SOLN 1 % <i>[atropine sulfate (ophthalmic)]</i>	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	1	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	1	
<i>cyclopentolate hcl soln 1 %</i>	1	
<i>cyclopentolate hcl soln 2 %</i>	1	
HOMATROPAIRE SOLN 5 % <i>[homatropine hbr]</i>	1	
<i>tropicamide soln 0.5 %</i>	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
PHENYLEPHRINE HCL SOLN 10 % <i>[phenylephrine hcl (mydriatic)]</i>	1	
PHENYLEPHRINE HCL SOLN 2.5 % <i>[phenylephrine hcl (mydriatic)]</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
LIALDA TBEC 1.2 GM <i>[mesalamine]</i>	2	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine supp 1000 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPR 250 MG [<i>mesalamine</i>]	2	
PENTASA CPR 500 MG [<i>mesalamine</i>]	2	
ANTIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
PEPTIC RELIEF CHEW 262 MG [<i>bismuth subsalicylate</i>]	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
DRONABINOL CAPS 10 MG [<i>dronabinol</i>]	1	
DRONABINOL CAPS 2.5 MG [<i>dronabinol</i>]	1	
DRONABINOL CAPS 5 MG [<i>dronabinol</i>]	1	
EMEND CAPS 125 MG [<i>aprepitant</i>]	2	QL - 30 day(s)
EMEND CAPS 40 MG [<i>aprepitant</i>]	2	QL - 30 day(s)
EMEND CAPS 80 MG [<i>aprepitant</i>]	2	QL - 30 day(s)
EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	2	QL - 30 day(s)
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>meclizine hcl tabs 25 mg</i>	1	
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 4 mg/5ml</i>	1	
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [<i>scopolamine</i>]	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 20 mg/2ml</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tab 100mcg</i>	1	
<i>misoprostol tab 200mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	2	MB
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	
GNP CASTOR OIL OIL 100 % [<i>castor oil</i>]	1	
GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	2	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	1	
<i>peg 3350/electrolytes solr 240 gm</i>	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol tabs 250 mg</i>	1	
<i>ursodiol tabs 500 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 3000-14000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BAL IN OIL SOLN 100 MG/ML [<i>dimercaprol</i>]	2	MB
CHEMET CAPS 100 MG [<i>succimer</i>]	2	
<i>deferasirox tabs 360 mg</i>	1	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	1	QL - 30 day(s)
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
DEPEN TITRATABS TABS 250 MG [<i>penicillamine</i>]	2	
EXJADE TBSO 125 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
EXJADE TBSO 250 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
EXJADE TBSO 500 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 180 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 360 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 90 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	
<i>budesonide susp 0.5 mg/2ml</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	1	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	MB
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
FLOVENT HFA AERO 44 MCG/ACT [<i>fluticasone propionate hfa</i>]	2	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetanide</i>]	2	MB
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 10 mg (21)</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	2	
SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-MEDROL SOLR 125 MG [<i>methylprednisolone sod succ</i>]	2	MB
SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ</i>]	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR [<i>testosterone</i>]	2	
ANDRODERM PT24 4 MG/24HR [<i>testosterone</i>]	2	
[Methyltestosterone] ANDROID CAPS 10 MG	1	
[Fluoxymesterone] ANDROXY TABS 10 MG	1	
<i>danazol caps 100 mg</i>	1	
<i>danazol caps 200 mg</i>	1	
<i>danazol caps 50 mg</i>	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SOLN 100 MG/ML		
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	MB
<i>methyltestosterone tabs 10 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	MB
<i>testosterone enanthate soln 200 mg/ml</i>	1	MB
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
<i>testosterone gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	2	
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	2	
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	2	
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	
<i>metformin hcl er tb24 500 mg</i>	1	
<i>metformin hcl er tb24 750 mg</i>	1	
<i>metformin hcl tabs 1000 mg</i>	1	
<i>metformin hcl tabs 500 mg</i>	1	
<i>metformin hcl tabs 850 mg</i>	1	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>pioglitazone hcl tabs 45 mg</i>	1	
<i>tolbutamide tabs 500 mg</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [<i>glucagon</i>]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>]	2	MB
GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	2	MB
GLUCAGON EMERGENCY KIT 1 MG [<i>glucagon (rdna)</i>]	2	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
<i>drosiprenone-ethinyl estradiol tabs 3-0.02 mg</i>	1	PREV
<i>drosiprenone-ethinyl estradiol tabs 3-0.03 mg</i>	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG [<i>ulipristal acetate</i>]	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
JOLIVETTE TABS 0.35 MG [<i>norethindrone (contraceptive)</i>]	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/24HR [<i>levonorgestrel (iud)</i>]	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11 (28) TABS 35 MCG	1	PREV
NEXPLANON IMPL 68 MG [<i>etonogestrel</i>]	2	MB
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR <i>[estradiol]</i>	1	
CLIMARA PTWK 0.0375 MG/24HR <i>[estradiol]</i>	1	
CLIMARA PTWK 0.05 MG/24HR <i>[estradiol]</i>	1	
CLIMARA PTWK 0.06 MG/24HR <i>[estradiol]</i>	1	
CLIMARA PTWK 0.075 MG/24HR <i>[estradiol]</i>	1	
CLIMARA PTWK 0.1 MG/24HR <i>[estradiol]</i>	1	
<i>clomiphene citrate tabs 50 mg</i>	1	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	1	MB
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	1	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	
<i>estradiol pttw 0.1 mg/24hr</i>	1	
<i>estradiol ptwk 0.1 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 2 mg</i>	1	
ESTRING RING 2 MG <i>[estradiol vaginal]</i>	2	
PREMARIN CREA 0.625 MG/GM <i>[estrogens, conjugated vaginal]</i>	2	
<i>raloxifene hcl tabs 60 mg</i>	1	PREV
[Estradiol Vaginal] YUVAFEM TABS 10 MCG	1	
GONADOTROPINS		
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF SOLR 75 UNIT <i>[follitropin alfa]</i>	2	
GONAL-F SOLR 1050 UNIT <i>[follitropin alfa]</i>	2	MB

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GONAL-F SOLR 450 UNIT <i>[follitropin alfa]</i>	2	MB
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	2	
NOVAREL SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	1	MB
OVIDREL INJ 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	2	
SYNAREL SOLN 2 MG/ML <i>[nafarelin acetate]</i>	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML <i>[teriparatide (recombinant)]</i>	2	QL - 30 day(s),MB
PITUITARY		
ACTHAR GEL 80 UNIT/ML <i>[corticotropin]</i>	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % <i>[desmopressin acetate refrigerated]</i>	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
STIMATE SOLN 1.5 MG/ML <i>[desmopressin acetate]</i>	2	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	1	QL - 30 day(s),MB
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone micronized caps 100 mg</i>	1	
<i>progesterone micronized caps 200 mg</i>	1	
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML <i>[somatropin]</i>	2	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	1	QL - 30 day(s)
OMNITROPE SOCT 5 MG/1.5ML <i>[somatropin]</i>	1	QL - 30 day(s)
SEROSTIM SOLR 4 MG <i>[somatropin (non-refrigerated)]</i>	2	QL - 30 day(s)
SEROSTIM SOLR 5 MG <i>[somatropin (non-refrigerated)]</i>	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG <i>[somatropin (non-refrigerated)]</i>	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
LEVOTHYROXINE SODIUM SOLR 200 MCG <i>[levothyroxine sodium]</i>	2	MB
LEVOTHYROXINE SODIUM SOLR 500 MCG <i>[levothyroxine sodium]</i>	2	MB
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG <i>[levothyroxine sodium]</i>	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML <i>[potassium iodide (expectorant)]</i>	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML <i>[bupivacaine hcl]</i>	2	MB
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl inj 0.75%</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>chloroprocaine hcl inj 3%</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	1	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>lidocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (pf) soln 4 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine hcl soln 2 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 1.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 7.5 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE SOLN 2 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 2 %	1	MB
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % [<i>bupivacaine w/ epinephrine</i>]	2	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	2	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 [<i>lidocaine w/ epinephrine</i>]	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	2	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 40 mg</i>	2	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
[Disulfiram] ANTABUSE TABS 250 MG	1	
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
<i>azathioprine tabs 50 mg</i>	1	
BOTOX COSMETIC SOLR 100 UNIT [<i>onabotulinumtoxina (cosmetic)</i>]	2	MB
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s),MB
COLCHICINE CAPS 0.6 MG [colchicine]	1	
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	2	QL - 30 day(s)
dexrazoxane hcl solr 250 mg	1	MB
dexrazoxane hcl solr 500 mg	1	MB
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	2	QL - 30 day(s)
etidronate disodium tabs 200 mg	1	
etidronate disodium tabs 400 mg	1	
EXTAVIA KIT 0.3 MG [interferon beta-1b]	1	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	1	PREV
FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP [sodium fluoride]	2	PREV
FUSILEV SOLR 50 MG [levoleucovorin calcium]	2	MB
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MG/0.8ML [adalimumab]		
HUMIRA PEN-PSOR/UEVIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
icatibant acetate soln 30 mg/3ml	1	QL - 30 day(s),MB
INFLECTRA SOLR 100 MG [infliximab-dyyb]	2	MB
KALYDECO TABS 150 MG [ivacaftor]	2	QL - 30 day(s)
KINERET INJ [anakinra]	2	QL - 30 day(s)
LEFLUNOMIDE TABS 10 MG [leflunomide]	1	
leflunomide tabs 20 mg	1	
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	1	
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	1	
LUDENT CHEW 0.55 (0.25 F) MG [sodium fluoride]	1	PREV
MESNA SOLN 100 MG/ML [mesna]	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	2	MB
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
OPSUMIT TABS 10 MG [macitentan]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	2	QL - 30 day(s)
ORENCIA SOLR 250 MG [<i>abatacept</i>]	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	2	
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	2	QL - 30 day(s)
OTEZLA TABS 30 MG [<i>apremilast</i>]	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	2	QL - 30 day(s)
<i>pamidronate disodium soln 30 mg/10ml</i>	1	MB
<i>pamidronate disodium soln 6 mg/ml</i>	1	MB
<i>pamidronate disodium soln 90 mg/10ml</i>	1	MB
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB
PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	2	
PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	2	
PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	2	MB
RAPAMUNE SOLN 1 MG/ML [<i>sirolimus</i>]	2	
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 27.5 MG/0.55ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	2	
REMICADE SOLR 100 MG [<i>infliximab</i>]	2	MB
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	2	MB
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	1	
<i>sirolimus soln 1 mg/ml</i>	1	
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	1	PREV
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	2	MB
<i>sterile water for injection soln</i>	1	MB
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	2	QL - 30 day(s)
THALOMID CAPS 100 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 150 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 200 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 50 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THIOLA TABS 100 MG [<i>tiopronin</i>]	2	
TYSABRI CONC 300 MG/15ML [<i>natalizumab</i>]	2	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML [<i>ravulizumab-cwvz</i>]	2	
ULTOMIRIS SOLN 300 MG/30ML [<i>ravulizumab-cwvz</i>]	2	
ULTOMIRIS SOLN 300 MG/3ML [<i>ravulizumab-cwvz</i>]	2	
XELJANZ TABS 10 MG [<i>tofacitinib citrate</i>]	2	QL
XELJANZ TABS 5 MG [<i>tofacitinib citrate</i>]	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG [<i>tofacitinib citrate</i>]	2	QL - 30 day(s)
ZINECARD SOLR 250 MG [<i>dexrazoxane hcl</i>]	2	MB
ZINECARD SOLR 500 MG [<i>dexrazoxane hcl</i>]	2	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	2	MB
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	MB
<i>methylergonovine maleate tabs 0.2 mg</i>	1	
MIFEPREX TABS 200 MG [<i>mifepristone</i>]	2	PREV
OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	1	MB
PREPIDIL GEL 0.5 MG/3GM [<i>dinoprostone</i>]	2	
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD [<i>aloe vera (bulk)</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [<i>atropine sulfate monohydrate</i>]	2	
BIOTIN-D POWD [<i>biotin (bulk)</i>]	2	
BORIC ACID POWD [<i>boric acid (bulk)</i>]	2	
CANTHARIDIN POW [<i>cantharidin</i>]	2	
CARBAMAZEPINE POWD [<i>carbamazepine</i>]	2	
CHLORPROMAZINE HCL POW HCL [<i>chlorpromazine hcl</i>]	2	
CHOLESTEROL POWD [<i>cholesterol</i>]	2	
CLINDAMYCIN HCL POWD [<i>clindamycin hcl (bulk)</i>]	2	
CLOBETASOL PROPIONATE POW PROPIONA [<i>clobetasol propionate</i>]	2	
CLOTRIMAZOLE CRYST [<i>clotrimazole (topical)</i>]	2	
CLOTRIMAZOLE POWD [<i>clotrimazole (topical)</i>]	2	
COLLODION FLEXIBLE LIQD [<i>collodion flexible</i>]	2	
CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	2	
DEXAMETHASONE POWD [<i>dexamethasone (bulk)</i>]	2	
ESTRADIOL POW [<i>estradiol</i>]	2	
GLYCERIN LIQD [<i>glycerin (bulk)</i>]	2	
GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	2	
HALOPERIDOL POWD [<i>haloperidol (bulk)</i>]	2	
HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>]	2	
HYDROXOCOBALAMIN POW [<i>hydroxocobalamin (bulk)</i>]	2	
HYDROXYPROGESTERONE CAPROATE POWD [<i>hydroxyprogesterone caproate (bulk)</i>]	2	
INDOMETHACIN POWD [<i>indomethacin</i>]	2	
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	2	
L-ARGININE POWD [<i>arginine</i>]	2	
L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	2	
L-ISOLEUCINE POWD [<i>isoleucine</i>]	2	
L-VALINE POWD [<i>valine</i>]	2	
LACTIC ACID SOLN [<i>lactic acid (bulk)</i>]	2	
LACTOSE MONOHYDRATE POWD [<i>lactose monohydrate</i>]	2	
LACTOSE POWD [<i>lactose</i>]	2	
LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	2	
METHADONE HCL POWD [<i>methadone hcl</i>]	2	
METOCLOPRAMIDE HCL MONOHYDRATE POWD [<i>metoclopramide hcl monohydrate</i>]	2	
MORPHINE SULFATE POWD [<i>morphine sulfate</i>]	2	
NEOMYCIN SULFATE POWD [<i>neomycin sulfate (topical)</i>]	2	
PHENOBARBITAL POWD [<i>phenobarbital</i>]	2	
PLURONIC F127 GEL 20 % [<i>pluronic f127 base</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PODOPHYLLUM RESIN POWD [<i>podophyllum resin</i>]	2	
POLYETHYLENE GLYCOL 400 LIQD [<i>polyethylene glycol 400</i>]	2	
PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	2	
PROGESTERONE WETTABLE POWD [<i>progesterone (bulk)</i>]	2	
PROPYLENE GLYCOL LIQD [<i>propylene glycol (bulk)</i>]	2	
QUINACRINE HCL POWD [<i>quinacrine hcl</i>]	2	
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	2	
SODIUM BENZOATE POWD [<i>sodium benzoate</i>]	2	
SORBITOL SOLN 70 % [<i>sorbitol</i>]	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [<i>squaric acid dibutylester</i>]	2	
SULFUR PRECIPITATED POWD [<i>sulfur (bulk)</i>]	2	
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	
THYMOL CRYST [<i>thymol</i>]	2	
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	2	
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
UREA POWD [<i>urea (bulk)</i>]	2	
ZINC SULFATE GRAN [<i>zinc sulfate</i>]	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	2	
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	2	
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>]	2	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML [<i>pseudoeph-chlorphen w/ cod</i>]	2	
<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	1	
<i>phenylephrine-chlorphen-dm liqd</i>	1	
MUCOLYTIC AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SODIUM CHLORIDE NEBU 0.9 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 10 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 3 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 7 % <i>[sodium chloride (inhalant)]</i>	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML <i>[poractant alfa]</i>	2	MB
CUROSURF SUSP 240 MG/3ML <i>[poractant alfa]</i>	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% <i>[beractant in nacl]</i>	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
KALYDECO PACK 25 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
KALYDECO PACK 50 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
KALYDECO PACK 75 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI TABS 200-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT <i>[tiotropium bromide-olodaterol hcl]</i>	2	
SYMDEKO TBPK 100-150 & 150 MG <i>[tezacaftor-ivacaftor]</i>	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG <i>[tezacaftor-ivacaftor]</i>	2	
TRIKAFTA TBPK 100-50-75 & 150 MG <i>[elexacaftor-tezacaftor-ivacaftor]</i>	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG <i>[bosentan]</i>	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR <i>[crotalidae immune f(ab')2 (equine)]</i>	2	
ANTIVENIN LATRODECTUS MACTANS KIT <i>[antivenin latrodectus mactans]</i>	2	MB
CARIMUNE NF SOLR 12 GM <i>[immune globulin (human) iv]</i>	2	MB
CARIMUNE NF SOLR 6 GM <i>[immune globulin (human) iv]</i>	2	MB
CROFAB SOLR <i>[crotalidae polyvalent immune fab (ovine)]</i>	2	MB
DIGIFAB SOLR 40 MG <i>[digoxin immune fab]</i>	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
FLEBOGAMMA DIF SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
FLUVIRIN SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen]</i>	2	MB
GAMASTAN INJ <i>[immune globulin (human) im]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HYPERRAB S/D SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	2	MB
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	2	MB
HYPERTET S/D INJ 250 UNIT/ML [<i>tetanus immune globulin (human)</i>]	2	MB
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT [<i>rho d immune globulin (human)</i>]	2	MB
NABI-HB SOLN [<i>hepatitis b immune globulin (human)</i>]	2	MB
OCTAGAM SOLN 1 GM/20ML [<i>immune globulin (human) iv</i>]	2	MB
OCTAGAM SOLN 25 GM/500ML [<i>immune globulin (human) iv</i>]	2	MB
ODACTRA SUBL 12 SQ-HDM [<i>dust mite mixed allergen extract</i>]	2	
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	2	MB
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 [<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>]	2	MB
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	2	MB
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)</i>]	2	MB
VACCINES		
ACTHIB SOLR [<i>haemophilus b polysac conj vac</i>]	2	MB
AFLURIA SUSP [<i>influenza virus vaccine split</i>]	2	MB
BEXSERO SUSY [<i>meningococcal vac group b (recombant omv adjuvanted)</i>]	2	MB
ENGERIX-B SUSP 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
FLUAD SUSY 0.5 ML [<i>influenza virus vaccine types a & b surface antigen adjuvant</i>]	2	MB
FLUARIX QUADRIVALENT SUSY 0.5 ML [<i>influenza virus vaccine split quadrivalent</i>]	2	MB
FLUBLOK SOLN [<i>influenza virus vaccine</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
recombinant hemagglutinin (ha)]		
FLUCELVAX SUSY 0.5 ML [influenza virus vaccine tissue-cultured subunit]	2	MB
FLUMIST QUADRIVALENT SUSP [influenza virus vaccine live quadrivalent]	2	
FLUVIRIN SUSP [influenza virus vaccine types a & b surface antigen]	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	2	MB
FLUZONE QUADRIVALENT SUPN 9 MCG/STRAIN [influenza virus vaccine split quadrivalent]	2	
FLUZONE QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	2	MB
FLUZONE QUADRIVALENT SUSY 0.25 ML [influenza virus vaccine split quadrivalent]	2	MB
FLUZONE SUSP [influenza virus vaccine split]	2	MB
GARDASIL 9 SUSP [human papillomavirus (hvp) 9-valent recombinant vaccine]	2	MB
GARDASIL 9 SUSY [human papillomavirus (hvp) 9-valent recombinant vaccine]	2	MB
GARDASIL SUSP [human papillomavirus (hvp) quadrivalent recombinant vaccine]	2	MB
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	2	MB
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	2	MB
HIBERIX SOLR 10 MCG [haemophilus b polysac conj vac]	2	MB
IMOVAX RABIES INJ 2.5 UNIT/ML [rabies virus vaccine, hdc]	2	MB
IPOLE INJ [poliovirus vaccine, ipv]	2	MB
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed]	2	MB
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	2	MB
M-M-R II SOLR [measles, mumps & rubella virus vaccines]	2	MB
MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	2	MB
PEDIARIX SUSP [diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML [pneumococcal vac polyvalent]	2	MB
PREVNAR 13 SUSP [pneumococcal 13-valent conjugate vaccine]	2	MB
PROQUAD SUSR [measles-mumps-rubella-varicella virus vaccines]	2	MB
RABAVERT SUSR [rabies vaccine, pcec]	2	MB
RECOMBIVAX HB SUSP 10 MCG/ML [hepatitis b vaccine (recomb)]	2	MB
RECOMBIVAX HB SUSP 40 MCG/ML [hepatitis b	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
vaccine (recomb)]		
RECOMBIVAX HB SUSP 5 MCG/0.5ML [hepatitis b vaccine (recomb)]	2	MB
ROTARIX SUSR [rotavirus vaccine, live oral]	2	MB
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	2	MB
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	2	MB
TICE BCG SUSR 50 MG [bcg live intravesical]	2	MB
TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	2	MB
TWINRIX SUSY 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	2	MB
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	2	MB
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	2	MB
VARIVAX INJ 1350 PFU/0.5ML [varicella virus vaccine live]	2	MB
VAXCHORA SUSR [cholera vaccine live attenuated]	2	MB
VIVOTIF CPDR [typhoid vaccine]	2	MB
YF-VAX INJ [yellow fever vaccine]	2	MB
ZOSTAVAX SUSR 19400 UNT/0.65ML [zoster vaccine live]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
AKTIPAK PACK 5-3 % [benzoyl peroxide-erythromycin]	2	
benzoyl peroxide-erythromycin gel 5-3 %	1	
clindamycin phos-benzoyl perox gel 1-5 %	1	
clindamycin phos-benzoyl perox gel 1.2-5 %	1	
clindamycin phosphate crea 2 %	1	
clindamycin phosphate gel 1 %	1	
clindamycin phosphate lotn 1 %	1	
clindamycin phosphate soln 1 %	1	
clotrimazole troc 10 mg	1	
DAKINS (1/4 STRENGTH) SOLN 0.125 % [sodium hypochlorite]	2	
DAKINS (FULL STRENGTH) SOLN 0.5 % [sodium hypochlorite]	2	
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
GENTIAN VIOLET SOLN 1 % [gentian violet]	2	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	1	
HYSEPT SOLN 0.25 % [sodium hypochlorite]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ketoconazole sham 2 %</i>	1	
<i>permethrin lotn 1 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>metronidazole lotn 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
<i>permethrin crea 5 %</i>	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	1	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug lotn 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
<i>betamethasone dipropionate crea 0.05 %</i>	1	
BETAMETHASONE VALERATE CREA 0.1 % [<i>betamethasone valerate</i>]	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE LOTN 0.1 % [<i>betamethasone valerate</i>]	1	
BETAMETHASONE VALERATE OINT 0.1 % [<i>betamethasone valerate</i>]	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<i>clobetasol propionate foam 0.05 %</i>	1	
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CLOBEX LOTN 0.05 % [<i>clobetasol propionate</i>]	2	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	1	
[Hydrocortisone (intrarectal)] COLOCORT ENEM 100 MG/60ML	1	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	
CORTISPORIN CREA 3.5-10000-0.5 [<i>neomycin-polymyxin-hc</i>]	2	
CORTISPORIN OINT 1 % [<i>bacitracin-polymyxin-neomycin hc</i>]	2	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
FLUOCINONIDE CREA 0.05 % [<i>fluocinonide</i>]	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>halobetasol propionate crea 0.05 %</i>	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	
<i>triamcinolone acetonide lotn 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.025 %</i>	1	
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
PHENOL LIQD [<i>phenol</i>]	2	
PHENOL LIQD 89 % [<i>phenol</i>]	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	1	
ASTRINGENTS		
DRYSOL SOLN 20 % [<i>aluminum chloride</i>]	2	
XERAC AC SOLN 6.25 % [<i>aluminum chloride in alcohol</i>]	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % [<i>tretinoin</i>]	1	
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	2	QL - 30 day(s),MB
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	1	
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	1	
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	1	
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	1	
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	1	
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	1	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
KERATOLYTIC AGENTS		
SULFACETAMIDE SODIUM-SULFUR EMUL 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
BENZOIN COMPOUND TINC [<i>benzoin compound</i>]	1	
BENZOIN TINC [<i>benzoin</i>]	2	
<i>calcipotriene crea 0.005 %</i>	1	
<i>calcipotriene soln 0.005 %</i>	1	
[<i>Isotretinoin</i>] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[<i>Isotretinoin</i>] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[<i>Isotretinoin</i>] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[<i>Isotretinoin</i>] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [<i>podofilox</i>]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
<i>diclofenac sodium gel 1 %</i>	1	
<i>diclofenac sodium soln 1.5 %</i>	1	
DIFFERIN CREA 0.1 % [<i>adapalene</i>]	1	
DIFFERIN GEL 0.1 % [<i>adapalene</i>]	2	
DIFFERIN GEL 0.3 % [<i>adapalene</i>]	2	
DRITHO-CREME HP CREA 1 % [<i>anthralin</i>]	2	
EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	2	
FLUOROPLEX CREA 1 % [<i>fluorouracil (topical)</i>]	2	
<i>fluorouracil crea 5 %</i>	1	
<i>fluorouracil soln 2 %</i>	1	
<i>fluorouracil soln 5 %</i>	1	
<i>imiquimod crea 5 %</i>	1	
LEVULAN KERASTICK SOLR 20 % [<i>aminolevulinic</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>acid hcl</i>]		
<i>pimecrolimus crea 1 %</i>	1	
PODOCON SOLN 25 % [<i>podophyllum resin</i>]	2	
<i>podofilox soln 0.5 %</i>	1	
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	2	
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [<i>risankizumab-rzaa</i>]	2	
STELARA SOLN 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 90 MG/ML [<i>ustekinumab</i>]	2	
TACROLIMUS OINT 0.03 % [<i>tacrolimus (topical)</i>]	1	
TACROLIMUS OINT 0.1 % [<i>tacrolimus (topical)</i>]	1	
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	2	
<i>tazarotene crea 0.1 %</i>	1	
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	2	
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	2	
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	2	
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	1	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride er tb24 10 mg</i>	1	
<i>oxybutynin chloride er tb24 15 mg</i>	1	
<i>oxybutynin chloride er tb24 5 mg</i>	1	
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	
OXYTROL PTTW 3.9 MG/24HR [<i>oxybutynin</i>]	2	
<i>solifenacin succinate tabs 10 mg</i>	1	
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>trospium chloride er cp24 60 mg</i>	1	
<i>trospium chloride tabs 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	1	MB
<i>theophylline er tb12 100 mg</i>	1	
<i>theophylline er tb12 200 mg</i>	1	
<i>theophylline er tb12 300 mg</i>	1	
<i>theophylline er tb12 450 mg</i>	1	
<i>theophylline er tb24 400 mg</i>	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% [<i>theophylline in dextrose</i>]	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	2	MB
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
vitamins]		
pediatric multivitamins w/fl chew	1	
pediatric multivitamins w/fl chew	1	
MULTI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	1	
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	1	
MVC-FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	1	
MVC-FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	1	
MVC-FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	1	
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	1	
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [pediatric vitamins acid w/ fluoride]	1	
VITAMIN B COMPLEX		
cyanocobalamin soln 1000 mcg/ml	1	MB
folic acid soln 5 mg/ml	1	MB
NIACIN ER TBCR 250 MG [niacin]	1	
NIACIN TABS 100 MG [niacin]	1	
NIACIN TABS 250 MG [niacin]	1	
NIACIN TABS 50 MG [niacin]	1	
NIACIN TABS 500 MG [niacin]	1	
SLO-NIACIN TBCR 500 MG [niacin]	2	
SLO-NIACIN TBCR 750 MG [niacin]	2	
thiamine hcl soln 100 mg/ml	1	MB
VITAMIN D		
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	
ERGOCALCIFEROL SOLN 200 MCG/ML [ergocalciferol]	1	
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [phytonadione]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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<i>amoxicillin chew 250 mg</i>	11		
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<i>amoxicillin susr 200 mg/5ml</i>	11		
<i>amoxicillin susr 250 mg/5ml</i>	11		
<i>amoxicillin susr 400 mg/5ml</i>	11		
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<i>aripiprazole tabs 20 mg</i>	57	<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	17
<i>aripiprazole tabs 30 mg</i>	57	<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	17
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azithromycin susr 200 mg/5ml	12
azithromycin tabs 250 mg	12
azithromycin tabs 500 mg	12
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B

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BD HYPODERMIC NEEDLE MISC 26G X 1/2.	63
BD HYPODERMIC NEEDLE MISC 26G X 3/8.	63
BD HYPODERMIC NEEDLE MISC 26G X 5/8.	63
BD INSULIN SYRINGE HALF-UNIT MISC 31G X 5/16.....	63
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	63
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2.....	63
BD INSULIN SYRINGE MISC 25G X 1.....	63
BD INSULIN SYRINGE MISC 27G X 1/2.....	63
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	63
BD INSULIN SYRINGE U/F MISC 30G X 1/2.	63, 64
BD INSULIN SYRINGE U/F MISC 31G X 5/16	64
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2.....	64
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16.....	64
BD INTEGRA INSULIN SYRINGE MISC 29G X 1/2.....	64
BD INTEGRA SYRINGE MISC 21G X 1-1/2....	64
BD INTEGRA SYRINGE MISC 25G X 5/8.....	64
BD LANCET DEVICE MISC [lancet devices]	64
BD LANCET ULTRAFINE 33G MISC [lancets]	64
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	64
BD LUER-LOK SYRINGE MISC 20G X 1.....	64
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	64
BD LUER-LOK SYRINGE MISC 21G X 1.....	64

BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	64
BD LUER-LOK SYRINGE MISC 21G X 1-1/4..	64
BD LUER-LOK SYRINGE MISC 22G X 1..	64, 65
BD LUER-LOK SYRINGE MISC 22G X 1-1/2..	65
BD LUER-LOK SYRINGE MISC 23G X 1-1/2..	65
BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	65
BD LUER-LOK SYRINGE MISC 26G X 5/8.....	65
BD LUER-LOK SYRINGE MISC 2G X 1-1/4....	65
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	65
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	65
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	65
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	65
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2	65
BD SAFETYGLIDE SHIELDED NEEDLE MISC 23G X 1	65
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8	65
BD SYRINGE BLUNT CANNULA 17G MISC 10 ML [syringe (disposable)].....	65
BD SYRINGE DUAL CANNULA MISC 10 ML [syringe (disposable)].....	65
BD SYRINGE LUER SLIP TIP MISC 5 ML [syringe (disposable)].....	65
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	65
BD SYRINGE LUER-LOK MISC 10 ML [syringe (disposable)]	65
BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)]	65
BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	65
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	65
BD SYRINGE LUER-LOK MISC 60 ML [syringe (disposable)]	65
BD SYRINGE MISC 60 ML [syringe (disposable)]	66
BD SYRINGE SLIP TIP MISC 3 ML [syringe (disposable)]	66
BD SYRINGE/NEEDLE MISC 22G X 1-1/2	66
BD SYRINGE/NEEDLE MISC 23G X 1	66
BD SYRINGE/NEEDLE MISC 25G X 5/8	66
BD TB SYRINGE MISC 26G X 3/8.....	66
BD TB SYRINGE MISC 27G X 1/2.....	66
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	66
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64	66
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 30 MG [belladonna alkaloids & opium].....	29
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 60 MG [belladonna alkaloids & opium].....	29
benazepril hcl tabs 10 mg	43
benazepril hcl tabs 20 mg	43
benazepril hcl tabs 40 mg	43
benazepril hcl tabs 5 mg	43
BENDEKA SOLN 100 MG/4ML [bendamustine hcl].....	22
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	34
BENEFIX KIT 2000 UNIT [coagulation factor ix (recombinant)]	34
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	34
BENEFIX KIT 3000 UNIT [coagulation factor ix (recombinant)]	34
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	34
BENZOIN COMPOUND TINC [benzoin compound].....	101
BENZOIN TINC [benzoin].....	101
benzonatate caps 100 mg	93
benzoyl peroxide-erythromycin gel 5-3 %	98
benztropine mesylate soln 1 mg/ml	53
benztropine mesylate tabs 0.5 mg	53
benztropine mesylate tabs 1 mg	53
benztropine mesylate tabs 2 mg	53
BEOVU SOLN 6 MG/0.05ML [brolucizumab- dbll]	76
betamethasone dipropionate aug crea 0.05 %	99
betamethasone dipropionate aug gel 0.05 %	99
betamethasone dipropionate aug lotn 0.05 %	99
betamethasone dipropionate aug oint 0.05 %	99
betamethasone dipropionate crea 0.05 %	99
betamethasone sod phos & acet susp 6 (3-3) mg/ml	80
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	99
betamethasone valerate foam 0.12 %	99
BETAMETHASONE VALERATE LOTN 0.1 % [betamethasone valerate]	99

BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	99	sodium]	87
betaxolol hcl soln 0.5 %	76	BRILINTA TABS 90 MG [ticagrelor]	37
bethanechol chloride tabs 10 mg	30	brimonidine tartrate soln 0.2 %	76
bethanechol chloride tabs 25 mg	30	bromocriptine mesylate caps 5 mg	53
bethanechol chloride tabs 5 mg	30	bromocriptine mesylate tabs 2.5 mg	53
BEXSERO SUSY [meningococcal vac group b (recombant omv adjuvanted)]	96	BSS PLUS SOLN [ophthalmic irrigation solution - intraocular]	76
bicalutamide tabs 50 mg	22	BSS SOLN [ophthalmic irrigation solution - intraocular]	76
BICILLIN L-A SUSP 1200000 UNIT/2ML [penicillin g benzathine]	12	budesonide cpep 3 mg	80
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine]	12	budesonide susp 0.25 mg/2ml	80
BICILLIN L-A SUSP 600000 UNIT/ML [penicillin g benzathine]	12	budesonide susp 0.5 mg/2ml	80
BICNU SOLR 100 MG [carmustine]	22	bumetanide soln 0.25 mg/ml	70
BIKTARVY TABS 50-200-25 MG [bictegravir- emtricitabine-tenofovir alafenamide fumarate]	18	bumetanide tabs 0.5 mg	70
BILTRICIDE TABS 600 MG [praziquantel]	11	bumetanide tabs 1 mg	70
BIOTIN-D POWD [biotin (bulk)]	92	bumetanide tabs 2 mg	70
bisoprolol fumarate tabs 10 mg	40	BUMINATE SOLN 5 % [albumin, human]	33
bisoprolol fumarate tabs 5 mg	40	BUPHENYL TABS 500 MG [sodium phenylbutyrate]	70
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	40	BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [bupivacaine hcl]	86
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	40	bupivacaine hcl (pf) soln 0.25 %	86
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	40	bupivacaine hcl (pf) soln 0.5 %	86
bleomycin sulfate solr 15 unit	22	bupivacaine hcl (pf) soln 0.75 %	86
bleomycin sulfate solr 30 unit	22	bupivacaine hcl inj 0.75%	86
BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod-prednisolone]	75	bupivacaine hcl soln 0.25 %	86
BLINCYTO SOLR 35 MCG [blinatumomab] ..	23	bupivacaine hcl soln 0.5 %	86
BLUNT PLASTIC CANNULA MISC [parenteral therapy supplies]	66	bupivacaine in dextrose soln 0.75-8.25 %	86
BORIC ACID POWD [boric acid (bulk)]	92	bupivacaine-epinephrine (pf) soln 0.25% -1 200000.....	86
BOTOX COSMETIC SOLR 100 UNIT [onabotulinumtoxina (cosmetic)]	87	bupivacaine-epinephrine (pf) soln 0.5% -1 200000.....	86
BOTOX SOLR 100 UNIT [onabotulinumtoxina]	87	bupivacaine-epinephrine soln 0.25% -1 200000.....	86
BOTOX SOLR 200 UNIT [onabotulinumtoxina]	87	bupivacaine-epinephrine soln 0.5% -1 200000.....	86
BREVIBLOC IN NAACL SOLN 2000 MG/100ML [esmolol hcl-sodium chloride]	40	buprenorphine hcl soln 0.3 mg/ml	46
BREVIBLOC IN NAACL SOLN 2500 MG/250ML [esmolol hcl-sodium chloride]	40	buprenorphine hcl-naloxone hcl subl 2-0.5 mg	46
BREVITAL SODIUM SOLR 500 MG [methohexital sodium]	56	buprenorphine hcl-naloxone hcl subl 8-2 mg	46
BRIDION SOLN 200 MG/2ML [sugammadex		bupropion hcl er (sr) tb12 100 mg	57

buspirone hcl tabs 5 mg	55
buspirone hcl tabs 7.5 mg	55
butorphanol tartrate soln 1 mg/ml	46
butorphanol tartrate soln 2 mg/ml	46
BUTTERFLY 25G X 3/4	66

C

cabergoline tabs 0.5 mg	53
CABOMETYX TABS 20 MG [cabozantinib s-malate]	23
CABOMETYX TABS 40 MG [cabozantinib s-malate]	23
CABOMETYX TABS 60 MG [cabozantinib s-malate]	23
caffeine citrate soln 60 mg/3ml	49
calcipotriene crea 0.005 %	101
calcipotriene soln 0.005 %	101
calcitonin (salmon) soln 200 unit/act	85
calcitriol caps 0.25 mcg	103
calcitriol caps 0.5 mcg	103
calcium acetate (phos binder) caps 667 mg 72	
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	72
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	72
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	23
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	23
CANCIDAS SOLR 50 MG [caspofungin acetate]	16
CANCIDAS SOLR 70 MG [caspofungin acetate]	16
CANDIN SOLN [candida albicans skin test antigen]	68
CANTHARIDIN POW [cantharidin]	92
CAPASTAT SULFATE SOLR 1 GM [capreomycin sulfate]	17
capecitabine tabs 150 mg	23
capecitabine tabs 500 mg	23
CAPRELSA TABS 100 MG [vandetanib]	23
CAPRELSA TABS 300 MG [vandetanib]	23
CARAFATE SUSP 1 GM/10ML [sucralfate] ... 78	
carbamazepine chew 100 mg	51
carbamazepine er cp12 100 mg	51
carbamazepine er cp12 200 mg	51
carbamazepine er cp12 300 mg	51
carbamazepine er tb12 100 mg	51
carbamazepine er tb12 200 mg	51
carbamazepine er tb12 400 mg	51

CARBAMAZEPINE POWD [carbamazepine] 92	
carbamazepine susp 100 mg/5ml	51
carbamazepine tabs 200 mg	51
carbidopa tabs 25 mg	53
carbidopa-levodopa er tbc 25-100 mg	53
carbidopa-levodopa er tbc 50-200 mg	53
carbidopa-levodopa tabs 10-100 mg	54
carbidopa-levodopa tabs 25-100 mg	54
carbidopa-levodopa tabs 25-250 mg	54
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	54
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	54
carbidopa-levodopa-entacapone tabs 25-100-200 mg	54
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	54
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	54
carbidopa-levodopa-entacapone tabs 50-200-200 mg	54
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	42
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	43
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	43
CARDENE IV SOLN 40-5 MG/200ML-% [nicardipine hcl in dextrose]	43
CARIMUNE NF SOLR 12 GM [immune globulin (human) iv]	94
CARIMUNE NF SOLR 6 GM [immune globulin (human) iv]	94
carmustine solr 100 mg	23
carvedilol tabs 12.5 mg	40
carvedilol tabs 25 mg	40
carvedilol tabs 3.125 mg	40
carvedilol tabs 6.25 mg	40
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	37
CAVERJECT IMPULSE KIT 10 MCG [alprostadil (vasodilator)]	44
CAVERJECT IMPULSE KIT 20 MCG [alprostadil (vasodilator)]	44
CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)]	44
CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)]	44
CAYSTON SOLR 75 MG [aztreonam lysine]	12
cefaclor caps 250 mg	12

cefaclor caps 500 mg	12	CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	13
cefadroxil caps 500 mg	12	CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	13
cefazolin sodium solr 1 gm	12	cefuroxime axetil tabs 250 mg	13
cefazolin sodium solr 10 gm	12	cefuroxime axetil tabs 500 mg	13
cefazolin sodium solr 20 gm	12	cefuroxime sodium solr 1.5 gm	13
cefazolin sodium solr 500 mg	12	cefuroxime sodium solr 7.5 gm	13
cefazolin sodium-dextrose soln 1-4 gm/50ml-%	12	cefuroxime sodium solr 750 mg	13
cefdinir susr 125 mg/5ml	12	CELONTIN CAPS 300 MG [methsuximide] ..	51
cefdinir susr 250 mg/5ml	12	cephalexin caps 250 mg	13
cefepime hcl solr 1 gm	12	cephalexin caps 500 mg	13
cefepime hcl solr 2 gm	12	cephalexin susr 125 mg/5ml	13
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	12	cephalexin susr 250 mg/5ml	13
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	12	cephalexin tabs 500 mg	13
cefixime susr 100 mg/5ml	12	CEQUA SOLN 0.09 % [cyclosporine (ophth)]	75
cefotaxime sodium inj 10gm	12	CERDELGA CAPS 84 MG [eliglustat tartrate]	87
cefotaxime sodium solr 1 gm	12	CEREZYME SOLR 400 UNIT [imiglucerase] ..	74
cefotaxime sodium solr 2 gm	12	CHANTIX CONTINUING MONTH PAK TABS 1 MG [varenicline tartrate]	30
cefotaxime sodium solr 500 mg	12	CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 [varenicline tartrate]	30
cefotetan disodium solr 1 gm	12	CHANTIX TABS 0.5 MG [varenicline tartrate]	30
cefotetan disodium solr 2 gm	12	CHANTIX TABS 1 MG [varenicline tartrate] ..	30
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	12	CHEMET CAPS 100 MG [succimer]	80
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	12	CHEMSTRIP 9 STRP [multiple urine tests] ..	68
cefoxitin sodium solr 1 gm	12	CHERATUSSIN AC SYRP 100-10 MG/5ML [guaifenesin-codeine]	93
cefoxitin sodium solr 10 gm	13	CHIRHOSTIM SOLR 16 MCG [secretin acetate (human)]	68
cefoxitin sodium solr 2 gm	13	chloramphenicol sod succinate solr 1 gm ..	13
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	13	chlordiazepoxide hcl caps 10 mg	55
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	13	chlordiazepoxide hcl caps 25 mg	55
cefpodoxime proxetil susr 100 mg/5ml	13	chlordiazepoxide hcl caps 5 mg	55
cefpodoxime proxetil susr 50 mg/5ml	13	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [chlordiazepoxide hcl-clidinium bromide]	29
cefpodoxime proxetil tabs 100 mg	13	chlorhexidine gluconate soln 0.12 %	75
cefpodoxime proxetil tabs 200 mg	13	chlorprocaine hcl (pf) soln 2 %	86
ceftriaxone sodium in dextrose soln 20 mg/ml	13	chlorprocaine hcl inj 3%	86
ceftriaxone sodium in dextrose soln 40 mg/ml	13	chloroquine phosphate tabs 250 mg	18
ceftriaxone sodium solr 1 gm	13	chloroquine phosphate tabs 500 mg	18
ceftriaxone sodium solr 2 gm	13	CHLORPROMAZINE HCL POW HCL [chlorpromazine hcl]	92
ceftriaxone sodium solr 250 mg	13		
ceftriaxone sodium solr 500 mg	13		

chlorpromazine hcl soln 25 mg/ml	57	CLEOCIN IN D5W SOLN 300 MG/50ML	
chlorpromazine hcl tabs 10 mg	57	[clindamycin phosphate in d5w]	13
chlorpromazine hcl tabs 100 mg	57	CLEOCIN IN D5W SOLN 600 MG/50ML	
chlorpromazine hcl tabs 200 mg	57	[clindamycin phosphate in d5w]	13
chlorpromazine hcl tabs 25 mg	57	CLEOCIN IN D5W SOLN 900 MG/50ML	
chlorpromazine hcl tabs 50 mg	57	[clindamycin phosphate in d5w]	13
chlorthalidone tabs 25 mg	70	CLEVIPREX EMUL 25 MG/50ML [clevidipine]	
chlorthalidone tabs 50 mg	71	.....	41
CHOLESTEROL POWD [cholesterol]	92	CLEVIPREX EMUL 50 MG/100ML [clevidipine]	
cholestyramine light powd 4 gm/dose	39	.....	41
cholestyramine pack 4 gm	39	CLIMARA PTWK 0.025 MG/24HR [estradiol]	84
cholestyramine powd 4 gm/dose	39	CLIMARA PTWK 0.0375 MG/24HR [estradiol]	
choline magnesium trisalicylate tab 1000mg		.....	84
.....	46	CLIMARA PTWK 0.05 MG/24HR [estradiol]	84
CHOLINE-MAG TRISALICYLATE LIQD 500		CLIMARA PTWK 0.06 MG/24HR [estradiol]	84
MG/5ML [choline & mag salicylate]	46	CLIMARA PTWK 0.075 MG/24HR [estradiol]	84
CHROMIC CHLORIDE SOLN 40 MCG/10ML		CLIMARA PTWK 0.1 MG/24HR [estradiol]	84
[chromic chloride]	72	clindamycin hcl caps 150 mg	14
cidofovir soln 75 mg/ml	18	clindamycin hcl caps 300 mg	14
CIMDUO TABS 300-300 MG [lamivudine-		CLINDAMYCIN HCL POWD [clindamycin hcl	
tenofovir disoproxil fumarate]	18	(bulk)]	92
cimetidine hcl soln 300 mg/5ml	78	clindamycin palmitate hcl solr 75 mg/5ml	14
cinacalcet hcl tabs 30 mg	88	clindamycin phos-benzoyl perox gel 1.2-5 %	
cinacalcet hcl tabs 60 mg	88	.....	98
cinacalcet hcl tabs 90 mg	88	clindamycin phos-benzoyl perox gel 1-5 %	98
CINRYZE SOLR 500 UNIT [c1 esterase		clindamycin phosphate crea 2 %	98
inhibitor (human)]	88	clindamycin phosphate gel 1 %	98
CIPRODEX SUSP 0.3-0.1 % [ciprofloxacin-		clindamycin phosphate lotn 1 %	98
dexamethasone]	75	clindamycin phosphate soln 1 %	98
ciprofloxacin hcl soln 0.3 %	75	clindamycin phosphate soln 300 mg/2ml	14
ciprofloxacin hcl tabs 250 mg	13	CLINDAMYCIN PHOSPHATE SOLN 600	
ciprofloxacin hcl tabs 500 mg	13	MG/4ML [clindamycin phosphate]	14
ciprofloxacin hcl tabs 750 mg	13	CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %	
ciprofloxacin in d5w soln 200 mg/100ml	13	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin in d5w soln 400 mg/200ml	13	in d10w]	70
cisatracurium besylate (pf) soln 10 mg/5ml	31	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
cisatracurium besylate (pf) soln 200 mg/20ml	31	[amino acid electrolyte w/ calcium infusion	
cisatracurium besylate soln 20 mg/10ml	31	in d5w]	70
cisplatin soln 50 mg/50ml	23	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
citalopram hydrobromide soln 10 mg/5ml	57	[amino acid electrolyte w/ calcium infusion	
citalopram hydrobromide tabs 10 mg	57	in d10w]	70
citalopram hydrobromide tabs 20 mg	57	CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 %	
citalopram hydrobromide tabs 40 mg	57	[amino acid electrolyte w/ calcium infusion	
cladribine soln 10 mg/10ml	23	in d25w]	70
clarithromycin susr 125 mg/5ml	13	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
clarithromycin susr 250 mg/5ml	13	[amino acid electrolyte w/ calcium infusion	
clarithromycin tabs 250 mg	13	in d15w]	70
CLARITHROMYCIN TABS 500 MG		CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
[clarithromycin]	13	[amino acid electrolyte w/ calcium infusion	
		in d20w]	70

CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid infusion in d10w]</i>	70	COLCHICINE CAPS 0.6 MG <i>[colchicine]</i>	88
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % <i>[amino acid infusion in d25w]</i>	70	<i>colchicine tabs 0.6 mg</i>	88
<i>clobetasol propionate crea 0.05 %</i>	99	<i>colchicine-probenecid tabs 0.5-500 mg</i>	74
<i>clobetasol propionate foam 0.05 %</i>	99	<i>colestipol hcl gran 5 gm</i>	39
<i>clobetasol propionate gel 0.05 %</i>	99	<i>colestipol hcl pack 5 gm</i>	39
<i>clobetasol propionate lotn 0.05 %</i>	99	<i>colestipol hcl tabs 1 gm</i>	39
<i>clobetasol propionate oint 0.05 %</i>	99	COLLODION FLEXIBLE LIQD <i>[collodion</i> <i>flexible]</i>	92
CLOBETASOL PROPIONATE POW PROPIONA <i>[clobetasol propionate]</i>	92	COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</i>	93
<i>clobetasol propionate soln 0.05 %</i>	99	COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG <i>[cabozantinib s-malate]</i>	23
CLOBEX LOTN 0.05 % <i>[clobetasol propionate]</i>	99	COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG <i>[cabozantinib s-malate]</i>	23
CLOBEX SPRAY LIQD 0.05 % <i>[clobetasol</i> <i>propionate]</i>	99	COMETRIQ (60 MG DAILY DOSE) KIT 20 MG <i>[cabozantinib s-malate]</i>	23
<i>clomiphene citrate tabs 50 mg</i>	84	COMPLERA TABS 200-25-300 MG <i>[emtricitabine-rilpivirine-tenofovir</i> <i>disoproxil fumarate]</i>	18
<i>clomipramine hcl caps 25 mg</i>	57	CONCERTA TBCR 18 MG <i>[methylphenidate</i> <i>hcl]</i>	49
<i>clomipramine hcl caps 50 mg</i>	57	CONCERTA TBCR 27 MG <i>[methylphenidate</i> <i>hcl]</i>	49
<i>clomipramine hcl caps 75 mg</i>	57	CONCERTA TBCR 36 MG <i>[methylphenidate</i> <i>hcl]</i>	49
<i>clonazepam tabs 0.5 mg</i>	51	CONCERTA TBCR 54 MG <i>[methylphenidate</i> <i>hcl]</i>	49
<i>clonazepam tabs 1 mg</i>	51	CONDYLOX GEL 0.5 % <i>[podofilox]</i>	101
<i>clonazepam tabs 2 mg</i>	51	CONRAY 43 INJ 43% <i>[iothalamate</i> <i>meglumine]</i>	68
<i>clonidine hcl tabs 0.1 mg</i>	43	CONRAY SOLN 60 % <i>[iothalamate</i> <i>meglumine]</i>	68
<i>clonidine hcl tabs 0.2 mg</i>	43	COPIKTRA CAPS 15 MG <i>[duvelisib]</i>	23
<i>clonidine hcl tabs 0.3 mg</i>	43	COPIKTRA CAPS 25 MG <i>[duvelisib]</i>	23
<i>clonidine ptwk 0.1 mg/24hr</i>	43	CORDRAN TAPE 4 MCG/SQCM <i>[flurandrenolide]</i>	99
<i>clonidine ptwk 0.2 mg/24hr</i>	43	CORTISPORIN CREA 3.5-10000-0.5 <i>[neomycin-polymyxin-hc]</i>	99
<i>clonidine ptwk 0.3 mg/24hr</i>	43	CORTISPORIN OINT 1 % <i>[bacitracin-</i> <i>polymyxin-neomycin hc]</i>	99
<i>clopidogrel bisulfate tabs 75 mg</i>	37	CORTROSYN SOLR 0.25 MG <i>[cosyntropin]</i>	68
<i>clorazepate dipotassium tabs 15 mg</i>	55	COSENTYX (300 MG DOSE) SOSY 150 MG/ML <i>[secukinumab]</i>	101
<i>clorazepate dipotassium tabs 3.75 mg</i>	55	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <i>[secukinumab]</i>	101
<i>clorazepate dipotassium tabs 7.5 mg</i>	55	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML <i>[secukinumab]</i>	101
CLOTRIMAZOLE CRYST <i>[clotrimazole</i> <i>(topical)]</i>	92	COSENTYX SOSY 150 MG/ML <i>[secukinumab]</i>	101
CLOTRIMAZOLE POWD <i>[clotrimazole</i> <i>(topical)]</i>	92	COSMEGEN SOLR 0.5 MG <i>[dactinomycin]</i> ..	23
<i>clotrimazole troc 10 mg</i>	98		
<i>clozapine tabs 100 mg</i>	57		
<i>clozapine tabs 200 mg</i>	57		
<i>clozapine tabs 25 mg</i>	57		
<i>clozapine tabs 50 mg</i>	58		
COARTEM TABS 20-120 MG <i>[artemether-</i> <i>lumefantrine]</i>	18		
CODEINE SULFATE TABS 15 MG <i>[codeine</i> <i>sulfate]</i>	46		
CODEINE SULFATE TABS 30 MG <i>[codeine</i> <i>sulfate]</i>	46		
CODEINE SULFATE TABS 60 MG <i>[codeine</i> <i>sulfate]</i>	46		

COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	23	<i>bitartrate</i>	88
CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79	CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	92
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79	CYSTO-CONRAY II SOLN 17.2 % [<i>iothalamate meglumine</i>]	68
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79	CYSTOGRAFIN SOLN 30 % [<i>diatrizoate meglumine</i>]	68
CREON CPEP 36000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	68	CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	69
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79	<i>cytarabine (pf) soln 100 mg/ml</i>	23
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	18	<i>cytarabine (pf) soln 20 mg/ml</i>	23
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	18	<i>cytarabine soln 20 mg/ml</i>	23
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	94	CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	69
<i>cromolyn sodium nebu 20 mg/2ml</i>	93		
<i>cromolyn sodium soln 4 %</i>	76	D	
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	77	<i>dacarbazine solr 100 mg</i>	23
CUBICIN SOLR 500 MG [<i>daptomycin</i>]	14	<i>dacarbazine solr 200 mg</i>	23
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	72	DACOGEN SOLR 50 MG [<i>decitabine</i>]	23
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	94	<i>dactinomycin inj 0.5mg</i>	23
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	94	DAKINS (1/4 STRENGTH) SOLN 0.125 % [<i>sodium hypochlorite</i>]	98
CUVPOSA SOLN 1 MG/5ML [<i>glycopyrrolate</i>]	29	DAKINS (FULL STRENGTH) SOLN 0.5 % [<i>sodium hypochlorite</i>]	98
<i>cyanocobalamin soln 1000 mcg/ml</i>	103	DAKLINZA TABS 30 MG [<i>daclatasvir dihydrochloride</i>]	18
<i>cyclobenzaprine hcl tabs 10 mg</i>	31	DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	19
<i>cyclobenzaprine hcl tabs 5 mg</i>	31	<i>danazol caps 100 mg</i>	81
<i>cyclopentolate hcl soln 1 %</i>	77	<i>danazol caps 200 mg</i>	81
<i>cyclopentolate hcl soln 2 %</i>	77	<i>danazol caps 50 mg</i>	81
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	23	<i>dantrolene sodium caps 100 mg</i>	31
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	23	<i>dantrolene sodium caps 25 mg</i>	31
<i>cyclophosphamide solr 1 gm</i>	23	<i>dantrolene sodium caps 50 mg</i>	31
<i>cyclophosphamide solr 2 gm</i>	23	<i>dapsone tabs 100 mg</i>	17
<i>cyclophosphamide solr 500 mg</i>	23	<i>dapsone tabs 25 mg</i>	17
<i>cycloserine caps 250 mg</i>	17	DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	18
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	22	DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	23
<i>cyproheptadine hcl tabs 4 mg</i>	22	DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	23
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	23	<i>daunorubicin hcl soln 20 mg/4ml</i>	23
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	23	DDAVP RHINAL TUBE SOLN 0.01 % [<i>desmopressin acetate refrigerated</i>]	85
CYSTADANE POWD [<i>betaine</i>]	88	<i>deferasirox tabs 360 mg</i>	80
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	88	<i>deferasirox tabs 90 mg</i>	80
CYSTAGON CAPS 50 MG [<i>cysteamine</i>		<i>deferoxamine mesylate solr 500 mg</i>	80
		<i>demeclocycline hcl tabs 150 mg</i>	14
		<i>demeclocycline hcl tabs 300 mg</i>	14
		DEPEN TITRATABS TABS 250 MG	

[penicillamine]	80	dextroamphetamine sulfate er cp24 10 mg ..	50
DEPOCYT SUSP 50 MG/5ML [cytarabine liposome]	23	dextroamphetamine sulfate er cp24 15 mg ..	50
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	85	dextroamphetamine sulfate er cp24 5 mg	50
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	19	dextroamphetamine sulfate tabs 10 mg	50
desipramine hcl tabs 10 mg	58	dextroamphetamine sulfate tabs 5 mg	50
desipramine hcl tabs 100 mg	58	DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers]	72
desipramine hcl tabs 150 mg	58	dextrose in ringers soln 5 %	72
desipramine hcl tabs 25 mg	58	DEXTROSE SOLN 10 % [dextrose]	70
desipramine hcl tabs 50 mg	58	DEXTROSE SOLN 20 % [dextrose]	70
desipramine hcl tabs 75 mg	58	DEXTROSE SOLN 5 % [dextrose]	70
desmopressin ace spray refrig soln 0.01 %	85	DEXTROSE SOLN 50 % [dextrose]	70
desmopressin acetate soln 4 mcg/ml	85	DEXTROSE SOLN 70 % [dextrose]	70
desmopressin acetate spray soln 0.01 %	85	DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	72
desmopressin acetate tabs 0.1 mg	85	DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride]	72
desmopressin acetate tabs 0.2 mg	85	DEXTROSE-NACL SOLN 5-0.225 % [dextrose w/ sodium chloride]	72
desonide oint 0.05 %	99	DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	72
desoximetasone crea 0.25 %	99	DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	72
dexamethasone elix 0.5 mg/5ml	80	DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	72
DEXAMETHASONE POWD [dexamethasone (bulk)]	92	DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L [peritoneal dialysis solutions]	71
dexamethasone sodium phosphate soln 0.1 %	75	DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L [peritoneal dialysis solutions]	71
dexamethasone sodium phosphate soln 10 mg/ml	80	DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L [peritoneal dialysis solutions]	72
dexamethasone sodium phosphate soln 20 mg/5ml	80	DIASTAT ACUDIAL GEL 10 MG [diazepam (anticonvulsant)]	55
dexamethasone tabs 0.5 mg	80	DIASTAT ACUDIAL GEL 20 MG [diazepam (anticonvulsant)]	55
dexamethasone tabs 0.75 mg	80	DIASTAT PEDIATRIC GEL 2.5 MG [diazepam (anticonvulsant)]	55
dexamethasone tabs 1 mg	80	DIASTIX STRP [glucose urine test-(glucose oxidase)]	69
dexamethasone tabs 1.5 mg	80	diazepam soln 5 mg/5ml	55
dexamethasone tabs 2 mg	80	diazepam soln 5 mg/ml	55
dexamethasone tabs 4 mg	80	diazepam tabs 10 mg	55
dexamethasone tabs 6 mg	80	diazepam tabs 2 mg	55
dexmethylphenidate hcl er cp24 10 mg	49	diazepam tabs 5 mg	55
dexmethylphenidate hcl er cp24 15 mg	49	diclofenac sodium gel 1 %	101
dexmethylphenidate hcl er cp24 20 mg	49	diclofenac sodium soln 0.1 %	75
dexmethylphenidate hcl er cp24 25 mg	49	diclofenac sodium soln 1.5 %	101
dexmethylphenidate hcl er cp24 30 mg	49	dicloxacillin sodium caps 250 mg	14
dexmethylphenidate hcl er cp24 35 mg	50	dicloxacillin sodium caps 500 mg	14
dexmethylphenidate hcl er cp24 40 mg	50		
dexmethylphenidate hcl er cp24 5 mg	50		
dexmethylphenidate hcl tabs 10 mg	50		
dexmethylphenidate hcl tabs 2.5 mg	50		
dexmethylphenidate hcl tabs 5 mg	50		
dexrazoxane hcl solr 250 mg	88		
dexrazoxane hcl solr 500 mg	88		

<i>dicyclomine hcl caps 10 mg</i>	29	DOBUTAMINE IN D5W SOLN 2 MG/ML	
<i>dicyclomine hcl soln 10 mg/5ml</i>	29	[dobutamine in d5w]	32
<i>dicyclomine hcl tabs 20 mg</i>	29	DOCETAXEL (NON-ALCOHOL) SOLN 160	
<i>didanosine cap 125mg</i>	19	MG/8ML [docetaxel]	23
<i>didanosine cpdr 200 mg</i>	19	DOCETAXEL (NON-ALCOHOL) SOLN 20	
<i>didanosine cpdr 250 mg</i>	19	MG/ML [docetaxel]	23
<i>didanosine cpdr 400 mg</i>	19	DOCETAXEL (NON-ALCOHOL) SOLN 80	
DIFFERIN CREA 0.1 % [adapalene]	101	MG/4ML [docetaxel]	24
DIFFERIN GEL 0.1 % [adapalene]	101	<i>docetaxel conc 80 mg/4ml</i>	24
DIFFERIN GEL 0.3 % [adapalene]	101	<i>dofetilide caps 125 mcg</i>	42
DIGIFAB SOLR 40 MG [digoxin immune fab] 94		<i>dofetilide caps 250 mcg</i>	42
DIGOXIN SOLN 0.05 MG/ML [digoxin]	42	<i>dofetilide caps 500 mcg</i>	42
<i>digoxin soln 0.25 mg/ml</i>	42	<i>donepezil hcl tabs 10 mg</i>	30
<i>digoxin tabs 125 mcg</i>	42	DONEPEZIL HCL TABS 5 MG [donepezil	
<i>digoxin tabs 250 mcg</i>	42	hydrochloride]	30
<i>dihydroergotamine mesylate soln 1 mg/ml</i> .	32	<i>donepezil hcl tbdp 10 mg</i>	30
<i>dihydroergotamine mesylate soln 4 mg/ml</i> .	32	<i>donepezil hcl tbdp 5 mg</i>	30
<i>diltiazem hcl er cp12 120 mg</i>	41	DONNATAL ELIX 16.2 MG/5ML [phenobarbital-	
<i>diltiazem hcl er cp12 60 mg</i>	41	hyoscyamine-atropine-scopolamine]	29
<i>diltiazem hcl er cp12 90 mg</i>	41	DONNATAL TABS 16.2 MG [phenobarbital-	
<i>diltiazem hcl er cp24 120 mg</i>	41	hyoscyamine-atropine-scopolamine]	29
<i>diltiazem hcl er cp24 180 mg</i>	41	<i>dopamine hcl inj 80mg/ml</i>	32
<i>diltiazem hcl er cp24 240 mg</i>	41	<i>dopamine hcl soln 160 mg/ml</i>	32
<i>diltiazem hcl soln 125 mg/25ml</i>	41	DOPAMINE HCL SOLN 40 MG/ML [dopamine	
<i>diltiazem hcl soln 25 mg/5ml</i>	41	hcl]	32
<i>diltiazem hcl soln 50 mg/10ml</i>	41	<i>dopamine hcl soln 80 mg/ml</i>	32
<i>diltiazem hcl tabs 120 mg</i>	41	DOPAMINE IN D5W SOLN 0.8-5 MG/ML-%	
<i>diltiazem hcl tabs 30 mg</i>	41	[dopamine in d5w]	32
<i>diltiazem hcl tabs 60 mg</i>	41	DOPAMINE IN D5W SOLN 1.6-5 MG/ML-%	
<i>diltiazem hcl tabs 90 mg</i>	41	[dopamine in d5w]	32
<i>diphenhydramine hcl soln 50 mg/ml</i>	22	DOPAMINE IN D5W SOLN 3.2-5 MG/ML-%	
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>		[dopamine in d5w]	32
.....	78	<i>dorzolamide hcl soln 2 %</i>	76
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i> ..	78	<i>dorzolamide hcl-timolol mal soln 22.3-6.8</i>	
<i>dipyridamole soln 5 mg/ml</i>	44	mg/ml	76
<i>dipyridamole tabs 25 mg</i>	44	DOVATO TABS 50-300 MG [dolutegravir	
<i>dipyridamole tabs 50 mg</i>	44	sodium-lamivudine]	19
<i>dipyridamole tabs 75 mg</i>	44	<i>doxazosin mesylate tabs 1 mg</i>	39
<i>disopyramide phosphate caps 100 mg</i>	42	<i>doxazosin mesylate tabs 2 mg</i>	39
<i>disopyramide phosphate caps 150 mg</i>	42	<i>doxazosin mesylate tabs 4 mg</i>	39
DISPOSABLE POWER KIT [misc. devices] .	66	<i>doxazosin mesylate tabs 8 mg</i>	39
<i>disulfiram tabs 250 mg</i>	88	<i>doxepin hcl caps 10 mg</i>	58
<i>disulfiram tabs 500 mg</i>	88	<i>doxepin hcl caps 100 mg</i>	58
<i>divalproex sodium csdr 125 mg</i>	51	<i>doxepin hcl caps 150 mg</i>	58
<i>divalproex sodium tbec 125 mg</i>	51	<i>doxepin hcl caps 25 mg</i>	58
<i>divalproex sodium tbec 250 mg</i>	51	<i>doxepin hcl caps 50 mg</i>	58
<i>divalproex sodium tbec 500 mg</i>	51	<i>doxepin hcl caps 75 mg</i>	58
<i>dobutamine hcl soln 250 mg/20ml</i>	32	<i>doxepin hcl conc 10 mg/ml</i>	58
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-%		DOXIL INJ 2 MG/ML [doxorubicin hcl	
[dobutamine in d5w]	32	liposomal]	24

doxorubicin hcl liposomal inj 2 mg/ml	24
doxorubicin hcl soln 2 mg/ml	24
doxorubicin hcl solr 10 mg	24
doxorubicin hcl solr 50 mg	24
doxycycline hyclate caps 100 mg	14
doxycycline hyclate caps 50 mg	14
doxycycline hyclate tabs 100 mg	14
doxycycline hyclate tabs 20 mg	14
doxycycline monohydrate tabs 100 mg	14
doxycycline monohydrate tabs 50 mg	14
DRITHO-CREME HP CREA 1 % [anthralin] 101	
DRONABINOL CAPS 10 MG [dronabinol]	78
DRONABINOL CAPS 2.5 MG [dronabinol]	78
DRONABINOL CAPS 5 MG [dronabinol]	78
droperidol soln 2.5 mg/ml	55
drospirenone-ethinyl estradiol tabs 3-0.02 mg	83
drospirenone-ethinyl estradiol tabs 3-0.03 mg	83
DRYSOL SOLN 20 % [aluminum chloride] . 100	
duloxetine hcl cpep 20 mg	58
duloxetine hcl cpep 30 mg	58
duloxetine hcl cpep 60 mg	58
DUOPA SUSP 4.63-20 MG/ML [carbidopa- levodopa]	54
DURAMORPH SOLN 0.5 MG/ML [morphine sulfate]	46
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	46
E	
EDECRIN TABS 25 MG [ethacrynic acid]	71
EDEX KIT 40 MCG [alprostadil (vasodilator)]	44
EDURANT TABS 25 MG [rilpivirine hcl]	19
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	84
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	84
efavirenz caps 200 mg	19
efavirenz caps 50 mg	19
efavirenz tabs 600 mg	19
EFFER-K TBEF 25 MEQ [potassium bicarbonate]	72
EFFIENT TABS 10 MG [prasugrel hcl]	37
EFFIENT TABS 5 MG [prasugrel hcl]	37
ELAPRASE SOLN 6 MG/3ML [idursulfase] ... 74	
eletriptan hydrobromide tabs 20 mg	53
eletriptan hydrobromide tabs 40 mg	53
ELITEK SOLR 1.5 MG [rasburicase]	74
ELITEK SOLR 7.5 MG [rasburicase]	74
ELLA TABS 30 MG [ulipristal acetate]	83
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	88
ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 2000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 3000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 4000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 5000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	35
ELOCTATE SOLR 6000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	35
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	35
EMCYT CAPS 140 MG [estramustine phosphate sodium]	24
EMEND CAPS 125 MG [aprepitant]	78
EMEND CAPS 40 MG [aprepitant]	78
EMEND CAPS 80 MG [aprepitant]	78
EMEND TRI-PACK CAPS 80 & 125 MG [aprepitant]	78
EMTRIVA CAPS 200 MG [emtricitabine]	19
EMTRIVA SOLN 10 MG/ML [emtricitabine] ... 19	
enalaprilat inj 1.25 mg/ml	43
ENBREL SOLR 25 MG [etanercept]	88
ENBREL SOSY 25 MG/0.5ML [etanercept] 88	
ENBREL SOSY 50 MG/ML [etanercept]	88
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	88
ENDOMETRIN INST 100 MG [progesterone]	

<i>(vaginal)]</i>	85
ENGERIX-B SUSP 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)]</i>	96
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)]</i>	96
ENTACAPONE TABS 200 MG [<i>entacapone]</i>	54
<i>entecavir tabs 0.5 mg</i>	19
<i>entecavir tabs 1 mg</i>	19
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan]</i>	43
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan]</i>	43
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan]</i>	43
EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium]</i>	69
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir]</i>	19
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir]</i>	19
EPHEDRINE SULFATE SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)]</i>	32
EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide]</i>	101
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine]</i>	32
<i>epinephrine soaj 0.15 mg/0.15ml</i>	32
<i>epinephrine soaj 0.3 mg/0.3ml</i>	32
EPINEPHRINE SOLN 30 MG/30ML [<i>epinephrine]</i>	33
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine]</i>	33
EQUETRO CP12 200 MG [<i>carbamazepine (antipsychotic)]</i>	51
ERBITUX SOLN 100 MG/50ML [<i>cetuximab]</i>	24
ERBITUX SOLN 200 MG/100ML [<i>cetuximab]</i>	24
ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol]</i>	103
ERIVEDGE CAPS 150 MG [<i>vismodegib]</i>	24
<i>erlotinib hcl tabs 100 mg</i>	24
<i>erlotinib hcl tabs 150 mg</i>	24
<i>erlotinib hcl tabs 25 mg</i>	24
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi]</i>	24
ERYTHROCIN LACTOBIONATE SOLR 500 MG [<i>erythromycin lactobionate]</i>	14
<i>erythromycin oint 5 mg/gm</i>	75
<i>erythromycin soln 2 %</i>	98
<i>escitalopram oxalate soln 5 mg/5ml</i>	58
<i>escitalopram oxalate tabs 10 mg</i>	56

<i>escitalopram oxalate tabs 20 mg</i>	58
<i>escitalopram oxalate tabs 5 mg</i>	58
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl]</i>	40
ESTRADIOL POW [<i>estradiol]</i>	92
<i>estradiol pttw 0.025 mg/24hr</i>	84
<i>estradiol pttw 0.0375 mg/24hr</i>	84
<i>estradiol pttw 0.05 mg/24hr</i>	84
<i>estradiol pttw 0.075 mg/24hr</i>	84
<i>estradiol pttw 0.1 mg/24hr</i>	84
<i>estradiol pttw 0.1 mg/24hr</i>	84
<i>estradiol tabs 0.5 mg</i>	84
<i>estradiol tabs 1 mg</i>	84
<i>estradiol tabs 2 mg</i>	84
ESTRING RING 2 MG [<i>estradiol vaginal]</i>	84
<i>ethacrynic acid tabs 25 mg</i>	71
<i>ethambutol hcl tabs 100 mg</i>	17
<i>ethambutol hcl tabs 400 mg</i>	17
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate]</i>	44
<i>ethosuximide caps 250 mg</i>	51
<i>ethosuximide soln 250 mg/5ml</i>	51
<i>etidronate disodium tabs 200 mg</i>	88
<i>etidronate disodium tabs 400 mg</i>	88
<i>etodolac caps 200 mg</i>	46
<i>etodolac caps 300 mg</i>	46
<i>etodolac tabs 400 mg</i>	46
<i>etodolac tabs 500 mg</i>	46
<i>etomidate soln 2 mg/ml</i>	56
<i>etoposide caps 50 mg</i>	24
EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat]</i>	19
EXEL COMFORT POINT INSULIN SYR MISC 29G X 1/2.....	66
<i>exemestane tabs 25 mg</i>	24
EXJADE TBSO 125 MG [<i>deferasirox]</i>	80
EXJADE TBSO 250 MG [<i>deferasirox]</i>	80
EXJADE TBSO 500 MG [<i>deferasirox]</i>	80
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b]</i>	88
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept]</i>	77
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept]</i>	77
E-Z-CAT DRY PACK 2 % [<i>barium sulfate]</i>	69
<i>ezetimibe tabs 10 mg</i>	39

F

FABRAZYME SOLR 35 MG [<i>agalsidase beta]</i>	74
FABRAZYME SOLR 5 MG [<i>agalsidase beta]</i>	74
<i>famciclovir tabs 500 mg</i>	19
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	

.....	78	.....	96
famotidine soln 20 mg/2ml	78	FLUBLOK SOLN [influenza virus vaccine	
famotidine soln 40 mg/4ml	78	recombinant hemagglutinin (ha)]	96
famotidine susr 40 mg/5ml	78	FLUCELVAX SUSY 0.5 ML [influenza virus	
famotidine tabs 20 mg	78	vaccine tissue-cultured subunit]	97
famotidine tabs 40 mg	78	fluconazole in dextrose soln 200 mg/100ml	16
felbamate susp 600 mg/5ml	51	fluconazole in dextrose soln 400 mg/200ml	16
felbamate tabs 400 mg	51	fluconazole in nacl inj nacl 200	16
felbamate tabs 600 mg	51	fluconazole in nacl inj nacl 400	16
fenofibrate tabs 160 mg	39	fluconazole in sodium chloride soln 100-0.9	
fenofibrate tabs 54 mg	39	mg/50ml-%	14
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML		fluconazole in sodium chloride soln 200-0.9	
[fentanyl citrate]	46	mg/100ml-%	16
FENTANYL CITRATE (PF) SOLN 500		fluconazole in sodium chloride soln 400-0.9	
MCG/10ML [fentanyl citrate]	46	mg/200ml-%	16
fentanyl pt72 100 mcg/hr	46	fluconazole susr 10 mg/ml	17
fentanyl pt72 12 mcg/hr	46	fluconazole susr 40 mg/ml	17
fentanyl pt72 25 mcg/hr	46	fluconazole tabs 100 mg	17
fentanyl pt72 50 mcg/hr	46	fluconazole tabs 150 mg	17
fentanyl pt72 75 mcg/hr	46	fluconazole tabs 200 mg	17
FERREX 150 CAPS 150 MG [polysaccharide		fluconazole tabs 50 mg	17
iron complex]	33	flucytosine caps 250 mg	17
finasteride tabs 5 mg	88	flucytosine caps 500 mg	17
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]		fludarabine phosphate solr 50 mg	24
.....	88	fludrocortisone acetate tabs 0.1 mg	80
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]		flumazenil soln 0.5 mg/5ml	56
.....	14	FLUMIST QUADRIVALENT SUSP [influenza	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]		virus vaccine live quadrivalent]	97
.....	14	flunisolide soln 25 mcg/act (0.025%)	75
FLEBOGAMMA DIF SOLN 0.5 GM/10ML		fluocinolone acetonide body oil 0.01 %	99
[immune globulin (human) iv]	94	fluocinolone acetonide scalp oil 0.01 %	100
FLEBOGAMMA DIF SOLN 10 GM/200ML		fluocinolone acetonide soln 0.01 %	100
[immune globulin (human) iv]	94	FLUOCINONIDE CREA 0.05 % [fluocinonide]	
FLEBOGAMMA DIF SOLN 2.5 GM/50ML		.....	100
[immune globulin (human) iv]	95	fluocinonide gel 0.05 %	100
FLEBOGAMMA DIF SOLN 20 GM/200ML		fluocinonide oint 0.05 %	100
[immune globulin (human) iv]	95	fluocinonide soln 0.05 %	100
FLEBOGAMMA DIF SOLN 20 GM/400ML		FLUORITAB CHEW 2.2 (1 F) MG [sodium	
[immune globulin (human) iv]	95	fluoride]	88
FLEBOGAMMA DIF SOLN 5 GM/50ML		fluorometholone susp 0.1 %	75
[immune globulin (human) iv]	95	FLUOROPLEX CREA 1 % [fluorouracil	
flecainide acetate tabs 100 mg	42	(topical)]	101
flecainide acetate tabs 150 mg	42	fluorouracil crea 5 %	101
flecainide acetate tabs 50 mg	42	fluorouracil soln 1 gm/20ml	24
FLOVENT HFA AERO 44 MCG/ACT		fluorouracil soln 2 %	101
[fluticasone propionate hfa]	80	fluorouracil soln 2.5 gm/50ml	24
FLUAD SUSY 0.5 ML [influenza virus vaccine		fluorouracil soln 5 %	101
types a & b surface antigen adjuvant]	96	fluorouracil soln 5 gm/100ml	24
FLUARIX QUADRIVALENT SUSY 0.5 ML		fluorouracil soln 500 mg/10ml	24
[influenza virus vaccine split quadrivalent]		fluoxetine hcl caps 10 mg	58

fluoxetine hcl caps 20 mg	58
fluoxetine hcl caps 40 mg	58
fluoxetine hcl sol 20mg/5ml	58
fluphenazine decanoate soln 25 mg/ml	58
fluphenazine hcl conc 5 mg/ml	58
fluphenazine hcl tabs 1 mg	58
fluphenazine hcl tabs 10 mg	58
fluphenazine hcl tabs 2.5 mg	58
fluphenazine hcl tabs 5 mg	58
FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP [sodium fluoride]	88
flurbiprofen sodium soln 0.03 %	75
flutamide caps 125 mg	24
fluticasone propionate susp 50 mcg/act	75
FLUVIRIN SUSP [influenza virus vaccine types a & b surface antigen]	97
FLUVIRIN SUSY 0.5 ML [influenza virus vaccine types a & b surface antigen]	95
fluvoxamine maleate tabs 100 mg	58
fluvoxamine maleate tabs 25 mg	58
fluvoxamine maleate tabs 50 mg	58
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	97
FLUZONE QUADRIVALENT SUPN 9 MCG/STRAIN [influenza virus vaccine split quadrivalent]	97
FLUZONE QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	97
FLUZONE QUADRIVALENT SUSY 0.25 ML [influenza virus vaccine split quadrivalent]	97
FLUZONE SUSP [influenza virus vaccine split]	97
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	75
FML OINT 0.1 % [fluorometholone (ophth)]	75
folic acid soln 5 mg/ml	103
FORANE SOLN [isoflurane]	56
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	85
fosamprenavir calcium tabs 700 mg	19
fosaprepitant dimeglumine solr 150 mg	78
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	19
fosphenytoin sodium soln 100 mg pe/2ml	51
fosphenytoin sodium soln 500 mg pe/10ml	51
FUL-GLO STRP 1 MG [fluorescein sodium topical]	69
fulvestrant soln 250 mg/5ml	24

furosemide soln 10 mg/ml	71
FUROSEMIDE TABS 20 MG [furosemide]	71
FUROSEMIDE TABS 40 MG [furosemide]	71
furosemide tabs 80 mg	71
FUSILEV SOLR 50 MG [levoleucovorin calcium]	88
FUZEON SOLR 90 MG [enfuvirtide]	19

G

gabapentin caps 100 mg	51
gabapentin caps 300 mg	51
gabapentin caps 400 mg	51
gabapentin soln 250 mg/5ml	51
gabapentin tabs 600 mg	51
gabapentin tabs 800 mg	51
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 50 MCG/ML [baclofen]	31
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	69
galantamine hydrobromide er cp24 16 mg	30
galantamine hydrobromide er cp24 24 mg	30
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	30
galantamine hydrobromide tabs 12 mg	30
galantamine hydrobromide tabs 4 mg	30
galantamine hydrobromide tabs 8 mg	31
GAMASTAN INJ [immune globulin (human) im]	95
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	95
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	95
GAMMAGARD SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	95
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	95
GAMMAKED SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	95
GAMMAKED SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	95

GAMMAKED SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	<i>gentamicin sulfate soln 40 mg/ml</i>	14
GAMMAKED SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	GENTIAN VIOLET SOLN 1 % [<i>gentian violet</i>]	98
GAMMAKED SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	GENVOYA TABS 150-150-200-10 MG	
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	95	[<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	19
GAMMAPLEX SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	95	GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	24
GAMMAPLEX SOLN 5 GM/100ML [<i>immune globulin (human) iv</i>]	95	GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	24
GAMUNEX-C SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	24
GAMUNEX-C SOLN 10 GM/100ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	GLEOSTINE CAPS 5 MG [<i>lomustine</i>]	24
GAMUNEX-C SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	<i>glimepiride tabs 1 mg</i>	82
GAMUNEX-C SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	<i>glimepiride tabs 2 mg</i>	82
GAMUNEX-C SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	95	<i>glimepiride tabs 4 mg</i>	82
<i>ganciclovir sodium solr 500 mg</i>	19	<i>glipizide tabs 10 mg</i>	82
GARDASIL 9 SUSP [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	97	<i>glipizide tabs 5 mg</i>	82
GARDASIL 9 SUSY [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	97	<i>glipizide tb24 10 mg</i>	82
GARDASIL SUSP [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	97	<i>glipizide tb24 2.5 mg</i>	82
GASTROGRAFIN SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	69	<i>glipizide tb24 5 mg</i>	82
<i>gatifloxacin soln 0.5 %</i>	75	<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	82
GAZYVA SOLN 1000 MG/40ML		<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	82
[<i>obinutuzumab</i>]	24	<i>glipizide-metformin hcl tabs 5-500 mg</i>	82
GELFOAM SPONGE SIZE 100 MISC [<i>gelatin absorbable</i>]	35	GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>]	83
<i>gemcitabine hcl solr 200 mg</i>	24	GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	83
<i>gemfibrozil tabs 600 mg</i>	39	GLUCAGON EMERGENCY KIT 1 MG	
GEMZAR SOLR 1 GM [<i>gemcitabine hcl</i>]	24	[<i>glucagon (rdna)</i>]	83
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	14	<i>glyburide tabs 1.25 mg</i>	82
<i>gentamicin in saline soln 0.9-0.9 mg/ml-%</i>	14	<i>glyburide tabs 2.5 mg</i>	82
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	14	<i>glyburide tabs 5 mg</i>	82
<i>gentamicin in saline soln 1.4-0.9 mg/ml-%</i>	14	GLYCERIN LIQD [<i>glycerin (bulk)</i>]	92
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	14	GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	92
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	14	<i>glycopyrrolate soln 0.2 mg/ml</i>	29
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	14	<i>glycopyrrolate soln 0.4 mg/2ml</i>	29
<i>gentamicin sulfate crea 0.1 %</i>	98	<i>glycopyrrolate soln 1 mg/5ml</i>	29
<i>gentamicin sulfate oint 0.1 %</i>	98	<i>glycopyrrolate soln 4 mg/20ml</i>	29
<i>gentamicin sulfate soln 0.3 %</i>	75	<i>glycopyrrolate tabs 1 mg</i>	29
<i>gentamicin sulfate soln 10 mg/ml</i>	14	<i>glycopyrrolate tabs 2 mg</i>	29
		GNP CASTOR OIL OIL 100 % [<i>castor oil</i>]	79
		GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	79
		GONAL-F RFF REDIJECT SOLN 300	
		UNIT/0.5ML [<i>folllitropin alfa</i>]	84
		GONAL-F RFF REDIJECT SOLN 450	
		UNT/0.75ML [<i>folllitropin alfa</i>]	84
		GONAL-F RFF REDIJECT SOLN 900	
		UNIT/1.5ML [<i>folllitropin alfa</i>]	84
		GONAL-F RFF SOLR 75 UNIT [<i>folllitropin alfa</i>]	84
		.....	84
		GONAL-F SOLR 1050 UNIT [<i>folllitropin alfa</i>]	84

GONAL-F SOLR 450 UNIT [<i>folliotropin alfa</i>]	85
GRASTEK SUBL 2800 BAU [<i>timothy grass pollen allergen extract</i>]	88
<i>griseofulvin microsize susp 125 mg/5ml</i>	17
<i>griseofulvin microsize tabs 500 mg</i>	17
<i>griseofulvin ultramicrosize tabs 125 mg</i>	17
<i>griseofulvin ultramicrosize tabs 250 mg</i>	17
<i>guanfacine hcl er tb24 1 mg</i>	56
<i>guanfacine hcl er tb24 2 mg</i>	56
<i>guanfacine hcl er tb24 3 mg</i>	56
<i>guanfacine hcl er tb24 4 mg</i>	56
<i>guanfacine hcl tabs 1 mg</i>	32
<i>guanfacine hcl tabs 2 mg</i>	32

H

HAEGARDA SOLR 2000 UNIT [<i>c1 esterase inhibitor (human)</i>]	88
HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	88
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	24
<i>halobetasol propionate crea 0.05 %</i>	100
<i>haloperidol decanoate soln 100 mg/ml</i>	58
<i>haloperidol decanoate soln 50 mg/ml</i>	58
<i>haloperidol lactate conc 2 mg/ml</i>	58
<i>haloperidol lactate soln 5 mg/ml</i>	58
HALOPERIDOL POWD [<i>haloperidol (bulk)</i>]	92
<i>haloperidol tabs 0.5 mg</i>	58
<i>haloperidol tabs 1 mg</i>	58
<i>haloperidol tabs 10 mg</i>	58
<i>haloperidol tabs 2 mg</i>	58
<i>haloperidol tabs 20 mg</i>	58
<i>haloperidol tabs 5 mg</i>	58
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	19
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	19
HAVRIX SUSP 1440 EL U/ML [<i>hepatitis a vaccine</i>]	97
HAVRIX SUSP 720 EL U/0.5ML [<i>hepatitis a vaccine</i>]	97
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	77
HELIXATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	91
HEMLIBRA SOLN 105 MG/0.7ML [<i>emicizumab-kxwh</i>]	35
HEMLIBRA SOLN 150 MG/ML [<i>emicizumab-</i>	

<i>kxwh</i>]	35
HEMLIBRA SOLN 30 MG/ML [<i>emicizumab-kxwh</i>]	35
HEMLIBRA SOLN 60 MG/0.4ML [<i>emicizumab-kxwh</i>]	35
HEMOPIL M INJ 220-400 [<i>antihemophilic factor (human)</i>]	35
HEMOPIL M SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	35
HEMOPIL M SOLR 1700 UNIT [<i>antihemophilic factor (human)</i>]	35
HEMOPIL M SOLR 500 UNIT [<i>antihemophilic factor (human)</i>]	35
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [<i>heparin (porcine) in sodium chloride</i>]	37
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [<i>heparin (porcine) in sodium chloride</i>]	37
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [<i>heparin (porcine) in sodium chloride</i>]	37
HEPARIN LOCK FLUSH SOLN 1 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	37
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	37
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [<i>heparin sod (porcine) in d5w</i>]	37
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	37
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w</i>]	37
<i>heparin sodium (porcine) lock flush soln</i>	37
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	37
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	37
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [<i>heparin sodium (porcine)</i>]	37
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [<i>heparin sodium (porcine)</i>]	37
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	37
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	24
<i>hetastarch-nacl soln 6-0.9 %</i>	72
HEXALEN CAPS 50 MG [<i>altretamine</i>]	24
HEXTEND SOLN 6 % [<i>hetastarch in lactated</i>	

<i>electrolyte</i>	72	<i>[insulin nph (human) (isophane)]</i>	82
HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>].....	97	HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>].....	82
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>].....	95	HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>].....	82
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>].....	95	HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>] ..	24
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>].....	96	HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	24
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>].....	96	<i>hydralazine hcl soln 20 mg/ml</i>	43
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>].....	77	<i>hydralazine hcl tabs 10 mg</i>	43
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>].....	82	<i>hydralazine hcl tabs 100 mg</i>	43
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	35	<i>hydralazine hcl tabs 25 mg</i>	43
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	35	<i>hydralazine hcl tabs 50 mg</i>	43
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	35	<i>hydrochlorothiazide tabs 12.5 mg</i>	43
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>].....	88	<i>hydrochlorothiazide tabs 25 mg</i>	71
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>].....	88	<i>hydrochlorothiazide tabs 50 mg</i>	71
HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>].....	88	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	46
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>].....	88	<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	46
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [<i>adalimumab</i>].....	88	<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	46
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>].....	89	<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	46
HUMIRA PSKT 10 MG/0.1ML [<i>adalimumab</i>] ..	89	<i>hydrocortisone crea 2.5 %</i>	100
HUMIRA PSKT 10 MG/0.2ML [<i>adalimumab</i>] ..	89	<i>hydrocortisone lotn 2.5 %</i>	100
HUMIRA PSKT 20 MG/0.2ML [<i>adalimumab</i>] ..	89	<i>hydrocortisone oint 2.5 %</i>	100
HUMIRA PSKT 20 MG/0.4ML [<i>adalimumab</i>] ..	89	HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>].....	92
HUMIRA PSKT 40 MG/0.4ML [<i>adalimumab</i>] ..	89	<i>hydrocortisone tabs 10 mg</i>	80
HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>] ..	89	<i>hydrocortisone tabs 20 mg</i>	80
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>].....	82	<i>hydrocortisone tabs 5 mg</i>	80
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>].....	82	HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>].....	98
HUMULIN N KWIKPEN SUPN 100 UNIT/ML		<i>hydromorphone hcl liqd 1 mg/ml</i>	46
		<i>hydromorphone hcl pf soln 10 mg/ml</i>	46
		HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>].....	46
		HYDROMORPHONE HCL SOLN 2 MG/ML [<i>hydromorphone hcl</i>].....	46
		HYDROMORPHONE HCL SOLN 4 MG/ML [<i>hydromorphone hcl</i>].....	46
		HYDROMORPHONE HCL SUPP 3 MG [<i>hydromorphone hcl</i>].....	46
		<i>hydromorphone hcl tabs 2 mg</i>	47
		<i>hydromorphone hcl tabs 4 mg</i>	47
		<i>hydromorphone hcl tabs 8 mg</i>	47
		HYDROXOCOBALAMIN POW [<i>hydroxocobalamin (bulk)</i>].....	92
		<i>hydroxychloroquine sulfate tabs 200 mg</i>	18
		HYDROXYPROGESTERONE CAPROATE	

POWD [<i>hydroxyprogesterone caproate (bulk)</i>]	92	<i>icatibant acetate soln 30 mg/3ml</i>	89
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	85	IDAMYCIN PFS SOLN 10 MG/10ML [<i>idarubicin hcl</i>]	25
<i>hydroxyurea caps 500 mg</i>	24	<i>idarubicin hcl soln 5 mg/5ml</i>	25
<i>hydroxyzine hcl soln 25 mg/ml</i>	55	IDELVION SOLR 1000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
<i>hydroxyzine hcl soln 50 mg/ml</i>	55	IDELVION SOLR 2000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	55	IDELVION SOLR 250 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
<i>hydroxyzine hcl tabs 10 mg</i>	55	IDELVION SOLR 500 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
<i>hydroxyzine hcl tabs 25 mg</i>	55	IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	25
<i>hydroxyzine hcl tabs 50 mg</i>	55	<i>imatinib mesylate tabs 100 mg</i>	25
<i>hydroxyzine pamoate caps 100 mg</i>	55	<i>imatinib mesylate tabs 400 mg</i>	25
<i>hydroxyzine pamoate caps 25 mg</i>	55	IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	25
<i>hydroxyzine pamoate caps 50 mg</i>	55	IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	25
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	74	IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	25
HYOSCYAMINE SULFATE ER TB12 0.375 MG [<i>hyoscyamine sulfate</i>]	29	IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	25
HYOSCYAMINE SULFATE SUBL 0.125 MG [<i>hyoscyamine sulfate</i>]	30	IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	25
HYOSCYAMINE SULFATE TABS 0.125 MG [<i>hyoscyamine sulfate</i>]	30	IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	25
HYOSCYAMINE SULFATE TBDP 0.125 MG [<i>hyoscyamine sulfate</i>]	30	<i>imipramine hcl tabs 10 mg</i>	58
HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	30	<i>imipramine hcl tabs 25 mg</i>	59
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	30	<i>imipramine hcl tabs 50 mg</i>	59
HYPERRAB S/D SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	96	<i>imiquimod crea 5 %</i>	101
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	96	IMOVAX RABIES INJ 2.5 UNIT/ML [<i>rabies virus vaccine, hdc</i>]	97
HYPERTET S/D INJ 250 UNIT/ML [<i>tetanus immune globulin (human)</i>]	96	<i>indapamide tabs 1.25 mg</i>	71
HYPODERMIC NEEDLE MISC 25G X 1-1/2	66	<i>indapamide tabs 2.5 mg</i>	71
HYPODERMIC NEEDLE MISC 26G X 1/2	66	INDIGO CARMINE SOLN 8 MG/ML [<i>indigotindisulfonate sodium</i>]	69
HYPODERMIC NEEDLE MISC 26G X 3/8	66	<i>indomethacin caps 25 mg</i>	47
HYPODERMIC NEEDLE MISC 27G X 1/2	66	<i>indomethacin caps 50 mg</i>	47
HYPODERMIC NEEDLE MISC 30G X 1/2	66	<i>indomethacin er cpcr 75 mg</i>	47
HYSEPT SOLN 0.25 % [<i>sodium hypochlorite</i>]	98	INDOMETHACIN POWD [<i>indomethacin</i>]	92
		INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	47
		INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	96
		INFED SOLN 50 MG/ML [<i>iron dextran</i>]	33
		INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	89
		INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	47
		INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	47
		INFUVITE ADULT INJ [<i>multiple vitamin</i>]	102
I			
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	24		
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	24		
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	24		
IBRANCE TABS 100 MG [<i>palbociclib</i>]	24		
IBRANCE TABS 125 MG [<i>palbociclib</i>]	24		
IBRANCE TABS 75 MG [<i>palbociclib</i>]	25		
<i>ibutilide fumarate soln 1 mg/10ml</i>	42		

INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	102	<i>potassium</i>	19
INSUFLON MISC 25G X 0.71	66	<i>isoniazid soln 100 mg/ml</i>	17
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	37	<i>isoniazid syrp 50 mg/5ml</i>	17
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	38	<i>isoniazid tabs 100 mg</i>	17
INTELENCE TABS 100 MG [<i>etravirine</i>]	19	<i>isoniazid tabs 300 mg</i>	17
INTELENCE TABS 200 MG [<i>etravirine</i>]	19	<i>isosorbide dinitrate er tbc 40 mg</i>	44
INTELENCE TABS 25 MG [<i>etravirine</i>]	19	<i>isosorbide dinitrate tabs 10 mg</i>	44
INTRALIPID EMUL 20 % [<i>fat emulsion plant based</i>]	70	<i>isosorbide dinitrate tabs 20 mg</i>	44
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	25	<i>isosorbide dinitrate tabs 30 mg</i>	44
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	25	<i>isosorbide dinitrate tabs 5 mg</i>	44
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	25	<i>isosorbide mononitrate er tb24 120 mg</i>	44
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	25	<i>isosorbide mononitrate er tb24 30 mg</i>	44
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	25	<i>isosorbide mononitrate er tb24 60 mg</i>	44
INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	14	ISTODAX (OVERFILL) SOLR 10 MG [<i>romidepsin</i>]	25
INVEGA SUSTENNA SUSY 117 MG/0.75ML [<i>paliperidone palmitate</i>]	59	<i>ivermectin tabs 3 mg</i>	11
INVEGA SUSTENNA SUSY 156 MG/ML [<i>paliperidone palmitate</i>]	59	IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	25
INVEGA SUSTENNA SUSY 234 MG/1.5ML [<i>paliperidone palmitate</i>]	59	IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	25
INVEGA SUSTENNA SUSY 39 MG/0.25ML [<i>paliperidone palmitate</i>]	59	IXIARO SUSP [<i>japanese encephalitis vaccine inactivated adsorbed</i>]	97
INVEGA SUSTENNA SUSY 78 MG/0.5ML [<i>paliperidone palmitate</i>]	59		
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	19	J	
IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	77	JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	80
IPOL INJ [<i>poliovirus vaccine, ipv</i>]	97	JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	80
<i>ipratropium bromide sol inhal</i>	30	JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	80
<i>ipratropium bromide soln 0.03 %</i>	30	JADENU TABS 180 MG [<i>deferasirox</i>]	80
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	33	JADENU TABS 360 MG [<i>deferasirox</i>]	80
IRESSA TABS 250 MG [<i>gefitinib</i>]	25	JADENU TABS 90 MG [<i>deferasirox</i>]	80
<i>irinotecan hcl soln 500 mg/25ml</i>	25	JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	25
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	19	JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	25
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	19	JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	25
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	19	JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	25
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	19	JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	25
		JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	82
		JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	82
		JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	25
		JOLIVETTE TABS 0.35 MG [<i>norethindrone (contraceptive)</i>]	83
		JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	19
		K	
		KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	25
		KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	25

KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	19	<i>ketoconazole sham 2 %</i>	99
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	19	<i>ketoconazole tabs 200 mg</i>	17
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	19	KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	69
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	94	<i>ketorolac tromethamine soln 0.4 %</i>	75
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	94	<i>ketorolac tromethamine soln 0.5 %</i>	75
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	94	<i>ketorolac tromethamine soln 15 mg/ml</i>	47
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	89	<i>ketorolac tromethamine soln 30 mg/ml</i>	47
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	25	<i>ketorolac tromethamine soln 60 mg/2ml</i>	47
KCENTRA KIT 500 UNIT [<i>prothrombin complex concentrate human</i>]	35	KETOSTIX STRP [<i>acetone (urine) test</i>]	69
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	25
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KINERET INJ [<i>anakinra</i>]	89
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KINRIX SUSP [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	97
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KLOR-CON TBCR 8 MEQ [<i>potassium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KOATE SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	35
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KOATE-DVI SOLR 250 UNIT [<i>antihemophilic factor (human)</i>]	35
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73	KOATE-DVI SOLR 500 UNIT [<i>antihemophilic factor (human)</i>]	35
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated ringers</i>]	73	KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
K-EFFERVESCENT TBEF 25 MEQ [<i>potassium bicarbonate</i>]	72	KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	80	KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	81	KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	36
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	100	KOVALTRY SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	36
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	92	KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	36
<i>ketamine hcl soln 10 mg/ml</i>	56	KOVALTRY SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	36
<i>ketamine hcl soln 100 mg/ml</i>	56	K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	72
<i>ketamine hcl soln 50 mg/ml</i>	56	KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	18
		K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	72
		KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	25

KYPROLIS SOLR 30 MG [*carfilzomib*] 25
 KYPROLIS SOLR 60 MG [*carfilzomib*] 25

L

labetalol hcl soln 5 mg/ml 40
labetalol hcl tabs 100 mg 40
labetalol hcl tabs 200 mg 40
labetalol hcl tabs 300 mg 40
 LACTATED RINGERS SOLN [*lactated ringer's*] 73
 LACTIC ACID SOLN [*lactic acid (bulk)*] 92
 LACTOSE MONOHYDRATE POWD [*lactose monohydrate*] 92
 LACTOSE POWD [*lactose*] 92
lactulose (encephalopathy) soln 10 gm/15ml 70
lactulose soln 10 gm/15ml 70
 LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [*lamotrigine*] 51
 LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [*lamotrigine*] 51
lamivudine soln 10 mg/ml 19
lamivudine tabs 100 mg 19
lamivudine tabs 150 mg 19
lamivudine tabs 300 mg 20
lamivudine-zidovudine tabs 150-300 mg 20
lamotrigine chew 25 mg 51
lamotrigine chew 5 mg 51
lamotrigine tabs 100 mg 51
lamotrigine tabs 150 mg 51
lamotrigine tabs 200 mg 51
lamotrigine tabs 25 mg 51
 LANOXIN PEDIATRIC SOLN 0.1 MG/ML [*digoxin*] 42
 LANTUS SOLN 100 UNIT/ML [*insulin glargine*] 82
 L-ARGININE POWD [*arginine*] 92
latanoprost soln 0.005 % 76
 L-CITRULLINE POWD [*citrulline (bulk)*] 92
 LEFLUNOMIDE TABS 10 MG [*leflunomide*] 89
leflunomide tabs 20 mg 89
 LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [*lenvatinib mesylate*] 25
 LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [*lenvatinib mesylate*] 25
 LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [*lenvatinib mesylate*] 25
 LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [*lenvatinib mesylate*] 25
 LETAIRIS TABS 10 MG [*ambrisentan*] 45

LETAIRIS TABS 5 MG [*ambrisentan*] 45
letrozole tabs 2.5 mg 26
leucovorin calcium solr 100 mg 89
leucovorin calcium solr 350 mg 89
leucovorin calcium solr 50 mg 89
leucovorin calcium tabs 25 mg 89
leucovorin calcium tabs 5 mg 89
 LEUKERAN TABS 2 MG [*chlorambucil*] 26
 LEUKINE SOLR 250 MCG [*sargramostim*] 38
leuprolide acetate kit 1 mg/0.2ml 26
levetiracetam er tb24 500 mg 51
levetiracetam er tb24 750 mg 51
 LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML [*levetiracetam in sodium chloride*] 51
 LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML [*levetiracetam in sodium chloride*] 52
 LEVETIRACETAM IN NAACL SOLN 500 MG/100ML [*levetiracetam in sodium chloride*] 52
levetiracetam soln 100 mg/ml 52
levetiracetam soln 500 mg/5ml 52
levetiracetam tabs 1000 mg 52
levetiracetam tabs 250 mg 52
levetiracetam tabs 500 mg 52
levetiracetam tabs 750 mg 52
levobunolol hcl soln 0.5 % 76
levocarnitine inj 200mg/ml 89
 LEVOCARNITINE SOLN 1 GM/10ML [*levocarnitine (metabolic modifiers)*] 89
 LEVOCARNITINE TABS 330 MG [*levocarnitine (metabolic modifiers)*] 89
levofloxacin in d5w soln 250 mg/50ml 14
levofloxacin in d5w soln 500 mg/100ml 14
levofloxacin in d5w soln 750 mg/150ml 14
levofloxacin soln 25 mg/ml 14
levofloxacin tabs 250 mg 14
levofloxacin tabs 500 mg 14
levofloxacin tabs 750 mg 15
 LEVOTHYROXINE SODIUM SOLR 200 MCG [*levothyroxine sodium*] 86
 LEVOTHYROXINE SODIUM SOLR 500 MCG [*levothyroxine sodium*] 86
levothyroxine sodium tabs 100 mcg 86
levothyroxine sodium tabs 112 mcg 86
levothyroxine sodium tabs 125 mcg 86
levothyroxine sodium tabs 150 mcg 86
levothyroxine sodium tabs 175 mcg 86
levothyroxine sodium tabs 200 mcg 86

levothyroxine sodium tabs 25 mcg	86
levothyroxine sodium tabs 300 mcg	86
levothyroxine sodium tabs 50 mcg	86
levothyroxine sodium tabs 75 mcg	86
levothyroxine sodium tabs 88 mcg	86
LEVOXYL TABS 137 MCG [levothyroxine sodium]	86
LEVSIN SOLN 0.5 MG/ML [hyoscyamine sulfate]	30
LEVULAN KERASTICK SOLR 20 % [aminolevulinic acid hcl]	101
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	69
LIALDA TBEC 1.2 GM [mesalamine]	77
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML [lidocaine hcl (cardiac)]	86
lidocaine hcl (cardiac) pf sosy 100 mg/5ml	42
lidocaine hcl (cardiac) pf sosy 50 mg/5ml	86
lidocaine hcl (cardiac) sosy 50 mg/5ml	42
lidocaine hcl (pf) soln 0.5 %	86
lidocaine hcl (pf) soln 1 %	86
lidocaine hcl (pf) soln 2 %	87
lidocaine hcl (pf) soln 4 %	87
LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	92
lidocaine hcl soln 0.5 %	87
lidocaine hcl soln 1 %	87
lidocaine hcl soln 2 %	87
lidocaine hcl soln 4 %	100
lidocaine hcl urethral/mucosal gel 2 %	100
lidocaine hcl urethral/mucosal prsy 2 %	100
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [lidocaine in d5w]	42
lidocaine oint 5 %	100
lidocaine viscous hcl soln 2 %	77
lidocaine-epinephrine soln 0.5 %-1 200000	87
lidocaine-epinephrine soln 1 %-1 100000	87
lidocaine-epinephrine soln 1.5 %-1 200000	87
lidocaine-epinephrine soln 2 %-1 100000	87
lidocaine-epinephrine soln 2 %-1 200000	87
lidocaine-prilocaine crea 2.5-2.5 %	100
lidocaine-prilocaine kit 2.5-2.5 %	100
linezolid soln 600 mg/300ml	15
linezolid susr 100 mg/5ml	15
linezolid tabs 600 mg	15
liothyronine sodium tabs 25 mcg	86
liothyronine sodium tabs 5 mcg	86
liothyronine sodium tabs 50 mcg	86
lisinopril tabs 10 mg	43
lisinopril tabs 2.5 mg	43
lisinopril tabs 20 mg	43
lisinopril tabs 30 mg	43
lisinopril tabs 40 mg	43
lisinopril tabs 5 mg	43
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	43
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	43
lisinopril-hydrochlorothiazide tabs 20-25 mg	43
L-ISOLEUCINE POWD [isoleucine]	92
lithium carbonate caps 150 mg	53
LITHIUM CARBONATE CAPS 300 MG [lithium carbonate]	53
lithium carbonate er tbcr 300 mg	53
lithium carbonate er tbcr 450 mg	53
LITHIUM CARBONATE TABS 300 MG [lithium carbonate]	53
LITHIUM SOLN 8 MEQ/5ML [lithium]	53
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	70
LODOSYN TABS 25 MG [carbidopa]	54
LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	26
LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	26
lorazepam soln 2 mg/ml	55
lorazepam soln 4 mg/ml	55
lorazepam tabs 0.5 mg	55
lorazepam tabs 1 mg	55
lorazepam tabs 2 mg	55
LORBRENA TABS 100 MG [lorlatinib]	26
LORBRENA TABS 25 MG [lorlatinib]	26
losartan potassium tabs 100 mg	43
losartan potassium tabs 25 mg	43
losartan potassium tabs 50 mg	44
losartan potassium-hctz tabs 100-12.5 mg	44
losartan potassium-hctz tabs 100-25 mg	44
losartan potassium-hctz tabs 50-12.5 mg	44
lovastatin tabs 10 mg	39
lovastatin tabs 20 mg	39
lovastatin tabs 40 mg	39
LOVENOX SOLN 100 MG/ML [enoxaparin sodium]	38
LOVENOX SOLN 120 MG/0.8ML [enoxaparin sodium]	38
LOVENOX SOLN 150 MG/ML [enoxaparin sodium]	38

sodium]	38
LOVENOX SOLN 30 MG/0.3ML [enoxaparin sodium]	38
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	38
LOVENOX SOLN 40 MG/0.4ML [enoxaparin sodium]	38
LOVENOX SOLN 60 MG/0.6ML [enoxaparin sodium]	38
LOVENOX SOLN 80 MG/0.8ML [enoxaparin sodium]	38
loxapine succinate caps 10 mg	59
loxapine succinate caps 25 mg	59
loxapine succinate caps 5 mg	59
loxapine succinate caps 50 mg	59
LUCENTIS SOLN 0.3 MG/0.05ML [ranibizumab]	77
LUCENTIS SOLN 0.5 MG/0.05ML [ranibizumab]	77
LUCENTIS SOSY 0.3 MG/0.05ML [ranibizumab]	77
LUCENTIS SOSY 0.5 MG/0.05ML [ranibizumab]	77
LUDENT CHEW 0.55 (0.25 F) MG [sodium fluoride]	89
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres] ..	69
LUMIGAN SOLN 0.01 % [bimatoprost]	76
LUMIZYME SOLR 50 MG [alglucosidase alfa]	74
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [leuprolide acetate]	26
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [leuprolide acetate]	26
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [leuprolide acetate (3 month)]	26
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [leuprolide acetate (3 month)]	26
LUPRON DEPOT (4-MONTH) KIT 30 MG [leuprolide acetate (4 month)]	26
LUPRON DEPOT (6-MONTH) KIT 45 MG [leuprolide acetate (6 month)]	26
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [leuprolide acetate (cpp)]	26
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [leuprolide acetate (cpp)]	26
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [leuprolide acetate (cpp)]	26
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)]	

.....	26
L-VALINE POWD [valine]	92
LYNPARZA TABS 100 MG [olaparib]	26
LYNPARZA TABS 150 MG [olaparib]	26
LYSODREN TABS 500 MG [mitotane]	26

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MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal]	21
MACUGEN SOLN 0.3 MG [pegaptanib sodium]	77
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	73
MAGNESIUM SULFATE SOLN 20 GM/500ML [magnesium sulfate]	52
MAGNESIUM SULFATE SOLN 4 GM/100ML [magnesium sulfate]	52
MAGNESIUM SULFATE SOLN 4 GM/50ML [magnesium sulfate]	52
MAGNESIUM SULFATE SOLN 40 GM/1000ML [magnesium sulfate]	52
magnesium sulfate soln 50 %	52
MAGNEVIST SOLN 469.01 MG/ML [gadopentetate dimeglumine]	69
MANNITOL SOLN 25 % [mannitol]	71
MARQIBO SUSP 5 MG/31ML [vincristine sulfate liposome]	26
MATULANE CAPS 50 MG [procarbazine hcl] 26	
MD-76 R SOLN 66-10 % [diatrizoate meglumine & sodium]	69
meclizine hcl tabs 25 mg	78
meclofenamate sodium caps 100 mg	47
meclofenamate sodium caps 50 mg	47
medroxyprogesterone acetate susp 150 mg/ml	85
medroxyprogesterone acetate susy 150 mg/ml	85
medroxyprogesterone acetate tabs 10 mg ..	85
medroxyprogesterone acetate tabs 2.5 mg ..	85
medroxyprogesterone acetate tabs 5 mg	85
MEDSAVER SYRINGE MISC 25G X 1.....	66
MEDSAVER SYRINGE MISC 25G X 5/8.....	66
mefenamic acid caps 250 mg	47
mefloquine hcl tabs 250 mg	18
megestrol acetate susp 40 mg/ml	26
megestrol acetate susp 400 mg/10ml	26
megestrol acetate tabs 20 mg	26
megestrol acetate tabs 40 mg	26
MEKINIST TABS 0.5 MG [trametinib dimethyl	

sulfoxide]	26	methotrexate sodium solr 1 gm	26
MEKINIST TABS 2 MG [trametinib dimethyl		methotrexate tabs 2.5 mg	26
sulfoxide]	26	methoxsalen rapid caps 10 mg	101
meloxicam tabs 15 mg	47	methyl dopa tabs 250 mg	43
meloxicam tabs 7.5 mg	47	methyl dopa tabs 500 mg	43
melphalan hcl solr 50 mg	26	METHYLENE BLUE SOLN 1 % [methylene	
memantine hcl tabs 10 mg	56	blue (antidote)]	89
memantine hcl tabs 5 mg	56	methylergonovine maleate soln 0.2 mg/ml ..	91
MENOPUR SOLR 75 UNIT [menotropins] ...	85	methylergonovine maleate tabs 0.2 mg	91
MENVEO SOLR [meningococcal (a,c,y&w-		methylphenidate hcl er (cd) cpcr 10 mg	50
135) oligosaccharide conjugate vac]	97	methylphenidate hcl er (cd) cpcr 20 mg	50
meperidine hcl soln 100 mg/ml	47	methylphenidate hcl er (cd) cpcr 30 mg	50
meperidine hcl soln 25 mg/ml	47	methylphenidate hcl er (cd) cpcr 40 mg	50
meperidine hcl soln 50 mg/ml	47	methylphenidate hcl er (cd) cpcr 50 mg	50
MEPHYTON TABS 5 MG [phytonadione]	103	methylphenidate hcl er (cd) cpcr 60 mg	50
mercaptapurine tabs 50 mg	26	methylphenidate hcl er tbcr 10 mg	50
meropenem solr 1 gm	15	methylphenidate hcl er tbcr 18 mg	50
meropenem solr 500 mg	15	methylphenidate hcl er tbcr 20 mg	50
mesalamine enem 4 gm	77	methylphenidate hcl er tbcr 27 mg	50
mesalamine supp 1000 mg	77	methylphenidate hcl er tbcr 36 mg	50
mesalamine tbec 1.2 gm	78	methylphenidate hcl er tbcr 54 mg	50
MESNA SOLN 100 MG/ML [mesna]	89	methylphenidate hcl tabs 10 mg	50
MESNEX TABS 400 MG [mesna]	89	methylphenidate hcl tabs 20 mg	50
MESTINON SOLN 60 MG/5ML [pyridostigmine		methylphenidate hcl tabs 5 mg	50
bromide]	31	methylprednisolone acetate susp 40 mg/ml 81	
metaproterenol sulfate syrpf 10 mg/5ml	33	methylprednisolone acetate susp 80 mg/ml 81	
metaproterenol sulfate tabs 10 mg	33	methylprednisolone sodium succ solr 1000	
metaproterenol sulfate tabs 20 mg	33	mg	81
metformin hcl er tb24 500 mg	82	methylprednisolone sodium succ solr 125 mg	
metformin hcl er tb24 750 mg	82	.....	81
metformin hcl tabs 1000 mg	82	methylprednisolone sodium succ solr 40 mg	
metformin hcl tabs 500 mg	82	.....	81
metformin hcl tabs 850 mg	82	methylprednisolone tabs 16 mg	81
METHADONE HCL POWD [methadone hcl] 92		methylprednisolone tabs 32 mg	81
METHADONE HCL SOLN 10 MG/ML		methylprednisolone tabs 4 mg	81
[methadone hcl]	47	methylprednisolone tabs 8 mg	81
METHADONE HCL TABS 10 MG [methadone		methylprednisolone tbpk 4 mg	81
hcl]	47	methyltestosterone tabs 10 mg	82
METHADONE HCL TABS 5 MG [methadone		METOCLOPRAMIDE HCL MONOHYDRATE	
hcl]	47	POWD [metoclopramide hcl monohydrate]	
methazolamide tabs 25 mg	76	.....	92
methazolamide tabs 50 mg	76	metoclopramide hcl soln 10 mg/10ml	79
methenamine hippurate tabs 1 gm	22	metoclopramide hcl soln 5 mg/ml	79
methimazole tabs 10 mg	86	metoclopramide hcl tabs 10 mg	79
methimazole tabs 5 mg	86	metoclopramide hcl tabs 5 mg	79
methocarbamol tabs 500 mg	31	metolazone tabs 10 mg	71
methocarbamol tabs 750 mg	31	metolazone tabs 2.5 mg	71
methotrexate sodium (pf) soln 50 mg/2ml ...	26	metolazone tabs 5 mg	71
METHOTREXATE SODIUM SOLN 50 MG/2ML		METOPIRONE CAPS 250 MG [metyrapone] 69	
[methotrexate sodium]	26	metoprolol succinate er tb24 100 mg	40

<i>metoprolol succinate er tb24 200 mg</i>	40	<i>mirtazapine tabs 30 mg</i>	59
<i>metoprolol succinate er tb24 25 mg</i>	40	<i>mirtazapine tabs 45 mg</i>	59
<i>metoprolol succinate er tb24 50 mg</i>	40	<i>misoprostol tab 100mcg</i>	78
<i>metoprolol tartrate soln 5 mg/5ml</i>	40	<i>misoprostol tab 200mcg</i>	78
<i>metoprolol tartrate tabs 100 mg</i>	40	<i>mitomycin solr 20 mg</i>	27
<i>metoprolol tartrate tabs 25 mg</i>	40	<i>mitomycin solr 40 mg</i>	27
<i>metoprolol tartrate tabs 50 mg</i>	40	<i>mitomycin solr 5 mg</i>	27
<i>metronidazole crea 0.75 %</i>	99	MITOSOL KIT 0.2 MG [<i>mitomycin</i>	
<i>metronidazole gel 0.75 %</i>	99	(<i>ophthalmic</i>)]	76
METRONIDAZOLE IN NAACL SOLN 5-0.79		<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	27
MG/ML-% [<i>metronidazole in nacl</i>]	18	M-M-R II SOLR [<i>measles, mumps & rubella</i>	
METRONIDAZOLE IN NAACL SOLN 500-0.74		<i>virus vaccines</i>]	97
MG/100ML-% [<i>metronidazole in nacl</i>]	18	<i>modafinil tabs 100 mg</i>	50
<i>metronidazole lotn 0.75 %</i>	99	<i>modafinil tabs 200 mg</i>	50
<i>metronidazole tabs 250 mg</i>	18	<i>mometasone furoate crea 0.1 %</i>	100
<i>metronidazole tabs 500 mg</i>	18	<i>mometasone furoate oint 0.1 %</i>	100
<i>mexiletine hcl caps 150 mg</i>	42	<i>mometasone furoate soln 0.1 %</i>	100
<i>mexiletine hcl caps 200 mg</i>	42	MONOJECT INSULIN SYRINGE MISC 27G X	
<i>mexiletine hcl caps 250 mg</i>	42	1/2.....	66
MICRHOGAM ULTRA-FILTERED PLUS SOSY		MONOJECT SYRINGE REG LUER MISC 20 ML	
250 UNIT [<i>rho d immune globulin (human)</i>]		(<i>syringe (disposable)</i>)	66
.....	96	MONOJECT TB SYRINGE MISC 1 ML [<i>syringe</i>	
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	55	(<i>disposable</i>)].....	66
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	55	MONONINE SOLR 1000 UNIT [<i>coagulation</i>	
<i>midazolam hcl soln 10 mg/2ml</i>	55	<i>factor ix</i>].....	36
<i>midazolam hcl soln 2 mg/2ml</i>	55	<i>montelukast sodium chew 4 mg</i>	93
<i>midazolam hcl syrp 2 mg/ml</i>	55	<i>montelukast sodium chew 5 mg</i>	93
<i>midodrine hcl tabs 10 mg</i>	33	<i>montelukast sodium pack 4 mg</i>	93
<i>midodrine hcl tabs 2.5 mg</i>	33	<i>montelukast sodium tabs 10 mg</i>	93
<i>midodrine hcl tabs 5 mg</i>	33	MORPHINE SULFATE (CONCENTRATE) SOLN	
MIFEPREX TABS 200 MG [<i>mifepristone</i>]	91	100 MG/5ML [<i>morphine sulfate</i>]	47
MIGRANAL SOLN 4 MG/ML		<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	47
[<i>dihydroergotamine mesylate</i>].....	32	<i>morphine sulfate (pf) soln 1 mg/ml</i>	47
<i>milrinone lactate in dextrose soln 20-5</i>		MORPHINE SULFATE (PF) SOLN 10 MG/ML	
<i>mg/100ml-%</i>	42	[<i>morphine sulfate</i>].....	47
<i>milrinone lactate in dextrose soln 40-5</i>		MORPHINE SULFATE (PF) SOLN 2 MG/ML	
<i>mg/200ml-%</i>	42	[<i>morphine sulfate</i>].....	47
<i>milrinone lactate inj 1mg/ml</i>	42	MORPHINE SULFATE (PF) SOLN 4 MG/ML	
<i>milrinone lactate soln 10 mg/10ml</i>	42	[<i>morphine sulfate</i>].....	47
<i>minocycline hcl caps 100 mg</i>	15	<i>morphine sulfate er tbc 100 mg</i>	47
<i>minocycline hcl caps 50 mg</i>	15	<i>morphine sulfate er tbc 15 mg</i>	47
<i>minocycline hcl caps 75 mg</i>	15	<i>morphine sulfate er tbc 200 mg</i>	47
<i>minoxidil tabs 10 mg</i>	43	<i>morphine sulfate er tbc 30 mg</i>	47
<i>minoxidil tabs 2.5 mg</i>	43	<i>morphine sulfate er tbc 60 mg</i>	48
MIOCHOL-E SOLR 20 MG [<i>acetylcholine</i>		MORPHINE SULFATE POWD [<i>morphine</i>	
<i>chloride</i>]	76	<i>sulfate</i>]	92
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	76	MORPHINE SULFATE SOLN 1 MG/ML	
MIRENA (52 MG) IUD 20 MCG/24HR		[<i>morphine sulfate</i>].....	48
[<i>levonorgestrel (iud)</i>].....	83	MORPHINE SULFATE SOLN 10 MG/5ML	
<i>mirtazapine tabs 15 mg</i>	59	[<i>morphine sulfate</i>].....	48

MORPHINE SULFATE SOLN 10 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 25 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 4 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 5 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 50 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SOLN 8 MG/ML [morphine sulfate]	48
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	48
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	48
MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	48
MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	48
MORPHINE SULFATE TABS 15 MG [morphine sulfate]	48
MORPHINE SULFATE TABS 30 MG [morphine sulfate]	48
moxifloxacin hcl soln 0.5 %	75
moxifloxacin hcl tabs 400 mg	15
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	69
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML [trace minerals (cr-cu-mn-zn)]	73
MULTI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	103
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron] ...	103
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	103
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	103
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	103
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	103
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	103
mupirocin oint 2 %	99

MUSTARGEN SOLR 10 MG [mechlorethamine hcl]	27
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	27
MVC-FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	103
MVC-FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	103
MVC-FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	103
mycophenolate mofetil caps 250 mg	89
mycophenolate mofetil susr 200 mg/ml	89
mycophenolate mofetil tabs 500 mg	89
MYLERAN TABS 2 MG [busulfan]	27
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	89
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	89
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	89

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NABI-HB SOLN [hepatitis b immune globulin (human)]	96
nabumetone tabs 500 mg	48
nabumetone tabs 750 mg	48
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose] ...	15
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	15
nafcillin sodium solr 1 gm	15
nafcillin sodium solr 10 gm	15
nafcillin sodium solr 2 gm	15
NAGLAZYME SOLN 1 MG/ML [galsulfase]	74
nalbuphine hcl soln 10 mg/ml	48
nalbuphine hcl soln 20 mg/ml	48
naloxone hcl soln 0.4 mg/ml	56
naloxone hcl sosy 2 mg/2ml	56
NALTREXONE HCL POWD [naltrexone hcl (bulk)]	56
naltrexone hcl tabs 50 mg	57
NAMENDA SOLN 10 MG/5ML [memantine hcl]	56
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	56
naproxen susp 125 mg/5ml	48
naproxen tabs 250 mg	48
naproxen tabs 375 mg	48
naproxen tabs 500 mg	48
naratriptan hcl tabs 1 mg	53

naratriptan hcl tabs 2.5 mg	53	[nicardipine hcl]	41
NARCAN LIQD 4 MG/0.1ML [naloxone hcl] ..	57	NICORETTE LOZG 2 MG [nicotine polacrilex]	30
NAROPIN SOLN 2 MG/ML [ropivacaine hcl] . 87		.....	30
NAROPIN SOLN 7.5 MG/ML [ropivacaine hcl]	87	NICORETTE LOZG 4 MG [nicotine polacrilex]	30
.....	87	.....	30
NATACYN SUSP 5 % [natamycin]	75	NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	30
NEBUPENT SOLR 300 MG [pentamidine isethionate]	18	nicotine polacrilex gum 2 mg	30
nefazodone hcl tabs 100 mg	59	nicotine polacrilex gum 4 mg	30
nefazodone hcl tabs 150 mg	59	nicotine polacrilex lozg 4 mg	30
nefazodone hcl tabs 200 mg	59	nicotine pt24 14 mg/24hr	30
nefazodone hcl tabs 250 mg	59	nicotine pt24 21 mg/24hr	30
nefazodone hcl tabs 50 mg	59	nicotine pt24 7 mg/24hr	30
NEOMYCIN SULFATE POWD [neomycin sulfate (topical)]	92	nifedipine caps 10 mg	41
neomycin sulfate tabs 500 mg	15	nifedipine caps 20 mg	41
neomycin-bacitracin zn-polymyx oint 5-400-10000	75	nifedipine er osmotic release tb24 30 mg	41
neomycin-polymyxin b gu soln 40-200000 ..	99	nifedipine er osmotic release tb24 60 mg	41
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	75	nifedipine er osmotic release tb24 90 mg	41
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	75	nimodipine caps 30 mg	41
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	75	NINLARO CAPS 2.3 MG [ixazomib citrate] ...	27
neomycin-polymyxin-hc soln 1 %	75	NINLARO CAPS 3 MG [ixazomib citrate]	27
neomycin-polymyxin-hc susp 3.5-10000-1 ..	75	NINLARO CAPS 4 MG [ixazomib citrate]	27
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	48	NITRO-DUR PT24 0.3 MG/HR [nitroglycerin] 45	
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	89	NITRO-DUR PT24 0.8 MG/HR [nitroglycerin] 45	
neostigmine methylsulfate soln 0.5 mg/ml ..	31	NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	22
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate]	31	NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	22
NESACAINE SOLN 2 % [chloroprocaine hcl] 87		NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	22
NEUPOGEN SOLN 300 MCG/ML [filgrastim] 38		nitrofurantoin monohyd macro caps 100 mg	22
NEUPOGEN SOLN 480 MCG/1.6ML [filgrastim]	38	.....	22
.....	38	nitrofurantoin susp 25 mg/5ml	22
nevirapine er tb24 400 mg	20	nitroglycerin cr cap 9mg cr	45
nevirapine susp 50 mg/5ml	20	NITROGLYCERIN ER CPCR 2.5 MG [nitroglycerin]	45
nevirapine tabs 200 mg	20	NITROGLYCERIN ER CPCR 6.5 MG [nitroglycerin]	45
NEXAVAR TABS 200 MG [sorafenib tosylate]	27	NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w]	45
.....	27	NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w]	45
NEXPLANON IMPL 68 MG [etonogestrel]	83	nitroglycerin soln 5 mg/ml	45
NIACIN ER TBCR 250 MG [niacin]	103	nitroprusside sodium soln 25 mg/ml	43
NIACIN TABS 100 MG [niacin]	103	NITROSTAT SUBL 0.3 MG [nitroglycerin]	45
NIACIN TABS 250 MG [niacin]	103	NITROSTAT SUBL 0.4 MG [nitroglycerin]	45
NIACIN TABS 50 MG [niacin]	103	NITROSTAT SUBL 0.6 MG [nitroglycerin]	45
NIACIN TABS 500 MG [niacin]	103	NOKOR VENTED NEEDLE MISC 16G X 1	67
NICARDIPINE HCL SOLN 2.5 MG/ML		NOKOR VENTED NEEDLE MISC 18G X 1	67
		NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML	

[somatropin]	85
norepinephrine bitartrate soln 1 mg/ml	33
norethindrone acetate tabs 5 mg	85
NORPACE CR CP12 100 MG [disopyramide phosphate]	42
NORPACE CR CP12 150 MG [disopyramide phosphate]	42
nortriptyline hcl caps 10 mg	59
nortriptyline hcl caps 25 mg	59
nortriptyline hcl caps 50 mg	59
nortriptyline hcl caps 75 mg	59
nortriptyline hcl soln 10 mg/5ml	59
NORVIR SOLN 80 MG/ML [ritonavir]	20
NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	85
NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	36
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	36
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	36
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	36
nystatin susp 100000 unit/ml	17
nystatin tabs 500000 unit	17
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	100
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	100

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OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	96
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	96
octreotide acetate soln 100 mcg/ml	89
octreotide acetate soln 1000 mcg/ml	89
octreotide acetate soln 200 mcg/ml	89
octreotide acetate soln 50 mcg/ml	89
octreotide acetate soln 500 mcg/ml	89
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	96
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	20
ODOMZO CAPS 200 MG [sonidegib phosphate]	27
OFIRMEV SOLN 10 MG/ML [acetaminophen]	48
ofloxacin soln 0.3 %	75

olanzapine solr 10 mg	59
olanzapine tabs 10 mg	59
olanzapine tabs 15 mg	59
olanzapine tabs 2.5 mg	59
olanzapine tabs 20 mg	59
olanzapine tabs 5 mg	59
olanzapine tabs 7.5 mg	59
olopatadine hcl soln 0.1 %	76
omeprazole cpdr 10 mg	78
omeprazole cpdr 20 mg	78
omeprazole cpdr 40 mg	78
OMNIPAQUE INJ 300MG/ML [iohexol]	69
OMNIPAQUE INJ 350MG/ML [iohexol]	69
OMNIPAQUE SOLN 180 MG/ML [iohexol]	69
OMNIPAQUE SOLN 240 MG/ML [iohexol]	69
OMNIPAQUE SOLN 300 MG/ML [iohexol]	69
OMNIPAQUE SOLN 350 MG/ML [iohexol]	69
OMNITROPE PEN 5 INJ DEVICE MISC [injection device]	67
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	85
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	85
ondansetron hcl soln 4 mg/2ml	78
ondansetron hcl soln 4 mg/5ml	78
ondansetron hcl soln 40 mg/20ml	78
ondansetron hcl tabs 4 mg	78
ondansetron hcl tabs 8 mg	78
ondansetron tbdp 4 mg	78
ondansetron tbdp 8 mg	78
ONETOUCH DELICA LANCETS 33G MISC [lancets]	67
ONETOUCH FINEPOINT LANCETS MISC [lancets]	67
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	67
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	67
ONETOUCH ULTRA STRP [glucose blood]	69
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	67
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	67
OPANA SOLN 1 MG/ML [oxymorphone hcl]	48
OPDIVO SOLN 100 MG/10ML [nivolumab]	27
OPDIVO SOLN 40 MG/4ML [nivolumab]	27
OPSUMIT TABS 10 MG [macitentan]	89
ORAP TABS 1 MG [pimozide]	59
ORAP TABS 2 MG [pimozide]	59
ORENCIA CLICKJECT SOAJ 125 MG/ML	

[abatacept]	90
ORENCIA SOLR 250 MG [abatacept]	90
ORENCIA SOSY 125 MG/ML [abatacept]	90
ORENCIA SOSY 50 MG/0.4ML [abatacept]	90
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	90
ORKAMBI PACK 100-125 MG [lumacaftor-ivacaftor]	94
ORKAMBI PACK 150-188 MG [lumacaftor-ivacaftor]	94
ORKAMBI TABS 100-125 MG [lumacaftor-ivacaftor]	94
ORKAMBI TABS 200-125 MG [lumacaftor-ivacaftor]	94
oseltamivir phosphate caps 30 mg	20
oseltamivir phosphate caps 45 mg	20
oseltamivir phosphate caps 75 mg	20
oseltamivir phosphate susr 6 mg/ml	20
OSMITROL SOLN 20 % [mannitol]	71
OTEZLA TAB 10/20/30 [apremilast]	90
OTEZLA TABS 30 MG [apremilast]	90
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	90
OVIDREL INJ 250 MCG/0.5ML [choriogonadotropin alfa]	85
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose] ..	15
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose] ..	15
oxaliplatin soln 100 mg/20ml	27
oxaliplatin soln 50 mg/10ml	27
oxazepam caps 10 mg	55
oxazepam caps 15 mg	55
oxazepam caps 30 mg	55
oxcarbazepine susp 300 mg/5ml	52
oxcarbazepine tabs 150 mg	52
oxcarbazepine tabs 300 mg	52
oxcarbazepine tabs 600 mg	52
oxybutynin chloride er tb24 10 mg	102
oxybutynin chloride er tb24 15 mg	102
oxybutynin chloride er tb24 5 mg	102
oxybutynin chloride syrp 5 mg/5ml	102
oxybutynin chloride tabs 5 mg	102
oxycodone hcl tabs 5 mg	48
oxycodone-acetaminophen tabs 10-325 mg	48
oxycodone-acetaminophen tabs 5-325 mg	48
oxycodone-acetaminophen tabs 7.5-325 mg	48
OXYTOCIN SOLN 10 UNIT/ML [oxytocin]	91
OXYTROL PTTW 3.9 MG/24HR [oxybutynin]	102

P

paclitaxel conc 300 mg/50ml	27
pamidronate disodium soln 30 mg/10ml	90
pamidronate disodium soln 6 mg/ml	90
pamidronate disodium soln 90 mg/10ml	90
pamidronate disodium solr 30 mg	90
pamidronate disodium solr 90 mg	90
pancuronium bromide soln 1 mg/ml	31
pantoprazole sodium tbec 20 mg	78
pantoprazole sodium tbec 40 mg	78
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	45
paromomycin sulfate caps 250 mg	18
paroxetine hcl tabs 10 mg	59
paroxetine hcl tabs 20 mg	59
paroxetine hcl tabs 30 mg	59
paroxetine hcl tabs 40 mg	59
PEDIARIX SUSP [diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]	97
pediatric multivitamins w/fl chew	103
PEDIATRIC SMALL MASK MISC [masks]	67
peg 3350/electrolytes solr 240 gm	79
peg 3350-kcl-na bicarb-nacl solr 420 gm	79
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	20
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	15
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	15
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	15
penicillin g potassium solr 20000000 unit	15
penicillin g potassium solr 5000000 unit	15
penicillin g procaine susp 600000 unit/ml	15
penicillin g sodium solr 5000000 unit	15
penicillin v potassium solr 125 mg/5ml	15
penicillin v potassium solr 250 mg/5ml	15
penicillin v potassium tabs 250 mg	15
penicillin v potassium tabs 500 mg	15
PENLET II BLOOD SAMPLER KIT [lancets]	

<i>misc.]</i>	67	<i>phenoxybenzamine hcl caps 10 mg</i>	32
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	18	<i>phentolamine mesylate solr 5 mg</i>	32
PENTASA CPR 250 MG [<i>mesalamine</i>]	78	PHENYLEPHRINE HCL SOLN 10 %	
PENTASA CPR 500 MG [<i>mesalamine</i>]	78	[<i>phenylephrine hcl (mydriatic)</i>]	77
<i>pentostatin inj 10mg</i>	27	PHENYLEPHRINE HCL SOLN 2.5 %	
<i>pentoxifylline er tbc 400 mg</i>	39	[<i>phenylephrine hcl (mydriatic)</i>]	77
PEPTIC RELIEF CHEW 262 MG [<i>bismuth subsalicylate</i>]	78	<i>phenylephrine-chlorphen-dm liqd</i>	93
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	27	PHENYLHISTINE DH LIQD 30-2-10 MG/5ML	
.....	27	[<i>pseudoeph-chlorphen w/ cod</i>]	93
<i>permethrin crea 5 %</i>	99	<i>phenytoin sodium extended caps 100 mg</i> ..	52
<i>permethrin lotn 1 %</i>	99	<i>phenytoin sodium soln 50 mg/ml</i>	52
<i>perphenazine tab 16mg</i>	59	<i>phenytoin susp 125 mg/5ml</i>	52
<i>perphenazine tabs 2 mg</i>	59	PHOSLYRA SOLN 667 MG/5ML [<i>calcium acetate (phosphate binder)</i>]	73
<i>perphenazine tabs 4 mg</i>	59	PHOSPHOLINE IODIDE SOLR 0.125 %	
<i>perphenazine tabs 8 mg</i>	59	[<i>echothiophate iodide</i>]	76
<i>perphenazine-amitriptyline tabs 2-10 mg</i> ..	60	PHOTREXA-PHOTREXA VISCOUS KIT SOSY	
<i>perphenazine-amitriptyline tabs 2-25 mg</i> ..	60	0.146 & 0.146-20 % [<i>riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran</i>]	77
<i>perphenazine-amitriptyline tabs 4-10 mg</i> ..	60	PHYSOSTIGMINE SALICYLATE SOLN 1	
<i>perphenazine-amitriptyline tabs 4-25 mg</i> ..	60	MG/ML [<i>physostigmine salicylate</i>]	31
<i>perphenazine-amitriptyline tabs 4-50 mg</i> ..	60	<i>phytonadione soln 1 mg/0.5ml</i>	104
<i>phenelzine sulfate tabs 15 mg</i>	60	<i>pilocarpine hcl soln 1 %</i>	76
PHENEX-1 POWD [<i>nutritional supplements</i>]	70	<i>pilocarpine hcl soln 2 %</i>	76
.....	70	<i>pilocarpine hcl soln 4 %</i>	76
PHENOBARBITAL ELIX 20 MG/5ML		<i>pilocarpine hcl tabs 5 mg</i>	31
[<i>phenobarbital</i>]	55	<i>pimecrolimus crea 1 %</i>	102
PHENOBARBITAL POWD [<i>phenobarbital</i>]	92	<i>pimozide tabs 2 mg</i>	60
PHENOBARBITAL SODIUM SOLN 130 MG/ML		<i>pioglitazone hcl tabs 15 mg</i>	82
[<i>phenobarbital sodium</i>]	56	<i>pioglitazone hcl tabs 30 mg</i>	82
PHENOBARBITAL SODIUM SOLN 65 MG/ML		<i>pioglitazone hcl tabs 45 mg</i>	83
[<i>phenobarbital sodium</i>]	56	<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	15
PHENOBARBITAL TABS 100 MG		<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	15
[<i>phenobarbital</i>]	56	<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	15
PHENOBARBITAL TABS 15 MG		<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	15
[<i>phenobarbital</i>]	56	PLASMANATE SOLN 5 % [<i>plasma protein fraction</i>]	33
PHENOBARBITAL TABS 16.2 MG		PLURONIC F127 GEL 20 % [<i>pluronic f127 base</i>]	92
[<i>phenobarbital</i>]	56	PNEUMOVAX 23 INJ 25 MCG/0.5ML	
PHENOBARBITAL TABS 30 MG		[<i>pneumococcal vac polyvalent</i>]	97
[<i>phenobarbital</i>]	56	PODOCON SOLN 25 % [<i>podophyllum resin</i>]	
PHENOBARBITAL TABS 32.4 MG		.....	102
[<i>phenobarbital</i>]	56	<i>podofilox soln 0.5 %</i>	102
PHENOBARBITAL TABS 60 MG		PODOPHYLLUM RESIN POWD [<i>podophyllum resin</i>]	93
[<i>phenobarbital</i>]	56		
PHENOBARBITAL TABS 64.8 MG			
[<i>phenobarbital</i>]	56		
PHENOBARBITAL TABS 97.2 MG			
[<i>phenobarbital</i>]	56		
PHENOL LIQD [<i>phenol</i>]	100		
PHENOL LIQD 89 % [<i>phenol</i>]	100		

POLYETHYLENE GLYCOL 400 LIQD [polyethylene glycol 400]	93	pramipexole dihydrochloride tabs 0.25 mg .54	
POLYFIN QR INFUSION SET 42	67	pramipexole dihydrochloride tabs 0.5 mg ...	54
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	75	pramipexole dihydrochloride tabs 0.75 mg .54	
POMALYST CAPS 1 MG [pomalidomide]	27	pramipexole dihydrochloride tabs 1 mg	54
POMALYST CAPS 2 MG [pomalidomide]	27	pramipexole dihydrochloride tabs 1.5 mg ...	54
POMALYST CAPS 3 MG [pomalidomide]	27	pravastatin sodium tabs 10 mg	39
POMALYST CAPS 4 MG [pomalidomide]	27	pravastatin sodium tabs 20 mg	39
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	73	pravastatin sodium tabs 40 mg	39
potassium chloride crys er tbcr 20 meq	73	pravastatin sodium tabs 80 mg	39
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	73	PRAXBIND SOLN 2.5 GM/50ML [idarucizumab]	36
POTASSIUM CHLORIDE IN NAACL SOLN 20- 0.45 MEQ/L-% [potassium chloride in nacl]	73	prazosin hcl caps 1 mg	39
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	73	prazosin hcl caps 2 mg	39
POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9 MEQ/L-% [potassium chloride in nacl]	73	prazosin hcl caps 5 mg	39
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	73	PRECEDEX SOLN 200 MCG/2ML [dexmedetomidine hcl]	56
potassium chloride sol 10% sf	73	PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]	76
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [potassium chloride]	73	prednisolone acetate susp 1 %	76
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	73	prednisolone sodium phosphate soln 15 mg/5ml	81
potassium chloride soln 2 meq/ml	74	prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml	81
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride]	74	prednisolone soln 15 mg/5ml	81
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [potassium chloride]	74	prednisone soln 5 mg/5ml	81
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	74	prednisone tabs 1 mg	81
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [potassium citrate (alkalinizer)]	69	prednisone tabs 10 mg	81
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [potassium citrate (alkalinizer)]	69	prednisone tabs 2.5 mg	81
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [potassium phosphates]	74	prednisone tabs 20 mg	81
PRADAXA CAPS 110 MG [dabigatran etexilate mesylate]	38	prednisone tabs 5 mg	81
PRADAXA CAPS 150 MG [dabigatran etexilate mesylate]	38	prednisone tabs 50 mg	81
PRADAXA CAPS 75 MG [dabigatran etexilate mesylate]	38	prednisone tbpk 10 mg (21)	81
pramipexole dihydrochloride tabs 0.125 mg 54		prednisone tbpk 5 mg (21)	81
		pregabalin caps 100 mg	52
		pregabalin caps 150 mg	52
		pregabalin caps 200 mg	52
		pregabalin caps 225 mg	52
		pregabalin caps 25 mg	52
		pregabalin caps 300 mg	52
		pregabalin caps 50 mg	52
		pregabalin caps 75 mg	52
		pregabalin soln 20 mg/ml	52
		PREMARIN CREA 0.625 MG/GM [estrogens, conjugated vaginal]	84
		PREPIDIL GEL 0.5 MG/3GM [dinoprostone] .91	
		PRETOMANID TABS 200 MG [pretomanid] ..	17
		PREVIDENT GEL 1.1 % [sodium fluoride (dental)]	90
		PREVIDENT SOLN 0.2 % [sodium fluoride (dental)]	90

PREVNAR 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	97	<i>heme polypeptide-folic acid</i>	33
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	20	PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	36
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	20	PROFILNINE SOLR 1500 UNIT [<i>factor ix complex</i>]	38
PREVYMIS TABS 240 MG [<i>letermovir</i>]	20	PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	36
PREVYMIS TABS 480 MG [<i>letermovir</i>]	20	<i>progesterone micronized caps 100 mg</i>	85
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	20	<i>progesterone micronized caps 200 mg</i>	85
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	20	PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	93
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	20	PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	85
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	20	PROGESTERONE WETTABLE POWD [<i>progesterone (bulk)</i>]	93
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	20	PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	90
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	17	PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	38
PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	18	PROMACTA TABS 12.5 MG [<i>eltrombopag olamine</i>]	38
PRIMAXIN IV SOLR 250-250 MG [<i>imipenem-cilastatin</i>]	15	PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	38
PRIMAXIN IV SOLR 500-500 MG [<i>imipenem-cilastatin</i>]	15	PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	38
<i>primidone tab 50mg</i>	52	PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	38
<i>primidone tabs 250 mg</i>	52	<i>promethazine hcl soln 25 mg/ml</i>	22
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	96	<i>promethazine hcl tabs 25 mg</i>	22
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	96	<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	93
<i>probenecid tabs 500 mg</i>	74	<i>propafenone hcl tabs 150 mg</i>	42
<i>procainamide hcl soln 100 mg/ml</i>	42	<i>propafenone hcl tabs 225 mg</i>	42
<i>procainamide hcl soln 500 mg/ml</i>	42	<i>propafenone hcl tabs 300 mg</i>	42
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	60	<i>propantheline bromide tabs 15 mg</i>	30
<i>prochlorperazine maleate tabs 10 mg</i>	60	<i>proparacaine hcl soln 0.5 %</i>	77
<i>prochlorperazine maleate tabs 5 mg</i>	60	<i>propofol emul 1000 mg/100ml</i>	56
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propofol emul 200 mg/20ml</i>	56
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propranolol hcl er cp24 120 mg</i>	40
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propranolol hcl er cp24 160 mg</i>	40
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propranolol hcl er cp24 60 mg</i>	40
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propranolol hcl er cp24 80 mg</i>	40
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	38	<i>propranolol hcl soln 1 mg/ml</i>	40
PROFERRIN ES TABS 12 MG [<i>iron heme polypeptide</i>]	33	<i>propranolol hcl soln 20 mg/5ml</i>	40
PROFERRIN-FORTE TABS 12-1 MG [<i>iron heme polypeptide-folic acid</i>]	33	<i>propranolol hcl tabs 10 mg</i>	40
		<i>propranolol hcl tabs 20 mg</i>	40
		<i>propranolol hcl tabs 40 mg</i>	40
		<i>propranolol hcl tabs 60 mg</i>	40
		<i>propranolol hcl tabs 80 mg</i>	40
		PROPYLENE GLYCOL LIQD [<i>propylene glycol (bulk)</i>]	93
		<i>propylthiouracil tabs 50 mg</i>	86

PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	97
PROSOL SOLN 20 % [<i>amino acid infusion</i>]	70
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	91
<i>protamine sulfate soln 10 mg/ml</i>	36
PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	79
<i>protriptyline hcl tabs 10 mg</i>	60
<i>protriptyline hcl tabs 5 mg</i>	60
PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	81
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	74
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	27
<i>pyrazinamide tabs 500 mg</i>	17
<i>pyridostigmine bromide er tbcr 180 mg</i>	31
<i>pyridostigmine bromide tabs 60 mg</i>	31

Q

QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	31
<i>quetiapine fumarate tabs 100 mg</i>	60
<i>quetiapine fumarate tabs 200 mg</i>	60
<i>quetiapine fumarate tabs 25 mg</i>	60
<i>quetiapine fumarate tabs 300 mg</i>	60
<i>quetiapine fumarate tabs 400 mg</i>	60
<i>quetiapine fumarate tabs 50 mg</i>	60
QUINACRINE HCL POWD [<i>quinacrine hcl</i>]	93
<i>quinidine gluconate er tbcr 324 mg</i>	42
QUINIDINE GLUCONATE SOLN 80 MG/ML [<i>quinidine gluconate</i>]	42
<i>quinidine sulfate tabs 200 mg</i>	42
<i>quinidine sulfate tabs 300 mg</i>	42

R

RABAVERT SUSR [<i>rabies vaccine, pcec</i>]	97
<i>raloxifene hcl tabs 60 mg</i>	84
RAPAMUNE SOLN 1 MG/ML [<i>sirolimus</i>]	90
<i>rasagiline mesylate tabs 0.5 mg</i>	54
<i>rasagiline mesylate tabs 1 mg</i>	54
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	90

(<i>antirheumatic</i>)	90
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 27.5 MG/0.55ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	90
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	90
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	69
READI-CAT 2 SUSP 2.1 % [<i>barium sulfate</i>]	69
RECOMBINATE SOLR 1241-1800 UNIT [<i>antihemophilic factor (recombinant)</i>]	36
RECOMBINATE SOLR 1801-2400 UNIT [<i>antihemophilic factor (recombinant)</i>]	36
RECOMBINATE SOLR 220-400 UNIT [<i>antihemophilic factor (recombinant)</i>]	36
RECOMBINATE SOLR 401-800 UNIT [<i>antihemophilic factor (recombinant)</i>]	36
RECOMBINATE SOLR 801-1240 UNIT [<i>antihemophilic factor (recombinant)</i>]	36
RECOMBIVAX HB SUSP 10 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	97
RECOMBIVAX HB SUSP 40 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	97
RECOMBIVAX HB SUSP 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	98
RECOTHROM SOLR 20000 UNIT [<i>thrombin (recombinant)</i>]	36
RECOTHROM SOLR 5000 UNIT [<i>thrombin (recombinant)</i>]	36
REGONOL SOLN 10 MG/2ML [<i>pyridostigmine bromide</i>]	31
RELENZA DISKHALER AEPB 5 MG/BLISTER [<i>zanamivir</i>]	20
REMICADE SOLR 100 MG [<i>infliximab</i>]	90
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	45
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	45
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	45
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	45
RENAL CAPS 1 MG [<i>b-complex w/ c & folic acid</i>]	103
RENVELA PACK 2.4 GM [<i>sevelamer carbonate</i>]	71

RENVELA TABS 800 MG [<i>sevelamer carbonate</i>]	71	RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	60
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	20	RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	60
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	20	RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	60
<i>reserpine tab 0.1mg</i>	43	RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	60
<i>reserpine tab 0.25mg</i>	43	RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	60
RESTASIS EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	76	RISPERIDONE TABS 1 MG [<i>risperidone</i>]	60
RESTASIS MULTIDOSE EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	76	RISPERIDONE TABS 2 MG [<i>risperidone</i>]	60
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	100	RISPERIDONE TABS 3 MG [<i>risperidone</i>]	60
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	100	RISPERIDONE TABS 4 MG [<i>risperidone</i>]	60
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	100	<i>ritonavir tabs 100 mg</i>	20
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	100	RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	27
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	101	RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	27
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	101	<i>rizatriptan benzoate tabs 10 mg</i>	53
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	101	<i>rizatriptan benzoate tabs 5 mg</i>	53
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	76	<i>rizatriptan benzoate tbdp 10 mg</i>	53
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	20	<i>rizatriptan benzoate tbdp 5 mg</i>	53
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	27	<i>rocuronium bromide soln 100 mg/10ml</i>	31
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	27	<i>rocuronium bromide soln 50 mg/5ml</i>	31
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	27	<i>romidepsin solr 10 mg</i>	27
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	27	<i>ropinirole hcl er tb24 12 mg</i>	54
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	27	<i>ropinirole hcl er tb24 2 mg</i>	54
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	27	<i>ropinirole hcl er tb24 4 mg</i>	54
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	96	<i>ropinirole hcl er tb24 6 mg</i>	54
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	96	<i>ropinirole hcl er tb24 8 mg</i>	54
<i>ribavirin caps 200 mg</i>	20	<i>ropinirole hcl tabs 0.25 mg</i>	54
RIDAURA CAPS 3 MG [<i>auranofin</i>]	79	<i>ropinirole hcl tabs 0.5 mg</i>	54
<i>rifabutin caps 150 mg</i>	17	<i>ropinirole hcl tabs 1 mg</i>	54
<i>rifampin caps 150 mg</i>	17	<i>ropinirole hcl tabs 2 mg</i>	54
<i>rifampin caps 300 mg</i>	17	<i>ropinirole hcl tabs 3 mg</i>	54
<i>rifampin solr 600 mg</i>	17	<i>ropinirole hcl tabs 4 mg</i>	54
<i>riluzole tabs 50 mg</i>	56	<i>ropinirole hcl tabs 5 mg</i>	54
<i>rimantadine hcl tabs 100 mg</i>	20	<i>rosuvastatin calcium tabs 10 mg</i>	39
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	90	<i>rosuvastatin calcium tabs 20 mg</i>	39
RINGERS IRRIGATION SOLN [<i>ringer's irrigation</i>]	72	<i>rosuvastatin calcium tabs 40 mg</i>	39
RINGERS SOLN [<i>ringer's</i>]	74	<i>rosuvastatin calcium tabs 5 mg</i>	39
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	60	ROTARIX SUSR [<i>rotavirus vaccine, live oral</i>]	98
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	60	ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	98
		ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	27
		ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	27
		RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	31
		RYDAPT CAPS 25 MG [<i>midostaurin</i>]	27
		S	
		SABRIL PACK 500 MG [<i>vigabatrin</i>]	52
		SAFETY-LOK SYRINGE MISC 21G X 1-1/2	67

SAFETY-LOK SYRINGE MISC 22G X 1	67	sertraline hcl tabs 50 mg	60
SAFETY-LOK SYRINGE MISC 22G X 1-1/2 ...	67	sevelamer carbonate pack 2.4 gm	71
SAFETY-LOK SYRINGE MISC 23G X 1	67	sevelamer carbonate tabs 800 mg	71
SAFETY-LOK TB SYRINGE MISC 25G X 5/8.	67	SF 5000 PLUS CREA 1.1 % [sodium fluoride	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2.	67	(dental)]	91
SALICYLIC ACID POWD [salicylic acid (bulk)]		SHINGRIX SUSR 50 MCG/0.5ML [zoster	
.....	93	vaccine recombinant adjuvanted]	98
SALSALATE TABS 500 MG [salsalate]	48	sildenafil citrate tabs 100 mg	45
SALSALATE TABS 750 MG [salsalate]	49	sildenafil citrate tabs 20 mg	45
SANDIMMUNE CAPS 100 MG [cyclosporine]		SILHOUETTE INFUSION SET 23.....	67
.....	90	SILVER SULFADIAZINE CREA 1 % [silver	
SANDIMMUNE CAPS 25 MG [cyclosporine]	90	sulfadiazine]	99
SANDIMMUNE SOLN 100 MG/ML		simvastatin tabs 10 mg	39
[cyclosporine]	90	simvastatin tabs 20 mg	39
SANDIMMUNE SOLN 50 MG/ML		simvastatin tabs 40 mg	39
[cyclosporine]	90	simvastatin tabs 5 mg	40
SANDOSTATIN LAR DEPOT KIT 10 MG		simvastatin tabs 80 mg	40
[octreotide acetate]	90	sirolimus soln 1 mg/ml	91
SANDOSTATIN LAR DEPOT KIT 20 MG		sirolimus tabs 0.5 mg	91
[octreotide acetate]	90	sirolimus tabs 1 mg	91
SANDOSTATIN LAR DEPOT KIT 30 MG		sirolimus tabs 2 mg	91
[octreotide acetate]	91	SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML	
SANTYL OINT 250 UNIT/GM [collagenase]	102	[risankizumab-rzaa]	102
SARCLISA SOLN 100 MG/5ML [isatuximab-		SLO-NIACIN TBCR 500 MG [niacin]	103
irfc]	27	SLO-NIACIN TBCR 750 MG [niacin]	103
SARCLISA SOLN 500 MG/25ML [isatuximab-		SOD CITRATE-CITRIC ACID SOLN 500-334	
irfc]	27	MG/5ML [sodium citrate & citric acid]	69
scopolamine pt72 1 mg/3days	78	SODIUM ACETATE SOLN 2 MEQ/ML [sodium	
selegiline hcl caps 5 mg	56	acetate]	69
selegiline hcl tabs 5 mg	54	SODIUM BENZOATE POWD [sodium	
SELENIUM SOLN 40 MCG/ML [selenious acid]		benzoate]	93
.....	74	SODIUM BICARBONATE SOLN 4.2 % [sodium	
selenium sulfide lotn 2.5 %	99	bicarbonate]	70
SELZENTRY TABS 150 MG [maraviroc]	20	SODIUM BICARBONATE SOLN 7.5 % [sodium	
SELZENTRY TABS 25 MG [maraviroc]	20	bicarbonate]	70
SELZENTRY TABS 300 MG [maraviroc]	20	SODIUM BICARBONATE SOLN 8.4 % [sodium	
SELZENTRY TABS 75 MG [maraviroc]	20	bicarbonate]	70
SENSORCAINE-MPF/EPINEPHRINE SOLN		SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium	
0.75-1		chloride]	74
200000 % [bupivacaine w/ epinephrine]	87	SODIUM CHLORIDE NEBU 0.9 % [sodium	
SEREVENT DISKUS AEPB 50 MCG/DOSE		chloride (inhalant)]	94
[salmeterol xinafoate]	33	SODIUM CHLORIDE NEBU 10 % [sodium	
SEROSTIM SOLR 4 MG [somatropin (non-		chloride (inhalant)]	94
refrigerated)]	85	SODIUM CHLORIDE NEBU 3 % [sodium	
SEROSTIM SOLR 5 MG [somatropin (non-		chloride (inhalant)]	94
refrigerated)]	85	SODIUM CHLORIDE NEBU 7 % [sodium	
SEROSTIM SOLR 6 MG [somatropin (non-		chloride (inhalant)]	94
refrigerated)]	85	sodium chloride soln	14, 16, 73
sertraline hcl tabs 100 mg	60	SODIUM CHLORIDE SOLN 0.45 % [sodium	
sertraline hcl tabs 25 mg	60	chloride]	74

SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	72	SOVALDI PACK 150 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	74	SOVALDI PACK 200 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	74	SOVALDI TABS 200 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	74	SOVALDI TABS 400 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	74	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate]	30
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	71	spironolactone tabs 100 mg	44
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	91	spironolactone tabs 25 mg	44
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	91	spironolactone tabs 50 mg	44
sodium phenylbutyrate powd 3 gm/tsp	70	spironolactone-hctz tabs 25-25 mg	44
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	74	SPRYCEL TABS 100 MG [dasatinib]	27
sodium polystyrene sulfonate susp 15 gm/60ml	71	SPRYCEL TABS 140 MG [dasatinib]	27
sodium polystyrene sulfonate susp 30 gm/120ml	71	SPRYCEL TABS 20 MG [dasatinib]	27
SOF-SERTER INSERTION DEVICE MISC [insulin infusion pump supplies]	67	SPRYCEL TABS 50 MG [dasatinib]	27
solifenacin succinate tabs 10 mg	102	SPRYCEL TABS 70 MG [dasatinib]	27
solifenacin succinate tabs 5 mg	102	SPRYCEL TABS 80 MG [dasatinib]	27
SOLIRIS SOLN 300 MG/30ML [eculizumab]	91	SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [squaric acid dibutylester]	93
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	81	SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	86
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	81	stavudine caps 15 mg	20
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	81	stavudine caps 20 mg	20
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	81	stavudine caps 30 mg	21
SOLU-MEDROL SOLR 125 MG [methylprednisolone sod succ]	81	stavudine caps 40 mg	21
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	81	STELARA SOLN 45 MG/0.5ML [ustekinumab]	102
SORBITOL SOLN 70 % [sorbitol (laxative)]	79	STELARA SOSY 45 MG/0.5ML [ustekinumab]	102
SORBITOL SOLN 70 % [sorbitol]	93	STELARA SOSY 90 MG/ML [ustekinumab]	102
sotalol hcl (af) tabs 120 mg	40	sterile water for injection soln	91
sotalol hcl (af) tabs 160 mg	41	STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	72
sotalol hcl (af) tabs 80 mg	41	STIMATE SOLN 1.5 MG/ML [desmopressin acetate]	85
sotalol hcl tabs 120 mg	41	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	94
sotalol hcl tabs 160 mg	41	STIVARGA TABS 40 MG [regorafenib]	27
sotalol hcl tabs 240 mg	41	STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	74
sotalol hcl tabs 80 mg	41	STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	74
		STRENSIQ SOLN 40 MG/ML [asfotase alfa]	74
		STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	74
		streptomycin sulfate solr 1 gm	15
		STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	21
		STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl]	33

sucralfate tabs 1 gm	79		.....	21
sufentanil citrate soln 50 mcg/ml	49		SYMFI TABS 600-300-300 MG [efavirenz-	
sulfacetamide sodium soln 10 %	75		lamivudine-tenofovir disoproxil fumarate]	
SULFACETAMIDE SODIUM-SULFUR EMUL 10-			.....	21
5 % [sulfacetamide sodium w/ sulfur]....	101		SYMTUZA TABS 800-150-200-10 MG	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-			[darunavir-cobicistat-emtricitabine-	
5 % [sulfacetamide sodium w/ sulfur]....	101		tenofovir alafenamide]	21
sulfacetamide-prednisolone soln 10-0.23 %	76		SYNAGIS SOLN 100 MG/ML [palivizumab]...	21
sulfadiazine tabs 500 mg	15		SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	21
sulfamethoxazole-trimethoprim soln 400-80			SYNAREL SOLN 2 MG/ML [nafarelin acetate]	
mg/5ml	15		.....	85
sulfamethoxazole-trimethoprim susp 200-40			SYNERCID SOLR 150-350 MG [quinupristin-	
mg/5ml	15		dalfopristin]	16
sulfamethoxazole-trimethoprim tabs 400-80			SYRINGE DISPOSABLE MISC 10 ML [syringe	
mg	16		(disposable)]	67
sulfamethoxazole-trimethoprim tabs 800-160			SYRINGE DISPOSABLE MISC 20 ML [syringe	
mg	16		(disposable)]	67
sulfasalazine tabs 500 mg	16		SYRINGE DISPOSABLE MISC 3 ML [syringe	
sulfasalazine tbec 500 mg	16		(disposable)]	67
SULFUR PRECIPITATED POWD [sulfur			SYRINGE MISC 20G X 1	68
(bulk)]	93		SYRINGE MISC 20G X 1-1/2	68
sulindac tabs 150 mg	49		SYRINGE MISC 21G X 1-1/2	68
sulindac tabs 200 mg	49			
sumatriptan soln 20 mg/act	53			
sumatriptan succinate refill soct 6 mg/0.5ml				
.....	53			
sumatriptan succinate soaj 6 mg/0.5ml	53			
sumatriptan succinate soln 6 mg/0.5ml	53			
sumatriptan succinate sosy 6 mg/0.5ml	53			
sumatriptan succinate tabs 100 mg	53			
sumatriptan succinate tabs 25 mg	53			
sumatriptan succinate tabs 50 mg	53			
SURE COMFORT INSULIN SYRINGE MISC				
29G X 1/2	67			
SURE COMFORT INSULIN SYRINGE MISC				
30G X 5/16	67			
SURVANTA SUSP 25-0.9 MG/ML-% [beractant				
in nacl]	94			
SUTENT CAPS 12.5 MG [sunitinib malate] ..	28			
SUTENT CAPS 25 MG [sunitinib malate]	28			
SUTENT CAPS 37.5 MG [sunitinib malate] ..	28			
SUTENT CAPS 50 MG [sunitinib malate]	28			
SYLVANT SOLR 100 MG [siltuximab]	28			
SYLVANT SOLR 400 MG [siltuximab]	28			
SYMDEKO TBPK 100-150 & 150 MG				
[tezacaftor-ivacaftor]	94			
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-				
ivacaftor]	94			
SYMFI LO TABS 400-300-300 MG [efavirenz-				
lamivudine-tenofovir disoproxil fumarate]				

T

TABLOID TABS 40 MG [thioguanine]	28
tacrolimus caps 0.5 mg	91
tacrolimus caps 1 mg	91
tacrolimus caps 5 mg	91
TACROLIMUS OINT 0.03 % [tacrolimus	
(topical)]	102
TACROLIMUS OINT 0.1 % [tacrolimus	
(topical)]	102
tadalafil (pah) tabs 20 mg	45
tadalafil tabs 10 mg	45
tadalafil tabs 2.5 mg	45
tadalafil tabs 20 mg	45
tadalafil tabs 5 mg	45
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	
.....	28
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	
.....	28
TAGRISO TABS 40 MG [osimertinib	
mesylate]	28
TAGRISO TABS 80 MG [osimertinib	
mesylate]	28
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-	
flyo]	91
TAMIFLU SUSR 6 MG/ML [oseltamivir	
phosphate]	21
tamoxifen citrate tabs 10 mg	28

tamoxifen citrate tabs 20 mg	28	[tetracycline hcl]	16
tamsulosin hcl caps 0.4 mg	39	TETRAVISC SOLN 0.5 % [tetracaine hcl	
TARGRETIN CAPS 75 MG [bexarotene]	28	(ophth)]	77
TARGRETIN GEL 1 % [bexarotene (topical)]		THALOMID CAPS 100 MG [thalidomide]	91
.....	102	THALOMID CAPS 150 MG [thalidomide]	91
TASIGNA CAPS 150 MG [nilotinib hcl]	28	THALOMID CAPS 200 MG [thalidomide]	91
TASIGNA CAPS 200 MG [nilotinib hcl]	28	THALOMID CAPS 50 MG [thalidomide]	91
TAXOTERE INJ 80MG/2ML [docetaxel]	28	theophylline er tb12 100 mg	102
tazarotene crea 0.1 %	102	theophylline er tb12 200 mg	102
TAZORAC CREA 0.05 % [tazarotene]	102	theophylline er tb12 300 mg	102
TAZORAC GEL 0.05 % [tazarotene]	102	theophylline er tb12 450 mg	102
TAZORAC GEL 0.1 % [tazarotene]	102	theophylline er tb24 400 mg	102
TDVAX SUSP 2-2 LF/0.5ML [tetanus-		THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%	
diphtheria toxoids (td)]	96	[theophylline in dextrose]	102
TECENTRIQ SOLN 1200 MG/20ML		thiamine hcl soln 100 mg/ml	103
[atezolizumab]	28	THIOLA TABS 100 MG [tiopronin]	91
temazepam caps 15 mg	56	thioridazine hcl tabs 10 mg	60
temazepam caps 30 mg	56	thioridazine hcl tabs 100 mg	60
temozolomide caps 100 mg	28	thioridazine hcl tabs 25 mg	60
temozolomide caps 140 mg	28	thioridazine hcl tabs 50 mg	60
temozolomide caps 180 mg	28	thiotepa solr 15 mg	28
temozolomide caps 20 mg	28	thiothixene caps 1 mg	60
temozolomide caps 250 mg	28	thiothixene caps 10 mg	60
temozolomide caps 5 mg	28	thiothixene caps 2 mg	60
TENIPOSIDE SOLN 10 MG/ML [teniposide] ..	28	thiothixene caps 5 mg	60
tenofovir disoproxil fumarate tabs 300 mg ..	21	THROMBATE III SOLR 500 UNIT [antithrombin	
terazosin hcl caps 1 mg	39	iii (human)]	38
terazosin hcl caps 10 mg	39	THYMOL CRYST [thymol]	93
terazosin hcl caps 2 mg	39	THYROGEN SOLR 1.1 MG [thyrotropin alfa] 69	
terazosin hcl caps 5 mg	39	TICE BCG SUSR 50 MG [bcg live intravesical]	
terbinafine hcl tabs 250 mg	17	.....	98
terbutaline sulfate soln 1 mg/ml	33	timolol maleate soln 0.25 %	76
terbutaline sulfate tabs 2.5 mg	33	timolol maleate soln 0.5 %	76
terbutaline sulfate tabs 5 mg	33	TIVICAY PD TBSO 5 MG [dolutegravir	
TERUMO SYRINGE/NEEDLE/23G/1/2	68	sodium]	21
testosterone cypionate soln 200 mg/ml	82	TIVICAY TABS 10 MG [dolutegravir sodium] 21	
testosterone enanthate soln 200 mg/ml	82	TIVICAY TABS 25 MG [dolutegravir sodium] 21	
testosterone gel 12.5 mg/act (1%)	82	TIVICAY TABS 50 MG [dolutegravir sodium] 21	
testosterone gel 20.25 mg/act (1.62%)	82	tizanidine hcl tabs 2 mg	31
testosterone gel 25 mg/2.5gm (1%)	82	tizanidine hcl tabs 4 mg	31
testosterone gel 50 mg/5gm (1%)	82	TNKASE KIT 50 MG [tenecteplase]	38
TESTOSTERONE PROPIONATE POWD		TOBI PODHALER CAPS 28 MG [tobramycin]	
[testosterone propionate (bulk)]	93	.....	16
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		tobramycin nebu 300 mg/5ml	16
(ophth)]	77	tobramycin soln 0.3 %	75
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		tobramycin sulfate soln 10 mg/ml	16
.....	87	tobramycin sulfate soln 80 mg/2ml	16
TETRACYCLINE HCL CAPS 250 MG		tobramycin sulfate solr 1.2 gm	16
[tetracycline hcl]	16	TOBEX OINT 0.3 % [tobramycin (ophth)] ..	75
TETRACYCLINE HCL CAPS 500 MG		tolbutamide tabs 500 mg	83

topiramate csp 15 mg	52	[triamcinolone acetonide (topical)]	93
topiramate csp 25 mg	52	triamcinolone acetonide pste 0.1 %	100
topiramate tabs 100 mg	52	triamterene-hctz caps 37.5-25 mg	71
topiramate tabs 200 mg	52	TRIAMTERENE-HCTZ TABS 37.5-25 MG	
topiramate tabs 25 mg	52	[triamterene & hydrochlorothiazide]	71
topiramate tabs 50 mg	52	TRIAMTERENE-HCTZ TABS 75-50 MG	
topotecan hcl solr 4 mg	28	[triamterene & hydrochlorothiazide]	71
TORISEL SOLN 25 MG/ML [temsirolimus] ...	28	trifluoperazine hcl tabs 1 mg	61
torsemide tabs 10 mg	71	trifluoperazine hcl tabs 10 mg	61
torsemide tabs 100 mg	71	trifluoperazine hcl tabs 2 mg	61
torsemide tabs 20 mg	71	trifluoperazine hcl tabs 5 mg	61
torsemide tabs 5 mg	71	trifluridine soln 1 %	75
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [trace minerals (cr-cu-mn-zn)]	74	trihexyphenidyl hcl tabs 2 mg	54
TRACLEER TABS 125 MG [bosentan]	45	trihexyphenidyl hcl tabs 5 mg	54
TRACLEER TABS 62.5 MG [bosentan]	45	TRIKAFTA TBPK 100-50-75 & 150 MG	
TRACLEER TBSO 32 MG [bosentan]	94	[elexacaftor-tezacaftor-ivacaftor]	94
tramadol hcl tabs 50 mg	49	trimethoprim tabs 100 mg	22
tramadol-acetaminophen tabs 37.5-325 mg	49	trimipramine maleate caps 100 mg	61
TRANEXAMIC ACID POWD [tranexamic acid (bulk)]	93	trimipramine maleate caps 25 mg	61
tranexamic acid soln 1000 mg/10ml	36	trimipramine maleate caps 50 mg	61
tranexamic acid tabs 650 mg	36	TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	28
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [scopolamine]	78	TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	21
tranylcyromine sulfate tabs 10 mg	60	TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	103
TRAVASOL SOLN 10 % [amino acid infusion]	70	TROPHAMINE SOLN 10 % [amino acid infusion]	70
trazodone hcl tabs 100 mg	60	tropicamide soln 0.5 %	77
trazodone hcl tabs 150 mg	61	tropicamide soln 1 %	77
trazodone hcl tabs 50 mg	61	trospium chloride er cp24 60 mg	102
TREANDA SOLR 100 MG [bendamustine hcl]	28	trospium chloride tabs 20 mg	102
TRECTOR TABS 250 MG [ethionamide]	17	TRUVADA TABS 100-150 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TREMFYA SOPN 100 MG/ML [guselkumab]	102	TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TREMFYA SOSY 100 MG/ML [guselkumab]	102	TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	21
treprostinil soln 100 mg/20ml	45	TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	21
treprostinil soln 20 mg/20ml	45	TRUZONE PEAK FLOW METER DEVI [peak flow meter]	68
treprostinil soln 200 mg/20ml	45	TUBERCULIN SYRINGE MISC 1 ML [syringe (disposable)]	68
treprostinil soln 50 mg/20ml	45	TUBERCULIN SYRINGE MISC 25G X 5/8	68
triamcinolone acetonide crea 0.025 %	100	TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	69
triamcinolone acetonide crea 0.1 %	100	TUKYSA TABS 150 MG [tucatinib]	28
triamcinolone acetonide crea 0.5 %	100	TUKYSA TABS 50 MG [tucatinib]	28
triamcinolone acetonide lotn 0.1 %	100	TWINRIX SUSP 720-20 ELU-MCG/ML	
triamcinolone acetonide oint 0.025 %	100		
triamcinolone acetonide oint 0.1 %	100		
triamcinolone acetonide oint 0.5 %	100		
TRIAMCINOLONE ACETONIDE POWD			

[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	98
TWINRIX SUSY 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	98
TYKERB TABS 250 MG [lapatinib ditosylate]	28
TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	98
TYSABRI CONC 300 MG/15ML [natalizumab]	91
TYVASO SOLN 0.6 MG/ML [treprostinil]	45

U

ULTIVA SOLR 1 MG [remifentanil hcl]	49
ULTIVA SOLR 2 MG [remifentanil hcl]	49
ULTIVA SOLR 5 MG [remifentanil hcl]	49
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	91
ULTOMIRIS SOLN 300 MG/30ML [ravulizumab-cwvz]	91
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	91
ULTRA THIN LANCETS 30G MISC [lancets]	68
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L [peritoneal dialysis solutions]	72
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [peritoneal dialysis solutions]	72
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [peritoneal dialysis solutions]	72
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	28
UREA POWD [urea (bulk)]	93
ursodiol tabs 250 mg	79
ursodiol tabs 500 mg	79

V

valacyclovir hcl tabs 1 gm	21
valacyclovir hcl tabs 500 mg	21
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	21
valganciclovir hcl tabs 450 mg	21
valproate sodium soln 500 mg/5ml	53
valproic acid caps 250 mg	53
valproic acid soln 250 mg/5ml	53
valsartan tabs 160 mg	44

valsartan tabs 320 mg	44
valsartan tabs 40 mg	44
valsartan tabs 80 mg	44
valsartan-hydrochlorothiazide tabs 160-12.5 mg	44
valsartan-hydrochlorothiazide tabs 160-25 mg	44
valsartan-hydrochlorothiazide tabs 320-12.5 mg	44
valsartan-hydrochlorothiazide tabs 320-25 mg	44
valsartan-hydrochlorothiazide tabs 80-12.5 mg	44
vancomycin hcl caps 125 mg	16
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VANCOMYCIN HCL IN DEXTROSE SOLN 500- 5 MG/100ML-% [vancomycin hcl-dextrose]	16
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VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	98
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vardefafil hcl tabs 2.5 mg	45
vardefafil hcl tabs 20 mg	45
vardefafil hcl tabs 5 mg	45
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	44
VARIVAX INJ 1350 PFU/0.5ML [varicella virus vaccine live]	98
VAXCHORA SUSR [cholera vaccine live attenuated]	98
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	102
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vecuronium bromide solr 20 mg	31
VELCADE SOLR 3.5 MG [bortezomib]	28
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& 100 MG [<i>venetoclax</i>]	28
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	28
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	28
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	28
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<i>venlafaxine hcl er cp24 75 mg</i>	61
<i>venlafaxine hcl tabs 100 mg</i>	61
<i>venlafaxine hcl tabs 25 mg</i>	61
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<i>venlafaxine hcl tabs 50 mg</i>	61
<i>venlafaxine hcl tabs 75 mg</i>	61
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VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	45
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	45
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	33
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<i>verapamil hcl er tbc 180 mg</i>	41
<i>verapamil hcl er tbc 240 mg</i>	41
<i>verapamil hcl soln 2.5 mg/ml</i>	41
<i>verapamil hcl tabs 120 mg</i>	41
<i>verapamil hcl tabs 40 mg</i>	41
<i>verapamil hcl tabs 80 mg</i>	41
VFEND IV SOLR 200 MG [<i>voriconazole</i>]	17
VIDEX SOLR 2 GM [<i>didanosine</i>]	21
VIDEX SOLR 4 GM [<i>didanosine</i>]	21
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	75
<i>vincristine sulfate soln 1 mg/ml</i>	28
<i>vinorelbine tartrate soln 10 mg/ml</i>	28
<i>vinorelbine tartrate soln 50 mg/5ml</i>	28
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	21
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	21
VIRAZOLE SOLR 6 GM [<i>ribavirin</i>]	21
VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	77
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	103
<i>vitamin k1 soln 1 mg/0.5ml</i>	104
<i>vitamin k1 soln 10 mg/ml</i>	104
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VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	75
<i>voriconazole solr 200 mg</i>	21
<i>voriconazole tabs 200 mg</i>	17
<i>voriconazole tabs 50 mg</i>	17
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<i>velpatasvir-voxilaprevir</i>	21
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	28
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	75
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	50
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	50
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	50
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	50
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	50
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W

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 XYNTHA KIT 500 UNIT [**antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)**] .. 37
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Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros (Member Service Contact Center) brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Además, puede solicitar los materiales del plan de salud traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Una queja incluye una queja formal o una apelación. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros (Member Services) para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, MediCal, MRMIP (Major Risk Medical Insurance Program, Programa de Seguro Médico para Riesgos Mayores), MediCal Access, FEHBP (Federal Employees Health Benefits Program, Programa de Beneficios Médicos para los Empleados Federales) o CalPERS ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía*)
- enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía*)
- llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- completando el formulario de queja en nuestro sitio web en **kp.org**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U. S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights), en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-


7697(línea TDD). Los formularios de queja formal están disponibles en www.hhs.gov/ocr/office/file/index.html.

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24 horas al día, siete días a la semana
(vacaciones cerradas) 1-800-464-4000 Inglés
1- 800-788-0616 Español
1-800-757-7585 Dialectos chinos
711 TTY para personas con discapacidad auditiva/habla

Por favor, recicle. 

MOM 60379021 09/2015