

KAISER PERMANENTE: LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES PARA PLANES COMERCIALES HMO DEL SUR DE CALIFORNIA 2027

[ESTA LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES SE ACTUALIZÓ EL: 10/01/2026]

Lista de medicamentos recetados disponibles para planes comerciales HMO del sur de California 2027

(Lista de medicamentos cubiertos)

POR FAVOR, LEER: ESTE DOCUMENTO INCLUYE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS CUANDO PARTICIPA EN UN [PLAN GRUPAL/INDIVIDUAL] OFRECIDO POR KAISER PERMANENTE.

Esta lista de medicamentos recetados disponibles entra en vigor a partir del 01/01/2027. Este documento de la lista de medicamentos recetados disponibles puede variar según su plan de beneficios. Consulte su Evidencia de Cobertura para ver qué lista de medicamentos recetados disponibles se aplica a su plan de beneficios y el costo compartido que corresponde para cada nivel de medicamentos. Esta lista de medicamentos recetados disponibles está sujeta a cambios y todas las versiones anteriores de dicha lista ya no se aplican y deben descartarse para evitar malas interpretaciones.

Para obtener una versión electrónica de la lista de medicamentos recetados disponibles o si tiene preguntas sobre qué lista de medicamentos se aplica a su plan, visite kp.org/formulary (haga clic en "Español") o llame a Servicio a los Miembros las 24 horas del día, siete días a la semana (cerrado los días festivos). Llame al 1-800-464-4000 para comunicarse en inglés (y en más de 150 idiomas), al 1-800-788-0616 en español, al 1-800-757-7585 en dialectos chinos y al TTY 711 en caso de personas sordas o con problemas de audición.

Esta lista de medicamentos recetados disponibles no es exhaustiva y no proporciona información específica sobre coberturas, exclusiones, copagos o coseguros. Esa información se puede encontrar en la Evidencia de Cobertura. Puede obtener la Evidencia de Cobertura de su plan de beneficios de la siguiente manera:

- **Planes individuales ofrecidos directamente por Kaiser Permanente:** kp.org/plandocuments
- **Planes para grupos pequeños y grandes ofrecidos directamente por Kaiser Permanente:** Comuníquese con Servicio a los Miembros al 1-844-554-9181 para solicitar su Evidencia de Cobertura. Tenga a mano el número de grupo de su empleador 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).

En su Evidencia de Cobertura puede encontrar una descripción de su cobertura para medicamentos recetados, dispositivos y productos para pacientes ambulatorios aprobados por la Administración de Medicamentos y Alimentos.

La inclusión de un medicamento en nuestra lista de medicamentos recetados disponibles no significa necesariamente que su médico lo recete para una afección médica. Su médico elegirá la terapia adecuada según la necesidad médica a su criterio.

Si se producen cambios en la lista de medicamentos recetados disponibles o se agregan restricciones a un medicamento y usted está tomando el medicamento afectado por el cambio, es posible que se le permita continuar recibiendo ese medicamento de acuerdo con su beneficio de medicamentos, si su médico lo considera necesario desde el punto de vista médico.

Cambios en la lista de medicamentos recetados disponibles

Kaiser Permanente actualiza la lista de medicamentos recetados disponibles todos los meses. Se agregan o eliminan medicamentos de la lista de medicamentos recetados disponibles para planes comerciales de California durante el año; estos cambios se basan en nueva información o nuevos medicamentos que estén disponibles.

Entre estos cambios en la lista de medicamentos recetados disponibles se pueden incluir:

Cambio de presentación o dosificación del medicamento: cambios en la ubicación de niveles de un medicamento que generan un aumento en el costo compartido; y cualquier cambio en las restricciones de supervisión de utilización de servicios, incluida cualquier adición de estas restricciones.

Cambio de medicamento de marca a medicamento genérico: cuando se encuentra disponible una versión genérica de un medicamento de marca en nuestra lista de medicamentos recetados disponibles y cumple nuestras normas, generalmente reemplaza al medicamento de marca.

Cambio terapéutico: se cambia una receta médica para que se surta un medicamento en lugar de otro, ya que decidimos que el nuevo medicamento es una mejor opción con base en las normas de seguridad, eficacia o asequibilidad.

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Informativo

Definiciones

Término
Medicamento de marca es un medicamento que se comercializa con un nombre patentado y protegido por una marca comercial. El medicamento de marca deberá aparecer en letras MAYÚSCULAS.
Coseguro es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Copago es un monto fijo que un afiliado paga por un beneficio de atención médica cubierto después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Deducible es el monto 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 según los términos de la póliza.
Nivel de medicamento es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido específico en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento que corresponde al afiliado.
Afiliado es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a afiliados en esta plantilla de lista de medicamentos recetados disponibles también incluirán al suscriptor como se define a continuación en esta sección.
Solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, la persona designada o el proveedor de atención médica que receta presenta 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 necesario desde el punto de vista médico para tratar la afección del afiliado.
Circunstancias apremiantes son cuando un afiliado sufre de una condición de salud que puede poner en peligro gravemente su vida, su salud o su capacidad para recuperar su función máxima o cuando un afiliado se encuentra en un ciclo de tratamiento actual con un medicamento que no se encuentra en la lista de medicamentos recetados disponibles. Las circunstancias apremiantes a veces se denominan “urgentes”.

Lista de medicamentos recetados disponibles es la lista completa de medicamentos recetados preferidos para su uso y elegibles para la cobertura de 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. La lista de medicamentos recetados disponibles también se conoce como lista de medicamentos recetados.
Medicamento genérico es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, modo de administración, calidad, rendimiento y uso previsto. Un medicamento genérico aparece en la lista con letras minúsculas en negrita y cursiva.
Medicamento que no se encuentra en la lista de medicamentos recetados disponibles es un medicamento recetado que no figura en la lista de medicamentos recetados disponibles del plan de salud.
Gastos de bolsillo son los copagos, el coseguro y el deducible aplicable, más todos los costos por servicios de atención para la salud que no están cubiertos por el plan de salud.
Proveedor que receta es un proveedor de atención médica autorizado para emitir una receta médica para tratar una condición médica de un afiliado al plan de salud.
Receta médica es una orden oral, escrita o electrónica realizada por un proveedor que receta para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta médica es por escrito y, si lo solicita el afiliado, la condición médica o el propósito para el cual se receta el medicamento.
Medicamento de venta con receta médica es un medicamento recetado por el proveedor que receta del afiliado y requiere receta médica según la ley correspondiente.
Autorización previa es un requisito del plan de salud que el afiliado o el proveedor que receta 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 necesario desde el punto de vista médico que el afiliado obtenga el medicamento. Importante: Kaiser Foundation Health Plan no impone requisitos de autorización previa.
Terapia escalonada (Step Therapy, ST) es un proceso que especifica la secuencia en la que se proporcionan diferentes medicamentos recetados para una condición médica determinada y adecuados desde el punto de vista médico para un paciente en particular. Es posible que el plan de salud exija que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de terapia escalonada. Si el proveedor que receta al afiliado presenta una solicitud de excepción a la terapia escalonada, los planes de salud harán excepciones a la terapia escalonada cuando se cumplan los criterios. Importante: Kaiser Foundation Health Plan no impone requisitos de terapia escalonada.
Suscriptor significa la persona que es responsable del pago a un plan o cuyo empleo u otro estado, excepto por dependencia familiar, es la base de elegibilidad para ser miembro del plan.

¿Qué es la lista de medicamentos recetados disponibles de Kaiser Permanente para planes comerciales de California?

La lista de medicamentos recetados disponibles para planes comerciales 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 Terapéutica. El comité se reúne periódicamente para evaluar y seleccionar medicamentos que sean seguros y eficaces para nuestros miembros. Esta lista de medicamentos recetados disponibles cumple con los requisitos descritos en las leyes, regulaciones y recomendaciones estatales para planes

comerciales.

¿Qué medicamentos están cubiertos?

Kaiser Permanente cubre medicamentos de marca, genéricos y especializados que aparecen en la lista de medicamentos recetados disponibles para planes comerciales de California, siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta médica se surta en Kaiser Permanente o en una farmacia asociada y se cumpla con otras reglas de cobertura.

Si le recetan un medicamento que se encuentra en la lista de medicamentos recetados disponibles para planes comerciales de California, ese medicamento estará cubierto de acuerdo con los términos de su beneficio de medicamentos.

¿Qué medicamentos están cubiertos por el beneficio médico frente al beneficio de medicamentos recetados para pacientes ambulatorios?

Los productos y medicamentos administrados son aquellos que requieren la administración u observación por personal médico. Estos medicamentos y productos están cubiertos cuando los receta un Proveedor del Plan de acuerdo con las pautas de nuestra lista de medicamentos recetados disponibles y se administran en un Centro del Plan o durante las visitas a domicilio. Para obtener más información, consulte su *Evidencia de cobertura*.

Cómo obtener una excepción a la lista de medicamentos recetados disponibles

Los medicamentos que no aparecen en la lista de medicamentos recetados disponibles se llaman medicamentos no incluidos en la lista de medicamentos cubiertos. Cuando un médico de Kaiser Permanente, o un médico de referido autorizado, determina que un medicamento que no se encuentra en la lista de medicamentos recetados disponibles es adecuado y necesario desde el punto de vista médico, ese medicamento estará cubierto según los términos de sus beneficios (si tiene un beneficio de medicamentos recetados). Si no tiene un beneficio de medicamentos recetados, se le cobrará el precio minorista total del medicamento.

Puede consultar con el proveedor de su plan si es necesaria una excepción a la lista de medicamentos recetados disponibles. Usted y el proveedor de su plan son los más indicados para determinar sus necesidades de medicamentos.

También puede comunicarse con Servicio a los Miembros, las 24 horas del día, los 7 días de la semana. Si desea obtener un medicamento que no se encuentra en la lista de medicamentos recetados disponibles y su médico determina que no es necesario desde el punto de vista médico, puede llamar al 1-800-464-4000 y presentar una queja formal ante el Servicio a los Miembros.

Si el plan concede la solicitud de excepción estándar de un miembro, el plan brindará cobertura del medicamento que no se encuentra en la lista de medicamentos recetados disponibles durante la duración de la receta médica, incluidos los resurtidos. Si el plan concede una excepción basada en circunstancias apremiantes (urgentes), el plan proporcionará cobertura del medicamento que no se encuentra en la lista de medicamentos recetados disponibles mientras duren dichas circunstancias.

¿Cómo solicito una determinación de cobertura?

Usted, su representante designado, su médico de Kaiser Permanente o afiliado, u otra persona que le recete medicamentos puede solicitar una determinación de cobertura.

Se tomará una decisión estándar en un plazo de 72 horas. Para solicitudes urgentes, se tomará una decisión acelerada (rápida) dentro de las 24 horas. Para todas las solicitudes de excepción, el plazo comienza cuando su médico u otro profesional que expida recetas le proporciona una declaración de apoyo.

¿Hay alguna restricción sobre los medicamentos cubiertos en la lista de medicamentos recetados disponibles?

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales, como límites de cantidad. Para algunos medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento surtido a un suministro de determinados días. Por ejemplo, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento surtido.

Medicamentos y suministros relacionados con el tratamiento de la diabetes

Kaiser Permanente cubre medicamentos, equipos y suministros para el control y el tratamiento de la diabetes. Los siguientes artículos están incluidos en la lista de medicamentos recetados disponibles y están cubiertos según los términos de su beneficio de medicamentos: insulina, tiras reactivas para detectar cetonas y comprimidos o tiras reactivas para azúcar o cetonas para realizar análisis de orina para la diabetes, plumas de administración, agujas y jeringas desechables y la ayuda visual necesaria para asegurarse de administrar la dosis correcta. Otros equipos y suministros, como bombas de insulina, monitores de glucosa en la sangre, tiras reactivas de glucosa en sangre y lancetas y dispositivos de lancetas, están cubiertos según los términos de su beneficio de equipo médico duradero. Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

Medicamentos preventivos

Los medicamentos preventivos son medicamentos seleccionados que por ley deben estar cubiertos sin costo para los miembros de planes seleccionados cuando se cumplen criterios específicos de cobertura. Los medicamentos preventivos para la salud se determinan en función de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con puntuación “A” o “B”. Puede encontrar los medicamentos preventivos para la salud en la lista de medicamentos recetados disponibles al localizar los medicamentos con “PREV” en la columna 3. Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

Anticonceptivos

Los anticonceptivos son medicamentos o dispositivos, como diafragmas, esponjas o capuchones cervicales, que ayudan a prevenir el embarazo. Kaiser Permanente cubre determinados medicamentos, dispositivos y otros productos anticonceptivos aprobados por la Administración de Medicamentos y Alimentos, incluidos artículos recetados de venta libre, sin costo para los miembros de planes seleccionados.* Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

* Esto no se aplica a empleadores religiosos que hayan solicitado un contrato de plan de servicios de atención médica sin cobertura para métodos anticonceptivos aprobados por la Administración de Medicamentos y Alimentos que sean contrarios a los principios religiosos del empleador religioso.

¿Cuáles son los medicamentos elegibles para envíos por parte de la farmacia de pedidos por correo?

La mayoría de los medicamentos se pueden enviar desde nuestra farmacia de pedidos por correo. Algunos medicamentos (por ejemplo, los que tienen un costo extremadamente alto o que requieren un manejo especial) no se pueden pedir por correo. Los medicamentos no se pueden enviar por correo postal fuera de los Estados Unidos y no podemos enviar medicamentos por correo postal a todos los estados.

Puede solicitar el resurtido de medicamentos a través de nuestro servicio de pedidos por correo en línea en kp.org/refill (haga clic en "Español") o por teléfono o aplicación móvil. No se aplican cargos adicionales por el pedido por correo. Se aplicará el costo compartido adecuado (de acuerdo con su beneficio de medicamentos de venta con receta).

Su beneficio de medicamentos recetados tal vez tenga un menor costo compartido que si utiliza el servicio de farmacia por correo.

Para obtener una descripción completa de su beneficio de medicamentos recetados, consulte su *Evidencia de Cobertura*.

¿Cómo localizar una farmacia y volver a surtir los medicamentos?

Consulte el directorio de proveedores en kp.org/facilities (haga clic en "Español") para obtener una lista completa de las farmacias de la red disponibles para usted o comuníquese con Servicio a los Miembros.

Resurta en línea

Consulte kp.org/refill (haga clic en "Español") para pedir que le vuelvan a surtir las recetas y revisar el estado de sus pedidos. Si es la primera vez que realiza un pedido para volver a surtir en línea, cree una cuenta; para ello, visite kp.org/register (haga clic en "Español").

Resurta por teléfono

Llame al número de resurtido de la farmacia que aparece en la etiqueta de su medicamento recetado. Cuando llame, tenga a la mano los números de su historia clínica, receta, teléfono de su casa y la información de su tarjeta de crédito o débito.

¿Cómo uso la lista de medicamentos recetados disponibles?

Los medicamentos se presentan en orden alfabético en la columna titulada "Nombre del medicamento recetado" por su marca o nombre genérico bajo la categoría terapéutica y clase a la que pertenece. Puede buscar en esta lista con la marca o el nombre genérico del medicamento: busque la categoría o clase a la que pertenece el medicamento y busque el nombre del medicamento en orden alfabético o buque en el índice alfabético de medicamentos por el nombre del medicamento.

Que un medicamento esté incluido en la lista de medicamentos recetados disponibles no garantiza que su médico o el profesional que expide las recetas se lo recete.

Afección médica

La lista de medicamentos recetados disponibles comienza en la página 13. Los medicamentos de esta lista de medicamentos recetados disponibles están agrupados en categorías según el tipo de afección médica para la que se use el medicamento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se encuentran en la categoría "Medicamentos cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 2. Luego busque su medicamento debajo del nombre de la categoría.

Listado en orden alfabético

Si no está seguro de la categoría en la que debe buscar, busque el medicamento en el índice que comienza en la página 97. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Consulte el índice y busque su medicamento. Junto al nombre del medicamento, verá el número de la página donde encontrará información sobre la cobertura. Pase a la página señalada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

Leyenda de la lista de medicamentos recetados disponibles

Columna 1:

Un medicamento aparece en orden alfabético por su marca y nombre genérico en la categoría y clase terapéutica a la que pertenece.

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

Si hay disponible un equivalente genérico para un medicamento de marca, y tanto el medicamento de marca como los equivalentes genéricos están cubiertos, el medicamento genérico aparecerá por separado del medicamento de marca con letras minúsculas en negrita y cursiva.

Si un medicamento genérico se comercializa bajo una marca patentada y protegida, el nombre de la marca aparece en letras MAYÚSCULAS después del nombre genérico entre paréntesis y tipo de letra normal con la primera letra de cada palabra en mayúscula.

Ejemplo	
Medicamento genérico	<i>atorvastatin calcium tabs 40 mg</i>
Medicamento genérico comercializado con una marca	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Marca	ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-salmeterol</i>]

Es posible que todas las **dosificaciones** y **concentraciones** para un medicamento en particular incluido **no aparezcan en la lista de medicamentos recetados disponibles**. Algunos medicamentos pueden tener múltiples formas de dosificación. En esos casos, algunas dosificaciones pueden estar incluidas en la Lista de medicamentos recetados disponibles, mientras que otras no.

Algunos de estos medicamentos pueden estar disponibles únicamente en un entorno clínico, y puede aplicarse su costo compartido correspondiente.

Columna 2:

La segunda columna, “Nivel de medicamento”, indicará en qué nivel se encuentra el medicamento. Los medicamentos en la lista de medicamentos recetados disponibles para planes comerciales de organización para el mantenimiento de la salud (HMO) de California se clasifican de la siguiente manera:

Nivel 1	La mayoría de los medicamentos genéricos (incluye determinados medicamentos de marca)
Nivel 2	La mayoría de los medicamentos de marca (incluye determinados medicamentos genéricos)
Nivel 4	Medicamentos de marca o genéricos de alto costo

Nota: El nivel en el que se clasifica un medicamento genérico o de marca puede cambiar en cualquier momento durante el año.

¿Qué son los medicamentos genéricos?

Un medicamento genérico es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, modo de administración, calidad, rendimiento y uso previsto. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Qué son los medicamentos de marca?

Un medicamento de marca es un medicamento que se comercializa con un nombre patentado y protegido por una marca comercial. Los medicamentos de marca suelen ser fabricados y vendidos por la compañía farmacéutica que originalmente investigó y desarrolló el medicamento. Cuando vence la patente de un medicamento de marca, otras compañías farmacéuticas pueden fabricar y vender la versión genérica del medicamento, aprobada por la Administración de Fármacos y Alimentos de los Estados Unidos, que contiene el mismo (o los mismos) principio(s) activo(s) a precios más bajos.

¿Qué son los medicamentos de especialidad?

Los medicamentos de especialidad son medicamentos de costo muy alto que se incluyen en el Nivel 4 de la lista de medicamentos recetados disponibles.

Costo compartido para medicamentos cubiertos

Para obtener información sobre los costos compartidos para cada nivel de medicamentos y los máximos aplicables en su paquete de beneficios del plan de salud, consulte el “Resumen del costo compartido” de su *Evidencia de Cobertura*.

Si los Cargos de los Servicios son inferiores al Copago descrito en su *Evidencia de Cobertura*, pagará la cantidad que sea menor, sujeto a cualquier deducible o gastos máximos de bolsillo aplicables.

Además, la ley actual limita el costo compartido (máximo por receta médica) de los medicamentos orales anticancerígenos a no más de \$250 por un suministro de 30 días.

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

Columna 3:

La tercera columna de la tabla indica todos los requisitos o límites para ese medicamento.

Abreviaturas de la lista de medicamentos recetados disponibles
QL = Límites de cantidad para determinados medicamentos; podemos limitar la cantidad de medicamento que puede recibir. Además, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento surtido.
LD = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, consulte el directorio de proveedores en kp.org/facilities (haga clic en "Español") o comuníquese con Servicio a los Miembros.
OC = Los medicamentos anticancerígenos administrados por vía oral están sujetos a un límite de copago/coseguro. Consulte su Evidencia de Cobertura para obtener información más detallada.

PREV= Los medicamentos preventivos para la salud son medicamentos seleccionados que por ley federal deben estar cubiertos sin costo para los miembros de planes seleccionados cuando se cumplen criterios específicos de cobertura. Los medicamentos preventivos para la salud se determinan en función de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con puntuación “A” o “B”.

MB= Un medicamento de beneficio médico es un medicamento que no suele ser autoadministrado ni administrado por un profesional de la salud. El beneficio de medicamentos recetados para pacientes ambulatorios incluye medicamentos aprobados por la Administración de Medicamentos y Alimentos que son autoadministrados, por lo general orales o autoinyectables, que de otro modo no están excluidos de la cobertura.

Lista de medicamentos

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs 200 mg</i>	1	
<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 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 caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 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 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
<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 SUSY 1200000 UNIT/2ML [<i>penicillin g benzathine</i>]	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BICILLIN L-A SUSY 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML <i>[penicillin g benzathine]</i>	2	MB
CAYSTON SOLR 75 MG <i>[aztreonam lysine]</i>	4	QL - 30 day(s),LD
<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 500 mg</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% <i>[cefazolin sodium-dextrose]</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) <i>[cefazolin sodium-dextrose]</i>	2	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 caps 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	MB
<i>cefotetan disodium solr 1 gm</i>	1	MB
<i>cefoxitin sodium inj 1gm</i>	1	MB
<i>cefoxitin sodium solr 10 gm</i>	1	MB
<i>cefoxitin sodium solr 2 gm</i>	1	MB
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100 mg</i>	1	
<i>cefpodoxime proxetil tabs 200 mg</i>	1	
<i>ceftazidime solr 6 gm</i>	1	MB
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	1	MB
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	1	MB
<i>ceftriaxone sodium solr 1 gm</i>	1	MB
<i>ceftriaxone sodium solr 10 gm</i>	1	MB
<i>ceftriaxone sodium solr 2 gm</i>	1	MB
<i>ceftriaxone sodium solr 250 mg</i>	1	MB
<i>ceftriaxone sodium solr 500 mg</i>	1	MB
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	2	MB
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	2	MB
<i>cefuroxime axetil tabs 250 mg</i>	1	
<i>cefuroxime axetil tabs 500 mg</i>	1	
<i>cefuroxime sodium solr 1.5 gm</i>	1	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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	
chloramphenicol sod succinate solr 1 gm	1	MB
CIPRO SUSR 250 MG/5ML (5%) [ciprofloxacin]	2	
CIPRO SUSR 500 MG/5ML (10%) [ciprofloxacin]	2	
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
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	1	
CLEOCIN PHOSPHATE SOLN 300 MG/2ML [clindamycin phosphate]	2	MB
CLEOCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate in d5w soln 900 mg/50ml	1	MB
daptomycin solr 500 mg	1	MB
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 tabs 100 mg	1	
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate susr 25 mg/5ml	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	2	
gentamicin in saline soln 0.8-0.9 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 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	2	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ INJ 1GM [ertapenem sodium]	4	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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	
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
MINOCIN SOLR 100 MG [minocycline hcl]	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl in nacl soln 400 mg/250ml	1	MB
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
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
oxacillin sodium solr 1 gm	1	MB
oxacillin sodium solr 2 gm	1	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 20000000 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	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
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
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
SULFATRIM PEDIATRIC SUSP 200-40 MG/5ML [sulfamethoxazole-trimethoprim]	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
tetracycline hcl caps 250 mg	1	
tetracycline hcl caps 500 mg	1	
TOBI PODHALER CAPS 28 MG [tobramycin]	4	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	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)
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		
AMBISOME SUSR 50 MG [amphotericin b liposome]	4	MB
amphotericin b solr 50 mg	2	MB
CANCIDAS SOLR 50 MG [caspofungin acetate]	4	MB
CANCIDAS SOLR 70 MG [caspofungin acetate]	4	MB
fluconazole in dextrose inj dex 200	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
fluconazole susr 10 mg/ml	1	
fluconazole susr 40 mg/ml	1	
fluconazole tabs 100 mg	1	
fluconazole tabs 150 mg	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>miconazole sodium solr 100 mg</i>	1	
<i>miconazole sodium solr 50 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
SPORANOX SOLN 10 MG/ML [<i>itraconazole</i>]	2	
<i>terbinafine hcl tabs 250 mg</i>	1	
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIMYCOBACTERIALS		
<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	
<i>chloroquine phosphate tabs 250 mg</i>	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
COARTEM TABS 20-120 MG [<i>artemether-lumefantrine</i>]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	2	QL - 30 day(s)
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
LIKMEZ SUSP 500 MG/5ML [<i>metronidazole</i>]	2	
<i>mefloquine hcl tabs 250 mg</i>	1	
METRONIDAZOLE SOLN 500 MG/100ML [<i>metronidazole</i>]	1	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<i>abacavir sulfate tabs 300 mg</i>	1	
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	4	
BEYFORTUS SOSY 100 MG/ML [<i>nirsevimab-alip</i>]	2	MB
BEYFORTUS SOSY 50 MG/0.5ML [<i>nirsevimab-alip</i>]	2	MB
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	2	
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	2	
<i>cidofovir soln 75 mg/ml</i>	1	MB
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	2	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
<i>darunavir tabs 600 mg</i>	1	
<i>darunavir tabs 800 mg</i>	1	
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
DESCOVY TABS 200-25 MG <i>[emtricitabine-tenofovir alafenamide fumarate]</i>	2	PREV
DOVATO TABS 50-300 MG <i>[dolutegravir sodium-lamivudine]</i>	2	
EDURANT TABS 25 MG <i>[rilpivirine hcl]</i>	2	
<i>efavirenz tabs 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	1	PREV
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 PACK 150-37.5 MG <i>[sofosbuvir-velpatasvir]</i>	4	
EPCLUSA PACK 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	4	
EPCLUSA TABS 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG <i>[sofosbuvir-velpatasvir]</i>	4	QL - 30 day(s)
<i>etravirine tabs 100 mg</i>	1	
<i>etravirine tabs 200 mg</i>	1	
EVOTAZ TABS 300-150 MG <i>[atazanavir sulfate-cobicistat]</i>	2	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML <i>[foscarnet sodium]</i>	2	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>	4	QL - 30 day(s)
HARVONI TABS 90-400 MG <i>[ledipasvir-sofosbuvir]</i>	4	QL - 30 day(s)
INTELENCE TABS 25 MG <i>[etravirine]</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	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 100 mg</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LIVTENCITY TABS 200 MG <i>[maribavir]</i>	4	QL - 30 day(s)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
lopinavir-ritonavir soln 400-100 mg/5ml	1	
lopinavir-ritonavir tabs 100-25 mg	1	
lopinavir-ritonavir tabs 200-50 mg	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	2	
oseltamivir phosphate caps 30 mg	1	
oseltamivir phosphate caps 45 mg	1	
oseltamivir phosphate caps 75 mg	1	
oseltamivir phosphate susr 6 mg/ml	1	
PAXLOVID (150/100) TBPk 10 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	2	
PAXLOVID (300/100 & 150/100) TBPk 6 x 150 MG & 5 X 100MG [nirmatrelvir-ritonavir]	2	
PAXLOVID (300/100) TBPk 20 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	2	
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML [peginterferon alfa-2a]	4	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [letermovir]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [letermovir]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [letermovir]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [letermovir]	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [darunavir-cobicistat]	2	
PREZISTA TABS 75 MG [darunavir]	2	
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	2	
RETROVIR SOLN 10 MG/ML [zidovudine]	2	MB
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG [maraviroc]	2	
SELZENTRY TABS 300 MG [maraviroc]	2	
SOVALDI PACK 150 MG [sofosbuvir]	4	QL - 30 day(s)
SOVALDI PACK 200 MG [sofosbuvir]	4	QL - 30 day(s)
SOVALDI TABS 200 MG [sofosbuvir]	4	QL - 30 day(s)
SOVALDI TABS 400 MG [sofosbuvir]	4	QL - 30 day(s)
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]	2	
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SYMTUZA TABS 800-150-200-10 MG <i>[darunavir-cobicistat-emtricitabine-tenofovir alafenamide]</i>	2	
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY PD TBSO 5 MG <i>[dolutegravir sodium]</i>	2	
TIVICAY TABS 50 MG <i>[dolutegravir sodium]</i>	2	
TRIUMEQ PD TBSO 60-5-30 MG <i>[abacavir-dolutegravir-lamivudine]</i>	2	
TRIUMEQ TABS 600-50-300 MG <i>[abacavir-dolutegravir-lamivudine]</i>	2	
<i>valacyclovir hcl tabs 1 gm</i>	1	
<i>valacyclovir hcl tabs 500 mg</i>	1	
VALCYTE SOLR 50 MG/ML <i>[valganciclovir hcl]</i>	4	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	1	
VEKLURY SOLN 100 MG/20ML <i>[remdesivir]</i>	4	
VEKLURY SOLR 100 MG <i>[remdesivir]</i>	4	
VIRACEPT TABS 250 MG <i>[nelfinavir mesylate]</i>	2	
VIRACEPT TABS 625 MG <i>[nelfinavir mesylate]</i>	2	
VOCABRIA TABS 30 MG <i>[cabotegravir sodium]</i>	2	
<i>voriconazole solr 200 mg</i>	1	MB
VOSEVI TABS 400-100-100 MG <i>[sofosbuvir-velpatasvir-voxilaprevir]</i>	4	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML <i>[abacavir sulfate]</i>	2	
<i>zidovudine caps 100 mg</i>	1	
<i>zidovudine syrp 50 mg/5ml</i>	1	
<i>zidovudine tabs 300 mg</i>	1	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin macrocrystal caps 25 mg</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		
BANOPHEN CAPS 50 MG <i>[diphenhydramine hcl]</i>	1	
<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 tabs 12.5 mg</i>	1	
<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		

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
abiraterone acetate tabs 250 mg	1	OC
ADCETRIS SOLR 50 MG [brentuximab vedotin]	2	MB
ALECENSA CAPS 150 MG [alectinib hcl]	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG [melphalan]	2	OC
ALUNBRIG TABS 180 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [brigatinib]	4	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML [calaspargase pegol-mknl]	4	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML [bevacizumab]	4	MB
azacitidine susr 100 mg	1	MB
bendamustine hcl solr 100 mg	1	MB
bicalutamide tabs 50 mg	1	OC
bleomycin sulfate solr 15 unit	1	MB
BLINCYTO SOLR 35 MCG [blinatumomab]	4	QL - 30 day(s),MB
BRUKINSA TABS 160 MG [zanubrutinib]	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [acalabrutinib maleate]	4	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	2	MB
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	2	MB
capecitabine tabs 150 mg	1	OC
capecitabine tabs 500 mg	1	OC
CAPRELSA TABS 100 MG [vandetanib]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [vandetanib]	4	QL - 30 day(s),OC
carboplatin soln 150 mg/15ml	1	MB
carboplatin soln 450 mg/45ml	1	MB
carboplatin soln 50 mg/5ml	1	MB
carboplatin soln 600 mg/60ml	1	MB
carmustine solr 100 mg	1	MB
cisplatin soln 100 mg/100ml	1	MB
cladribine soln 10 mg/10ml	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	4	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [duvelisib]	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [duvelisib]	4	QL - 30 day(s),OC
COTELLIC TABS 20 MG [cobimetinib fumarate]	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	1	OC

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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>	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML <i>[ramucirumab]</i>	4	QL - 30 day(s),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
DARZALEX SOLN 100 MG/5ML <i>[daratumumab]</i>	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML <i>[daratumumab]</i>	4	QL - 30 day(s),MB
<i>dasatinib tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>dasatinib tabs 140 mg</i>	1	QL - 30 day(s),OC
<i>dasatinib tabs 20 mg</i>	1	QL - 30 day(s),OC
<i>dasatinib tabs 50 mg</i>	1	QL - 30 day(s),OC
<i>dasatinib tabs 70 mg</i>	1	QL - 30 day(s),OC
<i>dasatinib tabs 80 mg</i>	1	QL - 30 day(s),OC
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
ELAHERE SOLN 100 MG/20ML <i>[mirvetuximab soravtansine-gynx]</i>	4	QL - 30 day(s),MB
EMCYT CAPS 140 MG <i>[estramustine phosphate sodium]</i>	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG <i>[fam-trastuzumab deruxtecan-nxki]</i>	4	MB
ERBITUX SOLN 100 MG/50ML <i>[cetuximab]</i>	4	MB
ERBITUX SOLN 200 MG/100ML <i>[cetuximab]</i>	4	MB
ERIVEDGE CAPS 150 MG <i>[vismodegib]</i>	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s),OC
<i>etoposide caps 50 mg</i>	1	OC
<i>etoposide soln 100 mg/5ml</i>	1	MB
<i>everolimus tabs 10 mg</i>	1	OC
<i>everolimus tabs 2.5 mg</i>	1	OC
<i>everolimus tabs 5 mg</i>	1	OC
<i>everolimus tabs 7.5 mg</i>	1	OC
<i>exemestane tabs 25 mg</i>	1	OC,PREV
<i>fludarabine phosphate solr 50 mg</i>	1	MB
<i>fluorouracil soln 5 gm/100ml</i>	1	MB
<i>fluorouracil soln 500 mg/10ml</i>	1	MB
<i>fulvestrant sosy 250 mg/5ml</i>	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML <i>[obinutuzumab]</i>	4	QL - 30 day(s),MB
<i>gemcitabine hcl soln 1 gm/26.3ml</i>	1	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>gemcitabine hcl solr 200 mg</i>	1	MB
GLEOSTINE CAPS 10 MG <i>[lomustine]</i>	2	OC
GLEOSTINE CAPS 100 MG <i>[lomustine]</i>	2	OC
GLEOSTINE CAPS 40 MG <i>[lomustine]</i>	2	OC
HALAVEN SOLN 1 MG/2ML <i>[eribulin mesylate]</i>	4	QL - 30 day(s),MB
HERCESSI SOLR 150 MG <i>[trastuzumab-strf]</i>	4	QL - 30 day(s),MB
HERCESSI SOLR 420 MG <i>[trastuzumab-strf]</i>	4	QL - 30 day(s),MB
HYCANTIN CAPS 0.25 MG <i>[topotecan hcl]</i>	4	QL - 30 day(s),OC
HYCANTIN CAPS 1 MG <i>[topotecan hcl]</i>	4	QL - 30 day(s),OC
<i>hydroxyurea caps 500 mg</i>	1	OC
IBRANCE CAPS 100 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IBRANCE CAPS 125 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IBRANCE CAPS 75 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IBRANCE TABS 100 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IBRANCE TABS 125 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IBRANCE TABS 75 MG <i>[palbociclib]</i>	4	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML <i>[idarubicin hcl]</i>	2	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>	4	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
INTRON A SOLR 10000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON-A W/DILUENT INJ 18MU <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON-A W/DILUENT INJ 50MU <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
IRESSA TABS 250 MG <i>[gefitinib]</i>	4	QL - 30 day(s),OC
<i>irinotecan hcl soln 500 mg/25ml</i>	1	MB
IXEMPRA KIT SOLR 15 MG <i>[ixabepilone]</i>	4	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG <i>[ixabepilone]</i>	4	QL - 30 day(s),MB
JAKAFI TABS 10 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 15 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 20 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 25 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 5 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML <i>[cabazitaxel]</i>	4	MB
KADCYLA SOLR 100 MG <i>[ado-trastuzumab emtansine]</i>	4	QL - 30 day(s),MB
KADCYLA SOLR 160 MG <i>[ado-trastuzumab emtansine]</i>	4	QL - 30 day(s),MB
KEYTRUDA SOLN 100 MG/4ML <i>[pembrolizumab]</i>	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG <i>[ribociclib succinate]</i>	4	QL - 30 day(s),OC

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KISQALI (400 MG DOSE) TBPk 200 MG [ribociclib succinate]	4	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPk 200 MG [ribociclib succinate]	4	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG [carfilzomib]	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [carfilzomib]	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [carfilzomib]	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [lenvatinib mesylate]	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [lenvatinib mesylate]	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [lenvatinib mesylate]	4	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [lenvatinib mesylate]	4	QL - 30 day(s),OC
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG [chlorambucil]	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LIBTAYO SOLN 350 MG/7ML [cemiplimab-rwlc]	4	QL - 30 day(s),MB
LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG [lorlatinib]	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG [lorlatinib]	4	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 11.25 MG [leuprolide acetate (cpp) (3 month)]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG [leuprolide acetate (cpp) (3 month)]	2	MB
LYNPARZA TABS 100 MG [olaparib]	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG [olaparib]	4	QL - 30 day(s),OC

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LYSODREN TABS 500 MG <i>[mitotane]</i>	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i>	4	QL - 30 day(s),OC
<i>megestrol acetate susp 40 mg/ml</i>	1	OC
<i>megestrol acetate susp 400 mg/10ml</i>	1	OC
<i>megestrol acetate tabs 20 mg</i>	1	OC
<i>megestrol acetate tabs 40 mg</i>	1	OC
MEKINIST SOLR 0.05 MG/ML <i>[trametinib dimethyl sulfoxide]</i>	2	OC
MEKINIST TABS 0.5 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
MEKINIST TABS 2 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
<i>mercaptopurine tabs 50 mg</i>	1	OC
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML <i>[methotrexate sodium]</i>	1	MB
<i>methotrexate sodium tabs 2.5 mg</i>	1	OC
<i>mitomycin solr 20 mg</i>	1	MB
<i>mitomycin solr 40 mg</i>	1	MB
<i>mitomycin solr 5 mg</i>	1	MB
MVASI SOLN 100 MG/4ML <i>[bevacizumab-awwb]</i>	4	MB
MYLERAN TABS 2 MG <i>[busulfan]</i>	4	OC
NINLARO CAPS 2.3 MG <i>[ixazomib citrate]</i>	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG <i>[ixazomib citrate]</i>	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG <i>[ixazomib citrate]</i>	4	QL - 30 day(s),OC
NUBEQA TABS 300 MG <i>[darolutamide]</i>	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG <i>[sonidegib phosphate]</i>	4	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML <i>[pegaspargase]</i>	4	MB
OPDIVO SOLN 100 MG/10ML <i>[nivolumab]</i>	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML <i>[nivolumab]</i>	4	QL - 30 day(s),MB
<i>oxaliplatin soln 100 mg/20ml</i>	1	MB
<i>oxaliplatin soln 50 mg/10ml</i>	1	MB
<i>paclitaxel conc 300 mg/50ml</i>	1	MB
<i>paclitaxel protein-bound part susr 100 mg</i>	1	MB
PADCEV SOLR 20 MG <i>[enfortumab vedotin-ejfv]</i>	4	
PADCEV SOLR 30 MG <i>[enfortumab vedotin-ejfv]</i>	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML <i>[pemetrexed disodium]</i>	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML <i>[pemetrexed disodium]</i>	2	MB
PERJETA SOLN 420 MG/14ML <i>[pertuzumab]</i>	4	QL - 30 day(s),MB
<i>pomalidomide caps 1 mg</i>	1	QL - 30 day(s),OC
<i>pomalidomide caps 2 mg</i>	1	QL - 30 day(s),OC
<i>pomalidomide caps 3 mg</i>	1	QL - 30 day(s),OC
<i>pomalidomide caps 4 mg</i>	1	QL - 30 day(s),OC
POMALYST CAPS 1 MG <i>[pomalidomide]</i>	4	QL - 30 day(s),OC
POMALYST CAPS 2 MG <i>[pomalidomide]</i>	4	QL - 30 day(s),OC

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
POMALYST CAPS 3 MG <i>[pomalidomide]</i>	4	QL - 30 day(s),OC
POMALYST CAPS 4 MG <i>[pomalidomide]</i>	4	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT <i>[aldesleukin]</i>	4	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML <i>[mercaptopurine]</i>	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),LD,OC
RIABNI SOLN 100 MG/10ML <i>[rituximab-arrx]</i>	4	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML <i>[rituximab-arrx]</i>	4	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML <i>[rituximab]</i>	2	MB
RITUXAN SOLN 500 MG/50ML <i>[rituximab]</i>	2	MB
romidepsin solr 10 mg	1	MB
ROZLYTREK CAPS 100 MG <i>[entrectinib]</i>	4	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG <i>[entrectinib]</i>	4	QL - 30 day(s),OC
RYDAPT CAPS 25 MG <i>[midostaurin]</i>	4	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML <i>[isatuximab-irfc]</i>	4	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML <i>[isatuximab-irfc]</i>	4	QL - 30 day(s)
sorafenib tosylate tabs 200 mg	1	QL - 30 day(s),OC
STIVARGA TABS 40 MG <i>[regorafenib]</i>	4	QL - 30 day(s),OC
sunitinib malate caps 12.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 25 mg	1	QL - 30 day(s),OC
sunitinib malate caps 37.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 50 mg	1	QL - 30 day(s),OC
SYLVANT SOLR 100 MG <i>[siltuximab]</i>	4	QL - 30 day(s),MB
SYLVANT SOLR 400 MG <i>[siltuximab]</i>	4	QL - 30 day(s),MB
TABLOID TABS 40 MG <i>[thioguanine]</i>	2	OC
TAFINLAR CAPS 50 MG <i>[dabrafenib mesylate]</i>	4	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG <i>[dabrafenib mesylate]</i>	4	QL - 30 day(s),OC
TAFINLAR TBSO 10 MG <i>[dabrafenib mesylate]</i>	4	QL - 30 day(s),OC
TAGRISSE TABS 40 MG <i>[osimertinib mesylate]</i>	4	QL - 30 day(s),OC
TAGRISSE TABS 80 MG <i>[osimertinib mesylate]</i>	4	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>	4	OC
TASIGNA CAPS 150 MG <i>[nilotinib hcl]</i>	4	QL - 30 day(s),OC
TASIGNA CAPS 200 MG <i>[nilotinib hcl]</i>	4	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML <i>[docetaxel]</i>	4	MB
TECENTRIQ SOLN 1200 MG/20ML <i>[atezolizumab]</i>	4	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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
temozolomide caps 5 mg	1	OC
thiotepa solr 15 mg	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML [temsirolimus]	4	MB
tretinoin caps 10 mg	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	4	QL - 30 day(s),MB
TUKYSA TABS 150 MG [tucatinib]	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG [tucatinib]	4	QL - 30 day(s),OC
TYKERB TABS 250 MG [lapatinib ditosylate]	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [bortezomib]	4	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [venetoclax]	4	QL - 30 day(s),OC
vinblastine sulfate soln 1 mg/ml	1	MB
vincristine sulfate soln 1 mg/ml	1	MB
vincristine sulfate soln 2 mg/2ml	1	MB
vinorelbine tartrate soln 10 mg/ml	1	MB
vinorelbine tartrate soln 50 mg/5ml	1	MB
VOTRIENT TABS 200 MG [pazopanib hcl]	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG [daunorubicin-cytarabine liposome]	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG [crizotinib]	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG [crizotinib]	4	QL - 30 day(s),OC
XTANDI CAPS 40 MG [enzalutamide]	4	QL - 30 day(s),OC
XTANDI TABS 40 MG [enzalutamide]	4	QL - 30 day(s),OC
XTANDI TABS 80 MG [enzalutamide]	4	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML [ipilimumab]	4	MB
YERVOY SOLN 50 MG/10ML [ipilimumab]	4	MB
YONDELIS SOLR 1 MG [trabectedin]	4	QL - 30 day(s),MB
ZEJULA TABS 100 MG [niraparib tosylate]	4	QL - 30 day(s),OC
ZEJULA TABS 200 MG [niraparib tosylate]	4	QL - 30 day(s),OC
ZEJULA TABS 300 MG [niraparib tosylate]	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [vemurafenib]	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [idelalisib]	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [idelalisib]	4	QL - 30 day(s),OC
ZYKADIA TABS 150 MG [ceritinib]	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [abiraterone acetate]	4	OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate inj 1mg/ml	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ATROVENT HFA AERS 17 MCG/ACT [<i>ipratropium bromide hfa</i>]	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-30 MG [<i>belladonna alkaloids & opium</i>]	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG [<i>belladonna alkaloids & opium</i>]	2	
BENTYL SOLN 10 MG/ML [<i>dicyclomine hcl</i>]	2	MB
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	1	
<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>]	2	
DONNATAL TABS 16.2 MG [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	
<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	
HYOSCYAMINE SULFATE SUBL 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 soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide</i>]	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl</i>]	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
NICOTINE PT24 21 MG/24HR [<i>nicotine</i>]	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	
<i>varenicline tartrate tabs 0.5 mg</i>	1	PREV
<i>varenicline tartrate tabs 1 mg</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
<i>donepezil hcl tabs 5 mg</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
<i>galantamine hydrobromide er cp24 8 mg</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbc 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</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	
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl er tb24 10 mg</i>	1	
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	QL - 30 day(s),MB
<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	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
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	
AKOVAZ SOLN 50 MG/ML <i>[ephedrine sulfate (pressors)]</i>	1	MB
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	
<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	
AUVI-Q SOAJ 0.1 MG/0.1ML <i>[epinephrine (anaphylaxis)]</i>	1	MB
AUVI-Q SOAJ 0.15 MG/0.15ML <i>[epinephrine (anaphylaxis)]</i>	1	MB
AUVI-Q SOAJ 0.3 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	1	MB
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</i>	2	
<i>dobutamine hcl soln 12.5 mg/ml</i>	1	MB
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-% <i>[dobutamine in dextrose]</i>	1	MB
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-% <i>[dobutamine in dextrose]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
<i>epinephrine hcl inj 1mg/ml</i>	1	
EPINEPHRINE PF SOLN 1 MG/ML <i>[epinephrine]</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>midodrine hcl tabs 10 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	2	
SEREVENT DISKUS AEPB 50 MCG/ACT [salmeterol xinafoate]	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl]	2	
terbutaline sulfate soln 1 mg/ml	1	MB
terbutaline sulfate tabs 2.5 mg	1	
terbutaline sulfate tabs 5 mg	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % [albumin, human]	2	MB
ALBURX SOLN 5 % [albumin, human]	2	MB
ALBUTEIN SOLN 25 % [albumin, human]	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED SOLN 50 MG/ML [iron dextran]	2	MB
VENOFER SOLN 20 MG/ML [iron sucrose]	2	MB
ANTIHEMORRHAGIC AGENTS		
AFSTYLA KIT 1000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
ALPHANATE SOLR 1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
ALPHANATE SOLR 1500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
ALPHANATE SOLR 2000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
ALPHANINE SD SOLR 500 UNIT [coagulation factor ix]	2	QL - 30 day(s),MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ALTUVIIIIO SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
ALTUVIIIIO SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
ALTUVIIIIO SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
ALTUVIIIIO SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
ALTUVIIIIO SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
ALTUVIIIIO SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	2	QL - 30 day(s),MB
aminocaproic acid soln 250 mg/ml	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
FIBRYGA SOLR <i>[fibrinogen concentrate (human)]</i>	2	
FIBRYGA SOLR 2 GM <i>[fibrinogen concentrate (human)]</i>	2	
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 12 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 300 MG/2ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),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
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
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
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>	4	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	2	
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	2	MB
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	2	MB
<i>anagrelide hcl caps 0.5 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>anagrelide hcl caps 1 mg</i>	1	
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
<i>bivalirudin trifluoroacetate solr 250 mg</i>	1	MB
CATHFLO ACTIVASE SOLR 2 MG <i>[alteplase]</i>	2	MB
<i>cilostazol tabs 100 mg</i>	1	
<i>cilostazol tabs 50 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
<i>dabigatran etexilate mesylate caps 110 mg</i>	1	
<i>dabigatran etexilate mesylate caps 150 mg</i>	1	
<i>dabigatran etexilate mesylate caps 75 mg</i>	1	
EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	2	
EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	2	
<i>eptifibatide soln 20 mg/10ml</i>	1	MB
<i>eptifibatide soln 75 mg/100ml</i>	1	MB
HEPARIN (PORCINE) IN NA CL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NA CL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN NA (PORK) LOCK FL SH PF SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN NA (PORK) LOCK FL SH PF SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	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 SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	1	MB
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
<i>ticagrelor tabs 90 mg</i>	1	
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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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		
ALVAIZ TABS 18 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 36 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 54 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 9 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
<i>eltrombopag olamine pack 12.5 mg</i>	1	QL - 30 day(s)
<i>eltrombopag olamine pack 25 mg</i>	1	QL - 30 day(s)
<i>eltrombopag olamine tabs 12.5 mg</i>	1	QL - 30 day(s)
<i>eltrombopag olamine tabs 25 mg</i>	1	QL - 30 day(s)
<i>eltrombopag olamine tabs 50 mg</i>	1	QL - 30 day(s)
<i>eltrombopag olamine tabs 75 mg</i>	1	QL - 30 day(s)
FILKRI SOSY 300 MCG/0.5ML [<i>filgrastim-laha</i>]	2	
FILKRI SOSY 480 MCG/0.8ML [<i>filgrastim-laha</i>]	2	
GRANIX SOLN 300 MCG/ML [<i>tbo-filgrastim</i>]	2	
GRANIX SOLN 480 MCG/1.6ML [<i>tbo-filgrastim</i>]	2	
GRANIX SOSY 300 MCG/0.5ML [<i>tbo-filgrastim</i>]	2	
GRANIX SOSY 480 MCG/0.8ML [<i>tbo-filgrastim</i>]	2	
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	4	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>]	4	QL - 30 day(s)
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbc 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	
<i>terazosin hcl caps 2 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>terazosin hcl caps 5 mg</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	PREV
<i>atorvastatin calcium tabs 20 mg</i>	1	PREV
<i>atorvastatin calcium tabs 40 mg</i>	1	PREV
<i>atorvastatin calcium tabs 80 mg</i>	1	PREV
<i>cholestyramine light pack 4 gm</i>	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	1	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<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 NACL SOLN 2500 MG/250ML <i>[esmolol hcl-sodium chloride]</i>	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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 tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 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 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	
CARDENE IV SOLN 20-0.86 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
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
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CLEVIPREX EMUL 25 MG/50ML <i>[clevidipine]</i>	2	MB
CLEVIPREX EMUL 50 MG/100ML <i>[clevidipine]</i>	2	MB
<i>diltiazem hcl er coated beads cp24 180 mg</i>	1	
<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 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>nifedipine er tb24 30 mg</i>	1	
<i>nifedipine er tb24 60 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 soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
<i>digoxin soln 0.05 mg/ml</i>	1	
<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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 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	
<i>quinidine sulfate tab 300mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
HYPOTENSIVE AGENTS		
<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>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	
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	4	
<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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
<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	
<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>sacubitril-valsartan tabs 24-26 mg</i>	1	
<i>sacubitril-valsartan tabs 49-51 mg</i>	1	
<i>sacubitril-valsartan tabs 97-103 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
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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX (2 CARTRIDGE) KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<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	
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-TIME CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 9 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 pt24 0.1 mg/hr</i>	1	
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	
<i>nitroglycerin soln 5 mg/ml</i>	2	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
<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>sildenafil citrate tabs 50 mg</i>	1	QL - 8/30 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>]	4	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG [<i>bosentan</i>]	4	QL - 30 day(s),LD
TYVASO REFILL KIT SOLN 0.6 MG/ML [<i>treprostinil</i>]	4	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML [<i>treprostinil</i>]	2	QL - 30 day(s)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TYVASO STARTER KIT SOLN 0.6 MG/ML <i>[treprostinil]</i>	4	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	4	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	4	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen soln 10 mg/ml</i>	1	MB
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine soln 300-30 mg/12.5ml</i>	1	
<i>acetaminophen-codeine tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine tabs 300-60 mg</i>	1	
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl film 12-3 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 4-1 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 8-2 mg</i>	1	QL - 30 day(s)
<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>buprenorphine ptwk 10 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 15 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 20 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 5 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 7.5 mcg/hr</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>celecoxib caps 100 mg</i>	1	
<i>celecoxib caps 200 mg</i>	1	
<i>celecoxib caps 400 mg</i>	1	
<i>celecoxib caps 50 mg</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 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 1000 MCG/20ML <i>[fentanyl citrate]</i>	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML <i>[fentanyl citrate]</i>	1	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)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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 10-300 mg/15ml</i>	2	
<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 500 mg/50ml</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 <i>[hydromorphone hcl]</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	QL - 30 day(s)
<i>indomethacin caps 25 mg</i>	1	
<i>indomethacin caps 50 mg</i>	1	
<i>indomethacin er cpcr 75 mg</i>	1	
INDOMETHACIN SODIUM SOLR 1 MG <i>[indomethacin sodium]</i>	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) <i>[morphine sulfate for continuous microinfusion]</i>	2	MB
<i>ketorolac tromethamine inj 15mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 15 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 30 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 60 mg/2ml</i>	1	MB
<i>meclofenamate sodium caps 100 mg</i>	1	
<i>meclofenamate sodium caps 50 mg</i>	1	
<i>mefenamic acid caps 250 mg</i>	1	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>meperidine hcl soln 100 mg/ml</i>	1	MB
<i>meperidine hcl soln 25 mg/ml</i>	1	MB
<i>meperidine hcl soln 50 mg/ml</i>	1	MB
<i>methadone hcl soln 10 mg/5ml</i>	1	
METHADONE HCL SOLN 10 MG/ML <i>[methadone hcl]</i>	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl tabs 10 mg</i>	1	
<i>methadone hcl tabs 5 mg</i>	1	
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	1	MB
<i>morphine sulfate (pf) soln 1 mg/ml</i>	1	MB
<i>morphine sulfate er tbc 100 mg</i>	1	
<i>morphine sulfate er tbc 15 mg</i>	1	
<i>morphine sulfate er tbc 200 mg</i>	1	
<i>morphine sulfate er tbc 30 mg</i>	1	
<i>morphine sulfate er tbc 60 mg</i>	1	
MORPHINE SULFATE SOLN 10 MG/5ML <i>[morphine sulfate]</i>	1	
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 20 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 50 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 500 mg</i>	1	
<i>nabumetone tabs 750 mg</i>	1	
<i>nalbuphine hcl soln 10 mg/ml</i>	1	MB
<i>nalbuphine hcl soln 20 mg/ml</i>	1	MB
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
pentazocine-naloxone hcl tabs 50-0.5 mg	1	
SALSALATE TABS 500 MG [salsalate]	1	
SALSALATE TABS 750 MG [salsalate]	1	
sulindac tabs 150 mg	1	
sulindac tabs 200 mg	1	
tramadol hcl tabs 50 mg	1	
tramadol-acetaminophen tabs 37.5-325 mg	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphet er cp24 10 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 15 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 20 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 25 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 30 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 10 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 12.5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 15 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 20 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 30 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 7.5 mg	1	QL - 30 day(s)
APTENSIO XR CP24 10 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 15 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 20 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 30 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 40 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 50 MG [methylphenidate hcl]	2	
APTENSIO XR CP24 60 MG [methylphenidate hcl]	2	
caffeine citrate soln 60 mg/3ml	1	MB
dexmethylphenidate hcl er cp24 10 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 15 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 20 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 25 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 30 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 35 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 40 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 5 mg	1	QL - 30 day(s)
dexmethylphenidate hcl tabs 10 mg	1	
dexmethylphenidate hcl tabs 2.5 mg	1	
dexmethylphenidate hcl tabs 5 mg	1	
dextroamphetamine sulfate er cp24 10 mg	1	
dextroamphetamine sulfate er cp24 15 mg	1	
dextroamphetamine sulfate er cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg	1	
dextroamphetamine sulfate tabs 5 mg	1	
lisdexamfetamine dimesylate caps 10 mg	1	QL - 30 day(s)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>lisdexamfetamine dimesylate caps 20 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 30 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 40 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 50 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 60 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 70 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 10 mg</i>	1	
<i>methylphenidate hcl er tbcr 20 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	
<i>phentermine hcl caps 15 mg</i>	1	
<i>phentermine hcl caps 30 mg</i>	1	
<i>phentermine hcl caps 37.5 mg</i>	1	
<i>phentermine hcl tabs 37.5 mg</i>	1	
QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	2	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
ANTICONVULSANTS		
<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	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium er tb24 250 mg</i>	1	
<i>divalproex sodium er tb24 500 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	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<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	
<i>lacosamide soln 10 mg/ml</i>	1	
<i>lacosamide soln 200 mg/20ml</i>	1	
<i>lacosamide tabs 100 mg</i>	1	
<i>lacosamide tabs 150 mg</i>	1	
<i>lacosamide tabs 200 mg</i>	1	
<i>lacosamide tabs 50 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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML [levetiracetam in sodium chloride]	2	MB
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML [levetiracetam in sodium chloride]	2	MB
LEVETIRACETAM IN NACL 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 4 GM/100ML [magnesium sulfate]	2	MB
MAGNESIUM SULFATE SOLN 50 % [magnesium sulfate]	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	1	
phenytoin sodium extended caps 100 mg	1	
phenytoin sodium soln 50 mg/ml	1	MB
phenytoin susp 100 mg/4ml	1	
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	
rufinamide susp 40 mg/ml	1	
rufinamide tabs 200 mg	1	
rufinamide tabs 400 mg	1	
SABRIL PACK 500 MG [vigabatrin]	4	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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>topiramate tabs 50 mg</i>	1	
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
<i>zonisamide caps 100 mg</i>	1	
<i>zonisamide caps 25 mg</i>	1	
<i>zonisamide caps 50 mg</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 caps 600 mg</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	
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML [<i>fremanezumab-vfrm</i>]	2	
AJOVY SOSY 225 MG/1.5ML [<i>fremanezumab-vfrm</i>]	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
<i>ergotamine-caffeine tabs 1-100 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 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 soln 50 mg/5ml</i>	1	
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	4	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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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	
<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>]	4	MB
<i>entacapone tabs 200 mg</i>	1	
<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 tb 12 mg</i>	1	
<i>ropinirole hcl er tb 2 mg</i>	1	
<i>ropinirole hcl er tb 4 mg</i>	1	
<i>ropinirole hcl er tb 6 mg</i>	1	
<i>ropinirole hcl er tb 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 soln 0.4 mg/ml</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)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>buspirone hcl tabs 10 mg</i>	1	
<i>buspirone hcl tabs 15 mg</i>	1	
<i>buspirone hcl tabs 30 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	
<i>buspirone 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>]	2	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	
[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>doxepin hcl tabs 3 mg</i>	1	
<i>doxepin hcl tabs 6 mg</i>	1	
<i>droperidol soln 2.5 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
LORAZEPAM SOLN 4 MG/ML [<i>lorazepam</i>]	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl syrp 2 mg/ml</i>	1	
<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)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>pentobarbital sodium soln 50 mg/ml</i>	2	MB
PHENOBARBITAL ELIX 20 MG/5ML <i>[phenobarbital]</i>	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML <i>[phenobarbital sodium]</i>	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML <i>[phenobarbital sodium]</i>	1	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	
<i>ramelteon tabs 8 mg</i>	1	
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML <i>[diazepam (anticonvulsant)]</i>	2	QL - 30 day(s)
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML <i>[diazepam (anticonvulsant)]</i>	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML <i>[diazepam (anticonvulsant)]</i>	2	QL - 30 day(s)
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML <i>[diazepam (anticonvulsant)]</i>	2	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>atomoxetine hcl caps 10 mg</i>	1	
<i>atomoxetine hcl caps 100 mg</i>	1	
<i>atomoxetine hcl caps 18 mg</i>	1	
<i>atomoxetine hcl caps 25 mg</i>	1	
<i>atomoxetine hcl caps 40 mg</i>	1	
<i>atomoxetine hcl caps 60 mg</i>	1	
<i>atomoxetine hcl caps 80 mg</i>	1	
<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	
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	4	MB
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 28 x 5 mg & 21 x 10 mg</i>	2	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOL 10MG/5ML <i>[memantine hcl]</i>	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>tetrabenazine tabs 12.5 mg</i>	1	
<i>tetrabenazine tabs 25 mg</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
<i>naltrexone hcl tabs 50 mg</i>	1	
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>]	4	MB
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	4	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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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	
<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 soln 20 mg/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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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	
<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>	4	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	4	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>lurasidone hcl tabs 120 mg</i>	1	
<i>lurasidone hcl tabs 20 mg</i>	1	
<i>lurasidone hcl tabs 40 mg</i>	1	
<i>lurasidone hcl tabs 60 mg</i>	1	
<i>lurasidone hcl tabs 80 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	
<i>paliperidone er tb24 1.5 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>paliperidone er tb24 3 mg</i>	1	
<i>paliperidone er tb24 6 mg</i>	1	
<i>paliperidone er tb24 9 mg</i>	1	
<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 tabs 16 mg</i>	1	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 1 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 er tb24 150 mg</i>	1	
<i>quetiapine fumarate er tb24 200 mg</i>	1	
<i>quetiapine fumarate er tb24 300 mg</i>	1	
<i>quetiapine fumarate er tb24 400 mg</i>	1	
<i>quetiapine fumarate er tb24 50 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>	4	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG <i>[risperidone microspheres]</i>	4	MB
RISPERDAL CONSTA SRER 37.5 MG <i>[risperidone microspheres]</i>	4	MB
RISPERDAL CONSTA SRER 50 MG <i>[risperidone microspheres]</i>	4	MB
RISPERIDONE SOLN 1 MG/ML <i>[risperidone]</i>	1	
<i>risperidone tabs 0.25 mg</i>	1	
<i>risperidone tabs 0.5 mg</i>	1	
<i>risperidone tabs 1 mg</i>	1	
<i>risperidone tabs 2 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	
<i>risperidone tabs 4 mg</i>	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<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	
<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	
UZEDY SUSY 100 MG/0.28ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 125 MG/0.35ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 150 MG/0.42ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 200 MG/0.56ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 250 MG/0.7ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 50 MG/0.14ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 75 MG/0.21ML <i>[risperidone]</i>	4	MB
<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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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		
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1" MIS 25GX1" <i>[syringe/needle (disp) 3 ml]</i>	2	
3ML SYRINGE LUER-LOK MIS LUER-LOK <i>[syringe (disposable)]</i>	2	
ACCU-CHEK FASTCLIX LANCET KIT <i>[lancets misc.]</i>	2	
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	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>[spacer/aerosol-holding chambers]</i>	2	
ASSESS FULL RANGE PEAK FLOW METER MIS FULL RNG <i>[peak flow meter]</i>	2	MB
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2" MIS 20GX1.5" <i>[syringe/needle (disp) 3 ml]</i>	2	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4" MIS 21GX1.25 <i>[syringe/needle (disp) 3 ml]</i>	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 <i>[syringe/needle (disp) 3 ml]</i>	2	
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2" MIS 28GX1/2" <i>[tuberculin/allergy syringes]</i>	2	
BD CATHETER TIP SYRINGE MISC 50 ML <i>[catheter syringes]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 19G X 1" <i>[needle (disp) 19 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BD HYPODERMIC NEEDLE MISC 21G X 1" [needle (disp) 21 g]	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" [needle (disp) 22 g]	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
BD INS SYR ULTRAFINE 1/2UNIT MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
BD INTEGRA SYRINGE MISC 21G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML [syringe/needle (disp) 5 ml]	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BD PEN NEEDLE MINI ULTRAFINE MISC 31G X 5 MM [insulin pen needle]	2	
BD PEN NEEDLE NANO ULTRAFINE MISC 32G X 4 MM [insulin pen needle]	2	
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM [insulin pen needle]	2	
BD PEN NEEDLE SHORT ULTRAFINE MISC 31G X 8 MM [insulin pen needle]	2	
BD PLASTIPAK SYRINGE MISC 21G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	2	
[Syringe (disposable)] BD SYRINGE LUER-LOK TIP MIS LUER-LOK	2	
BD SYRINGE MISC 50 ML [syringe (disposable)]	2	
BD SYRINGE SLIP TIP MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	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 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 SYR ULTRAFINE MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 0.5 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 1 ML [insulin syringe/needle u-100]	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	1	
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
HYPODERMIC NEEDLE MISC 19G X 1" [needle (disp) 19 g]	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8"/1ML MIS 25GX5/8" [syringe/needle (disp) 1 ml]	2	
MICROLET NEXT LANCING DEVICE MISC [lancet devices]	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1" MIS 21GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2" MIS 21GX1.5" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1" MIS 22GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2" MIS 22GX1.5" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1" MIS 23GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	2	
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM [insulin pen needle]	2	
OMNITROPE PEN 5 INJECTION DEVICE MIS DEVICE [injection device]	2	
OMNITROPE SOLR 5.8 MG [somatropin]	2	
ONETOUCH DELICA PLUS LANCET33G MISC [lancets]	2	
ONETOUCH SURESOFT LANCING DEVICE/GENTLE MIS LANC DEV [lancet devices]	2	
ONETOUCH SURESOFT LANCING DEVICE/REGULAR MIS LANC DEV [lancet devices]	2	
ONETOUCH ULTRA CONTROL LIQD [blood glucose calibration]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ONETOUCH ULTRASOFT 2 LANCETS MISC [lancets]	2	
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	2	
ONETOUCH VERIO FLEX SYSTEM DEVI [blood glucose monitoring supplies]	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [blood glucose monitoring supplies]	2	
ONETOUCH VERIO LIQD HIGH [blood glucose calibration]	2	
POLY HUB NEEDLE MISC 18G X 1" [needle (disp) 18 g]	2	
SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2" MIS 27GX1/2" [tuberculin/allergy syringes]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
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	
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	2	MB
TUBERCULIN SYRINGE MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS [acetone (urine) test]	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BIO GLO STRP 1 MG <i>[fluorescein sodium topical]</i>	1	
CANDIN SOLN <i>[candida albicans skin test antigen]</i>	2	MB
[Gadoterate Meglumine] CLARISCAN SOLN 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 2.5 MMOL/5ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 7.5 MMOL/15ML	1	
CONRAY SOLN 60 % <i>[iothalamate meglumine]</i>	2	MB
D-XYLOSE POWD <i>[d-xylose]</i>	2	
DIASTIX STRP <i>[glucose urine test-(glucose oxidase)]</i>	2	
EOVIST SOLN 0.25 MMOL/ML <i>[gadoxetate disodium]</i>	2	MB
GADAVIST SOLN 1 MMOL/ML <i>[gadobutrol]</i>	2	MB
GADAVIST SOSY 10 MMOL/10ML <i>[gadobutrol]</i>	2	MB
GADAVIST SOSY 15 MMOL/15ML <i>[gadobutrol]</i>	2	MB
GADAVIST SOSY 7.5 MMOL/7.5ML <i>[gadobutrol]</i>	2	MB
GASTROGRAFIN SOLN 66-10 % <i>[diatrizoate meglumine & sodium]</i>	2	
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
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</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 TEST STRP <i>[glucose blood]</i>	2	
THYROGEN SOLR 0.9 MG <i>[thyrotropin alfa]</i>	2	MB
TISSUEBLUE SOSY 0.025 % <i>[brilliant blue g]</i>	2	
TUBERSOL SOLN 5 UNIT/0.1ML <i>[tuberculin ppd]</i>	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG <i>[potassium citrate-citric acid]</i>	1	
CYTRA-K SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [potassium citrate (alkalinizer)]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [potassium citrate (alkalinizer)]	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	2	MB
sodium bicarbonate soln 8.4 %	1	MB
THAM SOLN 30 MEQ/100ML [tromethamine]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	4	QL - 30 day(s)
lactulose encephalopathy soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	2	MB
DEXTROSE SOLN 10 % [dextrose]	1	MB
DEXTROSE SOLN 20 % [dextrose]	2	MB
DEXTROSE SOLN 5 % [dextrose]	1	MB
DEXTROSE SOLN 50 % [dextrose]	1	MB
DEXTROSE SOLN 70 % [dextrose]	1	MB
INTRALIPID EMUL 20 % [fat emulsion plant based (soy)]	2	MB
INTRALIPID EMUL 30 % [fat emulsion plant based (soy)]	2	MB
PHENYLADE DRINK MIX POWD [nutritional supplements]	2	
PHLEXY-10 PACK [nutritional supplements]	2	
PKU EXPRESS PAK [nutritional supplements]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>bumetanide tabs 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG <i>[furosemide]</i>	1	
FUROSEMIDE TABS 40 MG <i>[furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	
<i>indapamide tabs 2.5 mg</i>	1	
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % <i>[mannitol]</i>	1	MB
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>torsemide tabs 10 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide tabs 5 mg</i>	1	
<i>triamterene caps 100 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	
<i>triamterene-hctz tabs 75-50 mg</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 15 GM/60ML	1	
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 30 GM/120ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % <i>[acetic acid]</i>	1	MB
LACTATED RINGERS SOLN <i>[lactated ringer's (irrigation)]</i>	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	1	MB
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	1	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
calcium acetate tabs 667 mg	1	
calcium chloride soln 10 %	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-SODIUM CHLORIDE SOLN 10-0.45 % [dextrose w/ sodium chloride]	2	MB
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 % [dextrose w/ sodium chloride]	2	MB
dextrose-sodium chloride soln 5-0.3 %	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
hetastarch-nacl soln 6-0.9 %	1	MB
HEXTEND SOLN 6 % [hetastarch (hes /0.7 or /0.75) in electrolytes]	2	MB
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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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 Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	2	MB
sodium chloride soln	1	MB
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride crys er tbc 10 meq	1	
potassium chloride crys er tbc 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
potassium chloride er tbc 10 meq	1	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 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	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	2	MB
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [potassium chloride in dextrose]	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [potassium phosphates]	1	MB
RINGERS SOLN [ringer's]	1	MB
SELENIOUS ACID SOLN 40 MCG/ML [selenious acid]	1	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic 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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SODIUM CHLORIDE SOLN 4 MEQ/ML <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 5 % <i>[sodium chloride]</i>	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML <i>[sodium phosphates (sodium phosphate dibasic & monobasic)]</i>	1	MB
WES-PHOS 250 NEUTRAL TABS 155-852-130 MG <i>[pot phosphate monobasic w/ sod phosphate dibasic & monobasic]</i>	1	
URICOSURIC AGENTS		
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML <i>[laronidase]</i>	4	MB
ARALAST NP SOLR 1000 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML <i>[idursulfase]</i>	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT <i>[taliglucerase alfa]</i>	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG <i>[rasburicase]</i>	4	MB
ELITEK SOLR 7.5 MG <i>[rasburicase]</i>	4	MB
FABRAZYME SOLR 35 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML <i>[hyaluronidase human]</i>	2	MB
LUMIZYME SOLR 50 MG <i>[alglucosidase alfa]</i>	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML <i>[dornase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML <i>[elosulfase alfa]</i>	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT <i>[glucarpidase]</i>	4	QL - 30 day(s),MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<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	
MITOSOL KIT 0.2 MG <i>[mitomycin (ophthalmic)]</i>	2	
<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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	1	
ofloxacin soln 0.3 %	1	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	1	
sulfacetamide sodium soln 10 %	1	
trifluridine soln 1 %	1	
ANTI-INFLAMMATORY AGENTS		
CEQUA SOLN 0.09 % [cyclosporine (ophth)]	2	
ciprofloxacin-dexamethasone susp 0.3-0.1 %	1	
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	2	
cyclosporine (pf) emul 0.05 %	1	
dexamethasone sodium phosphate soln 0.1 %	1	
diclofenac sodium soln 0.1 %	1	
flunisolide soln 25 mcg/act (0.025%)	1	
fluorometholone susp 0.1 %	1	
flurbiprofen sodium soln 0.03 %	1	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	4	MB
PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]	2	
prednisolone acetate susp 1 %	1	
prednisolone sodium phosphate soln 1 %	2	
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	2	
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
bimatoprost soln 0.03 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 2-0.5 %	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
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		
<i>acetic acid soln 2 %</i>	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML [<i>ranibizumab-nuna</i>]	2	MB
CIMERLI SOLN 0.3 MG/0.05ML [<i>ranibizumab-eqrn</i>]	4	QL - 30 day(s),MB
CIMERLI SOLN 0.5 MG/0.05ML [<i>ranibizumab-eqrn</i>]	4	QL - 30 day(s),MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	4	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	4	
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	2	
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
PAVBLU SOLN 2 MG/0.05ML [<i>aflibercept-ayyh</i>]	4	MB
PAVBLU SOSY 2 MG/0.05ML [<i>aflibercept-ayyh</i>]	4	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 %	2	
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	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	1	
<i>atropine sulfate soln 1 %</i>	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<i>cyclopentolate hcl soln 1 %</i>	1	
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>phenylephrine hcl soln 10 %</i>	1	
<i>phenylephrine hcl soln 2.5 %</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
GNP ANTACID & ANTI-GAS SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GNP ANTACID REGULAR STRENGTH SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine supp 1000 mg</i>	1	
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPCR 250 MG [<i>mesalamine</i>]	2	
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	
<i>aprepitant caps 40 mg</i>	1	QL - 30 day(s)
<i>aprepitant caps 80 mg</i>	1	QL - 30 day(s)
<i>dronabinol caps 10 mg</i>	1	
<i>dronabinol caps 2.5 mg</i>	1	
<i>dronabinol caps 5 mg</i>	1	
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>granisetron hcl tabs 1 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	
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 (pf) soln 20 mg/2ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium solr 40 mg</i>	1	MB
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
DOCUSATE SODIUM LIQD 50 MG/5ML [<i>docusate sodium</i>]	1	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	1	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
<i>lubiprostone caps 24 mcg</i>	1	
<i>lubiprostone caps 8 mcg</i>	1	
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>]	1	
<i>na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml</i>	1	PREV
<i>peg 3350-kcl-na bicarb-nacl solr 420 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 12000-38000 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 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000-19000 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 3000-10000 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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ZENPEP CPEP 60000-189600 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	
<i>prucalopride succinate tabs 1 mg</i>	1	
<i>prucalopride succinate tabs 2 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG <i>[auranofin]</i>	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG <i>[succimer]</i>	4	
<i>deferasirox tabs 360 mg</i>	1	
<i>deferasirox tabs 90 mg</i>	1	
<i>deferoxamine mesylate inj 2gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
EXJADE TBSO 125 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
EXJADE TBSO 250 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
EXJADE TBSO 500 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU TABS 180 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
<i>penicillamine caps 250 mg</i>	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT <i>[mometasone furoate (inhalation)]</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	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
<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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
cortisone acetate tabs 25 mg	1	
dexamethasone elix 0.5 mg/5ml	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
dexamethasone sodium phosphate soln 10 mg/ml	1	MB
dexamethasone sodium phosphate soln 4 mg/ml	1	MB
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 0.5 mg	1	
dexamethasone tabs 0.75 mg	1	
dexamethasone tabs 1 mg	1	
dexamethasone tabs 1.5 mg	1	
dexamethasone tabs 2 mg	1	
dexamethasone tabs 4 mg	1	
dexamethasone tabs 6 mg	1	
fludrocortisone acetate tabs 0.1 mg	1	
fluticasone propionate hfa aero 44 mcg/act	1	
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG-10 SUSP 10 MG/ML [triamcinolone acetanide]	2	MB
KENALOG-40 SUSP 40 MG/ML [triamcinolone acetanide]	2	MB
MEDROL TABS 2 MG [methylprednisolone]	2	
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 5 mg/5ml	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	2	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 5 mg (21)	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
<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 SOLN 100 MG/ML	2	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
<i>methyltestosterone tabs 10 mg</i>	1	
<i>methyltestosterone caps 10 mg</i>	1	
<i>oxandrolone tab 10mg</i>	1	
<i>oxandrolone tab 2.5mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	
<i>testosterone gel 1.62 %</i>	1	
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
<i>dapagliflozin tabs 10 mg</i>	1	
<i>dapagliflozin tabs 5 mg</i>	1	
<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	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
glyburide tabs 2.5 mg	1	
glyburide tabs 5 mg	1	
HUMALOG SOLN 100 UNIT/ML [insulin lispro]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	2	
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	2	
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [insulin glargine-yfqn]	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [insulin glargine-yfqn]	2	
JARDIANCE TABS 10 MG [empagliflozin]	2	
JARDIANCE TABS 25 MG [empagliflozin]	2	
KIRSTY SOLN 100 UNIT/ML [insulin aspart-xjhz]	1	
KIRSTY SOPN 100 UNIT/ML [insulin aspart-xjhz]	1	
liraglutide sopn 18 mg/3ml	1	QL - 30 day(s)
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [semaglutide]	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	2	
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
sitagliptin tabs 100 mg	1	
sitagliptin tabs 25 mg	1	
sitagliptin tabs 50 mg	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML [insulin degludec]	2	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML [insulin degludec]	2	
TRESIBA SOLN 100 UNIT/ML [insulin degludec]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl]	2	MB
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	2	MB
glucagon emergency solr 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] BLISOVI FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.03 mg	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG [ulipristal acetate]	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] KURVELO TABS 0.15-30 MG-MCG	1	PREV
levonorgestrel-ethinyl estrad tabs 0.1-20 mg-mcg	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 21 MCG/DAY [levonorgestrel (iud)]	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 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG [etonogestrel]	2	PREV,MB
[Drospirenone-ethinyl Estradiol] NIKKI TABS 3-0.02 MG	1	PREV
norethindrone tabs 0.35 mg	1	PREV
norgestimate-eth estradiol tabs 0.25-35 mg-mcg	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
PARAGARD INTRAUTERINE COPPER IUD [copper (iud)]	2	PREV,MB
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-MARZIA TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
[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] ZOZIA 1/35 (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.0375 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.05 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.06 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.075 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.1 MG/24HR <i>[estradiol]</i>	2	
<i>clomiphene citrate tabs 50 mg</i>	1	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	
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 0.01 %	2	
<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 0.05 mg/24hr</i>	1	
<i>estradiol ptwk 0.075 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 10 mcg</i>	1	
<i>estradiol tabs 2 mg</i>	1	
<i>estradiol valerate oil 10 mg/ml</i>	1	
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	
ESTRING RING 7.5 MCG/24HR <i>[estradiol vaginal]</i>	2	
PREMARIN SOLR 25 MG <i>[estrogens, conjugated]</i>	2	MB
<i>raloxifene hcl tabs 60 mg</i>	1	OC,PREV
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	2	MB
ELIGARD KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	
ELIGARD KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	
ELIGARD KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	
ELIGARD KIT 7.5 MG <i>[leuprolide acetate]</i>	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>ganirelix acetate sosy 250 mcg/0.5ml</i>	1	
GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.72ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 900 UNT/1.44ML <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
GONAL-F SOLR 450 UNIT <i>[follitropin alfa]</i>	2	MB
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	2	
OVIDREL SOSY 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	2	
SYNAREL SOLN 2 MG/ML <i>[nafarelin acetate]</i>	4	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 560 MCG/2.24ML <i>[teriparatide]</i>	2	MB
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML <i>[corticotropin]</i>	4	LD,MB
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML <i>[desmopressin acetate]</i>	2	
<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	
PROGESTINS		
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	1	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	PREV,MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	2	
OMNITROPE SOCT 5 MG/1.5ML <i>[somatropin]</i>	2	
SEROSTIM SOLR 4 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)
SEROSTIM SOLR 5 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)
SEROSTIM SOLR 6 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
THYROID AND ANTITHYROID AGENTS		
<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 137 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	
<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		
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 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>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</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 (pf) soln 2 %-1:200000</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 2 %-1:100000</i>	1	MB
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 5 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NESACAINE SOLN 1 % [<i>chloroprocaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	1	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	
acetylcysteine soln 200 mg/ml	1	MB
acitretin caps 10 mg	1	
ACTIMMUNE SOLN 100 MCG/0.5ML [interferon gamma-1b]	4	QL - 30 day(s)
alendronate sodium tabs 10 mg	1	
alendronate sodium tabs 35 mg	1	
alendronate sodium tabs 70 mg	1	
allopurinol tabs 100 mg	1	
allopurinol tabs 300 mg	1	
AMJEVITA SOAJ 40 MG/0.4ML [adalimumab-atto]	2	
AMJEVITA SOAJ 80 MG/0.8ML [adalimumab-atto]	2	
AMJEVITA SOSY 40 MG/0.4ML [adalimumab-atto]	2	
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML [adalimumab-atto]	2	
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML [adalimumab-atto]	2	
ATGAM SOLN 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	2	MB
AVONEX KIT 30MCG [interferon beta-1a]	4	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	4	QL - 30 day(s),MB
azathioprine tabs 50 mg	1	
BETASERON KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
BOTOX SOLR 100 UNIT [onabotulinumtoxina]	2	MB
BOTOX SOLR 200 UNIT [onabotulinumtoxina]	2	MB
BREYANZI SUSP 70000000 CELLS/ML [lisocabtagene maraleucel]	4	MB
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	2	MB
CARVYKTI SUSP 100000000 CELLS [ciltacabtagene autoleucel]	4	MB
CERDELGA CAPS 84 MG [eliglustat tartrate]	4	QL - 30 day(s)
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)]	4	QL - 30 day(s),MB
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	4	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)
DAXXIFY SOLR 100 UNIT [daxibotulinumtoxina-lanm]	2	MB
dimethyl fumarate cpdr 120 mg	1	
dimethyl fumarate cpdr 240 mg	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
dimethyl fumarate starter pack cdpk 120 & 240 mg	1	
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL INJ 25MG [etanercept]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	4	QL - 30 day(s)
EPYSQLI SOLN 300 MG/30ML [eculizumab-aagh]	4	QL - 30 day(s),MB
EXTAVIA KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
fingolimod hcl caps 0.5 mg	1	
[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	
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s)
icatibant acetate sosy 30 mg/3ml	1	
INFLECTRA SOLR 100 MG [infliximab-dyyb]	4	MB
KINERET INJ [anakinra]	4	QL - 30 day(s)
leflunomide tabs 10 mg	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	1	
levocarnitine tabs 330 mg	1	
mesna soln 100 mg/ml	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
methylene blue (antidote) soln 1 %	1	MB
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	
mycophenolate sodium tbec 180 mg	1	
mycophenolate sodium tbec 360 mg	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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
octreotide acetate sosy 50 mcg/ml	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [abatacept]	4	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML [abatacept]	4	
ORENCIA SOSY 50 MG/0.4ML [abatacept]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [apremilast]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	4	QL - 30 day(s)
pamidronate disodium soln 30 mg/10ml	1	MB
pamidronate disodium soln 6 mg/ml	1	MB
pamidronate disodium soln 90 mg/10ml	1	MB
PREVIDENT GEL 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT SOLN 0.2 % [sodium fluoride (dental)]	2	
PROGRAF SOLN 5 MG/ML [tacrolimus]	2	MB
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	2	
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	2	MB
SANDIMMUNE CAPS 100 MG [cyclosporine]	2	
SANDIMMUNE CAPS 25 MG [cyclosporine]	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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>	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG <i>[octreotide acetate]</i>	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG <i>[octreotide acetate]</i>	4	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 0.55 (0.25 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG <i>[sodium fluoride]</i>	1	
SODIUM FLUORIDE CHEW 2.2 (1 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML <i>[sodium fluoride]</i>	1	PREV
<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>	4	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML <i>[lanadelumab-flyo]</i>	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML <i>[lanadelumab-flyo]</i>	4	QL - 30 day(s)
THALOMID CAPS 100 MG <i>[thalidomide]</i>	4	QL - 30 day(s)
THALOMID CAPS 50 MG <i>[thalidomide]</i>	4	QL - 30 day(s)
THIOLA TABS 100 MG <i>[tiopronin]</i>	4	
<i>tofacitinib citrate er tb24 11 mg</i>	1	
<i>tofacitinib citrate tabs 10 mg</i>	1	
<i>tofacitinib citrate tabs 5 mg</i>	1	
TYSABRI CONC 300 MG/15ML <i>[natalizumab]</i>	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML <i>[ravulizumab-cwvz]</i>	4	
ULTOMIRIS SOLN 300 MG/3ML <i>[ravulizumab-cwvz]</i>	4	
VYVGART SOLN 400 MG/20ML <i>[efgartigimod alfa-fcab]</i>	4	QL - 30 day(s),MB
WEGOVY HD SOAJ 7.2 MG/0.75ML <i>[semaglutide (weight management)]</i>	2	
WEGOVY SOAJ 0.25 MG/0.5ML <i>[semaglutide (weight management)]</i>	2	
WEGOVY SOAJ 0.5 MG/0.5ML <i>[semaglutide (weight management)]</i>	2	
WEGOVY SOAJ 1 MG/0.5ML <i>[semaglutide (weight management)]</i>	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
WEGOVY SOAJ 1.7 MG/0.75ML <i>[semaglutide (weight management)]</i>	2	
WEGOVY SOAJ 2.4 MG/0.75ML <i>[semaglutide (weight management)]</i>	2	
YESCARTA SUSP 200000000 CELLS <i>[axicabtagene ciloleucel]</i>	4	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG <i>[dinoprostone]</i>	2	
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
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD <i>[alprostadil (bulk)]</i>	2	
BACLOFEN POWD <i>[baclofen]</i>	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN <i>[water for inject, bacteriostatic benzyl alcohol]</i>	2	MB
BIOTIN-D POWD <i>[biotin (bulk)]</i>	2	
BORIC ACID POWD <i>[boric acid (bulk)]</i>	2	
CLOBETASOL PROPIONATE POW PROPIONA <i>[clobetasol propionate]</i>	2	
CLONIDINE HCL POWD <i>[clonidine hcl]</i>	2	
CLOTRIMAZOLE CRYST <i>[clotrimazole (topical)]</i>	2	
COAL TAR EXTRACT SOLN 20 % <i>[coal tar (crude)]</i>	2	
COLLODION FLEXIBLE LIQD <i>[collodion flexible]</i>	2	
DILTIAZEM HCL POWD <i>[diltiazem hcl (bulk)]</i>	2	
GABAPENTIN POWD <i>[gabapentin (bulk)]</i>	2	
GLYCERIN LIQD <i>[glycerin (bulk)]</i>	2	
GLYCOPYRROLATE POWD <i>[glycopyrrolate (bulk)]</i>	2	
HYDROCORTISONE POWD <i>[hydrocortisone (bulk)]</i>	2	
HYDROPHILIC OINT <i>[hydrophilic ointment]</i>	2	
HYDROXYPROGESTERONE CAPROATE POWD <i>[hydroxyprogesterone caproate (bulk)]</i>	2	
ISOSORBIDE POWD <i>[isosorbide (bulk)]</i>	2	
KETAMINE HCL POWD <i>[ketamine hcl (bulk)]</i>	2	
KETOPROFEN POWD <i>[ketoprofen (bulk)]</i>	2	
L-CITRULLINE POWD <i>[citrulline (bulk)]</i>	2	
L-ISOLEUCINE POWD <i>[isoleucine]</i>	2	
L-PROLINE POWD <i>[proline]</i>	2	
LIDOCAINE HCL POWD <i>[lidocaine hcl (bulk)]</i>	2	
METRONIDAZOLE POWD <i>[metronidazole (bulk)]</i>	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PHENTOLAMINE MESYLATE POWD [<i>phentolamine mesylate (bulk)</i>]	2	
PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	2	
QUINACRINE HCL POW DIHYDRAT [<i>quinacrine hcl</i>]	2	
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	2	
SORBITOL SOLN 70 % [<i>sorbitol</i>]	2	
STERILE WATER FOR INJECTION SOLN [<i>water for injection, sterile</i>]	1	MB
SULFUR PRECIPITATED (BULK) POWD [<i>sulfur (bulk)</i>]	2	
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	
THYMOL CRYST [<i>thymol</i>]	2	
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
ZINC SULFATE HEPTAHYDRATE POWD [<i>zinc sulfate heptahydrate</i>]	2	
ZINC SULFATE MONOHYDRATE POWD [<i>zinc sulfate monohydrate</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	
<i>cromolyn sodium conc 100 mg/5ml</i>	1	
<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	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % [<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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
RESPIRATORY AGENTS, MISCELLANEOUS		
ALYFTREK TABS 4-20-50 MG [<i>vanzacaftor-tezacaftor-deutivacaftor</i>]	4	QL - 30 day(s)
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
KALYDECO PACK 13.4 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 5.8 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 75-94 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG [<i>tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG [<i>tezacaftor-ivacaftor</i>]	4	
TRIKAFTA TBPK 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA THPK 100-50-75 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA THPK 80-40-60 & 59.5 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CYTOGAM SOLN 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	2	MB
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
GAMASTAN SOLN [<i>immune globulin (human) im</i>]	2	MB
GAMMAGARD ERC SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</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 30 GM/300ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	MB
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
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>	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	
NABI-HB SOLN 312 UNIT/ML <i>[hepatitis b immune globulin (human)]</i>	2	MB
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	2	MB
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
PRIVIGEN SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
VACCINES		

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MODERNA COVID-19 VAC 6M-11Y SUSY 25 MCG/0.25ML [covid-19 (sars-cov-2) mrna virus vaccine]	2	MB
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML [covid-19 (sars-cov-2) subunit (spike) protein virus vaccine]	2	MB
VIVOTIF CPDR [typhoid vaccine]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
alclometasone dipropionate crea 0.05 %	1	
BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)]	1	
BACITRACIN ZINC OINT 500 UNIT/GM [bacitracin zinc]	1	
benzoyl peroxide-erythromycin gel 5-3 %	1	
clindamycin phos (twice-daily) gel 1 %	1	
clindamycin phosphate crea 2 %	1	
clindamycin phosphate lotn 1 %	1	
clindamycin phosphate soln 1 %	1	
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	2	
clotrimazole troc 10 mg	1	
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
HYDROCORTISONE-IDOQUINOL CREA 1-1 % [idoquinol-hc]	1	
ketoconazole crea 2 %	1	
ketoconazole sham 2 %	1	
malathion lotn 0.5 %	1	
metronidazole crea 0.75 %	1	
metronidazole gel 0.75 %	1	
mupirocin oint 2 %	1	
neomycin-polymyxin b gu soln 40-200000	1	MB
nystatin crea 100000 unit/gm	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
permethrin crea 5 %	1	
selenium sulfide lotn 2.5 %	1	
silver sulfadiazine crea 1 %	1	
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	2	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate oint 0.05 %	1	
ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	1	
betamethasone dipropionate aug crea 0.05 %	1	
betamethasone dipropionate aug gel 0.05 %	1	
betamethasone dipropionate aug oint 0.05 %	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BETAMETHASONE VALERATE CREA 0.1 % <i>[betamethasone valerate]</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE OINT 0.1 % <i>[betamethasone valerate]</i>	1	
<i>clobetasol propionate crea 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	
CORDRAN TAPE 4 MCG/SQCM <i>[flurandrenolide]</i>	2	
<i>desonide crea 0.05 %</i>	1	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % <i>[pramoxine-hc]</i>	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</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	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % <i>[pramoxine-hc]</i>	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	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 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	
ANTI-PRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	1	
hydrocortisone ace-pramoxine crea 1-1 %	1	
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine ptch 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % [camphor & menthol]	2	
ASTRINGENTS		
DRYSOL SOLN 20 % [aluminum chloride]	2	
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOTN 0.05 % [tretinoin]	2	
AVITA CREA 0.025 % [tretinoin]	1	
KEPIVANCE SOLR 6.25 MG [palifermin]	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % [tretinoin]	2	
RETIN-A CREA 0.05 % [tretinoin]	2	
RETIN-A CREA 0.1 % [tretinoin]	2	
RETIN-A GEL 0.01 % [tretinoin]	2	
RETIN-A GEL 0.025 % [tretinoin]	2	
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	2	
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	2	
DEPIGMENTING AND PIGMENTING AGENTS		
methoxsalen rapid caps 10 mg	1	
KERATOLYTIC AGENTS		
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [sulfacetamide sodium w/ sulfur]	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin caps 25 mg	1	
adapalene gel 0.1 %	1	
adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
BENZOIN TINC [benzoin]	2	
bexarotene gel 1 %	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
calcipotriene crea 0.005 %	1	
calcipotriene oint 0.005 %	1	
calcipotriene soln 0.005 %	1	
calcitriol oint 3 mcg/gm	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [podofilox]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	4	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	4	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	4	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML [secukinumab]	4	QL - 30 day(s)
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % [adapalene]	2	
DIFFERIN GEL 0.3 % [adapalene]	2	
DRITHO-CREME HP CRE HP 1% [anthralin]	2	
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	2	
fluocinonide gel 0.05 %	1	
fluorouracil crea 5 %	1	
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % [aminolevulinic acid hcl]	2	
pimecrolimus crea 1 %	1	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM [collagenase]	2	
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	4	
SKYRIZI SOCT 180 MG/1.2ML [risankizumab-rzaa (crohn's)]	4	
SKYRIZI SOCT 360 MG/2.4ML [risankizumab-rzaa (crohn's)]	4	
SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	4	
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	1	
tacrolimus oint 0.03 %	1	
tacrolimus oint 0.1 %	1	
tazarotene crea 0.05 %	1	
tazarotene crea 0.1 %	1	
tazarotene gel 0.05 %	1	
tazarotene gel 0.1 %	1	
TREMFYA ONE-PRESS SOPN 100 MG/ML [guselkumab]	4	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TREMFYA PEN SOAJ 100 MG/ML <i>[guselkumab]</i>	2	
TREMFYA PEN SOAJ 200 MG/2ML <i>[guselkumab (gastrointestinal)]</i>	4	QL - 30 day(s)
TREMFYA SOLN 200 MG/20ML <i>[guselkumab (gastrointestinal)]</i>	4	MB
TREMFYA SOSY 100 MG/ML <i>[guselkumab]</i>	4	
TREMFYA SOSY 200 MG/2ML <i>[guselkumab (gastrointestinal)]</i>	4	
YESINTEK SOLN 130 MG/26ML <i>[ustekinumab-kfce (iv)]</i>	2	
YESINTEK SOLN 45 MG/0.5ML <i>[ustekinumab-kfce]</i>	2	
YESINTEK SOSY 45 MG/0.5ML <i>[ustekinumab-kfce]</i>	2	
YESINTEK SOSY 90 MG/ML <i>[ustekinumab-kfce]</i>	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>mirabegron er tb24 25 mg</i>	1	
MYRBETRIQ SRER 8 MG/ML <i>[mirabegron]</i>	2	
MYRBETRIQ TB24 50 MG <i>[mirabegron]</i>	2	
<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 soln 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	
<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	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT SOLN <i>[multiple vitamin]</i>	2	MB
INFUVITE PEDIATRIC SOLN <i>[pediatric multiple vitamins]</i>	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML <i>[ped multivitamins w/fl & iron]</i>	1	
MULTI-VITAMIN/FLUORIDE SUSP 0.25 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
MULTI-VITAMIN/FLUORIDE SUSP 0.5 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	
POLY-VI-SOL SOLN <i>[pediatric multiple vitamins]</i>	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric multiple vitamins w/ iron]</i>	2	
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 <i>[pediatric vitamins adc]</i>	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 50000 UNIT/ML <i>[vitamin a]</i>	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER CPR 250 MG <i>[niacin]</i>	1	
NIACIN ER TBCR 250 MG <i>[niacin]</i>	1	
NIACIN TABS 100 MG <i>[niacin]</i>	1	
NIACIN TABS 250 MG <i>[niacin]</i>	1	
NIACIN TABS 50 MG <i>[niacin]</i>	1	
NIACIN TABS 500 MG <i>[niacin]</i>	1	
<i>niacin td cap 500mg td</i>	1	
<i>pyridoxine hcl soln 100 mg/ml</i>	1	MB
SLO-NIACIN TBCR 500 MG <i>[niacin]</i>	2	
SLO-NIACIN TBCR 750 MG <i>[niacin]</i>	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	MB
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG <i>[phytonadione]</i>	2	
<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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[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	72
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[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	65
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[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	84
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3

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A

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ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol]	32
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albuterol sulfate nebu 0.63 mg/3ml	32
albuterol sulfate nebu 1.25 mg/3ml	32
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alclometasone dipropionate crea 0.05 %	91
alclometasone dipropionate oint 0.05 %	91
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ambrisentan tabs 5 mg	42
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amiodarone hcl soln 900 mg/18ml	40
amiodarone hcl tabs 200 mg	40
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amitriptyline hcl tabs 100 mg	55
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amitriptyline hcl tabs 25 mg	55
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ARISTADA PRSY 441 MG/1.6ML [aripiprazole lauroxil]	55
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ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)]	75
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atorvastatin calcium tabs 20 mg.....	38
atorvastatin calcium tabs 40 mg.....	10, 38
atorvastatin calcium tabs 80 mg.....	38
atovaquone susp 750 mg/5ml.....	18
atovaquone-proguanil hcl tabs 250-100 mg.....	18
atovaquone-proguanil hcl tabs 62.5-25 mg.....	18
atracurium besylate soln 100 mg/10ml.....	31
atropine sulfate inj 1mg/ml.....	29
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)].....	72
atropine sulfate soln 1 %.....	72
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate].....	29
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate].....	29
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa].....	30
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate].....	13
AUVI-Q SOAJ 0.1 MG/0.1ML [epinephrine (anaphylaxis)].....	32
AUVI-Q SOAJ 0.15 MG/0.15ML [epinephrine (anaphylaxis)].....	32
AUVI-Q SOAJ 0.3 MG/0.3ML [epinephrine (anaphylaxis)].....	32
AVASTIN SOLN 100 MG/4ML [bevacizumab].....	23
AVITA CREA 0.025 % [tretinoin].....	93
AVONEX KIT 30MCG [interferon beta-1a].....	83
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a].....	83

azacitidine susr 100 mg.....	23
azathioprine tabs 50 mg.....	83
azelastine hcl soln 0.1 %.....	71
azithromycin solr 500 mg.....	13
azithromycin susr 100 mg/5ml.....	13
azithromycin susr 200 mg/5ml.....	13
azithromycin tabs 250 mg.....	13
azithromycin tabs 500 mg.....	13
azithromycin tabs 600 mg.....	13
aztreonam solr 1 gm.....	13
aztreonam solr 2 gm.....	13

B

bacitracin oint 500 unit/gm.....	70
BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)].....	91
BACITRACIN ZINC OINT 500 UNIT/GM [bacitracin zinc].....	91
bacitracin-polymyxin b oint 500-10000 unit/gm.....	70
BACLOFEN POWD [baclofen].....	87
baclofen tabs 10 mg.....	31
baclofen tabs 20 mg.....	31
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol].....	87
balsalazide disodium caps 750 mg.....	73
BANOPHEN CAPS 50 MG [diphenhydramine hcl].....	22
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon].....	79
BARACLUDE SOLN 0.05 MG/ML [entecavir].....	19
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2....	60
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4....	60
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4....	60
BD ALLERGY SYRINGE MISC 28G X 1/2.....	60
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2.....	60
BD CATHETER TIP SYRINGE MISC 50 ML [catheter syringes].....	60
BD DISP NEEDLES MISC 18G X 1-1/2.....	60
BD DISP NEEDLES MISC 19G X 1.....	60
BD DISP NEEDLES MISC 20G X 1.....	60
BD DISP NEEDLES MISC 22G X 1-1/2.....	60
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1.....	60
BD HYPODERMIC NEEDLE MISC 18G X 1....	60
BD HYPODERMIC NEEDLE MISC 21G X 1....	61
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2.....	61

BD HYPODERMIC NEEDLE MISC 25G X 1-1/2		BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G	
.....	61	X 15/64.....	62
BD INS SYR ULTRAFINE 1/2UNIT MISC 31G X		BD VEO INSULIN SYR ULTRAFINE MISC 31G	
5/16.....	61	X 15/64.....	62
BD INSULIN SYRINGE MICROFINE MISC 27G		BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-	
X 5/8.....	61	30 MG [belladonna alkaloids & opium]	30
BD INSULIN SYRINGE MISC 27G X 1/2.....	61	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-	
BD INSULIN SYRINGE MISC U-100 1 ML		60 MG [belladonna alkaloids & opium]	30
[insulin syringes (disposable)]	61	benazepril hcl tabs 10 mg	41
BD INSULIN SYRINGE U-500 MISC 31G X 6MM		benazepril hcl tabs 20 mg	41
0.5 ML [insulin syringe/needle u-500]	61	benazepril hcl tabs 40 mg	42
BD INSULIN SYRINGE ULTRAFINE MISC 30G		benazepril hcl tabs 5 mg	42
X 1/2.....	61	bendamustine hcl solr 100 mg	23
BD INSULIN SYRINGE ULTRAFINE MISC 31G		BENEFIX KIT 1000 UNIT [coagulation factor ix	
X 5/16.....	61	(recombinant)]	34
BD INTEGRA SYRINGE MISC 21G X 1-1/2....	61	BENEFIX KIT 250 UNIT [coagulation factor ix	
BD INTEGRA SYRINGE MISC 25G X 5/8.....	61	(recombinant)]	34
BD LUER-LOK SYRINGE MISC 10 ML [syringe		BENEFIX KIT 500 UNIT [coagulation factor ix	
(disposable)]	61	(recombinant)]	34
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	61	BENTYL SOLN 10 MG/ML [dicyclomine hcl]	30
BD LUER-LOK SYRINGE MISC 20G X 1.....	61	BENZOIN TINC [benzoin]	93
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	61	benzonatate caps 100 mg	88
BD LUER-LOK SYRINGE MISC 22G X 1.....	61	benzoyl peroxide-erythromycin gel 5-3 %	91
BD LUER-LOK SYRINGE MISC 25G X 1.....	61	benztropine mesylate soln 1 mg/ml	51
BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	61	benztropine mesylate tabs 0.5 mg	51
BD LUER-LOK SYRINGE MISC 25G X 5/8.....	61	benztropine mesylate tabs 1 mg	51
BD PEN NEEDLE MINI ULTRAFINE MISC 31G		benztropine mesylate tabs 2 mg	51
X 5 MM [insulin pen needle]	62	betamethasone dipropionate aug crea 0.05 %	
BD PEN NEEDLE NANO ULTRAFINE MISC		.....	91
32G X 4 MM [insulin pen needle]	62	betamethasone dipropionate aug gel 0.05 %	
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G		.....	91
X 12.7MM [insulin pen needle]	62	betamethasone dipropionate aug oint 0.05 %	
BD PEN NEEDLE SHORT ULTRAFINE MISC		.....	91
31G X 8 MM [insulin pen needle]	62	betamethasone sod phos & acet susp 6 (3-3)	
BD PLASTIPAK SYRINGE MISC 21G X 1.....	62	mg/ml	75
BD SYRINGE LUER-LOK MISC 1 ML [syringe		BETAMETHASONE VALERATE CREA 0.1 %	
(disposable)]	62	[betamethasone valerate]	92
BD SYRINGE LUER-LOK MISC 20 ML [syringe		betamethasone valerate foam 0.12 %	92
(disposable)]	62	BETAMETHASONE VALERATE OINT 0.1 %	
BD SYRINGE LUER-LOK MISC 3 ML [syringe		[betamethasone valerate]	92
(disposable)]	62	BETASERON KIT 0.3 MG [interferon beta-1b]	
BD SYRINGE LUER-LOK MISC 5 ML [syringe		.....	83
(disposable)]	62	betaxolol hcl soln 0.5 %	71
BD SYRINGE MISC 50 ML [syringe		bethanechol chloride tabs 10 mg	30
(disposable)]	62	bethanechol chloride tabs 25 mg	30
BD SYRINGE SLIP TIP MISC 25G X 5/8.....	62	bethanechol chloride tabs 5 mg	31
BD SYRINGE/NEEDLE MISC 22G X 1-1/2.....	62	bethanechol chloride tabs 50 mg	31
BD SYRINGE/NEEDLE MISC 23G X 1.....	62	bexarotene gel 1 %	93
BD SYRINGE/NEEDLE MISC 25G X 5/8.....	62	BEYFORTUS SOSY 100 MG/ML [nirsevimab-	
BD TB SYRINGE MISC 27G X 1/2.....	62	alip]	19

BEYFORTUS SOSY 50 MG/0.5ML [<i>nirsevimab-alip</i>]	19
<i>bicalutamide tabs 50 mg</i>	23
BICILLIN L-A SUSY 1200000 UNIT/2ML [<i>penicillin g benzathine</i>]	13
BICILLIN L-A SUSY 2400000 UNIT/4ML [<i>penicillin g benzathine</i>]	14
BICILLIN L-A SUSY 600000 UNIT/ML [<i>penicillin g benzathine</i>]	14
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	19
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	19
<i>bimatoprost soln 0.03 %</i>	71
BIO GLO STRP 1 MG [<i>fluorescein sodium topical</i>]	65
BIOTIN-D POWD [<i>biotin (bulk)</i>]	87
<i>bisoprolol fumarate tabs 10 mg</i>	38
<i>bisoprolol fumarate tabs 5 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	38
<i>bivalirudin trifluoroacetate solr 250 mg</i>	36
<i>bleomycin sulfate solr 15 unit</i>	23
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	23
BORIC ACID POWD [<i>boric acid (bulk)</i>]	87
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxinA</i>]	83
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxinA</i>]	83
BREVIBLOC IN NACL SOLN 2500 MG/250ML [<i>esmolol hcl-sodium chloride</i>]	38
BREYANZI SUSP 70000000 CELLS/ML [<i>lisocabtagene maraleucel</i>]	83
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	83
<i>brimonidine tartrate soln 0.2 %</i>	71
<i>bromocriptine mesylate caps 5 mg</i>	51
<i>bromocriptine mesylate tabs 2.5 mg</i>	51
BRUKINSA TABS 160 MG [<i>zanubrutinib</i>]	23
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	72
<i>budesonide cpep 3 mg</i>	75
<i>budesonide susp 0.25 mg/2ml</i>	75
<i>budesonide susp 0.5 mg/2ml</i>	75

<i>bumetanide tabs 1 mg</i>	67
<i>bumetanide tabs 2 mg</i>	67
BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	66
<i>bupivacaine hcl (pf) soln 0.5 %</i>	82
<i>bupivacaine hcl (pf) soln 0.75 %</i>	82
<i>bupivacaine hcl soln 0.25 %</i>	82
<i>bupivacaine hcl soln 0.5 %</i>	82
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	82
<i>buprenorphine hcl soln 0.3 mg/ml</i>	44
<i>buprenorphine hcl-naloxone hcl film 12-3 mg</i>	44
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg</i>	44
<i>buprenorphine hcl-naloxone hcl film 4-1 mg</i>	44
<i>buprenorphine hcl-naloxone hcl film 8-2 mg</i>	44
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	44
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	44
<i>buprenorphine ptwk 10 mcg/hr</i>	44
<i>buprenorphine ptwk 15 mcg/hr</i>	44
<i>buprenorphine ptwk 20 mcg/hr</i>	44
<i>buprenorphine ptwk 5 mcg/hr</i>	44
<i>buprenorphine ptwk 7.5 mcg/hr</i>	44
<i>bupropion hcl er (sr) tb12 100 mg</i>	55
<i>bupropion hcl er (sr) tb12 150 mg</i>	55
<i>bupropion hcl er (sr) tb12 200 mg</i>	55
<i>bupropion hcl er (xl) tb24 150 mg</i>	55
<i>bupropion hcl er (xl) tb24 300 mg</i>	55
<i>bupropion hcl tabs 100 mg</i>	55
<i>bupropion hcl tabs 75 mg</i>	55
<i>buspirone hcl tabs 10 mg</i>	53
<i>buspirone hcl tabs 15 mg</i>	53
<i>buspirone hcl tabs 30 mg</i>	53
<i>buspirone hcl tabs 5 mg</i>	53
<i>buspirone hcl tabs 7.5 mg</i>	53
<i>butorphanol tartrate soln 1 mg/ml</i>	44
<i>butorphanol tartrate soln 2 mg/ml</i>	44
BYOOVIZ SOLN 0.5 MG/0.05ML [<i>ranibizumab-nuna</i>]	72

C

CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	19
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	19
<i>cabergoline tabs 0.5 mg</i>	51

CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	23	<i>carbidopa-levodopa tabs 25-250 mg</i>	52
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	23	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	52
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	23	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	52
<i>caffeine citrate soln 60 mg/3ml</i>	47	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	52
<i>calcipotriene crea 0.005 %</i>	94	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	52
<i>calcipotriene oint 0.005 %</i>	94	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	52
<i>calcipotriene soln 0.005 %</i>	94	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	52
<i>calcitonin (salmon) soln 200 unit/act</i>	81	<i>carboplatin soln 150 mg/15ml</i>	23
<i>calcitriol caps 0.25 mcg</i>	96	<i>carboplatin soln 450 mg/45ml</i>	23
<i>calcitriol caps 0.5 mcg</i>	96	<i>carboplatin soln 50 mg/5ml</i>	23
<i>calcitriol oint 3 mcg/gm</i>	94	<i>carboplatin soln 600 mg/60ml</i>	23
<i>calcium acetate (phos binder) caps 667 mg</i>	68	CARDENE IV SOLN 20-0.86 MG/200ML-%	
<i>calcium acetate tabs 667 mg</i>	68	<i>[nicardipine hcl in sodium chloride]</i>	39
<i>calcium chloride soln 10 %</i>	68	CARDENE IV SOLN 20-4.8 MG/200ML-%	
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	68	<i>[nicardipine hcl in dextrose]</i>	39
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	23	CARDENE IV SOLN 40-0.83 MG/200ML-%	
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	23	<i>[nicardipine hcl in sodium chloride]</i>	39
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	23	<i>carmustine solr 100 mg</i>	23
CANCIDAS SOLR 50 MG [<i>casprofungin acetate</i>]	17	<i>carvedilol tabs 12.5 mg</i>	39
CANCIDAS SOLR 70 MG [<i>casprofungin acetate</i>]	17	<i>carvedilol tabs 25 mg</i>	39
CANDIN SOLN [<i>candida albicans skin test antigen</i>]	65	<i>carvedilol tabs 3.125 mg</i>	39
<i>capecitabine tabs 150 mg</i>	23	<i>carvedilol tabs 6.25 mg</i>	39
<i>capecitabine tabs 500 mg</i>	23	CARVYKTI SUSP 100000000 CELLS	
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	23	<i>[ciltacabtagene autoleucl]</i>	83
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	23	CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	36
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	73	CAVERJECT IMPULSE KIT 10 MCG	
<i>carbamazepine chew 100 mg</i>	49	<i>[alprostadil (vasodilator)]</i>	42
<i>carbamazepine er cp12 100 mg</i>	49	CAVERJECT IMPULSE KIT 20 MCG	
<i>carbamazepine er cp12 200 mg</i>	49	<i>[alprostadil (vasodilator)]</i>	42
<i>carbamazepine er cp12 300 mg</i>	49	CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	42
<i>carbamazepine er tb12 100 mg</i>	49	CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	43
<i>carbamazepine er tb12 200 mg</i>	49	CAYSTON SOLR 75 MG [<i>aztreonam lysine</i>]	14
<i>carbamazepine er tb12 400 mg</i>	49	<i>cefaclor caps 250 mg</i>	14
<i>carbamazepine susp 100 mg/5ml</i>	49	<i>cefaclor caps 500 mg</i>	14
<i>carbamazepine tabs 200 mg</i>	49	<i>cefadroxil caps 500 mg</i>	14
<i>carbidopa tabs 25 mg</i>	52	<i>cefazolin sodium solr 1 gm</i>	14
<i>carbidopa-levodopa er tbc 25-100 mg</i>	52	<i>cefazolin sodium solr 500 mg</i>	14
<i>carbidopa-levodopa er tbc 50-200 mg</i>	52	CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [<i>cefazolin sodium-dextrose</i>]	14
<i>carbidopa-levodopa tabs 10-100 mg</i>	52	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [<i>cefazolin sodium-dextrose</i>]	14
<i>carbidopa-levodopa tabs 25-100 mg</i>	52		

cefdinir susr 125 mg/5ml	14		
cefdinir susr 250 mg/5ml	14		
cefepime hcl solr 1 gm	14		
cefepime hcl solr 2 gm	14		
CEFEPIME-DEXTROSE SOLR 1-5 GM- %(50ML) [cefepime hcl-dextrose]	14		
CEFEPIME-DEXTROSE SOLR 2-5 GM- %(50ML) [cefepime hcl-dextrose]	14		
cefixime caps 400 mg	14		
cefixime susr 100 mg/5ml	14		
cefotaxime sodium inj 10gm	14		
cefotetan disodium solr 1 gm	14		
cefoxitin sodium inj 1gm	14		
cefoxitin sodium solr 10 gm	14		
cefoxitin sodium solr 2 gm	14		
cefpodoxime proxetil susr 100 mg/5ml	14		
cefpodoxime proxetil tabs 100 mg	14		
cefpodoxime proxetil tabs 200 mg	14		
ceftazidime solr 6 gm	14		
ceftriaxone sodium in dextrose soln 20 mg/ml	14		
ceftriaxone sodium in dextrose soln 40 mg/ml	14		
ceftriaxone sodium solr 1 gm	14		
ceftriaxone sodium solr 10 gm	14		
ceftriaxone sodium solr 2 gm	14		
ceftriaxone sodium solr 250 mg	14		
ceftriaxone sodium solr 500 mg	14		
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1- 3.74 GM-%(50ML) [ceftriaxone sodium and dextrose].....	14		
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2- 2.22 GM-%(50ML) [ceftriaxone sodium and dextrose].....	14		
cefuroxime axetil tabs 250 mg	14		
cefuroxime axetil tabs 500 mg	14		
cefuroxime sodium solr 1.5 gm	14		
cefuroxime sodium solr 750 mg	15		
celecoxib caps 100 mg	44		
celecoxib caps 200 mg	44		
celecoxib caps 400 mg	44		
celecoxib caps 50 mg	44		
CELONTIN CAPS 300 MG [methsuximide].....	49		
cephalexin caps 250 mg	15		
cephalexin caps 500 mg	15		
cephalexin susr 125 mg/5ml	15		
cephalexin susr 250 mg/5ml	15		
CEQUA SOLN 0.09 % [cyclosporine (ophth)]	71		
CERDELGA CAPS 84 MG [eliglustat tartrate]			83
			87
			75
			15
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			30
			70
			82
			18
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			70
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			15

ciprofloxacin hcl tabs 750 mg	15
ciprofloxacin in d5w soln 400 mg/200ml	15
ciprofloxacin-dexamethasone susp 0.3-0.1 %	71
cisatracurium besylate (pf) soln 10 mg/5ml	31
cisatracurium besylate (pf) soln 200 mg/20ml	31
cisatracurium besylate soln 20 mg/10ml	31
cisplatin soln 100 mg/100ml	23
citalopram hydrobromide soln 10 mg/5ml ...	55
citalopram hydrobromide tabs 10 mg	56
citalopram hydrobromide tabs 20 mg	56
citalopram hydrobromide tabs 40 mg	56
cladribine soln 10 mg/10ml	23
clarithromycin susr 125 mg/5ml	15
clarithromycin susr 250 mg/5ml	15
clarithromycin tabs 250 mg	15
clarithromycin tabs 500 mg	15
CLEOCIN PHOSPHATE SOLN 300 MG/2ML [clindamycin phosphate]	15
CLEOCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	15
CLEVIPREX EMUL 25 MG/50ML [clevidipine]	40
CLEVIPREX EMUL 50 MG/100ML [clevidipine]	40
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	62
CLIMARA PTWK 0.025 MG/24HR [estradiol]	80
CLIMARA PTWK 0.0375 MG/24HR [estradiol]	80
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	80
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	80
CLIMARA PTWK 0.075 MG/24HR [estradiol]	80
CLIMARA PTWK 0.1 MG/24HR [estradiol]	80
clindamycin hcl caps 150 mg	15
clindamycin hcl caps 300 mg	15
clindamycin palmitate hcl solr 75 mg/5ml ...	15
clindamycin phos (twice-daily) gel 1 %	91
clindamycin phosphate crea 2 %	91
clindamycin phosphate in d5w soln 900 mg/50ml	15
clindamycin phosphate lotn 1 %	91
clindamycin phosphate soln 1 %	91
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	66
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	66
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	66
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	66
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	66
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	66
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	66
clobetasol propionate crea 0.05 %	92
clobetasol propionate gel 0.05 %	92
clobetasol propionate lotn 0.05 %	92
clobetasol propionate oint 0.05 %	92
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	87
clobetasol propionate soln 0.05 %	92
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	91
clomiphene citrate tabs 50 mg	80
clomipramine hcl caps 25 mg	56
clomipramine hcl caps 50 mg	56
clomipramine hcl caps 75 mg	56
clonazepam tabs 0.5 mg	49
clonazepam tabs 1 mg	49
clonazepam tabs 2 mg	49
CLONIDINE HCL POWD [clonidine hcl]	87
clonidine hcl tabs 0.1 mg	41
clonidine hcl tabs 0.2 mg	41
clonidine hcl tabs 0.3 mg	41
clonidine ptwk 0.1 mg/24hr	41
clonidine ptwk 0.2 mg/24hr	41
clonidine ptwk 0.3 mg/24hr	41
clopidogrel bisulfate tabs 75 mg	36
clorazepate dipotassium tabs 15 mg	53
clorazepate dipotassium tabs 3.75 mg	53
clorazepate dipotassium tabs 7.5 mg	53
CLOTRIMAZOLE CRYs [clotrimazole (topical)]	87
clotrimazole troc 10 mg	91
clozapine tabs 100 mg	56
clozapine tabs 200 mg	56
clozapine tabs 25 mg	56
clozapine tabs 50 mg	56
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	87
COARTEM TABS 20-120 MG [artemether- lumefantrine]	18

CODEINE SULFATE TABS 15 MG [codeine sulfate]	44
CODEINE SULFATE TABS 30 MG [codeine sulfate]	44
CODEINE SULFATE TABS 60 MG [codeine sulfate]	44
colchicine tabs 0.6 mg	83
colestipol hcl gran 5 gm	38
colestipol hcl pack 5 gm	38
colestipol hcl tabs 1 gm	38
COLLODION FLEXIBLE LIQD [collodion flexible]	87
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	32
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	23
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	23
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	23
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	19
CONDYLOX GEL 0.5 % [podofilox]	94
CONRAY SOLN 60 % [iothalamate meglumine]	65
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	62
COPIKTRA CAPS 15 MG [duvelisib]	23
COPIKTRA CAPS 25 MG [duvelisib]	23
CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	92
cortisone acetate tabs 25 mg	76
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	71
CORTROPHIN GEL 80 UNIT/ML [corticotropin]	81
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	94
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	94
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	94
COSENTYX SOSY 150 MG/ML [secukinumab]	94
COTELLIC TABS 20 MG [cobimetinib fumarate]	23
CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)] 74	
CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)] 74	
CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	74
CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)] 74	
CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)]	74
cromolyn sodium conc 100 mg/5ml	88
cromolyn sodium nebu 20 mg/2ml	88
cromolyn sodium soln 4 %	71
C-TOPICAL SOLN 4 % [cocaine hcl]	72
CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	68
CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	88
CUROSURF SUSP 240 MG/3ML [poractant alfa]	88
cyanocobalamin soln 1000 mcg/ml	96
cyclobenzaprine hcl tabs 10 mg	31
cyclobenzaprine hcl tabs 5 mg	31
cyclopentolate hcl soln 1 %	72
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	23
CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	24
cyclophosphamide solr 1 gm	24
cyclophosphamide solr 2 gm	24
cyclophosphamide solr 500 mg	24
cycloserine caps 250 mg	18
cyclosporine (pf) emul 0.05 %	71
cyproheptadine hcl syrp 2 mg/5ml	22
cyproheptadine hcl tabs 4 mg	22
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	24
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	24
CYSTADANE POWD [betaine]	83
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	83
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	83
cytarabine soln 20 mg/ml	24
CYTOGAM SOLN 50 MG/ML [cytomegalovirus immune globulin (human)]	89
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	65
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	65

D

dabigatran etexilate mesylate caps 110 mg	36	desmopressin acetate soln 4 mcg/ml	81
dabigatran etexilate mesylate caps 150 mg	36	desmopressin acetate spray soln 0.01 %	81
dabigatran etexilate mesylate caps 75 mg	36	desmopressin acetate tabs 0.1 mg	81
dacarbazine solr 100 mg	24	desmopressin acetate tabs 0.2 mg	81
dacarbazine solr 200 mg	24	desonide crea 0.05 %	92
danazol caps 100 mg	77	desonide oint 0.05 %	92
danazol caps 200 mg	77	desoximetasone crea 0.25 %	92
danazol caps 50 mg	77	dexamethasone elix 0.5 mg/5ml	76
dantrolene sodium caps 100 mg	31	dexamethasone sodium phosphate soln 0.1 %	71
dantrolene sodium caps 25 mg	31	dexamethasone sodium phosphate soln 10 mg/ml	76
dantrolene sodium caps 50 mg	31	dexamethasone sodium phosphate soln 4 mg/ml	76
dapagliflozin tabs 10 mg	77	dexamethasone soln 0.5 mg/5ml	76
dapagliflozin tabs 5 mg	77	dexamethasone tabs 0.5 mg	76
dapsone tabs 100 mg	18	dexamethasone tabs 0.75 mg	76
dapsone tabs 25 mg	18	dexamethasone tabs 1 mg	76
daptomycin solr 500 mg	15	dexamethasone tabs 1.5 mg	76
DARAPRIM TABS 25 MG [pyrimethamine]	19	dexamethasone tabs 2 mg	76
darunavir tabs 600 mg	19	dexamethasone tabs 4 mg	76
darunavir tabs 800 mg	19	dexamethasone tabs 6 mg	76
DARZALEX SOLN 100 MG/5ML [daratumumab]	24	dexmethylphenidate hcl er cp24 10 mg	47
DARZALEX SOLN 400 MG/20ML [daratumumab]	24	dexmethylphenidate hcl er cp24 15 mg	47
dasatinib tabs 100 mg	24	dexmethylphenidate hcl er cp24 20 mg	47
dasatinib tabs 140 mg	24	dexmethylphenidate hcl er cp24 25 mg	47
dasatinib tabs 20 mg	24	dexmethylphenidate hcl er cp24 30 mg	47
dasatinib tabs 50 mg	24	dexmethylphenidate hcl er cp24 35 mg	47
dasatinib tabs 70 mg	24	dexmethylphenidate hcl er cp24 40 mg	47
dasatinib tabs 80 mg	24	dexmethylphenidate hcl er cp24 5 mg	47
daunorubicin hcl soln 20 mg/4ml	24	dexmethylphenidate hcl tabs 10 mg	47
DAXXIFY SOLR 100 UNIT [daxibotulinumtoxina-lanm]	83	dexmethylphenidate hcl tabs 2.5 mg	47
deferasirox tabs 360 mg	75	dexmethylphenidate hcl tabs 5 mg	47
deferasirox tabs 90 mg	75	dextroamphetamine sulfate er cp24 10 mg	47
deferoxamine mesylate inj 2gm	75	dextroamphetamine sulfate er cp24 15 mg	47
deferoxamine mesylate solr 500 mg	75	dextroamphetamine sulfate er cp24 5 mg	47
DESCOVY TABS 120-15 MG [emtricitabine-tenofovir alafenamide fumarate]	19	dextroamphetamine sulfate tabs 10 mg	47
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	20	dextroamphetamine sulfate tabs 5 mg	47
desipramine hcl tabs 10 mg	56	DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers]	68
desipramine hcl tabs 100 mg	56	DEXTROSE SOLN 10 % [dextrose]	66
desipramine hcl tabs 150 mg	56	DEXTROSE SOLN 20 % [dextrose]	66
desipramine hcl tabs 25 mg	56	DEXTROSE SOLN 5 % [dextrose]	66
desipramine hcl tabs 50 mg	56	DEXTROSE SOLN 50 % [dextrose]	66
desipramine hcl tabs 75 mg	56	DEXTROSE SOLN 70 % [dextrose]	66
desmopressin ace spray refrig soln 0.01 %	81	DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 % [dextrose w/ sodium chloride]	68
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML [desmopressin acetate]	81	DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	68
		DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2	

% [dextrose w/ sodium chloride]	68
dextrose-sodium chloride soln 5-0.3 %	68
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45	
% [dextrose w/ sodium chloride]	68
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9	
% [dextrose w/ sodium chloride]	68
DIASTAT ACUDIAL GEL 10 MG [diazepam	
(anticonvulsant)]	53
DIASTAT ACUDIAL GEL 20 MG [diazepam	
(anticonvulsant)]	53
DIASTAT PEDIATRIC GEL 2.5 MG [diazepam	
(anticonvulsant)]	53
DIASTIX STRP [glucose urine test-(glucose	
oxidase)]	65
diazepam soln 5 mg/5ml	53
diazepam soln 5 mg/ml	53
diazepam tabs 10 mg	53
diazepam tabs 2 mg	53
diazepam tabs 5 mg	53
diclofenac sodium soln 0.1 %	71
diclofenac sodium soln 1.5 %	94
dicloxacillin sodium caps 250 mg	15
dicloxacillin sodium caps 500 mg	15
dicyclomine hcl caps 10 mg	30
dicyclomine hcl soln 10 mg/5ml	30
dicyclomine hcl tabs 20 mg	30
DIFFERIN CREA 0.1 % [adapalene]	94
DIFFERIN GEL 0.3 % [adapalene]	94
DIGIFAB SOLR 40 MG [digoxin immune fab]	89
digoxin soln 0.05 mg/ml	40
digoxin tabs 125 mcg	40
digoxin tabs 250 mcg	40
dihydroergotamine mesylate inj 1mg/ml	32
dihydroergotamine mesylate soln 1 mg/ml	32
dihydroergotamine mesylate soln 4 mg/ml	32
diltiazem hcl er coated beads cp24 180 mg	40
diltiazem hcl er cp12 120 mg	40
diltiazem hcl er cp12 60 mg	40
diltiazem hcl er cp12 90 mg	40
diltiazem hcl er cp24 120 mg	40
diltiazem hcl er cp24 180 mg	40
diltiazem hcl er cp24 240 mg	40
DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	
.....	87
diltiazem hcl tabs 120 mg	40
diltiazem hcl tabs 30 mg	40
diltiazem hcl tabs 60 mg	40
diltiazem hcl tabs 90 mg	40
dimethyl fumarate cpdr 120 mg	83
dimethyl fumarate cpdr 240 mg	83

dimethyl fumarate starter pack cdpk 120 &	
240 mg	84
diphenhydramine hcl soln 50 mg/ml	22
diphenoxylate-atropine tabs 2.5-0.025 mg	73
dipyridamole tabs 25 mg	43
dipyridamole tabs 50 mg	43
dipyridamole tabs 75 mg	43
disopyramide phosphate caps 100 mg	40
disopyramide phosphate caps 150 mg	40
disulfiram tabs 250 mg	84
disulfiram tabs 500 mg	84
divalproex sodium csdr 125 mg	49
divalproex sodium er tb24 250 mg	49
divalproex sodium er tb24 500 mg	49
divalproex sodium tbec 125 mg	49
divalproex sodium tbec 250 mg	49
divalproex sodium tbec 500 mg	49
dobutamine hcl soln 12.5 mg/ml	32
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-	
% [dobutamine in dextrose]	32
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-	
% [dobutamine in dextrose]	32
docetaxel conc 80 mg/4ml	24
DOCUSATE SODIUM LIQD 50 MG/5ML	
[docusate sodium]	74
dofetilide caps 125 mcg	40
dofetilide caps 250 mcg	40
dofetilide caps 500 mcg	40
donepezil hcl tabs 10 mg	31
donepezil hcl tabs 5 mg	31
donepezil hcl tbdp 10 mg	31
donepezil hcl tbdp 5 mg	31
DONNATAL ELIX 16.2 MG/5ML [phenobarbital-	
hyoscyamine-atropine-scopolamine]	30
DONNATAL TABS 16.2 MG [phenobarbital-	
hyoscyamine-atropine-scopolamine]	30
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	
[dopamine in dextrose]	32
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	
[dopamine in dextrose]	32
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	
[dopamine in dextrose]	32
dorzolamide hcl soln 2 %	71
dorzolamide hcl-timolol mal soln 2-0.5 %	71
DOVATO TABS 50-300 MG [dolutegravir	
sodium-lamivudine]	20
doxazosin mesylate tabs 1 mg	37
doxazosin mesylate tabs 2 mg	37
doxazosin mesylate tabs 4 mg	37
doxazosin mesylate tabs 8 mg	37

doxepin hcl caps 10 mg	56
doxepin hcl caps 100 mg	56
doxepin hcl caps 150 mg	56
doxepin hcl caps 25 mg	56
doxepin hcl caps 50 mg	56
doxepin hcl caps 75 mg	56
doxepin hcl conc 10 mg/ml	56
doxepin hcl tabs 3 mg	53
doxepin hcl tabs 6 mg	53
doxorubicin hcl liposomal susp 2 mg/ml	24
doxorubicin hcl soln 2 mg/ml	24
doxycycline hyclate caps 100 mg	15
doxycycline hyclate tabs 100 mg	15
doxycycline hyclate tabs 20 mg	15
doxycycline monohydrate susr 25 mg/5ml ..	15
doxycycline monohydrate tabs 100 mg	15
doxycycline monohydrate tabs 50 mg	15
DRITHO-CREME HP CRE HP 1% [anthralin]	94
dronabinol caps 10 mg	73
dronabinol caps 2.5 mg	73
dronabinol caps 5 mg	73
droperidol soln 2.5 mg/ml	53
drospirenone-ethinyl estradiol tabs 3-0.03 mg	79
DRYSOL SOLN 20 % [aluminum chloride] ...	93
duloxetine hcl cpep 20 mg	56
duloxetine hcl cpep 30 mg	56
duloxetine hcl cpep 60 mg	56
DUOPA SUSP 4.63-20 MG/ML [carbidopa- levodopa]	52
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	44
D-XYLOSE POWD [d-xylose]	65
DYRENIUM CAPS 50 MG [triamterene]	67

E

EASY TOUCH SAFETY SYRINGE MISC 20G X 1	62
EDEX (2 CARTRIDGE) KIT 40 MCG [alprostadil (vasodilator)]	43
EDURANT TABS 25 MG [rilpivirine hcl]	20
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	80
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	80
efavirenz tabs 600 mg	20
efavirenz-emtricitab-tenofo df tabs 600-200- 300 mg	20
EFFIENT TABS 10 MG [prasugrel hcl]	36

EFFIENT TABS 5 MG [prasugrel hcl]	36
ELAHERE SOLN 100 MG/20ML [mirvetuximab soravtansine-gynx]	24
ELAPRASE SOLN 6 MG/3ML [idursulfase] ...70	
ELELYSO SOLR 200 UNIT [taliglucerase alfa]	70
eletriptan hydrobromide tabs 20 mg	51
eletriptan hydrobromide tabs 40 mg	51
ELIGARD KIT 22.5 MG [leuprolide acetate (3 month)]	80
ELIGARD KIT 30 MG [leuprolide acetate (4 month)]	80
ELIGARD KIT 45 MG [leuprolide acetate (6 month)]	80
ELIGARD KIT 7.5 MG [leuprolide acetate]	80
ELITEK SOLR 1.5 MG [rasburicase]	70
ELITEK SOLR 7.5 MG [rasburicase]	70
ELLA TABS 30 MG [ulipristal acetate]	79
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	84
eltrombopag olamine pack 12.5 mg	37
eltrombopag olamine pack 25 mg	37
eltrombopag olamine tabs 12.5 mg	37
eltrombopag olamine tabs 25 mg	37
eltrombopag olamine tabs 50 mg	37
eltrombopag olamine tabs 75 mg	37
EMCYT CAPS 140 MG [estramustine phosphate sodium]	24
emtricitabine caps 200 mg	20
emtricitabine-tenofovir df tabs 100-150 mg ..	20
emtricitabine-tenofovir df tabs 133-200 mg ..	20
emtricitabine-tenofovir df tabs 167-250 mg ..	20
emtricitabine-tenofovir df tabs 200-300 mg ..	20
EMTRIVA SOLN 10 MG/ML [emtricitabine] ...20	
ENBREL INJ 25MG [etanercept]	84
ENBREL SOSY 25 MG/0.5ML [etanercept]	84
ENBREL SOSY 50 MG/ML [etanercept]	84
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	84
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	81
ENHERTU SOLR 100 MG [fam-trastuzumab deruxtecan-nxki]	24
entacapone tabs 200 mg	52
entecavir tabs 0.5 mg	20
entecavir tabs 1 mg	20
EOVIST SOLN 0.25 MMOL/ML [gadoxetate disodium]	65
EPCLUSA PACK 150-37.5 MG [sofosbuvir- velpatasvir]	20

EPCLUSA PACK 200-50 MG [sofosbuvir-velpatasvir].....	20
EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir].....	20
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir].....	20
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	94
epinephrine hcl inj 1mg/ml	32
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine].....	32
eptifibatide soln 20 mg/10ml.....	36
eptifibatide soln 75 mg/100ml.....	36
EPYSQLI SOLN 300 MG/30ML [eculizumab-aagh].....	84
ERBITUX SOLN 100 MG/50ML [cetuximab]..	24
ERBITUX SOLN 200 MG/100ML [cetuximab]	24
ergotamine-caffeine tabs 1-100 mg.....	51
ERIVEDGE CAPS 150 MG [vismodegib].....	24
erlotinib hcl tabs 100 mg.....	24
erlotinib hcl tabs 150 mg.....	24
erlotinib hcl tabs 25 mg.....	24
erythromycin oint 5 mg/gm.....	70
erythromycin soln 2 %	91
escitalopram oxalate soln 5 mg/5ml	56
escitalopram oxalate tabs 10 mg.....	55
escitalopram oxalate tabs 20 mg.....	56
escitalopram oxalate tabs 5 mg.....	56
ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	39
estradiol pttw 0.025 mg/24hr	80
estradiol pttw 0.0375 mg/24hr.....	80
estradiol pttw 0.05 mg/24hr	80
estradiol pttw 0.075 mg/24hr	80
estradiol pttw 0.1 mg/24hr	80
estradiol ptwk 0.05 mg/24hr.....	80
estradiol ptwk 0.075 mg/24hr.....	80
estradiol tabs 0.5 mg.....	80
estradiol tabs 1 mg.....	80
estradiol tabs 10 mcg.....	80
estradiol tabs 2 mg.....	80
estradiol valerate oil 10 mg/ml.....	80
estradiol valerate oil 20 mg/ml.....	80
estradiol valerate oil 40 mg/ml.....	80
ESTRING RING 7.5 MCG/24HR [estradiol vaginal]	80
ethacrynic acid tabs 25 mg	67
ethambutol hcl tabs 100 mg	18
ethambutol hcl tabs 400 mg	18
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	

.....	42
ethosuximide caps 250 mg.....	49
ethosuximide soln 250 mg/5ml	49
etodolac caps 200 mg.....	44
etodolac caps 300 mg.....	44
etodolac tabs 400 mg.....	44
etodolac tabs 500 mg.....	44
etoposide caps 50 mg.....	24
etoposide soln 100 mg/5ml	24
etravirine tabs 100 mg	20
etravirine tabs 200 mg	20
everolimus tabs 10 mg	24
everolimus tabs 2.5 mg	24
everolimus tabs 5 mg	24
everolimus tabs 7.5 mg	24
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat].....	20
exemestane tabs 25 mg.....	24
EXJADE TBSO 125 MG [deferasirox].....	75
EXJADE TBSO 250 MG [deferasirox].....	75
EXJADE TBSO 500 MG [deferasirox].....	75
EXTAVIA KIT 0.3 MG [interferon beta-1b].....	84
EYLEA SOLN 2 MG/0.05ML [aflibercept].....	72
EYLEA SOSY 2 MG/0.05ML [aflibercept].....	72
ezetimibe tabs 10 mg.....	38

F

FABRAZYME SOLR 35 MG [agalsidase beta]	70
FABRAZYME SOLR 5 MG [agalsidase beta].	70
famotidine (pf) soln 20 mg/2ml	73
famotidine premixed soln 20-0.9 mg/50ml-%	73
famotidine soln 40 mg/4ml	73
famotidine susr 40 mg/5ml.....	73
famotidine tabs 40 mg	73
fenofibrate tabs 160 mg.....	38
fenofibrate tabs 54 mg.....	38
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	44
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate].....	44
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	44
fentanyl pt72 100 mcg/hr.....	44
fentanyl pt72 12 mcg/hr.....	44
fentanyl pt72 25 mcg/hr.....	44
fentanyl pt72 50 mcg/hr.....	45
fentanyl pt72 75 mcg/hr.....	45
FIBRYGA SOLR [fibrinogen concentrate]	

(human)]	34
FIBRYGA SOLR 2 GM [fibrinogen concentrate (human)]	34
FILKRI SOSY 300 MCG/0.5ML [filgrastim-laha]	37
FILKRI SOSY 480 MCG/0.8ML [filgrastim-laha]	37
finasteride tabs 5 mg	84
 fingolimod hcl caps 0.5 mg	84
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	15
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	15
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	89
flecainide acetate tabs 100 mg	40
flecainide acetate tabs 150 mg	40
flecainide acetate tabs 50 mg	40
fluconazole in dextrose inj dex 200	17
fluconazole in nacl inj nacl 200	17
fluconazole in nacl inj nacl 400	17
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	17
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	17
fluconazole susr 10 mg/ml	17
fluconazole susr 40 mg/ml	17
fluconazole tabs 100 mg	17
fluconazole tabs 150 mg	17
fluconazole tabs 200 mg	18
fluconazole tabs 50 mg	18
flucytosine caps 250 mg	18
flucytosine caps 500 mg	18
fludarabine phosphate solr 50 mg	24
fludrocortisone acetate tabs 0.1 mg	76
flunisolide soln 25 mcg/act (0.025%)	71
fluocinolone acetonide body oil 0.01 %	92
fluocinolone acetonide scalp oil 0.01 %	92
fluocinolone acetonide soln 0.01 %	92
fluocinonide gel 0.05 %	94
fluocinonide oint 0.05 %	92
fluocinonide soln 0.05 %	92
fluorometholone susp 0.1 %	71
fluorouracil crea 5 %	94
fluorouracil soln 2 %	94
fluorouracil soln 5 %	94
fluorouracil soln 5 gm/100ml	24
fluorouracil soln 500 mg/10ml	24
fluoxetine hcl caps 10 mg	56
fluoxetine hcl caps 20 mg	56

fluoxetine hcl caps 40 mg	56
fluoxetine hcl soln 20 mg/5ml	56
fluphenazine decanoate soln 25 mg/ml	56
fluphenazine hcl conc 5 mg/ml	56
fluphenazine hcl tabs 1 mg	56
fluphenazine hcl tabs 10 mg	56
fluphenazine hcl tabs 2.5 mg	56
fluphenazine hcl tabs 5 mg	56
flurbiprofen sodium soln 0.03 %	71
fluticasone propionate crea 0.05 %	92
fluticasone propionate hfa aero 44 mcg/act	76
fluticasone propionate oint 0.005 %	92
fluvoxamine maleate tabs 100 mg	56
fluvoxamine maleate tabs 25 mg	56
fluvoxamine maleate tabs 50 mg	56
folic acid soln 5 mg/ml	96
FORTEO SOPN 560 MCG/2.24ML [teriparatide]	81
fosamprenavir calcium tabs 700 mg	20
fosaprepitant dimeglumine solr 150 mg	73
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	20
fulvestrant sosy 250 mg/5ml	24
furosemide soln 10 mg/ml	67
furosemide soln 8 mg/ml	67
FUROSEMIDE TABS 20 MG [furosemide]	67
FUROSEMIDE TABS 40 MG [furosemide]	67
furosemide tabs 80 mg	67

G

gabapentin caps 100 mg	49
gabapentin caps 300 mg	49
gabapentin caps 400 mg	49
GABAPENTIN POWD [gabapentin (bulk)]	87
gabapentin soln 250 mg/5ml	49
gabapentin tabs 600 mg	49
gabapentin tabs 800 mg	49
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]	65	gemcitabine hcl solr 200 mg	25
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	65	gemfibrozil tabs 600 mg	38
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	65	gentamicin in saline soln 0.8-0.9 mg/ml-%	15
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	65	gentamicin in saline soln 1.2-0.9 mg/ml-%	15
galantamine hydrobromide er cp24 16 mg	31	gentamicin in saline soln 1.6-0.9 mg/ml-%	15
galantamine hydrobromide er cp24 24 mg	31	gentamicin in saline soln 1-0.9 mg/ml-%	15
galantamine hydrobromide er cp24 8 mg	31	gentamicin in saline soln 2-0.9 mg/ml-%	15
galantamine hydrobromide tabs 12 mg	31	gentamicin sulfate crea 0.1 %	91
galantamine hydrobromide tabs 4 mg	31	gentamicin sulfate oint 0.1 %	91
galantamine hydrobromide tabs 8 mg	31	gentamicin sulfate soln 0.3 %	70
GAMASTAN SOLN [immune globulin (human) im]	89	gentamicin sulfate soln 40 mg/ml	15
GAMMAGARD ERC SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	89	GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	20
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	89	GLEOSTINE CAPS 10 MG [lomustine]	25
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	89	GLEOSTINE CAPS 100 MG [lomustine]	25
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	89	GLEOSTINE CAPS 40 MG [lomustine]	25
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	89	glimepiride tabs 1 mg	77
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	90	glimepiride tabs 2 mg	77
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	90	glimepiride tabs 4 mg	77
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	90	glipizide tabs 10 mg	77
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	90	glipizide tabs 5 mg	77
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	90	glipizide tb24 10 mg	77
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	90	glipizide tb24 2.5 mg	77
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	90	glipizide tb24 5 mg	77
ganciclovir sodium solr 500 mg	20	glipizide-metformin hcl tabs 2.5-250 mg	77
ganirelix acetate sosy 250 mcg/0.5ml	81	glipizide-metformin hcl tabs 2.5-500 mg	77
GASTROGRAFIN SOLN 66-10 % [diatrizoate meglumine & sodium]	65	glipizide-metformin hcl tabs 5-500 mg	77
gatifloxacin soln 0.5 %	70	GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl]	79
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	24	GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	79
GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	73	glucagon emergency solr 1 mg	79
gemcitabine hcl soln 1 gm/26.3ml	24	glyburide tabs 1.25 mg	77
		glyburide tabs 2.5 mg	78
		glyburide tabs 5 mg	78
		GLYCERIN LIQD [glycerin (bulk)]	87
		GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	87
		glycopyrrolate soln 0.4 mg/2ml	30
		glycopyrrolate soln 1 mg/5ml	30
		glycopyrrolate tabs 1 mg	30
		glycopyrrolate tabs 2 mg	30
		GNP ANTACID & ANTI-GAS SUSP 400-400-40 MG/5ML [alum & mag hydrox-simethicone]	73
		GNP ANTACID REGULAR STRENGTH SUSP 200-200-20 MG/5ML [alum & mag hydrox-simethicone]	73
		GONAL-F RFF REDIRECT SOPN 300	

UNT/0.48ML [follitropin alfa]	81
GONAL-F RFF REDIJECT SOPN 450	
UNT/0.72ML [follitropin alfa]	81
GONAL-F RFF REDIJECT SOPN 900	
UNT/1.44ML [follitropin alfa]	81
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	
.....	81
GONAL-F SOLR 1050 UNIT [follitropin alfa]	81
GONAL-F SOLR 450 UNIT [follitropin alfa]	81
granisetron hcl tabs 1 mg	73
GRANIX SOLN 300 MCG/ML [tbo-filgrastim]	37
GRANIX SOLN 480 MCG/1.6ML [tbo-filgrastim]	
.....	37
GRANIX SOSY 300 MCG/0.5ML [tbo-filgrastim]	37
GRANIX SOSY 480 MCG/0.8ML [tbo-filgrastim]	37
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	84
griseofulvin microsize susp 125 mg/5ml	18
griseofulvin microsize tabs 500 mg	18
griseofulvin ultramicrosize tabs 125 mg	18
griseofulvin ultramicrosize tabs 250 mg	18
GUAIFENESIN-CODEINE SOLN 100-10	
MG/5ML [guaifenesin-codeine]	88
guanfacine hcl er tb24 1 mg	54
guanfacine hcl er tb24 2 mg	54
guanfacine hcl er tb24 3 mg	54
guanfacine hcl er tb24 4 mg	54
guanfacine hcl tabs 1 mg	32
guanfacine hcl tabs 2 mg	32

H

HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	84
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	84
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	
.....	25
haloperidol decanoate soln 100 mg/ml	56
haloperidol decanoate soln 50 mg/ml	56
haloperidol lactate conc 2 mg/ml	56
haloperidol lactate soln 5 mg/ml	57
haloperidol tabs 0.5 mg	57
haloperidol tabs 1 mg	57
haloperidol tabs 10 mg	57
haloperidol tabs 2 mg	57
haloperidol tabs 20 mg	57
haloperidol tabs 5 mg	57
HARVONI TABS 45-200 MG [ledipasvir-	

sofosbuvir]	20
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	20
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	87
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 12 MG/0.4ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 300 MG/2ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh]	34
HEMOFIL M INJ 220-400 [antihemophilic factor (human)]	34
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9	
UT/500ML-% [heparin (porcine) in sodium chloride]	36
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9	
UNIT/L-% [heparin (porcine) in sodium chloride]	36
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10	
UNIT/ML [heparin sodium (porcine) lock flush]	36
HEPARIN NA (PORK) LOCK FLSH PF SOLN	
100 UNIT/ML [heparin sodium (porcine) lock flush]	36
HEPARIN SOD (PORCINE) IN D5W SOLN	
25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	36
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5	
UNIT/ML-% [heparin sod (porcine) in d5w]	
.....	36
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10	
UNIT/ML [heparin sodium (porcine) lock flush]	36
HEPARIN SOD (PORK) LOCK FLUSH SOLN	
100 UNIT/ML [heparin sodium (porcine) lock flush]	36
heparin sodium (porcine) soln 1000 unit/ml	
heparin sodium (porcine) soln 10000 unit/ml	
.....	36
heparin sodium (porcine) soln 20000 unit/ml	
.....	36
heparin sodium (porcine) soln 5000 unit/ml	
HERCESSI SOLR 150 MG [trastuzumab-strf]	

.....	25
HERCESSI SOLR 420 MG [<i>trastuzumab-strf</i>]	25
.....	25
<i>hetastarch-nacl soln 6-0.9 %</i>	68
HEXTEND SOLN 6 % [<i>hetastarch (hes /0.7 or /0.75) in electrolytes</i>]	68
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOSY 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOSY 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOSY 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	90
HIZENTRA SOSY 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	90
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	72
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	78
.....	78
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	78
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	78
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	78
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	78
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	78
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	78
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	78

HYCAMPIN CAPS 0.25 MG [<i>topotecan hcl</i>]	25
HYCAMPIN CAPS 1 MG [<i>topotecan hcl</i>]	25
<i>hydralazine hcl soln 20 mg/ml</i>	41
<i>hydralazine hcl tabs 10 mg</i>	41
<i>hydralazine hcl tabs 100 mg</i>	41
<i>hydralazine hcl tabs 25 mg</i>	41
<i>hydralazine hcl tabs 50 mg</i>	41
<i>hydrochlorothiazide tabs 12.5 mg</i>	67
<i>hydrochlorothiazide tabs 25 mg</i>	67
<i>hydrochlorothiazide tabs 50 mg</i>	67
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	88
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	88
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	45
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	45
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	45
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	45
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	45
<i>hydrocortisone ace-pramoxine crea 1-1 %</i> ..93	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	92
<i>hydrocortisone crea 2.5 %</i>	92
<i>hydrocortisone enem 100 mg/60ml</i>	92
<i>hydrocortisone lotn 2.5 %</i>	92
<i>hydrocortisone oint 2.5 %</i>	92
HYDROCORTISONE POWD [<i>hydrocortisone (bulk)</i>]	87
<i>hydrocortisone tabs 10 mg</i>	76
<i>hydrocortisone tabs 20 mg</i>	76
<i>hydrocortisone tabs 5 mg</i>	76
HYDROCORTISONE-IDOQUINOL CREA 1-1 % [<i>idoquinol-hc</i>]	91
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [<i>hydrocortisone acetate w/ pramoxine</i>]	93
<i>hydromorphone hcl liqd 1 mg/ml</i>	45
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	45
HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SOLN 2 MG/ML [<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SOLN 4 MG/ML [<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SUPP 3 MG	

[hydromorphone hcl]	45
hydromorphone hcl tabs 2 mg	45
hydromorphone hcl tabs 4 mg	45
hydromorphone hcl tabs 8 mg	45
HYDROPHILIC OINT [hydrophilic ointment] 87	
hydroxychloroquine sulfate tabs 200 mg	19
HYDROXYPROGESTERONE CAPROATE	
POWD [hydroxyprogesterone caproate	
(bulk)]	87
hydroxyurea caps 500 mg	25
hydroxyzine hcl soln 50 mg/ml	53
hydroxyzine hcl syrp 10 mg/5ml	53
hydroxyzine hcl tabs 10 mg	53
hydroxyzine hcl tabs 25 mg	53
hydroxyzine hcl tabs 50 mg	53
hydroxyzine pamoate caps 100 mg	53
hydroxyzine pamoate caps 25 mg	53
hydroxyzine pamoate caps 50 mg	53
HYLENEX SOLN 150 UNIT/ML [hyaluronidase	
human]	70
HYOSCYAMINE SULFATE ER TB12 0.375 MG	
[hyoscyamine sulfate]	30
HYOSCYAMINE SULFATE SUBL 0.125 MG	
[hyoscyamine sulfate]	30
HYOSCYAMINE SULFATE TBDP 0.125 MG	
[hyoscyamine sulfate]	30
HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine	
sulfate]	30
HYOSYNE SOLN 0.125 MG/ML [hyoscyamine	
sulfate]	30
HYPODERMIC NEEDLE MISC 19G X 1	62
HYPODERMIC NEEDLE MISC 25G X 1-1/2 ...	62

I

IBRANCE CAPS 100 MG [palbociclib]	25
IBRANCE CAPS 125 MG [palbociclib]	25
IBRANCE CAPS 75 MG [palbociclib]	25
IBRANCE TABS 100 MG [palbociclib]	25
IBRANCE TABS 125 MG [palbociclib]	25
IBRANCE TABS 75 MG [palbociclib]	25
ibuprofen susp 100 mg/5ml	45
ibutilide fumarate soln 1 mg/10ml	41
icatibant acetate sosy 30 mg/3ml	84
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin	
hcl]	25
IDELVION SOLR 1000 UNIT [coagulation	
factor ix recomb albumin fusion protein	
(rix-fp)]	34
IDELVION SOLR 2000 UNIT [coagulation	
factor ix recomb albumin fusion protein	

(rix-fp)]	34
IDELVION SOLR 250 UNIT [coagulation factor	
ix recomb albumin fusion protein (rix-fp)] 34	
IDELVION SOLR 500 UNIT [coagulation factor	
ix recomb albumin fusion protein (rix-fp)] 34	
imatinib mesylate tabs 100 mg	25
imatinib mesylate tabs 400 mg	25
IMBRUVICA CAPS 140 MG [ibrutinib]	25
IMBRUVICA CAPS 70 MG [ibrutinib]	25
IMBRUVICA TABS 140 MG [ibrutinib]	25
IMBRUVICA TABS 280 MG [ibrutinib]	25
IMBRUVICA TABS 420 MG [ibrutinib]	25
IMBRUVICA TABS 560 MG [ibrutinib]	25
imipramine hcl tabs 10 mg	57
imipramine hcl tabs 25 mg	57
imipramine hcl tabs 50 mg	57
imiquimod crea 5 %	94
indapamide tabs 1.25 mg	67
indapamide tabs 2.5 mg	67
indomethacin caps 25 mg	45
indomethacin caps 50 mg	45
indomethacin er cpcr 75 mg	45
INDOMETHACIN SODIUM SOLR 1 MG	
[indomethacin sodium]	45
INFED SOLN 50 MG/ML [iron dextran]	33
INFLECTRA SOLR 100 MG [infliximab-dyyb] 84	
INFUMORPH 200 SOLN 200 MG/20ML (10	
MG/ML) [morphine sulfate for continuous	
microinfusion]	45
INFUVITE ADULT SOLN [multiple vitamin] ..	95
INFUVITE PEDIATRIC SOLN [pediatric	
multiple vitamins]	95
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	
[insulin glargine-yfgn]	78
INSULIN GLARGINE-YFGN SOPN 100	
UNIT/ML [insulin glargine-yfgn]	78
INTELENCE TABS 25 MG [etravirine]	20
INTRALIPID EMUL 20 % [fat emulsion plant	
based (soy)]	66
INTRALIPID EMUL 30 % [fat emulsion plant	
based (soy)]	66
INTRON A SOLR 10000000 UNIT [interferon	
alfa-2b]	25
INTRON-A W/DILUENT INJ 18MU [interferon	
alfa-2b]	25
INTRON-A W/DILUENT INJ 50MU [interferon	
alfa-2b]	25
INVANZ INJ 1GM [ertapenem sodium]	15
INVEGA SUSTENNA SUSY 117 MG/0.75ML	
[paliperidone palmitate]	57

INVEGA SUSTENNA SUSY 156 MG/ML [paliperidone palmitate]	57
INVEGA SUSTENNA SUSY 234 MG/1.5ML [paliperidone palmitate]	57
INVEGA SUSTENNA SUSY 39 MG/0.25ML [paliperidone palmitate]	54
INVEGA SUSTENNA SUSY 78 MG/0.5ML [paliperidone palmitate]	57
ipratropium bromide soln 0.02 %	30
ipratropium bromide soln 0.03 %	30
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	32
IRESSA TABS 250 MG [gefitinib]	25
irinotecan hcl soln 500 mg/25ml	25
ISENTRESS CHEW 100 MG [raltegravir potassium]	20
ISENTRESS CHEW 25 MG [raltegravir potassium]	20
ISENTRESS HD TABS 600 MG [raltegravir potassium]	20
ISENTRESS TABS 400 MG [raltegravir potassium]	20
isoniazid soln 100 mg/ml	18
isoniazid syrp 50 mg/5ml	18
isoniazid tabs 100 mg	18
isoniazid tabs 300 mg	18
isoproterenol hcl soln 0.2 mg/ml	32
isosorbide dinitrate tabs 10 mg	43
isosorbide dinitrate tabs 20 mg	43
isosorbide dinitrate tabs 30 mg	43
isosorbide dinitrate tabs 5 mg	43
isosorbide mononitrate er tb24 120 mg	43
isosorbide mononitrate er tb24 30 mg	43
isosorbide mononitrate er tb24 60 mg	43
ISOSORBIDE POWD [isosorbide (bulk)]	87
itraconazole caps 100 mg	18
ivermectin tabs 3 mg	13
IXEMPRA KIT SOLR 15 MG [ixabepilone]	25
IXEMPRA KIT SOLR 45 MG [ixabepilone]	25

J

JADENU SPRINKLE PACK 180 MG [deferasirox]	75
JADENU SPRINKLE PACK 360 MG [deferasirox]	75
JADENU SPRINKLE PACK 90 MG [deferasirox]	75
JADENU TABS 180 MG [deferasirox]	75
JAKAFI TABS 10 MG [ruxolitinib phosphate] 25	
JAKAFI TABS 15 MG [ruxolitinib phosphate] 25	

JAKAFI TABS 20 MG [ruxolitinib phosphate] 25	
JAKAFI TABS 25 MG [ruxolitinib phosphate] 25	
JAKAFI TABS 5 MG [ruxolitinib phosphate] .25	
JARDIANCE TABS 10 MG [empagliflozin]	78
JARDIANCE TABS 25 MG [empagliflozin]	78
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel] .25	
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	20

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	25
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	25
KALYDECO PACK 13.4 MG [ivacaftor]	89
KALYDECO PACK 25 MG [ivacaftor]	89
KALYDECO PACK 5.8 MG [ivacaftor]	89
KALYDECO PACK 50 MG [ivacaftor]	89
KALYDECO PACK 75 MG [ivacaftor]	89
KALYDECO TABS 150 MG [ivacaftor]	89
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	34
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	69
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	69
KENALOG-10 SUSP 10 MG/ML [triamcinolone acetanide]	76
KENALOG-40 SUSP 40 MG/ML [triamcinolone acetanide]	76

KEPIVANCE SOLR 6.25 MG <i>[palifermin]</i>	93
KETAMINE HCL POWD <i>[ketamine hcl (bulk)]</i>	87
<i>ketamine hcl soln 10 mg/ml</i>	55
<i>ketamine hcl soln 50 mg/ml</i>	55
<i>ketoconazole crea 2 %</i>	91
<i>ketoconazole sham 2 %</i>	91
<i>ketoconazole tabs 200 mg</i>	18
KETO-DIASTIX STRP <i>[urine glucose-ketones test]</i>	65
KETOPROFEN POWD <i>[ketoprofen (bulk)]</i> ..	87
<i>ketorolac tromethamine inj 15mg/ml</i>	45
<i>ketorolac tromethamine soln 0.5 %</i>	71
<i>ketorolac tromethamine soln 15 mg/ml</i>	45
<i>ketorolac tromethamine soln 30 mg/ml</i>	45
<i>ketorolac tromethamine soln 60 mg/2ml</i>	45
KETOSTIX STRP <i>[acetone (urine) test]</i>	65
KEYTRUDA SOLN 100 MG/4ML <i>[pembrolizumab]</i>	25
KINERET INJ <i>[anakinra]</i>	84
KIRSTY SOLN 100 UNIT/ML <i>[insulin aspart-xjhz]</i>	78
KIRSTY SOPN 100 UNIT/ML <i>[insulin aspart-xjhz]</i>	78
KISQALI (200 MG DOSE) TBP 200 MG <i>[ribociclib succinate]</i>	25
KISQALI (400 MG DOSE) TBP 200 MG <i>[ribociclib succinate]</i>	26
KISQALI (600 MG DOSE) TBP 200 MG <i>[ribociclib succinate]</i>	26
KLOR-CON TBCR 8 MEQ <i>[potassium chloride]</i>	69
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	34
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	35
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	35
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	35
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	35
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	35
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	35
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic</i>	

<i>factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	35
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	35
KYPROLIS SOLR 10 MG <i>[carfilzomib]</i>	26
KYPROLIS SOLR 30 MG <i>[carfilzomib]</i>	26
KYPROLIS SOLR 60 MG <i>[carfilzomib]</i>	26

L

<i>labetalol hcl soln 5 mg/ml</i>	39
<i>labetalol hcl tabs 100 mg</i>	39
<i>labetalol hcl tabs 200 mg</i>	39
<i>labetalol hcl tabs 300 mg</i>	39
<i>lacosamide soln 10 mg/ml</i>	49
<i>lacosamide soln 200 mg/20ml</i>	49
<i>lacosamide tabs 100 mg</i>	49
<i>lacosamide tabs 150 mg</i>	49
<i>lacosamide tabs 200 mg</i>	49
<i>lacosamide tabs 50 mg</i>	49
LACRISERT INST 5 MG <i>[artificial tear insert]</i>	72
LACTATED RINGERS SOLN <i>[lactated ringer's (irrigation)]</i>	67
LACTATED RINGERS SOLN <i>[lactated ringer's]</i>	69
<i>lactulose encephalopathy soln 10 gm/15ml</i>	66
<i>lactulose soln 10 gm/15ml</i>	66
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG <i>[lamotrigine]</i>	49
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG <i>[lamotrigine]</i>	49
<i>lamivudine soln 10 mg/ml</i>	20
<i>lamivudine tabs 100 mg</i>	20
<i>lamivudine tabs 150 mg</i>	20
<i>lamivudine tabs 300 mg</i>	20
<i>lamivudine-zidovudine tabs 150-300 mg</i>	20
<i>lamotrigine chew 25 mg</i>	49
<i>lamotrigine chew 5 mg</i>	49
<i>lamotrigine tabs 100 mg</i>	49
<i>lamotrigine tabs 150 mg</i>	49
<i>lamotrigine tabs 200 mg</i>	49
<i>lamotrigine tabs 25 mg</i>	49
LANOXIN PEDIATRIC SOLN 0.1 MG/ML <i>[digoxin]</i>	41
<i>latanoprost soln 0.005 %</i>	71
L-CITRULLINE POWD <i>[citrulline (bulk)]</i>	87
<i>leflunomide tabs 10 mg</i>	84
<i>leflunomide tabs 20 mg</i>	84
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	

[lenvatinib mesylate]	26	levothyroxine sodium tabs 125 mcg	82
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4		levothyroxine sodium tabs 137 mcg	82
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 150 mcg	82
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4		levothyroxine sodium tabs 175 mcg	82
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 200 mcg	82
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 25 mcg	82
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 300 mcg	82
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 50 mcg	82
MG & 4 MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 75 mcg	82
letrozole tabs 2.5 mg	26	levothyroxine sodium tabs 88 mcg	82
leucovorin calcium solr 100 mg	84	LEVULAN KERASTICK SOLR 20 %	
leucovorin calcium solr 350 mg	84	[aminolevulinic acid hcl]	94
leucovorin calcium solr 50 mg	84	LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	
leucovorin calcium tabs 25 mg	84	.....	65
leucovorin calcium tabs 5 mg	84	LIBTAYO SOLN 350 MG/7ML [cemiplimab-	
LEUKERAN TABS 2 MG [chlorambucil]	26	rwlc]	26
LEUKINE SOLR 250 MCG [sargramostim] ...	37	lidocaine hcl (cardiac) pf sosy 50 mg/5ml	82
leuprolide acetate kit 1 mg/0.2ml	26	lidocaine hcl (pf) soln 0.5 %	82
levetiracetam er tb24 500 mg	50	lidocaine hcl (pf) soln 1 %	82
levetiracetam er tb24 750 mg	50	LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	
LEVETIRACETAM IN NAACL SOLN 1000		.....	87
MG/100ML [levetiracetam in sodium		lidocaine hcl soln 0.5 %	82
chloride]	50	lidocaine hcl soln 1 %	82
LEVETIRACETAM IN NAACL SOLN 1500		lidocaine hcl soln 2 %	82
MG/100ML [levetiracetam in sodium		lidocaine hcl soln 4 %	93
chloride]	50	lidocaine hcl urethral/mucosal gel 2 %	93
LEVETIRACETAM IN NAACL SOLN 500		lidocaine hcl urethral/mucosal prsy 2 %	93
MG/100ML [levetiracetam in sodium		LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
chloride]	50	[lidocaine in d5w]	41
levetiracetam soln 100 mg/ml	50	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
levetiracetam soln 500 mg/5ml	50	[lidocaine in d5w]	41
levetiracetam tabs 1000 mg	50	lidocaine oint 5 %	93
levetiracetam tabs 250 mg	50	lidocaine ptch 5 %	93
levetiracetam tabs 500 mg	50	lidocaine viscous hcl soln 2 %	72
levetiracetam tabs 750 mg	50	lidocaine-epinephrine (pf) soln 2 %-1	
levobunolol hcl soln 0.5 %	71	200000	82
levocarnitine inj 200mg/ml	84	lidocaine-epinephrine soln 0.5 %-1	
levocarnitine soln 1 gm/10ml	84	200000	82
levocarnitine tabs 330 mg	84	lidocaine-epinephrine soln 1 %-1	
levofloxacin in d5w soln 250 mg/50ml	15	100000	82
levofloxacin in d5w soln 500 mg/100ml	15	lidocaine-epinephrine soln 2 %-1	
levofloxacin in d5w soln 750 mg/150ml	16	100000	82
levofloxacin soln 25 mg/ml	16	lidocaine-prilocaine crea 2.5-2.5 %	93
levofloxacin tabs 250 mg	16	lidocaine-prilocaine kit 2.5-2.5 %	93
levofloxacin tabs 500 mg	16	LIKMEZ SUSP 500 MG/5ML [metronidazole]	19
levofloxacin tabs 750 mg	16	linezolid soln 600 mg/300ml	16
levonorgestrel-ethinyl estrad tabs 0.1-20 mg-		linezolid susr 100 mg/5ml	16
mcg	79	linezolid tabs 600 mg	16
levothyroxine sodium tabs 100 mcg	82	liothyronine sodium tabs 25 mcg	82
levothyroxine sodium tabs 112 mcg	82	liothyronine sodium tabs 5 mcg	82

liothyronine sodium tabs 50 mcg	82	losartan potassium-hctz tabs 100-12.5 mg ..	42
liraglutide sopn 18 mg/3ml	78	losartan potassium-hctz tabs 100-25 mg	42
lisdexamfetamine dimesylate caps 10 mg ...	47	losartan potassium-hctz tabs 50-12.5 mg	42
lisdexamfetamine dimesylate caps 20 mg ...	48	lovastatin tabs 10 mg	38
lisdexamfetamine dimesylate caps 30 mg ...	48	lovastatin tabs 20 mg	38
lisdexamfetamine dimesylate caps 40 mg ...	48	lovastatin tabs 40 mg	38
lisdexamfetamine dimesylate caps 50 mg ...	48	LOVENOX SOLN 300 MG/3ML [enoxaparin	
lisdexamfetamine dimesylate caps 60 mg ...	48	sodium]	36
lisdexamfetamine dimesylate caps 70 mg ...	48	LOVENOX SOSY 100 MG/ML [enoxaparin	
lisinopril tabs 10 mg	42	sodium]	36
lisinopril tabs 2.5 mg	42	LOVENOX SOSY 120 MG/0.8ML [enoxaparin	
lisinopril tabs 20 mg	42	sodium]	36
lisinopril tabs 30 mg	42	LOVENOX SOSY 150 MG/ML [enoxaparin	
lisinopril tabs 40 mg	42	sodium]	36
lisinopril tabs 5 mg	42	LOVENOX SOSY 30 MG/0.3ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 10-12.5		sodium]	36
mg	42	LOVENOX SOSY 40 MG/0.4ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-12.5		sodium]	36
mg	42	LOVENOX SOSY 60 MG/0.6ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-25 mg		sodium]	36
.....	42	LOVENOX SOSY 80 MG/0.8ML [enoxaparin	
L-ISOLEUCINE POWD [isoleucine]	87	sodium]	36
lithium carbonate caps 150 mg	51	loxapine succinate caps 10 mg	57
LITHIUM CARBONATE CAPS 300 MG [lithium		loxapine succinate caps 25 mg	57
carbonate]	51	loxapine succinate caps 5 mg	57
lithium carbonate caps 600 mg	51	L-PROLINE POWD [proline]	87
lithium carbonate er tbc 300 mg	51	lubiprostone caps 24 mcg	74
lithium carbonate er tbc 450 mg	51	lubiprostone caps 8 mcg	74
LITHIUM CARBONATE TABS 300 MG [lithium		LUCENTIS SOSY 0.3 MG/0.05ML	
carbonate]	51	[ranibizumab]	72
LITHOSTAT TABS 250 MG [acetohydroxamic		LUCENTIS SOSY 0.5 MG/0.05ML	
acid]	66	[ranibizumab]	72
LIVTENCITY TABS 200 MG [maribavir]	20	LUMIZYME SOLR 50 MG [alglucosidase alfa]	
LONSURF TABS 15-6.14 MG [trifluridine-		.....	70
tipiracil]	26	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	
LONSURF TABS 20-8.19 MG [trifluridine-		[leuprolide acetate]	26
tipiracil]	26	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	
lopinavir-ritonavir soln 400-100 mg/5ml	21	[leuprolide acetate]	26
lopinavir-ritonavir tabs 100-25 mg	21	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	
lopinavir-ritonavir tabs 200-50 mg	21	[leuprolide acetate (3 month)]	26
lorazepam soln 2 mg/ml	53	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	
LORAZEPAM SOLN 4 MG/ML [lorazepam] ...	53	[leuprolide acetate (3 month)]	26
lorazepam tabs 0.5 mg	53	LUPRON DEPOT (4-MONTH) KIT 30 MG	
lorazepam tabs 1 mg	53	[leuprolide acetate (4 month)]	26
lorazepam tabs 2 mg	53	LUPRON DEPOT (6-MONTH) KIT 45 MG	
LORBRENA TABS 100 MG [lorlatinib]	26	[leuprolide acetate (6 month)]	26
LORBRENA TABS 25 MG [lorlatinib]	26	LUPRON DEPOT-PED (1-MONTH) KIT 11.25	
losartan potassium tabs 100 mg	42	MG [leuprolide acetate (cpp)]	26
losartan potassium tabs 25 mg	42	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	
losartan potassium tabs 50 mg	42	[leuprolide acetate (cpp)]	26

LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	26
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp) (3 month)]</i> ...	26
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	26
<i>lurasidone hcl tabs 120 mg</i>	57
<i>lurasidone hcl tabs 20 mg</i>	57
<i>lurasidone hcl tabs 40 mg</i>	57
<i>lurasidone hcl tabs 60 mg</i>	57
<i>lurasidone hcl tabs 80 mg</i>	57
LYNPARZA TABS 100 MG <i>[olaparib]</i>	26
LYNPARZA TABS 150 MG <i>[olaparib]</i>	26
LYSODREN TABS 500 MG <i>[mitotane]</i>	27

M

MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% <i>[magnesium sulfate in dextrose]</i>	69
MAGNESIUM SULFATE SOLN 4 GM/100ML <i>[magnesium sulfate]</i>	50
MAGNESIUM SULFATE SOLN 50 % <i>[magnesium sulfate]</i>	50
<i>malathion lotn 0.5 %</i>	91
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i>	27
<i>meclofenamate sodium caps 100 mg</i>	45
<i>meclofenamate sodium caps 50 mg</i>	45
MEDROL TABS 2 MG <i>[methylprednisolone]</i>	76
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	81
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	81
<i>medroxyprogesterone acetate tabs 10 mg</i> ..	81
<i>medroxyprogesterone acetate tabs 2.5 mg</i> ..	81
<i>medroxyprogesterone acetate tabs 5 mg</i> ..	81
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8 ..	63
<i>mefenamic acid caps 250 mg</i>	45
<i>mefloquine hcl tabs 250 mg</i>	19
<i>megestrol acetate susp 40 mg/ml</i>	27
<i>megestrol acetate susp 400 mg/10ml</i>	27
<i>megestrol acetate tabs 20 mg</i>	27
<i>megestrol acetate tabs 40 mg</i>	27
MEKINIST SOLR 0.05 MG/ML <i>[trametinib dimethyl sulfoxide]</i>	27
MEKINIST TABS 0.5 MG <i>[trametinib dimethyl sulfoxide]</i>	27
MEKINIST TABS 2 MG <i>[trametinib dimethyl sulfoxide]</i>	27
<i>meloxicam tabs 15 mg</i>	45
<i>meloxicam tabs 7.5 mg</i>	45

<i>memantine hcl tabs 10 mg</i>	54
<i>memantine hcl tabs 28 x 5 mg & 21 x 10 mg</i> ..	54
<i>memantine hcl tabs 5 mg</i>	54
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	81
<i>meperidine hcl soln 100 mg/ml</i>	45
<i>meperidine hcl soln 25 mg/ml</i>	45
<i>meperidine hcl soln 50 mg/ml</i>	45
MEPHYTON TABS 5 MG <i>[phytonadione]</i>	96
<i>mercaptopurine tabs 50 mg</i>	27
<i>meropenem solr 1 gm</i>	16
<i>meropenem solr 500 mg</i>	16
<i>mesalamine enem 4 gm</i>	73
<i>mesalamine supp 1000 mg</i>	73
<i>mesalamine tbec 1.2 gm</i>	73
<i>mesna soln 100 mg/ml</i>	84
MESNEX TABS 400 MG <i>[mesna]</i>	84
MESTINON SOLN 60 MG/5ML <i>[pyridostigmine bromide]</i>	31
<i>metformin hcl er tb24 500 mg</i>	78
<i>metformin hcl er tb24 750 mg</i>	78
<i>metformin hcl tabs 1000 mg</i>	78
<i>metformin hcl tabs 500 mg</i>	78
<i>metformin hcl tabs 850 mg</i>	78
<i>methadone hcl soln 10 mg/5ml</i>	45
METHADONE HCL SOLN 10 MG/ML <i>[methadone hcl]</i>	45
<i>methadone hcl soln 5 mg/5ml</i>	46
<i>methadone hcl tabs 10 mg</i>	46
<i>methadone hcl tabs 5 mg</i>	46
<i>methazolamide tabs 25 mg</i>	71
<i>methazolamide tabs 50 mg</i>	71
<i>methenamine hippurate tabs 1 gm</i>	22
<i>methimazole tabs 10 mg</i>	82
<i>methimazole tabs 5 mg</i>	82
<i>methocarbamol tabs 500 mg</i>	31
<i>methocarbamol tabs 750 mg</i>	31
<i>methotrexate sodium (pf) soln 50 mg/2ml</i> ..	27
METHOTREXATE SODIUM SOLN 50 MG/2ML <i>[methotrexate sodium]</i>	27
<i>methotrexate sodium tabs 2.5 mg</i>	27
<i>methoxsalen rapid caps 10 mg</i>	93
<i>methyl dopa tabs 250 mg</i>	41
<i>methyl dopa tabs 500 mg</i>	41
<i>methylene blue (antidote) soln 1 %</i>	84
<i>methylergonovine maleate soln 0.2 mg/ml</i> ..	87
<i>methylergonovine maleate tabs 0.2 mg</i>	87
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	48
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	48
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	48
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	48

methylphenidate hcl er (cd) cpcr 50 mg	48
methylphenidate hcl er (cd) cpcr 60 mg	48
methylphenidate hcl er (osm) tbc 18 mg	48
methylphenidate hcl er (osm) tbc 27 mg	48
methylphenidate hcl er (osm) tbc 36 mg	48
methylphenidate hcl er (osm) tbc 54 mg	48
methylphenidate hcl er tbc 10 mg	48
methylphenidate hcl er tbc 20 mg	48
methylphenidate hcl tabs 10 mg	48
methylphenidate hcl tabs 20 mg	48
methylphenidate hcl tabs 5 mg	48
methylprednisolone acetate susp 40 mg/ml	76
methylprednisolone acetate susp 80 mg/ml	76
methylprednisolone sodium succ solr 1000 mg	76
methylprednisolone sodium succ solr 125 mg	76
methylprednisolone sodium succ solr 40 mg	76
methylprednisolone tabs 16 mg	76
methylprednisolone tabs 32 mg	76
methylprednisolone tabs 4 mg	76
methylprednisolone tabs 8 mg	76
methylprednisolone tbpk 4 mg	76
methyltestosterone caps 10 mg	77
methyltestosterone tabs 10 mg	77
metoclopramide hcl soln 10 mg/10ml	75
metoclopramide hcl soln 5 mg/ml	75
metoclopramide hcl tabs 10 mg	75
metoclopramide hcl tabs 5 mg	75
metolazone tabs 10 mg	67
metolazone tabs 2.5 mg	67
metolazone tabs 5 mg	67
metoprolol succinate er tb24 100 mg	39
metoprolol succinate er tb24 200 mg	39
metoprolol succinate er tb24 25 mg	39
metoprolol succinate er tb24 50 mg	39
metoprolol tartrate tabs 100 mg	39
metoprolol tartrate tabs 25 mg	39
metoprolol tartrate tabs 50 mg	39
metronidazole crea 0.75 %	91
metronidazole gel 0.75 %	91
METRONIDAZOLE POWD [metronidazole (bulk)]	87
METRONIDAZOLE SOLN 500 MG/100ML [metronidazole]	19
metronidazole tabs 250 mg	19
metronidazole tabs 500 mg	19
mexiletine hcl caps 150 mg	41
mexiletine hcl caps 200 mg	41
mexiletine hcl caps 250 mg	41
micafungin sodium solr 100 mg	18
micafungin sodium solr 50 mg	18
MICROLET NEXT LANCING DEVICE MISC [lancet devices]	63
midazolam hcl syrp 2 mg/ml	53
midodrine hcl tabs 10 mg	32
midodrine hcl tabs 2.5 mg	33
midodrine hcl tabs 5 mg	33
MIFEPREX TABS 200 MG [mifepristone]	87
MILK OF MAGNESIA SUSP 7.75 % [magnesium hydroxide]	74
milrinone lactate in dextrose soln 20-5 mg/100ml-%	41
milrinone lactate in dextrose soln 40-5 mg/200ml-%	41
milrinone lactate inj 1mg/ml	41
milrinone lactate soln 10 mg/10ml	41
MINOCIN SOLR 100 MG [minocycline hcl] ..	16
minocycline hcl caps 100 mg	16
minocycline hcl caps 50 mg	16
minocycline hcl caps 75 mg	16
minoxidil tabs 10 mg	41
minoxidil tabs 2.5 mg	41
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	72
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	72
mirabegron er tb24 25 mg	95
MIRENA (52 MG) IUD 21 MCG/DAY [levonorgestrel (iud)]	79
mirtazapine tabs 15 mg	57
mirtazapine tabs 30 mg	57
mirtazapine tabs 45 mg	57
misoprostol tabs 100 mcg	73
misoprostol tabs 200 mcg	73
mitomycin solr 20 mg	27
mitomycin solr 40 mg	27
mitomycin solr 5 mg	27
MITOSOL KIT 0.2 MG [mitomycin (ophthalmic)]	70
modafinil tabs 100 mg	48
modafinil tabs 200 mg	48
MODERNA COVID-19 VAC 6M-11Y SUSY 25 MCG/0.25ML [covid-19 (sars-cov-2) mrna virus vaccine]	91
mometasone furoate crea 0.1 %	92
mometasone furoate oint 0.1 %	92
mometasone furoate soln 0.1 %	92
MONOJECT INSULIN SYRINGE MISC 25G X 5/8	63

MONOJECT INSULIN SYRINGE MISC 27G X 1/2.....	63	MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	46
MONOJECT INSULIN SYRINGE MISC 29G X 1/2.....	63	MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	46
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1..	63	MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	46
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2	63	MORPHINE SULFATE TABS 15 MG [morphine sulfate]	46
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1..	63	MORPHINE SULFATE TABS 30 MG [morphine sulfate]	46
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2	63	moxifloxacin hcl in nacl soln 400 mg/250ml	16
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1..	63	moxifloxacin hcl soln 0.5 %	70
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	63	moxifloxacin hcl tabs 400 mg	16
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	63	MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	65
MONOJECT TB SYRINGE MISC 28G X 1/2 ...	63	MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	95
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2.....	63	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	95
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16.....	63	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	96
montelukast sodium chew 4 mg	88	MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	96
montelukast sodium chew 5 mg	88	MULTI-VITAMIN/FLUORIDE SUSP 0.25 MG/ML [pediatric multivitamins w/fl]	95
montelukast sodium pack 4 mg	88	MULTI-VITAMIN/FLUORIDE SUSP 0.5 MG/ML [pediatric multivitamins w/fl]	95
montelukast sodium tabs 10 mg	88	mupirocin oint 2 %	91
morphine sulfate (concentrate) soln 100 mg/5ml	46	MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	27
morphine sulfate (pf) soln 0.5 mg/ml	46	mycophenolate mofetil caps 250 mg	84
morphine sulfate (pf) soln 1 mg/ml	46	mycophenolate mofetil susr 200 mg/ml	84
morphine sulfate er tbc 100 mg	46	mycophenolate mofetil tabs 500 mg	84
morphine sulfate er tbc 15 mg	46	mycophenolate sodium tbec 180 mg	84
morphine sulfate er tbc 200 mg	46	mycophenolate sodium tbec 360 mg	84
morphine sulfate er tbc 30 mg	46	MYLERAN TABS 2 MG [busulfan]	27
morphine sulfate er tbc 60 mg	46	MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	85
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	46	MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	85
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	46	MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	85
MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	46	MYRBETRIQ SRER 8 MG/ML [mirabegron] ..	95
MORPHINE SULFATE SOLN 20 MG/5ML [morphine sulfate]	46	MYRBETRIQ TB24 50 MG [mirabegron]	95
MORPHINE SULFATE SOLN 50 MG/ML [morphine sulfate]	46		
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	46		

N

na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml	74
NABI-HB SOLN 312 UNIT/ML [hepatitis b immune globulin (human)]	90

nabumetone tabs 500 mg	46	NESACAINE SOLN 2 % [chloroprocaine hcl] 82	
nabumetone tabs 750 mg	46	nevirapine susp 50 mg/5ml	21
nadolol tabs 20 mg	39	nevirapine tabs 200 mg	21
nadolol tabs 40 mg	39	NEXPLANON IMPL 68 MG [etonogestrel]	79
nadolol tabs 80 mg	39	NIACIN ER CPCR 250 MG [niacin]	96
NAFCILLIN SODIUM IN DEXTROSE SOLN 1		NIACIN ER TBCR 250 MG [niacin]	96
GM/50ML [nafcillin sodium in dextrose] ...	16	NIACIN TABS 100 MG [niacin]	96
NAFCILLIN SODIUM IN DEXTROSE SOLN 2		NIACIN TABS 250 MG [niacin]	96
GM/100ML [nafcillin sodium in dextrose] ...	16	NIACIN TABS 50 MG [niacin]	96
nalbuphine hcl soln 10 mg/ml	46	NIACIN TABS 500 MG [niacin]	96
nalbuphine hcl soln 20 mg/ml	46	niacin td cap 500mg td	96
naloxone hcl liqd 4 mg/0.1ml	55	NICARDIPINE HCL SOLN 2.5 MG/ML	
naloxone hcl soln 0.4 mg/ml	55	[nicardipine hcl]	40
naloxone hcl sosy 2 mg/2ml	55	nicotine polacrilex gum 2 mg	30
naltrexone hcl tabs 50 mg	55	nicotine polacrilex gum 4 mg	30
NAMENDA SOL 10MG/5ML [memantine hcl] 54		nicotine polacrilex lozg 2 mg	30
naproxen susp 125 mg/5ml	46	nicotine polacrilex lozg 4 mg	30
naproxen tabs 250 mg	46	nicotine pt24 14 mg/24hr	30
naproxen tabs 375 mg	46	NICOTINE PT24 21 MG/24HR [nicotine]	30
naproxen tabs 500 mg	46	nicotine pt24 7 mg/24hr	30
naproxen tbec 375 mg	46	nifedipine caps 10 mg	40
naratriptan hcl tabs 1 mg	51	nifedipine caps 20 mg	40
naratriptan hcl tabs 2.5 mg	51	nifedipine er osmotic release tb24 30 mg ...	40
NAROPIN SOLN 2 MG/ML [ropivacaine hcl] 82		nifedipine er osmotic release tb24 60 mg ...	40
NAROPIN SOLN 5 MG/ML [ropivacaine hcl] 82		nifedipine er osmotic release tb24 90 mg ...	40
NATACYN SUSP 5 % [natamycin]	70	nifedipine er tb24 30 mg	40
NEBUPENT SOLR 300 MG [pentamidine		nifedipine er tb24 60 mg	40
isethionate]	19	nimodipine caps 30 mg	40
nefazodone hcl tabs 100 mg	57	NINLARO CAPS 2.3 MG [ixazomib citrate] ...	27
nefazodone hcl tabs 150 mg	57	NINLARO CAPS 3 MG [ixazomib citrate]	27
nefazodone hcl tabs 200 mg	57	NINLARO CAPS 4 MG [ixazomib citrate]	27
nefazodone hcl tabs 250 mg	57	NITRO-DUR PT24 0.3 MG/HR [nitroglycerin] 43	
nefazodone hcl tabs 50 mg	57	NITRO-DUR PT24 0.8 MG/HR [nitroglycerin] 43	
neomycin sulfate tabs 500 mg	16	NITROFURANTOIN MACROCRYSTAL CAPS	
neomycin-bacitracin zn-polymyx oint 5-400-		100 MG [nitrofurantoin macrocrystal]	22
10000	70	nitrofurantoin macrocrystal caps 25 mg	22
neomycin-polymyxin b gu soln 40-200000 ..	91	NITROFURANTOIN MACROCRYSTAL CAPS	
neomycin-polymyxin-dexameth oint 3.5-		50 MG [nitrofurantoin macrocrystal]	22
10000-0.1	71	nitrofurantoin monohyd macro caps 100 mg	
neomycin-polymyxin-dexameth susp 3.5-		.....	22
10000-0.1	71	nitrofurantoin susp 25 mg/5ml	22
neomycin-polymyxin-gramicidin soln 1.75-		NITROGLYCERIN IN D5W SOLN 100-5	
10000-.025	71	MCG/ML-% [nitroglycerin in d5w]	43
neomycin-polymyxin-hc soln 1 %	71	NITROGLYCERIN IN D5W SOLN 200-5	
neomycin-polymyxin-hc susp 3.5-10000-1 ..	71	MCG/ML-% [nitroglycerin in d5w]	43
NEOPROFEN SOLN 10 MG/ML [ibuprofen		nitroglycerin pt24 0.1 mg/hr	43
lysine]	46	nitroglycerin pt24 0.2 mg/hr	43
NEORAL SOLN 100 MG/ML [cyclosporine		nitroglycerin pt24 0.4 mg/hr	43
modified (for microemulsion)]	85	nitroglycerin pt24 0.6 mg/hr	43
NESACAINE SOLN 1 % [chloroprocaine hcl] 82		nitroglycerin soln 5 mg/ml	43

NITROSTAT SUBL 0.3 MG <i>[nitroglycerin]</i>	43
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	43
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	43
NITRO-TIME CPR 2.5 MG <i>[nitroglycerin]</i> ...	43
NITRO-TIME CPR 6.5 MG <i>[nitroglycerin]</i> ...	43
NITRO-TIME CPR 9 MG <i>[nitroglycerin]</i>	43
<i>norethindrone acetate tabs 5 mg</i>	81
<i>norethindrone tabs 0.35 mg</i>	79
<i>norgestimate-eth estradiol tabs 0.25-35 mg-mcg</i>	79
NORMAL SALINE FLUSH SOLN 0.9 % <i>[sodium chloride flush]</i>	69
NORPACE CR CP12 100 MG <i>[disopyramide phosphate]</i>	41
NORPACE CR CP12 150 MG <i>[disopyramide phosphate]</i>	41
<i>nortriptyline hcl caps 10 mg</i>	57
<i>nortriptyline hcl caps 25 mg</i>	57
<i>nortriptyline hcl caps 50 mg</i>	57
<i>nortriptyline hcl caps 75 mg</i>	57
<i>nortriptyline hcl soln 10 mg/5ml</i>	57
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM <i>[insulin pen needle]</i>	63
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	35
NUBEQA TABS 300 MG <i>[darolutamide]</i>	27
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML <i>[covid-19 (sars-cov-2) subunit (spike) protein virus vaccine]</i>	91
<i>nystatin crea 100000 unit/gm</i>	91
<i>nystatin susp 100000 unit/ml</i>	18
<i>nystatin tabs 500000 unit</i>	18

O

OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	90
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	90
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	90
<i>octreotide acetate soln 100 mcg/ml</i>	85
<i>octreotide acetate soln 1000 mcg/ml</i>	85
<i>octreotide acetate soln 200 mcg/ml</i>	85
<i>octreotide acetate soln 50 mcg/ml</i>	85

<i>octreotide acetate soln 500 mcg/ml</i>	85
<i>octreotide acetate sosy 50 mcg/ml</i>	85
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	90
ODEFSEY TABS 200-25-25 MG <i>[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]</i>	21
ODOMZO CAPS 200 MG <i>[sonidegib phosphate]</i>	27
<i>ofloxacin soln 0.3 %</i>	71
<i>olanzapine solr 10 mg</i>	57
<i>olanzapine tabs 10 mg</i>	57
<i>olanzapine tabs 15 mg</i>	57
<i>olanzapine tabs 2.5 mg</i>	57
<i>olanzapine tabs 20 mg</i>	57
<i>olanzapine tabs 5 mg</i>	57
<i>olanzapine tabs 7.5 mg</i>	57
<i>omeprazole cpdr 10 mg</i>	74
<i>omeprazole cpdr 40 mg</i>	74
OMNIPAQUE SOLN 180 MG/ML <i>[iohexol]</i>	65
OMNIPAQUE SOLN 240 MG/ML <i>[iohexol]</i>	65
OMNIPAQUE SOLN 300 MG/ML <i>[iohexol]</i>	65
OMNIPAQUE SOLN 350 MG/ML <i>[iohexol]</i>	65
OMNITROPE PEN 5 INJECTION DEVICE MIS DEVICE <i>[injection device]</i>	63
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	81
OMNITROPE SOCT 5 MG/1.5ML <i>[somatropin]</i>	81
OMNITROPE SOLR 5.8 MG <i>[somatropin]</i>	63
ONCASPASOLN 750 UNIT/ML <i>[pegaspargase]</i>	27
<i>ondansetron hcl soln 4 mg/2ml</i>	73
<i>ondansetron hcl soln 4 mg/5ml</i>	73
<i>ondansetron hcl soln 40 mg/20ml</i>	73
<i>ondansetron hcl tabs 4 mg</i>	73
<i>ondansetron hcl tabs 8 mg</i>	73
<i>ondansetron tbdp 4 mg</i>	73
<i>ondansetron tbdp 8 mg</i>	73
ONETOUCH DELICA PLUS LANCET33G MISC <i>[lancets]</i>	63
ONETOUCH SURESOFT LANCING DEVICE/GENTLE MIS LANC DEV <i>[lancet devices]</i>	63
ONETOUCH SURESOFT LANCING DEVICE/REGULAR MIS LANC DEV <i>[lancet devices]</i>	63
ONETOUCH ULTRA CONTROL LIQD <i>[blood glucose calibration]</i>	63
ONETOUCH ULTRA TEST STRP <i>[glucose</i>	

blood]	65
ONETOUCH ULTRASOFT 2 LANCETS MISC [lancets]	64
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	64
ONETOUCH VERIO FLEX SYSTEM DEVI [blood glucose monitoring supplies]	64
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [blood glucose monitoring supplies]	64
ONETOUCH VERIO LIQD HIGH [blood glucose calibration]	64
OPDIVO SOLN 100 MG/10ML [nivolumab] ...	27
OPDIVO SOLN 40 MG/4ML [nivolumab]	27
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	85
ORENCIA SOLR 250 MG [abatacept]	85
ORENCIA SOSY 125 MG/ML [abatacept]	85
ORENCIA SOSY 50 MG/0.4ML [abatacept] ...	85
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	85
ORKAMBI PACK 100-125 MG [lumacaftor- ivacaftor]	89
ORKAMBI PACK 150-188 MG [lumacaftor- ivacaftor]	89
ORKAMBI PACK 75-94 MG [lumacaftor- ivacaftor]	89
ORKAMBI TABS 100-125 MG [lumacaftor- ivacaftor]	89
ORKAMBI TABS 200-125 MG [lumacaftor- ivacaftor]	89
oseltamivir phosphate caps 30 mg	21
oseltamivir phosphate caps 45 mg	21
oseltamivir phosphate caps 75 mg	21
oseltamivir phosphate susr 6 mg/ml	21
OSMITROL SOLN 20 % [mannitol]	67
OTEZLA TABS 30 MG [apremilast]	85
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	85
OVIDREL SOSY 250 MCG/0.5ML [choriogonadotropin alfa]	81
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose] ..	16
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose] ..	16
oxacillin sodium solr 1 gm	16
oxacillin sodium solr 2 gm	16
oxaliplatin soln 100 mg/20ml	27
oxaliplatin soln 50 mg/10ml	27
oxandrolone tab 10mg	77
oxandrolone tab 2.5mg	77
oxazepam caps 10 mg	53

oxazepam caps 15 mg	53
oxazepam caps 30 mg	53
oxcarbazepine susp 300 mg/5ml	50
oxcarbazepine tabs 150 mg	50
oxcarbazepine tabs 300 mg	50
oxcarbazepine tabs 600 mg	50
oxybutynin chloride er tb24 10 mg	95
oxybutynin chloride er tb24 15 mg	95
oxybutynin chloride er tb24 5 mg	95
oxybutynin chloride soln 5 mg/5ml	95
oxycodone hcl soln 5 mg/5ml	46
oxycodone hcl tabs 5 mg	46
oxycodone-acetaminophen tabs 10-325 mg	46
oxycodone-acetaminophen tabs 5-325 mg ..	46
oxycodone-acetaminophen tabs 7.5-325 mg	46
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [semaglutide]	78
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	78
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	78
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	71

P

paclitaxel conc 300 mg/50ml	27
paclitaxel protein-bound part susr 100 mg ..	27
PADCEV SOLR 20 MG [enfortumab vedotin- ejfv]	27
PADCEV SOLR 30 MG [enfortumab vedotin- ejfv]	27
paliperidone er tb24 1.5 mg	57
paliperidone er tb24 3 mg	58
paliperidone er tb24 6 mg	58
paliperidone er tb24 9 mg	58
pamidronate disodium soln 30 mg/10ml	85
pamidronate disodium soln 6 mg/ml	85
pamidronate disodium soln 90 mg/10ml	85
pantoprazole sodium solr 40 mg	74
pantoprazole sodium tbec 20 mg	74
pantoprazole sodium tbec 40 mg	74
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	43
PARAGARD INTRAUTERINE COPPER IUD [copper (iud)]	79
paroxetine hcl tabs 10 mg	58
paroxetine hcl tabs 20 mg	58
paroxetine hcl tabs 30 mg	58

paroxetine hcl tabs 40 mg	58
PAVBLU SOLN 2 MG/0.05ML [afibercept-ayyh]	72
PAVBLU SOSY 2 MG/0.05ML [afibercept-ayyh]	72
PAXLOVID (150/100) TBP 10 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	21
PAXLOVID (300/100 & 150/100) TBP 6 x 150 MG & 5 X 100MG [nirmatrelvir-ritonavir] ..	21
PAXLOVID (300/100) TBP 20 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	21
peg 3350-kcl-na bicarb-nacl solr 420 gm	74
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	21
PEGASYS SOSY 180 MCG/0.5ML [peginterferon alfa-2a]	21
PEMETREXED DISODIUM SOLN 100 MG/4ML [pemetrexed disodium]	27
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	27
penicillamine caps 250 mg	75
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	16
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	16
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	16
penicillin g potassium solr 2000000 unit ...	16
penicillin v potassium solr 125 mg/5ml	16
penicillin v potassium solr 250 mg/5ml	16
penicillin v potassium tabs 250 mg	16
penicillin v potassium tabs 500 mg	16
PENTAM SOLR 300 MG [pentamidine isethionate]	19
PENTASA CPCR 250 MG [mesalamine]	73
PENTASA CPCR 500 MG [mesalamine]	73
pentazocine-naloxone hcl tabs 50-0.5 mg ...	47
pentobarbital sodium soln 50 mg/ml	54
pentoxifylline er tbc 400 mg	37
PERJETA SOLN 420 MG/14ML [pertuzumab]	27
permethrin crea 5 %	91
perphenazine tabs 16 mg	58
perphenazine tabs 2 mg	58
perphenazine tabs 4 mg	58
perphenazine tabs 8 mg	58
phenelzine sulfate tabs 15 mg	58

PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	54
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	54
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	54
PHENOBARBITAL TABS 100 MG [phenobarbital]	54
PHENOBARBITAL TABS 15 MG [phenobarbital]	54
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	54
PHENOBARBITAL TABS 30 MG [phenobarbital]	54
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	54
PHENOBARBITAL TABS 60 MG [phenobarbital]	54
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	54
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	54
phentermine hcl caps 15 mg	48
phentermine hcl caps 30 mg	48
phentermine hcl caps 37.5 mg	48
phentermine hcl tabs 37.5 mg	48
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	88
phentolamine mesylate solr 5 mg	32
PHENYLADE DRINK MIX POWD [nutritional supplements]	66
phenylephrine hcl soln 10 %	73
phenylephrine hcl soln 2.5 %	73
phenytoin sodium extended caps 100 mg ...	50
phenytoin sodium soln 50 mg/ml	50
phenytoin susp 100 mg/4ml	50
phenytoin susp 125 mg/5ml	50
PHLEXY-10 PACK [nutritional supplements]	66
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	69
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	72
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran] ..	72
phytonadione soln 1 mg/0.5ml	96
pilocarpine hcl soln 1 %	72
pilocarpine hcl soln 2 %	72
pilocarpine hcl soln 4 %	72

pilocarpine hcl tabs 5 mg	31	POTASSIUM CHLORIDE SOLN 40 MEQ/15ML	
pimecrolimus crea 1 %	94	(20%) [potassium chloride].....	69
pimozide tabs 1 mg	58	POTASSIUM CITRATE ER TBCR 10 MEQ	
pimozide tabs 2 mg	58	(1080 MG) [potassium citrate (alkalinizer)]	
pioglitazone hcl tabs 15 mg	78	.....	66
pioglitazone hcl tabs 30 mg	78	POTASSIUM CITRATE ER TBCR 5 MEQ (540	
pioglitazone hcl tabs 45 mg	78	MG) [potassium citrate (alkalinizer)].....	66
piperacillin sod-tazobactam so solr 2.25 (2-		POTASSIUM CITRATE-CITRIC ACID SOLN	
0.25) gm	16	1100-334 MG/5ML [potassium citrate-citric	
piperacillin sod-tazobactam so solr 3.375 (3-		acid]	66
0.375) gm	16	POTASSIUM CL IN DEXTROSE 5% SOLN 20	
piperacillin sod-tazobactam so solr 4.5 (4-0.5)		MEQ/L [potassium chloride in dextrose] ..	69
gm	16	POTASSIUM PHOSPHATES(66 MEQ K) SOLN	
PKU EXPRESS PAK [nutritional		45 MMOLE/15ML [potassium phosphates]	
supplements]	66	.....	69
PLASMA-LYTE A SOLN [electrolyte-a]	69	pramipexole dihydrochloride tabs 0.125 mg	52
podofilox soln 0.5 %	94	pramipexole dihydrochloride tabs 0.25 mg ..	52
POLY HUB NEEDLE MISC 18G X 1	64	pramipexole dihydrochloride tabs 0.5 mg ...	52
polymyxin b-trimethoprim soln 10000-0.1		pramipexole dihydrochloride tabs 0.75 mg ..	52
unit/ml-%	71	pramipexole dihydrochloride tabs 1 mg	52
POLY-VI-SOL SOLN [pediatric multiple		pramipexole dihydrochloride tabs 1.5 mg ...	52
vitamins]	96	PRAMOSONE OINT 1-1 % [pramoxine-hc] ...	92
POLY-VI-SOL/IRON SOLN 11 MG/ML [pediatric		pravastatin sodium tabs 10 mg	38
multiple vitamins w/ iron]	96	pravastatin sodium tabs 20 mg	38
pomalidomide caps 1 mg	27	pravastatin sodium tabs 40 mg	38
pomalidomide caps 2 mg	27	pravastatin sodium tabs 80 mg	38
pomalidomide caps 3 mg	27	PRAXBIND SOLN 2.5 GM/50ML	
pomalidomide caps 4 mg	27	[idarucizumab].....	35
POMALYST CAPS 1 MG [pomalidomide]	27	prazosin hcl caps 1 mg	37
POMALYST CAPS 2 MG [pomalidomide]	27	prazosin hcl caps 2 mg	37
POMALYST CAPS 3 MG [pomalidomide]	28	prazosin hcl caps 5 mg	37
POMALYST CAPS 4 MG [pomalidomide]	28	PRED MILD SUSP 0.12 % [prednisolone	
PORTAGEN POW [nutritional		acetate (ophth)]	71
supplements]	67	prednisolone acetate susp 1 %	71
POTASSIUM ACETATE SOLN 2 MEQ/ML		prednisolone sodium phosphate soln 1 % ..	71
[potassium acetate]	69	prednisolone sodium phosphate soln 15	
potassium chloride crys er tbcr 10 meq	69	mg/5ml	76
potassium chloride crys er tbcr 20 meq	69	prednisolone sodium phosphate soln 5	
potassium chloride er cpcr 10 meq	69	mg/5ml	76
potassium chloride er cpcr 8 meq	69	prednisone soln 5 mg/5ml	76
potassium chloride er tbcr 10 meq	69	prednisone tabs 1 mg	76
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9		prednisone tabs 10 mg	76
MEQ/L-% [potassium chloride in nacl]	69	prednisone tabs 2.5 mg	76
POTASSIUM CHLORIDE PACK 20 MEQ		prednisone tabs 20 mg	76
[potassium chloride].....	69	prednisone tabs 5 mg	76
potassium chloride sol 10% sf	69	prednisone tabs 50 mg	76
potassium chloride soln 10 meq/100ml	69	prednisone tbpk 5 mg (21)	76
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML		pregabalin caps 100 mg	50
[potassium chloride].....	69	pregabalin caps 150 mg	50
potassium chloride soln 2 meq/ml	69	pregabalin caps 200 mg	50

pregabalin caps 225 mg	50	complex]	35
pregabalin caps 25 mg	50	PROFILNINE SOLR 1500 UNIT [factor ix	
pregabalin caps 300 mg	50	complex]	35
pregabalin caps 50 mg	50	PROFILNINE SOLR 500 UNIT [factor ix	
pregabalin caps 75 mg	50	complex]	35
pregabalin soln 20 mg/ml	50	progesterone caps 100 mg	81
PREMARIN SOLR 25 MG [estrogens,		progesterone caps 200 mg	81
conjugated]	80	PROGESTERONE MICRONIZED POWD	
PRETOMANID TABS 200 MG [pretomanid] ..	18	[progesterone micronized (bulk)]	88
PREVIDENT GEL 1.1 % [sodium fluoride		PROGESTERONE OIL 50 MG/ML	
(dental)]	85	[progesterone]	81
PREVIDENT SOLN 0.2 % [sodium fluoride		PROGLYCEM SUSP 50 MG/ML [diazoxide] ..	41
(dental)]	85	PROGRAF SOLN 5 MG/ML [tacrolimus]	85
PREVYMIS SOLN 240 MG/12ML [letermovir]	21	PROLEUKIN SOLR 22000000 UNIT	
PREVYMIS SOLN 480 MG/24ML [letermovir]	21	[aldesleukin]	28
PREVYMIS TABS 240 MG [letermovir]	21	PROMACTA PACK 25 MG [eltrombopag	
PREVYMIS TABS 480 MG [letermovir]	21	olamine]	37
PREZCOBIX TABS 800-150 MG [darunavir-		promethazine hcl tabs 12.5 mg	22
cobicistat]	21	promethazine hcl tabs 25 mg	22
PREZISTA TABS 75 MG [darunavir]	21	propafenone hcl tabs 150 mg	41
PRIFTIN TABS 150 MG [rifapentine]	18	propafenone hcl tabs 225 mg	41
PRIMAQUINE PHOSPHATE TABS 26.3 (15		propafenone hcl tabs 300 mg	41
Base) MG [primaquine phosphate]	19	proparacaine hcl soln 0.5 %	72
primidone tab 50mg	50	propofol emul 1000 mg/100ml	55
primidone tabs 250 mg	50	propranolol hcl soln 1 mg/ml	39
PRIVIGEN SOLN 10 GM/100ML [immune		propranolol hcl soln 20 mg/5ml	39
globulin (human) iv]	90	propranolol hcl tabs 10 mg	39
PRIVIGEN SOLN 20 GM/200ML [immune		propranolol hcl tabs 20 mg	39
globulin (human) iv]	90	propranolol hcl tabs 40 mg	39
PRIVIGEN SOLN 5 GM/50ML [immune		propranolol hcl tabs 60 mg	39
globulin (human) iv]	90	propranolol hcl tabs 80 mg	39
probenecid tabs 500 mg	70	propylthiouracil tabs 50 mg	82
procainamide hcl soln 100 mg/ml	41	protriptyline hcl tabs 10 mg	58
procainamide hcl soln 500 mg/ml	41	protriptyline hcl tabs 5 mg	58
prochlorperazine edisylate soln 10 mg/2ml	58	prucalopride succinate tabs 1 mg	75
prochlorperazine maleate tabs 10 mg	58	prucalopride succinate tabs 2 mg	75
prochlorperazine maleate tabs 5 mg	58	PULMICORT FLEXHALER AEPB 180 MCG/ACT	
PROCRIT SOLN 10000 UNIT/ML [epoetin alfa]		[budesonide (inhalation)]	77
.....	37	PULMOZYME SOLN 2.5 MG/2.5ML [dornase	
PROCRIT SOLN 2000 UNIT/ML [epoetin alfa]		alfa]	70
.....	37	PURIXAN SUSP 2000 MG/100ML	
PROCRIT SOLN 20000 UNIT/ML [epoetin alfa]		[mercaptopurine]	28
.....	37	pyrazinamide tabs 500 mg	18
PROCRIT SOLN 3000 UNIT/ML [epoetin alfa]		pyridostigmine bromide er tbc 180 mg	31
.....	37	pyridostigmine bromide tabs 60 mg	31
PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]		pyridoxine hcl soln 100 mg/ml	96
.....	37		
PROCRIT SOLN 40000 UNIT/ML [epoetin alfa]			
.....	37		
PROFILNINE SOLR 1000 UNIT [factor ix			

Q

QSYMIA CP24 11.25-69 MG [phentermine hcl-	
topiramate]	48

QSYMIA CP24 15-92 MG [phentermine hcl-topiramate]	48
QSYMIA CP24 3.75-23 MG [phentermine hcl-topiramate]	48
QSYMIA CP24 7.5-46 MG [phentermine hcl-topiramate]	48
QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	31
quetiapine fumarate er tb24 150 mg	58
quetiapine fumarate er tb24 200 mg	58
quetiapine fumarate er tb24 300 mg	58
quetiapine fumarate er tb24 400 mg	58
quetiapine fumarate er tb24 50 mg	58
quetiapine fumarate tabs 100 mg	58
quetiapine fumarate tabs 200 mg	58
quetiapine fumarate tabs 25 mg	58
quetiapine fumarate tabs 300 mg	58
quetiapine fumarate tabs 400 mg	58
quetiapine fumarate tabs 50 mg	58
QUINACRINE HCL POW DIHYDRAT [quinacrine hcl]	88
quinidine gluconate er tbc 324 mg	41
quinidine sulfate tab 300mg	41
quinidine sulfate tabs 200 mg	41

R

raloxifene hcl tabs 60 mg	80
ramelteon tabs 8 mg	54
rasagiline mesylate tabs 0.5 mg	52
rasagiline mesylate tabs 1 mg	52
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	85
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	85
RECOMBINATE SOLR 1241-1800 UNIT [antihemophilic factor (recombinant)]	

(rfviii)]	35
RECOMBINATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant)]	35
RECOMBINATE SOLR 220-400 UNIT [antihemophilic factor (recombinant)]	35
RECOMBINATE SOLR 401-800 UNIT [antihemophilic factor (recombinant)]	35
RECOMBINATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant)]	35
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	21
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	96
reserpine tab 0.1mg	41
reserpine tab 0.25mg	41
RETIN-A CREA 0.025 % [tretinoin]	93
RETIN-A CREA 0.05 % [tretinoin]	93
RETIN-A CREA 0.1 % [tretinoin]	93
RETIN-A GEL 0.01 % [tretinoin]	93
RETIN-A GEL 0.025 % [tretinoin]	93
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	93
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	93
RETROVIR SOLN 10 MG/ML [zidovudine]	21
REVLIMID CAPS 10 MG [lenalidomide]	28
REVLIMID CAPS 15 MG [lenalidomide]	28
REVLIMID CAPS 2.5 MG [lenalidomide]	28
REVLIMID CAPS 20 MG [lenalidomide]	28
REVLIMID CAPS 25 MG [lenalidomide]	28
REVLIMID CAPS 5 MG [lenalidomide]	28
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	90
RIABNI SOLN 100 MG/10ML [rituximab-arrx]	28
RIABNI SOLN 500 MG/50ML [rituximab-arrx]	28
ribavirin caps 200 mg	21
RIDAURA CAPS 3 MG [auranofin]	75
rifabutin caps 150 mg	18
rifampin caps 150 mg	18
rifampin caps 300 mg	18
rifampin solr 600 mg	18
riluzole tabs 50 mg	54
rimantadine hcl tabs 100 mg	21
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	85
RINGERS SOLN [ringer's]	69
RISPERDAL CONSTA SRER 12.5 MG	

[risperidone microspheres]	58
RISPERDAL CONSTA SRER 25 MG	
[risperidone microspheres]	58
RISPERDAL CONSTA SRER 37.5 MG	
[risperidone microspheres]	58
RISPERDAL CONSTA SRER 50 MG	
[risperidone microspheres]	58
RISPERIDONE SOLN 1 MG/ML [risperidone]	58
risperidone tabs 0.25 mg	58
risperidone tabs 0.5 mg	58
risperidone tabs 1 mg	58
risperidone tabs 2 mg	58
risperidone tabs 3 mg	58
risperidone tabs 4 mg	58
ritonavir tabs 100 mg	21
RITUXAN SOLN 100 MG/10ML [rituximab] ...	28
RITUXAN SOLN 500 MG/50ML [rituximab] ...	28
rizatriptan benzoate tabs 10 mg	51
rizatriptan benzoate tabs 5 mg	51
rizatriptan benzoate tbdp 10 mg	51
rizatriptan benzoate tbdp 5 mg	51
rocuronium bromide soln 50 mg/5ml	31
romidepsin solr 10 mg	28
ropinirole hcl er tb24 12 mg	52
ropinirole hcl er tb24 2 mg	52
ropinirole hcl er tb24 4 mg	52
ropinirole hcl er tb24 6 mg	52
ropinirole hcl er tb24 8 mg	52
ropinirole hcl tabs 0.25 mg	52
ropinirole hcl tabs 0.5 mg	52
ropinirole hcl tabs 1 mg	52
ropinirole hcl tabs 2 mg	52
ropinirole hcl tabs 3 mg	52
ropinirole hcl tabs 4 mg	52
ropinirole hcl tabs 5 mg	52
rosuvastatin calcium tabs 10 mg	38
rosuvastatin calcium tabs 20 mg	38
rosuvastatin calcium tabs 40 mg	38
rosuvastatin calcium tabs 5 mg	38
ROZLYTREK CAPS 100 MG [entrectinib]	28
ROZLYTREK CAPS 200 MG [entrectinib]	28
rufinamide susp 40 mg/ml	50
rufinamide tabs 200 mg	50
rufinamide tabs 400 mg	50
RYANODEX SUSR 250 MG [dantrolene	
sodium]	31
RYDAPT CAPS 25 MG [midostaurin]	28

S

S2 (RACEPINEPHRINE) NEBU 2.25 %

[racepinephrine hcl]	33
SABRIL PACK 500 MG [vigabatrin]	50
sacubitril-valsartan tabs 24-26 mg	42
sacubitril-valsartan tabs 49-51 mg	42
sacubitril-valsartan tabs 97-103 mg	42
SAFETY-LOK TB SYRINGE PERM NEEDLE	
1ML 27GX1/2	64
SALICYLIC ACID POWD [salicylic acid (bulk)]	
.....	88
SALSALATE TABS 500 MG [salsalate]	47
SALSALATE TABS 750 MG [salsalate]	47
SANDIMMUNE CAPS 100 MG [cyclosporine]	
.....	85
SANDIMMUNE CAPS 25 MG [cyclosporine]	85
SANDIMMUNE SOLN 100 MG/ML	
[cyclosporine]	86
SANDIMMUNE SOLN 50 MG/ML	
[cyclosporine]	86
SANDOSTATIN LAR DEPOT KIT 10 MG	
[octreotide acetate]	86
SANDOSTATIN LAR DEPOT KIT 20 MG	
[octreotide acetate]	86
SANDOSTATIN LAR DEPOT KIT 30 MG	
[octreotide acetate]	86
SANTYL OINT 250 UNIT/GM [collagenase]	94
SARCLISA SOLN 100 MG/5ML [isatuximab-	
irfc]	28
SARCLISA SOLN 500 MG/25ML [isatuximab-	
irfc]	28
SARNA LOTN 0.5-0.5 % [camphor & menthol]	
.....	93
scopolamine pt72 1 mg/3days	73
selegiline hcl caps 5 mg	54
selegiline hcl tabs 5 mg	52
SELENIOUS ACID SOLN 40 MCG/ML	
[selenious acid]	69
selenium sulfide lotn 2.5 %	91
SELZENTRY TABS 150 MG [maraviroc]	21
SELZENTRY TABS 300 MG [maraviroc]	21
SEREVENT DISKUS AEPB 50 MCG/ACT	
[salmeterol xinafoate]	33
SEROSTIM SOLR 4 MG [somatropin (non-	
refrigerated)]	81
SEROSTIM SOLR 5 MG [somatropin (non-	
refrigerated)]	81
SEROSTIM SOLR 6 MG [somatropin (non-	
refrigerated)]	81
sertraline hcl tabs 100 mg	58
sertraline hcl tabs 25 mg	58
sertraline hcl tabs 50 mg	59

sevelamer carbonate pack 2.4 gm	67
sevelamer carbonate tabs 800 mg	67
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	86
sildenafil citrate tabs 100 mg	43
sildenafil citrate tabs 20 mg	43
sildenafil citrate tabs 50 mg	43
silver sulfadiazine crea 1 %	91
simvastatin tabs 10 mg	38
simvastatin tabs 20 mg	38
simvastatin tabs 40 mg	38
simvastatin tabs 5 mg	38
simvastatin tabs 80 mg	38
sirolimus soln 1 mg/ml	86
sirolimus tabs 0.5 mg	86
sirolimus tabs 1 mg	86
sirolimus tabs 2 mg	86
sitagliptin tabs 100 mg	78
sitagliptin tabs 25 mg	78
sitagliptin tabs 50 mg	78
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	94
SKYRIZI SOCT 180 MG/1.2ML [risankizumab-rzaa (crohn's)]	94
SKYRIZI SOCT 360 MG/2.4ML [risankizumab-rzaa (crohn's)]	94
SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	94
SLO-NIACIN TBCR 500 MG [niacin]	96
SLO-NIACIN TBCR 750 MG [niacin]	96
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	66
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	66
sodium bicarbonate soln 8.4 %	66
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	69
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	69
SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	88
SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	88
SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	88
sodium chloride soln	17, 68, 69
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	68
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	70
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	70
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	94
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	67
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [sodium fluoride]	86
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	86
SODIUM FLUORIDE CHEW 2.2 (1 F) MG [sodium fluoride]	86
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	86
sodium phenylbutyrate powd 3 gm/tsp	66
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	70
sodium polystyrene sulfonate powd	67
solifenacin succinate tabs 10 mg	95
solifenacin succinate tabs 5 mg	95
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	77
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	77
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	77
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	77
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	77
sorafenib tosylate tabs 200 mg	28
SORBITOL SOLN 70 % [sorbitol (laxative)]	74
SORBITOL SOLN 70 % [sorbitol]	88
sotalol hcl (af) tabs 80 mg	39
sotalol hcl tabs 120 mg	39
sotalol hcl tabs 160 mg	39
sotalol hcl tabs 240 mg	39
sotalol hcl tabs 80 mg	39
SOVALDI PACK 150 MG [sofosbuvir]	21
SOVALDI PACK 200 MG [sofosbuvir]	21
SOVALDI TABS 200 MG [sofosbuvir]	21
SOVALDI TABS 400 MG [sofosbuvir]	21
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	

[tiotropium bromide]	30
spironolactone tabs 100 mg	42
spironolactone tabs 25 mg	42
spironolactone tabs 50 mg	42
spironolactone-hctz tabs 25-25 mg	42
SPORANOX SOLN 10 MG/ML [itraconazole] 18	
SSKI SOLN 1 GM/ML [potassium iodide	
(expectorant)]	82
stavudine caps 30 mg	21
stavudine caps 40 mg	21
STERILE WATER FOR INJECTION SOLN	
[water for injection, sterile]	88
STERILE WATER FOR IRRIGATION SOLN	
[water for irrigation, sterile]	68
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	
[tiotropium bromide-olodaterol hcl]	30
STIVARGA TABS 40 MG [regorafenib]	28
STRENSIQ SOLN 18 MG/0.45ML [asfotase	
alfa]	70
STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	
.....	70
STRENSIQ SOLN 40 MG/ML [asfotase alfa]	70
STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	
.....	70
streptomycin sulfate solr 1 gm	16
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	74
sulfacetamide sodium soln 10 %	71
SULFACETAMIDE SODIUM-SULFUR LIQD 10-	
5 % [sulfacetamide sodium w/ sulfur]	93
SULFACETAMIDE SODIUM-SULFUR SUSP 10-	
5 % [sulfacetamide sodium w/ sulfur]	93
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4	
% [sulfacetamide sodium w/ sulfur]	93
sulfacetamide-prednisolone soln 10-0.23 % 71	
sulfadiazine tabs 500 mg	16
sulfamethoxazole-trimethoprim soln 400-80	
mg/5ml	16
sulfamethoxazole-trimethoprim tabs 400-80	
mg	17
sulfamethoxazole-trimethoprim tabs 800-160	
mg	17
SULFAMYLON CREA 85 MG/GM [mafenide	
acetate]	91
sulfasalazine tabs 500 mg	17
sulfasalazine tbec 500 mg	17

SULFATRIM PEDIATRIC SUSP 200-40 MG/5ML	
[sulfamethoxazole-trimethoprim]	17
SULFUR PRECIPITATED (BULK) POWD	
[sulfur (bulk)]	88
sulindac tabs 150 mg	47
sulindac tabs 200 mg	47
sumatriptan soln 20 mg/act	51
sumatriptan succinate refill soct 6 mg/0.5ml	
.....	51
sumatriptan succinate soaj 6 mg/0.5ml	51
sumatriptan succinate tabs 100 mg	51
sumatriptan succinate tabs 25 mg	51
sumatriptan succinate tabs 50 mg	51
sunitinib malate caps 12.5 mg	28
sunitinib malate caps 25 mg	28
sunitinib malate caps 37.5 mg	28
sunitinib malate caps 50 mg	28
SURE COMFORT INSULIN SYRINGE MISC	
28G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC	
29G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC	
30G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC	
30G X 5/16	64
SURE COMFORT INSULIN SYRINGE MISC	
31G X 5/16	64
SURVANTA SUSP 25-0.9 MG/ML-% [beractant	
in nacl]	88
SYLVANT SOLR 100 MG [siltuximab]	28
SYLVANT SOLR 400 MG [siltuximab]	28
SYMDEKO TBPK 100-150 & 150 MG	
[tezacaftor-ivacaftor]	89
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-	
ivacaftor]	89
SYMFI LO TABS 400-300-300 MG [efavirenz-	
lamivudine-tenofovir disoproxil fumarate]	
.....	21
SYMFI TABS 600-300-300 MG [efavirenz-	
lamivudine-tenofovir disoproxil fumarate]	
.....	21
SYMITUZA TABS 800-150-200-10 MG	
[darunavir-cobicistat-emtricitabine-	
tenofovir alafenamide]	22
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	
.....	81
SYRINGE MISC 20G X 1	64
SYRINGE MISC 20G X 1-1/2	64
SYRINGE MISC 21G X 1-1/2	64

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TABLOID TABS 40 MG <i>[thioguanine]</i>	28	terazosin hcl caps 1 mg.....	37
<i>tacrolimus caps 0.5 mg</i>	86	terazosin hcl caps 10 mg.....	37
<i>tacrolimus caps 1 mg</i>	86	terazosin hcl caps 2 mg.....	37
<i>tacrolimus caps 5 mg</i>	86	terazosin hcl caps 5 mg.....	38
<i>tacrolimus oint 0.03 %</i>	94	terbinafine hcl tabs 250 mg.....	18
<i>tacrolimus oint 0.1 %</i>	94	terbutaline sulfate soln 1 mg/ml.....	33
<i>tadalafil (pah) tabs 20 mg</i>	43	terbutaline sulfate tabs 2.5 mg.....	33
<i>tadalafil tabs 10 mg</i>	43	terbutaline sulfate tabs 5 mg.....	33
<i>tadalafil tabs 2.5 mg</i>	43	testosterone cypionate soln 200 mg/ml.....	77
<i>tadalafil tabs 20 mg</i>	43	testosterone gel 1.62 %.....	77
<i>tadalafil tabs 5 mg</i>	43	testosterone gel 12.5 mg/act (1%).....	77
TAFINLAR CAPS 50 MG <i>[dabrafenib mesylate]</i>	28	testosterone gel 25 mg/2.5gm (1%).....	77
TAFINLAR CAPS 75 MG <i>[dabrafenib mesylate]</i>	28	testosterone gel 50 mg/5gm (1%).....	77
TAFINLAR TBSO 10 MG <i>[dabrafenib mesylate]</i>	28	TESTOSTERONE PROPIONATE POWD	
TAGRISSE TABS 40 MG <i>[osimertinib mesylate]</i>	28	<i>[testosterone propionate (bulk)]</i>	88
TAGRISSE TABS 80 MG <i>[osimertinib mesylate]</i>	28	tetrabenazine tabs 12.5 mg.....	55
TAKHZYRO SOLN 300 MG/2ML <i>[lanadelumab-flyo]</i>	86	tetrabenazine tabs 25 mg.....	55
TAKHZYRO SOSY 150 MG/ML <i>[lanadelumab-flyo]</i>	86	TETRACAINE HCL SOLN 0.5 % <i>[tetracaine hcl (ophth)]</i>	72
TAKHZYRO SOSY 300 MG/2ML <i>[lanadelumab-flyo]</i>	86	TETRACAINE HCL SOLN 1 % <i>[tetracaine hcl]</i>	82
<i>tamoxifen citrate tabs 10 mg</i>	28	tetracycline hcl caps 250 mg.....	17
<i>tamoxifen citrate tabs 20 mg</i>	28	tetracycline hcl caps 500 mg.....	17
<i>tamsulosin hcl caps 0.4 mg</i>	37	THALOMID CAPS 100 MG <i>[thalidomide]</i>	86
TARGRETIN CAPS 75 MG <i>[bexarotene]</i>	28	THALOMID CAPS 50 MG <i>[thalidomide]</i>	86
TASIGNA CAPS 150 MG <i>[nilotinib hcl]</i>	28	THAM SOLN 30 MEQ/100ML <i>[tromethamine]</i>	66
TASIGNA CAPS 200 MG <i>[nilotinib hcl]</i>	28	theophylline er tb12 100 mg.....	95
TAXOTERE INJ 80MG/2ML <i>[docetaxel]</i>	28	theophylline er tb12 200 mg.....	95
<i>tazarotene crea 0.05 %</i>	94	theophylline er tb12 300 mg.....	95
<i>tazarotene crea 0.1 %</i>	94	theophylline er tb12 450 mg.....	95
<i>tazarotene gel 0.05 %</i>	94	theophylline er tb24 400 mg.....	95
<i>tazarotene gel 0.1 %</i>	94	thiamine hcl soln 100 mg/ml.....	96
TECENTRIQ SOLN 1200 MG/20ML <i>[atezolizumab]</i>	28	THIOLA TABS 100 MG <i>[tiopronin]</i>	86
<i>temazepam caps 15 mg</i>	54	thioridazine hcl tabs 10 mg.....	59
<i>temazepam caps 30 mg</i>	54	thioridazine hcl tabs 100 mg.....	59
<i>temozolomide caps 100 mg</i>	28	thioridazine hcl tabs 25 mg.....	59
<i>temozolomide caps 140 mg</i>	28	thioridazine hcl tabs 50 mg.....	59
<i>temozolomide caps 180 mg</i>	28	thiotepa solr 15 mg.....	29
<i>temozolomide caps 20 mg</i>	28	thiothixene caps 1 mg.....	59
<i>temozolomide caps 250 mg</i>	28	thiothixene caps 10 mg.....	59
<i>temozolomide caps 5 mg</i>	29	thiothixene caps 2 mg.....	59
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	22	thiothixene caps 5 mg.....	59
		THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	35
		THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	35
		THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	35
		THYMOL CRYST <i>[thymol]</i>	88
		THYROGEN SOLR 0.9 MG <i>[thyrotropin alfa]</i>	65
		ticagrelor tabs 90 mg.....	36
		timolol maleate soln 0.25 %.....	72

timolol maleate soln 0.5 %	72	[guselkumab (gastrointestinal)]	95
TISSUEBLUE SOSY 0.025 % [brilliant blue g]	65	TREMFYA SOLN 200 MG/20ML [guselkumab (gastrointestinal)]	95
TIVICAY PD TBSO 5 MG [dolutegravir sodium]	22	TREMFYA SOSY 100 MG/ML [guselkumab (gastrointestinal)]	95
TIVICAY TABS 50 MG [dolutegravir sodium]	22	TREMFYA SOSY 200 MG/2ML [guselkumab (gastrointestinal)]	95
tizanidine hcl tabs 2 mg	31	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML [insulin degludec]	78
tizanidine hcl tabs 4 mg	31	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML [insulin degludec]	78
TNKASE KIT 50 MG [tenecteplase]	36	TRESIBA SOLN 100 UNIT/ML [insulin degludec]	78
TOBI PODHALER CAPS 28 MG [tobramycin]	17	tretinoin caps 10 mg	29
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	71	triamcinolone acetonide crea 0.025 %	92
tobramycin nebu 300 mg/5ml	17	triamcinolone acetonide crea 0.1 %	92
tobramycin sulfate soln 10 mg/ml	17	triamcinolone acetonide crea 0.5 %	92
tobramycin sulfate soln 80 mg/2ml	17	triamcinolone acetonide oint 0.025 %	92
tofacitinib citrate er tb24 11 mg	86	triamcinolone acetonide oint 0.1 %	92
tofacitinib citrate tabs 10 mg	86	triamcinolone acetonide oint 0.5 %	92
tofacitinib citrate tabs 5 mg	86	TRIAMCINOLONE ACETONIDE POWD [triamcinolone acetonide (topical)]	88
topiramate cpsp 15 mg	50	triamcinolone acetonide pste 0.1 %	92
topiramate cpsp 25 mg	50	triamterene caps 100 mg	67
topiramate tabs 100 mg	50	triamterene-hctz caps 37.5-25 mg	67
topiramate tabs 200 mg	50	triamterene-hctz tabs 37.5-25 mg	67
topiramate tabs 25 mg	50	triamterene-hctz tabs 75-50 mg	67
topiramate tabs 50 mg	51	TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	66
topotecan hcl solr 4 mg	29	trifluoperazine hcl tabs 1 mg	59
TORISEL SOLN 25 MG/ML [temsirolimus] ...	29	trifluoperazine hcl tabs 10 mg	59
torsemide tabs 10 mg	67	trifluoperazine hcl tabs 2 mg	59
torsemide tabs 100 mg	67	trifluoperazine hcl tabs 5 mg	59
torsemide tabs 20 mg	67	trifluridine soln 1 %	71
torsemide tabs 5 mg	67	trihexyphenidyl hcl soln 0.4 mg/ml	52
TRACLEER TABS 125 MG [bosentan]	43	trihexyphenidyl hcl tabs 2 mg	52
TRACLEER TABS 62.5 MG [bosentan]	43	trihexyphenidyl hcl tabs 5 mg	52
TRACLEER TBSO 32 MG [bosentan]	89	TRIKAFTA TBPK 100-50-75 & 150 MG [elexacaftor-tezacaftor-ivacaftor]	89
tramadol hcl tabs 50 mg	47	TRIKAFTA TBPK 50-25-37.5 & 75 MG [elexacaftor-tezacaftor-ivacaftor]	89
tramadol-acetaminophen tabs 37.5-325 mg	47	TRIKAFTA THPK 100-50-75 & 75 MG [elexacaftor-tezacaftor-ivacaftor]	89
tranexamic acid soln 1000 mg/10ml	35	TRIKAFTA THPK 80-40-60 & 59.5 MG [elexacaftor-tezacaftor-ivacaftor]	89
tranexamic acid tabs 650 mg	35	trimethoprim tabs 100 mg	22
tranylcypromine sulfate tabs 10 mg	59	TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	29
TRAVASOL SOLN 10 % [amino acid infusion]	67	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-dolutegravir-lamivudine]	22
trazodone hcl tabs 100 mg	59	TRIUMEQ TABS 600-50-300 MG [abacavir-	
trazodone hcl tabs 150 mg	59		
trazodone hcl tabs 50 mg	59		
TRECTOR TABS 250 MG [ethionamide]	18		
TREMFYA ONE-PRESS SOPN 100 MG/ML [guselkumab]	94		
TREMFYA PEN SOAJ 100 MG/ML [guselkumab]	95		
TREMFYA PEN SOAJ 200 MG/2ML			

dolutegravir-lamivudine]	22
TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric vitamins adc]	96
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	96
TROPHAMINE SOLN 10 % [amino acid infusion]	67
tropicamide soln 1 %	72
tropium chloride er cp24 60 mg	95
tropium chloride tabs 20 mg	95
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	64
TUBERCULIN SYRINGE MISC 25G X 5/8.....	64
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	65
TUKYSA TABS 150 MG [tucatinib]	29
TUKYSA TABS 50 MG [tucatinib]	29
TYKERB TABS 250 MG [lapatinib ditosylate]	29
TYSABRI CONC 300 MG/15ML [natalizumab]	86
TYVASO REFILL KIT SOLN 0.6 MG/ML [treprostinil]	43
TYVASO SOLN 0.6 MG/ML [treprostinil]	43
TYVASO STARTER KIT SOLN 0.6 MG/ML [treprostinil]	44

U

ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8.....	64
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	86
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	86
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	29
ursodiol tabs 250 mg	74
ursodiol tabs 500 mg	74
UZEDY SUSY 100 MG/0.28ML [risperidone]	59
UZEDY SUSY 125 MG/0.35ML [risperidone]	59
UZEDY SUSY 150 MG/0.42ML [risperidone]	59
UZEDY SUSY 200 MG/0.56ML [risperidone]	59
UZEDY SUSY 250 MG/0.7ML [risperidone]	59
UZEDY SUSY 50 MG/0.14ML [risperidone]	59
UZEDY SUSY 75 MG/0.21ML [risperidone]	59

V

valacyclovir hcl tabs 1 gm	22
valacyclovir hcl tabs 500 mg	22

VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	22
valganciclovir hcl tabs 450 mg	22
valproic acid caps 250 mg	51
valproic acid soln 250 mg/5ml	51
valsartan tabs 160 mg	42
valsartan tabs 320 mg	42
valsartan tabs 40 mg	42
valsartan tabs 80 mg	42
valsartan-hydrochlorothiazide tabs 160-12.5 mg	42
valsartan-hydrochlorothiazide tabs 160-25 mg	42
valsartan-hydrochlorothiazide tabs 320-12.5 mg	42
valsartan-hydrochlorothiazide tabs 320-25 mg	42
valsartan-hydrochlorothiazide tabs 80-12.5 mg	42
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML [diazepam (anticonvulsant)]	54
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML [diazepam (anticonvulsant)]	54
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML [diazepam (anticonvulsant)]	54
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML [diazepam (anticonvulsant)]	54
vancomycin hcl caps 125 mg	17
vancomycin hcl caps 250 mg	17
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	17
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	17
vancomycin hcl solr 1 gm	17
vancomycin hcl solr 10 gm	17
vancomycin hcl solr 5 gm	17
vancomycin hcl solr 500 mg	17
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2.....	64
varenicline tartrate tabs 0.5 mg	30
varenicline tartrate tabs 1 mg	30
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	42
vecuronium bromide solr 10 mg	31
vecuronium bromide solr 20 mg	31
VEKLURY SOLN 100 MG/20ML [remdesivir]	22
VEKLURY SOLR 100 MG [remdesivir]	22
VELCADE SOLR 3.5 MG [bortezomib]	29
VENCLEXTA STARTING PACK TBPK 10 & 50	

& 100 MG <i>[venetoclax]</i>	29	<i>dimesylate]</i>	48
VENCLEXTA TABS 10 MG <i>[venetoclax]</i>	29	VYVANSE CAPS 20 MG <i>[lisdexamfetamine</i>	
VENCLEXTA TABS 100 MG <i>[venetoclax]</i>	29	<i>dimesylate]</i>	48
VENCLEXTA TABS 50 MG <i>[venetoclax]</i>	29	VYVANSE CAPS 30 MG <i>[lisdexamfetamine</i>	
<i>venlafaxine hcl er cp24 150 mg</i>	59	<i>dimesylate]</i>	48
<i>venlafaxine hcl er cp24 37.5 mg</i>	59	VYVANSE CAPS 40 MG <i>[lisdexamfetamine</i>	
<i>venlafaxine hcl er cp24 75 mg</i>	59	<i>dimesylate]</i>	48
<i>venlafaxine hcl tabs 100 mg</i>	59	VYVANSE CAPS 50 MG <i>[lisdexamfetamine</i>	
<i>venlafaxine hcl tabs 25 mg</i>	59	<i>dimesylate]</i>	48
<i>venlafaxine hcl tabs 37.5 mg</i>	59	VYVANSE CAPS 60 MG <i>[lisdexamfetamine</i>	
<i>venlafaxine hcl tabs 50 mg</i>	59	<i>dimesylate]</i>	48
<i>venlafaxine hcl tabs 75 mg</i>	59	VYVANSE CAPS 70 MG <i>[lisdexamfetamine</i>	
VENOFER SOLN 20 MG/ML <i>[iron sucrose]</i> ..	33	<i>dimesylate]</i>	49
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	44	VYVGART SOLN 400 MG/20ML <i>[efgartigimod</i>	
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	44	<i>alfa-fcab]</i>	86
<i>verapamil hcl er tbc 120 mg</i>	40	VYXEOS SUSR 44-100 MG <i>[daunorubicin-</i>	
<i>verapamil hcl er tbc 180 mg</i>	40	<i>cytarabine liposome]</i>	29
<i>verapamil hcl er tbc 240 mg</i>	40		
<i>verapamil hcl soln 2.5 mg/ml</i>	40		
<i>verapamil hcl tabs 120 mg</i>	40		
<i>verapamil hcl tabs 40 mg</i>	40		
<i>verapamil hcl tabs 80 mg</i>	40		
VIMIZIM SOLN 5 MG/5ML <i>[elosulfase alfa]</i> ...	70		
<i>vinblastine sulfate soln 1 mg/ml</i>	29		
<i>vincristine sulfate soln 1 mg/ml</i>	29		
<i>vincristine sulfate soln 2 mg/2ml</i>	29		
<i>vinorelbine tartrate soln 10 mg/ml</i>	29		
<i>vinorelbine tartrate soln 50 mg/5ml</i>	29		
VIRACEPT TABS 250 MG <i>[nelfinavir mesylate]</i>			
.....	22		
VIRACEPT TABS 625 MG <i>[nelfinavir mesylate]</i>			
.....	22		
VISUDYNE SOLR 15 MG <i>[verteporfin]</i>	72		
<i>vitamin d (ergocalciferol) caps 1.25 mg</i>			
<i>(50000 ut)</i>	96		
<i>vitamin k1 soln 1 mg/0.5ml</i>	96		
<i>vitamin k1 soln 10 mg/ml</i>	96		
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML			
<i>[pediatric vitamins acd w/ fluoride]</i>	96		
VIVOTIF CPDR <i>[typhoid vaccine]</i>	91		
VOCABRIA TABS 30 MG <i>[cabotegravir</i>			
<i>sodium]</i>	22		
VORAXAZE SOLR 1000 UNIT <i>[glucarpidase]</i>	70		
<i>voriconazole solr 200 mg</i>	22		
<i>voriconazole tabs 200 mg</i>	18		
<i>voriconazole tabs 50 mg</i>	18		
VOSEVI TABS 400-100-100 MG <i>[sofosbuvir-</i>			
<i>velpatasvir-voxilaprevir]</i>	22		
VOTRIENT TABS 200 MG <i>[pazopanib hcl]</i> ..	29		
VYVANSE CAPS 10 MG <i>[lisdexamfetamine</i>			

W

<i>warfarin sodium tabs 1 mg</i>	36
<i>warfarin sodium tabs 10 mg</i>	36
<i>warfarin sodium tabs 2 mg</i>	36
<i>warfarin sodium tabs 2.5 mg</i>	37
<i>warfarin sodium tabs 3 mg</i>	37
<i>warfarin sodium tabs 4 mg</i>	37
<i>warfarin sodium tabs 5 mg</i>	37
<i>warfarin sodium tabs 6 mg</i>	37
<i>warfarin sodium tabs 7.5 mg</i>	37
WEGOVY HD SOAJ 7.2 MG/0.75ML	
<i>[semaglutide (weight management)]</i>	86
WEGOVY SOAJ 0.25 MG/0.5ML <i>[semaglutide</i>	
<i>(weight management)]</i>	86
WEGOVY SOAJ 0.5 MG/0.5ML <i>[semaglutide</i>	
<i>(weight management)]</i>	86
WEGOVY SOAJ 1 MG/0.5ML <i>[semaglutide</i>	
<i>(weight management)]</i>	86
WEGOVY SOAJ 1.7 MG/0.75ML <i>[semaglutide</i>	
<i>(weight management)]</i>	87
WEGOVY SOAJ 2.4 MG/0.75ML <i>[semaglutide</i>	
<i>(weight management)]</i>	87
WES-PHOS 250 NEUTRAL TABS 155-852-130	
MG <i>[pot phosphate monobasic w/ sod</i>	
<i>phosphate dibasic & monobasic]</i>	70
WIDE-SEAL DIAPHRAGM 60 DPRH 2 %	
<i>[diaphragm wide seal]</i>	59
WIDE-SEAL DIAPHRAGM 65 DPRH 2 %	
<i>[diaphragm wide seal]</i>	59
WIDE-SEAL DIAPHRAGM 70 DPRH 2 %	
<i>[diaphragm wide seal]</i>	59
WIDE-SEAL DIAPHRAGM 75 DPRH 2 %	

[diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 80 DPRH 2 %	
[diaphragm wide seal]	60
WIDE-SEAL DIAPHRAGM 85 DPRH 2 %	
[diaphragm wide seal]	60
WIDE-SEAL DIAPHRAGM 90 DPRH 2 %	
[diaphragm wide seal]	60
WIDE-SEAL DIAPHRAGM 95 DPRH 2 %	
[diaphragm wide seal]	60

X

XALKORI CAPS 200 MG [crizotinib]	29
XALKORI CAPS 250 MG [crizotinib]	29
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	93
XIFAXAN TABS 550 MG [rifaximin]	17
XTANDI CAPS 40 MG [enzalutamide]	29
XTANDI TABS 40 MG [enzalutamide]	29
XTANDI TABS 80 MG [enzalutamide]	29

Y

YERVOY SOLN 200 MG/40ML [ipilimumab] ..	29
YERVOY SOLN 50 MG/10ML [ipilimumab] ..	29
YESCARTA SUSP 200000000 CELLS	
[axicabtagene ciloleucel]	87
YESINTEK SOLN 130 MG/26ML [ustekinumab-kfce (iv)]	95
YESINTEK SOLN 45 MG/0.5ML [ustekinumab-kfce]	95
YESINTEK SOSY 45 MG/0.5ML [ustekinumab-kfce]	95
YESINTEK SOSY 90 MG/ML [ustekinumab-kfce]	95
YONDELIS SOLR 1 MG [trabectedin]	29

Z

ZEJULA TABS 100 MG [niraparib tosylate] ..	29
ZEJULA TABS 200 MG [niraparib tosylate] ..	29
ZEJULA TABS 300 MG [niraparib tosylate] ..	29
ZELBORAF TABS 240 MG [vemurafenib]	29
ZENPEP CPEP 10000-32000 UNIT	

[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 15000-47000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 20000-63000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 25000-79000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 3000-10000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 40000-126000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 5000-24000 UNIT	
[pancrelipase (lipase-protease-amylase)] 74	
ZENPEP CPEP 60000-189600 UNIT	
[pancrelipase (lipase-protease-amylase)] 75	
ZIAGEN SOLN 20 MG/ML [abacavir sulfate] ..	22
zidovudine caps 100 mg	22
zidovudine syrp 50 mg/5ml	22
zidovudine tabs 300 mg	22
ZINC SULFATE HEPTAHYDRATE POWD [zinc sulfate heptahydrate]	88
ZINC SULFATE MONOHYDRATE POWD [zinc sulfate monohydrate]	88
ziprasidone hcl caps 20 mg	59
ziprasidone hcl caps 40 mg	59
ziprasidone hcl caps 60 mg	59
ziprasidone hcl caps 80 mg	59
ZITHROMAX PACK 1 GM [azithromycin]	17
zoledronic acid conc 4 mg/5ml	87
zoledronic acid soln 5 mg/100ml	87
zolpidem tartrate tabs 5 mg	54
zonisamide caps 100 mg	51
zonisamide caps 25 mg	51
zonisamide caps 50 mg	51
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] ..	17
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] ..	17
ZYDELIG TABS 100 MG [idelalisib]	29
ZYDELIG TABS 150 MG [idelalisib]	29
ZYKADIA TABS 150 MG [ceritinib]	29
ZYTIGA TABS 500 MG [abiraterone acetate] ..	29

Aviso de no discriminación

En este documento “nosotros” o “nuestro” se refiere a Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc. y el Southern California Medical Group). Este aviso está disponible en nuestro sitio web en **kp.org/espanol**.

La discriminación es ilegal. Nosotros cumplimos con las leyes de derechos civiles federales y estatales.

Nosotros no discriminamos, excluimos ni tratamos a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

- Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, tales como:
 - ♦ intérpretes calificados de lengua de señas,
 - ♦ información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Servicios de idiomas sin costo para las personas cuya lengua materna no sea el inglés, como:
 - ♦ intérpretes calificados,
 - ♦ información escrita en otros idiomas.

Si necesita estos servicios, llame a nuestro Departamento de Servicio a los Miembros a los números que aparecen a continuación. La llamada es gratuita. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815 (TTY 711)**, de 8 a. m. a 8 p. m., los 7 días de la semana.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, las 24 horas del día, los 7 días de la semana.
- Todos los miembros: **1-800-788-0616 (TTY 711)**, las 24 horas del día, los 7 días de la semana.

Mediante una solicitud, este documento estará disponible en braille, letra grande, audio o en formatos electrónicos. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestro Departamento de Servicio a los Miembros y solicite el formato que necesita.

Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante nosotros si siente que no le hemos proporcionado estos servicios o lo hemos discriminado ilícitamente de otra forma. Puede presentar una queja por teléfono, correo postal, en persona o en línea. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)* para obtener más información. También puede llamar a Servicio a los Miembros para informarse sobre las opciones que se apliquen a su caso o si necesita ayuda para presentar una queja. Puede presentar una queja por discriminación de las siguientes maneras:

- **Por teléfono:** llame a nuestro Departamento de Servicio a los Miembros. Los números telefónicos se indican arriba.

- **Por correo postal:** descargue un formulario en **kp.org** o llame a Servicio a los Miembros y pida que se le envíe un formulario para que lo devuelva.
- **En persona:** llene un formulario de queja o reclamación/solicitud de beneficios (Complaint or Benefit Claim/Request form) en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte su directorio de proveedores en kp.org/facilities [cambie el idioma a español] para obtener las direcciones).
- **En línea:** utilice el formulario en línea en nuestro sitio web en **kp.org**.

También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente a la siguiente dirección:

Attn: Kaiser Permanente Civil Rights Coordinator
 Member Relations Grievance Operations
 P.O. Box 939001
 San Diego CA 92193

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California *(Solo para beneficiarios de Medi-Cal)*

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por escrito, por teléfono o por correo electrónico:

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370** (TTY **711**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

Office of Civil Rights
 Department of Health Care Services
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413

Los formularios de queja están disponibles en:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **En línea:** envíe un correo electrónico a CivilRights@dhcs.ca.gov.

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.

Puede presentar una queja por discriminación ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services Office for Civil Rights). Usted puede presentar su queja por escrito, por teléfono o en línea:

- **Por teléfono:** llame al **1-800-368-1019** (TTY **711** o al **1-800-537-7697**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201

Los formularios de quejas están disponibles en:

<https://www.hhs.gov/ocr/office/file/index.html>

- **En línea:** visite el Portal de quejas de la Oficina de Derechos Civiles (Civil Rights Complaint Portal) en: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Notice of Language Assistance

English: ATTENTION. Language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY 711), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY 711), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY 711), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضاً طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضاء لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY 711)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՌԻՇՍԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP` 1-800-443-0815 (TTY 711), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal` 1-855-839-7613 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը` 1-800-464-4000 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր

Chinese: 请注意，我们有免费语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部以获取帮助。重要节假日期间会员服务不开放。

- Medicare, 包括 D-SNP : 1-800-443-0815 (TTY 711), 每周 7 天, 上午 8 点至晚上 8 点
- Medi-Cal : 1-855-839-7613 (TTY 711), 每周 7 天, 每天 24 小时
- 所有其他保险计划: 1-800-757-7585 (TTY 711), 每周 7 天, 每天 24 小时

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare, شامل D-SNP: با شماره 1-800-443-0815 (TTY 711) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره 1-855-839-7613 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره 1-800-464-4000 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंग्वेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: 1-800-443-0815 (TTY 711), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: 1-855-839-7613 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: 1-800-464-4000 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnuv so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815 (TTY 711)**, 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnuv hauv ib lub vij
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij

Japanese: ご注意。言語サポートは無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービスは主要な休日では営業していません。

- D-SNP を含む Medicare: **1-800-443-0815 (TTY 711)** 、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal: **1-855-839-7613 (TTY 711)** 、24 時間、年中無休
- その他全て: **1-800-464-4000 (TTY 711)** 、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្នាម សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare, រួមទាំង D-SNP: **1-800-443-0815 (TTY 711)** ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- Medi-Cal: **1-855-839-7613 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- ផ្សេងៗទៀត: **1-800-464-4000 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍

Korean: 안내 사항. 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 부서에 도움을 요청하시기 바랍니다. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815 (TTY 711)** 번으로 문의
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000 (TTY 711)**, 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ.

ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ

ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ,

ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ

ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815 (TTY 711)**, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000 (TTY 711)**, 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih core haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hlou, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih core haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815 (TTY 711)**, yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613 (TTY 711)**, yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000 (TTY 711)**, yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: GIHA. Tséé' naalkáah sídá'ígíí éí doo t'ée' íí'í' dah sídáa'ígíí. T'ée' góó t'í'í'ígíí éí tséé' naalkáah sídá'ígíí bikáa' dah sídaa'ígíí, t'á'ii bik'eh dah na'álka'ígíí. T'á'ii éí t'ée' góó t'í'í'ígíí bik'eh dah deidiyós, t'á'ii éí bi'ée' bik'eh dah na'álka'ígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'álka'ígíí bikáa' dah na'álka'ígíí t'áa'altso bik'eh dah deidiyós. Bi'ée' naalkáah sídá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'álka'ígíí éí bik'eh dah naazhja'a'ígíí bik'eh dah na'álka'ígíí.

- Medicare, bikáa' dah deidiyós D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. góó 8 p.m., 7 jį t'áálá'í damóo
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo
- T'áa' al'aq: **1-800-464-4000 (TTY 711)**, 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815 (TTY 711)**, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815 (TTY 711)**, без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000 (TTY 711)**, круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815 (TTY 711)**, los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613 (TTY 711)**, las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616 (TTY 711)**, las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo

Thai: **ส่งถึง** มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare รวมถึง D-SNP: **1-800-443-0815 (TTY 711)** 8.00 น. ถึง 20.00 น. หรือ 7 วันต่อสัปดาห์
- Medi-Cal: **1-855-839-7613 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์
- อื่นๆ ทั้งหมด: **1-800-464-4000 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์

Ukrainian: **УВАГА!** Послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів. Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815 (TTY 711)**, з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000 (TTY 711)**, цілодобово, без вихідних.

Vietnamese: **LƯU Ý.** Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815 (TTY 711)**, 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần.



Servicio a los Miembros para California

Las 24 horas del día, los 7 días de la semana (cerrado los días festivos), 1-800-464-4000 (inglés)

1-800-788-0616 (español)

1-800-757-7585 Dialectos chinos

TTY 711 para personas con deficiencias auditivas o del habla

Favor de reciclar. A small recycling symbol consisting of three chasing arrows forming a triangle.