

**KAISER PERMANENTE: LISTA DE
MEDICAMENTOS RECETADOS
DISPONIBLES PARA PLANES
COMERCIALES HMO
DEL SUR DE CALIFORNIA 2024**

[ESTA LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES SE ACTUALIZÓ EL: 06/01/2024]

Lista de medicamentos recetados disponibles para planes comerciales HMO del sur de California 2024

(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 06/04/2024. 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”.

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

¿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. 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.

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. 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 98. 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.

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 = Existe un límite máximo en el monto de copago/coseguro para medicamentos anticancerígenos administrados por vía oral de no más de \$200 por un suministro de 30 días. Consulte su Resumen de beneficios 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. 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 recetados disponibles

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 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 cap 250mg</i>	1	
<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 sus 125/5ml</i>	1	
<i>ampicillin sus 250/5ml</i>	1	
<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 [amoxicillin & pot clavulanate]	2	
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	
<i>azithromycin susr 200 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
BICILLIN L-A SUSY 1200000 UNIT/2ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSY 2400000 UNIT/4ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	2	MB
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	2	MB
cefdinir susr 125 mg/5ml	1	
cefdinir susr 250 mg/5ml	1	
cefepime hcl solr 1 gm	1	MB
cefepime hcl solr 2 gm	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
cefixime caps 400 mg	1	
cefixime susr 100 mg/5ml	1	
cefotaxime sodium inj 10gm	1	MB
cefotetan disodium solr 1 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
cefoxitin sodium inj 1gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
ceftazidime solr 6 gm	1	MB
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 10 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 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]	1	MB
CLEOCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	1	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 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	
FORTAZ SOLR 500 MG [ceftazidime]	2	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 SOLR 1 GM [ertapenem sodium]	4	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
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 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 g procaine susp 600000 unit/ml	2	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	2	
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	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 [tetracycline hcl]	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 [casprofungin acetate]	4	MB
CANCIDAS SOLR 70 MG [casprofungin 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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG [artemether-lumefantrine]	2	
DARAPRIM TABS 25 MG [pyrimethamine]	2	QL - 30 day(s)
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG [tafenoquine succinate]	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE SOLN 500 MG/100ML [metronidazole]	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG [pentamidine isethionate]	2	
PENTAM SOLR 300 MG [pentamidine isethionate]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [primaquine phosphate]	2	
ANTIVIRALS		
abacavir sulfate tabs 300 mg	1	
abacavir sulfate-lamivudine tabs 600-300 mg	1	
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	1	
acyclovir caps 200 mg	1	
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG [tipranavir]	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
BARACLUDE SOLN 0.05 MG/ML [entecavir]	4	
BEYFORTUS SOSY 100 MG/ML [nirsevimab-alip]	2	MB
BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab-alip]	2	MB
BIKTARVY TABS 30-120-15 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	2	
BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	2	
CABENUVA SUER 400 & 600 MG/2ML [cabotegravir & rilpivirine]	2	
CABENUVA SUER 600 & 900 MG/3ML [cabotegravir & rilpivirine]	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG [lamivudine-tenofovir disoproxil fumarate]	2	
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	2	
darunavir tabs 600 mg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
darunavir tabs 800 mg	1	
DESCOVY TABS 120-15 MG [emtricitabine-tenofovir alafenamide fumarate]	2	
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	2	PREV
didanosine cap 125mg	1	
didanosine cpdr 250 mg	1	
didanosine cpdr 400 mg	1	
DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine]	2	
EDURANT TABS 25 MG [rilpivirine hcl]	2	
efavirenz caps 200 mg	1	
efavirenz caps 50 mg	1	
efavirenz tabs 600 mg	1	
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	1	
emtricitabine caps 200 mg	1	
emtricitabine-tenofovir df tabs 100-150 mg	1	
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
emtricitabine-tenofovir df tabs 200-300 mg	1	PREV
EMTRIVA SOLN 10 MG/ML [emtricitabine]	2	
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA PACK 150-37.5 MG [sofosbuvir-velpatasvir]	4	
EPCLUSA PACK 200-50 MG [sofosbuvir-velpatasvir]	4	
EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir]	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	4	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	2	
etravirine tabs 100 mg	1	
etravirine tabs 200 mg	1	
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	2	
fosamprenavir calcium tabs 700 mg	1	
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	2	MB
ganciclovir sodium solr 500 mg	1	MB
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
HARVONI TABS 45-200 MG [ledipasvir-sofosbuvir]	4	QL - 30 day(s)
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	4	QL - 30 day(s)
INTELENCE TABS 25 MG [etravirine]	2	
INVIRASE TABS 500 MG [saquinavir mesylate]	2	
ISENTRESS CHEW 100 MG [raltegravir potassium]	2	
ISENTRESS CHEW 25 MG [raltegravir potassium]	2	
ISENTRESS HD TABS 600 MG [raltegravir potassium]	2	
ISENTRESS TABS 400 MG [raltegravir potassium]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir tabs 100-25 mg</i>	1	
<i>lopinavir-ritonavir tabs 200-50 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>]	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>]	2	
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir</i>]	2	
RELENZA DISKHALER AEPB 5 MG/ACT [<i>zanamivir</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
SOVALDI PACK 150 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI PACK 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
<i>stavudine caps 30 mg</i>	1	

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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	
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
SYNAGIS SOLN 100 MG/ML [palivizumab]	4	MB
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	4	MB
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY PD TBSO 5 MG [dolutegravir sodium]	2	
TIVICAY TABS 10 MG [dolutegravir sodium]	2	
TIVICAY TABS 25 MG [dolutegravir sodium]	2	
TIVICAY TABS 50 MG [dolutegravir sodium]	2	
TRIUMEQ PD TBSO 60-5-30 MG [abacavir-dolutegravir-lamivudine]	2	
TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	2	
TRIZIVIR TABS 300-150-300 MG [abacavir sulfate-lamivudine-zidovudine]	2	
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	4	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VEKLURY SOLN 100 MG/20ML [remdesivir]	4	
VEKLURY SOLR 100 MG [remdesivir]	4	
VIRACEPT TABS 250 MG [nelfinavir mesylate]	2	
VIRACEPT TABS 625 MG [nelfinavir mesylate]	2	
VOCABRIA TABS 30 MG [cabotegravir sodium]	2	
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	4	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML [abacavir sulfate]	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	1	
nitrofurantoin macrocrystal caps 25 mg	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	1	
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	

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ANTI-HISTAMINE DRUGS		
FIRST GENERATION ANTI-HISTAMINES		
BANOPHEN CAPS 50 MG [<i>diphenhydramine hcl</i>]	1	
<i>cyproheptadine hcl syr</i> 2 mg/5ml	1	
<i>cyproheptadine hcl tabs</i> 4 mg	1	
<i>diphenhydramine hcl soln</i> 50 mg/ml	1	MB
<i>promethazine hcl tabs</i> 12.5 mg	1	
<i>promethazine hcl tabs</i> 25 mg	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs</i> 250 mg	1	OC
ADCETRIS SOLR 50 MG [<i>brentuximab vedotin</i>]	2	MB
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG [<i>melphalan</i>]	2	OC
ALUNBRIG TABS 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
<i>anastrozole tabs</i> 1 mg	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML [<i>calaspargase pegol-mknl</i>]	4	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	4	MB
<i>bendamustine hcl solr</i> 100 mg	1	QL - 30 day(s),MB
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	4	QL - 30 day(s),MB
<i>bicalutamide tabs</i> 50 mg	1	OC
<i>bleomycin sulfate solr</i> 15 unit	1	MB
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	4	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	2	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	2	MB
<i>capecitabine tabs</i> 150 mg	1	QL - 30 day(s),OC
<i>capecitabine tabs</i> 500 mg	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
<i>carmustine solr</i> 100 mg	1	MB
<i>cisplatin soln</i> 100 mg/100ml	1	MB
<i>cladribine soln</i> 10 mg/10ml	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	1	OC
cyclophosphamide solr 1 gm	1	MB
cyclophosphamide solr 2 gm	1	MB
cyclophosphamide solr 500 mg	1	MB
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	4	QL - 30 day(s),MB
cytarabine soln 20 mg/ml	1	MB
dacarbazine solr 100 mg	1	MB
dacarbazine solr 200 mg	1	MB
DARZALEX SOLN 100 MG/5ML [daratumumab]	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [daratumumab]	4	QL - 30 day(s),MB
daunorubicin hcl soln 20 mg/4ml	1	MB
docetaxel conc 80 mg/4ml	1	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
ELAHERE SOLN 100 MG/20ML [mirvetuximab soravtansine-gynx]	4	QL - 30 day(s),MB
EMCYT CAPS 140 MG [estramustine phosphate sodium]	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG [fam-trastuzumab deruxtecan-nxki]	4	MB
ERBITUX SOLN 100 MG/50ML [cetuximab]	4	MB
ERBITUX SOLN 200 MG/100ML [cetuximab]	4	MB
ERIVEDGE CAPS 150 MG [vismodegib]	4	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	2	MB
etoposide caps 50 mg	1	OC
everolimus tabs 10 mg	1	QL - 30 day(s),OC
everolimus tabs 2.5 mg	1	QL - 30 day(s),OC
everolimus tabs 5 mg	1	QL - 30 day(s),OC
everolimus tabs 7.5 mg	1	QL - 30 day(s),OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant sosy 250 mg/5ml	1	QL - 30 day(s),MB

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GAZYVA SOLN 1000 MG/40ML <i>[obinutuzumab]</i>	4	QL - 30 day(s),MB
<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	MB
HERCEPTIN SOLR 150 MG <i>[trastuzumab]</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 SOLN 10000000 UNIT/ML <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT <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
KANJINTI SOLR 420 MG <i>[trastuzumab-anns]</i>	4	MB

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KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPk 200 MG [ribociclib succinate]	4	QL - 30 day(s),OC
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
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

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LYNPARZA TABS 100 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
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
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
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
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
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>	4	QL - 30 day(s),OC
REVLIMID CAPS 10 MG <i>[lenalidomide]</i>	2	QL - 30 day(s),LD,OC

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
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
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	4	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

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temozolomide caps 5 mg	1	OC
thiotepa solr 15 mg	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML [temsirolimus]	4	MB
TREANDA SOLR 100 MG [bendamustine hcl]	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
TRUXIMA SOLN 100 MG/10ML [rituximab-abbs]	4	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML [rituximab-abbs]	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 TBP 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
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	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate inj 1mg/ml	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
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 TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT <i>[tiotropium bromide monohydrate]</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
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	

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<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	
<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	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG <i>[galantamine hydrobromide]</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<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 tbcr 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

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RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	2	MB
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	
<i>vecuronium bromide solr 10 mg</i>	1	MB
<i>vecuronium bromide solr 20 mg</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<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>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	
<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	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>]	2	
<i>dobutamine hcl soln 250 mg/20ml</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
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	1	MB
<i>epinephrine hcl inj 1mg/ml</i>	1	
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	2	
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
<i>epinephrine soaj 0.3 mg/0.3ml</i>	1	MB
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	1	MB
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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		
ANTIEMORRHAGIC AGENTS		
INFED SOLN 50 MG/ML [iron dextran]	2	MB
VENOFER SOLN 20 MG/ML [iron sucrose]	2	MB
ANTIHEMOPHILIC AGENTS		
ADVATE SOLR 4000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
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
ALTUVIIIIO SOLR 1000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]	4	QL - 30 day(s),MB
ALTUVIIIIO SOLR 2000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]	4	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ALTUVIIIIO SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	4	QL - 30 day(s),MB
ALTUVIIIIO SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	4	QL - 30 day(s),MB
ALTUVIIIIO SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	4	QL - 30 day(s),MB
ALTUVIIIIO SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehl]</i>	4	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
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</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>	2	
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 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
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
RECOMBINATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
RIASTAP SOLR [fibrinogen concentrate (human)]	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT [thrombin]	2	
THROMBIN-JMI SOLR 20000 UNIT [thrombin]	2	
THROMBIN-JMI SOLR 5000 UNIT [thrombin]	2	
tranexamic acid soln 1000 mg/10ml	1	MB
tranexamic acid tabs 650 mg	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML [anticoagulant citrate dextrose solution a]	2	
ACTIVASE SOLR 100 MG [alteplase]	2	MB
ACTIVASE SOLR 50 MG [alteplase]	2	MB
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG [ticagrelor]	2	
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	2	MB
cilostazol tabs 100 mg	1	
cilostazol tabs 50 mg	1	
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG [prasugrel hcl]	2	
EFFIENT TABS 5 MG [prasugrel hcl]	2	
eptifibatide soln 20 mg/10ml	1	MB
eptifibatide soln 75 mg/100ml	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	4	MB
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	4	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)
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	2	
TNKASE KIT 50 MG [<i>tenecteplase</i>]	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	4	
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)
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	4	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML [<i>filgrastim-aafi</i>]	4	
NIVESTYM SOSY 480 MCG/0.8ML [<i>filgrastim-aafi</i>]	4	
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

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
<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>metoprolol-hydrochlorothiazide tabs 100-50 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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
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

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<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	
<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 tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 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>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
valsartan-hydrochlorothiazide tabs 320-25 mg	1	
valsartan-hydrochlorothiazide tabs 80-12.5 mg	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		
alprostadil soln 500 mcg/ml	1	MB
ambrisentan tabs 10 mg	1	QL - 30 day(s),LD
ambrisentan tabs 5 mg	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
isosorbide dinitrate tabs 10 mg	1	
isosorbide dinitrate tabs 20 mg	1	
isosorbide dinitrate tabs 30 mg	1	
isosorbide dinitrate tabs 5 mg	1	
isosorbide mononitrate er tb24 120 mg	1	
isosorbide mononitrate er tb24 30 mg	1	
isosorbide mononitrate er tb24 60 mg	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
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
nitroglycerin pt24 0.1 mg/hr	1	
nitroglycerin pt24 0.2 mg/hr	1	
nitroglycerin pt24 0.4 mg/hr	1	
nitroglycerin pt24 0.6 mg/hr	1	
nitroglycerin soln 5 mg/ml	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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 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)
TYVASO STARTER 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-codeine soln 120-12 mg/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
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	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	1	MB
<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
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	2	
<i>meclufenamate sodium caps 100 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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
<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 1 MG/ML [<i>morphine sulfate</i>]	1	MB
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	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	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)

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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)
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	
[Phenytoin] DILANTIN INFATABS CHEW 50 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 35 x 25 MG [<i>lamotrigine</i>]	2	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
<i>levetiracetam soln 100 mg/ml</i>	1	
<i>levetiracetam soln 500 mg/5ml</i>	1	MB
<i>levetiracetam tabs 1000 mg</i>	1	
<i>levetiracetam tabs 250 mg</i>	1	
<i>levetiracetam tabs 500 mg</i>	1	
<i>levetiracetam tabs 750 mg</i>	1	
<i>magnesium sulfate soln 50 %</i>	1	MB
<i>oxcarbazepine susp 300 mg/5ml</i>	1	
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	
<i>oxcarbazepine tabs 600 mg</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium soln 50 mg/ml</i>	1	MB
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin caps 100 mg</i>	1	
<i>pregabalin caps 150 mg</i>	1	
<i>pregabalin caps 200 mg</i>	1	
<i>pregabalin caps 225 mg</i>	1	
<i>pregabalin caps 25 mg</i>	1	
<i>pregabalin caps 300 mg</i>	1	
<i>pregabalin caps 50 mg</i>	1	
<i>pregabalin caps 75 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50mg</i>	1	
<i>primidone tabs 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tabs 200 mg</i>	1	
<i>rufinamide tabs 400 mg</i>	1	
SABRIL PACK 500 MG <i>[vigabatrin]</i>	4	QL - 30 day(s)
<i>topiramate cpsp 15 mg</i>	1	
<i>topiramate cpsp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>topiramate tabs 25 mg</i>	1	
<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 tbcr 300 mg</i>	1	
<i>lithium carbonate er tbcr 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
ANTIMIGRAINE AGENTS		
<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 soln 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 recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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
ENTACAPONE TABS 200 MG [<i>entacapone</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>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl 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)
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>buspirone hcl tabs 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>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)
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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>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 7.5 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 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 5 mg</i>	1	
NAMENDA SOL 10MG/5ML [<i>memantine hcl</i>]	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
<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	

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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>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	1	
<i>amoxapine tabs 25 mg</i>	1	
<i>amoxapine tabs 50 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	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	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	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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 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	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 METER DEVI <i>[peak flow meter]</i>	2	MB
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 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 HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	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 <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD PLASTIPAK SYRINGE MISC 21G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 20 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 3 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 5 ML <i>[syringe (disposable)]</i>	2	

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[Syringe (disposable)] BD SYRINGE LUER-LOK TIP MIS LUER-LOK	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 SYRINGE U/F MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML [insulin syringe/needle u-100]	2	
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	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1" MIS 23GX1" <i>[syringe/needle (disp) 3 ml]</i>	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML <i>[syringe (disposable)]</i>	2	
MONOJECT TB SYRINGE MISC 1 ML <i>[syringe (disposable)]</i>	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
NOVOFINE AUTOCOVERT PEN NEEDLE MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	
OMNITROPE SOLR 5.8 MG <i>[somatropin]</i>	2	
ONETOUCH DELICA PLUS LANCET33G MISC <i>[lancets]</i>	2	
ONETOUCH SURESOFT LANCING DEV MISC <i>[lancets misc.]</i>	2	
ONETOUCH ULTRA CONTROL LIQD <i>[blood glucose calibration]</i>	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH VERIO FLEX SYSTEM DEVI <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO LIQD HIGH <i>[blood glucose calibration]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
POLY HUB NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2" MIS 27GX1/2" <i>[tuberculin/allergy syringes]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 1-1/2" 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
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	
BIO GLO STRP 1 MG [fluorescein sodium topical]	1	
CANDIN SOLN [candida albicans skin test antigen]	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 % [iothalamate meglumine]	2	MB
D-XYLOSE POWD [d-xylose]	2	
DIASTIX STRP [glucose urine test-(glucose oxidase)]	2	
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	2	MB
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	2	MB
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	2	MB
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	2	MB
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	2	MB
KETO-DIASTIX STRP [urine glucose-ketones test]	2	
KETOSTIX STRP [acetone (urine) test]	2	
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	2	MB

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LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	2	MB
METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	1	MB
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</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	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	2	MB
<i>sodium bicarbonate soln 8.4 %</i>	1	MB
THAM SOLN 30 MEQ/100ML [<i>tromethamine</i>]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [<i>pot & sod citrates w/citric ac</i>]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	4	QL - 30 day(s)
<i>lactulose encephalopathy soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [<i>amino acid electrolyte w/ calcium infusion in d5w</i>]	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [<i>amino acid electrolyte w/ calcium infusion in d10w</i>]	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % [<i>amino acid electrolyte w/ calcium infusion in d5w</i>]	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [<i>amino acid electrolyte w/ calcium infusion in d15w</i>]	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [<i>amino acid electrolyte w/ calcium infusion in d20w</i>]	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [<i>amino acid infusion in d10w</i>]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid infusion in d5w]</i>	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % <i>[amino acid infusion in d15w]</i>	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % <i>[amino acid infusion in d20w]</i>	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 40 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based (soy)]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based (soy)]</i>	2	MB
PHENYLADE DRINK MIX POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PKU EXPRESS PACK <i>[nutritional supplements]</i>	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte infusion]</i>	2	MB
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	2	
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

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SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium</i>]	2	MB
<i>toremide tabs 10 mg</i>	1	
<i>toremide tabs 100 mg</i>	1	
<i>toremide tabs 20 mg</i>	1	
<i>toremide tabs 5 mg</i>	1	
<i>triamterene caps 100 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
ION-REMOVING AGENTS		
<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 SUSP 15 GM/60ML	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
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	1	MB
STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>]	1	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
<i>calcium chloride soln 10 %</i>	1	MB
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN [<i>electrolyte-48 in dextrose</i>]	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % [<i>dextrose in lactated ringers</i>]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 % [<i>dextrose w/ sodium chloride</i>]	2	MB
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % [<i>dextrose w/ sodium chloride</i>]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 % [<i>dextrose w/ sodium chloride</i>]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33 % [<i>dextrose w/ sodium chloride</i>]	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
HYPERLYTE-CR CONC [parenteral electrolytes]	2	MB
KCL IN DEXTROSE-NAACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NAACL 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 NAACL SOLN 10-0.9 %	2	MB
M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	2	MB
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	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 tbcr 10 meq	1	
potassium chloride crys er tbcr 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
potassium chloride er tbcr 10 meq	1	
POTASSIUM CHLORIDE IN NA CL 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 20 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [potassium chloride]	2	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
SELENIUM SOLN 40 MCG/ML [selenious acid]	2	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
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	1	MB
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate]	2	MB
URICOSURIC AGENTS		
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [aronidase]	4	MB
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML [idursulfase]	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT [taliglucerase alfa]	4	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG [agalsidase beta]	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [agalsidase beta]	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	2	MB

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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
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	4	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	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	2	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	2	
<i>cyclosporine emul 0.05 %</i>	1	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	

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OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	4	MB
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	2	
<i>prednisolone acetate susp 1 %</i>	1	
<i>prednisolone sodium phosphate soln 1 %</i>	2	
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>bimatoprost soln 0.03 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>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
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 SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
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

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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	
ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</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		
<i>naphazoline hcl soln</i>	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
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	
ANTI-DIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
ANTIEMETICS		

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AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<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 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 inj 10mg/ml</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 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium 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
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>]	1	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
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		

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [mometasone furoate (inhalation)]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)]	2	
ASMANEX HFA AERO 100 MCG/ACT [mometasone furoate (inhalation)]	2	
ASMANEX HFA AERO 200 MCG/ACT [mometasone furoate (inhalation)]	2	
betamethasone sod phos & acet susp 6 (3-3) mg/ml	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	
budesonide cpep 3 mg	1	
budesonide susp 0.25 mg/2ml	1	QL - 30 day(s)
budesonide susp 0.5 mg/2ml	1	QL - 30 day(s)
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	2	
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG SUSP 10 MG/ML [triamcinolone acetonide]	2	MB
KENALOG SUSP 40 MG/ML [triamcinolone acetonide]	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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
<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 tabs 10 mg</i>	1	
<i>oxandrolone tabs 2.5 mg</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		

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
acarbose tabs 100 mg	1	
acarbose tabs 25 mg	1	
acarbose tabs 50 mg	1	
glimepiride tabs 1 mg	1	
glimepiride tabs 2 mg	1	
glimepiride tabs 4 mg	1	
glipizide tabs 10 mg	1	
glipizide tabs 5 mg	1	
glipizide tb24 10 mg	1	
glipizide tb24 2.5 mg	1	
glipizide tb24 5 mg	1	
glipizide-metformin hcl tabs 2.5-250 mg	1	
glipizide-metformin hcl tabs 2.5-500 mg	1	
glipizide-metformin hcl tabs 5-500 mg	1	
glyburide tabs 1.25 mg	1	
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 SOLN 100 UNIT/ML [insulin glargine]	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [insulin glargine-yfgn]	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [insulin glargine-yfgn]	2	
JARDIANCE TABS 10 MG [empagliflozin]	2	
JARDIANCE TABS 25 MG [empagliflozin]	2	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	QL - 30 day(s)
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	2	QL - 30 day(s)
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
SITAGLIPTIN TABS 100 MG [sitagliptin]	2	
SITAGLIPTIN TABS 25 MG [sitagliptin]	2	
SITAGLIPTIN TABS 50 MG [sitagliptin]	2	
TRADJENTA TABS 5 MG [linagliptin]	2	
VICTOZA SOPN 18 MG/3ML [liraglutide]	2	QL - 30 day(s)
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	2	MB
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	2	MB
glucagon emergency kit 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.02 mg	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
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 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	MB
norethindrone tabs 0.35 mg	1	PREV

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
[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
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR <i>[estradiol]</i>	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 0.1 MG/GM	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	

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ESTRING RING 2 MG <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	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF SOLR 75 UNIT <i>[follitropin alfa]</i>	2	
GONAL-F SOLR 1050 UNIT <i>[follitropin alfa]</i>	2	MB
GONAL-F SOLR 450 UNIT <i>[follitropin alfa]</i>	2	MB
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	2	
OVIDREL INJ 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 600 MCG/2.4ML <i>[teriparatide (recombinant)]</i>	4	QL - 30 day(s)
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML <i>[corticotropin]</i>	4	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % <i>[desmopressin acetate refrigerated]</i>	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
PROGESTINS		
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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)
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 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<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-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
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
NAROPIN INJ 10MG/ML [<i>ropivacaine hcl</i>]	2	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
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
ACTIMMUNE SOLN 100 MCG/0.5ML [<i>interferon gamma-1b</i>]	4	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
AMJEVITA SOAJ 40 MG/0.4ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOAJ 40 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOAJ 80 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOSY 40 MG/0.4ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOSY 40 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML [<i>adalimumab-atto</i>]	2	
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML [<i>adalimumab-atto</i>]	2	
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.4ML [<i>adalimumab-atto</i>]	2	
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	2	MB
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
<i>azathioprine tabs 50 mg</i>	1	
BETASERON KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BREYANZI SUSP 70000000 CELLS/ML [<i>lisocabtagene maraleucel</i>]	4	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	4	QL - 30 day(s)
<i>cinacalcet hcl tabs 30 mg</i>	1	
<i>cinacalcet hcl tabs 60 mg</i>	1	

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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)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [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)
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	QL - 30 day(s)
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
[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	QL - 30 day(s)
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 tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	1	
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	1	
mesna soln 100 mg/ml	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
mycophenolate sodium tbec 180 mg	1	
mycophenolate sodium tbec 360 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	2	MB
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
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 TAB 10/20/30 [apremilast]	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 solr 30 mg	1	MB
pamidronate disodium solr 90 mg	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	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
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	4	MB
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	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>]	2	
TRI-CHLOR LIQD 80 % [<i>trichloroacetic acid</i>]	2	
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/30ML [<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
XELJANZ TABS 10 MG [<i>tofacitinib citrate</i>]	4	QL - 30 day(s)
XELJANZ TABS 5 MG [<i>tofacitinib citrate</i>]	4	QL - 30 day(s)
XELJANZ XR TB24 11 MG [<i>tofacitinib citrate</i>]	4	QL - 30 day(s)
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
PROSTIN E2 SUPP 20 MG <i>[dinoprostone]</i>	2	
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	
CHLOROFORM SOL <i>[chloroform]</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 (topical)]</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	
PAPAVERINE HCL POWD <i>[papaverine hcl]</i>	2	
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	

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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 POWD [<i>sulfur (bulk)</i>]	2	
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	
THYMOL CRYSTALS [<i>thymol</i>]	2	
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
VERAPAMIL HCL POWD [<i>verapamil hcl</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	
PHENYLHISTINE DH LIQ DH [<i>pseudoeph-chlorphen w/ cod</i>]	2	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [<i>pseudoephedrine w/ codeine-gg</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
RESPIRATORY AGENTS, MISCELLANEOUS		

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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		
ANAVIP SOLR [<i>crotalidae immune f(ab')2 (equine)</i>]	2	
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	2	MB
CYTOGAM INJ 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 0.5 GM/10ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
GAMASTAN INJ [<i>immune globulin (human) im</i>]	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM [<i>immune globulin (human) iv</i>]	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM [<i>immune globulin (human) iv</i>]	2	MB
GAMMAGARD SOLN 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
GAMMAPLEX SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
IMOGAM RABIES-HT SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 1500 UNIT/10ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
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

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TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 [<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>]	2	MB
DIPHThERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids (dt)</i>]	2	
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	2	MB
ODACTRA SUBL 12 SQ-HDM [<i>dust mite mixed allergen extract</i>]	2	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (300 MG TITRATION) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	4	QL - 30 day(s)
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)</i>]	2	MB
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML [<i>rsv pre-fusion f a&b protein vaccine recombinant</i>]	2	MB
ACTHIB SOLR [<i>haemophilus b polysac conj vac</i>]	2	MB
AFLURIA QUADRIVALENT SUSP [<i>influenza virus vaccine split quadrivalent</i>]	2	MB
AREXVY SUSR 120 MCG/0.5ML [<i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>]	2	MB

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BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	2	MB
ENGERIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML <i>[influenza virus vac split high-dose quad preservative free]</i>	2	MB
FLUZONE QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
FLUZONE QUADRIVALENT SUSP 0.5 ML <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
GARDASIL 9 SUSP <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL INJ <i>[human papillomavirus (hpv) quadrivalent recombinant vaccine]</i>	2	MB
HAVRIX SUSP 1440 EL U/ML <i>[hepatitis a vaccine]</i>	2	MB
HAVRIX SUSP 720 EL U/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
HIBERIX SOLR 10 MCG <i>[haemophilus b polysac conj vac]</i>	2	MB
IXIARO SUSP <i>[japanese encephalitis vaccine inactivated adsorbed]</i>	2	MB
KINRIX SUSP <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
KINRIX SUSY 0.5 ML <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
M-M-R II SOLR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
MENVEO SOLN <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
MENVEO SOLR <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
PEDIARIX SUSY <i>[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]</i>	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML <i>[pneumococcal vac polyvalent]</i>	2	MB
PREVNAR 20 SUSY 0.5 ML <i>[pneumococcal 20-valent conjugate vaccine]</i>	2	
PRIORIX SUSR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	2	MB
ROTARIX SUSP <i>[rotavirus vaccine, live oral]</i>	2	MB
ROTATEQ SOLN <i>[rotavirus vaccine, live oral pentavalent]</i>	2	MB

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SHINGRIX SUSR 50 MCG/0.5ML [<i>zoster vaccine recombinant adjuvanted</i>]	2	MB
TICE BCG SUSR 50 MG [<i>bcg live intravesical</i>]	2	MB
TICOVAC SUSY 1.2 MCG/0.25ML [<i>tick-borne encephalitis virus vaccine, inactivated</i>]	2	MB
TICOVAC SUSY 2.4 MCG/0.5ML [<i>tick-borne encephalitis virus vaccine, inactivated</i>]	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB
VAQTA SUSP 25 UNIT/0.5ML [<i>hepatitis a vaccine</i>]	2	MB
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	1	
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	1	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
<i>clotrimazole troc 10 mg</i>	1	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
<i>nystatin crea 100000 unit/gm</i>	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
<i>permethrin crea 5 %</i>	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	1	
SULFAMYLON CREA 85 MG/GM [<i>mafenide acetate</i>]	2	

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ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
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 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	
PRAMOSONE OINT 1-2.5 % [<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % <i>[hydrocortisone acetate w/ pramoxine]</i>	1	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % <i>[camphor & menthol]</i>	2	
ASTRINGENTS		
DRYSOL SOLN 20 % <i>[aluminum chloride]</i>	2	
XERAC AC SOLN 6.25 % <i>[aluminum chloride in alcohol]</i>	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % <i>[tretinoin]</i>	1	
KEPIVANCE SOLR 6.25 MG <i>[palifermin]</i>	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % <i>[tretinoin]</i>	2	
RETIN-A CREA 0.05 % <i>[tretinoin]</i>	2	
RETIN-A CREA 0.1 % <i>[tretinoin]</i>	2	
RETIN-A GEL 0.01 % <i>[tretinoin]</i>	2	
RETIN-A GEL 0.025 % <i>[tretinoin]</i>	2	
RETIN-A MICRO GEL 0.04 % <i>[tretinoin microsphere]</i>	2	
RETIN-A MICRO GEL 0.1 % <i>[tretinoin microsphere]</i>	2	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % <i>[salicylic acid]</i>	2	
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>adapalene gel 0.1 %</i>	1	

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adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
BENZOIN TINC [benzoin]	2	
bexarotene gel 1 %	1	
calcipotriene crea 0.005 %	1	
calcipotriene oint 0.005 %	1	
calcipotriene soln 0.005 %	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 gel 1 %	1	
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % [adapalene]	2	
DIFFERIN GEL 0.3 % [adapalene]	2	
DRITHO-CREME HP CREA 1 % [anthralin]	2	
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	2	
fluocinonide gel 0.05 %	1	
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	2	
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	
STELARA SOLN 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 90 MG/ML [ustekinumab]	4	

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<i>tacrolimus oint 0.03 %</i>	1	
<i>tacrolimus oint 0.1 %</i>	1	
<i>tazarotene crea 0.1 %</i>	1	
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	2	
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	4	
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	4	
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ SRER 8 MG/ML [<i>mirabegron</i>]	2	
MYRBETRIQ TB24 25 MG [<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>tropium chloride er cp24 60 mg</i>	1	
<i>tropium 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 INJ [<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	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [<i>pediatric multivitamins w/fl</i>]	1	
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	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [<i>pediatric multivitamins w/fl</i>]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric multivitamins w/fl</i>]	1	

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[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	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 acd w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acd 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 CPR 500 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	
POTABA CAPS 500 MG <i>[potassium aminobenzoate]</i>	2	
<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 C		
ASCORBIC ACID SOLN 500 MG/ML <i>[ascorbic acid]</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

Índice

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abacavir sulfate-lamivudine tabs 600-300 mg	19
abacavir-lamivudine-zidovudine tabs 300-150- 300 mg	19
abiraterone acetate tabs 250 mg	23
ABRYSVO SOLR 120 MCG/0.5ML [rsv pre- fusion f a&b protein vaccine recombinant]	90
acamprosate calcium tbec 333 mg	54
acarbose tabs 100 mg	77
acarbose tabs 25 mg	77
acarbose tabs 50 mg	77
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML [anticoagulant citrate dextrose solution a].....	36
acetaminophen-codeine soln 120-12 mg/5ml	44
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acetylcysteine soln 200 mg/ml	82
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adapalene-benzoyl peroxide gel 0.1-2.5 % ...95	
ADCETRIS SOLR 50 MG [brentuximab vedotin]	23
adefovir dipivoxil tabs 10 mg	19
adenosine (diagnostic) soln 3 mg/ml	64
adenosine soln 12 mg/4ml	40
adenosine soln 6 mg/2ml	40
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [fluticasone-salmeterol]	10
ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol]	32
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ADVAIR HFA AERO 45-21 MCG/ACT [fluticasone-salmeterol]	32
ADVATE SOLR 4000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	33
AEROCHAMBER PLUS FLO-VU SMALL MISC [spacer/aerosol-holding chambers].....	60
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(recombinant) single chain]	33	factor (rcmb) fc-vwf-xten fusion protein-	
AFSTYLA KIT 2500 UNIT [antihemophilic		ehltl]	33
factor (recombinant) single chain]	33	ALTUVIIIIO SOLR 2000 UNIT [antihemophilic	
AFSTYLA KIT 3000 UNIT [antihemophilic		factor (rcmb) fc-vwf-xten fusion protein-	
factor (recombinant) single chain]	33	ehltl]	33
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(recombinant) single chain]	33	factor (rcmb) fc-vwf-xten fusion protein-	
AKTEN GEL 3.5 % [lidocaine hcl (ophth)]	72	ehltl]	34
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palonosetron]	73	factor (rcmb) fc-vwf-xten fusion protein-	
albendazole tabs 200 mg	13	ehltl]	34
ALBUMIN HUMAN SOLN 25 % [albumin,		ALTUVIIIIO SOLR 4000 UNIT [antihemophilic	
human]	33	factor (rcmb) fc-vwf-xten fusion protein-	
ALBURX SOLN 5 % [albumin, human]	33	ehltl]	34
ALBUTEIN SOLN 25 % [albumin, human]	33	ALTUVIIIIO SOLR 500 UNIT [antihemophilic	
albuterol sulfate hfa aers 108 (90 base)		factor (rcmb) fc-vwf-xten fusion protein-	
mcg/act	32	ehltl]	34
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	32	ALUNBRIG TABS 180 MG [brigatinib]	23
albuterol sulfate nebu (5 mg/ml) 0.5%	32	ALUNBRIG TABS 30 MG [brigatinib]	23
albuterol sulfate nebu 0.63 mg/3ml	32	ALUNBRIG TABS 90 MG [brigatinib]	23
albuterol sulfate nebu 1.25 mg/3ml	32	ALUNBRIG TBPk 90 & 180 MG [brigatinib] ...	23
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alendronate sodium tabs 10 mg	82	ALVESCO AERS 80 MCG/ACT [ciclesonide] 87	
alendronate sodium tabs 35 mg	82	amantadine hcl caps 100 mg	51
alendronate sodium tabs 70 mg	82	amantadine hcl soln 50 mg/5ml	51
ALINIA SUSR 100 MG/5ML [nitazoxanide]	18	AMBISOME SUSR 50 MG [amphotericin b	
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ALKERAN TABS 2 MG [melphalan]	23	ambrisentan tabs 10 mg	43
allopurinol tabs 100 mg	82	ambrisentan tabs 5 mg	43
allopurinol tabs 300 mg	82	amikacin sulfate soln 500 mg/2ml	13
ALPHANATE SOLR 1000 UNIT [antihemophilic		aminocaproic acid soln 250 mg/ml	34
factor/von willebrand factor complex		aminophylline soln 25 mg/ml	96
(human)]	33	amiodarone hcl soln 900 mg/18ml	41
ALPHANATE SOLR 1500 UNIT [antihemophilic		amiodarone hcl tabs 200 mg	41
factor/von willebrand factor complex		amitriptyline hcl tabs 10 mg	55
(human)]	33	amitriptyline hcl tabs 100 mg	55
alprazolam tabs 0.25 mg	52	amitriptyline hcl tabs 150 mg	55
alprazolam tabs 0.5 mg	52	amitriptyline hcl tabs 25 mg	55
alprazolam tabs 1 mg	52	amitriptyline hcl tabs 50 mg	55
alprazolam tabs 2 mg	52	amitriptyline hcl tabs 75 mg	55
ALPROSTADIL POWD [alprostadil (bulk)] ...	86	AMJEVITA SOAJ 40 MG/0.4ML [adalimumab-	
alprostadil soln 500 mcg/ml	43	atto]	82
ALTAFLUOR BENOX SOLN 0.25-0.4 %		AMJEVITA SOAJ 40 MG/0.8ML [adalimumab-	
[fluorescein w/ benoxinate]	64	atto]	82
ALTUVIIIIO SOLR 1000 UNIT [antihemophilic		AMJEVITA SOAJ 80 MG/0.8ML [adalimumab-	

atto]	82	amphetamine-dextroamphetamine tabs 15 mg	47
AMJEVITA SOSY 40 MG/0.4ML [adalimumab-atto]	82	amphetamine-dextroamphetamine tabs 20 mg	47
AMJEVITA SOSY 40 MG/0.8ML [adalimumab-atto]	82	amphetamine-dextroamphetamine tabs 30 mg	47
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML [adalimumab-atto]	82	amphetamine-dextroamphetamine tabs 5 mg	47
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML [adalimumab-atto]	82	amphetamine-dextroamphetamine tabs 7.5 mg	47
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.4ML [adalimumab-atto]	82	amphotericin b solr 50 mg	17
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amlodipine besylate tabs 2.5 mg	40	ampicillin caps 500 mg	13
amlodipine besylate tabs 5 mg	40	ampicillin sodium solr 1 gm	13
amoxapine tabs 100 mg	55	ampicillin sodium solr 125 mg	13
amoxapine tabs 150 mg	55	ampicillin sodium solr 2 gm	13
amoxapine tabs 25 mg	55	ampicillin sodium solr 250 mg	13
amoxapine tabs 50 mg	55	ampicillin sodium solr 500 mg	13
amoxicillin caps 250 mg	13	ampicillin sus 125/5ml	13
amoxicillin caps 500 mg	13	ampicillin sus 250/5ml	13
amoxicillin chew 125 mg	13	ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	13
amoxicillin chew 250 mg	13	ampicillin-sulbactam sodium solr 3 (2-1) gm	13
amoxicillin susr 125 mg/5ml	13	amp-sulbacta inj 1.5gm	13
amoxicillin susr 200 mg/5ml	13	anagrelide hcl caps 0.5 mg	36
amoxicillin susr 250 mg/5ml	13	anagrelide hcl caps 1 mg	36
amoxicillin susr 400 mg/5ml	13	anastrozole tabs 1 mg	23
amoxicillin-pot clavulanate chew 200-28.5 mg	13	ANAVIP SOLR [crotalidae immune f(ab)2 (equine)]	88
amoxicillin-pot clavulanate chew 400-57 mg	13	ANDRODERM PT24 2 MG/24HR [testosterone]	76
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	13	ANDRODERM PT24 4 MG/24HR [testosterone]	76
amoxicillin-pot clavulanate susr 400-57 mg/5ml	13	ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	36
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	13	ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [alum & mag hydrox-simethicone]	72
amoxicillin-pot clavulanate tabs 500-125 mg	13	ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [alum & mag hydrox-simethicone]	72
amoxicillin-pot clavulanate tabs 875-125 mg	13	ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	93
amphetamine-dextroamphet er cp24 10 mg	47	APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	51
amphetamine-dextroamphet er cp24 15 mg	47	apraclonidine hcl soln 0.5 %	71
amphetamine-dextroamphet er cp24 20 mg	47	APTENSIO XR CP24 10 MG [methylphenidate hcl]	47
amphetamine-dextroamphet er cp24 25 mg	47	APTENSIO XR CP24 15 MG [methylphenidate hcl]	47
amphetamine-dextroamphet er cp24 30 mg	47		
amphetamine-dextroamphet er cp24 5 mg	47		
amphetamine-dextroamphetamine tabs 10 mg	47		
amphetamine-dextroamphetamine tabs 12.5 mg	47		

hcl]	47	ASPARLAS SOLN 3750 UNIT/5ML	
APTENSIO XR CP24 20 MG [methylphenidate		[calaspargase pegol-mknl]	23
hcl]	47	aspirin-dipyridamole er cp12 25-200 mg	36
APTENSIO XR CP24 30 MG [methylphenidate		ASSESS FULL RANGE PEAK METER DEVI	
hcl]	47	[peak flow meter]	60
APTENSIO XR CP24 40 MG [methylphenidate		atazanavir sulfate caps 150 mg	19
hcl]	47	atazanavir sulfate caps 200 mg	19
APTENSIO XR CP24 50 MG [methylphenidate		atazanavir sulfate caps 300 mg	19
hcl]	47	atenolol tabs 100 mg	39
APTENSIO XR CP24 60 MG [methylphenidate		atenolol tabs 25 mg	39
hcl]	47	atenolol tabs 50 mg	39
APTIVUS CAPS 250 MG [tipranavir]	19	atenolol-chlorthalidone tabs 100-25 mg	39
AQUASOL A SOLN 50000 UNIT/ML [vitamin a]		atenolol-chlorthalidone tabs 50-25 mg	39
.....	97	ATGAM INJ 50 MG/ML [lymphocyte immune	
ARALAST NP SOLR 1000 MG [alpha1-		globulin,anti-thymocyte globulin (equine)]	
proteinase inhibitor (human)]	69	.....	82
ARALAST NP SOLR 500 MG [alpha1-		atomoxetine hcl caps 10 mg	54
proteinase inhibitor (human)]	88	atomoxetine hcl caps 100 mg	54
AREXVY SUSR 120 MCG/0.5ML [rsv pre-		atomoxetine hcl caps 18 mg	54
fusion f3 protein (rsvpref3) vac recomb		atomoxetine hcl caps 25 mg	54
adjuvanted]	90	atomoxetine hcl caps 40 mg	54
aripiprazole tabs 10 mg	55	atomoxetine hcl caps 60 mg	54
aripiprazole tabs 15 mg	55	atomoxetine hcl caps 80 mg	54
aripiprazole tabs 2 mg	55	atorvastatin calcium tabs 10 mg	38
aripiprazole tabs 20 mg	55	atorvastatin calcium tabs 20 mg	38
aripiprazole tabs 30 mg	55	atorvastatin calcium tabs 40 mg	10, 38
aripiprazole tabs 5 mg	55	atorvastatin calcium tabs 80 mg	38
ARISTADA PRSY 1064 MG/3.9ML [aripiprazole		atovaquone susp 750 mg/5ml	18
lauroxil]	55	atovaquone-proguanil hcl tabs 250-100 mg	18
ARISTADA PRSY 441 MG/1.6ML [aripiprazole		atovaquone-proguanil hcl tabs 62.5-25 mg	18
lauroxil]	55	atracurium besylate soln 100 mg/10ml	31
ARISTADA PRSY 662 MG/2.4ML [aripiprazole		atropine sulfate inj 1mg/ml	29
lauroxil]	55	ATROPINE SULFATE OINT 1 % [atropine	
ARISTADA PRSY 882 MG/3.2ML [aripiprazole		sulfate (ophthalmic)]	72
lauroxil]	55	ATROPINE SULFATE SOLN 1 % [atropine	
ASCORBIC ACID SOLN 500 MG/ML [ascorbic		sulfate (ophthalmic)]	72
acid]	97	ATROPINE SULFATE SOLN 8 MG/20ML	
ASMANEX (120 METERED DOSES) AEPB 220		[atropine sulfate]	30
MCG/ACT [mometasone furoate		ATROPINE SULFATE SOSY 0.5 MG/5ML	
(inhalation)]	75	[atropine sulfate]	30
ASMANEX (30 METERED DOSES) AEPB 110		ATROVENT HFA AERS 17 MCG/ACT	
MCG/ACT [mometasone furoate		[ipratropium bromide hfa]	30
(inhalation)]	75	AUGMENTIN SUSR 125-31.25 MG/5ML	
ASMANEX (60 METERED DOSES) AEPB 220		[amoxicillin & pot clavulanate]	13
MCG/ACT [mometasone furoate		AVASTIN SOLN 100 MG/4ML [bevacizumab]	23
(inhalation)]	75	AVELOX SOLN 400 MG/250ML [moxifloxacin	
ASMANEX HFA AERO 100 MCG/ACT		hcl in sodium chloride]	13
[mometasone furoate (inhalation)]	75	AVITA CREA 0.025 % [tretinoin]	94
ASMANEX HFA AERO 200 MCG/ACT		AVONEX KIT 30MCG [interferon beta-1a]	82
[mometasone furoate (inhalation)]	75	AVONEX PEN AJKT 30 MCG/0.5ML [interferon	

beta-1a]	82
azathioprine tabs 50 mg	82
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	14
azithromycin tabs 500 mg	14
azithromycin tabs 600 mg	14
aztreonam solr 1 gm	14
aztreonam solr 2 gm	14

B

bacitracin oint 500 unit/gm	70
BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)].....	92
BACITRACIN ZINC OINT 500 UNIT/GM [bacitracin zinc].....	92
bacitracin-polymyxin b oint 500-10000 unit/gm	70
BACLOFEN POWD [baclofen].....	86
baclofen tabs 10 mg	31
baclofen tabs 20 mg	31
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol].....	86
balsalazide disodium caps 750 mg	72
BANOPHEN CAPS 50 MG [diphenhydramine hcl].....	23
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon].....	78
BARACLUDGE SOLN 0.05 MG/ML [entecavir].....	19
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 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 HYPODERMIC NEEDLE MISC 18G X 1 ...	60
BD HYPODERMIC NEEDLE MISC 21G X 1 ...	60
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2.....	60
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2.....	60
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	60
BD INSULIN SYRINGE MISC 25G X 1.....	60

BD INSULIN SYRINGE MISC 27G X 1/2.....	60
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)].....	60
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	60
BD INSULIN SYRINGE U/F MISC 30G X 1/2 .60, 61	
BD INSULIN SYRINGE U/F MISC 31G X 5/16 61	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500].....	60
BD INTEGRA SYRINGE MISC 25G X 5/8.....	61
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)].....	61
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	61
BD LUER-LOK SYRINGE MISC 20G X 1.....	61
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	61
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	61
BD LUER-LOK SYRINGE MISC 22G X 1.....	61
BD LUER-LOK SYRINGE MISC 25G X 1.....	61
BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	61
BD LUER-LOK SYRINGE MISC 25G X 5/8.....	61
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle].....	61
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle].....	61
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle].....	61
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle].....	61
BD PLASTIPAK SYRINGE MISC 21G X 1.....	61
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2.....	61
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)].....	61
BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)].....	61
BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)].....	61
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)].....	61
BD SYRINGE SLIP TIP MISC 25G X 5/8.....	62
BD SYRINGE/NEEDLE MISC 22G X 1-1/2.....	62
BD SYRINGE/NEEDLE MISC 23G X 1.....	62
BD SYRINGE/NEEDLE MISC 25G X 5/8.....	62
BD TB SYRINGE MISC 27G X 1/2.....	62
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	62
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	62
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-	

30 MG <i>[belladonna alkaloids & opium]</i>	30	<i>alip]</i>	19
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-		<i>bicalutamide tabs 50 mg</i>	23
60 MG <i>[belladonna alkaloids & opium]</i>	30	BICILLIN L-A SUSY 1200000 UNIT/2ML	
<i>benazepril hcl tabs 10 mg</i>	42	<i>[penicillin g benzathine]</i>	14
<i>benazepril hcl tabs 20 mg</i>	42	BICILLIN L-A SUSY 2400000 UNIT/4ML	
<i>benazepril hcl tabs 40 mg</i>	42	<i>[penicillin g benzathine]</i>	14
<i>benazepril hcl tabs 5 mg</i>	42	BICILLIN L-A SUSY 600000 UNIT/ML <i>[penicillin</i>	
<i>bendamustine hcl solr 100 mg</i>	23	<i>g benzathine]</i>	14
BENDEKA SOLN 100 MG/4ML <i>[bendamustine</i>		BIKTARVY TABS 30-120-15 MG <i>[bictegravir-</i>	
<i>hcl]</i>	23	<i>emtricitabine-tenofovir alafenamide</i>	
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix</i>		<i>fumarate]</i>	19
<i>(recombinant)]</i>	34	BIKTARVY TABS 50-200-25 MG <i>[bictegravir-</i>	
BENEFIX KIT 250 UNIT <i>[coagulation factor ix</i>		<i>emtricitabine-tenofovir alafenamide</i>	
<i>(recombinant)]</i>	34	<i>fumarate]</i>	19
BENEFIX KIT 500 UNIT <i>[coagulation factor ix</i>		<i>bimatoprost soln 0.03 %</i>	71
<i>(recombinant)]</i>	34	BIO GLO STRP 1 MG <i>[fluorescein sodium</i>	
BENTYL SOLN 10 MG/ML <i>[dicyclomine hcl]</i>	30	<i>topical]</i>	64
BENZOIN TINC <i>[benzoin]</i>	95	BIOTIN-D POWD <i>[biotin (bulk)]</i>	86
<i>benzonatate caps 100 mg</i>	87	<i>bisoprolol fumarate tabs 10 mg</i>	39
<i>benzoyl peroxide-erythromycin gel 5-3 %</i> ...	92	<i>bisoprolol fumarate tabs 5 mg</i>	39
<i>benztropine mesylate soln 1 mg/ml</i>	51	<i>bisoprolol-hydrochlorothiazide tabs 10-6.25</i>	
<i>benztropine mesylate tabs 0.5 mg</i>	51	<i>mg</i>	39
<i>benztropine mesylate tabs 1 mg</i>	51	<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25</i>	
<i>benztropine mesylate tabs 2 mg</i>	51	<i>mg</i>	39
<i>betamethasone dipropionate aug crea 0.05 %</i>		<i>bisoprolol-hydrochlorothiazide tabs 5-6.25</i>	
.....	93	<i>mg</i>	39
<i>betamethasone dipropionate aug gel 0.05 %</i>		<i>bleomycin sulfate solr 15 unit</i>	23
.....	93	BORIC ACID POWD <i>[boric acid (bulk)]</i>	86
<i>betamethasone dipropionate aug oint 0.05 %</i>		BOTOX SOLR 200 UNIT <i>[onabotulinumtoxina]</i>	
.....	93	.....	82
<i>betamethasone sod phos & acet susp 6 (3-3)</i>		BREYANZI SUSP 70000000 CELLS/ML	
<i>mg/ml</i>	75	<i>[lisocabtagene maraleucel]</i>	82
BETAMETHASONE VALERATE CREA 0.1 %		BRIDION SOLN 200 MG/2ML <i>[sugammadex</i>	
<i>[betamethasone valerate]</i>	93	<i>sodium]</i>	82
<i>betamethasone valerate foam 0.12 %</i>	93	BRILINTA TABS 90 MG <i>[ticagrelor]</i>	36
BETAMETHASONE VALERATE OINT 0.1 %		<i>brimonidine tartrate soln 0.2 %</i>	71
<i>[betamethasone valerate]</i>	93	<i>bromocriptine mesylate caps 5 mg</i>	51
BETASERON KIT 0.3 MG <i>[interferon beta-1b]</i>		<i>bromocriptine mesylate tabs 2.5 mg</i>	51
.....	82	BRUKINSA CAPS 80 MG <i>[zanubrutinib]</i>	23
<i>betaxolol hcl soln 0.5 %</i>	71	BSS SOLN <i>[ophthalmic irrigation solution -</i>	
<i>bethanechol chloride tabs 10 mg</i>	31	<i>intraocular]</i>	71
<i>bethanechol chloride tabs 25 mg</i>	31	<i>budesonide cpep 3 mg</i>	75
<i>bethanechol chloride tabs 5 mg</i>	31	<i>budesonide susp 0.25 mg/2ml</i>	75
<i>bethanechol chloride tabs 50 mg</i>	31	<i>budesonide susp 0.5 mg/2ml</i>	75
<i>bexarotene gel 1 %</i>	95	BUPHENYL TABS 500 MG <i>[sodium</i>	
BEXSERO SUSY <i>[meningococcal vac group</i>		<i>phenylbutyrate]</i>	65
<i>b (recombant omv adjuvanted)]</i>	91	<i>bupivacaine hcl (pf) soln 0.5 %</i>	81
BEYFORTUS SOSY 100 MG/ML <i>[nirsevimab-</i>		<i>bupivacaine hcl (pf) soln 0.75 %</i>	81
<i>alip]</i>	19	<i>bupivacaine hcl soln 0.25 %</i>	81
BEYFORTUS SOSY 50 MG/0.5ML <i>[nirsevimab-</i>		<i>bupivacaine hcl soln 0.5 %</i>	81

<i>bupivacaine in dextrose soln 0.75-8.25 %</i> ...	81
<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>bupirone hcl tabs 10 mg</i>	52
<i>bupirone hcl tabs 15 mg</i>	52
<i>bupirone hcl tabs 30 mg</i>	52
<i>bupirone hcl tabs 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>]	71

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
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	23
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	23
<i>caffeine citrate soln 60 mg/3ml</i>	47
<i>calcipotriene crea 0.005 %</i>	95
<i>calcipotriene oint 0.005 %</i>	95

<i>calcipotriene soln 0.005 %</i>	95
<i>calcitonin (salmon) soln 200 unit/act</i>	80
<i>calcitriol caps 0.25 mcg</i>	97
<i>calcitriol caps 0.5 mcg</i>	97
<i>calcium acetate (phos binder) caps 667 mg</i>	67
<i>calcium acetate tabs 667 mg</i>	67
<i>calcium chloride soln 10 %</i>	67
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	67
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	23
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	23
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	23
CANCIDAS SOLR 50 MG [<i>caspofungin acetate</i>]	17
CANCIDAS SOLR 70 MG [<i>caspofungin acetate</i>]	17
CANDIN SOLN [<i>candida albicans skin test antigen</i>]	64
<i>capecitabine tabs 150 mg</i>	23
<i>capecitabine tabs 500 mg</i>	23
CAPRELSA TABS 100 MG [<i>vandetanib</i>].....	23
CAPRELSA TABS 300 MG [<i>vandetanib</i>].....	23
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>] ..	73
<i>carbamazepine chew 100 mg</i>	49
<i>carbamazepine er cp12 100 mg</i>	49
<i>carbamazepine er cp12 200 mg</i>	49
<i>carbamazepine er cp12 300 mg</i>	49
<i>carbamazepine er tb12 100 mg</i>	49
<i>carbamazepine er tb12 200 mg</i>	49
<i>carbamazepine er tb12 400 mg</i>	49
<i>carbamazepine susp 100 mg/5ml</i>	49
<i>carbamazepine tabs 200 mg</i>	49
<i>carbidopa tabs 25 mg</i>	52
<i>carbidopa-levodopa er tbc 25-100 mg</i>	52
<i>carbidopa-levodopa er tbc 50-200 mg</i>	52
<i>carbidopa-levodopa tabs 10-100 mg</i>	52
<i>carbidopa-levodopa tabs 25-100 mg</i>	52
<i>carbidopa-levodopa tabs 25-250 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	

150-200 mg	52	cefoxitin sodium solr 2 gm	14
carbidopa-levodopa-entacapone tabs 50-200-200 mg	52	cefpodoxime proxetil susr 100 mg/5ml	14
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	40	cefpodoxime proxetil tabs 100 mg	14
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	40	cefpodoxime proxetil tabs 200 mg	14
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	40	ceftazidime solr 6 gm	14
carmustine solr 100 mg	23	ceftriaxone sodium in dextrose soln 20 mg/ml	14
carvedilol tabs 12.5 mg	39	ceftriaxone sodium in dextrose soln 40 mg/ml	14
carvedilol tabs 25 mg	39	ceftriaxone sodium solr 1 gm	14
carvedilol tabs 3.125 mg	39	ceftriaxone sodium solr 10 gm	14
carvedilol tabs 6.25 mg	39	ceftriaxone sodium solr 2 gm	14
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	36	ceftriaxone sodium solr 250 mg	14
CAVERJECT IMPULSE KIT 10 MCG [alprostadil (vasodilator)]	43	ceftriaxone sodium solr 500 mg	15
CAVERJECT IMPULSE KIT 20 MCG [alprostadil (vasodilator)]	43	CEFTRIAZONE SODIUM-DEXTROSE SOLR 1- 3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	15
CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)]	43	CEFTRIAZONE SODIUM-DEXTROSE SOLR 2- 2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	15
CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)]	43	cefuroxime axetil tabs 250 mg	15
cefaclor caps 250 mg	14	cefuroxime axetil tabs 500 mg	15
cefaclor caps 500 mg	14	cefuroxime sodium solr 1.5 gm	15
cefadroxil caps 500 mg	14	cefuroxime sodium solr 750 mg	15
cefazolin sodium solr 1 gm	14	CELONTIN CAPS 300 MG [methsuximide]	49
cefazolin sodium solr 500 mg	14	cephalexin caps 250 mg	15
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	14	cephalexin caps 500 mg	15
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	14	cephalexin susr 125 mg/5ml	15
cefdinir susr 125 mg/5ml	14	cephalexin susr 250 mg/5ml	15
cefdinir susr 250 mg/5ml	14	CEQUA SOLN 0.09 % [cyclosporine (ophth)]	70
cefepime hcl solr 1 gm	14	CERDELGA CAPS 84 MG [eliglustat tartrate]	82
cefepime hcl solr 2 gm	14	CERVIDIL INST 10 MG [dinoprostone]	86
CEFEPIME-DEXTROSE SOLR 1-5 GM- %(50ML) [cefepime hcl-dextrose]	14	CHEMET CAPS 100 MG [succimer]	74
CEFEPIME-DEXTROSE SOLR 2-5 GM- %(50ML) [cefepime hcl-dextrose]	14	chloramphenicol sod succinate solr 1 gm	15
cefixime caps 400 mg	14	chlordiazepoxide hcl caps 10 mg	53
cefixime susr 100 mg/5ml	14	chlordiazepoxide hcl caps 25 mg	53
cefotaxime sodium inj 10gm	14	chlordiazepoxide hcl caps 5 mg	53
cefotetan disodium solr 1 gm	14	chlordiazepoxide-clidinium caps 5-2.5 mg	30
CEFOTETAN DISODIUM-DEXTROSE SOLR 2- 2.08 GM-%(50ML) [cefotetan disodium and dextrose]	14	chlorhexidine gluconate soln 0.12 %	70
cefoxitin sodium inj 1gm	14	CHLOROFORM SOL [chloroform]	86
cefoxitin sodium solr 10 gm	14	chloroprocaine hcl (pf) soln 2 %	81
		chloroquine phosphate tabs 250 mg	19
		chloroquine phosphate tabs 500 mg	19
		chlorpromazine hcl soln 25 mg/ml	55
		chlorpromazine hcl tabs 10 mg	55
		chlorpromazine hcl tabs 100 mg	55
		chlorpromazine hcl tabs 200 mg	55
		chlorpromazine hcl tabs 25 mg	55

chlorpromazine hcl tabs 50 mg	55	[clindamycin phosphate]	15
chlorthalidone tabs 25 mg	66	CLEVIPREX EMUL 25 MG/50ML [clevidipine]	40
chlorthalidone tabs 50 mg	66	.....	40
cholestyramine light pack 4 gm	38	CLEVIPREX EMUL 50 MG/100ML [clevidipine]	40
cholestyramine light powd 4 gm/dose	38	.....	40
cholestyramine pack 4 gm	38	CLICKFINE PEN NEEDLES MISC 31G X 6 MM	
cholestyramine powd 4 gm/dose	38	[insulin pen needle]	62
CHORIONIC GONADOTROPIN SOLR 10000		CLIMARA PTWK 0.025 MG/24HR [estradiol]	79
UNIT [chorionic gonadotropin]	80	CLIMARA PTWK 0.0375 MG/24HR [estradiol]	79
CHROMIC CHLORIDE SOLN 40 MCG/10ML		.....	79
[chromic chloride]	67	CLIMARA PTWK 0.05 MG/24HR [estradiol]	79
cidofovir soln 75 mg/ml	19	CLIMARA PTWK 0.06 MG/24HR [estradiol]	79
cilostazol tabs 100 mg	36	CLIMARA PTWK 0.075 MG/24HR [estradiol]	79
cilostazol tabs 50 mg	36	CLIMARA PTWK 0.1 MG/24HR [estradiol]	79
CIMDUO TABS 300-300 MG [lamivudine-		clindamycin hcl caps 150 mg	15
tenofovir disoproxil fumarate]	19	clindamycin hcl caps 300 mg	15
cimetidine hcl soln 300 mg/5ml	73	clindamycin palmitate hcl solr 75 mg/5ml	15
cinacalcet hcl tabs 30 mg	82	clindamycin phosphate crea 2 %	92
cinacalcet hcl tabs 60 mg	82	clindamycin phosphate gel 1 %	92
cinacalcet hcl tabs 90 mg	83	clindamycin phosphate in d5w soln 900	
CINRYZE SOLR 500 UNIT [c1 esterase		mg/50ml	15
inhibitor (human)]	83	clindamycin phosphate lotn 1 %	92
CIPRO SUSR 250 MG/5ML (5%)		clindamycin phosphate soln 1 %	92
[ciprofloxacin]	15	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
CIPRO SUSR 500 MG/5ML (10%)		[amino acid electrolyte w/ calcium infusion	
[ciprofloxacin]	15	in d5w]	65
ciprofloxacin hcl soln 0.3 %	70	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
ciprofloxacin hcl tabs 250 mg	15	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin hcl tabs 500 mg	15	in d10w]	65
ciprofloxacin hcl tabs 750 mg	15	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
ciprofloxacin in d5w soln 400 mg/200ml	15	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin-dexamethasone susp 0.3-0.1 %		in d5w]	65
.....	70	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cisatracurium besylate (pf) soln 10 mg/5ml	31	[amino acid electrolyte w/ calcium infusion	
cisatracurium besylate (pf) soln 200 mg/20ml		in d15w]	65
.....	31	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
cisatracurium besylate soln 20 mg/10ml	31	[amino acid electrolyte w/ calcium infusion	
cisplatin soln 100 mg/100ml	23	in d20w]	65
citalopram hydrobromide soln 10 mg/5ml	55	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
citalopram hydrobromide tabs 10 mg	55	[amino acid infusion in d10w]	65
citalopram hydrobromide tabs 20 mg	55	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
citalopram hydrobromide tabs 40 mg	55	[amino acid infusion in d5w]	66
cladribine soln 10 mg/10ml	23	CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino	
clarithromycin susr 125 mg/5ml	15	acid infusion in d15w]	66
clarithromycin susr 250 mg/5ml	15	CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino	
clarithromycin tabs 250 mg	15	acid infusion in d20w]	66
clarithromycin tabs 500 mg	15	clobetasol propionate crea 0.05 %	93
CLEOCIN PHOSPHATE SOLN 300 MG/2ML		clobetasol propionate gel 0.05 %	93
[clindamycin phosphate]	15	clobetasol propionate lotn 0.05 %	93
CLEOCIN PHOSPHATE SOLN 600 MG/4ML		clobetasol propionate oint 0.05 %	93

CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	86	COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate].....	23
clobetasol propionate soln 0.05 %	93	COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	24
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	92	COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	19
clomiphene citrate tabs 50 mg	79	CONDYLOX GEL 0.5 % [podofilox]	95
clomipramine hcl caps 25 mg	55	CONRAY SOLN 60 % [iothalamate meglumine]	64
clomipramine hcl caps 50 mg	55	CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	62
clomipramine hcl caps 75 mg	55	COPIKTRA CAPS 15 MG [duvelisib]	24
clonazepam tabs 0.5 mg	49	COPIKTRA CAPS 25 MG [duvelisib]	24
clonazepam tabs 1 mg	49	CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	93
clonazepam tabs 2 mg	49	cortisone acetate tabs 25 mg	75
CLONIDINE HCL POWD [clonidine hcl]	86	CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	70
clonidine hcl tabs 0.1 mg	41	CORTROPHIN GEL 80 UNIT/ML [corticotropin]	80
clonidine hcl tabs 0.2 mg	41	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	95
clonidine hcl tabs 0.3 mg	41	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	95
clonidine ptwk 0.1 mg/24hr	41	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	95
clonidine ptwk 0.2 mg/24hr	41	COSENTYX SOSY 150 MG/ML [secukinumab]	95
clonidine ptwk 0.3 mg/24hr	41	COTELLIC TABS 20 MG [cobimetinib fumarate]	24
clopidogrel bisulfate tabs 75 mg	36	CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)]	73
clorazepate dipotassium tabs 15 mg	53	CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	74
clorazepate dipotassium tabs 3.75 mg	53	CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	74
clorazepate dipotassium tabs 7.5 mg	53	CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)]	74
CLOTRIMAZOLE CRYST [clotrimazole (topical)]	86	CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)]	74
clotrimazole troc 10 mg	92	CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	88
clozapine tabs 100 mg	55	cromolyn sodium conc 100 mg/5ml	87
clozapine tabs 200 mg	55	cromolyn sodium nebu 20 mg/2ml	87
clozapine tabs 25 mg	56	cromolyn sodium soln 4 %	71
clozapine tabs 50 mg	56	C-TOPICAL SOLN 4 % [cocaine hcl]	72
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	86	CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	67
COARTEM TABS 20-120 MG [artemether- lumefantrine]	19	CUROSURF SUSP 120 MG/1.5ML [poractant	
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]	86		
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	32		
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	23		

alfa	87
CUROSURF SUSP 240 MG/3ML [poractant alfa]	87
cyanocobalamin soln 1000 mcg/ml	97
cyclobenzaprine hcl tabs 10 mg	31
cyclobenzaprine hcl tabs 5 mg	31
cyclopentolate hcl soln 1 %	72
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	24
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 emul 0.05 %	70
cyproheptadine hcl syrp 2 mg/5ml	23
cyproheptadine hcl tabs 4 mg	23
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 INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	88
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

dacarbazine solr 100 mg	24
dacarbazine solr 200 mg	24
danazol caps 100 mg	76
danazol caps 200 mg	76
danazol caps 50 mg	76
dantrolene sodium caps 100 mg	31
dantrolene sodium caps 25 mg	31
dantrolene sodium caps 50 mg	31
dapsone tabs 100 mg	18
dapsone tabs 25 mg	18
daptomycin solr 500 mg	15
DARAPRIM TABS 25 MG [pyrimethamine] ..	19
darunavir tabs 600 mg	19
darunavir tabs 800 mg	20

DARZALEX SOLN 100 MG/5ML [daratumumab]	24
DARZALEX SOLN 400 MG/20ML [daratumumab]	24
daunorubicin hcl soln 20 mg/4ml	24
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	80
deferasirox tabs 360 mg	74
deferasirox tabs 90 mg	74
deferoxamine mesylate inj 2gm	74
deferoxamine mesylate solr 500 mg	74
DESCOVY TABS 120-15 MG [emtricitabine-tenofovir alafenamide fumarate]	20
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	20
desipramine hcl tabs 10 mg	56
desipramine hcl tabs 100 mg	56
desipramine hcl tabs 150 mg	56
desipramine hcl tabs 25 mg	56
desipramine hcl tabs 50 mg	56
desipramine hcl tabs 75 mg	56
desmopressin ace spray refrig soln 0.01 %	80
desmopressin acetate soln 4 mcg/ml	80
desmopressin acetate spray soln 0.01 %	80
desmopressin acetate tabs 0.1 mg	80
desmopressin acetate tabs 0.2 mg	80
desonide oint 0.05 %	93
desoximetasone crea 0.25 %	93
dexamethasone elix 0.5 mg/5ml	75
dexamethasone sodium phosphate soln 0.1 %	70
dexamethasone sodium phosphate soln 10 mg/ml	75
dexamethasone sodium phosphate soln 4 mg/ml	75
dexamethasone soln 0.5 mg/5ml	75
dexamethasone tabs 0.5 mg	75
dexamethasone tabs 0.75 mg	75
dexamethasone tabs 1 mg	75
dexamethasone tabs 1.5 mg	75
dexamethasone tabs 2 mg	75
dexamethasone tabs 4 mg	75
dexamethasone tabs 6 mg	75
dexmethylphenidate hcl er cp24 10 mg	47
dexmethylphenidate hcl er cp24 15 mg	47
dexmethylphenidate hcl er cp24 20 mg	47
dexmethylphenidate hcl er cp24 25 mg	47
dexmethylphenidate hcl er cp24 30 mg	47
dexmethylphenidate hcl er cp24 35 mg	47
dexmethylphenidate hcl er cp24 40 mg	48

dexmethylphenidate hcl er cp24 5 mg	48
dexmethylphenidate hcl tabs 10 mg	48
dexmethylphenidate hcl tabs 2.5 mg	48
dexmethylphenidate hcl tabs 5 mg	48
dextroamphetamine sulfate er cp24 10 mg .	48
dextroamphetamine sulfate er cp24 15 mg .	48
dextroamphetamine sulfate er cp24 5 mg ...	48
dextroamphetamine sulfate tabs 10 mg	48
dextroamphetamine sulfate tabs 5 mg	48
DEXTROSE 5%/ELECTROLYTE #48 SOLN	
[electrolyte-48 in dextrose]	67
DEXTROSE IN LACTATED RINGERS SOLN 5	
% [dextrose in lactated ringers]	67
DEXTROSE SOLN 10 % [dextrose]	66
DEXTROSE SOLN 20 % [dextrose]	66
DEXTROSE SOLN 40 % [dextrose]	66
DEXTROSE SOLN 5 % [dextrose]	66
DEXTROSE SOLN 50 % [dextrose]	66
DEXTROSE SOLN 70 % [dextrose]	66
DEXTROSE-SODIUM CHLORIDE SOLN 10-	
0.45 % [dextrose w/ sodium chloride]	67
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-	
0.45 % [dextrose w/ sodium chloride]	67
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2	
% [dextrose w/ sodium chloride]	67
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33	
% [dextrose w/ sodium chloride]	67
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)]	64
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 gel 1 %	95
diclofenac sodium soln 0.1 %	70
diclofenac sodium soln 1.5 %	95
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
didanosine cap 125mg	20
didanosine cpdr 250 mg	20
didanosine cpdr 400 mg	20
DIFFERIN CREA 0.1 % [adapalene]	95
DIFFERIN GEL 0.3 % [adapalene]	95
DIGIFAB SOLR 40 MG [digoxin immune fab] 88	
digoxin soln 0.05 mg/ml	41
digoxin tabs 125 mcg	41
digoxin tabs 250 mcg	41
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)]	
.....	86
diltiazem hcl tabs 120 mg	40
diltiazem hcl tabs 30 mg	40
diltiazem hcl tabs 60 mg	40
diltiazem hcl tabs 90 mg	40
diphenhydramine hcl soln 50 mg/ml	23
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	
.....	72
diphenoxylate-atropine tabs 2.5-0.025 mg ...	72
DIPHThERIA-TETANUS TOXOIDS DT SUSP	
25-5 LFU/0.5ML [diphtheria-tetanus toxoids	
(dt)]	90
dipyridamole tabs 25 mg	43
dipyridamole tabs 50 mg	43
dipyridamole tabs 75 mg	43
disopyramide phosphate caps 100 mg	41
disopyramide phosphate caps 150 mg	41
disulfiram tabs 250 mg	83
disulfiram tabs 500 mg	83
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 250 mg/20ml	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].....	73
dofetilide caps 125 mcg	41
dofetilide caps 250 mcg	41
dofetilide caps 500 mcg	41
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	38
doxazosin mesylate tabs 2 mg	38
doxazosin mesylate tabs 4 mg	38
doxazosin mesylate tabs 8 mg	38
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
doxorubicin hcl liposomal inj 2 mg/ml.....	24
doxorubicin hcl soln 2 mg/ml	24
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 CREA 1 % [anthralin] ..	95
droperidol soln 2.5 mg/ml	53
drospirenone-ethinyl estradiol tabs 3-0.02 mg	78
drospirenone-ethinyl estradiol tabs 3-0.03 mg	78
DRYSOL SOLN 20 % [aluminum chloride] ...	94
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].....	64
DYRENIUM CAPS 100 MG [triamterene].....	66
DYRENIUM CAPS 50 MG [triamterene].....	66

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EASY TOUCH SAFETY SYRINGE MISC 20G X 1	62
EDEX KIT 40 MCG [alprostadil (vasodilator)]	43
EDURANT TABS 25 MG [rilpivirine hcl].....	20
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	79
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	79
efavirenz caps 200 mg	20
efavirenz caps 50 mg	20
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] ...	69
ELELYSO SOLR 200 UNIT [taliglucerase alfa]	69
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
ELLA TABS 30 MG [ulipristal acetate].....	78
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	83
ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34

ELOCTATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	42
ELOCTATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	42
ELOCTATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	42
ELOCTATE SOLR 4000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	64
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPCLUSA PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	20
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPCLUSA PACK 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	20
ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	20
ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	20
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	24	EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	32
<i>emtricitabine caps 200 mg</i>	20	EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	95
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	20	<i>epinephrine hcl inj 1mg/ml</i>	32
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	20	EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	32
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	20	<i>epinephrine soaj 0.15 mg/0.15ml</i>	32
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	20	<i>epinephrine soaj 0.3 mg/0.3ml</i>	32
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	20	EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	32
ENBREL SOLR 25 MG [<i>etanercept</i>]	83	EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	20
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	83	<i>eptifibatide soln 20 mg/10ml</i>	36
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	83	<i>eptifibatide soln 75 mg/100ml</i>	36
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	83	ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	24
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	80	ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	24
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	91	<i>ergotamine-caffeine tabs 1-100 mg</i>	51
ENGERIX-B SUSY 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	91	ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	24
ENGERIX-B SUSY 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	91	<i>erlotinib hcl tabs 100 mg</i>	24
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	24	<i>erlotinib hcl tabs 150 mg</i>	24
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	52	<i>erlotinib hcl tabs 25 mg</i>	24
<i>entecavir tabs 0.5 mg</i>	20	ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	24
<i>entecavir tabs 1 mg</i>	20	<i>erythromycin oint 5 mg/gm</i>	70
		<i>erythromycin soln 2 %</i>	92
		<i>escitalopram oxalate soln 5 mg/5ml</i>	56
		<i>escitalopram oxalate tabs 10 mg</i>	54
		<i>escitalopram oxalate tabs 20 mg</i>	56
		<i>escitalopram oxalate tabs 5 mg</i>	56
		ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	39
		<i>estradiol pttw 0.025 mg/24hr</i>	79
		<i>estradiol pttw 0.0375 mg/24hr</i>	79

estradiol pttw 0.05 mg/24hr	79
estradiol pttw 0.075 mg/24hr	79
estradiol pttw 0.1 mg/24hr	79
estradiol ptwk 0.05 mg/24hr	79
estradiol ptwk 0.075 mg/24hr	79
estradiol tabs 0.5 mg	79
estradiol tabs 1 mg	79
estradiol tabs 10 mcg	79
estradiol tabs 2 mg	79
estradiol valerate oil 10 mg/ml	79
estradiol valerate oil 20 mg/ml	79
estradiol valerate oil 40 mg/ml	79
ESTRING RING 2 MG [estradiol vaginal]	80
ethacrynic acid tabs 25 mg	66
ethambutol hcl tabs 100 mg	18
ethambutol hcl tabs 400 mg	18
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	43
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
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]	74
EXJADE TBSO 250 MG [deferasirox]	74
EXJADE TBSO 500 MG [deferasirox]	74
EXTAVIA KIT 0.3 MG [interferon beta-1b]	83
EYLEA SOLN 2 MG/0.05ML [aflibercept]	71
EYLEA SOSY 2 MG/0.05ML [aflibercept]	71
ezetimibe tabs 10 mg	38

F

FABRAZYME SOLR 35 MG [agalsidase beta]	69
FABRAZYME SOLR 5 MG [agalsidase beta]	69
famotidine (pf) soln 20 mg/2ml	73
famotidine inj 10mg/ml	73
famotidine premixed soln 20-0.9 mg/50ml-%	73

famotidine soln 40 mg/4ml	73
famotidine susr 40 mg/5ml	73
famotidine tabs 20 mg	73
famotidine tabs 40 mg	73
fenofibrate tabs 160 mg	38
fenofibrate tabs 54 mg	38
fentanyl citrate (pf) soct 100 mcg/2ml	44
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	45
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate]	45
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	45
fentanyl pt72 100 mcg/hr	45
fentanyl pt72 12 mcg/hr	45
fentanyl pt72 25 mcg/hr	45
fentanyl pt72 50 mcg/hr	45
fentanyl pt72 75 mcg/hr	45
finasteride tabs 5 mg	83
ingolimod hcl caps 0.5 mg	83
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	15
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	15
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	88
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	88
flecainide acetate tabs 100 mg	41
flecainide acetate tabs 150 mg	41
flecainide acetate tabs 50 mg	41
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-%	18
fluconazole susr 10 mg/ml	18
fluconazole susr 40 mg/ml	18
fluconazole tabs 100 mg	18
fluconazole tabs 150 mg	18
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	75
flunisolide soln 25 mcg/act (0.025%)	70
fluocinolone acetone body oil 0.01 %	93

fluocinolone acetonide scalp oil 0.01 %	93
fluocinolone acetonide soln 0.01 %	93
fluocinonide gel 0.05 %	95
fluocinonide oint 0.05 %	93
fluocinonide soln 0.05 %	93
fluorometholone susp 0.1 %	70
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	95
fluorouracil crea 5 %	95
fluorouracil soln 2 %	95
fluorouracil soln 5 %	95
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 %	70
flutamide caps 125 mg	24
fluticasone propionate crea 0.05 %	93
fluticasone propionate hfa aero 44 mcg/act	75
fluticasone propionate oint 0.005 %	93
fluticasone propionate susp 50 mcg/act	70
fluvoxamine maleate tabs 100 mg	56
fluvoxamine maleate tabs 25 mg	56
fluvoxamine maleate tabs 50 mg	56
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML [influenza virus vac split high-dose quad preservative free]	91
FLUZONE QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	91
FLUZONE QUADRIVALENT SUSP 0.5 ML [influenza virus vaccine split quadrivalent]	91
folic acid soln 5 mg/ml	97
FORTAZ SOLR 500 MG [ceftazidime]	15
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	80
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	66
furosemide soln 8 mg/ml	66

FUROSEMIDE TABS 20 MG [furosemide]	66
FUROSEMIDE TABS 40 MG [furosemide]	66
furosemide tabs 80 mg	66

G

gabapentin caps 100 mg	49
gabapentin caps 300 mg	49
gabapentin caps 400 mg	49
GABAPENTIN POWD [gabapentin (bulk)]	86
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]	64
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	64
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	64
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	64
galantamine hydrobromide er cp24 16 mg	31
galantamine hydrobromide er cp24 24 mg	31
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	31
galantamine hydrobromide tabs 12 mg	31
galantamine hydrobromide tabs 4 mg	31
galantamine hydrobromide tabs 8 mg	31
GAMASTAN INJ [immune globulin (human) im]	88
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	88
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	88
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	88
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	88
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	88

globulin (human) iv]	88	glipizide tabs 10 mg	77
GAMMAPLEX SOLN 5 GM/100ML [immune		glipizide tabs 5 mg	77
globulin (human) iv]	89	glipizide tb24 10 mg	77
GAMUNEX-C SOLN 1 GM/10ML [immune		glipizide tb24 2.5 mg	77
globulin (human) iv or subcutaneous]	89	glipizide tb24 5 mg	77
GAMUNEX-C SOLN 10 GM/100ML [immune		glipizide-metformin hcl tabs 2.5-250 mg	77
globulin (human) iv or subcutaneous]	89	glipizide-metformin hcl tabs 2.5-500 mg	77
GAMUNEX-C SOLN 2.5 GM/25ML [immune		glipizide-metformin hcl tabs 5-500 mg	77
globulin (human) iv or subcutaneous]	89	GLUCAGEN HYPOKIT SOLR 1 MG [glucagon	
GAMUNEX-C SOLN 20 GM/200ML [immune		hcl (rdna)]	78
globulin (human) iv or subcutaneous]	89	GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	
GAMUNEX-C SOLN 5 GM/50ML [immune		.....	78
globulin (human) iv or subcutaneous]	89	glucagon emergency kit 1 mg	78
ganciclovir sodium solr 500 mg	20	glyburide tabs 1.25 mg	77
GARDASIL 9 SUSP [human papillomavirus		glyburide tabs 2.5 mg	77
(hvp) 9-valent recombinant vaccine]	91	glyburide tabs 5 mg	77
GARDASIL 9 SUSY [human papillomavirus		GLYCERIN LIQD [glycerin (bulk)]	86
(hvp) 9-valent recombinant vaccine]	91	GLYCOPYRROLATE POWD [glycopyrrolate	
GARDASIL INJ [human papillomavirus		(bulk)]	86
(hvp) quadrivalent recombinant vaccine]	91	glycopyrrolate soln 0.4 mg/2ml	30
gatifloxacin soln 0.5 %	70	glycopyrrolate soln 1 mg/5ml	30
GAZYVA SOLN 1000 MG/40ML		glycopyrrolate tabs 1 mg	30
[obinutuzumab]	25	glycopyrrolate tabs 2 mg	30
GELFILM FILM [gelatin adsorbable (ophth)] 34		GONAL-F RFF REDIJECT SOPN 300	
GELFOAM SPONGE MISC 12-7 MM [gelatin		UNIT/0.5ML [folllitropin alfa]	80
absorbable]	34	GONAL-F RFF REDIJECT SOPN 450	
GELFOAM SPONGE SIZE 50 MISC [gelatin		UNT/0.75ML [folllitropin alfa]	80
absorbable]	34	GONAL-F RFF REDIJECT SOPN 900	
GELUSIL CHEW 200-200-25 MG [alum & mag		UNIT/1.5ML [folllitropin alfa]	80
hydrox-simethicone]	72	GONAL-F RFF SOLR 75 UNIT [folllitropin alfa]	
gemcitabine hcl solr 200 mg	25	.....	80
gemfibrozil tabs 600 mg	38	GONAL-F SOLR 1050 UNIT [folllitropin alfa]	80
gentamicin in saline soln 0.8-0.9 mg/ml-% ..	15	GONAL-F SOLR 450 UNIT [folllitropin alfa]	80
gentamicin in saline soln 1.2-0.9 mg/ml-% ..	16	granisetron hcl tabs 1 mg	73
gentamicin in saline soln 1.6-0.9 mg/ml-% ..	16	GRASTEK SUBL 2800 BAU [timothy grass	
gentamicin in saline soln 1-0.9 mg/ml-%	15	pollen allergen extract]	83
gentamicin in saline soln 2-0.9 mg/ml-%	16	griseofulvin microsize susp 125 mg/5ml	18
gentamicin sulfate crea 0.1 %	92	griseofulvin microsize tabs 500 mg	18
gentamicin sulfate oint 0.1 %	92	griseofulvin ultramicrosize tabs 125 mg	18
gentamicin sulfate soln 0.3 %	70	griseofulvin ultramicrosize tabs 250 mg	18
gentamicin sulfate soln 40 mg/ml	16	GUAIFENESIN-CODEINE SOLN 100-10	
GENVOYA TABS 150-150-200-10 MG		MG/5ML [guaifenesin-codeine]	87
[elvitegravir-cobicistat-emtricitabine-		guanfacine hcl er tb24 1 mg	54
tenofovir alafenamide]	20	guanfacine hcl er tb24 2 mg	54
GLEOSTINE CAPS 10 MG [lomustine]	25	guanfacine hcl er tb24 3 mg	54
GLEOSTINE CAPS 100 MG [lomustine]	25	guanfacine hcl er tb24 4 mg	54
GLEOSTINE CAPS 40 MG [lomustine]	25	guanfacine hcl tabs 1 mg	41
glimepiride tabs 1 mg	77	guanfacine hcl tabs 2 mg	41
glimepiride tabs 2 mg	77		
glimepiride tabs 4 mg	77		

H

HAEGARDA SOLR 2000 UNIT [*c1 esterase inhibitor (human)*] 83

HAEGARDA SOLR 3000 UNIT [*c1 esterase inhibitor (human)*] 83

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 56

haloperidol tabs 0.5 mg 56

haloperidol tabs 1 mg 56

haloperidol tabs 10 mg 56

haloperidol tabs 2 mg 56

haloperidol tabs 20 mg 56

haloperidol tabs 5 mg 56

HARVONI TABS 45-200 MG [*ledipasvir-sofosbuvir*] 20

HARVONI TABS 90-400 MG [*ledipasvir-sofosbuvir*] 20

HAVRIX SUSP 1440 EL U/ML [*hepatitis a vaccine*] 91

HAVRIX SUSP 720 EL U/0.5ML [*hepatitis a vaccine*] 91

HEMABATE SOLN 250 MCG/ML [*carboprost tromethamine*] 86

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 60 MG/0.4ML [*emicizumab-kxwh*] 34

HEMOFIL M INJ 220-400 [*antihemophilic factor (human)*] 34

HEMOFIL M SOLR 1000 UNIT [*antihemophilic factor (human)*] 34

HEMOFIL M SOLR 1700 UNIT [*antihemophilic factor (human)*] 35

HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [*heparin (porcine) in sodium chloride*] 36

HEPARIN (PORCINE) IN NAACL 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*] 37

heparin sodium (porcine) soln 1000 unit/ml 37

heparin sodium (porcine) soln 10000 unit/ml 37

heparin sodium (porcine) soln 20000 unit/ml 37

heparin sodium (porcine) soln 5000 unit/ml 37

HERCEPTIN SOLR 150 MG [*trastuzumab*] ... 25

hetastarch-nacl soln 6-0.9 % 68

HEXTEND SOLN 6 % [*hetastarch (hes /0.7 or /0.75) in electrolytes*] 68

HIBERIX SOLR 10 MCG [*haemophilus b polysac conj vac*] 91

HIZENTRA SOLN 1 GM/5ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOLN 10 GM/50ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOLN 2 GM/10ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOLN 4 GM/20ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOSY 1 GM/5ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOSY 2 GM/10ML [*immune globulin (human) subcutaneous*] 89

HIZENTRA SOSY 4 GM/20ML [*immune globulin (human) subcutaneous*] 89

HOMATROPAIRE SOLN 5 % [*homatropine hbr*] 72

HUMALOG SOLN 100 UNIT/ML [*insulin lispro*] 77

HUMATE-P SOLR 1000-2400 UNIT [*antihemophilic factor/von willebrand factor complex (human)*] 35

HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35	HYDROCORTISONE POWD [hydrocortisone (topical)]	86
HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35	hydrocortisone tabs 10 mg	75
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	77	hydrocortisone tabs 20 mg	75
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	77	hydrocortisone tabs 5 mg	75
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	77	HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	92
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	77	HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	94
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	77	hydromorphone hcl liqd 1 mg/ml	45
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	77	hydromorphone hcl pf soln 50 mg/5ml	45
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	77	hydromorphone hcl pf soln 500 mg/50ml	45
HYCANTIN CAPS 0.25 MG [topotecan hcl] ..	25	HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	45
HYCANTIN CAPS 1 MG [topotecan hcl]	25	HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	45
hydralazine hcl soln 20 mg/ml	42	HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	45
hydralazine hcl tabs 10 mg	42	HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	45
hydralazine hcl tabs 100 mg	42	hydromorphone hcl tabs 2 mg	45
hydralazine hcl tabs 25 mg	42	hydromorphone hcl tabs 4 mg	45
hydralazine hcl tabs 50 mg	42	hydromorphone hcl tabs 8 mg	45
hydrochlorothiazide tabs 12.5 mg	66	HYDROPHILIC OINT [hydrophilic ointment]	86
hydrochlorothiazide tabs 25 mg	66	hydroxychloroquine sulfate tabs 200 mg	19
hydrochlorothiazide tabs 50 mg	66	HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	86
hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml	87	hydroxyurea caps 500 mg	25
hydrocodone bit-homatrop mbr tabs 5-1.5 mg	87	hydroxyzine hcl soln 50 mg/ml	53
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	45	hydroxyzine hcl syrpf 10 mg/5ml	53
hydrocodone-acetaminophen tabs 10-325 mg	45	hydroxyzine hcl tabs 10 mg	53
hydrocodone-acetaminophen tabs 5-325 mg	45	hydroxyzine hcl tabs 25 mg	53
hydrocodone-acetaminophen tabs 7.5-325 mg	45	hydroxyzine hcl tabs 50 mg	53
hydrocortisone ace-pramoxine crea 1-1 % ..	94	hydroxyzine pamoate caps 100 mg	53
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [pramoxine-hc]	93	hydroxyzine pamoate caps 25 mg	53
hydrocortisone crea 2.5 %	93	hydroxyzine pamoate caps 50 mg	53
hydrocortisone enem 100 mg/60ml	93	HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	69
hydrocortisone lotn 2.5 %	93	HYOSCYAMINE SULFATE ER TB12 0.375 MG [hyoscyamine sulfate]	30
hydrocortisone oint 2.5 %	93	HYOSCYAMINE SULFATE SUBL 0.125 MG [hyoscyamine sulfate]	30
		HYOSCYAMINE SULFATE TABS 0.125 MG [hyoscyamine sulfate]	30
		HYOSCYAMINE SULFATE TADP 0.125 MG [hyoscyamine sulfate]	30
		HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine sulfate]	30

HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	30
HYPERLYTE-CR CONC [<i>parenteral electrolytes</i>]	68
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	89
HYPODERMIC NEEDLE MISC 19G X 1	62
HYPODERMIC NEEDLE MISC 25G X 1-1/2	62

I

IBRANCE CAPS 100 MG [<i>palbociclib</i>]	25
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	25
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	25
IBRANCE TABS 100 MG [<i>palbociclib</i>]	25
IBRANCE TABS 125 MG [<i>palbociclib</i>]	25
IBRANCE TABS 75 MG [<i>palbociclib</i>]	25
<i>ibuprofen susp 100 mg/5ml</i>	45
<i>ibutilide fumarate soln 1 mg/10ml</i>	41
<i>icatibant acetate soty 30 mg/3ml</i>	83
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	25
IDELVION SOLR 1000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
IDELVION SOLR 2000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
IDELVION SOLR 250 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
IDELVION SOLR 500 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	35
<i>imatinib mesylate tabs 100 mg</i>	25
<i>imatinib mesylate tabs 400 mg</i>	25
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	25
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	25
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	25
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	25
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	25
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	25
<i>imipramine hcl tabs 10 mg</i>	56
<i>imipramine hcl tabs 25 mg</i>	57
<i>imipramine hcl tabs 50 mg</i>	57
<i>imiquimod crea 5 %</i>	95
IMOOGAM RABIES-HT SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	89
<i>indapamide tabs 1.25 mg</i>	66
<i>indapamide tabs 2.5 mg</i>	66
<i>indomethacin caps 25 mg</i>	45
<i>indomethacin caps 50 mg</i>	45
<i>indomethacin er cpcr 75 mg</i>	45

INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	45
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	90
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	33
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	83
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	45
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	96
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	96
INSULIN GLARGINE SOLN 100 UNIT/ML [<i>insulin glargine</i>]	77
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [<i>insulin glargine-yfgn</i>]	77
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [<i>insulin glargine-yfgn</i>]	77
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	37
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	37
INTELENCE TABS 25 MG [<i>etravirine</i>]	20
INTRALIPID EMUL 20 % [<i>fat emulsion plant based (soy)</i>]	66
INTRALIPID EMUL 30 % [<i>fat emulsion plant based (soy)</i>]	66
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	25
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	25
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	25
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	25
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	25
INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	16
INVEGA SUSTENNA SUSY 117 MG/0.75ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 156 MG/ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 234 MG/1.5ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 39 MG/0.25ML [<i>paliperidone palmitate</i>]	54
INVEGA SUSTENNA SUSY 78 MG/0.5ML [<i>paliperidone palmitate</i>]	57
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	20

<i>ipratropium bromide soln 0.02 %</i>	30
<i>ipratropium bromide soln 0.03 %</i>	30
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	32
IRESSA TABS 250 MG [<i>gefitinib</i>]	25
<i>irinotecan hcl soln 500 mg/25ml</i>	25
ISENTRESS CHEW 100 MG [<i>raltegravir</i> <i>potassium</i>]	20
ISENTRESS CHEW 25 MG [<i>raltegravir</i> <i>potassium</i>]	20
ISENTRESS HD TABS 600 MG [<i>raltegravir</i> <i>potassium</i>]	20
ISENTRESS TABS 400 MG [<i>raltegravir</i> <i>potassium</i>]	20
<i>isoniazid soln 100 mg/ml</i>	18
<i>isoniazid syrp 50 mg/5ml</i>	18
<i>isoniazid tabs 100 mg</i>	18
<i>isoniazid tabs 300 mg</i>	18
<i>isoproterenol hcl soln 0.2 mg/ml</i>	32
<i>isosorbide dinitrate tabs 10 mg</i>	43
<i>isosorbide dinitrate tabs 20 mg</i>	43
<i>isosorbide dinitrate tabs 30 mg</i>	43
<i>isosorbide dinitrate tabs 5 mg</i>	43
<i>isosorbide mononitrate er tb24 120 mg</i>	43
<i>isosorbide mononitrate er tb24 30 mg</i>	43
<i>isosorbide mononitrate er tb24 60 mg</i>	43
ISOSORBIDE POWD [<i>isosorbide (bulk)</i>]	86
<i>itraconazole caps 100 mg</i>	18
<i>ivermectin tabs 3 mg</i>	13
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	25
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	25
IXIARO SUSP [<i>japanese encephalitis vaccine</i> <i>inactivated adsorbed</i>]	91

J

JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	74
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	74
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	74
JADENU TABS 180 MG [<i>deferasirox</i>]	74
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	25
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	77
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	77
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	25

JULUCA TABS 50-25 MG [<i>dolutegravir</i> <i>sodium-rilpivirine hcl</i>]	21
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K

KADCYLA SOLR 100 MG [<i>ado-trastuzumab</i> <i>emtansine</i>]	25
KADCYLA SOLR 160 MG [<i>ado-trastuzumab</i> <i>emtansine</i>]	25
KALYDECO PACK 13.4 MG [<i>ivacaftor</i>]	88
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	88
KALYDECO PACK 5.8 MG [<i>ivacaftor</i>]	88
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	88
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	88
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	88
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	25
KCENTRA KIT 500 UNIT [<i>prothrombin</i> <i>complex concentrate human</i>]	35
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in</i> <i>dextrose & sodium chloride</i>]	68
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated</i> <i>ringers</i>]	68
KEDRAB SOLN 1500 UNIT/10ML [<i>rabies</i> <i>immune globulin (human)</i>]	89
KEDRAB SOLN 300 UNIT/2ML [<i>rabies immune</i> <i>globulin (human)</i>]	89
KENALOG SUSP 10 MG/ML [<i>triamcinolone</i> <i>acetonide</i>]	75
KENALOG SUSP 40 MG/ML [<i>triamcinolone</i> <i>acetonide</i>]	75

latanoprost soln 0.005 %	71	levofloxacin tabs 750 mg	16
L-CITRULLINE POWD [citrulline (bulk)]	86	levothyroxine sodium tabs 100 mcg	81
leflunomide tabs 10 mg	83	levothyroxine sodium tabs 112 mcg	81
leflunomide tabs 20 mg	83	levothyroxine sodium tabs 125 mcg	81
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG		levothyroxine sodium tabs 150 mcg	81
[lenvatinib mesylate]	26	levothyroxine sodium tabs 175 mcg	81
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4		levothyroxine sodium tabs 200 mcg	81
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 25 mcg	81
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4		levothyroxine sodium tabs 300 mcg	81
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 50 mcg	81
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 75 mcg	81
MG [lenvatinib mesylate]	26	levothyroxine sodium tabs 88 mcg	81
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10		LEVOXYL TABS 137 MCG [levothyroxine	
MG & 4 MG [lenvatinib mesylate]	26	sodium]	81
letrozole tabs 2.5 mg	26	LEVULAN KERASTICK SOLR 20 %	
leucovorin calcium solr 100 mg	83	[aminolevulinic acid hcl]	95
leucovorin calcium tabs 25 mg	83	LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	
leucovorin calcium tabs 5 mg	83	.....	64
LEUKERAN TABS 2 MG [chlorambucil]	26	lidocaine hcl (cardiac) pf sosy 50 mg/5ml	81
LEUKINE SOLR 250 MCG [sargramostim] ...	37	lidocaine hcl (pf) soln 0.5 %	81
leuprolide acetate kit 1 mg/0.2ml	26	lidocaine hcl (pf) soln 1 %	81
levetiracetam er tb24 500 mg	50	LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	
levetiracetam er tb24 750 mg	50	.....	86
LEVETIRACETAM IN NAACL SOLN 1000		lidocaine hcl soln 0.5 %	81
MG/100ML [levetiracetam in sodium		lidocaine hcl soln 1 %	81
chloride]	50	lidocaine hcl soln 4 %	94
LEVETIRACETAM IN NAACL SOLN 1500		lidocaine hcl urethral/mucosal gel 2 %	94
MG/100ML [levetiracetam in sodium		lidocaine hcl urethral/mucosal prsy 2 %	94
chloride]	50	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
LEVETIRACETAM IN NAACL SOLN 500		[lidocaine in d5w]	41
MG/100ML [levetiracetam in sodium		LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
chloride]	50	[lidocaine in d5w]	41
levetiracetam soln 100 mg/ml	50	lidocaine oint 5 %	94
levetiracetam soln 500 mg/5ml	50	lidocaine ptch 5 %	94
levetiracetam tabs 1000 mg	50	lidocaine viscous hcl soln 2 %	72
levetiracetam tabs 250 mg	50	lidocaine-epinephrine soln 0.5 %-1	
levetiracetam tabs 500 mg	50	200000	81
levetiracetam tabs 750 mg	50	lidocaine-epinephrine soln 1 %-1	
levobunolol hcl soln 0.5 %	71	100000	81
levocarnitine inj 200mg/ml	83	lidocaine-epinephrine soln 2 %-1	
LEVOCARNITINE SOLN 1 GM/10ML		100000	81
[levocarnitine (metabolic modifiers)]	83	200000	81
LEVOCARNITINE TABS 330 MG [levocarnitine		lidocaine-prilocaine crea 2.5-2.5 %	94
(metabolic modifiers)]	83	lidocaine-prilocaine kit 2.5-2.5 %	94
levofloxacin in d5w soln 250 mg/50ml	16	linezolid soln 600 mg/300ml	16
levofloxacin in d5w soln 500 mg/100ml	16	linezolid susr 100 mg/5ml	16
levofloxacin in d5w soln 750 mg/150ml	16	linezolid tabs 600 mg	16
levofloxacin soln 25 mg/ml	16	liothyronine sodium tabs 25 mcg	81
levofloxacin tabs 250 mg	16	liothyronine sodium tabs 5 mcg	81
levofloxacin tabs 500 mg	16	liothyronine sodium tabs 50 mcg	81

<i>lisinopril tabs 10 mg</i>	42	<i>sodium]</i>	37
<i>lisinopril tabs 2.5 mg</i>	42	LOVENOX SOSY 120 MG/0.8ML [<i>enoxaparin</i>	
<i>lisinopril tabs 20 mg</i>	42	<i>sodium]</i>	37
<i>lisinopril tabs 30 mg</i>	42	LOVENOX SOSY 150 MG/ML [<i>enoxaparin</i>	
<i>lisinopril tabs 40 mg</i>	42	<i>sodium]</i>	37
<i>lisinopril tabs 5 mg</i>	42	LOVENOX SOSY 30 MG/0.3ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5</i>		<i>sodium]</i>	37
<i>mg</i>	42	LOVENOX SOSY 40 MG/0.4ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5</i>		<i>sodium]</i>	37
<i>mg</i>	42	LOVENOX SOSY 60 MG/0.6ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>		<i>sodium]</i>	37
.....	42	LOVENOX SOSY 80 MG/0.8ML [<i>enoxaparin</i>	
L-ISOLEUCINE POWD [<i>isoleucine]</i>	86	<i>sodium]</i>	37
<i>lithium carbonate caps 150 mg</i>	51	<i>loxapine succinate caps 10 mg</i>	57
LITHIUM CARBONATE CAPS 300 MG [<i>lithium</i>		<i>loxapine succinate caps 25 mg</i>	57
<i>carbonate]</i>	51	<i>loxapine succinate caps 5 mg</i>	57
<i>lithium carbonate caps 600 mg</i>	51	L-PROLINE POWD [<i>proline]</i>	86
<i>lithium carbonate er tbc 300 mg</i>	51	LUCENTIS SOLN 0.3 MG/0.05ML	
<i>lithium carbonate er tbc 450 mg</i>	51	[<i>ranibizumab]</i>	71
LITHIUM CARBONATE TABS 300 MG [<i>lithium</i>		LUCENTIS SOLN 0.5 MG/0.05ML	
<i>carbonate]</i>	51	[<i>ranibizumab]</i>	71
LITHOSTAT TABS 250 MG [<i>acetohydroxamic</i>		LUCENTIS SOSY 0.3 MG/0.05ML	
<i>acid]</i>	65	[<i>ranibizumab]</i>	71
LIVTENCITY TABS 200 MG [<i>maribavir]</i>	21	LUCENTIS SOSY 0.5 MG/0.05ML	
LONSURF TABS 15-6.14 MG [<i>trifluridine-</i>		[<i>ranibizumab]</i>	71
<i>tipiracil]</i>	26	LUMASON SUSR 60.7-25 MG [<i>sulfur</i>	
LONSURF TABS 20-8.19 MG [<i>trifluridine-</i>		<i>hexafluoride lipid-type a microspheres]</i> ... 65	
<i>tipiracil]</i>	26	LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>	
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	21	.....	70
<i>lopinavir-ritonavir tabs 100-25 mg</i>	21	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	
<i>lopinavir-ritonavir tabs 200-50 mg</i>	21	[<i>leuprolide acetate]</i>	26
<i>lorazepam soln 2 mg/ml</i>	53	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	
LORAZEPAM SOLN 4 MG/ML [<i>lorazepam]</i> ... 53		[<i>leuprolide acetate]</i>	26
<i>lorazepam tabs 0.5 mg</i>	53	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	
<i>lorazepam tabs 1 mg</i>	53	[<i>leuprolide acetate (3 month)]</i>	26
<i>lorazepam tabs 2 mg</i>	53	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	
LORBRENA TABS 100 MG [<i>lorlatinib]</i>	26	[<i>leuprolide acetate (3 month)]</i>	26
LORBRENA TABS 25 MG [<i>lorlatinib]</i>	26	LUPRON DEPOT (4-MONTH) KIT 30 MG	
<i>losartan potassium tabs 100 mg</i>	42	[<i>leuprolide acetate (4 month)]</i>	26
<i>losartan potassium tabs 25 mg</i>	42	LUPRON DEPOT (6-MONTH) KIT 45 MG	
<i>losartan potassium tabs 50 mg</i>	42	[<i>leuprolide acetate (6 month)]</i>	26
<i>losartan potassium-hctz tabs 100-12.5 mg</i> .. 42		LUPRON DEPOT-PED (1-MONTH) KIT 11.25	
<i>losartan potassium-hctz tabs 100-25 mg</i> 42		MG [<i>leuprolide acetate (cpp)]</i>	26
<i>losartan potassium-hctz tabs 50-12.5 mg</i> 42		LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	
<i>lovastatin tabs 10 mg</i>	38	[<i>leuprolide acetate (cpp)]</i>	26
<i>lovastatin tabs 20 mg</i>	38	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	
<i>lovastatin tabs 40 mg</i>	38	[<i>leuprolide acetate (cpp)]</i>	26
LOVENOX SOLN 300 MG/3ML [<i>enoxaparin</i>		LUPRON DEPOT-PED (3-MONTH) KIT 11.25	
<i>sodium]</i>	37	MG [<i>leuprolide acetate (cpp) (3 month)]</i> ... 26	
LOVENOX SOSY 100 MG/ML [<i>enoxaparin</i>		LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	

[leuprolide acetate (cpp) (3 month)]	26
lurasidone hcl tabs 120 mg	57
lurasidone hcl tabs 20 mg	57
lurasidone hcl tabs 40 mg	57
lurasidone hcl tabs 60 mg	57
lurasidone hcl tabs 80 mg	57
LYNPARZA TABS 100 MG [olaparib]	27
LYNPARZA TABS 150 MG [olaparib]	27
LYSODREN TABS 500 MG [mitotane]	27

M

M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	68
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	68
magnesium sulfate soln 50 %	50
malathion lotn 0.5 %	92
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	68
MATULANE CAPS 50 MG [procarbazine hcl]	27
meclofenamate sodium caps 100 mg	45
meclofenamate sodium caps 50 mg	46
MEDROL TABS 2 MG [methylprednisolone]	75
medroxyprogesterone acetate susp 150 mg/ml	80
medroxyprogesterone acetate susy 150 mg/ml	80
medroxyprogesterone acetate tabs 10 mg	80
medroxyprogesterone acetate tabs 2.5 mg	80
medroxyprogesterone acetate tabs 5 mg	80
mefenamic acid caps 250 mg	46
mefloquine hcl tabs 250 mg	19
megestrol acetate susp 40 mg/ml	27
megestrol acetate susp 400 mg/10ml	27
megestrol acetate tabs 20 mg	27
megestrol acetate tabs 40 mg	27
MEKINIST SOLR 0.05 MG/ML [trametinib dimethyl sulfoxide]	27
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	27
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	27
meloxicam tabs 15 mg	46
meloxicam tabs 7.5 mg	46
memantine hcl tabs 10 mg	54
memantine hcl tabs 5 mg	54
MENOPUR SOLR 75 UNIT [menotropins]	80
MENVEO SOLN [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	91

MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	91
meperidine hcl soln 100 mg/ml	46
meperidine hcl soln 25 mg/ml	46
meperidine hcl soln 50 mg/ml	46
MEPHYTON TABS 5 MG [phytonadione]	97
mercaptopurine tabs 50 mg	27
meropenem solr 1 gm	16
meropenem solr 500 mg	16
mesalamine enem 4 gm	72
mesalamine supp 1000 mg	72
mesalamine tbec 1.2 gm	72
mesna soln 100 mg/ml	83
MESNEX TABS 400 MG [mesna]	83
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide]	31
metformin hcl er tb24 500 mg	77
metformin hcl er tb24 750 mg	77
metformin hcl tabs 1000 mg	77
metformin hcl tabs 500 mg	77
metformin hcl tabs 850 mg	77
methadone hcl soln 10 mg/5ml	46
METHADONE HCL SOLN 10 MG/ML [methadone hcl]	46
methadone hcl soln 5 mg/5ml	46
methadone hcl tabs 10 mg	46
methadone hcl tabs 5 mg	46
methazolamide tabs 25 mg	71
methazolamide tabs 50 mg	71
methenamine hippurate tabs 1 gm	22
methimazole tabs 10 mg	81
methimazole tabs 5 mg	81
methocarbamol tabs 500 mg	31
methocarbamol tabs 750 mg	31
methotrexate sodium (pf) soln 50 mg/2ml	27
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	27
methotrexate sodium tabs 2.5 mg	27
methoxsalen rapid caps 10 mg	94
methyl dopa tabs 250 mg	42
methyl dopa tabs 500 mg	42
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	65
methylergonovine maleate soln 0.2 mg/ml	86
methylergonovine maleate tabs 0.2 mg	86
methylphenidate hcl er (cd) cpcr 10 mg	48
methylphenidate hcl er (cd) cpcr 20 mg	48
methylphenidate hcl er (cd) cpcr 30 mg	48
methylphenidate hcl er (cd) cpcr 40 mg	48
methylphenidate hcl er (cd) cpcr 50 mg	48

methylphenidate hcl er (cd) cpcr 60 mg	48
methylphenidate hcl er (osm) tbcr 18 mg	48
methylphenidate hcl er (osm) tbcr 27 mg	48
methylphenidate hcl er (osm) tbcr 36 mg	48
methylphenidate hcl er (osm) tbcr 54 mg	48
methylphenidate hcl er tbcr 10 mg	48
methylphenidate hcl er tbcr 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 75	
methylprednisolone acetate susp 80 mg/ml 75	
methylprednisolone sodium succ solr 1000	
mg	75
methylprednisolone sodium succ solr 125 mg	
.....	75
methylprednisolone sodium succ solr 40 mg	
.....	75
methylprednisolone tabs 16 mg	75
methylprednisolone tabs 32 mg	75
methylprednisolone tabs 4 mg	76
methylprednisolone tabs 8 mg	76
methylprednisolone tbpk 4 mg	76
methyltestosterone caps 10 mg	76
methyltestosterone tabs 10 mg	76
metoclopramide hcl soln 10 mg/10ml	74
metoclopramide hcl soln 5 mg/ml	74
metoclopramide hcl tabs 10 mg	74
metoclopramide hcl tabs 5 mg	74
metolazone tabs 10 mg	66
metolazone tabs 2.5 mg	66
metolazone tabs 5 mg	66
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
metoprolol-hydrochlorothiazide tabs 100-50	
mg	39
metronidazole crea 0.75 %	92
metronidazole gel 0.75 %	92
METRONIDAZOLE POWD [metronidazole	
(bulk)]	86
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
MICROLET NEXT LANCING DEVICE MISC	
[lancet devices]	62
midazolam hcl syrp 2 mg/ml	53
midodrine hcl tabs 10 mg	32
midodrine hcl tabs 2.5 mg	32
midodrine hcl tabs 5 mg	32
MIFEPREX TABS 200 MG [mifepristone]	86
MILK OF MAGNESIA SUSP 7.75 %	
[magnesium hydroxide]	73
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	42
minoxidil tabs 2.5 mg	42
MIOCHOL-E SOLR 20 MG [acetylcholine	
chloride]	71
MIOSTAT SOLN 0.01 % [carbachol (ophth)] 71	
MIRENA (52 MG) IUD 20 MCG/DAY	
[levonorgestrel (iud)]	78
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
M-M-R II SOLR [measles, mumps & rubella	
virus vaccines]	91
modafinil tabs 100 mg	48
modafinil tabs 200 mg	48
mometasone furoate crea 0.1 %	93
mometasone furoate oint 0.1 %	93
mometasone furoate soln 0.1 %	93
MONOJECT INSULIN SYRINGE MISC 25G X	
5/8	62
MONOJECT INSULIN SYRINGE MISC 27G X	
1/2	62
MONOJECT INSULIN SYRINGE MISC 29G X	

1/2.....	62	sulfate]	46
MONOJECT SAFETY		MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	46
SYRINGE/SHIELD/NEEDLE/3ML/21G X 1..	62	MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	46
MONOJECT SAFETY		MORPHINE SULFATE TABS 15 MG [morphine sulfate]	46
SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2	62	MORPHINE SULFATE TABS 30 MG [morphine sulfate]	46
MONOJECT SAFETY		moxifloxacin hcl soln 0.5 %	70
SYRINGE/SHIELD/NEEDLE/3ML/22G X 1..	62	moxifloxacin hcl tabs 400 mg	16
MONOJECT SAFETY		MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	65
SYRINGE/SHIELD/NEEDLE/3ML/23G X 1..	63	MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	96
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	63	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	96
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	63	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	96
MONOJECT TB SYRINGE MISC 28G X 1/2...	63	MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	96
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2.....	63	MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	96
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16.....	63	MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	96
montelukast sodium chew 4 mg	87	mupirocin oint 2 %	92
montelukast sodium chew 5 mg	87	MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	27
montelukast sodium pack 4 mg	87	mycophenolate mofetil caps 250 mg	83
montelukast sodium tabs 10 mg	87	mycophenolate mofetil susr 200 mg/ml	83
morphine sulfate (concentrate) soln 100 mg/5ml	46	mycophenolate mofetil tabs 500 mg	83
morphine sulfate (pf) soln 0.5 mg/ml	46	mycophenolate sodium tbec 180 mg	84
morphine sulfate (pf) soln 1 mg/ml	46	mycophenolate sodium tbec 360 mg	84
morphine sulfate er tbc 100 mg	46	MYLERAN TABS 2 MG [busulfan]	27
morphine sulfate er tbc 15 mg	46	MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxib]	84
morphine sulfate er tbc 200 mg	46	MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxib]	84
morphine sulfate er tbc 30 mg	46	MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxib]	84
morphine sulfate er tbc 60 mg	46	MYRBETRIQ SRER 8 MG/ML [mirabegron] ..	96
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	46	MYRBETRIQ TB24 25 MG [mirabegron]	96
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	46	MYRBETRIQ TB24 50 MG [mirabegron]	96
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	46		
MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	46		
MORPHINE SULFATE SOLN 20 MG/5ML [morphine sulfate]	46		
MORPHINE SULFATE SOLN 50 MG/ML [morphine sulfate]	46		
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	46		
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	46		

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NABI-HB SOLN 312 UNIT/ML [hepatitis b immune globulin (human)]	89
nabumetone tabs 500 mg	46
nabumetone tabs 750 mg	46
nadolol tabs 20 mg	39

nadolol tabs 40 mg	39
nadolol tabs 80 mg	39
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]... 16	
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose].. 16	
nalbuphine hcl soln 10 mg/ml	46
nalbuphine hcl soln 20 mg/ml	46
naloxone hcl liqd 4 mg/0.1ml	54
naloxone hcl soln 0.4 mg/ml	54
naloxone hcl sosy 2 mg/2ml	54
naltrexone hcl tabs 50 mg	54
NAMENDA SOL 10MG/5ML [memantine hcl] 54	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	54
naphazoline hcl soln	72
naproxen susp 125 mg/5ml	46
naproxen tabs 250 mg	47
naproxen tabs 375 mg	47
naproxen tabs 500 mg	47
naproxen tbec 375 mg	47
naratriptan hcl tabs 1 mg	51
naratriptan hcl tabs 2.5 mg	51
NAROPIN INJ 10MG/ML [ropivacaine hcl] ... 82	
NAROPIN SOLN 2 MG/ML [ropivacaine hcl].. 82	
NAROPIN SOLN 5 MG/ML [ropivacaine hcl].. 82	
NATACYN SUSP 5 % [natamycin].....	70
NEBUPENT SOLR 300 MG [pentamidine isethionate].....	19
nefazodone hcl tabs 100 mg	57
nefazodone hcl tabs 150 mg	57
nefazodone hcl tabs 200 mg	57
nefazodone hcl tabs 250 mg	57
nefazodone hcl tabs 50 mg	57
neomycin sulfate tabs 500 mg	16
neomycin-bacitracin zn-polymyx oint 5-400- 10000	70
neomycin-polymyxin b gu soln 40-200000 .. 92	
neomycin-polymyxin-dexameth oint 3.5- 10000-0.1	70
neomycin-polymyxin-dexameth susp 3.5- 10000-0.1	70
neomycin-polymyxin-gramicidin soln 1.75- 10000-.025	70
neomycin-polymyxin-hc soln 1 %	70
neomycin-polymyxin-hc susp 3.5-10000-1 .. 70	
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	47
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	84
NESACAINE SOLN 1 % [chloroprocaine hcl]82	
NESACAINE SOLN 2 % [chloroprocaine hcl]82	
nevirapine susp 50 mg/5ml	21
nevirapine tabs 200 mg	21
NEXPLANON IMPL 68 MG [etonogestrel]	78
NIACIN ER CPR 250 MG [niacin]	97
NIACIN ER CPR 500 MG [niacin]	97
NIACIN ER TBCR 250 MG [niacin].....	97
NIACIN TABS 100 MG [niacin].....	97
NIACIN TABS 250 MG [niacin].....	97
NIACIN TABS 50 MG [niacin].....	97
NIACIN TABS 500 MG [niacin].....	97
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl].....	40
nicotine polacrilex gum 2 mg	30
nicotine polacrilex gum 4 mg	30
nicotine polacrilex lozg 2 mg	30
nicotine polacrilex lozg 4 mg	30
nicotine pt24 14 mg/24hr	30
nicotine pt24 21 mg/24hr	30
nicotine pt24 7 mg/24hr	30
nifedipine caps 10 mg	40
nifedipine caps 20 mg	40
nifedipine er osmotic release tb24 30 mg ... 40	
nifedipine er osmotic release tb24 60 mg ... 40	
nifedipine er osmotic release tb24 90 mg ... 40	
nifedipine er tb24 30 mg	40
nifedipine er tb24 60 mg	40
nimodipine caps 30 mg	40
NINLARO CAPS 2.3 MG [ixazomib citrate] ... 27	
NINLARO CAPS 3 MG [ixazomib citrate]	27
NINLARO CAPS 4 MG [ixazomib citrate]	27
NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]43	
NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]43	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal].....	22
nitrofurantoin macrocrystal caps 25 mg	22
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal].....	22
nitrofurantoin monohyd macro caps 100 mg	22
nitrofurantoin susp 25 mg/5ml	22
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w].....	43
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w].....	43
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [nitroglycerin in d5w].....	43
nitroglycerin pt24 0.1 mg/hr	43
nitroglycerin pt24 0.2 mg/hr	43

nitroglycerin pt24 0.4 mg/hr	43
nitroglycerin pt24 0.6 mg/hr	43
nitroglycerin soln 5 mg/ml	43
NITROSTAT SUBL 0.3 MG [nitroglycerin]	43
NITROSTAT SUBL 0.4 MG [nitroglycerin]	43
NITROSTAT SUBL 0.6 MG [nitroglycerin]	43
NITRO-TIME CPR 2.5 MG [nitroglycerin] ...	43
NITRO-TIME CPR 6.5 MG [nitroglycerin] ...	43
NITRO-TIME CPR 9 MG [nitroglycerin].....	43
NIVESTYM SOLN 300 MCG/ML [filgrastim-aafi]	37
NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-aafi]	37
NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-aafi]	37
NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-aafi]	37
norethindrone acetate tabs 5 mg	80
norethindrone tabs 0.35 mg	78
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush].....	68
NORPACE CR CP12 100 MG [disopyramide phosphate]	41
NORPACE CR CP12 150 MG [disopyramide phosphate]	41
nortriptyline hcl caps 10 mg	57
nortriptyline hcl caps 25 mg	57
nortriptyline hcl caps 50 mg	57
nortriptyline hcl caps 75 mg	57
nortriptyline hcl soln 10 mg/5ml	57
NORVIR SOLN 80 MG/ML [ritonavir].....	21
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM [insulin pen needle]	63
NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)].....	35
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)].....	35
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)].....	35
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)].....	35
nystatin crea 100000 unit/gm	92
nystatin susp 100000 unit/ml	18
nystatin tabs 500000 unit	18

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OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv].....	89
OCTAGAM SOLN 2.5 GM/50ML [immune globulin (human) iv].....	89

OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv].....	89
octreotide acetate soln 100 mcg/ml	84
octreotide acetate soln 1000 mcg/ml	84
octreotide acetate soln 200 mcg/ml	84
octreotide acetate soln 50 mcg/ml	84
octreotide acetate soln 500 mcg/ml	84
octreotide acetate sosy 50 mcg/ml	84
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract].....	90
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	21
ODOMZO CAPS 200 MG [sonidegib phosphate].....	27
OFIRMEV SOLN 10 MG/ML [acetaminophen]	47
ofloxacin soln 0.3 %	70
olanzapine solr 10 mg	57
olanzapine tabs 10 mg	57
olanzapine tabs 15 mg	57
olanzapine tabs 2.5 mg	57
olanzapine tabs 20 mg	57
olanzapine tabs 5 mg	57
olanzapine tabs 7.5 mg	57
omeprazole cpdr 10 mg	73
omeprazole cpdr 20 mg	73
omeprazole cpdr 40 mg	73
OMNITROPE SOCT 10 MG/1.5ML [somatropin].....	81
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	81
OMNITROPE SOLR 5.8 MG [somatropin]	63
ONCASPASOLN 750 UNIT/ML [pegaspargase].....	27
ondansetron hcl soln 4 mg/2ml	73
ondansetron hcl soln 40 mg/20ml	73
ondansetron hcl tabs 4 mg	73
ondansetron hcl tabs 8 mg	73
ondansetron tbdp 4 mg	73
ondansetron tbdp 8 mg	73
ONETOUCH DELICA PLUS LANCET33G MISC [lancets]	63
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	63
ONETOUCH ULTRA CONTROL LIQD [blood glucose calibration]	63
ONETOUCH ULTRA TEST STRP [glucose blood].....	65
ONETOUCH ULTRASOFT 2 LANCETS MISC	

MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	<i>[pemetrexed disodium]</i>	27
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	<i>penicillamine caps 250 mg</i>	74
PALFORZIA (300 MG TITRATION) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [<i>penicillin g pot in dextrose</i>].....	16
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [<i>penicillin g pot in dextrose</i>].....	16
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [<i>penicillin g pot in dextrose</i>].....	16
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	<i>penicillin g potassium solr 20000000 unit</i>	16
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>].....	90	<i>penicillin g procaine susp 600000 unit/ml</i>	16
<i>paliperidone er tb24 1.5 mg</i>	57	<i>penicillin v potassium solr 125 mg/5ml</i>	16
<i>paliperidone er tb24 3 mg</i>	57	<i>penicillin v potassium solr 250 mg/5ml</i>	16
<i>paliperidone er tb24 6 mg</i>	57	<i>penicillin v potassium tabs 250 mg</i>	16
<i>paliperidone er tb24 9 mg</i>	57	<i>penicillin v potassium tabs 500 mg</i>	16
<i>pamidronate disodium solr 30 mg</i>	84	PENLET II BLOOD SAMPLER KIT [<i>lancets misc.</i>].....	63
<i>pamidronate disodium solr 90 mg</i>	84	PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>].....	19
<i>pantoprazole sodium solr 40 mg</i>	73	PENTASA CPCR 250 MG [<i>mesalamine</i>].....	72
<i>pantoprazole sodium tbec 20 mg</i>	73	PENTASA CPCR 500 MG [<i>mesalamine</i>].....	72
<i>pantoprazole sodium tbec 40 mg</i>	73	<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	47
PAPAVERINE HCL POWD [<i>papaverine hcl</i>].....	86	<i>pentoxifylline er tbc 400 mg</i>	38
<i>[papaverine hcl]</i>	44	PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>].....	27
<i>paroxetine hcl tabs 10 mg</i>	57	<i>permethrin crea 5 %</i>	92
<i>paroxetine hcl tabs 20 mg</i>	57	<i>perphenazine tabs 16 mg</i>	57
<i>paroxetine hcl tabs 30 mg</i>	57	<i>perphenazine tabs 2 mg</i>	58
<i>paroxetine hcl tabs 40 mg</i>	57	<i>perphenazine tabs 4 mg</i>	58
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>].....	21	<i>perphenazine tabs 8 mg</i>	58
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>].....	21	<i>phenelzine sulfate tabs 15 mg</i>	58
PEDIARIX SUSY [<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>].....	91	PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>].....	53
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	73	PHENOBARBITAL SODIUM SOLN 130 MG/ML [<i>phenobarbital sodium</i>].....	53
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>].....	21	PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>].....	53
PEGASYS SOSY 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>].....	21	PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>].....	53
PEMETREXED DISODIUM SOLN 100 MG/4ML [<i>pemetrexed disodium</i>].....	27	PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>].....	53
PEMETREXED DISODIUM SOLN 500 MG/20ML		PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>].....	53
		PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>].....	53
		PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>].....	53
		PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>].....	54
		PHENOBARBITAL TABS 60 MG	

[phenobarbital]	54	supplements]	66
PHENOBARBITAL TABS 64.8 MG		PLASMA-LYTE A SOLN [electrolyte-a]	68
[phenobarbital]	54	PNEUMOVAX 23 INJ 25 MCG/0.5ML	
PHENOBARBITAL TABS 97.2 MG		[pneumococcal vac polyvalent]	91
[phenobarbital]	54	podofilox soln 0.5 %	95
phentermine hcl caps 15 mg	48	POLY HUB NEEDLE MISC 18G X 1.....	63
phentermine hcl caps 30 mg	48	polymyxin b-trimethoprim soln 10000-0.1	
phentermine hcl caps 37.5 mg	48	unit/ml-%	70
phentermine hcl tabs 37.5 mg	48	POLY-VI-SOL SOLN [pediatric multiple	
PHENTOLAMINE MESYLATE POWD		vitamins]	97
[phentolamine mesylate (bulk)]	86	POLY-VI-SOL/IRON SOLN 11 MG/ML [pediatric	
phentolamine mesylate solr 5 mg	32	multiple vitamins w/ iron]	97
PHENYLADE DRINK MIX POWD [nutritional		POMALYST CAPS 1 MG [pomalidomide]	27
supplements]	66	POMALYST CAPS 2 MG [pomalidomide]	27
PHENYLEPHRINE HCL SOLN 10 %		POMALYST CAPS 3 MG [pomalidomide]	27
[phenylephrine hcl (mydriatic)]	72	POMALYST CAPS 4 MG [pomalidomide]	27
PHENYLEPHRINE HCL SOLN 2.5 %		PORTAGEN POW [nutritional	
[phenylephrine hcl (mydriatic)]	72	supplements]	66
PHENYLHISTINE DH LIQ DH [pseudoeph-		POTABA CAPS 500 MG [potassium	
chlorphen w/ cod]	87	aminobenzoate]	97
phenytoin sodium extended caps 100 mg ...	50	POTASSIUM ACETATE SOLN 2 MEQ/ML	
phenytoin sodium soln 50 mg/ml	50	[potassium acetate]	68
phenytoin susp 125 mg/5ml	50	potassium chloride crys er tbc 10 meq	68
PHLEXY-10 PACK [nutritional supplements]		potassium chloride crys er tbc 20 meq	68
.....	66	potassium chloride er cpcr 10 meq	68
PHOSLYRA SOLN 667 MG/5ML [calcium		potassium chloride er cpcr 8 meq	68
acetate (phosphate binder)]	68	potassium chloride er tbc 10 meq	69
PHOSPHOLINE IODIDE SOLR 0.125 %		POTASSIUM CHLORIDE IN NA CL SOLN 20-0.9	
[echothiophate iodide]	71	MEQ/L-% [potassium chloride in nacl]	69
PHOTREXA-PHOTREXA VISCOUS KIT SOSY		POTASSIUM CHLORIDE PACK 20 MEQ	
0.146 & 0.146-20 % [riboflavin5-phos sod &		[potassium chloride]	69
riboflavin 5-phosphate sodium-dextran] ..	72	potassium chloride sol 10% sf	69
phytonadione soln 1 mg/0.5ml	97	potassium chloride soln 10 meq/100ml	69
pilocarpine hcl soln 1 %	71	POTASSIUM CHLORIDE SOLN 10 MEQ/50ML	
pilocarpine hcl soln 2 %	71	[potassium chloride]	69
pilocarpine hcl soln 4 %	71	potassium chloride soln 2 meq/ml	69
pilocarpine hcl tabs 5 mg	31	POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	
pimecrolimus crea 1 %	95	[potassium chloride]	69
pimozide tabs 1 mg	58	POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	
pimozide tabs 2 mg	58	[potassium chloride]	69
pioglitazone hcl tabs 15 mg	78	POTASSIUM CHLORIDE SOLN 40 MEQ/15ML	
pioglitazone hcl tabs 30 mg	78	(20%) [potassium chloride]	69
pioglitazone hcl tabs 45 mg	78	POTASSIUM CITRATE ER TBCR 10 MEQ	
piperacillin sod-tazobactam so solr 2.25 (2-		(1080 MG) [potassium citrate (alkalinizer)]	
0.25) gm	17	.....	65
piperacillin sod-tazobactam so solr 3.375 (3-		POTASSIUM CITRATE ER TBCR 5 MEQ (540	
0.375) gm	17	MG) [potassium citrate (alkalinizer)]	65
piperacillin sod-tazobactam so solr 4.5 (4-0.5)		POTASSIUM CITRATE-CITRIC ACID SOLN	
gm	17	1100-334 MG/5ML [potassium citrate-citric	
PKU EXPRESS PACK [nutritional		acid]	65

POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [<i>potassium chloride in dextrose</i>]	69	<i>pregabalin caps 50 mg</i>	50
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	69	<i>pregabalin caps 75 mg</i>	50
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	37	<i>pregabalin soln 20 mg/ml</i>	50
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	37	PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	80
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	37	PRETOMANID TABS 200 MG [<i>pretomanid</i>]	18
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	52	PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	84
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	52	PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	84
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	52	PREVNAR 20 SUSY 0.5 ML [<i>pneumococcal 20-valent conjugate vaccine</i>]	91
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	52	PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	21
<i>pramipexole dihydrochloride tabs 1 mg</i>	52	PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	21
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	52	PREVYMIS TABS 240 MG [<i>letermovir</i>]	21
PRAMOSONE OINT 1-1 % [<i>pramoxine-hc</i>]	93	PREVYMIS TABS 480 MG [<i>letermovir</i>]	21
PRAMOSONE OINT 1-2.5 % [<i>pramoxine-hc</i>]	93	PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	21
<i>pravastatin sodium tabs 10 mg</i>	38	PREZISTA TABS 75 MG [<i>darunavir</i>]	21
<i>pravastatin sodium tabs 20 mg</i>	38	PRIFTIN TABS 150 MG [<i>rifapentine</i>]	18
<i>pravastatin sodium tabs 40 mg</i>	38	PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [<i>primaquine phosphate</i>]	19
<i>pravastatin sodium tabs 80 mg</i>	38	<i>primidone tab 50mg</i>	50
PRAXBIND SOLN 2.5 GM/50ML [<i>idarucizumab</i>]	35	<i>primidone tabs 250 mg</i>	50
<i>prazosin hcl caps 1 mg</i>	38	PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	17
<i>prazosin hcl caps 2 mg</i>	38	PRIORIX SUSR [<i>measles, mumps & rubella virus vaccines</i>]	91
<i>prazosin hcl caps 5 mg</i>	38	PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	89
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	71	PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	89
<i>prednisolone acetate susp 1 %</i>	71	PRIVIGEN SOLN 5 GM/50ML [<i>immune globulin (human) iv</i>]	89
<i>prednisolone sodium phosphate soln 1 %</i>	71	<i>probenecid tabs 500 mg</i>	69
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	76	<i>procainamide hcl soln 100 mg/ml</i>	41
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	76	<i>procainamide hcl soln 500 mg/ml</i>	41
<i>prednisone soln 5 mg/5ml</i>	76	PROCALAMINE SOLN 3 % [<i>amino acid electrolyte infusion</i>]	66
<i>prednisone tabs 1 mg</i>	76	<i>prochlorperazine edisylate soln 10 mg/2ml</i>	58
<i>prednisone tabs 10 mg</i>	76	<i>prochlorperazine maleate tabs 10 mg</i>	58
<i>prednisone tabs 2.5 mg</i>	76	<i>prochlorperazine maleate tabs 5 mg</i>	58
<i>prednisone tabs 20 mg</i>	76	PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	37
<i>prednisone tabs 5 mg</i>	76	PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	37
<i>prednisone tabs 50 mg</i>	76	PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	37
<i>prednisone tbpk 5 mg (21)</i>	76	PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	37
<i>pregabalin caps 100 mg</i>	50		
<i>pregabalin caps 150 mg</i>	50		
<i>pregabalin caps 200 mg</i>	50		
<i>pregabalin caps 225 mg</i>	50		
<i>pregabalin caps 25 mg</i>	50		
<i>pregabalin caps 300 mg</i>	50		

PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	38
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	38
PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	35
PROFILNINE SOLR 1500 UNIT [<i>factor ix complex</i>]	35
PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	35
<i>progesterone caps 100 mg</i>	80
<i>progesterone caps 200 mg</i>	80
PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	86
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	80
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	42
PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	84
PROLEUKIN SOLR 22000000 UNIT [<i>aldesleukin</i>]	27
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	38
<i>promethazine hcl tabs 12.5 mg</i>	23
<i>promethazine hcl tabs 25 mg</i>	23
<i>propafenone hcl tabs 150 mg</i>	41
<i>propafenone hcl tabs 225 mg</i>	41
<i>propafenone hcl tabs 300 mg</i>	41
<i>propranolol hcl tabs 15 mg</i>	30
<i>proparacaine hcl soln 0.5 %</i>	72
<i>propofol emul 1000 mg/100ml</i>	54
<i>propranolol hcl soln 1 mg/ml</i>	39
<i>propranolol hcl soln 20 mg/5ml</i>	39
<i>propranolol hcl tabs 10 mg</i>	39
<i>propranolol hcl tabs 20 mg</i>	39
<i>propranolol hcl tabs 40 mg</i>	39
<i>propranolol hcl tabs 60 mg</i>	39
<i>propranolol hcl tabs 80 mg</i>	39
<i>propylthiouracil tabs 50 mg</i>	81
PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	91
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	86
<i>protriptyline hcl tabs 10 mg</i>	58
<i>protriptyline hcl tabs 5 mg</i>	58
PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	76
PULMOZYME SOLN 2.5 MG/2.5ML [<i>dornase alfa</i>]	70
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	27
<i>pyrazinamide tabs 500 mg</i>	18

<i>pyridostigmine bromide er tbc 180 mg</i>	31
<i>pyridostigmine bromide tabs 60 mg</i>	31
<i>pyridoxine hcl soln 100 mg/ml</i>	97

Q

QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>]	48
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	48
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	48
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	48
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	31
<i>quetiapine fumarate tabs 100 mg</i>	58
<i>quetiapine fumarate tabs 200 mg</i>	58
<i>quetiapine fumarate tabs 25 mg</i>	58
<i>quetiapine fumarate tabs 300 mg</i>	58
<i>quetiapine fumarate tabs 400 mg</i>	58
<i>quetiapine fumarate tabs 50 mg</i>	58
QUINACRINE HCL POW DIHYDRAT [<i>quinacrine hcl</i>]	86
<i>quinidine gluconate er tbc 324 mg</i>	41
<i>quinidine sulfate tabs 200 mg</i>	41
<i>quinidine sulfate tabs 300 mg</i>	41

R

<i>raloxifene hcl tabs 60 mg</i>	80
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	84
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	84
RECOMBINATE SOLR 1241-1800 UNIT [<i>antihemophilic factor (recombinant)</i>]	

(<i>rfviii</i>)	35	RINGERS SOLN [<i>ringer's</i>]	69
RECOMBINATE SOLR 1801-2400 UNIT [<i>antihemophilic factor (recombinant)</i> (<i>rfviii</i>)	36	RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	58
RECOMBINATE SOLR 220-400 UNIT [<i>antihemophilic factor (recombinant)</i> (<i>rfviii</i>)	36	RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	58
RECOMBINATE SOLR 401-800 UNIT [<i>antihemophilic factor (recombinant)</i> (<i>rfviii</i>)	36	RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	58
RECOMBINATE SOLR 801-1240 UNIT [<i>antihemophilic factor (recombinant)</i> (<i>rfviii</i>)	36	RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	58
RELENZA DISKHALER AEPB 5 MG/ACT [<i>zanamivir</i>]	21	RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	58
RENAL CAPS 1 MG [<i>b-complex w/ c & folic acid</i>]	97	<i>risperidone tabs 0.25 mg</i>	58
<i>reserpine tab 0.1mg</i>	42	<i>risperidone tabs 0.5 mg</i>	58
<i>reserpine tab 0.25mg</i>	42	<i>risperidone tabs 1 mg</i>	58
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	94	<i>risperidone tabs 2 mg</i>	58
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	94	<i>risperidone tabs 3 mg</i>	58
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	94	<i>risperidone tabs 4 mg</i>	58
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	94	<i>ritonavir tabs 100 mg</i>	21
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	94	RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	28
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	94	RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	28
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	94	<i>rizatriptan benzoate tabs 10 mg</i>	51
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	21	<i>rizatriptan benzoate tabs 5 mg</i>	51
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	27	<i>rizatriptan benzoate tbdp 10 mg</i>	51
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	28	<i>rizatriptan benzoate tbdp 5 mg</i>	51
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	28	<i>rocuronium bromide soln 50 mg/5ml</i>	31
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	28	<i>ropinirole hcl er tb24 12 mg</i>	52
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	28	<i>ropinirole hcl er tb24 2 mg</i>	52
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	28	<i>ropinirole hcl er tb24 4 mg</i>	52
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	89	<i>ropinirole hcl er tb24 6 mg</i>	52
RIABNI SOLN 100 MG/10ML [<i>rituximab-arrx</i>]	28	<i>ropinirole hcl er tb24 8 mg</i>	52
RIABNI SOLN 500 MG/50ML [<i>rituximab-arrx</i>]	28	<i>ropinirole hcl tabs 0.25 mg</i>	52
RIASTAP SOLR [<i>fibrinogen concentrate (human)</i>]	36	<i>ropinirole hcl tabs 0.5 mg</i>	52
<i>ribavirin caps 200 mg</i>	21	<i>ropinirole hcl tabs 1 mg</i>	52
RIDAURA CAPS 3 MG [<i>auranofin</i>]	74	<i>ropinirole hcl tabs 2 mg</i>	52
<i>rifabutin caps 150 mg</i>	18	<i>ropinirole hcl tabs 3 mg</i>	52
<i>rifampin caps 150 mg</i>	18	<i>ropinirole hcl tabs 4 mg</i>	52
<i>rifampin caps 300 mg</i>	18	<i>ropinirole hcl tabs 5 mg</i>	52
<i>rifampin solr 600 mg</i>	18	<i>rosuvastatin calcium tabs 10 mg</i>	38
<i>riluzole tabs 50 mg</i>	54	<i>rosuvastatin calcium tabs 20 mg</i>	38
<i>rimantadine hcl tabs 100 mg</i>	21	<i>rosuvastatin calcium tabs 40 mg</i>	38
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	84	<i>rosuvastatin calcium tabs 5 mg</i>	38
		ROTARIX SUSP [<i>rotavirus vaccine, live oral</i>]	91
			91
		ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	91
		ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	28
		ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	28
		<i>rufinamide susp 40 mg/ml</i>	50
		<i>rufinamide tabs 200 mg</i>	50
		<i>rufinamide tabs 400 mg</i>	50
		RYANODEX SUSR 250 MG [<i>dantrolene</i>]	

sodium]..... 32
 RYDAPT CAPS 25 MG [**midostaurin**]..... 28

S

S2 (RACEPINEPHRINE) NEBU 2.25 %
 [**racepinephrine hcl**]..... 33
 SABRIL PACK 500 MG [**vigabatrin**]..... 50
 SAFETY-LOK TB SYRINGE PERM NEEDLE
 1ML 27GX1/2..... 63
 SALICYLIC ACID POWD [**salicylic acid (bulk)**]
 87
 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**]..... 85
 SANDIMMUNE SOLN 50 MG/ML
 [**cyclosporine**]..... 85
 SANDOSTATIN LAR DEPOT KIT 10 MG
 [**octreotide acetate**]..... 85
 SANDOSTATIN LAR DEPOT KIT 20 MG
 [**octreotide acetate**]..... 85
 SANDOSTATIN LAR DEPOT KIT 30 MG
 [**octreotide acetate**]..... 85
 SANTYL OINT 250 UNIT/GM [**collagenase**] .. 95
 SARCLISA SOLN 100 MG/5ML [**isatuximab-irfc**]
 28
 SARCLISA SOLN 500 MG/25ML [**isatuximab-irfc**]
 28
 SARNA LOTN 0.5-0.5 % [**camphor & menthol**]
 94
scopolamine pt72 1 mg/3days..... 73
selegiline hcl caps 5 mg..... 54
selegiline hcl tabs 5 mg..... 52
 SELENIUM SOLN 40 MCG/ML [**selenious acid**]
 69
selenium sulfide lotn 2.5 %..... 92
 SELZENTRY TABS 150 MG [**maraviroc**]..... 21
 SELZENTRY TABS 25 MG [**maraviroc**]..... 21
 SELZENTRY TABS 300 MG [**maraviroc**]..... 21
 SELZENTRY TABS 75 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..... 58
sevelamer carbonate pack 2.4 gm..... 67
sevelamer carbonate tabs 800 mg..... 67
 SF 5000 PLUS CREA 1.1 % [**sodium fluoride (dental)**]
 85
 SHINGRIX SUSR 50 MCG/0.5ML [**zoster vaccine recombinant adjuvanted**]
 92
sildenafil citrate tabs 100 mg..... 44
sildenafil citrate tabs 20 mg..... 44
sildenafil citrate tabs 50 mg..... 44
 SILVER SULFADIAZINE CREA 1 % [**silver sulfadiazine**]
 92
simvastatin tabs 10 mg..... 39
simvastatin tabs 20 mg..... 39
simvastatin tabs 40 mg..... 39
simvastatin tabs 5 mg..... 39
simvastatin tabs 80 mg..... 39
sirolimus soln 1 mg/ml..... 85
sirolimus tabs 0.5 mg..... 85
sirolimus tabs 1 mg..... 85
sirolimus tabs 2 mg..... 85
 SITAGLIPTIN TABS 100 MG [**sitagliptin**]..... 78
 SITAGLIPTIN TABS 25 MG [**sitagliptin**]..... 78
 SITAGLIPTIN TABS 50 MG [**sitagliptin**]..... 78
 SKYRIZI PEN SOAJ 150 MG/ML
 [**risankizumab-rzaa**]..... 95
 SKYRIZI SOCT 180 MG/1.2ML [**risankizumab-rzaa (crohn's)**]
 95
 SKYRIZI SOCT 360 MG/2.4ML [**risankizumab-rzaa (crohn's)**]
 95
 SKYRIZI SOSY 150 MG/ML [**risankizumab-rzaa**]
 95
 SLO-NIACIN TBCR 500 MG [**niacin**]..... 97
 SLO-NIACIN TBCR 750 MG [**niacin**]..... 97
 SOD CITRATE-CITRIC ACID SOLN 500-334
 MG/5ML [**sodium citrate & citric acid**]..... 65
 SODIUM ACETATE SOLN 2 MEQ/ML [**sodium acetate**]
 65
sodium bicarbonate soln 8.4 %..... 65
 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)**]
 87
 SODIUM CHLORIDE NEBU 3 % [**sodium chloride (inhalant)**]
 87

SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	87	sotalol hcl tabs 160 mg	39
sodium chloride soln	17, 18, 68	sotalol hcl tabs 240 mg	40
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	69	sotalol hcl tabs 80 mg	40
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	67	SOVALDI PACK 150 MG [sofosbuvir]	21
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	69	SOVALDI PACK 200 MG [sofosbuvir]	21
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	69	SOVALDI TABS 200 MG [sofosbuvir]	21
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	69	SOVALDI TABS 400 MG [sofosbuvir]	21
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	69	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	95	[tiotropium bromide monohydrate]	30
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	67	spironolactone tabs 100 mg	42
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG		spironolactone tabs 25 mg	42
[sodium fluoride]	85	spironolactone tabs 50 mg	42
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG		spironolactone-hctz tabs 25-25 mg	42
[sodium fluoride]	85	SPORANOX SOLN 10 MG/ML [itraconazole]	18
SODIUM FLUORIDE CHEW 2.2 (1 F) MG		SPRYCEL TABS 100 MG [dasatinib]	28
[sodium fluoride]	85	SPRYCEL TABS 140 MG [dasatinib]	28
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML		SPRYCEL TABS 20 MG [dasatinib]	28
[sodium fluoride]	85	SPRYCEL TABS 50 MG [dasatinib]	28
sodium phenylbutyrate powd 3 gm/tsp	65	SPRYCEL TABS 70 MG [dasatinib]	28
SODIUM PHOSPHATES SOLN 45		SPRYCEL TABS 80 MG [dasatinib]	28
MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	69	SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	81
sodium polystyrene sulfonate powd	67	stavudine caps 30 mg	21
solifenacin succinate tabs 10 mg	96	stavudine caps 40 mg	22
solifenacin succinate tabs 5 mg	96	STELARA SOLN 45 MG/0.5ML [ustekinumab]	95
SOLIRIS SOLN 300 MG/30ML [eculizumab]	85	.....	95
SOLU-CORTEF SOLR 100 MG		STELARA SOSY 45 MG/0.5ML [ustekinumab]	95
[hydrocortisone sod succinate]	76	.....	95
SOLU-CORTEF SOLR 1000 MG		STELARA SOSY 90 MG/ML [ustekinumab]	95
[hydrocortisone sod succinate]	76	STERILE WATER FOR INJECTION SOLN	
SOLU-CORTEF SOLR 250 MG		[water for injection, sterile]	87
[hydrocortisone sod succinate]	76	STERILE WATER FOR IRRIGATION SOLN	
SOLU-CORTEF SOLR 500 MG		[water for irrigation, sterile]	67
[hydrocortisone sod succinate]	76	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	
SOLU-MEDROL SOLR 500 MG		[tiotropium bromide-olodaterol hcl]	30
[methylprednisolone sod succ]	76	STIVARGA TABS 40 MG [regorafenib]	28
sorafenib tosylate tabs 200 mg	28	STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	70
SORBITOL SOLN 70 % [sorbitol (laxative)]	73	.....	70
SORBITOL SOLN 70 % [sorbitol]	87	STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	70
sotalol hcl (af) tabs 80 mg	39	.....	70
sotalol hcl tabs 120 mg	39	STRENSIQ SOLN 40 MG/ML [asfotase alfa]	70
		.....	70
		STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	70
		.....	70
		streptomycin sulfate solr 1 gm	17
		STRIBILD TABS 150-150-200-300 MG	
		[elvitegravir-cobicistat-emtricitabine-tenofovir df]	22
		STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	
		[olodaterol hcl]	33
		sucralfate tabs 1 gm	73

sulfacetamide sodium soln 10 %	70
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [sulfacetamide sodium w/ sulfur]	94
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	94
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	94
sulfacetamide-prednisolone soln 10-0.23 %	71
sulfadiazine tabs 500 mg	17
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	17
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	17
sulfamethoxazole-trimethoprim tabs 400-80 mg	17
sulfamethoxazole-trimethoprim tabs 800-160 mg	17
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	92
sulfasalazine tabs 500 mg	17
sulfasalazine tbec 500 mg	17
SULFUR PRECIPITATED POWD [sulfur (bulk)]	87
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 soln 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	63
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	63
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	63
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]	87
SYLVANT SOLR 100 MG [siltuximab]	28

SYLVANT SOLR 400 MG [siltuximab]	28
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	88
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-ivacaftor]	88
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	22
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	22
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	22
SYNAGIS SOLN 100 MG/ML [palivizumab]	22
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	22
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	80
SYRINGE MISC 20G X 1-1/2.....	64
SYRINGE MISC 21G X 1-1/2.....	64

T

TABLOID TABS 40 MG [thioguanine]	28
tacrolimus caps 0.5 mg	85
tacrolimus caps 1 mg	85
tacrolimus caps 5 mg	85
tacrolimus oint 0.03 %	96
tacrolimus oint 0.1 %	96
tadalafil (pah) tabs 20 mg	44
tadalafil tabs 10 mg	44
tadalafil tabs 2.5 mg	44
tadalafil tabs 20 mg	44
tadalafil tabs 5 mg	44
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	28
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	28
TAFINLAR TBSO 10 MG [dabrafenib mesylate]	28
TAGRISO TABS 40 MG [osimertinib mesylate]	28
TAGRISO TABS 80 MG [osimertinib mesylate]	28
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	85
TAKHZYRO SOSY 150 MG/ML [lanadelumab-flyo]	85
TAKHZYRO SOSY 300 MG/2ML [lanadelumab-flyo]	85
tamoxifen citrate tabs 10 mg	28

tamoxifen citrate tabs 20 mg	28	theophylline er tb12 300 mg	96
tamsulosin hcl caps 0.4 mg	38	theophylline er tb12 450 mg	96
TARGRETIN CAPS 75 MG [bexarotene]	28	theophylline er tb24 400 mg	96
TASIGNA CAPS 150 MG [nilotinib hcl]	28	thiamine hcl soln 100 mg/ml	97
TASIGNA CAPS 200 MG [nilotinib hcl]	28	THIOLA TABS 100 MG [tiopronin]	85
TAXOTERE INJ 80MG/2ML [docetaxel]	28	thioridazine hcl tabs 10 mg	58
tazarotene crea 0.1 %	96	thioridazine hcl tabs 100 mg	58
TAZORAC CREA 0.05 % [tazarotene]	96	thioridazine hcl tabs 25 mg	58
TAZORAC GEL 0.05 % [tazarotene]	96	thioridazine hcl tabs 50 mg	58
TAZORAC GEL 0.1 % [tazarotene]	96	thiotepa solr 15 mg	29
TDVAX SUSP 2-2 LF/0.5ML [tetanus-		thiothixene caps 1 mg	58
diphtheria toxoids (td)]	90	thiothixene caps 10 mg	58
TECENTRIQ SOLN 1200 MG/20ML		thiothixene caps 2 mg	58
[atezolizumab]	28	thiothixene caps 5 mg	58
temazepam caps 15 mg	54	THROMBIN-JMI KIT 20000 UNIT [thrombin]	36
temazepam caps 30 mg	54	THROMBIN-JMI SOLR 20000 UNIT [thrombin]	
temozolomide caps 100 mg	28	.....	36
temozolomide caps 140 mg	28	THROMBIN-JMI SOLR 5000 UNIT [thrombin]	36
temozolomide caps 180 mg	28	THYMOL CRYST [thymol]	87
temozolomide caps 20 mg	28	THYROGEN SOLR 0.9 MG [thyrotropin alfa]	65
temozolomide caps 250 mg	28	TICE BCG SUSR 50 MG [bcg live intravesical]	
temozolomide caps 5 mg	29	.....	92
tenofovir disoproxil fumarate tabs 300 mg ..	22	TICOVAC SUSY 1.2 MCG/0.25ML [tick-borne	
terazosin hcl caps 1 mg	38	encephalitis virus vaccine, inactivated] ..	92
terazosin hcl caps 10 mg	38	TICOVAC SUSY 2.4 MCG/0.5ML [tick-borne	
terazosin hcl caps 2 mg	38	encephalitis virus vaccine, inactivated] ..	92
terazosin hcl caps 5 mg	38	timolol maleate soln 0.25 %	71
terbinafine hcl tabs 250 mg	18	timolol maleate soln 0.5 %	71
terbutaline sulfate soln 1 mg/ml	33	TISSUEBLUE SOSY 0.025 % [brilliant blue g]	
terbutaline sulfate tabs 2.5 mg	33	.....	65
terbutaline sulfate tabs 5 mg	33	TIVICAY PD TBSO 5 MG [dolutegravir	
testosterone cypionate soln 200 mg/ml	76	sodium]	22
testosterone gel 1.62 %	76	TIVICAY TABS 10 MG [dolutegravir sodium]	22
testosterone gel 12.5 mg/act (1%)	76	TIVICAY TABS 25 MG [dolutegravir sodium]	22
testosterone gel 25 mg/2.5gm (1%)	76	TIVICAY TABS 50 MG [dolutegravir sodium]	22
testosterone gel 50 mg/5gm (1%)	76	tizanidine hcl tabs 2 mg	32
TESTOSTERONE PROPIONATE POWD		tizanidine hcl tabs 4 mg	32
[testosterone propionate (bulk)]	87	TNKASE KIT 50 MG [tenecteplase]	37
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		TOBI PODHALER CAPS 28 MG [tobramycin]	
(ophth)]	72	.....	17
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		TOBRADEX OINT 0.3-0.1 % [tobramycin-	
.....	82	dexamethasone]	71
tetracycline hcl caps 250 mg	17	tobramycin nebu 300 mg/5ml	17
TETRACYCLINE HCL CAPS 500 MG		tobramycin sulfate soln 10 mg/ml	17
[tetracycline hcl]	17	tobramycin sulfate soln 80 mg/2ml	17
THALOMID CAPS 100 MG [thalidomide]	85	topiramate cpsp 15 mg	50
THALOMID CAPS 50 MG [thalidomide]	85	topiramate cpsp 25 mg	50
THAM SOLN 30 MEQ/100ML [tromethamine]	65	topiramate tabs 100 mg	50
theophylline er tb12 100 mg	96	topiramate tabs 200 mg	50
theophylline er tb12 200 mg	96	topiramate tabs 25 mg	51

topiramate tabs 50 mg	51	trifluridine soln 1 %	70
topotecan hcl solr 4 mg	29	trihexyphenidyl hcl soln 0.4 mg/ml	52
TORISEL SOLN 25 MG/ML [temsirolimus] ...	29	trihexyphenidyl hcl tabs 2 mg	52
toremide tabs 10 mg	67	trihexyphenidyl hcl tabs 5 mg	52
toremide tabs 100 mg	67	TRIKAFTA TBPK 100-50-75 & 150 MG	
toremide tabs 20 mg	67	[elexacaftor-tezacaftor-ivacaftor].....	88
toremide tabs 5 mg	67	TRIKAFTA TBPK 50-25-37.5 & 75 MG	
TRACLEER TABS 125 MG [bosentan].....	44	[elexacaftor-tezacaftor-ivacaftor].....	88
TRACLEER TABS 62.5 MG [bosentan]	44	TRIKAFTA THPK 100-50-75 & 75 MG	
TRACLEER TBSO 32 MG [bosentan].....	88	[elexacaftor-tezacaftor-ivacaftor].....	88
TRADJENTA TABS 5 MG [linagliptin]	78	TRIKAFTA THPK 80-40-60 & 59.5 MG	
tramadol hcl tabs 50 mg	47	[elexacaftor-tezacaftor-ivacaftor].....	88
tramadol-acetaminophen tabs 37.5-325 mg	47	trimethoprim tabs 100 mg	22
tranexamic acid soln 1000 mg/10ml	36	TRISENOX SOLN 12 MG/6ML [arsenic	
tranexamic acid tabs 650 mg	36	trioxide].....	29
tranylcyromine sulfate tabs 10 mg	58	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-	
TRAVASOL SOLN 10 % [amino acid infusion]		dolutegravir-lamivudine]	22
.....	66	TRIUMEQ TABS 600-50-300 MG [abacavir-	
trazodone hcl tabs 100 mg	58	dolutegravir-lamivudine]	22
trazodone hcl tabs 150 mg	58	TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric	
trazodone hcl tabs 50 mg	58	vitamins adc]	97
TREANDA SOLR 100 MG [bendamustine hcl]		TRI-VITE/FLUORIDE SOLN 0.5 MG/ML	
.....	29	[pediatric vitamins acd w/ fluoride].....	97
TRECTOR TABS 250 MG [ethionamide].....	18	TRIZIVIR TABS 300-150-300 MG [abacavir	
TREMFYA SOPN 100 MG/ML [guselkumab].....	96	sulfate-lamivudine-zidovudine].....	22
TREMFYA SOSY 100 MG/ML [guselkumab].....	96	TROPHAMINE SOLN 10 % [amino acid	
tretinoin caps 10 mg	29	infusion].....	66
triamcinolone acetonide crea 0.025 %	93	tropicamide soln 1 %	72
triamcinolone acetonide crea 0.1 %	93	trospium chloride er cp24 60 mg	96
triamcinolone acetonide crea 0.5 %	93	trospium chloride tabs 20 mg	96
triamcinolone acetonide oint 0.025 %	93	TRUXIMA SOLN 100 MG/10ML [rituximab-	
triamcinolone acetonide oint 0.1 %	94	abbs]	29
triamcinolone acetonide oint 0.5 %	94	TRUXIMA SOLN 500 MG/50ML [rituximab-	
TRIAMCINOLONE ACETONIDE POWD		abbs]	29
[triamcinolone acetonide (topical)].....	87	TRUZONE PEAK FLOW METER DEVI [peak	
triamcinolone acetonide pste 0.1 %	94	flow meter]	64
triamterene caps 100 mg	67	TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin	
triamterene-hctz caps 37.5-25 mg	67	ppd]	65
TRIAMTERENE-HCTZ TABS 37.5-25 MG		TUKYSA TABS 150 MG [tucatinib]	29
[triamterene & hydrochlorothiazide]	67	TUKYSA TABS 50 MG [tucatinib]	29
TRIAMTERENE-HCTZ TABS 75-50 MG		TYKERB TABS 250 MG [lapatinib ditosylate]	
[triamterene & hydrochlorothiazide]	67	.....	29
TRI-CHLOR LIQD 80 % [trichloroacetic acid]		TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi	
.....	85	polysaccharide vaccine].....	92
TRICITRATES SOLN 550-500-334 MG/5ML [pot		TYPHIM VI SOSY 25 MCG/0.5ML [typhoid vi	
& sod citrates w/citric ac].....	65	polysaccharide vaccine].....	92
trifluoperazine hcl tabs 1 mg	59	TYSABRI CONC 300 MG/15ML [natalizumab]	
trifluoperazine hcl tabs 10 mg	59	.....	85
trifluoperazine hcl tabs 2 mg	59	TYVASO REFILL SOLN 0.6 MG/ML	
trifluoperazine hcl tabs 5 mg	59	[treprostinil].....	44

TYVASO SOLN 0.6 MG/ML **[treprostinil]**..... 44
 TYVASO STARTER 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]..... 85
 ULTOMIRIS SOLN 300 MG/30ML
[ravulizumab-cwvz]..... 85
 ULTOMIRIS SOLN 300 MG/3ML **[ravulizumab-
 cwvz]**..... 85
 UNITUXIN SOLN 17.5 MG/5ML **[dinutuximab]**
 29
ursodiol tabs 250 mg..... 73
ursodiol tabs 500 mg..... 73
 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
 43
**valsartan-hydrochlorothiazide tabs 80-12.5
 mg** 43
 VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML
[diazepam (anticonvulsant)]..... 54

VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML
[diazepam (anticonvulsant)]..... 54
 VALTOCO 20 MG DOSE LQPK 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
 VAQTA SUSP 25 UNIT/0.5ML **[hepatitis a
 vaccine]**..... 92
 VAQTA SUSP 50 UNIT/ML **[hepatitis a
 vaccine]**..... 92
varenicline tartrate tabs 0.5 mg 31
varenicline tartrate tabs 1 mg 31
 VARITHENA FOAM 180 MG/18ML **[polidocanol
 (laureth-9)]** 43
 VAXCHORA SUSR **[cholera vaccine live
 attenuated]**..... 92
 VECTICAL OINT 3 MCG/GM **[calcitriol
 (topical)]**..... 96
vecuronium bromide solr 10 mg..... 32
vecuronium bromide solr 20 mg..... 32
 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 **[venetoclax]** 29
 VENCLEXTA TABS 10 MG **[venetoclax]**..... 29
 VENCLEXTA TABS 100 MG **[venetoclax]** 29
 VENCLEXTA TABS 50 MG **[venetoclax]**..... 29
venlafaxine hcl er cp24 150 mg..... 59
venlafaxine hcl er cp24 37.5 mg..... 59
venlafaxine hcl er cp24 75 mg..... 59
venlafaxine hcl tabs 100 mg..... 59
venlafaxine hcl tabs 25 mg..... 59
venlafaxine hcl tabs 37.5 mg..... 59
venlafaxine hcl tabs 50 mg..... 59
venlafaxine hcl tabs 75 mg..... 59
 VENOFRER SOLN 20 MG/ML **[iron sucrose]**... 33

VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	44
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	44
<i>verapamil hcl er tbc</i> 120 mg	40
<i>verapamil hcl er tbc</i> 180 mg	40
<i>verapamil hcl er tbc</i> 240 mg	40
VERAPAMIL HCL POWD [<i>verapamil hcl</i>]	87
<i>verapamil hcl soln</i> 2.5 mg/ml	40
<i>verapamil hcl tabs</i> 120 mg	40
<i>verapamil hcl tabs</i> 40 mg	40
<i>verapamil hcl tabs</i> 80 mg	40
VICTOZA SOPN 18 MG/3ML [<i>liraglutide</i>]	78
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	70
<i>vinblastine sulfate soln</i> 1 mg/ml	29
<i>vincristine sulfate soln</i> 1 mg/ml	29
<i>vinorelbine tartrate soln</i> 10 mg/ml	29
<i>vinorelbine tartrate soln</i> 50 mg/5ml	29
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	22
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	22
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [<i>pseudoephedrine w/ codeine-gg</i>]	87
VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	72
<i>vitamin d (ergocalciferol) caps</i> 1.25 mg (50000 ut)	97
<i>vitamin k1 soln</i> 1 mg/0.5ml	97
<i>vitamin k1 soln</i> 10 mg/ml	97
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [<i>pediatric vitamins acd w/ fluoride</i>]	97
VIVOTIF CPDR [<i>typhoid vaccine</i>]	92
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	22
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	70
<i>voriconazole solr</i> 200 mg	22
<i>voriconazole tabs</i> 200 mg	18
<i>voriconazole tabs</i> 50 mg	18
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	22
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	29
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	70
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	48
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	48
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	48
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	48
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	49
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	49
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	49
VYVGART SOLN 400 MG/20ML [<i>efgartigimod alfa-fcab</i>]	85
VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	29
W	
<i>warfarin sodium tabs</i> 1 mg	37
<i>warfarin sodium tabs</i> 10 mg	37
<i>warfarin sodium tabs</i> 2 mg	37
<i>warfarin sodium tabs</i> 2.5 mg	37
<i>warfarin sodium tabs</i> 3 mg	37
<i>warfarin sodium tabs</i> 4 mg	37
<i>warfarin sodium tabs</i> 5 mg	37
<i>warfarin sodium tabs</i> 6 mg	37
<i>warfarin sodium tabs</i> 7.5 mg	37
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 % [<i>diaphragm wide seal</i>]	59
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [<i>diaphragm wide seal</i>]	59
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [<i>diaphragm wide seal</i>]	59
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [<i>diaphragm wide seal</i>]	59
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [<i>diaphragm wide seal</i>]	59
X	
XALKORI CAPS 200 MG [<i>crizotinib</i>]	29
XALKORI CAPS 250 MG [<i>crizotinib</i>]	29
XELJANZ TABS 10 MG [<i>tofacitinib citrate</i>]	85
XELJANZ TABS 5 MG [<i>tofacitinib citrate</i>]	85
XELJANZ XR TB24 11 MG [<i>tofacitinib citrate</i>]	85
XERAC AC SOLN 6.25 % [<i>aluminum chloride in alcohol</i>]	94
XIFAXAN TABS 550 MG [<i>rifaximin</i>]	17
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	29
XTANDI TABS 40 MG [<i>enzalutamide</i>]	29
XTANDI TABS 80 MG [<i>enzalutamide</i>]	29

Y

YERVOY SOLN 200 MG/40ML [*ipilimumab*] . 29
 YERVOY SOLN 50 MG/10ML [*ipilimumab*] ... 29
 YESCARTA SUSP 200000000 CELLS
 [*axicabtagene ciloleuce*] 85
 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
 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*] 87
 ZINC SULFATE MONOHYDRATE POWD [*zinc sulfate monohydrate*] 87
 ZINC SULFATE SOLN 1 MG/ML [*zinc sulfate*] 69
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 85
zoledronic acid soln 5 mg/100ml 85
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

Language Assistance Services

English: We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic

: نؤمن خدمات الترجمة الفورية مجاناً لك على مدار الساعة كافة أيام الأسبوع طوال ساعات العمل. بإمكانك طلب مساعدة المترجم الفوري للإجابة على كافة أسئلتك حول التغطية الصحية التي تقدمها. بالإضافة إلى ذلك، يمكنك طلب ترجمة الوثائق الطبية للغةك مجاناً. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Մենք օրը 24 ժամ, շաբաթը 7 օր, մեր պշխատանքի բոլոր ժամերին Ձեզ համար անվճար բանավոր թարգմանչի ծառայություններ ենք տրամադրում: Թարգմանչի օգնությամբ Դուք կարող եք պատասխան ստանալ Ձեր հարցերին՝ մեր կողմից տրամադրվող առողջության ապահովագրության վերաբերյալ: Կարող եք նաև Ձեր լեզվով թարգմանված գրավոր կյուլթեր իսկրել, որոնք Ձեզ համար անվճար են: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711** համարով:

Farsi

: ما خدمات مترجم شفاهی را در 24 ساعت شبانروز و 7 روز هفته در طول همه ساعات کاری بدون اخذ هزینه در اختیار شما قرار می دهیم. شما می توانید برای کمک در پاسخگویی به سوالات خود در مورد پوشش مراقبت درمانی ما از یک مترجم شفاهی بهره مند شوید. همچنین می توانید درخواست کنید که همه جزوات بدون اخذ هزینه به زبان شما ترجمه شوند. کفایت در 24 ساعت شبانروز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند

Hindi: हम संचालन के सभी घंटों के दौरान आपको बिना किसी लागत के दुभाषिया सेवाएँ ,दिन के 24 घंटे ,सप्ताह के सातों दिन प्रदान करते हैं। आप हमारी स्वास्थ्य देखभाल कवरेज के बारे में आपके प्रश्नों के जवाब के लिए एक दुभाषिये की सहायता ले सकते हैं। आप बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए अनुरोध भी कर सकते हैं। बस केवल हमें **1-800-464-4000** पर ,दिन के 24 घंटे ,सप्ताह के सातों दिन)छुट्टियों वाले दिन बंद रहता है (कॉल करें। TTY उपयोगकर्ता **711**पर कॉल करें।

Hmong: Peb muaj neeg txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg, thawm cov sij hawm qhib ua lag luam.Koj muaj tau ib tug neeg txhais lus los pab teb koj cov lus nug txog peb cov kev pab them nqi kho mob.Koj thov tau kom muab cov ntaub ntawv txhais uas koj hom lus pub dawb rau koj.Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、全診療時間を通じて、通訳サービスを無料で、年中無休、終日ご利用いただけます。当院の医療内容についてのご質問および回答には、通訳がお手伝いいたします。また、日本語に翻訳された資料を無料で請求できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTYユーザーは**711**にお電話ください。

Khmer: យើងផ្តល់សេវានៃអ្នកបកប្រែ ដោយឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុងម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយឆ្លើយសំណួររបស់អ្នក អំពីការរ៉ាប់រងថែទាំ សុខភាព របស់យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសាខ្មែរ ដោយឥតគិតថ្លៃដល់អ្នកដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711** ។

Korean: 업무 시간 동안에는 요일 및 시간에 관계없이 통역 서비스를 무료로 이용하실 수 있습니다. 통역의 도움을 받아 건강 보험 혜택에 관하여 질문하고 답변을 들으실 수 있습니다. 또한, 귀하가 사용하는 언어로 번역된 자료를 요청해 무료로 제공 받으실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화해 문의하십시오(공휴일 휴무). TTY 사용자 번호 **711**.

Navajo: Nih7 ata' halne'4 1k1'adoolwo[7g77 nihei h0l= t'11 j77k'4, t'11 naadiin d99' ah44'iilkeedgo, tsosts'id yisk32j8', nd1'anishgo ooki[biyi' g0n4. Ata' halne'4 nik1'adoolwo[na'7dikid nee h0l==go d77 ats'77s baa 1h1y32 bik'4st'7g77 bin1'7di[kidgo. !1d00 a[d0' naaltsoos l1 t'11 n7 nizaad k'ehji 1ln4ehgo t'11 j77k'4 1dooln77[. Nih7ch'i' hod77lnih koj8' **1-800-464-4000** j98go d00 t[4e' nidi, tsosts'id yisk32j8' dimoo na'adleehj8' (Holidaysgo 47 da'deelkaal) doo da'diits'a'7g77 chodayoo[9n7g77 koj8' hod77lnih **711**

Punjabi: ਅਸੀਂ ਕਾਰਵਾਈ ਦੇ ਸਾਰੇ ਘੰਟਿਆਂ ਦੇ ਦੌਰਾਨ ,ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ,ਦਿਨ ਦੇ

24ਘੰਟੇ ,ਹਫ਼ਤੇ ਦੇ 7ਦਿਨ ,ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਾਡੀ ਸਿਹਤ ਦੇਖਭਾਲ ਕਵਰੇਜ ਬਾਰੇ ਆਪਣੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਦੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ ,ਦਿਨ ਦੇ 24ਘੰਟੇ ,ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ)ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ (ਫੋਨ ਕਰੋ।TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** ਤੇ ਫੋਨ ਕਰਨ।

Russian: Мы всегда в часы работы обеспечиваем Вас услугами устного переводчика, 24 часа в сутки, 7 дней в неделю. Чтобы получить ответы на свои вопросы о нашем страховом покрытии услуг здравоохранения, Вы можете воспользоваться помощью устного переводчика. Вы также можете запросить бесплатный перевод материалов на Ваш язык. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Ofrecemos servicios de traducción al español sin costo alguno para usted durante todo el horario de atención, 24 horas al día, siete días a la semana. Puede contar con la ayuda de un intérprete para responder las preguntas que tenga sobre nuestra cobertura de atención médica. Además, puede solicitar que los materiales se traduzcan a su idioma sin costo alguno. Solo llame al **1-800-788-0616**, 24 horas al día, siete días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na mga serbisyo ng tagasalin ng wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo, sa lahat oras ng trabaho. Makakatulong ang tagasalin ng wika sa pagsagot sa mga tanong mo tungkol sa iyong coverage sa pangangalagang pangkalusugan. Maaari kang humingi ng mga babasahin na isinalin sa iyong wika nang wala kang babayaran. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการสามฟรีสำหรับคุณตลอด 24 ชั่วโมง

ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้สามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Chinese: 我們每週7天，每天24小時在所有營業時間內免費為您提供口譯服務。

您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週

7天, 每天24小時均歡迎您打電話

1-800-757-7585 前來聯絡 (節假日 休息)。聽障及語障專線 (TTY) 使用者請撥 **711**。

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần, trong tất cả các giờ làm việc. Quý vị có thể được thông dịch viên giúp trả lời thắc mắc về quyền lợi bảo hiểm sức khỏe của chúng tôi. Quý vị cũng có thể yêu cầu được cấp miễn phí tài liệu phiên dịch ra ngôn ngữ của quý vị. Chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language and may also request these materials in large text or in other formats to accommodate your needs. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage* or *Certificate of Insurance* or speak with a Member Services representative for the dispute resolution options that apply to you. This is especially important if you are a Medicare, MediCal, MRMIP, MediCal Access, FEHBP, or CalPERS member because you have different dispute resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at kp.org

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U. S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights), en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697(línea TDD). Los formularios de queja formal están disponibles en www.hhs.gov/ocr/office/file/index.html.

Kaiser Permanente禁止以年齡、種族、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達方式、性取向、婚姻狀況、生理或心理殘障、支付來源、遺傳資訊、公民身份、主要語言或移民身份為由而對任何人進行歧視。

計劃成員服務聯絡中心提供語言協助服務；每週七天**24**小時晝夜服務（法定節假日除外）。本機構在全部辦公時間內免費為您提供口譯服務，其中包括手語。我們還可為您、您的親屬和朋友提供任何必要的特別補助，以便您使用本機構的設施與服務。此外，您還可請求以您的語言提供健康保險計劃資料之譯本，並可請求採用大號字體或其他版本格式提供此類資料的譯本，藉以滿足您的需求。若需詳細資訊，請致電**1-800-757-7585**（TTY專線使用者請撥**711**）。

冤情申訴係指您或您的授權代表透過冤情申訴程序所表達的不滿陳訴。申訴冤情包括投訴或上訴。例如，如果您認為自己受到本機構的歧視，則可提出冤情申訴。若需瞭解可供您選擇的適用爭議解決方案，請參閱您的《承保範圍說明書》（*Evidence of Coverage*）或《保險證明書》（*Certificate of Insurance*），或者與計劃成員服務代表交談。對於Medicare、MediCal、MRMIP、MediCal Access、FEHBP或CalPERS計劃成員，這尤其重要；原因在於，為這些成員提供的爭議解決方案選擇有所不同。

您可透過以下方式提出冤情申訴：

- 於設在本計劃服務設施的某個計劃成員服務處填妥一份《投訴或保險福利索償/請書》（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 將您的冤情申訴書郵寄至設在本計劃服務設施的某個計劃成員服務處（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 免費致電本機構的計劃成員服務聯絡中心，電話號碼是**1-800-757-7585**（TTY專線使用者請撥**711**）
- 在本機構的網站上填妥一份冤情申訴書，網址是kp.org


如果您在提交冤情申訴書的過程中需要協助，請致電本機構的計劃成員服務聯絡中心。

涉及種族、膚色、原國籍、性別、年齡或身體殘障歧視的一切冤情申訴都將通告給Kaiser Permanente的民權事務協調員（Civil Rights Coordinator）。您也可與Kaiser Permanente的民權事務協調員直接聯絡；聯絡地址是One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以採用電子方式透過民權辦公處（Office for Civil Rights）的投訴入口網站（Civil Rights Complaint Portal）向美國衛生與公共服務部民權辦公處（U.S. Department of Health and Human Services, Office for Civil Rights）提出民權投訴，網址是ocrportal.hhs.gov/ocr/portal/lobby.jsf；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線。可從網站上下載投訴書，網址<http://www.hhs.gov/ocr/office/file/index.html>）。



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. 
MOM 60379021 09/2015