

KAISER PERMANENTE: LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES DEL MERCADO COMERCIAL DE 2024

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



Lista de medicamentos recetados disponibles del mercado comercial de 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 a través de Covered California: coveredca.com
- Planes individuales ofrecidos directamente por Kaiser Permanente: kp.org/plandocuments
- Planes ofrecidos por Covered California para pequeñas empresas: coveredca.com/forsmallbusiness
- Planes para grupos pequeños ofrecidos por California Choice: www.calchoice.com

- **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.

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

Suscriptor significa la persona que es responsable del pago a un plan o cuyo empleo u otro estado, excepto por dependencia familiar, es la base de elegibilidad para ser miembro del plan.

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

La lista de medicamentos recetados disponibles para planes comerciales de California es una lista de medicamentos cubiertos elegidos por un grupo de médicos y farmacéuticos de Kaiser Permanente, conocidos como el Comité de Farmacia y Terapéutica. El comité se reúne periódicamente para evaluar y seleccionar medicamentos que sean seguros y eficaces para nuestros miembros. Esta lista de medicamentos recetados disponibles cumple con los requisitos descritos en las leyes, regulaciones y recomendaciones estatales para planes comerciales.

¿Qué medicamentos están cubiertos?

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

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

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

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

Cómo obtener una excepción a la lista de medicamentos recetados disponibles

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

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

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

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

¿Cómo solicito una determinación de cobertura?

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

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

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

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

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 108. 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 del mercado comercial 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	
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTI-HIV AGENTS		
<i>abacavir sulfate tabs 300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	2	
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	2	
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	2	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
<i>darunavir tabs 600 mg</i>	1	
<i>darunavir tabs 800 mg</i>	1	
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
EMTRIVA SOLN 10 MG/ML [emtricitabine]	2	
etravirine tabs 100 mg	1	
etravirine tabs 200 mg	1	
EVOTAZ TABS 300-150 MG [atazanavir sulfato-cobicistat]	2	
fosamprenavir calcium tabs 700 mg	1	
FUZEON SOLR 90 MG [enfuvirtide]	2	QL - 30 day(s),MB
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
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	
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	2	
lamivudine soln 10 mg/ml	1	
lamivudine tabs 150 mg	1	
lamivudine tabs 300 mg	1	
lamivudine-zidovudine tabs 150-300 mg	1	
lopinavir-ritonavir soln 400-100 mg/5ml	1	
lopinavir-ritonavir tabs 100-25 mg	1	
lopinavir-ritonavir tabs 200-50 mg	1	
nevirapine er tb24 400 mg	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
NORVIR SOLN 80 MG/ML [ritonavir]	2	
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	2	
PREZCOBIX TABS 800-150 MG [darunavir-cobicistat]	2	
PREZISTA TABS 75 MG [darunavir]	2	
RETROVIR SOLN 10 MG/ML [zidovudine]	2	MB
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG [maraviroc]	2	
SELZENTRY TABS 25 MG [maraviroc]	2	
SELZENTRY TABS 300 MG [maraviroc]	2	
SELZENTRY TABS 75 MG [maraviroc]	2	
STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	2	
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	2	
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	2	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	2	
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	2	
<i>zidovudine caps 100 mg</i>	1	
<i>zidovudine syrp 50 mg/5ml</i>	1	
<i>zidovudine tabs 300 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	1	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 10 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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 15 (10-5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	
<i>azithromycin susr 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	
<i>azithromycin tabs 500 mg</i>	1	
<i>azithromycin tabs 600 mg</i>	1	
<i>aztreonam solr 1 gm</i>	1	MB
<i>aztreonam solr 2 gm</i>	1	MB
BICILLIN L-A SUSY 1200000 UNIT/2ML [<i>penicillin g benzathine</i>]	2	MB
BICILLIN L-A SUSY 2400000 UNIT/4ML [<i>penicillin g benzathine</i>]	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML [<i>penicillin g benzathine</i>]	2	MB
CAYSTON SOLR 75 MG [<i>aztreonam lysine</i>]	4	QL - 30 day(s),LD
<i>cefaclor caps 250 mg</i>	1	
<i>cefaclor caps 500 mg</i>	1	
<i>cefadroxil caps 500 mg</i>	1	
<i>cefazolin sodium solr 1 gm</i>	1	MB
<i>cefazolin sodium solr 10 gm</i>	1	MB
<i>cefazolin sodium solr 500 mg</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [<i>cefazolin sodium-dextrose</i>]	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [<i>cefazolin sodium-dextrose</i>]	2	MB
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	MB
<i>cefepime hcl solr 2 gm</i>	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [<i>cefepime hcl-dextrose</i>]	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [<i>cefepime hcl-dextrose</i>]	2	MB
<i>cefixime caps 400 mg</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	MB
CEFOTAXIME SODIUM SOLR 1 GM [<i>cefotaxime sodium</i>]	1	MB
<i>cefotetan disodium solr 1 gm</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
cefotetan disodium solr 2 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
cefoxitin sodium solr 1 gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil susr 50 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
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
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
cephalexin tabs 500 mg	1	
chloramphenicol sod succinate solr 1 gm	1	MB
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 200 mg/100ml	1	MB
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	MB
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	
<i>meropenem solr 1 gm</i>	1	MB
<i>meropenem solr 500 mg</i>	1	MB
MINOCIN SOLR 100 MG [<i>minocycline hcl</i>]	2	MB
<i>minocycline hcl caps 100 mg</i>	1	
<i>minocycline hcl caps 50 mg</i>	1	
<i>minocycline hcl caps 75 mg</i>	1	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>nafcillin sodium in dextrose</i>]	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [<i>nafcillin sodium in dextrose</i>]	2	MB
<i>nafcillin sodium solr 1 gm</i>	1	MB
<i>nafcillin sodium solr 10 gm</i>	1	MB
<i>nafcillin sodium solr 2 gm</i>	1	MB
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>oxacillin sodium in dextrose</i>]	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	2	MB
<i>oxacillin sodium solr 1 gm</i>	1	MB
<i>oxacillin sodium solr 2 gm</i>	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
<i>penicillin g potassium solr 20000000 unit</i>	1	MB
<i>penicillin g potassium solr 5000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	1	MB
<i>penicillin g sodium solr 5000000 unit</i>	1	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	
<i>penicillin v potassium solr 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
PRIMAXIN IV SOLR 500-500 MG [<i>imipenem-cilastatin</i>]	2	MB
PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	2	
<i>streptomycin sulfate solr 1 gm</i>	1	MB
<i>sulfadiazine tabs 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MB
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	
<i>sulfasalazine tabs 500 mg</i>	1	
<i>sulfasalazine tbec 500 mg</i>	1	
[Cefixime] SUPRAX SUSR 100 MG/5ML	2	
SYNERCID SOLR 150-350 MG [<i>quinupristin-dalfopristin</i>]	4	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
<i>tetracycline hcl caps 250 mg</i>	1	
TETRACYCLINE HCL CAPS 500 MG [<i>tetracycline hcl</i>]	1	
TOBI PODHALER CAPS 28 MG [<i>tobramycin</i>]	4	
<i>tobramycin nebu 300 mg/5ml</i>	1	
<i>tobramycin sulfate soln 10 mg/ml</i>	1	MB
<i>tobramycin sulfate soln 80 mg/2ml</i>	1	MB
<i>tobramycin sulfate solr 1.2 gm</i>	1	MB
<i>vancomycin hcl caps 125 mg</i>	1	
<i>vancomycin hcl caps 250 mg</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [<i>vancomycin hcl-dextrose</i>]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	2	MB
<i>vancomycin hcl solr 1 gm</i>	1	MB
<i>vancomycin hcl solr 10 gm</i>	1	MB
<i>vancomycin hcl solr 5 gm</i>	1	MB
<i>vancomycin hcl solr 500 mg</i>	1	MB
XIFAXAN TABS 550 MG [<i>rifaximin</i>]	2	QL - 30 day(s)
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	2	
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML [<i>amphotericin b lipid</i>]	2	MB
AMBISOME SUSR 50 MG [<i>amphotericin b liposome</i>]	4	MB
<i>amphotericin b solr 50 mg</i>	1	MB
CANCIDAS SOLR 50 MG [<i>caspofungin acetate</i>]	4	MB
CANCIDAS SOLR 70 MG [<i>caspofungin acetate</i>]	4	MB
<i>fluconazole in dextrose inj dex 200</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<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	
ANTIHEPATITIS C AGENTS		
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
PEG-INTRON REDIPEN KIT 120 RP [<i>peginterferon alfa-2b</i>]	4	QL - 30 day(s)
PEG-INTRON REDIPEN KIT 150 RP [<i>peginterferon alfa-2b</i>]	4	QL - 30 day(s)
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)
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)
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR 1 GM [<i>capreomycin sulfate</i>]	2	MB
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>isoniazid syrps 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	1	MB
TRECTOR TABS 250 MG [<i>ethionamide</i>]	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML [<i>nitazoxanide</i>]	2	
ALINIA TABS 500 MG [<i>nitazoxanide</i>]	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
COARTEM TABS 20-120 MG [<i>artemether-lumefantrine</i>]	2	
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	2	
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	2	
<i>mefloquine hcl tabs 250 mg</i>	1	
METRONIDAZOLE SOLN 500 MG/100ML [<i>metronidazole</i>]	1	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium inj 1000mg</i>	1	MB
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	4	
BEYFORTUS SOSY 100 MG/ML [<i>nirsevimab-alip</i>]	2	MB
BEYFORTUS SOSY 50 MG/0.5ML [<i>nirsevimab-alip</i>]	2	MB

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cidofovir soln 75 mg/ml	1	MB
emtricitabine-tenofovir df tabs 200-300 mg	1	PREV
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	
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	2	
famciclovir tabs 500 mg	1	
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	2	MB
ganciclovir sodium solr 500 mg	1	MB
lamivudine tabs 100 mg	1	
LIVTENCITY TABS 200 MG [maribavir]	4	QL - 30 day(s)
oseltamivir phosphate caps 30 mg	1	
oseltamivir phosphate caps 45 mg	1	
oseltamivir phosphate caps 75 mg	1	
oseltamivir phosphate susr 6 mg/ml	1	
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	2	
PREVYMIS SOLN 240 MG/12ML [letermovir]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [letermovir]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [letermovir]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [letermovir]	4	QL - 30 day(s)
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	2	
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
SYNAGIS SOLN 100 MG/ML [palivizumab]	4	MB
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	4	MB
TAMIFLU CAPS 75 MG [oseltamivir phosphate]	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	
VIRAZOLE SOLR 6 GM [ribavirin]	4	
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	4	QL - 30 day(s)
URINARY ANTI-INFECTIVES		
methenamine hippurate tabs 1 gm	1	

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NITROFURANTOIN MACROCRYSTAL CAPS 100 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tabs 100 mg</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	MB
<i>promethazine hcl soln 25 mg/ml</i>	1	MB
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	1	OC
ABRAXANE SUSR 100 MG <i>[paclitaxel protein-bound particles]</i>	4	MB
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 TBP 90 & 180 MG <i>[brigatinib]</i>	4	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ARRANON SOLN 5 MG/ML <i>[nelarabine]</i>	2	MB
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
AVASTIN SOLN 400 MG/16ML <i>[bevacizumab]</i>	4	MB
<i>azacitidine susr 100 mg</i>	1	MB
<i>bendamustine hcl solr 100 mg</i>	1	QL - 30 day(s),MB
BENDEKA SOLN 100 MG/4ML <i>[bendamustine hcl]</i>	4	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
<i>bleomycin sulfate solr 15 unit</i>	1	MB
<i>bleomycin sulfate solr 30 unit</i>	1	MB
BLINCYTO SOLR 35 MCG <i>[blinatumomab]</i>	4	QL - 30 day(s),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

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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 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</i>	1	MB
<i>cisplatin soln 50 mg/50ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),LD,OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),LD,OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),LD,OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	2	OC
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	4	QL - 30 day(s),MB
<i>cytarabine (pf) soln 100 mg/ml</i>	1	MB
<i>cytarabine (pf) soln 20 mg/ml</i>	1	MB
<i>cytarabine soln 20 mg/ml</i>	1	MB
<i>dacarbazine solr 100 mg</i>	1	MB
<i>dacarbazine solr 200 mg</i>	1	MB
DACOGEN SOLR 50 MG [<i>decitabine</i>]	4	MB
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
<i>doxorubicin hcl solr 10 mg</i>	1	MB
<i>doxorubicin hcl solr 50 mg</i>	1	MB
ELAHERE SOLN 100 MG/20ML [<i>mirvetuximab soravtansine-gynx</i>]	4	QL - 30 day(s),MB
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	4	QL - 30 day(s),OC

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ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	4	MB
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	4	MB
ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	4	MB
ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	2	MB
<i>etoposide caps 50 mg</i>	1	OC
<i>everolimus tabs 10 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 2.5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 7.5 mg</i>	1	QL - 30 day(s),OC
<i>exemestane tabs 25 mg</i>	1	OC,PREV
<i>fludarabine phosphate solr 50 mg</i>	1	MB
<i>fluorouracil soln 1 gm/20ml</i>	1	MB
<i>fluorouracil soln 2.5 gm/50ml</i>	1	MB
<i>fluorouracil soln 5 gm/100ml</i>	1	MB
<i>fluorouracil soln 500 mg/10ml</i>	1	MB
<i>flutamide caps 125 mg</i>	1	OC
<i>fulvestrant sosy 250 mg/5ml</i>	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	4	QL - 30 day(s),MB
<i>gemcitabine hcl 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
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	1	MB
<i>imatinib mesylate tabs 100 mg</i>	1	OC
<i>imatinib mesylate tabs 400 mg</i>	1	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KISQALI (400 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [<i>lenvatinib mesylate</i>]	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
<i>letrozole tabs 2.5 mg</i>	1	OC
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
LONSURF TABS 15-6.14 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
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>melphalan hcl solr 50 mg</i>	1	MB
<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 solr 1 gm</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

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mitoxantrone hcl conc 25 mg/12.5ml	1	MB
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	4	MB
MYLERAN TABS 2 MG [busulfan]	4	OC
NINLARO CAPS 2.3 MG [ixazomib citrate]	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG [ixazomib citrate]	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG [ixazomib citrate]	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [sonidegib phosphate]	4	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML [pegaspargase]	4	MB
OPDIVO SOLN 100 MG/10ML [nivolumab]	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [nivolumab]	4	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
PADCEV SOLR 20 MG [enfortumab vedotin-ejfv]	4	
PADCEV SOLR 30 MG [enfortumab vedotin-ejfv]	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML [pemetrexed disodium]	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	2	MB
pentostatin inj 10mg	1	MB
PERJETA SOLN 420 MG/14ML [pertuzumab]	4	QL - 30 day(s),MB
POMALYST CAPS 1 MG [pomalidomide]	4	QL - 30 day(s),OC
POMALYST CAPS 2 MG [pomalidomide]	4	QL - 30 day(s),OC
POMALYST CAPS 3 MG [pomalidomide]	4	QL - 30 day(s),OC
POMALYST CAPS 4 MG [pomalidomide]	4	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT [aldesleukin]	4	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	4	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 15 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 2.5 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 5 MG [lenalidomide]	2	QL - 30 day(s),OC
RIABNI SOLN 100 MG/10ML [rituximab-arrx]	4	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML [rituximab-arrx]	4	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML [rituximab]	2	MB
RITUXAN SOLN 500 MG/50ML [rituximab]	2	MB
romidepsin solr 10 mg	1	MB
ROZLYTREK CAPS 100 MG [entrectinib]	4	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG [entrectinib]	4	QL - 30 day(s),OC
RYDAPT CAPS 25 MG [midostaurin]	4	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML [isatuximab-irfc]	4	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML [isatuximab-irfc]	4	QL - 30 day(s)
sorafenib tosylate tabs 200 mg	1	QL - 30 day(s),OC
SPRYCEL TABS 100 MG [dasatinib]	4	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [dasatinib]	4	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	4	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
<i>sunitinib malate caps 12.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 25 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 37.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 50 mg</i>	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
<i>tamoxifen citrate tabs 10 mg</i>	1	OC,PREV
<i>tamoxifen citrate tabs 20 mg</i>	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
<i>temozolomide caps 100 mg</i>	1	OC
<i>temozolomide caps 140 mg</i>	1	OC
<i>temozolomide caps 180 mg</i>	1	OC
<i>temozolomide caps 20 mg</i>	1	OC
<i>temozolomide caps 250 mg</i>	1	OC
<i>temozolomide caps 5 mg</i>	1	OC
TENIPOSIDE SOLN 10 MG/ML [<i>teniposide</i>]	2	MB
<i>thiotepa solr 15 mg</i>	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
<i>topotecan hcl solr 4 mg</i>	1	MB
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	4	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	4	QL - 30 day(s),MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s),MB
TUKYSA TABS 150 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	4	MB

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VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
<i>vinblastine sulfate soln 1 mg/ml</i>	1	MB
<i>vincristine sulfate soln 1 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	MB
VOTRIENT TABS 200 MG <i>[pazopanib hcl]</i>	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG <i>[daunorubicin-cytarabine liposome]</i>	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG <i>[crizotinib]</i>	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG <i>[crizotinib]</i>	4	QL - 30 day(s),OC
XGEVA SOLN 120 MG/1.7ML <i>[denosumab]</i>	4	QL - 30 day(s)
XTANDI CAPS 40 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
XTANDI TABS 40 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
XTANDI TABS 80 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML <i>[ipilimumab]</i>	4	MB
YERVOY SOLN 50 MG/10ML <i>[ipilimumab]</i>	4	MB
YONDELIS SOLR 1 MG <i>[trabectedin]</i>	4	QL - 30 day(s),MB
ZANOSAR SOLR 1 GM <i>[streptozocin]</i>	4	MB
ZEJULA TABS 100 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZEJULA TABS 200 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZEJULA TABS 300 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG <i>[vemurafenib]</i>	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC
ZYKADIA TABS 150 MG <i>[ceritinib]</i>	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG <i>[abiraterone acetate]</i>	4	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
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	

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<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 0.2 mg/ml</i>	1	MB
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	MB
<i>glycopyrrolate 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	
LEVSIN SOLN 0.5 MG/ML [<i>hyoscyamine sulfate</i>]	2	MB
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate</i>]	2	
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	PREV
<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	

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galantamine hydrobromide er cp24 16 mg	1	
galantamine hydrobromide er cp24 24 mg	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	1	
galantamine hydrobromide tabs 12 mg	1	
galantamine hydrobromide tabs 4 mg	1	
galantamine hydrobromide tabs 8 mg	1	
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide]	2	
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate]	2	MB
neostigmine methylsulfate soln 5 mg/10ml	1	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [physostigmine salicylate]	2	MB
pilocarpine hcl tabs 5 mg	1	
pyridostigmine bromide er tbcr 180 mg	1	
pyridostigmine bromide tabs 60 mg	1	
REGONOL SOLN 10 MG/2ML [pyridostigmine bromide]	2	MB
SKELETAL MUSCLE RELAXANTS		
atracurium besylate soln 100 mg/10ml	1	MB
atracurium besylate soln 50 mg/5ml	1	MB
baclofen tabs 10 mg	1	
baclofen tabs 20 mg	1	
cisatracurium besylate (pf) soln 10 mg/5ml	1	MB
cisatracurium besylate (pf) soln 200 mg/20ml	1	MB
cisatracurium besylate soln 20 mg/10ml	1	MB
cyclobenzaprine hcl tabs 10 mg	1	
cyclobenzaprine hcl tabs 5 mg	1	
dantrolene sodium caps 100 mg	1	
dantrolene sodium caps 25 mg	1	
dantrolene sodium caps 50 mg	1	
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 50 MCG/ML [baclofen]	2	MB
methocarbamol tabs 500 mg	1	
methocarbamol tabs 750 mg	1	
pancuronium bromide soln 1 mg/ml	1	MB
QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	2	MB
rocuronium bromide soln 100 mg/10ml	1	MB
rocuronium bromide soln 50 mg/5ml	1	MB
RYANODEX SUSR 250 MG [dantrolene sodium]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	MB
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	1	
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<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	
<i>albuterol sulfate syrp 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs 2 mg</i>	1	
<i>albuterol sulfate tabs 4 mg</i>	1	
<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
<i>dopamine hcl inj 160mg/ml</i>	1	MB
DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine hcl</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	MB
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
norepinephrine bitartrate soln 1 mg/ml	1	MB
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 inj 1mg/ml	1	
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
PLASMANATE SOLN 5 % [plasma protein fraction]	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIEMIA DRUGS		
FERREX 150 CAPS 150 MG [polysaccharide iron complex]	1	
INFED SOLN 50 MG/ML [iron dextran]	2	MB
PROFERRIN ES TABS 12 MG [iron heme polypeptide]	2	
PROFERRIN-FORTE TABS 12-1 MG [iron heme polypeptide-folic acid]	2	
VENOFER SOLN 20 MG/ML [iron sucrose]	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
ADVATE SOLR 1500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
ADVATE SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
ADVATE SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
ADVATE SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	MB
ADVATE SOLR 4000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
ADVATE SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	MB
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANATE SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE SOLR 1500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANINE SD SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALTUVIII SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
ALTUVIII SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
ALTUVIII SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
ALTUVIII SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
ALTUVIII SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
ALTUVIII SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	4	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 2000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 3000 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-rfviiiic)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ELECTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELECTATE 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 100 MISC <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
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 250 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (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
MONONINE SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PHENOL LIQD 89 % <i>[phenol]</i>	2	QL - 30 day(s)
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
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
WILATE KIT 1000-1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
WILATE KIT 500-500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
XYNTHA KIT 1000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	MB
XYNTHA KIT 250 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
XYNTHA KIT 500 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	2	
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	2	MB
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	2	MB
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG <i>[bivalirudin trifluoroacetate]</i>	2	MB
ARGATROBAN SOLN 250 MG/2.5ML <i>[argatroban]</i>	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
BRILINTA TABS 90 MG <i>[ticagrelor]</i>	2	
CATHFLO ACTIVASE SOLR 2 MG <i>[alteplase]</i>	2	MB
<i>cilostazol tabs 100 mg</i>	1	
<i>cilostazol tabs 50 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	2	
EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	2	
<i>eptifibatide soln 20 mg/10ml</i>	1	MB
<i>eptifibatide soln 75 mg/100ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>heparin sodium (porcine) lock flush soln</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML <i>[heparin sodium (porcine)]</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	
THROMBATE III SOLR 500 UNIT <i>[antithrombin iii (human)]</i>	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
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 tbcr 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	
<i>terazosin hcl caps 2 mg</i>	1	
<i>terazosin hcl caps 5 mg</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	PREV

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>atorvastatin calcium tabs 20 mg</i>	1	PREV
<i>atorvastatin calcium tabs 40 mg</i>	1	PREV
<i>atorvastatin calcium tabs 80 mg</i>	1	PREV
<i>cholestyramine light pack 4 gm</i>	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	1	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
<i>BREVIBLOC IN NA CL SOLN 2000 MG/100ML [esmolol hcl-sodium chloride]</i>	2	MB
<i>BREVIBLOC IN NA CL SOLN 2500 MG/250ML [esmolol hcl-sodium chloride]</i>	2	MB
<i>carvedilol tabs 12.5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	MB
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>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 er cp24 120 mg</i>	1	
<i>propranolol hcl er cp24 160 mg</i>	1	
<i>propranolol hcl er cp24 60 mg</i>	1	
<i>propranolol hcl er cp24 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 120 mg</i>	1	
<i>sotalol hcl (af) tabs 160 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 soln 125 mg/25ml</i>	1	MB
<i>diltiazem hcl soln 25 mg/5ml</i>	1	MB
<i>diltiazem hcl soln 50 mg/10ml</i>	1	MB
<i>diltiazem hcl tabs 120 mg</i>	1	
<i>diltiazem hcl tabs 30 mg</i>	1	
<i>diltiazem hcl tabs 60 mg</i>	1	
<i>diltiazem hcl tabs 90 mg</i>	1	
NICARDIPINE HCL SOLN 2.5 MG/ML <i>[nicardipine hcl]</i>	1	MB
<i>nifedipine caps 10 mg</i>	1	
<i>nifedipine caps 20 mg</i>	1	
<i>nifedipine er osmotic release tb24 30 mg</i>	1	
<i>nifedipine er osmotic release tb24 60 mg</i>	1	
<i>nifedipine er osmotic release tb24 90 mg</i>	1	
<i>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 inj 6mg/2ml</i>	1	MB
<i>adenosine soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 150 mg/3ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
<i>digoxin soln 0.05 mg/ml</i>	1	
<i>digoxin soln 0.25 mg/ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	1	MB
<i>lidocaine hcl (cardiac) sosy 50 mg/5ml</i>	1	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 tbcr 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>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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	MB
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	
<i>captopril tabs 100 mg</i>	1	
<i>captopril tabs 12.5 mg</i>	1	
<i>captopril tabs 25 mg</i>	1	
<i>captopril tabs 50 mg</i>	1	
<i>enalaprilat inj 1.25 mg/ml</i>	1	MB
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<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>ramipril caps 10 mg</i>	1	
<i>ramipril caps 2.5 mg</i>	1	
<i>ramipril caps 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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
valsartan tabs 320 mg	1	
valsartan tabs 40 mg	1	
valsartan tabs 80 mg	1	
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 160-25 mg	1	
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	
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
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 1 %	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	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 SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
dipyridamole soln 5 mg/ml	1	MB
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
EDEX KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
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] MINITRAN PT24 0.1 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.2 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.6 MG/HR	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	
<i>nitroglycerin soln 5 mg/ml</i>	1	MB
NITROSTAT SUBL 0.3 MG <i>[nitroglycerin]</i>	2	
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	2	
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	2	
PAPAVERINE HCL SOLN 30 MG/ML <i>[papaverine hcl]</i>	2	MB
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30 day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 8/30 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	
<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
<i>treprostinil soln 100 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 20 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 200 mg/20ml</i>	1	MB
<i>treprostinil soln 50 mg/20ml</i>	1	LD,MB
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s),LD
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),LD
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPIRETICS		
<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>alfentanil hcl soln 1000 mcg/2ml</i>	1	MB
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl subl 2 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl subl 8 mg</i>	1	QL - 30 day(s)
<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)

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butorphanol tartrate soln 1 mg/ml	1	MB
butorphanol tartrate soln 2 mg/ml	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 0.5 MG/ML [<i>morphine sulfate</i>]	1	MB
DURAMORPH SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
etodolac caps 200 mg	1	
etodolac caps 300 mg	1	
etodolac tabs 400 mg	1	
etodolac tabs 500 mg	1	
fentanyl citrate (pf) soct 100 mcg/2ml	1	MB
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
fentanyl pt72 100 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 12 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 25 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 50 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 75 mcg/hr	1	QL - 30 day(s)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 10-325 mg	1	
hydrocodone-acetaminophen tabs 5-325 mg	1	
hydrocodone-acetaminophen tabs 7.5-325 mg	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl pf soln 500 mg/50ml	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	
hydromorphone hcl tabs 2 mg	1	
hydromorphone hcl tabs 4 mg	1	
hydromorphone hcl tabs 8 mg	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
ibuprofen susp 100 mg/5ml	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	QL - 30 day(s)
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	2	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>meclofenamate sodium caps 100 mg</i>	1	
<i>meclofenamate sodium caps 50 mg</i>	1	
<i>mefenamic acid caps 250 mg</i>	1	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>meperidine hcl soln 100 mg/ml</i>	1	MB
<i>meperidine hcl soln 25 mg/ml</i>	1	MB
<i>meperidine hcl soln 50 mg/ml</i>	1	MB
<i>methadone hcl soln 10 mg/5ml</i>	1	
METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	2	MB
<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
MORPHINE SULFATE (PF) SOLN 10 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE (PF) SOLN 2 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE (PF) SOLN 4 MG/ML [<i>morphine sulfate</i>]	2	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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
MORPHINE SULFATE SOLN 20 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 4 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 5 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 50 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE 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 sodium tabs 275 mg</i>	1	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
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>sufentanil citrate soln 50 mcg/ml</i>	1	MB
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ULTIVA SOLR 1 MG <i>[remifentanil hcl]</i>	2	MB
ULTIVA SOLR 2 MG <i>[remifentanil hcl]</i>	2	MB
ULTIVA SOLR 5 MG <i>[remifentanil hcl]</i>	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine 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)
<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)

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>methylphenidate hcl er (osm) tbc</i> 36 mg	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbc</i> 54 mg	1	QL - 30 day(s)
<i>methylphenidate hcl er tbc</i> 10 mg	1	
<i>methylphenidate hcl er tbc</i> 20 mg	1	
<i>methylphenidate hcl tabs</i> 10 mg	1	
<i>methylphenidate hcl tabs</i> 20 mg	1	
<i>methylphenidate hcl tabs</i> 5 mg	1	
<i>modafinil tabs</i> 100 mg	1	
<i>modafinil tabs</i> 200 mg	1	
<i>phentermine hcl caps</i> 15 mg	1	
<i>phentermine hcl caps</i> 30 mg	1	
<i>phentermine hcl caps</i> 37.5 mg	1	
<i>phentermine hcl tabs</i> 37.5 mg	1	
QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	2	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
ANTICONVULSANTS		
BRIVIACT TABS 10 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 100 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 25 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 50 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 75 MG [<i>brivaracetam</i>]	4	
<i>carbamazepine chew</i> 100 mg	1	
<i>carbamazepine er cp12</i> 100 mg	1	
<i>carbamazepine er cp12</i> 200 mg	1	
<i>carbamazepine er cp12</i> 300 mg	1	
<i>carbamazepine er tb12</i> 100 mg	1	
<i>carbamazepine er tb12</i> 200 mg	1	
<i>carbamazepine er tb12</i> 400 mg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
EQUETRO CP12 200 MG [<i>carbamazepine (mood)</i>]	2	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tabs 400 mg</i>	1	
<i>felbamate tabs 600 mg</i>	1	
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	1	MB
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	1	MB
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
<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	
<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	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>topiramate cpsp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproate sodium soln 100 mg/ml</i>	1	MB
<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>ergoloid mesylates tabs 1 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)
<i>benztropine mesylate soln 1 mg/ml</i>	1	MB
<i>benztropine mesylate tabs 0.5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>benztropine mesylate tabs 1 mg</i>	1	
<i>benztropine mesylate tabs 2 mg</i>	1	
<i>bromocriptine mesylate caps 5 mg</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	
<i>cabergoline tabs 0.5 mg</i>	1	
<i>carbidopa tabs 25 mg</i>	1	
<i>carbidopa-levodopa er tbc 25-100 mg</i>	1	
<i>carbidopa-levodopa er tbc 50-200 mg</i>	1	
<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>rasagiline mesylate tabs 0.5 mg</i>	1	
<i>rasagiline mesylate tabs 1 mg</i>	1	
<i>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl 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		

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
<i>buspirone hcl tabs 5 mg</i>	1	
<i>buspirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 25 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrpf 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 (pf) soln 10 mg/2ml</i>	1	MB
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl (pf) soln 5 mg/ml</i>	1	MB
<i>midazolam hcl soln 10 mg/2ml</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>midazolam hcl soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl syrp 2 mg/ml</i>	1	
[Pentobarbital Sodium] NEMBUTAL SOLN 50 MG/ML	2	MB
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	
PRECEDEX SOLN 200 MCG/2ML [<i>dexmedetomidine hcl</i>]	2	MB
SILENOR TABS 3 MG [<i>doxepin hcl (sleep)</i>]	2	
SILENOR TABS 6 MG [<i>doxepin hcl (sleep)</i>]	2	
<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>flumazenil soln 0.5 mg/5ml</i>	1	MB
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	

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<i>guanfacine hcl er tb24 4 mg</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA 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		
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	2	MB
<i>etomidate soln 2 mg/ml</i>	1	MB
FORANE SOLN [<i>isoflurane</i>]	2	
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 100 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
<i>propofol emul 200 mg/20ml</i>	1	MB
MULTIPLE SCLEROSIS AGENTS		
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
BETASERON KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
<i> fingolimod hcl caps 0.5 mg</i>	1	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soct 0.4 mg/ml</i>	1	MB
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
NALTREXONE HCL POWD [<i>naltrexone hcl (bulk)</i>]	2	
<i>naltrexone hcl tabs 50 mg</i>	1	
VIVITROL SUSR 380 MG [<i>naltrexone</i>]	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	1	
<i>amoxapine tabs 25 mg</i>	1	

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

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<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	
<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 39 MG/0.25ML <i>[paliperidone palmitate]</i>	4	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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>loxapine succinate caps 50 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	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	1	

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<i>perphenazine-amitriptyline tabs 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 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	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	
<i>trifluoperazine hcl tabs 1 mg</i>	1	

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<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	
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		
AEROCHAMBER PLUS FLO-VU SMALL MISC [<i>spacer/aerosol-holding chambers</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
AEROCHAMBER Z-STAT PLUS MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers]	2	
AEROTRACH PLUS MISC [respiratory therapy supplies]	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 [syringe/needle (disp) 3 ml]	2	
BD DISP NEEDLE MISC 25G X 1" [needle (disp) 25 g]	2	
BD DISP NEEDLES MISC 18G X 1-1/2" [needle (disp) 18 g]	2	
BD DISP NEEDLES MISC 21G X 1-1/2" [needle (disp) 21 g]	2	
BD DISP NEEDLES MISC 25G X 5/8" [needle (disp) 25 g]	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
[Insulin Syringe/needle U-100] BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MIS 1ML/29G	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LANCET DEVICE MIS DEVICE [lancet devices]	2	
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML [syringe/needle (disp) 1 ml]	2	
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	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	
DISPOSABLE POWER KIT [misc. devices]	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 SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	2	
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	2	
OMNITROPE PEN 5 INJ DEVICE MISC [injection device]	2	
ONETOUCH DELICA PLUS LANCET33G MISC [lancets]	2	
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	2	
ONETOUCH ULTRA CONTROL LIQD [blood glucose calibration]	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC [lancets]	2	
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	2	
ONETOUCH VERIO FLEX SYSTEM DEVI [blood glucose monitoring supplies]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO LIQD HIGH <i>[blood glucose calibration]</i>	2	
PEDIATRIC SMALL MASK MISC <i>[masks]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
PRODIGY CONTROL SOLUTION SOLN LOW <i>[blood glucose calibration]</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 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
[Insulin Syringe/needle U-100] TERUMO INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MIS 0.5/27G	2	
TRUZONE PEAK FLOW METER DEVI <i>[peak flow meter]</i>	2	MB
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine soln 3 mg/ml</i>	1	MB
AK-FLUOR SOLN 10 % <i>[fluorescein sodium injection]</i>	1	MB
ALBUSTIX STRP <i>[albumin (urine) test]</i>	2	
ALTAFLUOR BENOX SOLN 0.25-0.4 % <i>[fluorescein w/ benoxinate]</i>	1	
BIO GLO STRP 1 MG <i>[fluorescein sodium topical]</i>	1	
CANDIN SOLN <i>[candida albicans skin test antigen]</i>	2	MB
CHEMSTRIP 9 STRP <i>[multiple urine tests]</i>	2	
CHIRHOSTIM SOLR 16 MCG <i>[secretin acetate (human)]</i>	2	MB
[Gadoterate Meglumine] CLARISCAN SOLN 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 2.5 MMOL/5ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
[Gadoterate Meglumine] CLARISCAN SOSY 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 7.5 MMOL/15ML	1	
CONRAY 43 INJ 43% [iothalamate meglumine]	2	MB
CONRAY SOLN 60 % [iothalamate meglumine]	2	MB
CORTROSYN SOLR 0.25 MG [cosyntropin]	2	MB
CYSTO-CONRAY II SOLN 17.2 % [iothalamate meglumine]	2	MB
CYSTOGRAFIN SOLN 30 % [diatrizoate meglumine]	2	MB
CYSTOGRAFIN-DILUTE SOLN 18 % [diatrizoate 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
GASTROGRAFIN SOLN 66-10 % [diatrizoate meglumine & sodium]	2	
indigotindisulfonate sodium soln	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
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres]	2	MB
METOPIRONE CAPS 250 MG [metyrapone]	2	
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	2	MB
OMNIPAQUE INJ 300MG/ML [iohexol]	2	MB
OMNIPAQUE INJ 350MG/ML [iohexol]	2	MB
OMNIPAQUE SOLN 180 MG/ML [iohexol]	2	MB
OMNIPAQUE SOLN 240 MG/ML [iohexol]	2	MB
OMNIPAQUE SOLN 300 MG/ML [iohexol]	2	MB
OMNIPAQUE SOLN 350 MG/ML [iohexol]	2	MB
ONETOUCH ULTRA TEST STRP [glucose blood]	2	
READI-CAT 2 SUSP 2 % [barium sulfate]	2	
THYROGEN SOLR 0.9 MG [thyrotropin alfa]	2	MB
TISSUEBLUE SOSY 0.025 % [brilliant blue g]	2	
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	2	MB
VOLUMEN SUSP 0.1 % [barium sulfate]	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	1	
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [potassium citrate (alkalinizer)]	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [potassium citrate (alkalinizer)]	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	2	MB
SODIUM BICARBONATE SOLN 4.2 % [sodium bicarbonate]	1	MB
sodium bicarbonate soln 7.5 %	1	MB
sodium bicarbonate soln 8.4 %	1	MB
THAM SOLN 30 MEQ/100ML [tromethamine]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	4	QL - 30 day(s)
lactulose (encephalopathy) soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % [amino acid infusion]	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	2	MB
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid infusion in d5w]	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	2	MB
[Amino Acid Infusion] CLINISOL SF SOLN 15 %	2	MB
DEXTROSE SOLN 10 % [dextrose]	1	MB
DEXTROSE SOLN 20 % [dextrose]	2	MB
DEXTROSE SOLN 40 % [dextrose]	2	MB
DEXTROSE SOLN 5 % [dextrose]	1	MB
DEXTROSE SOLN 50 % [dextrose]	1	MB
DEXTROSE SOLN 70 % [dextrose]	1	MB
INTRALIPID EMUL 20 % [fat emulsion plant based (soy)]	2	MB

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INTRALIPID EMUL 30 % [<i>fat emulsion plant based (soy)</i>]	2	MB
PHENEX-1 POWD [<i>nutritional supplements</i>]	2	
PHLEXY-10 PACK [<i>nutritional supplements</i>]	2	
PROCALAMINE SOLN 3 % [<i>amino acid electrolyte infusion</i>]	2	MB
PROSOL SOLN 20 % [<i>amino acid 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>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	1	
<i>bumetanide soln 0.25 mg/ml</i>	1	MB
<i>bumetanide tabs 0.5 mg</i>	1	
<i>bumetanide tabs 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	
<i>chlorthalidone tabs 25 mg</i>	1	
<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	
MANNITOL SOLN 25 % [<i>mannitol</i>]	1	MB
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % [<i>mannitol</i>]	1	MB
SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium</i>]	2	MB
<i>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	

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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
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/2.5% DEXTROSE SOLN 396 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
LACTATED RINGERS SOLN [<i>lactated ringer's irrigation</i>]	2	MB
RINGERS IRRIGATION SOLN [<i>ringer's irrigation</i>]	1	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
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
CALCIUM CHLORIDE SOLN 10 % [<i>calcium chloride (dihydrate)</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
<i>dextrose in ringers soln 5 %</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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.225 % [dextrose w/ sodium chloride]	2	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
EFFER-K TBEF 25 MEQ [potassium bicarbonate]	1	
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
K-PHOS TABS 500 MG [potassium phosphate monobasic]	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In D5w] LMD IN D5W SOLN 10-5 %	2	MB
[Dextran 40 In Saline] LMD IN NACL 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
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

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POTASSIUM ACETATE SOLN 2 MEQ/ML [<i>potassium acetate</i>]	1	MB
<i>potassium chloride crys er tbc</i> 10 meq	1	
<i>potassium chloride crys er tbc</i> 20 meq	1	
<i>potassium chloride er cpcr</i> 10 meq	1	
<i>potassium chloride er cpcr</i> 8 meq	1	
<i>potassium chloride er tbc</i> 10 meq	1	
POTASSIUM CHLORIDE IN NA CL SOLN 20-0.45 MEQ/L-% [<i>potassium chloride in nacl</i>]	1	MB
POTASSIUM CHLORIDE IN NA CL SOLN 20-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	1	MB
POTASSIUM CHLORIDE IN NA CL SOLN 40-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [<i>potassium chloride</i>]	1	
<i>potassium chloride sol</i> 10% <i>sf</i>	1	
<i>potassium chloride soln</i> 10 meq/100ml	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [<i>potassium chloride</i>]	2	MB
<i>potassium chloride soln</i> 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [<i>potassium chloride</i>]	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [<i>potassium chloride</i>]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [<i>potassium chloride</i>]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [<i>potassium chloride</i>]	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [<i>potassium chloride in dextrose</i>]	1	MB
<i>potassium phosphate inj</i> 3mm/ml	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	1	MB
RINGERS SOLN [<i>ringer's</i>]	1	MB
SELENIUM SOLN 40 MCG/ML [<i>selenious acid</i>]	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % [<i>sodium chloride</i>]	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [<i>bacteriostatic sodium chloride</i>]	1	MB
SODIUM CHLORIDE SOLN 0.45 % [<i>sodium chloride</i>]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride</i>]	1	MB
SODIUM CHLORIDE SOLN 3 % [<i>sodium chloride</i>]	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML [<i>sodium chloride</i>]	1	MB
SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride</i>]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>]	1	MB

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TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [<i>trace minerals (cr-cu-mn-zn)</i>]	2	MB
ZINC CHLORIDE SOLN 1 MG/ML [<i>zinc chloride</i>]	2	MB
ZINC SULFATE SOLN 1 MG/ML [<i>zinc sulfate</i>]	2	MB
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs 0.5-500 mg</i>	1	
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [<i>laronidase</i>]	4	MB
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>]	4	MB
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT [<i>taliglucerase alfa</i>]	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG [<i>rasburicase</i>]	4	MB
ELITEK SOLR 7.5 MG [<i>rasburicase</i>]	4	MB
FABRAZYME SOLR 35 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	2	MB
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	4	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML [<i>galsulfase</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>	1	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	2	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
<i>BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod-prednisolone]</i>	2	
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	
FML FORTE SUSP 0.25 % [<i>fluorometholone (ophth)</i>]	2	
<i>ketorolac tromethamine soln 0.4 %</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	
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	
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	4	MB
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	2	
ANTIALLERGIC AGENTS		
ALOCRIL SOLN 2 % [<i>nedocromil sodium (ophth)</i>]	2	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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 PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
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	
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	2	MB
IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	2	
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
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		

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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	
<i>cyclopentolate hcl soln 2 %</i>	1	
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	1	
<i>tropicamide soln 0.5 %</i>	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
<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		
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	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
PEPTIC RELIEF CHEW 262 MG [<i>bismuth subsalicylate</i>]	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<i>aprepitant caps 125 mg</i>	1	QL - 30 day(s)
<i>aprepitant caps 40 mg</i>	1	QL - 30 day(s)
<i>aprepitant caps 80 mg</i>	1	QL - 30 day(s)
<i>dronabinol caps 10 mg</i>	1	
<i>dronabinol caps 2.5 mg</i>	1	
<i>dronabinol caps 5 mg</i>	1	
EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	2	QL - 30 day(s)
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>granisetron hcl tabs 1 mg</i>	1	
<i>meclizine hcl tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 4 mg/5ml</i>	1	
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>famotidine (pf) soln 20 mg/2ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 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 tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	2	MB
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
AMITIZA CAPS 24 MCG [<i>lubiprostone</i>]	2	
AMITIZA CAPS 8 MCG [<i>lubiprostone</i>]	2	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	1	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
URSO FORTE TABS 500 MG [<i>ursodiol</i>]	2	
<i>ursodiol tabs 250 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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		
BAL IN OIL SOLN 100 MG/ML [<i>dimercaprol</i>]	2	MB
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 solr 2 gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
EXJADE TBSO 125 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
EXJADE TBSO 250 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
EXJADE TBSO 500 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU TABS 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
<i>penicillamine caps 250 mg</i>	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	QL - 30 day(s)
<i>budesonide susp 0.5 mg/2ml</i>	1	QL - 30 day(s)
<i>cortisone acetate tabs 25 mg</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	MB
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>fluticasone propionate hfa aero 44 mcg/act</i>	2	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	2	
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
prednisolone soln 15 mg/5ml	1	
[Prednisone] PREDNISONO INTENSOL CONC 5 MG/ML	2	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 10 mg (21)	1	
prednisone tbpk 5 mg (21)	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	2	
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	2	MB
SOLU-MEDROL (PF) SOLR 125 MG [methylprednisolone sod succ]	2	MB
SOLU-MEDROL (PF) SOLR 500 MG [methylprednisolone sod succ]	2	MB
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR [testosterone]	2	
ANDRODERM PT24 4 MG/24HR [testosterone]	2	
danazol caps 100 mg	1	
danazol caps 200 mg	1	
danazol caps 50 mg	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
methyltestosterone tabs 10 mg	1	
methyltestosterone caps 10 mg	1	
oxandrolone tabs 10 mg	1	
oxandrolone tabs 2.5 mg	1	
testosterone cypionate soln 200 mg/ml	1	MB
testosterone gel 1.62 %	1	
testosterone gel 12.5 mg/act (1%)	1	
testosterone gel 25 mg/2.5gm (1%)	1	
testosterone gel 50 mg/5gm (1%)	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 MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML [insulin lispro protamine & lispro]	2	
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [insulin lispro protamine & lispro]	2	
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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [semaglutide]	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	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	
SYMLINPEN 120 SOPN 2700 MCG/2.7ML [pramlintide acetate]	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	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11-28 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG <i>[etonogestrel]</i>	2	PREV,MB
<i>norethindrone tabs 0.35 mg</i>	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[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	MB
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	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 ptwk 0.1 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
estradiol tabs 10 mcg	1	
estradiol tabs 2 mg	1	
estradiol valerate oil 10 mg/ml	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 2 MG [estradiol vaginal]	2	
PREMARIN SOLR 25 MG [estrogens, conjugated]	2	
raloxifene hcl tabs 60 mg	1	OC,PREV
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT [chorionic gonadotropin]	2	MB
ELIGARD KIT 22.5 MG [leuprolide acetate (3 month)]	2	
ELIGARD KIT 30 MG [leuprolide acetate (4 month)]	2	
ELIGARD KIT 45 MG [leuprolide acetate (6 month)]	2	
ELIGARD KIT 7.5 MG [leuprolide acetate]	2	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML [follitropin alfa]	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML [follitropin alfa]	2	
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML [follitropin alfa]	2	
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	2	
GONAL-F SOLR 1050 UNIT [follitropin alfa]	2	MB
GONAL-F SOLR 450 UNIT [follitropin alfa]	2	MB
MENOPUR SOLR 75 UNIT [menotropins]	2	
OVIDREL INJ 250 MCG/0.5ML [choriogonadotropin alfa]	2	
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	4	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	4	QL - 30 day(s),MB
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML [corticotropin]	4	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	2	
desmopressin ace spray refrig soln 0.01 %	1	
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML [desmopressin acetate]	2	
desmopressin acetate soln 4 mcg/ml	1	MB
desmopressin acetate spray soln 0.01 %	1	
desmopressin acetate tabs 0.1 mg	1	
desmopressin acetate tabs 0.2 mg	1	
PROGESTINS		
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	2	
medroxyprogesterone acetate susp 150 mg/ml	1	PREV,MB
medroxyprogesterone acetate susy 150 mg/ml	1	PREV,MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML [<i>somatropin</i>]	4	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	2	
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	2	
OMNITROPE SOLR 5.8 MG [<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		
LEVOthyroxine sodium SOLR 200 MCG [<i>levothyroxine sodium</i>]	2	MB
LEVOthyroxine sodium SOLR 500 MCG [<i>levothyroxine sodium</i>]	2	MB
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
IMMUNOLOGICAL AGENTS		
ANTIRHEUMATIC AGENTS		
ENBREL SOLR 25 MG [<i>etanercept</i>]	4	QL - 30 day(s)

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
KINERET INJ [<i>anakinra</i>]	4	QL - 30 day(s),LD
<i>leflunomide tabs 10 mg</i>	1	
<i>leflunomide tabs 20 mg</i>	1	
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	4	
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	4	QL - 30 day(s)
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	2	
IMMUNE SUPPRESSANTS		
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	2	MB
<i>azathioprine tabs 50 mg</i>	1	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil susr 200 mg/ml</i>	1	
<i>mycophenolate sodium tbec 180 mg</i>	1	
<i>mycophenolate sodium tbec 360 mg</i>	1	
NEORAL SOLN 100 MG/ML [<i>cyclosporine modified (for microemulsion)</i>]	2	
PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	2	MB
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	2	MB
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	

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<i>sirolimus tabs 2 mg</i>	1	
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
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>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>chloroprocaine hcl inj 3%</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (pf) soln 4 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine hcl soln 2 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 1.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN SOLN 10 MG/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
NAROPIN SOLN 7.5 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 SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE SOLN 2 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 2 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % <i>[bupivacaine w/ epinephrine]</i>	2	MB
TETRACAINE HCL SOLN 1 % <i>[tetracaine hcl]</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 <i>[lidocaine w/ epinephrine]</i>	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
ACTIMMUNE SOLN 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	
BOTOX COSMETIC SOLR 100 UNIT <i>[onabotulinumtoxin (cosmetic)]</i>	2	MB
BOTOX SOLR 100 UNIT <i>[onabotulinumtoxin]</i>	2	MB
BOTOX SOLR 200 UNIT <i>[onabotulinumtoxin]</i>	2	MB
BREYANZI SUSP 70000000 CELLS/ML <i>[lisocabtagene maraleuce]</i>	4	MB
BRIDION SOLN 200 MG/2ML <i>[sugammadex sodium]</i>	2	MB
CERDELGA CAPS 84 MG <i>[eligliustat tartrate]</i>	4	QL - 30 day(s)
<i>cinacalcet hcl tabs 30 mg</i>	1	
<i>cinacalcet hcl tabs 60 mg</i>	1	
<i>cinacalcet hcl tabs 90 mg</i>	1	
CINRYZE SOLR 500 UNIT <i>[c1 esterase inhibitor (human)]</i>	4	QL - 30 day(s),MB
<i>colchicine tabs 0.6 mg</i>	1	
CYSTADANE POWD <i>[betaine]</i>	4	QL - 30 day(s)
CYSTAGON CAPS 150 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
CYSTAGON CAPS 50 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
<i>dexrazoxane hcl solr 250 mg</i>	1	MB
<i>dexrazoxane hcl solr 500 mg</i>	1	MB
<i>dimethyl fumarate cpdr 120 mg</i>	1	
<i>dimethyl fumarate cpdr 240 mg</i>	1	
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	1	

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disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
finasteride tabs 5 mg	1	
FUSILEV INJ 50MG [levoleucovorin calcium]	2	MB
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	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),MB
INFLECTRA SOLR 100 MG [infliximab-dyyb]	4	MB
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	1	
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	1	
levoleucovorin calcium solr 50 mg	1	MB
MESNA SOLN 100 MG/ML [mesna]	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB
mycophenolate mofetil tabs 500 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	2	MB
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 SOLR 250 MG [abatacept]	4	QL - 30 day(s),MB
pamidronate disodium soln 30 mg/10ml	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>pamidronate disodium soln 6 mg/ml</i>	1	MB
<i>pamidronate disodium soln 90 mg/10ml</i>	1	MB
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB
PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	2	
PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	2	
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</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	
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	PREV
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>sterile water for injection soln</i>	1	MB
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	LD
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	
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 ciloleuce</i>]	4	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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	
OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	1	MB
PREPIDIL GEL 0.5 MG/3GM [<i>dinoprostone</i>]	2	
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD [<i>aloe vera (bulk)</i>]	2	
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [<i>atropine sulfate monohydrate</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	
CANTHARIDIN POW [<i>cantharidin</i>]	2	
CARBAMAZEPINE POWD [<i>carbamazepine</i>]	2	
CHLOROFORM SOL [<i>chloroform</i>]	2	
CHLORPROMAZINE HCL POW HCL [<i>chlorpromazine hcl</i>]	2	
CHOLESTEROL POWD [<i>cholesterol</i>]	2	
CLINDAMYCIN HCL POWD [<i>clindamycin hcl (bulk)</i>]	2	
CLOBETASOL PROPIONATE POW PROPIONA [<i>clobetasol propionate</i>]	2	
CLONIDINE HCL POWD [<i>clonidine hcl</i>]	2	
CLOTRIMAZOLE CRYC [<i>clotrimazole (topical)</i>]	2	
CLOTRIMAZOLE POWD [<i>clotrimazole (topical)</i>]	2	
COAL TAR EXTRACT SOLN 20 % [<i>coal tar (crude)</i>]	2	
COLLODION FLEXIBLE LIQD [<i>collodion flexible</i>]	2	
CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	2	
DEXAMETHASONE POWD [<i>dexamethasone (bulk)</i>]	2	
DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]	2	
ESTRADIOL POW [<i>estradiol</i>]	2	
GABAPENTIN POWD [<i>gabapentin (bulk)</i>]	2	
GLYCERIN LIQD [<i>glycerin (bulk)</i>]	2	
GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	2	
HALOPERIDOL POWD [<i>haloperidol (bulk)</i>]	2	
HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>]	2	
HYDROPHILIC OINT [<i>hydrophilic ointment</i>]	2	
HYDROXOCOBALAMIN POW [<i>hydroxocobalamin (bulk)</i>]	2	

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HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	2	
INDOMETHACIN POWD [indomethacin]	2	
ISOSORBIDE POWD [isosorbide (bulk)]	2	
KETAMINE HCL POWD [ketamine hcl (bulk)]	2	
KETOPROFEN POWD [ketoprofen (bulk)]	2	
L-ARGININE POWD [arginine]	2	
L-CITRULLINE POWD [citrulline (bulk)]	2	
L-ISOLEUCINE POWD [isoleucine]	2	
L-PROLINE POWD [proline]	2	
L-VALINE POWD [valine]	2	
LACTIC ACID SOLN [lactic acid (bulk)]	2	
LACTOSE MONOHYDRATE POWD [lactose monohydrate]	2	
LACTOSE POWD [lactose]	2	
LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	2	
METHADONE HCL POWD [methadone hcl]	2	
METRONIDAZOLE POWD [metronidazole (bulk)]	2	
MORPHINE SULFATE POWD [morphine sulfate]	2	
NEOMYCIN SULFATE POWD [neomycin sulfate (topical)]	2	
PAPAVERINE HCL POWD [papaverine hcl]	2	
PHENOBARBITAL POWD [phenobarbital]	2	
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	2	
PLURONIC F127 GEL 20 % [pluronic f127 base]	2	
PODOPHYLLUM RESIN POWD [podophyllum resin]	2	
POLYETHYLENE GLYCOL 400 LIQD [polyethylene glycol 400]	2	
PROGESTERONE MICRONIZED POWD [progesterone micronized (bulk)]	2	
PROGESTERONE WETTABLE POWD [progesterone (bulk)]	2	
PROPYLENE GLYCOL LIQD [propylene glycol (bulk)]	2	
QUINACRINE HCL POWD [quinacrine hcl]	2	
SALICYLIC ACID POWD [salicylic acid (bulk)]	2	
SODIUM BENZOATE POWD [sodium benzoate]	2	
SORBITOL SOLN 70 % [sorbitol]	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [squaric acid dibutylester]	2	
STERILE WATER FOR INJECTION SOLN [water for injection, sterile]	1	MB
SULFUR PRECIPITATED POWD [sulfur (bulk)]	2	
TESTOSTERONE PROPIONATE POWD [testosterone propionate (bulk)]	2	
THYMOL CRYST [thymol]	2	
TRANEXAMIC ACID POWD [tranexamic acid (bulk)]	2	

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TRIAMCINOLONE ACETONIDE POWD <i>[triamcinolone acetonide (topical)]</i>	2	
UREA POWD <i>[urea (bulk)]</i>	2	
VERAPAMIL HCL POWD <i>[verapamil hcl]</i>	2	
ZINC SULFATE GRAN <i>[zinc sulfate]</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		
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	
ALVESCO AERS 160 MCG/ACT <i>[ciclesonide]</i>	2	
ALVESCO AERS 80 MCG/ACT <i>[ciclesonide]</i>	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</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	
<i>promethazine-codeine soln 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	1	
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 10 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 3 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 7 % <i>[sodium chloride (inhalant)]</i>	1	

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PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	2	MB
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% [<i>beractant in nacl</i>]	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
DALIRESP TABS 500 MCG [<i>roflumilast</i>]	2	
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)
OFEV CAPS 100 MG [<i>nintedanib esylate</i>]	4	
OFEV CAPS 150 MG [<i>nintedanib esylate</i>]	4	
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	
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	
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	
ANTIVENIN LATRODECTUS MACTANS KIT [<i>antivenin latrodectus mactans</i>]	2	MB
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
GAMASTAN INJ <i>[immune globulin (human) im]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	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	

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HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	2	MB
HYPERTET SOSY 250 UNIT/ML [<i>tetanus immune globulin (human)</i>]	2	MB
HYQVIA KIT 10 GM/100ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	QL - 30 day(s)
HYQVIA KIT 2.5 GM/25ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	QL - 30 day(s)
HYQVIA KIT 20 GM/200ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	QL - 30 day(s)
HYQVIA KIT 30 GM/300ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	QL - 30 day(s)
HYQVIA KIT 5 GM/50ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	QL - 30 day(s)
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
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT [<i>rho d 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
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 [<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>]	2	MB
DIPHTHERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids (dt)</i>]	2	MB
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	

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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
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

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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
GARDASIL SUSP <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
IMOVAX RABIES SUSR 2.5 UNIT/ML <i>[rabies virus vaccine, hdc]</i>	2	MB
IPOLE INJ <i>[poliovirus vaccine, ipv]</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	MB
PRIORIX SUSR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	2	MB
RABAVERT SUSR <i>[rabies vaccine, pcec]</i>	2	MB
RECOMBIVAX HB SUSP 10 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
RECOMBIVAX HB SUSP 40 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
RECOMBIVAX HB SUSP 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSY 10 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSY 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
ROTARIX SUSP [<i>rotavirus vaccine, live oral</i>]	2	MB
ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	2	MB
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
TWINRIX SUSY 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</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
VARIVAX INJ 1350 PFU/0.5ML [<i>varicella virus vaccine live</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
YF-VAX INJ [<i>yellow fever vaccine</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1-5 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</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	
<i>clotrimazole troc 10 mg</i>	1	
DAKINS (1/4 STRENGTH) SOLN 0.125 % [<i>sodium hypochlorite</i>]	2	
DAKINS (FULL STRENGTH) SOLN 0.5 % [<i>sodium hypochlorite</i>]	2	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
GENTIAN VIOLET SOLN 1 % [<i>gentian violet</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
HYDROCORTISONE-IODOQUINOL CREA 1-1 % <i>[iodoquinol-hc]</i>	1	
HYSEPT SOLN 0.25 % <i>[sodium hypochlorite]</i>	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>permethrin liqd 1 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>metronidazole lotn 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
<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	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG <i>[hydrocortisone acetate (rectal)]</i>	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug lotn 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
BETAMETHASONE DIPROPIONATE CREA 0.05 % <i>[betamethasone dipropionate (topical)]</i>	1	
BETAMETHASONE VALERATE CREA 0.1 % <i>[betamethasone valerate]</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE LOTN 0.1 % <i>[betamethasone valerate]</i>	1	
BETAMETHASONE VALERATE OINT 0.1 % <i>[betamethasone valerate]</i>	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<i>clobetasol propionate foam 0.05 %</i>	1	
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CLOBEX SPRAY LIQD 0.05 % <i>[clobetasol propionate]</i>	2	
CORDRAN TAPE 4 MCG/SQCM <i>[flurandrenolide]</i>	2	
CORTISPORIN CRE 0.5% <i>[neomycin-polymyxin-hc]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>desonide lotn 0.05 %</i>	1	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetone body oil 0.01 %</i>	1	
<i>fluocinolone acetone scalp oil 0.01 %</i>	1	
<i>fluocinolone acetone soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide gel 0.05 %</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	
<i>halobetasol propionate crea 0.05 %</i>	1	
<i>halobetasol propionate oint 0.05 %</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	
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</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)] PROCTOSOL HC CREA 2.5 %	1	
<i>triamcinolone acetone crea 0.025 %</i>	1	
<i>triamcinolone acetone crea 0.1 %</i>	1	
<i>triamcinolone acetone crea 0.5 %</i>	1	
<i>triamcinolone acetone lotn 0.1 %</i>	1	
<i>triamcinolone acetone oint 0.025 %</i>	1	
<i>triamcinolone acetone oint 0.1 %</i>	1	
<i>triamcinolone acetone oint 0.5 %</i>	1	
<i>triamcinolone acetone 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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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	
PHENOL LIQD [<i>phenol</i>]	2	
[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 LOTN 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>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
BENZOIN COMPOUND TINC [<i>benzoin compound</i>]	1	
BENZOIN TINC [<i>benzoin</i>]	2	
<i>bexarotene gel 1 %</i>	1	
<i>calcipotriene crea 0.005 %</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	4	QL - 30 day(s)
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	
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	
PODOCON-25 SOLN 25 % [podophyllum resin]	2	
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	
TACROLIMUS OINT 0.03 % [tacrolimus (topical)]	1	
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	1	
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % [tazarotene]	2	
TAZORAC GEL 0.05 % [tazarotene]	2	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 <i>[pediatric vitamins adc]</i>	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 50000 UNIT/ML <i>[vitamin a]</i>	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER CPR 250 MG <i>[niacin]</i>	1	
NIACIN ER 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	
ERGOCALCIFEROL SOLN 200 MCG/ML <i>[ergocalciferol]</i>	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG <i>[phytonadione]</i>	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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ACETIC ACID SOLN 0.25 % [acetic acid].....	72	ADVATE SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)].....	35
ACETIC ACID SOLN 2 % [acetic acid (otic)].....	77	ADVATE SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)].....	35
acetylcysteine soln 10 %	90	ADVATE SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)].....	35
acetylcysteine soln 20 %	90	ADVATE SOLR 4000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)].....	35
acetylcysteine soln 200 mg/ml	90	ADVATE SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)].....	35
acitretin caps 10 mg	104		
acitretin caps 25 mg	104		
ACTHIB SOLR [haemophilus b polysac conj vac].....	99		
ACTIMMUNE SOLN 100 MCG/0.5ML [interferon gamma-1b].....	90		
ACTIVASE SOLR 100 MG [alteplase].....	39		
ACTIVASE SOLR 50 MG [alteplase].....	39		
acyclovir caps 200 mg	22		
acyclovir sodium inj 1000mg	22		

AEROCHAMBER PLUS FLO-VU SMALL MISC [spacer/aerosol-holding chambers]	65	.....	75
AEROCHAMBER Z-STAT PLUS MISC [spacer/aerosol-holding chambers]	66	ALECENSA CAPS 150 MG [alectinib hcl].....	24
AEROCHAMBER Z-STAT PLUS/LARGE MISC [spacer/aerosol-holding chambers]	66	alendronate sodium tabs 10 mg	90
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers]	66	alendronate sodium tabs 35 mg	90
AEROTRACH PLUS MISC [respiratory therapy supplies]	66	alendronate sodium tabs 70 mg	90
AFLURIA QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	99	alfentanil hcl soln 1000 mcg/2ml	48
AFSTYLA KIT 1000 UNIT [antihemophilic factor (recombinant) single chain]	36	ALINIA SUSR 100 MG/5ML [nitazoxanide] ...	22
AFSTYLA KIT 1500 UNIT [antihemophilic factor (recombinant) single chain]	36	ALINIA TABS 500 MG [nitazoxanide].....	22
AFSTYLA KIT 2000 UNIT [antihemophilic factor (recombinant) single chain]	36	ALKERAN TABS 2 MG [melphalan]	24
AFSTYLA KIT 250 UNIT [antihemophilic factor (recombinant) single chain]	36	allopurinol tabs 100 mg	90
AFSTYLA KIT 2500 UNIT [antihemophilic factor (recombinant) single chain]	36	allopurinol tabs 300 mg	90
AFSTYLA KIT 3000 UNIT [antihemophilic factor (recombinant) single chain]	36	ALOCRIIL SOLN 2 % [nedocromil sodium (ophth)].....	76
AFSTYLA KIT 500 UNIT [antihemophilic factor (recombinant) single chain]	36	ALOE VERA POWD [aloe vera (bulk)].....	93
AK-FLUOR SOLN 10 % [fluorescein sodium injection].....	68	ALPHANATE SOLR 1000 UNIT [antihemophilic factor/von willebrand factor complex (human)].....	36
AKTEN GEL 3.5 % [lidocaine hcl (ophth)]	77	ALPHANATE SOLR 1500 UNIT [antihemophilic factor/von willebrand factor complex (human)].....	36
AKYNZEO CAPS 300-0.5 MG [netupitant- palonosetron].....	78	ALPHANINE SD SOLR 1000 UNIT [coagulation factor ix].....	36
albendazole tabs 200 mg	13	ALPHANINE SD SOLR 1500 UNIT [coagulation factor ix].....	36
ALBUMIN HUMAN SOLN 25 % [albumin, human].....	35	ALPHANINE SD SOLR 500 UNIT [coagulation factor ix].....	36
ALBURX SOLN 5 % [albumin, human].....	35	alprazolam tabs 0.25 mg.....	58
ALBUSTIX STRP [albumin (urine) test]	68	alprazolam tabs 0.5 mg.....	58
ALBUTEIN SOLN 25 % [albumin, human].....	35	alprazolam tabs 1 mg.....	58
albuterol sulfate hfa aers 108 (90 base) mcg/act	34	alprazolam tabs 2 mg.....	58
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	34	ALPROSTADIL POWD [alprostadil (bulk)] ...	93
albuterol sulfate nebu (5 mg/ml) 0.5%	34	alprostadil soln 500 mcg/ml	47
albuterol sulfate nebu 0.63 mg/3ml	34	ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate].....	68
albuterol sulfate nebu 1.25 mg/3ml	34	ALTUVIIIIO SOLR 1000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein- ehtl]	36
albuterol sulfate nebu 2.5 mg/0.5ml	34	ALTUVIIIIO SOLR 2000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein- ehtl]	36
albuterol sulfate syrup 2 mg/5ml	34	ALTUVIIIIO SOLR 250 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein- ehtl]	36
albuterol sulfate tabs 2 mg	34	ALTUVIIIIO SOLR 3000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein- ehtl]	36
albuterol sulfate tabs 4 mg	34	ALTUVIIIIO SOLR 4000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein- ehtl]	36
alclometasone dipropionate crea 0.05 %... ..	102	ALTUVIIIIO SOLR 500 UNIT [antihemophilic	
alclometasone dipropionate oint 0.05 %... ..	102		
ALDURAZYME SOLN 2.9 MG/5ML [laronidase]			

factor (rcmb) fc-vwf-xten fusion protein-ehl]	36	MG/0.2ML [adalimumab-atto].....	90
ALUNBRIG TABS 180 MG [brigatinib].....	24	AMJEVITA-PED 15KG TO <30KG SOSY 20	
ALUNBRIG TABS 30 MG [brigatinib].....	24	MG/0.4ML [adalimumab-atto].....	90
ALUNBRIG TABS 90 MG [brigatinib].....	24	amlodipine besylate tabs 10 mg	43
ALUNBRIG TBPK 90 & 180 MG [brigatinib] ..	24	amlodipine besylate tabs 2.5 mg	43
ALVAIZ TABS 18 MG [eltrombopag choline] 41		amlodipine besylate tabs 5 mg	43
ALVAIZ TABS 36 MG [eltrombopag choline] 41		amoxapine tabs 100 mg	60
ALVAIZ TABS 54 MG [eltrombopag choline] 41		amoxapine tabs 150 mg	60
ALVAIZ TABS 9 MG [eltrombopag choline]..	41	amoxapine tabs 25 mg	60
ALVESCO AERS 160 MCG/ACT [ciclesonide]		amoxapine tabs 50 mg	61
.....	95	amoxicillin caps 250 mg	15
ALVESCO AERS 80 MCG/ACT [ciclesonide] 95		amoxicillin caps 500 mg	15
amantadine hcl caps 100 mg	56	amoxicillin chew 125 mg	15
amantadine hcl soln 50 mg/5ml	56	amoxicillin chew 250 mg	15
AMBISOME SUSR 50 MG [amphotericin b liposome].....	20	amoxicillin susr 125 mg/5ml	15
ambrisentan tabs 10 mg	47	amoxicillin susr 200 mg/5ml	15
ambrisentan tabs 5 mg	47	amoxicillin susr 250 mg/5ml	15
amikacin sulfate soln 500 mg/2ml	15	amoxicillin susr 400 mg/5ml	15
amiloride-hydrochlorothiazide tabs 5-50 mg		amoxicillin-pot clavulanate chew 200-28.5 mg	
.....	71	.....	15
aminocaproic acid soln 250 mg/ml	36	amoxicillin-pot clavulanate chew 400-57 mg	
aminophylline soln 25 mg/ml	106	.....	15
AMINOSYN II SOLN 10 % [amino acid infusion].....	70	amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	15
amiodarone hcl soln 150 mg/3ml	44	amoxicillin-pot clavulanate susr 250-62.5 mg/5ml	15
amiodarone hcl soln 900 mg/18ml	44	amoxicillin-pot clavulanate susr 400-57 mg/5ml	15
amiodarone hcl tabs 200 mg	44	amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	15
AMITIZA CAPS 24 MCG [lubiprostone].....	79	amoxicillin-pot clavulanate tabs 250-125 mg	
AMITIZA CAPS 8 MCG [lubiprostone].....	79	.....	15
amitriptyline hcl tabs 10 mg	60	amoxicillin-pot clavulanate tabs 500-125 mg	
amitriptyline hcl tabs 100 mg	60	.....	15
amitriptyline hcl tabs 150 mg	60	amoxicillin-pot clavulanate tabs 875-125 mg	
amitriptyline hcl tabs 25 mg	60	.....	15
amitriptyline hcl tabs 50 mg	60	amphetamine-dextroamphet er cp24 10 mg 52	
amitriptyline hcl tabs 75 mg	60	amphetamine-dextroamphet er cp24 15 mg 52	
AMJEVITA SOAJ 40 MG/0.4ML [adalimumab-atto].....	90	amphetamine-dextroamphet er cp24 20 mg 52	
AMJEVITA SOAJ 40 MG/0.8ML [adalimumab-atto].....	90	amphetamine-dextroamphet er cp24 25 mg 52	
AMJEVITA SOAJ 80 MG/0.8ML [adalimumab-atto].....	90	amphetamine-dextroamphet er cp24 30 mg 52	
AMJEVITA SOSY 40 MG/0.4ML [adalimumab-atto].....	90	amphetamine-dextroamphet er cp24 5 mg ..52	
AMJEVITA SOSY 40 MG/0.8ML [adalimumab-atto].....	90	amphetamine-dextroamphetamine tabs 10 mg	
AMJEVITA-PED 10KG TO <15KG SOSY 10		.....	52
MG/0.2ML [adalimumab-atto].....	90	amphetamine-dextroamphetamine tabs 12.5 mg	52
AMJEVITA-PED 15KG TO <30KG SOSY 20		amphetamine-dextroamphetamine tabs 15 mg	
		.....	52
		amphetamine-dextroamphetamine tabs 20 mg	
		.....	52

amphetamine-dextroamphetamine tabs 30 mg	hcl]	52
.....	APTENSIO XR CP24 30 MG [methylphenidate	52
amphetamine-dextroamphetamine tabs 5 mg	hcl]	52
.....	APTENSIO XR CP24 40 MG [methylphenidate	52
amphetamine-dextroamphetamine tabs 7.5	hcl]	52
mg	APTENSIO XR CP24 50 MG [methylphenidate	52
amphotericin b solr 50 mg	hcl]	52
20	APTENSIO XR CP24 60 MG [methylphenidate	52
ampicillin cap 250mg	hcl]	52
15	APTIVUS CAPS 250 MG [tipranavir]	13
ampicillin caps 500 mg		107
15	AQUASOL A SOLN 50000 UNIT/ML [vitamin a]	107
ampicillin sodium solr 1 gm		
15	ARALAST NP SOLR 1000 MG [alpha1-	
ampicillin sodium solr 10 gm	proteinase inhibitor (human)]	75
15	ARALAST NP SOLR 500 MG [alpha1-	
ampicillin sodium solr 125 mg	proteinase inhibitor (human)]	96
15	AREXVY SUSR 120 MCG/0.5ML [rsv pre-	
ampicillin sodium solr 2 gm	fusion f3 protein (rsvpref3) vac recomb	
15	adjuvanted]	99
ampicillin sodium solr 250 mg		
15	ARGATROBAN SOLN 250 MG/2.5ML	
ampicillin sodium solr 500 mg	[argatroban]	39
16	aripiprazole tabs 10 mg	61
ampicillin sus 125/5ml	aripiprazole tabs 15 mg	61
16	aripiprazole tabs 2 mg	61
ampicillin sus 250/5ml	aripiprazole tabs 20 mg	61
16	aripiprazole tabs 30 mg	61
ampicillin-sulbactam sodium solr 1.5 (1-0.5)	aripiprazole tabs 5 mg	61
gm	ARISTADA PRSY 1064 MG/3.9ML [aripiprazole	
16	lauroxil]	61
ampicillin-sulbactam sodium solr 15 (10-5)	ARISTADA PRSY 441 MG/1.6ML [aripiprazole	
gm	lauroxil]	61
16	ARISTADA PRSY 662 MG/2.4ML [aripiprazole	
ampicillin-sulbactam sodium solr 3 (2-1) gm	lauroxil]	61
.....	ARISTADA PRSY 882 MG/3.2ML [aripiprazole	
16	lauroxil]	61
amp-sulbacta inj 1.5gm	ARRANON SOLN 5 MG/ML [nelarabine]	24
15	ASCORBIC ACID SOLN 500 MG/ML [ascorbic	
anagrelide hcl caps 0.5 mg	acid]	107
39	ASMANEX (120 METERED DOSES) AEPB 220	
anagrelide hcl caps 1 mg	MCG/ACT [mometasone furoate	
39	(inhalation)]	80
anastrozole tabs 1 mg	ASMANEX (30 METERED DOSES) AEPB 110	
24	MCG/ACT [mometasone furoate	
ANAVIP SOLR [crotalidae immune f(ab)2	(inhalation)]	80
(equine)]	ASMANEX (60 METERED DOSES) AEPB 220	
96	MCG/ACT [mometasone furoate	
ANDRODERM PT24 2 MG/24HR [testosterone]	(inhalation)]	80
.....	ASMANEX HFA AERO 100 MCG/ACT	
82	[mometasone furoate (inhalation)]	81
ANDRODERM PT24 4 MG/24HR [testosterone]		
.....	ASMANEX HFA AERO 200 MCG/ACT	
82		
ANGIOMAX SOLR 250 MG [bivalirudin		
trifluoroacetate]		
39		
ANTIVENIN LATRODECTUS MACTANS KIT		
[antivenin latrodectus mactans]		
96		
ANUCORT-HC SUPP 25 MG [hydrocortisone		
acetate (rectal)]		
102		
APOKYN SOCT 30 MG/3ML [apomorphine		
hydrochloride]		
56		
apraclonidine hcl soln 0.5 %		
77		
aprepitant caps 125 mg		
78		
aprepitant caps 40 mg		
78		
aprepitant caps 80 mg		
78		
APTENSIO XR CP24 10 MG [methylphenidate		
hcl]		
52		
APTENSIO XR CP24 15 MG [methylphenidate		
hcl]		
52		
APTENSIO XR CP24 20 MG [methylphenidate		

[mometasone furoate (inhalation)]	81
ASPARLAS SOLN 3750 UNIT/5ML	
[calaspargase pegol-mknl]	24
aspirin-dipyridamole er cp12 25-200 mg	39
atazanavir sulfate caps 150 mg	13
atazanavir sulfate caps 200 mg	13
atazanavir sulfate caps 300 mg	22
atenolol tabs 100 mg	42
atenolol tabs 25 mg	42
atenolol tabs 50 mg	42
atenolol-chlorthalidone tabs 100-25 mg	42
atenolol-chlorthalidone tabs 50-25 mg	42
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	
.....	88
atomoxetine hcl caps 10 mg	59
atomoxetine hcl caps 100 mg	59
atomoxetine hcl caps 18 mg	59
atomoxetine hcl caps 25 mg	59
atomoxetine hcl caps 40 mg	59
atomoxetine hcl caps 60 mg	59
atomoxetine hcl caps 80 mg	59
atorvastatin calcium tabs 10 mg	41
atorvastatin calcium tabs 20 mg	42
atorvastatin calcium tabs 40 mg	10, 42
atorvastatin calcium tabs 80 mg	42
atovaquone susp 750 mg/5ml	22
atovaquone-proguanil hcl tabs 250-100 mg	22
atovaquone-proguanil hcl tabs 62.5-25 mg	22
atracurium besylate soln 100 mg/10ml	33
atracurium besylate soln 50 mg/5ml	33
atropine sulfate inj 1mg/ml	31
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [atropine sulfate monohydrate]	93
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	78
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	78
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	31
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	31
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa]	31
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	16
AVASTIN SOLN 100 MG/4ML [bevacizumab] 24	
AVASTIN SOLN 400 MG/16ML [bevacizumab]	
.....	24

AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	16
AVITA CREA 0.025 % [tretinoin]	104
AVONEX KIT 30MCG [interferon beta-1a] ..60	
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	60
azacitidine susr 100 mg	24
azathioprine tabs 50 mg	88
azelastine hcl soln 0.1 %	76
azithromycin solr 500 mg	16
azithromycin susr 100 mg/5ml	16
azithromycin susr 200 mg/5ml	16
azithromycin tabs 250 mg	16
azithromycin tabs 500 mg	16
azithromycin tabs 600 mg	16
aztreonam solr 1 gm	16
aztreonam solr 2 gm	16

B

bacitracin oint 500 unit/gm	75
bacitracin-polymyxin b oint 500-10000 unit/gm	75
BACLOFEN POWD [baclofen]	93
baclofen tabs 10 mg	33
baclofen tabs 20 mg	33
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	93
BAL IN OIL SOLN 100 MG/ML [dimercaprol]	80
balsalazide disodium caps 750 mg	78
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	84
BARACLUDGE SOLN 0.05 MG/ML [entecavir]	22
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4	66
BD DISP NEEDLE MISC 25G X 1	66
BD DISP NEEDLES MISC 18G X 1-1/2	66
BD DISP NEEDLES MISC 21G X 1-1/2	66
BD DISP NEEDLES MISC 25G X 5/8	66
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	66
BD INSULIN SYRINGE MISC 25G X 1	66
BD INSULIN SYRINGE MISC 27G X 1/2	66
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	66
BD INSULIN SYRINGE U/F MISC 30G X 1/2 ..66	
BD INSULIN SYRINGE U/F MISC 31G X 5/16 ..66	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	66
BD INTEGRA SYRINGE MISC 25G X 5/8	66
BD LANCET DEVICE MIS DEVICE [lancet]	

devices]	66	benzonatate caps 100 mg	95
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	66	benzoyl peroxide-erythromycin gel 5-3 % ..	101
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	66	benztropine mesylate soln 1 mg/ml	56
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	67	benztropine mesylate tabs 0.5 mg	56
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	67	benztropine mesylate tabs 1 mg	57
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	67	benztropine mesylate tabs 2 mg	57
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2	67	betamethasone dipropionate aug crea 0.05 %	102
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8	67	betamethasone dipropionate aug gel 0.05 %	102
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	67	betamethasone dipropionate aug lotn 0.05 %	102
BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	67	betamethasone dipropionate aug oint 0.05 %	102
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	67	BETAMETHASONE DIPROPIONATE CREA 0.05 % [betamethasone dipropionate (topical)]	102
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64	67	betamethasone sod phos & acet susp 6 (3-3) mg/ml	81
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	67	BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	102
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-30 MG [belladonna alkaloids & opium]	31	betamethasone valerate foam 0.12 %	102
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG [belladonna alkaloids & opium]	31	BETAMETHASONE VALERATE LOTN 0.1 % [betamethasone valerate]	102
benazepril hcl tabs 10 mg	46	BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	102
benazepril hcl tabs 20 mg	46	BETASERON KIT 0.3 MG [interferon beta-1b]	60
benazepril hcl tabs 40 mg	46	betaxolol hcl soln 0.5 %	76
benazepril hcl tabs 5 mg	46	bethanechol chloride tabs 10 mg	32
bendamustine hcl solr 100 mg	24	bethanechol chloride tabs 25 mg	32
BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	24	bethanechol chloride tabs 5 mg	32
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	36	bethanechol chloride tabs 50 mg	32
BENEFIX KIT 2000 UNIT [coagulation factor ix (recombinant)]	36	bexarotene gel 1 %	104
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	36	BEXSERO SUSY [meningococcal vac group b (recombinant omv adjuvanted)]	99
BENEFIX KIT 3000 UNIT [coagulation factor ix (recombinant)]	36	BEYFORTUS SOSY 100 MG/ML [nirsevimab-alip]	22
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	36	BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab-alip]	22
BENTYL SOLN 10 MG/ML [dicyclomine hcl] 31		bicalutamide tabs 50 mg	24
BENZOIN COMPOUND TINC [benzoin compound]	104	BICILLIN L-A SUSY 1200000 UNIT/2ML [penicillin g benzathine]	16
BENZOIN TINC [benzoin]	104	BICILLIN L-A SUSY 2400000 UNIT/4ML [penicillin g benzathine]	16
		BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	16
		BIKTARVY TABS 30-120-15 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	13

BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	13	BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	77
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	13	<i>budesonide cpep 3 mg</i>	81
<i>bimatoprost soln 0.03 %</i>	77	<i>budesonide susp 0.25 mg/2ml</i>	81
BIO GLO STRP 1 MG [<i>fluorescein sodium topical</i>]	68	<i>budesonide susp 0.5 mg/2ml</i>	81
BIOTIN-D POWD [<i>biotin (bulk)</i>]	93	<i>bumetanide soln 0.25 mg/ml</i>	71
<i>bisoprolol fumarate tabs 10 mg</i>	42	<i>bumetanide tabs 0.5 mg</i>	71
<i>bisoprolol fumarate tabs 5 mg</i>	42	<i>bumetanide tabs 1 mg</i>	71
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	42	<i>bumetanide tabs 2 mg</i>	71
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	42	BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	70
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	42	<i>bupivacaine hcl (pf) soln 0.5 %</i>	89
<i>bleomycin sulfate solr 15 unit</i>	24	<i>bupivacaine hcl (pf) soln 0.75 %</i>	89
<i>bleomycin sulfate solr 30 unit</i>	24	<i>bupivacaine hcl soln 0.25 %</i>	89
BLEPHAMIDE SUSP 10-0.2 % [<i>sulfacetamide sod-prednisolone</i>]	76	<i>bupivacaine hcl soln 0.5 %</i>	89
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	24	<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	89
BORIC ACID POWD [<i>boric acid (bulk)</i>]	93	<i>bupivacaine-epinephrine (pf) soln 0.25% -1 200000</i>	89
BOTOX COSMETIC SOLR 100 UNIT [<i>onabotulinumtoxinA (cosmetic)</i>]	90	<i>bupivacaine-epinephrine (pf) soln 0.5% -1 200000</i>	89
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxinA</i>]	90	<i>bupivacaine-epinephrine soln 0.25% -1 200000</i>	89
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxinA</i>]	90	<i>bupivacaine-epinephrine soln 0.5% -1 200000</i>	89
BREVIBLOC IN NAACL SOLN 2000 MG/100ML [<i>esmolol hcl-sodium chloride</i>]	42	<i>buprenorphine hcl soln 0.3 mg/ml</i>	48
BREVIBLOC IN NAACL SOLN 2500 MG/250ML [<i>esmolol hcl-sodium chloride</i>]	42	<i>buprenorphine hcl subl 2 mg</i>	48
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	60	<i>buprenorphine hcl subl 8 mg</i>	48
BREYANZI SUSP 70000000 CELLS/ML [<i>lisocabtagene maraleucel</i>]	90	<i>buprenorphine hcl-naloxone hcl film 12-3 mg</i>	48
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	90	<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg</i>	48
BRILINTA TABS 90 MG [<i>ticagrelor</i>]	39	<i>buprenorphine hcl-naloxone hcl film 4-1 mg</i>	48
<i>brimonidine tartrate soln 0.2 %</i>	77	<i>buprenorphine hcl-naloxone hcl film 8-2 mg</i>	48
BRIVIACT TABS 10 MG [<i>brivaracetam</i>]	53	<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	48
BRIVIACT TABS 100 MG [<i>brivaracetam</i>]	53	<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	48
BRIVIACT TABS 25 MG [<i>brivaracetam</i>]	53	<i>buprenorphine ptwk 10 mcg/hr</i>	48
BRIVIACT TABS 50 MG [<i>brivaracetam</i>]	53	<i>buprenorphine ptwk 15 mcg/hr</i>	48
BRIVIACT TABS 75 MG [<i>brivaracetam</i>]	53	<i>buprenorphine ptwk 20 mcg/hr</i>	48
<i>bromocriptine mesylate caps 5 mg</i>	57	<i>buprenorphine ptwk 5 mcg/hr</i>	48
<i>bromocriptine mesylate tabs 2.5 mg</i>	57	<i>buprenorphine ptwk 7.5 mcg/hr</i>	48
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	24	<i>bupropion hcl er (sr) tb12 100 mg</i>	61
BSS PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	77	<i>bupropion hcl er (sr) tb12 150 mg</i>	61
		<i>bupropion hcl er (sr) tb12 200 mg</i>	61
		<i>bupropion hcl er (xl) tb24 150 mg</i>	61
		<i>bupropion hcl er (xl) tb24 300 mg</i>	61
		<i>bupropion hcl tabs 100 mg</i>	61

bupropion hcl tabs 75 mg	61
bupirone hcl tabs 10 mg	58
bupirone hcl tabs 15 mg	58
bupirone hcl tabs 30 mg	58
bupirone hcl tabs 5 mg	58
bupirone hcl tabs 7.5 mg	58
butorphanol tartrate soln 1 mg/ml	49
butorphanol tartrate soln 2 mg/ml	49
BYOOVIZ SOLN 0.5 MG/0.05ML [ranibizumab-nuna]	77

C

CABENUVA SUER 400 & 600 MG/2ML [cabotegravir & rilpivirine]	13
CABENUVA SUER 600 & 900 MG/3ML [cabotegravir & rilpivirine]	13
cabergoline tabs 0.5 mg	57
CABOMETYX TABS 20 MG [cabozantinib s-malate]	24
CABOMETYX TABS 40 MG [cabozantinib s-malate]	24
CABOMETYX TABS 60 MG [cabozantinib s-malate]	24
caffeine citrate soln 60 mg/3ml	52
calcipotriene crea 0.005 %	104
calcipotriene oint 0.005 %	105
calcipotriene soln 0.005 %	105
calcitonin (salmon) soln 200 unit/act	86
calcitriol caps 0.25 mcg	107
calcitriol caps 0.5 mcg	107
calcium acetate (phos binder) caps 667 mg	72
calcium acetate tabs 667 mg	72
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	72
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	72
CALQUENCE TABS 100 MG [acalabrutinib maleate]	25
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	25
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	25
CANCIDAS SOLR 50 MG [caspofungin acetate]	20
CANCIDAS SOLR 70 MG [caspofungin acetate]	20
CANDIN SOLN [candida albicans skin test antigen]	68
CANTHARIDIN POW [cantharidin]	93
CAPASTAT SULFATE SOLR 1 GM	

[capreomycin sulfate]	21
capecitabine tabs 150 mg	25
capecitabine tabs 500 mg	25
CAPRELSA TABS 100 MG [vandetanib]	25
CAPRELSA TABS 300 MG [vandetanib]	25
captopril tabs 100 mg	46
captopril tabs 12.5 mg	46
captopril tabs 25 mg	46
captopril tabs 50 mg	46
CARAFATE SUSP 1 GM/10ML [sucralfate] ..	79
carbamazepine chew 100 mg	53
carbamazepine er cp12 100 mg	53
carbamazepine er cp12 200 mg	53
carbamazepine er cp12 300 mg	53
carbamazepine er tb12 100 mg	53
carbamazepine er tb12 200 mg	53
carbamazepine er tb12 400 mg	53
CARBAMAZEPINE POWD [carbamazepine]	93
carbamazepine susp 100 mg/5ml	54
carbamazepine tabs 200 mg	54
carbidopa tabs 25 mg	57
carbidopa-levodopa er tbc 25-100 mg	57
carbidopa-levodopa er tbc 50-200 mg	57
carbidopa-levodopa tabs 10-100 mg	57
carbidopa-levodopa tabs 25-100 mg	57
carbidopa-levodopa tabs 25-250 mg	57
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	57
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	57
carbidopa-levodopa-entacapone tabs 25-100-200 mg	57
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	57
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	57
carbidopa-levodopa-entacapone tabs 50-200-200 mg	57
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	43
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	43
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	44
carmustine solr 100 mg	25
carvedilol tabs 12.5 mg	42
carvedilol tabs 25 mg	43
carvedilol tabs 3.125 mg	43
carvedilol tabs 6.25 mg	43
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	

.....	39	<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	17
CAVERJECT SOLR 20 MCG [<i>alprostadil</i>		<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	17
(<i>vasodilator</i>)].....	47	.....	17
CAVERJECT SOLR 40 MCG [<i>alprostadil</i>		<i>ceftriaxone sodium solr 1 gm</i>	17
(<i>vasodilator</i>)].....	47	<i>ceftriaxone sodium solr 10 gm</i>	17
CAYSTON SOLR 75 MG [<i>aztreonam lysine</i>].	16	<i>ceftriaxone sodium solr 2 gm</i>	17
<i>cefaclor caps 250 mg</i>	16	<i>ceftriaxone sodium solr 250 mg</i>	17
<i>cefaclor caps 500 mg</i>	16	<i>ceftriaxone sodium solr 500 mg</i>	17
<i>cefadroxil caps 500 mg</i>	16	CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-	
<i>cefazolin sodium solr 1 gm</i>	16	3.74 GM-%(50ML) [<i>ceftriaxone sodium and</i>	
<i>cefazolin sodium solr 10 gm</i>	16	<i>dextrose</i>].....	17
<i>cefazolin sodium solr 500 mg</i>	16	CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-	
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4		2.22 GM-%(50ML) [<i>ceftriaxone sodium and</i>	
GM/50ML-% [<i>cefazolin sodium-dextrose</i>]	16	<i>dextrose</i>].....	17
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4		<i>cefuroxime axetil tabs 250 mg</i>	17
GM-%(50ML) [<i>cefazolin sodium-dextrose</i>]	16	<i>cefuroxime axetil tabs 500 mg</i>	17
<i>cefdinir susr 125 mg/5ml</i>	16	<i>cefuroxime sodium solr 1.5 gm</i>	17
<i>cefdinir susr 250 mg/5ml</i>	16	<i>cefuroxime sodium solr 750 mg</i>	17
<i>cefepime hcl solr 1 gm</i>	16	CELONTIN CAPS 300 MG [<i>methsuximide</i>]...54	
<i>cefepime hcl solr 2 gm</i>	16	<i>cephalexin caps 250 mg</i>	17
CEFEPIME-DEXTROSE SOLR 1-5 GM-		<i>cephalexin caps 500 mg</i>	17
%(50ML) [<i>cefepime hcl-dextrose</i>]	16	<i>cephalexin susr 125 mg/5ml</i>	17
CEFEPIME-DEXTROSE SOLR 2-5 GM-		<i>cephalexin susr 250 mg/5ml</i>	17
%(50ML) [<i>cefepime hcl-dextrose</i>]	16	<i>cephalexin tabs 500 mg</i>	17
<i>cefixime caps 400 mg</i>	16	CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	
<i>cefotaxime sodium inj 10gm</i>	16	.....	76
CEFOTAXIME SODIUM SOLR 1 GM		CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	
[<i>cefotaxime sodium</i>].....	16	.....	90
<i>cefotetan disodium solr 1 gm</i>	16	CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>] .75	
<i>cefotetan disodium solr 2 gm</i>	17	CERVIDIL INST 10 MG [<i>dinoprostone</i>].....92	
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-		CHEMET CAPS 100 MG [<i>succimer</i>].....80	
3.58 GM-%(50ML) [<i>cefotetan disodium and</i>		CHEMSTRIP 9 STRP [<i>multiple urine tests</i>] .68	
<i>dextrose</i>].....	17	CHIRHOSTIM SOLR 16 MCG [<i>secretin acetate</i>	
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-		(<i>human</i>)].....	68
2.08 GM-%(50ML) [<i>cefotetan disodium and</i>		<i>chloramphenicol sod succinate solr 1 gm</i> ...17	
<i>dextrose</i>].....	17	<i>chlordiazepoxide hcl caps 10 mg</i>.....58	
<i>cefoxitin sodium solr 1 gm</i>	17	<i>chlordiazepoxide hcl caps 25 mg</i>.....58	
<i>cefoxitin sodium solr 10 gm</i>	17	<i>chlordiazepoxide hcl caps 5 mg</i>.....58	
<i>cefoxitin sodium solr 2 gm</i>	17	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i> .31	
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4		<i>chlorhexidine gluconate soln 0.12 %</i>75	
GM-%(50ML) [<i>cefoxitin sodium and</i>		CHLOROFORM SOL [<i>chloroform</i>].....93	
<i>dextrose</i>].....	17	<i>chloroprocaine hcl (pf) soln 2 %</i>89	
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2		<i>chloroprocaine hcl inj 3%</i>.....89	
GM-%(50ML) [<i>cefoxitin sodium and</i>		<i>chloroquine phosphate tabs 250 mg</i>.....22	
<i>dextrose</i>].....	17	<i>chloroquine phosphate tabs 500 mg</i>.....22	
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	17	CHLORPROMAZINE HCL POW HCL	
<i>cefpodoxime proxetil susr 50 mg/5ml</i>	17	[<i>chlorpromazine hcl</i>].....	93
<i>cefpodoxime proxetil tabs 100 mg</i>	17	<i>chlorpromazine hcl soln 25 mg/ml</i>.....61	
<i>cefpodoxime proxetil tabs 200 mg</i>	17	<i>chlorpromazine hcl tabs 10 mg</i>.....61	
<i>ceftazidime solr 6 gm</i>	17		

chlorpromazine hcl tabs 100 mg	61	clarithromycin susr 250 mg/5ml	17
chlorpromazine hcl tabs 200 mg	61	clarithromycin tabs 250 mg	18
chlorpromazine hcl tabs 25 mg	61	clarithromycin tabs 500 mg	18
chlorpromazine hcl tabs 50 mg	61	CLEOCIN PHOSPHATE SOLN 300 MG/2ML	
chlorthalidone tabs 25 mg	71	[clindamycin phosphate]	18
chlorthalidone tabs 50 mg	71	CLEOCIN PHOSPHATE SOLN 600 MG/4ML	
CHOLESTEROL POWD [cholesterol]	93	[clindamycin phosphate]	18
cholestyramine light pack 4 gm	42	CLEOCIN PHOSPHATE SOLN 900 MG/6ML	
cholestyramine light powd 4 gm/dose	42	[clindamycin phosphate]	18
cholestyramine pack 4 gm	42	CLEVIPREX EMUL 25 MG/50ML [clevidipine]	
cholestyramine powd 4 gm/dose	42	.....	44
CHORIONIC GONADOTROPIN SOLR 10000		CLEVIPREX EMUL 50 MG/100ML [clevidipine]	
UNIT [chorionic gonadotropin]	86	.....	44
CHROMIC CHLORIDE SOLN 40 MCG/10ML		CLICKFINE PEN NEEDLES MISC 31G X 6 MM	
[chromic chloride]	72	[insulin pen needle]	67
cidofovir soln 75 mg/ml	23	CLIMARA PTWK 0.025 MG/24HR [estradiol]	85
cilostazol tabs 100 mg	39	CLIMARA PTWK 0.0375 MG/24HR [estradiol]	
cilostazol tabs 50 mg	39	.....	85
CIMDUO TABS 300-300 MG [lamivudine-		CLIMARA PTWK 0.05 MG/24HR [estradiol]	85
tenofovir disoproxil fumarate]	13	CLIMARA PTWK 0.06 MG/24HR [estradiol]	85
cimetidine hcl soln 300 mg/5ml	79	CLIMARA PTWK 0.075 MG/24HR [estradiol]	85
cinacalcet hcl tabs 30 mg	90	CLIMARA PTWK 0.1 MG/24HR [estradiol]	85
cinacalcet hcl tabs 60 mg	90	clindamycin hcl caps 150 mg	18
cinacalcet hcl tabs 90 mg	90	clindamycin hcl caps 300 mg	18
CINRYZE SOLR 500 UNIT [c1 esterase		CLINDAMYCIN HCL POWD [clindamycin hcl	
inhibitor (human)]	90	(bulk)]	93
CIPRO SUSR 250 MG/5ML (5%)		clindamycin palmitate hcl solr 75 mg/5ml	18
[ciprofloxacin]	17	clindamycin phos-benzoyl perox gel 1.2-5 %	
CIPRO SUSR 500 MG/5ML (10%)		.....	101
[ciprofloxacin]	17	clindamycin phos-benzoyl perox gel 1-5 %	101
ciprofloxacin hcl soln 0.3 %	75	clindamycin phosphate crea 2 %	101
ciprofloxacin hcl tabs 250 mg	17	clindamycin phosphate gel 1 %	101
ciprofloxacin hcl tabs 500 mg	17	clindamycin phosphate in d5w soln 600	
ciprofloxacin hcl tabs 750 mg	17	mg/50ml	18
ciprofloxacin in d5w soln 200 mg/100ml	17	clindamycin phosphate in d5w soln 900	
ciprofloxacin in d5w soln 400 mg/200ml	17	mg/50ml	18
ciprofloxacin-dexamethasone susp 0.3-0.1 %		clindamycin phosphate lotn 1 %	101
.....	76	clindamycin phosphate soln 1 %	101
cisatracurium besylate (pf) soln 10 mg/5ml	33	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
cisatracurium besylate (pf) soln 200 mg/20ml		[amino acid electrolyte w/ calcium infusion	
.....	33	in d5w]	70
cisatracurium besylate soln 20 mg/10ml	33	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
cisplatin soln 100 mg/100ml	25	[amino acid electrolyte w/ calcium infusion	
cisplatin soln 50 mg/50ml	25	in d10w]	70
citalopram hydrobromide soln 10 mg/5ml	61	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
citalopram hydrobromide tabs 10 mg	61	[amino acid electrolyte w/ calcium infusion	
citalopram hydrobromide tabs 20 mg	61	in d5w]	70
citalopram hydrobromide tabs 40 mg	61	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cladribine soln 10 mg/10ml	25	[amino acid electrolyte w/ calcium infusion	
clarithromycin susr 125 mg/5ml	17	in d15w]	70

CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	70	COARTEM TABS 20-120 MG [artemether- lumefantrine]	22
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	70	CODEINE SULFATE TABS 15 MG [codeine sulfate]	49
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid infusion in d5w]	70	CODEINE SULFATE TABS 30 MG [codeine sulfate]	49
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	70	CODEINE SULFATE TABS 60 MG [codeine sulfate]	49
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	70	colchicine tabs 0.6 mg	90
clobetasol propionate crea 0.05 %	102	colchicine-probenecid tabs 0.5-500 mg	75
clobetasol propionate foam 0.05 %	102	colestipol hcl gran 5 gm	42
clobetasol propionate gel 0.05 %	102	colestipol hcl pack 5 gm	42
clobetasol propionate lotn 0.05 %	102	colestipol hcl tabs 1 gm	42
clobetasol propionate oint 0.05 %	102	COLLODION FLEXIBLE LIQD [collodion flexible]	93
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	93	COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	95
clobetasol propionate soln 0.05 %	102	COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	25
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	102	COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	25
clomiphene citrate tabs 50 mg	85	COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	25
clomipramine hcl caps 25 mg	61	COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	13
clomipramine hcl caps 50 mg	61	CONDYLOX GEL 0.5 % [podofilox]	105
clomipramine hcl caps 75 mg	61	CONRAY 43 INJ 43% [iothalamate meglumine]	69
clonazepam tabs 0.5 mg	54	CONRAY SOLN 60 % [iothalamate meglumine]	69
clonazepam tabs 1 mg	54	CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	67
clonazepam tabs 2 mg	54	COPIKTRA CAPS 15 MG [duvelisib]	25
CLONIDINE HCL POWD [clonidine hcl]	93	COPIKTRA CAPS 25 MG [duvelisib]	25
clonidine hcl tabs 0.1 mg	45	CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	102
clonidine hcl tabs 0.2 mg	45	cortisone acetate tabs 25 mg	81
clonidine hcl tabs 0.3 mg	45	CORTISPORIN CRE 0.5% [neomycin- polymyxin-hc]	102
clonidine ptwk 0.1 mg/24hr	45	CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	76
clonidine ptwk 0.2 mg/24hr	45	CORTROPHIN GEL 80 UNIT/ML [corticotropin]	86
clonidine ptwk 0.3 mg/24hr	45	CORTROSYN SOLR 0.25 MG [cosyntropin]	69
clopidogrel bisulfate tabs 75 mg	39	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	105
clorazepate dipotassium tabs 15 mg	58	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	105
clorazepate dipotassium tabs 3.75 mg	58	COSENTYX SENSOREADY PEN SOAJ 150	
clorazepate dipotassium tabs 7.5 mg	58		
CLOTRIMAZOLE CRYST [clotrimazole (topical)]	93		
CLOTRIMAZOLE POWD [clotrimazole (topical)]	93		
clotrimazole troc 10 mg	101		
clozapine tabs 100 mg	61		
clozapine tabs 200 mg	61		
clozapine tabs 25 mg	61		
clozapine tabs 50 mg	61		
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	93		

MG/ML [<i>secukinumab</i>]	105
COSENTYX SOSY 150 MG/ML [<i>secukinumab</i>]	105
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	25
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	79
CREON CPEP 6000-19000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	80
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	96
<i>cromolyn sodium conc 100 mg/5ml</i>	95
<i>cromolyn sodium nebu 20 mg/2ml</i>	95
<i>cromolyn sodium soln 4 %</i>	76
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	77
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	72
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	96
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	96
<i>cyanocobalamin soln 1000 mcg/ml</i>	107
<i>cyclobenzaprine hcl tabs 10 mg</i>	33
<i>cyclobenzaprine hcl tabs 5 mg</i>	33
<i>cyclopentolate hcl soln 1 %</i>	78
<i>cyclopentolate hcl soln 2 %</i>	78
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	25
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	25
<i>cyclophosphamide solr 1 gm</i>	25
<i>cyclophosphamide solr 2 gm</i>	25
<i>cyclophosphamide solr 500 mg</i>	25
<i>cycloserine caps 250 mg</i>	21
<i>cyclosporine emul 0.05 %</i>	76
<i>cyproheptadine hcl syr 2 mg/5ml</i>	24
<i>cyproheptadine hcl tabs 4 mg</i>	24
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	25
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	25
CYSTADANE POWD [<i>betaine</i>]	90
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	90

CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	90
CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	93
CYTO-CONRAY II SOLN 17.2 % [<i>iothalamate meglumine</i>]	69
CYSTOGRAFIN SOLN 30 % [<i>diatrizoate meglumine</i>]	69
CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	69
<i>cytarabine (pf) soln 100 mg/ml</i>	25
<i>cytarabine (pf) soln 20 mg/ml</i>	25
<i>cytarabine soln 20 mg/ml</i>	25
CYTOGAM INJ 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	96
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	69
CYTRA-K SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	69

D

<i>dacarbazine solr 100 mg</i>	25
<i>dacarbazine solr 200 mg</i>	25
DACOGEN SOLR 50 MG [<i>decitabine</i>]	25
DAKINS (1/4 STRENGTH) SOLN 0.125 % [<i>sodium hypochlorite</i>]	101
DAKINS (FULL STRENGTH) SOLN 0.5 % [<i>sodium hypochlorite</i>]	101
DALIRESP TABS 500 MCG [<i>roflumilast</i>]	96
<i>danazol caps 100 mg</i>	82
<i>danazol caps 200 mg</i>	82
<i>danazol caps 50 mg</i>	82
<i>dantrolene sodium caps 100 mg</i>	33
<i>dantrolene sodium caps 25 mg</i>	33
<i>dantrolene sodium caps 50 mg</i>	33
<i>dapsone tabs 100 mg</i>	21
<i>dapsone tabs 25 mg</i>	21
<i>daptomycin solr 500 mg</i>	18
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	22
<i>darunavir tabs 600 mg</i>	13
<i>darunavir tabs 800 mg</i>	13
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	25
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	25
<i>daunorubicin hcl soln 20 mg/4ml</i>	25
DDAVP RHINAL TUBE SOLN 0.01 % [<i>desmopressin acetate refrigerated</i>]	86
<i>deferasirox tabs 360 mg</i>	80
<i>deferasirox tabs 90 mg</i>	80

<i>deferoxamine mesylate solr 2 gm</i>	80	<i>dexmethylphenidate hcl tabs 2.5 mg</i>	52
<i>deferoxamine mesylate solr 500 mg</i>	80	<i>dexmethylphenidate hcl tabs 5 mg</i>	52
<i>demeclocycline hcl tabs 150 mg</i>	18	<i>dexrazoxane hcl solr 250 mg</i>	90
<i>demeclocycline hcl tabs 300 mg</i>	18	<i>dexrazoxane hcl solr 500 mg</i>	90
DESCOVY TABS 120-15 MG [<i>emtricitabine-</i>		<i>dextroamphetamine sulfate er cp24 10 mg</i> ..	52
<i>tenofovir alafenamide fumarate</i>].....	13	<i>dextroamphetamine sulfate er cp24 15 mg</i> ..	52
DESCOVY TABS 200-25 MG [<i>emtricitabine-</i>		<i>dextroamphetamine sulfate er cp24 5 mg</i>	52
<i>tenofovir alafenamide fumarate</i>].....	13	<i>dextroamphetamine sulfate tabs 10 mg</i>	52
<i>desipramine hcl tabs 10 mg</i>	61	<i>dextroamphetamine sulfate tabs 5 mg</i>	52
<i>desipramine hcl tabs 100 mg</i>	61	DEXTROSE 5%/ELECTROLYTE #48 SOLN	
<i>desipramine hcl tabs 150 mg</i>	61	[<i>electrolyte-48 in dextrose</i>].....	72
<i>desipramine hcl tabs 25 mg</i>	61	DEXTROSE IN LACTATED RINGERS SOLN 5	
<i>desipramine hcl tabs 50 mg</i>	61	% [<i>dextrose in lactated ringers</i>]	72
<i>desipramine hcl tabs 75 mg</i>	61	<i>dextrose in ringers soln 5 %</i>	72
<i>desmopressin ace spray refrig soln 0.01 %</i>	86	DEXTROSE SOLN 10 % [<i>dextrose</i>]	70
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML		DEXTROSE SOLN 20 % [<i>dextrose</i>]	70
[<i>desmopressin acetate</i>].....	86	DEXTROSE SOLN 40 % [<i>dextrose</i>]	70
<i>desmopressin acetate soln 4 mcg/ml</i>	86	DEXTROSE SOLN 5 % [<i>dextrose</i>]	70
<i>desmopressin acetate spray soln 0.01 %</i>	86	DEXTROSE SOLN 50 % [<i>dextrose</i>]	70
<i>desmopressin acetate tabs 0.1 mg</i>	86	DEXTROSE SOLN 70 % [<i>dextrose</i>]	70
<i>desmopressin acetate tabs 0.2 mg</i>	86	DEXTROSE-SODIUM CHLORIDE SOLN 10-	
<i>desonide lotn 0.05 %</i>	103	0.45 % [<i>dextrose w/ sodium chloride</i>].....	72
<i>desonide oint 0.05 %</i>	103	DEXTROSE-SODIUM CHLORIDE SOLN 2.5-	
<i>desoximetasone crea 0.25 %</i>	103	0.45 % [<i>dextrose w/ sodium chloride</i>].....	72
<i>dexamethasone elix 0.5 mg/5ml</i>	81	DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2	
DEXAMETHASONE POWD [<i>dexamethasone</i>		% [<i>dextrose w/ sodium chloride</i>]	72
(<i>bulk</i>)].....	93	DEXTROSE-SODIUM CHLORIDE SOLN 5-	
<i>dexamethasone sodium phosphate soln 0.1</i>		0.225 % [<i>dextrose w/ sodium chloride</i>].....	73
%	76	DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33	
<i>dexamethasone sodium phosphate soln 10</i>		% [<i>dextrose w/ sodium chloride</i>]	73
<i>mg/ml</i>	81	DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45	
<i>dexamethasone sodium phosphate soln 20</i>		% [<i>dextrose w/ sodium chloride</i>]	73
<i>mg/5ml</i>	81	DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9	
<i>dexamethasone soln 0.5 mg/5ml</i>	81	% [<i>dextrose w/ sodium chloride</i>]	73
<i>dexamethasone tabs 0.5 mg</i>	81	DIANEAL LOW CALCIUM/4.25% DEX SOLN	
<i>dexamethasone tabs 0.75 mg</i>	81	483 MOSM/L [<i>peritoneal dialysis solutions</i>]	
<i>dexamethasone tabs 1 mg</i>	81	.....	72
<i>dexamethasone tabs 1.5 mg</i>	81	DIANEAL PD-2/1.5% DEXTROSE SOLN 346	
<i>dexamethasone tabs 2 mg</i>	81	MOSM/L [<i>peritoneal dialysis solutions</i>]....	72
<i>dexamethasone tabs 4 mg</i>	81	DIANEAL PD-2/2.5% DEXTROSE SOLN 396	
<i>dexamethasone tabs 6 mg</i>	81	MOSM/L [<i>peritoneal dialysis solutions</i>]....	72
<i>dexmethylphenidate hcl er cp24 10 mg</i>	52	DIANEAL PD-2/4.25% DEXTROSE SOLN 485	
<i>dexmethylphenidate hcl er cp24 15 mg</i>	52	MOSM/L [<i>peritoneal dialysis solutions</i>]....	72
<i>dexmethylphenidate hcl er cp24 20 mg</i>	52	DIASTAT ACUDIAL GEL 10 MG [<i>diazepam</i>	
<i>dexmethylphenidate hcl er cp24 25 mg</i>	52	(<i>anticonvulsant</i>)]	58
<i>dexmethylphenidate hcl er cp24 30 mg</i>	52	DIASTAT ACUDIAL GEL 20 MG [<i>diazepam</i>	
<i>dexmethylphenidate hcl er cp24 35 mg</i>	52	(<i>anticonvulsant</i>)]	58
<i>dexmethylphenidate hcl er cp24 40 mg</i>	52	DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam</i>	
<i>dexmethylphenidate hcl er cp24 5 mg</i>	52	(<i>anticonvulsant</i>)]	58
<i>dexmethylphenidate hcl tabs 10 mg</i>	52	DIASTIX STRP [<i>glucose urine test-(glucose</i>	

oxidase)].....	69	DIPHThERIA-TETANUS TOXOIDS DT SUSP	
diazepam soln 5 mg/5ml	58	25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids</i>	
diazepam soln 5 mg/ml	58	(dt)].....	98
diazepam tabs 10 mg	58	<i>dipyridamole soln 5 mg/ml</i>	47
diazepam tabs 2 mg	58	<i>dipyridamole tabs 25 mg</i>	47
diazepam tabs 5 mg	58	<i>dipyridamole tabs 50 mg</i>	47
diclofenac sodium gel 1 %.....	105	<i>dipyridamole tabs 75 mg</i>	47
diclofenac sodium soln 0.1 %.....	76	<i>disopyramide phosphate caps 100 mg</i>	45
diclofenac sodium soln 1.5 %.....	105	<i>disopyramide phosphate caps 150 mg</i>	45
dicloxacillin sodium caps 250 mg	18	DISPOSABLE POWER KIT [<i>misc. devices</i>]..	67
dicloxacillin sodium caps 500 mg	18	<i>disulfiram tabs 250 mg</i>	91
dicyclomine hcl caps 10 mg	31	<i>disulfiram tabs 500 mg</i>	91
dicyclomine hcl soln 10 mg/5ml.....	31	<i>divalproex sodium csdr 125 mg</i>	54
dicyclomine hcl tabs 20 mg	32	<i>divalproex sodium er tb24 250 mg</i>	54
didanosine cap 125mg.....	13	<i>divalproex sodium er tb24 500 mg</i>	54
didanosine cpdr 250 mg.....	13	<i>divalproex sodium tbec 125 mg</i>	54
didanosine cpdr 400 mg.....	13	<i>divalproex sodium tbec 250 mg</i>	54
DIFFERIN CREA 0.1 % [<i>adapalene</i>].....	105	<i>divalproex sodium tbec 500 mg</i>	54
DIFFERIN GEL 0.3 % [<i>adapalene</i>].....	105	<i>dobutamine hcl soln 250 mg/20ml</i>	34
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]96		DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-	
<i>digoxin soln 0.05 mg/ml</i>	44	% [<i>dobutamine in dextrose</i>]	34
<i>digoxin soln 0.25 mg/ml</i>	44	DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-	
<i>digoxin tabs 125 mcg</i>	45	% [<i>dobutamine in dextrose</i>]	34
<i>digoxin tabs 250 mcg</i>	45	<i>docetaxel conc 80 mg/4ml</i>	25
<i>dihydroergotamine mesylate soln 1 mg/ml</i> ..	34	<i>dofetilide caps 125 mcg</i>	45
<i>dihydroergotamine mesylate soln 4 mg/ml</i> ..	34	<i>dofetilide caps 250 mcg</i>	45
<i>diltiazem hcl er coated beads cp24 180 mg</i> ..	44	<i>dofetilide caps 500 mcg</i>	45
<i>diltiazem hcl er cp12 120 mg</i>	44	<i>donepezil hcl tabs 10 mg</i>	32
<i>diltiazem hcl er cp12 60 mg</i>	44	<i>donepezil hcl tabs 5 mg</i>	32
<i>diltiazem hcl er cp12 90 mg</i>	44	<i>donepezil hcl tbdp 10 mg</i>	32
<i>diltiazem hcl er cp24 120 mg</i>	44	<i>donepezil hcl tbdp 5 mg</i>	32
<i>diltiazem hcl er cp24 180 mg</i>	44	DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-</i>	
<i>diltiazem hcl er cp24 240 mg</i>	44	<i>hyoscyamine-atropine-scopolamine</i>].....	32
DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]		DONNATAL TABS 16.2 MG [<i>phenobarbital-</i>	
.....	93	<i>hyoscyamine-atropine-scopolamine</i>].....	32
<i>diltiazem hcl soln 125 mg/25ml</i>	44	<i>dopamine hcl inj 160mg/ml</i>	34
<i>diltiazem hcl soln 25 mg/5ml</i>	44	DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine</i>	
<i>diltiazem hcl soln 50 mg/10ml</i>	44	<i>hcl</i>].....	34
<i>diltiazem hcl tabs 120 mg</i>	44	DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-%	
<i>diltiazem hcl tabs 30 mg</i>	44	[<i>dopamine in dextrose</i>].....	34
<i>diltiazem hcl tabs 60 mg</i>	44	DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	
<i>diltiazem hcl tabs 90 mg</i>	44	[<i>dopamine in dextrose</i>].....	34
<i>dimethyl fumarate cpdr 120 mg</i>	90	DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	
<i>dimethyl fumarate cpdr 240 mg</i>	90	[<i>dopamine in dextrose</i>].....	34
<i>dimethyl fumarate starter pack cdpk 120 &</i>		<i>dorzolamide hcl soln 2 %</i>	77
<i>240 mg</i>	90	<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	77
<i>diphenhydramine hcl soln 50 mg/ml</i>	24	DOVATO TABS 50-300 MG [<i>dolutegravir</i>	
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>		<i>sodium-lamivudine</i>].....	13
.....	78	<i>doxazosin mesylate tabs 1 mg</i>	41
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	78	<i>doxazosin mesylate tabs 2 mg</i>	41

doxazosin mesylate tabs 4 mg	41
doxazosin mesylate tabs 8 mg	41
doxepin hcl caps 10 mg	61
doxepin hcl caps 100 mg	62
doxepin hcl caps 150 mg	62
doxepin hcl caps 25 mg	62
doxepin hcl caps 50 mg	62
doxepin hcl caps 75 mg	62
doxepin hcl conc 10 mg/ml	62
doxorubicin hcl liposomal inj 2 mg/ml	25
doxorubicin hcl soln 2 mg/ml	25
doxorubicin hcl solr 10 mg	25
doxorubicin hcl solr 50 mg	25
doxycycline hyclate caps 100 mg	18
doxycycline hyclate caps 50 mg	18
doxycycline hyclate tabs 100 mg	18
doxycycline hyclate tabs 20 mg	18
doxycycline monohydrate susr 25 mg/5ml ..	18
doxycycline monohydrate tabs 100 mg	18
doxycycline monohydrate tabs 50 mg	18
DRITHO-CREME HP CREA 1 % [anthralin] 105	
dronabinol caps 10 mg	78
dronabinol caps 2.5 mg	78
dronabinol caps 5 mg	78
droperidol soln 2.5 mg/ml	58
drospirenone-ethinyl estradiol tabs 3-0.02 mg	84
drospirenone-ethinyl estradiol tabs 3-0.03 mg	84
DRYSOL SOLN 20 % [aluminum chloride] 104	
duloxetine hcl cpep 20 mg	62
duloxetine hcl cpep 30 mg	62
duloxetine hcl cpep 60 mg	62
DUOPA SUSP 4.63-20 MG/ML [carbidopa- levodopa]	57
DURAMORPH SOLN 0.5 MG/ML [morphine sulfate]	49
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	49
D-XYLOSE POWD [d-xylose]	69
DYRENIUM CAPS 100 MG [triamterene]	71
DYRENIUM CAPS 50 MG [triamterene]	71
E	
EDEX KIT 10 MCG [alprostadil (vasodilator)]	47
EDEX KIT 20 MCG [alprostadil (vasodilator)]	47
EDEX KIT 40 MCG [alprostadil (vasodilator)]	47
EDURANT TABS 25 MG [rilpivirine hcl]	13
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	85
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	85
efavirenz caps 200 mg	13
efavirenz caps 50 mg	13
efavirenz tabs 600 mg	13
efavirenz-emtricitab-tenofo df tabs 600-200- 300 mg	13
EFFER-K TBEF 25 MEQ [potassium bicarbonate]	73
EFFIENT TABS 10 MG [prasugrel hcl]	39
EFFIENT TABS 5 MG [prasugrel hcl]	39
ELAHERE SOLN 100 MG/20ML [mirvetuximab soravtansine-gynx]	25
ELAPRASE SOLN 6 MG/3ML [idursulfase] ... 75	
ELELYSO SOLR 200 UNIT [taliglucerase alfa]	75
eletriptan hydrobromide tabs 20 mg	56
eletriptan hydrobromide tabs 40 mg	56
ELIGARD KIT 22.5 MG [leuprolide acetate (3 month)]	86
ELIGARD KIT 30 MG [leuprolide acetate (4 month)]	86
ELIGARD KIT 45 MG [leuprolide acetate (6 month)]	86
ELIGARD KIT 7.5 MG [leuprolide acetate] ... 86	
ELITEK SOLR 1.5 MG [rasburicase]	75
ELITEK SOLR 7.5 MG [rasburicase]	75
ELLA TABS 30 MG [ulipristal acetate]	84
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	91
ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	36
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	37
ELOCTATE SOLR 2000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	37
ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	37
ELOCTATE SOLR 3000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	37
ELOCTATE SOLR 4000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	37

.....	37	EPCLUSA PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	23
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	37	EPCLUSA PACK 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	23
.....	37	EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	23
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	37	EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	23
.....	37	EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	34
ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	37	EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	105
.....	37	<i>epinephrine hcl inj 1mg/ml</i>	34
ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	37	EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	34
.....	37	<i>epinephrine soaj 0.15 mg/0.15ml</i>	34
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	25	<i>epinephrine soaj 0.3 mg/0.3ml</i>	34
EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	78	EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	34
<i>emtricitabine caps 200 mg</i>	13	EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	23
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	13	<i>eptifibatide soln 20 mg/10ml</i>	39
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	14	<i>eptifibatide soln 75 mg/100ml</i>	39
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	14	EQUETRO CP12 200 MG [<i>carbamazepine (mood)</i>]	54
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	23	ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	26
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	14	ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	26
<i>enalaprilat inj 1.25 mg/ml</i>	46	ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol</i>]	107
ENBREL SOLR 25 MG [<i>etanercept</i>]	87	<i>ergoloid mesylates tabs 1 mg</i>	56
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	88	<i>ergotamine-caffeine tabs 1-100 mg</i>	56
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	88	ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	26
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	88	<i>erlotinib hcl tabs 100 mg</i>	26
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	86	<i>erlotinib hcl tabs 150 mg</i>	26
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	99	<i>erlotinib hcl tabs 25 mg</i>	26
ENGERIX-B SUSY 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	99	ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	26
ENGERIX-B SUSY 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	99	ERYTHROCIN LACTOBIONATE SOLR 500 MG [<i>erythromycin lactobionate</i>]	18
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	26	<i>erythromycin oint 5 mg/gm</i>	75
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	57	<i>erythromycin soln 2 %</i>	101
<i>entecavir tabs 0.5 mg</i>	23	<i>escitalopram oxalate soln 5 mg/5ml</i>	62
<i>entecavir tabs 1 mg</i>	23	<i>escitalopram oxalate tabs 10 mg</i>	60
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	46	<i>escitalopram oxalate tabs 20 mg</i>	62
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	46	<i>escitalopram oxalate tabs 5 mg</i>	62
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	46	ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	43
EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	69	ESTRADIOL POW [<i>estradiol</i>]	93
		<i>estradiol pttw 0.025 mg/24hr</i>	85
		<i>estradiol pttw 0.0375 mg/24hr</i>	85

estradiol pttw 0.05 mg/24hr	85
estradiol pttw 0.075 mg/24hr	85
estradiol pttw 0.1 mg/24hr	85
estradiol ptwk 0.05 mg/24hr	85
estradiol ptwk 0.075 mg/24hr	85
estradiol ptwk 0.1 mg/24hr	85
estradiol tabs 0.5 mg	85
estradiol tabs 1 mg	85
estradiol tabs 10 mcg	86
estradiol tabs 2 mg	86
estradiol valerate oil 10 mg/ml	86
estradiol valerate oil 20 mg/ml	86
estradiol valerate oil 40 mg/ml	86
ESTRING RING 2 MG [estradiol vaginal]	86
ethacrynic acid tabs 25 mg	71
ethambutol hcl tabs 100 mg	21
ethambutol hcl tabs 400 mg	21
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	47
ethosuximide caps 250 mg	54
ethosuximide soln 250 mg/5ml	54
etodolac caps 200 mg	49
etodolac caps 300 mg	49
etodolac tabs 400 mg	49
etodolac tabs 500 mg	49
etomidate soln 2 mg/ml	60
etoposide caps 50 mg	26
etravirine tabs 100 mg	14
etravirine tabs 200 mg	14
everolimus tabs 10 mg	26
everolimus tabs 2.5 mg	26
everolimus tabs 5 mg	26
everolimus tabs 7.5 mg	26
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	14
exemestane tabs 25 mg	26
EXJADE TBSO 125 MG [deferasirox]	80
EXJADE TBSO 250 MG [deferasirox]	80
EXJADE TBSO 500 MG [deferasirox]	80
EXTAVIA KIT 0.3 MG [interferon beta-1b]	60
EYLEA SOLN 2 MG/0.05ML [aflibercept]	77
EYLEA SOSY 2 MG/0.05ML [aflibercept]	77
ezetimibe tabs 10 mg	42

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FABRAZYME SOLR 35 MG [agalsidase beta]	75
FABRAZYME SOLR 5 MG [agalsidase beta]	75
famciclovir tabs 500 mg	23
famotidine (pf) soln 20 mg/2ml	79

famotidine premixed soln 20-0.9 mg/50ml-%	79
famotidine soln 40 mg/4ml	79
famotidine susr 40 mg/5ml	79
famotidine tabs 20 mg	79
famotidine tabs 40 mg	79
felbamate susp 600 mg/5ml	54
felbamate tabs 400 mg	54
felbamate tabs 600 mg	54
fenofibrate tabs 160 mg	42
fenofibrate tabs 54 mg	42
fentanyl citrate (pf) soct 100 mcg/2ml	49
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	49
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate]	49
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	49
fentanyl pt72 100 mcg/hr	49
fentanyl pt72 12 mcg/hr	49
fentanyl pt72 25 mcg/hr	49
fentanyl pt72 50 mcg/hr	49
fentanyl pt72 75 mcg/hr	49
FERREX 150 CAPS 150 MG [polysaccharide iron complex]	35
finasteride tabs 5 mg	91
 fingolimod hcl caps 0.5 mg	60
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	18
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	18
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	96
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	96
flecainide acetate tabs 100 mg	45
flecainide acetate tabs 150 mg	45
flecainide acetate tabs 50 mg	45
fluconazole in dextrose inj dex 200	20
fluconazole in nacl inj nacl 200	20
fluconazole in nacl inj nacl 400	20
fluconazole in sodium chloride soln 100-0.9 mg/50ml-%	18
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	21
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	21
fluconazole susr 10 mg/ml	21
fluconazole susr 40 mg/ml	21
fluconazole tabs 100 mg	21

GALANTAMINE HYDROBROMIDE ER CP24 8 MG [<i>galantamine hydrobromide</i>].....	33	(<i>hpv</i>) <i>quadrivalent recombinant vaccine</i>]	100
<i>galantamine hydrobromide tabs 12 mg</i>	33	GASTROGRAFIN SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>].....	69
<i>galantamine hydrobromide tabs 4 mg</i>	33	<i>gatifloxacin soln 0.5 %</i>	75
<i>galantamine hydrobromide tabs 8 mg</i>	33	GAZYVA SOLN 1000 MG/40ML <i>[obinutuzumab]</i>	26
GAMASTAN INJ [<i>immune globulin (human) im</i>]	97	GELFILM FILM [<i>gelatin adsorbable (ophth)</i>]	37
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	97	GELFOAM SPONGE MISC 12-7 MM [<i>gelatin absorbable</i>].....	37
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	97	GELFOAM SPONGE SIZE 100 MISC [<i>gelatin absorbable</i>].....	37
GAMMAGARD SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	GELFOAM SPONGE SIZE 50 MISC [<i>gelatin absorbable</i>].....	37
GAMMAGARD SOLN 30 GM/300ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>].....	78
GAMMAKED SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gemcitabine hcl solr 200 mg</i>	26
GAMMAKED SOLN 10 GM/100ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gemfibrozil tabs 600 mg</i>	42
GAMMAKED SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i> ...	18
GAMMAKED SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i> ...	18
GAMMAKED SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i> ...	18
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>].....	97	<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	18
GAMMAPLEX SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>].....	97	<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	18
GAMMAPLEX SOLN 5 GM/100ML [<i>immune globulin (human) iv</i>].....	97	<i>gentamicin sulfate crea 0.1 %</i>	101
GAMUNEX-C SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin sulfate oint 0.1 %</i>	101
GAMUNEX-C SOLN 10 GM/100ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin sulfate soln 0.3 %</i>	75
GAMUNEX-C SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin sulfate soln 10 mg/ml</i>	18
GAMUNEX-C SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	<i>gentamicin sulfate soln 40 mg/ml</i>	18
GAMUNEX-C SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	97	GENTIAN VIOLET SOLN 1 % [<i>gentian violet</i>]	101
<i>ganciclovir sodium solr 500 mg</i>	23	GENVOYA TABS 150-150-200-10 MG <i>[elvitegravir-cobicistat-emtricitabine- tenofovir alafenamide]</i>	14
GARDASIL 9 SUSP [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>].....	100	GLEOSTINE CAPS 10 MG [<i>lomustine</i>].....	26
GARDASIL 9 SUSY [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>].....	100	GLEOSTINE CAPS 100 MG [<i>lomustine</i>].....	26
GARDASIL INJ [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	100	GLEOSTINE CAPS 40 MG [<i>lomustine</i>].....	26
GARDASIL SUSP [<i>human papillomavirus</i>]		<i>glimepiride tabs 1 mg</i>	83
		<i>glimepiride tabs 2 mg</i>	83
		<i>glimepiride tabs 4 mg</i>	83
		<i>glipizide tabs 10 mg</i>	83
		<i>glipizide tabs 5 mg</i>	83
		<i>glipizide tb24 10 mg</i>	83
		<i>glipizide tb24 2.5 mg</i>	83
		<i>glipizide tb24 5 mg</i>	83
		<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	83
		<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	83
		<i>glipizide-metformin hcl tabs 5-500 mg</i>	83
		GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>].....	84
		GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	

.....	84
glucagon emergency kit 1 mg	84
glyburide tabs 1.25 mg	83
glyburide tabs 2.5 mg	83
glyburide tabs 5 mg	83
GLYCERIN LIQD [glycerin (bulk)].....	93
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)].....	93
glycopyrrolate soln 0.2 mg/ml	32
glycopyrrolate soln 0.4 mg/2ml	32
glycopyrrolate soln 1 mg/5ml	32
glycopyrrolate tabs 1 mg	32
glycopyrrolate tabs 2 mg	32
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML [follitropin alfa].....	86
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML [follitropin alfa].....	86
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML [follitropin alfa].....	86
GONAL-F RFF SOLR 75 UNIT [follitropin alfa].....	86
GONAL-F SOLR 1050 UNIT [follitropin alfa].....	86
GONAL-F SOLR 450 UNIT [follitropin alfa].....	86
granisetron hcl tabs 1 mg	78
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract].....	91
griseofulvin microsize susp 125 mg/5ml	21
griseofulvin microsize tabs 500 mg	21
griseofulvin ultramicrosize tabs 125 mg	21
griseofulvin ultramicrosize tabs 250 mg	21
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [guaifenesin-codeine].....	95
guanfacine hcl er tb24 1 mg	59
guanfacine hcl er tb24 2 mg	59
guanfacine hcl er tb24 3 mg	59
guanfacine hcl er tb24 4 mg	60
guanfacine hcl tabs 1 mg	34
guanfacine hcl tabs 2 mg	34

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HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)].....	91
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)].....	91
HALAVEN SOLN 1 MG/2ML [eribulin mesylate].....	26
halobetasol propionate crea 0.05 %	103
halobetasol propionate oint 0.05 %	103
haloperidol decanoate soln 100 mg/ml	62
haloperidol decanoate soln 50 mg/ml	62

haloperidol lactate conc 2 mg/ml	62
haloperidol lactate soln 5 mg/ml	62
HALOPERIDOL POWD [haloperidol (bulk)].....	93
haloperidol tabs 0.5 mg	62
haloperidol tabs 1 mg	62
haloperidol tabs 10 mg	62
haloperidol tabs 2 mg	62
haloperidol tabs 20 mg	62
haloperidol tabs 5 mg	62
HARVONI TABS 45-200 MG [ledipasvir-sofosbuvir].....	21
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir].....	21
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine].....	100
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine].....	100
HEALON5 INJ 23MG/ML [sodium hyaluronate].....	77
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine].....	93
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh].....	37
HEMLIBRA SOLN 12 MG/0.4ML [emicizumab-kxwh].....	37
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh].....	37
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh].....	37
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh].....	37
HEMOPIL M INJ 220-400 [antihemophilic factor (human)].....	37
HEMOPIL M SOLR 1000 UNIT [antihemophilic factor (human)].....	37
HEMOPIL M SOLR 1700 UNIT [antihemophilic factor (human)].....	37
HEMOPIL M SOLR 250 UNIT [antihemophilic factor (human)].....	37
HEMOPIL M SOLR 500 UNIT [antihemophilic factor (human)].....	37
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride].....	40
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride].....	40
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [heparin (porcine) in sodium chloride].....	40

HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	40	HIZENTRA SOSY 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	97
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	40	HIZENTRA SOSY 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	97
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	40	HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	78
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [<i>heparin sod (porcine) in d5w</i>]	40	HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>]	83
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	40	HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>]	83
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w</i>]	40	HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	83
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	40	HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	37
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	40	HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	37
<i>heparin sodium (porcine) lock flush soln</i>	40	HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	37
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	40	HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	83
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	40	HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	83
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	40	HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	83
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	40	HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	83
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	40	HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	83
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	40	HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	83
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	26	HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	83
<i>hetastarch-nacl soln 6-0.9 %</i>	73	HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	26
HEXTEND SOLN 6 % [<i>hetastarch (hes /0.7 or /0.75) in electrolytes</i>]	73	HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	26
HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>]	100	<i>hydralazine hcl soln 20 mg/ml</i>	45
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	97	<i>hydralazine hcl tabs 10 mg</i>	45
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	97	<i>hydralazine hcl tabs 100 mg</i>	45
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	97	<i>hydralazine hcl tabs 25 mg</i>	46
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	97	<i>hydralazine hcl tabs 50 mg</i>	46
HIZENTRA SOSY 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	97	<i>hydrochlorothiazide tabs 12.5 mg</i>	71
		<i>hydrochlorothiazide tabs 25 mg</i>	71
		<i>hydrochlorothiazide tabs 50 mg</i>	71
		<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	95

hydrocodone bit-homatrop mbr tabs 5-1.5 mg	58
.....	95
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	49
hydrocodone-acetaminophen tabs 10-325 mg	49
.....	49
hydrocodone-acetaminophen tabs 5-325 mg	49
.....	49
hydrocodone-acetaminophen tabs 7.5-325 mg	49
.....	49
hydrocortisone ace-pramoxine crea 1-1 %	103
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [pramoxine-hc]	103
hydrocortisone crea 2.5 %	103
hydrocortisone enem 100 mg/60ml	103
hydrocortisone lotn 2.5 %	103
hydrocortisone oint 2.5 %	103
HYDROCORTISONE POWD [hydrocortisone (topical)]	93
hydrocortisone tabs 10 mg	81
hydrocortisone tabs 20 mg	81
hydrocortisone tabs 5 mg	81
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	102
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	103
hydromorphone hcl liqd 1 mg/ml	49
hydromorphone hcl pf soln 500 mg/50ml	49
HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	49
hydromorphone hcl tabs 2 mg	49
hydromorphone hcl tabs 4 mg	49
hydromorphone hcl tabs 8 mg	49
HYDROPHILIC OINT [hydrophilic ointment]	93
HYDROXOCOBALAMIN POW [hydroxocobalamin (bulk)]	93
hydroxychloroquine sulfate tabs 200 mg	22
HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	94
hydroxyurea caps 500 mg	26
hydroxyzine hcl soln 25 mg/ml	58
hydroxyzine hcl soln 50 mg/ml	58
hydroxyzine hcl syrpf 10 mg/5ml	58
hydroxyzine hcl tabs 10 mg	58
hydroxyzine hcl tabs 25 mg	58
hydroxyzine hcl tabs 50 mg	58
hydroxyzine pamoate caps 100 mg	58
hydroxyzine pamoate caps 25 mg	58
hydroxyzine pamoate caps 50 mg	58
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	75
HYOSCYAMINE SULFATE ER TB12 0.375 MG [hyoscyamine sulfate]	32
HYOSCYAMINE SULFATE SUBL 0.125 MG [hyoscyamine sulfate]	32
HYOSCYAMINE SULFATE TABS 0.125 MG [hyoscyamine sulfate]	32
HYOSCYAMINE SULFATE TBDP 0.125 MG [hyoscyamine sulfate]	32
HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine sulfate]	32
HYOSYNE SOLN 0.125 MG/ML [hyoscyamine sulfate]	32
HYPERLYTE-CR CONC [parenteral electrolytes]	73
HYPERRAB SOLN 300 UNIT/ML [rabies immune globulin (human)]	98
HYPERTET SOSY 250 UNIT/ML [tetanus immune globulin (human)]	98
HYQVIA KIT 10 GM/100ML [immune globulin (human)-hyaluronidase (human recombinant)]	98
HYQVIA KIT 2.5 GM/25ML [immune globulin (human)-hyaluronidase (human recombinant)]	98
HYQVIA KIT 20 GM/200ML [immune globulin (human)-hyaluronidase (human recombinant)]	98
HYQVIA KIT 30 GM/300ML [immune globulin (human)-hyaluronidase (human recombinant)]	98
HYQVIA KIT 5 GM/50ML [immune globulin (human)-hyaluronidase (human recombinant)]	98
HYSEPT SOLN 0.25 % [sodium hypochlorite]	102
.....	102
I	
IBRANCE CAPS 100 MG [palbociclib]	26
IBRANCE CAPS 125 MG [palbociclib]	26
IBRANCE CAPS 75 MG [palbociclib]	26
IBRANCE TABS 100 MG [palbociclib]	26

IBRANCE TABS 125 MG [<i>palbociclib</i>]	26	INFUMORPH 500 SOLN 500 MG/20ML (25	
IBRANCE TABS 75 MG [<i>palbociclib</i>]	26	MG/ML) [<i>morphine sulfate for continuous</i>	
<i>ibuprofen susp 100 mg/5ml</i>	49	<i>microinfusion</i>]	50
<i>ibutilide fumarate soln 1 mg/10ml</i>	45	INFUVITE ADULT INJ [<i>multiple vitamin</i>]	106
<i>icatibant acetate soty 30 mg/3ml</i>	91	INFUVITE PEDIATRIC SOLN [<i>pediatric</i>	
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin</i>		<i>multiple vitamins</i>]	106
<i>hcl</i>]	26	INSULIN GLARGINE SOLN 100 UNIT/ML	
IDELVION SOLR 1000 UNIT [<i>coagulation</i>		<i>[insulin glargine]</i>	83
<i>factor ix recomb albumin fusion protein</i>		INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	
<i>(rix-fp)</i>]	37	<i>[insulin glargine-yfgn]</i>	83
IDELVION SOLR 2000 UNIT [<i>coagulation</i>		INSULIN GLARGINE-YFGN SOPN 100	
<i>factor ix recomb albumin fusion protein</i>		UNIT/ML [<i>insulin glargine-yfgn</i>]	83
<i>(rix-fp)</i>]	37	INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	
IDELVION SOLR 250 UNIT [<i>coagulation factor</i>			40
<i>ix recomb albumin fusion protein (rix-fp)]</i>	38	INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	
IDELVION SOLR 500 UNIT [<i>coagulation factor</i>			40
<i>ix recomb albumin fusion protein (rix-fp)]</i>	38	INTELENCE TABS 25 MG [<i>etravirine</i>]	14
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	26	INTRALIPID EMUL 20 % [<i>fat emulsion plant</i>	
<i>imatinib mesylate tabs 100 mg</i>	26	<i>based (soy)</i>]	70
<i>imatinib mesylate tabs 400 mg</i>	26	INTRALIPID EMUL 30 % [<i>fat emulsion plant</i>	
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	26	<i>based (soy)</i>]	71
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	26	INTRON A SOLN 10000000 UNIT/ML	
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	26	<i>[interferon alfa-2b]</i>	27
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	27	INTRON A SOLN 6000000 UNIT/ML [<i>interferon</i>	
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	27	<i>alfa-2b</i>]	27
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	27	INTRON A SOLR 10000000 UNIT [<i>interferon</i>	
<i>imipramine hcl tabs 10 mg</i>	62	<i>alfa-2b</i>]	27
<i>imipramine hcl tabs 25 mg</i>	62	INTRON A SOLR 18000000 UNIT [<i>interferon</i>	
<i>imipramine hcl tabs 50 mg</i>	62	<i>alfa-2b</i>]	27
<i>imiquimod crea 5 %</i>	105	INTRON A SOLR 50000000 UNIT [<i>interferon</i>	
IMOGAM RABIES-HT SOLN 300 UNIT/2ML		<i>alfa-2b</i>]	27
<i>[rabies immune globulin (human)]</i>	98	INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	18
IMOVAX RABIES SUSR 2.5 UNIT/ML [<i>rabies</i>		INVEGA SUSTENNA SUSY 117 MG/0.75ML	
<i>virus vaccine, hdc]</i>	100	<i>[paliperidone palmitate]</i>	62
<i>indapamide tabs 1.25 mg</i>	71	INVEGA SUSTENNA SUSY 156 MG/ML	
<i>indapamide tabs 2.5 mg</i>	71	<i>[paliperidone palmitate]</i>	62
<i>indigotindisulfonate sodium soln</i>	69	INVEGA SUSTENNA SUSY 234 MG/1.5ML	
<i>indomethacin caps 25 mg</i>	49	<i>[paliperidone palmitate]</i>	62
<i>indomethacin caps 50 mg</i>	49	INVEGA SUSTENNA SUSY 39 MG/0.25ML	
<i>indomethacin er cpcr 75 mg</i>	50	<i>[paliperidone palmitate]</i>	62
INDOMETHACIN POWD [<i>indomethacin</i>]	94	INVEGA SUSTENNA SUSY 78 MG/0.5ML	
INDOMETHACIN SODIUM SOLR 1 MG		<i>[paliperidone palmitate]</i>	63
<i>[indomethacin sodium]</i>	50	INVIRASE TABS 500 MG [<i>saquinavir</i>	
INFANRIX SUSP 25-58-10 [<i>diphtheria,</i>		<i>mesylate]</i>	14
<i>acellular pertussis & tetanus toxoids]</i>	98	IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	77
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	35	IPOL INJ [<i>poliovirus vaccine, ipv]</i>	100
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb]</i>	91	<i>ipratropium bromide soln 0.02 %</i>	32
INFUMORPH 200 SOLN 200 MG/20ML (10		<i>ipratropium bromide soln 0.03 %</i>	32
MG/ML) [<i>morphine sulfate for continuous</i>		<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	
<i>microinfusion]</i>	50		34

IRESSA TABS 250 MG [<i>gefitinib</i>]	27
<i>irinotecan hcl soln 500 mg/25ml</i>	27
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	14
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	14
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	14
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	14
<i>isoniazid soln 100 mg/ml</i>	21
<i>isoniazid syrp 50 mg/5ml</i>	22
<i>isoniazid tabs 100 mg</i>	22
<i>isoniazid tabs 300 mg</i>	22
<i>isoproterenol hcl soln 0.2 mg/ml</i>	34
<i>isosorbide dinitrate tabs 10 mg</i>	47
<i>isosorbide dinitrate tabs 20 mg</i>	47
<i>isosorbide dinitrate tabs 30 mg</i>	47
<i>isosorbide dinitrate tabs 5 mg</i>	47
<i>isosorbide mononitrate er tb24 120 mg</i>	47
<i>isosorbide mononitrate er tb24 30 mg</i>	47
<i>isosorbide mononitrate er tb24 60 mg</i>	47
ISOSORBIDE POWD [<i>isosorbide (bulk)</i>]	94
<i>itraconazole caps 100 mg</i>	21
<i>ivermectin tabs 3 mg</i>	13
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	27
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	27
IXIARO SUSP [<i>japanese encephalitis vaccine inactivated adsorbed</i>]	100

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JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	80
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	80
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	80
JADENU TABS 180 MG [<i>deferasirox</i>]	80
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	27
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	27
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	27
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	27
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	27
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	83
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	83
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	27
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	14

K

KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	27
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	27
KALYDECO PACK 13.4 MG [<i>ivacaftor</i>]	96
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	96
KALYDECO PACK 5.8 MG [<i>ivacaftor</i>]	96
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	96
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	96
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	96
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	27
KCENTRA KIT 500 UNIT [<i>prothrombin complex concentrate human</i>]	38
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	73
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated ringers</i>]	73
KEDRAB SOLN 1500 UNIT/10ML [<i>rabies immune globulin (human)</i>]	98
KEDRAB SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	98
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	81
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	81
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	104
KERALYT GEL 6 % [<i>salicylic acid</i>]	104
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	

.....	94
ketamine hcl soln 10 mg/ml	60
ketamine hcl soln 100 mg/ml	60
ketamine hcl soln 50 mg/ml	60
ketoconazole crea 2 %	102
ketoconazole sham 2 %	102
ketoconazole tabs 200 mg	21
KETO-DIASTIX STRP [urine glucose-ketones test]	69
KETOPROFEN POWD [ketoprofen (bulk)] ..	94
ketorolac tromethamine soln 0.4 %	76
ketorolac tromethamine soln 0.5 %	76
ketorolac tromethamine soln 15 mg/ml	50
ketorolac tromethamine soln 30 mg/ml	50
ketorolac tromethamine soln 60 mg/2ml	50
KETOSTIX STRP [acetone (urine) test]	69
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	27
KINERET INJ [anakinra]	88
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	100
KINRIX SUSY 0.5 ML [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	100
KISQALI (200 MG DOSE) TBPK 200 MG [ribociclib succinate]	27
KISQALI (400 MG DOSE) TBPK 200 MG [ribociclib succinate]	27
KISQALI (600 MG DOSE) TBPK 200 MG [ribociclib succinate]	27
KLOR-CON TBCR 8 MEQ [potassium chloride]	73
KOATE SOLR 1000 UNIT [antihemophilic factor (human)]	38
KOATE-DVI SOLR 500 UNIT [antihemophilic factor (human)]	38
KOGENATE FS KIT 1000 UNIT [antihemophilic factor (recombinant) (rfviii)]	38
KOGENATE FS KIT 2000 UNIT [antihemophilic factor (recombinant) (rfviii)]	38
KOGENATE FS KIT 250 UNIT [antihemophilic factor (recombinant) (rfviii)]	38
KOGENATE FS KIT 500 UNIT [antihemophilic factor (recombinant) (rfviii)]	38
KOVALTRY SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 250 UNIT [antihemophilic	

factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
K-PHOS TABS 500 MG [potassium phosphate monobasic]	73
KRINTAFEL TABS 150 MG [tafenoquine succinate]	22
KYPROLIS SOLR 10 MG [carfilzomib]	27
KYPROLIS SOLR 30 MG [carfilzomib]	27
KYPROLIS SOLR 60 MG [carfilzomib]	27

L

labetalol hcl soln 5 mg/ml	43
labetalol hcl tabs 100 mg	43
labetalol hcl tabs 200 mg	43
labetalol hcl tabs 300 mg	43
lacosamide soln 10 mg/ml	54
lacosamide soln 200 mg/20ml	54
lacosamide tabs 100 mg	54
lacosamide tabs 150 mg	54
lacosamide tabs 200 mg	54
lacosamide tabs 50 mg	54
LACRISERT INST 5 MG [artificial tear insert]	77
LACTATED RINGERS SOLN [lactated ringer's (irrigation)]	72
LACTATED RINGERS SOLN [lactated ringer's]	73
LACTIC ACID SOLN [lactic acid (bulk)]	94
LACTOSE MONOHYDRATE POWD [lactose monohydrate]	94
LACTOSE POWD [lactose]	94
lactulose (encephalopathy) soln 10 gm/15ml	70
lactulose soln 10 gm/15ml	70
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	54
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	54
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	54
lamivudine soln 10 mg/ml	14
lamivudine tabs 100 mg	23
lamivudine tabs 150 mg	14
lamivudine tabs 300 mg	14

lamivudine-zidovudine tabs 150-300 mg	14	levobunolol hcl soln 0.5 %	77
lamotrigine chew 25 mg	54	levocarnitine inj 200mg/ml	91
lamotrigine chew 5 mg	54	LEVOCARNITINE SOLN 1 GM/10ML	
lamotrigine tabs 100 mg	54	[levocarnitine (metabolic modifiers)]	91
lamotrigine tabs 150 mg	54	LEVOCARNITINE TABS 330 MG [levocarnitine	
lamotrigine tabs 200 mg	54	(metabolic modifiers)]	91
lamotrigine tabs 25 mg	54	levofloxacin in d5w soln 250 mg/50ml	18
LANOXIN PEDIATRIC SOLN 0.1 MG/ML		levofloxacin in d5w soln 500 mg/100ml	18
[digoxin]	45	levofloxacin in d5w soln 750 mg/150ml	18
L-ARGININE POWD [arginine]	94	levofloxacin soln 25 mg/ml	18
latanoprost soln 0.005 %	77	levofloxacin tabs 250 mg	19
L-CITRULLINE POWD [citrulline (bulk)]	94	levofloxacin tabs 500 mg	19
leflunomide tabs 10 mg	88	levofloxacin tabs 750 mg	19
leflunomide tabs 20 mg	88	levoleucovorin calcium solr 50 mg	91
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG		LEVOTHYROXINE SODIUM SOLR 200 MCG	
[lenvatinib mesylate]	27	[levothyroxine sodium]	87
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4		LEVOTHYROXINE SODIUM SOLR 500 MCG	
MG [lenvatinib mesylate]	27	[levothyroxine sodium]	87
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4		levothyroxine sodium tabs 100 mcg	87
MG [lenvatinib mesylate]	27	levothyroxine sodium tabs 112 mcg	87
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 125 mcg	87
MG [lenvatinib mesylate]	27	levothyroxine sodium tabs 150 mcg	87
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 175 mcg	87
MG & 4 MG [lenvatinib mesylate]	27	levothyroxine sodium tabs 200 mcg	87
letrozole tabs 2.5 mg	27	levothyroxine sodium tabs 25 mcg	87
leucovorin calcium solr 100 mg	91	levothyroxine sodium tabs 300 mcg	87
leucovorin calcium solr 350 mg	91	levothyroxine sodium tabs 50 mcg	87
leucovorin calcium solr 50 mg	91	levothyroxine sodium tabs 75 mcg	87
leucovorin calcium tabs 25 mg	91	levothyroxine sodium tabs 88 mcg	87
leucovorin calcium tabs 5 mg	91	LEVOXYL TABS 137 MCG [levothyroxine	
LEUKERAN TABS 2 MG [chlorambucil]	27	sodium]	87
LEUKINE SOLR 250 MCG [sargramostim] ..	41	LEVSIN SOLN 0.5 MG/ML [hyoscyamine	
leuprolide acetate kit 1 mg/0.2ml	27	sulfate]	32
levetiracetam er tb24 500 mg	54	LEVULAN KERASTICK SOLR 20 %	
levetiracetam er tb24 750 mg	55	[aminolevulinic acid hcl]	105
LEVETIRACETAM IN NAACL SOLN 1000		LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	
MG/100ML [levetiracetam in sodium		.....	69
chloride]	55	LIDOCAINE HCL (CARDIAC) PF SOLN 100	
LEVETIRACETAM IN NAACL SOLN 1500		MG/5ML [lidocaine hcl (cardiac)]	89
MG/100ML [levetiracetam in sodium		lidocaine hcl (cardiac) pf sosy 100 mg/5ml ..	45
chloride]	55	lidocaine hcl (cardiac) sosy 50 mg/5ml	45
LEVETIRACETAM IN NAACL SOLN 500		lidocaine hcl (pf) soln 0.5 %	89
MG/100ML [levetiracetam in sodium		lidocaine hcl (pf) soln 1 %	89
chloride]	55	lidocaine hcl (pf) soln 2 %	89
levetiracetam soln 100 mg/ml	55	lidocaine hcl (pf) soln 4 %	89
levetiracetam soln 500 mg/5ml	55	LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	
levetiracetam tabs 1000 mg	55	.....	94
levetiracetam tabs 250 mg	55	lidocaine hcl soln 0.5 %	89
levetiracetam tabs 500 mg	55	lidocaine hcl soln 1 %	89
levetiracetam tabs 750 mg	55	lidocaine hcl soln 2 %	89

<i>lidocaine hcl soln 4 %</i>	104	LIVTENCITY TABS 200 MG [<i>maribavir</i>]	23
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	104	LONSURF TABS 15-6.14 MG [<i>trifluridine-</i>	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i> ...	104	<i>tipiracil</i>]	28
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%		LONSURF TABS 20-8.19 MG [<i>trifluridine-</i>	
<i>[lidocaine in d5w]</i>	45	<i>tipiracil</i>]	28
LIDOCAINE IN D5W SOLN 8-5 MG/ML-%		<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	14
<i>[lidocaine in d5w]</i>	45	<i>lopinavir-ritonavir tabs 100-25 mg</i>	14
<i>lidocaine oint 5 %</i>	104	<i>lopinavir-ritonavir tabs 200-50 mg</i>	14
<i>lidocaine ptch 5 %</i>	104	<i>lorazepam soln 2 mg/ml</i>	58
<i>lidocaine viscous hcl soln 2 %</i>	77	LORAZEPAM SOLN 4 MG/ML [<i>lorazepam</i>]	58
<i>lidocaine-epinephrine soln 0.5 %-1</i>		<i>lorazepam tabs 0.5 mg</i>	58
<i>200000</i>	89	<i>lorazepam tabs 1 mg</i>	58
<i>lidocaine-epinephrine soln 1 %-1</i>		<i>lorazepam tabs 2 mg</i>	58
<i>100000</i>	89	LORBRENA TABS 100 MG [<i>lorlatinib</i>]	28
<i>lidocaine-epinephrine soln 1.5 %-1</i>		LORBRENA TABS 25 MG [<i>lorlatinib</i>]	28
<i>200000</i>	89	<i>losartan potassium tabs 100 mg</i>	46
<i>lidocaine-epinephrine soln 2 %-1</i>		<i>losartan potassium tabs 25 mg</i>	46
<i>100000</i>	89	<i>losartan potassium tabs 50 mg</i>	46
<i>200000</i>	89	<i>losartan potassium-hctz tabs 100-12.5 mg</i>	46
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	104	<i>losartan potassium-hctz tabs 100-25 mg</i>	46
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	104	<i>losartan potassium-hctz tabs 50-12.5 mg</i>	46
<i>linezolid soln 600 mg/300ml</i>	19	<i>lovastatin tabs 10 mg</i>	42
<i>linezolid susr 100 mg/5ml</i>	19	<i>lovastatin tabs 20 mg</i>	42
<i>linezolid tabs 600 mg</i>	19	<i>lovastatin tabs 40 mg</i>	42
<i>liothyronine sodium tabs 25 mcg</i>	87	LOVENOX SOLN 300 MG/3ML [<i>enoxaparin</i>	
<i>liothyronine sodium tabs 5 mcg</i>	87	<i>sodium</i>]	40
<i>liothyronine sodium tabs 50 mcg</i>	87	LOVENOX SOSY 100 MG/ML [<i>enoxaparin</i>	
<i>lisinopril tabs 10 mg</i>	46	<i>sodium</i>]	40
<i>lisinopril tabs 2.5 mg</i>	46	LOVENOX SOSY 120 MG/0.8ML [<i>enoxaparin</i>	
<i>lisinopril tabs 20 mg</i>	46	<i>sodium</i>]	40
<i>lisinopril tabs 30 mg</i>	46	LOVENOX SOSY 150 MG/ML [<i>enoxaparin</i>	
<i>lisinopril tabs 40 mg</i>	46	<i>sodium</i>]	40
<i>lisinopril tabs 5 mg</i>	46	LOVENOX SOSY 30 MG/0.3ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5</i>		<i>sodium</i>]	40
<i>mg</i>	46	LOVENOX SOSY 40 MG/0.4ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5</i>		<i>sodium</i>]	40
<i>mg</i>	46	LOVENOX SOSY 60 MG/0.6ML [<i>enoxaparin</i>	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>		<i>sodium</i>]	40
.....	46	LOVENOX SOSY 80 MG/0.8ML [<i>enoxaparin</i>	
L-ISOLEUCINE POWD [<i>isoleucine</i>]	94	<i>sodium</i>]	40
<i>lithium carbonate caps 150 mg</i>	56	<i>loxapine succinate caps 10 mg</i>	63
LITHIUM CARBONATE CAPS 300 MG [<i>lithium</i>		<i>loxapine succinate caps 25 mg</i>	63
<i>carbonate</i>]	56	<i>loxapine succinate caps 5 mg</i>	63
<i>lithium carbonate caps 600 mg</i>	56	<i>loxapine succinate caps 50 mg</i>	63
<i>lithium carbonate er tbc 300 mg</i>	56	L-PROLINE POWD [<i>proline</i>]	94
<i>lithium carbonate er tbc 450 mg</i>	56	LUCENTIS SOLN 0.3 MG/0.05ML	
LITHIUM CARBONATE TABS 300 MG [<i>lithium</i>		<i>[ranibizumab]</i>	77
<i>carbonate</i>]	56	LUCENTIS SOLN 0.5 MG/0.05ML	
LITHOSTAT TABS 250 MG [<i>acetohydroxamic</i>		<i>[ranibizumab]</i>	77
<i>acid</i>]	70	LUCENTIS SOSY 0.3 MG/0.05ML	

[ranibizumab]	77
LUCENTIS SOSY 0.5 MG/0.05ML	
[ranibizumab]	77
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres] ..	69
LUMIZYME SOLR 50 MG [alglucosidase alfa]	75
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [leuprolide acetate]	28
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [leuprolide acetate]	28
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [leuprolide acetate (3 month)]	28
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [leuprolide acetate (3 month)]	28
LUPRON DEPOT (4-MONTH) KIT 30 MG [leuprolide acetate (4 month)]	28
LUPRON DEPOT (6-MONTH) KIT 45 MG [leuprolide acetate (6 month)]	28
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [leuprolide acetate (cpp)]	28
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [leuprolide acetate (cpp)]	28
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [leuprolide acetate (cpp)]	28
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG [leuprolide acetate (cpp) (3 month)] ..	28
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG [leuprolide acetate (cpp) (3 month)]	28
lurasidone hcl tabs 120 mg	63
lurasidone hcl tabs 20 mg	63
lurasidone hcl tabs 40 mg	63
lurasidone hcl tabs 60 mg	63
lurasidone hcl tabs 80 mg	63
L-VALINE POWD [valine]	94
LYNPARZA TABS 100 MG [olaparib]	28
LYNPARZA TABS 150 MG [olaparib]	28
LYSODREN TABS 500 MG [mitotane]	28

M

M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	73
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	73
MAGNESIUM SULFATE SOLN 20 GM/500ML [magnesium sulfate]	55
MAGNESIUM SULFATE SOLN 4 GM/100ML [magnesium sulfate]	55
MAGNESIUM SULFATE SOLN 4 GM/50ML	

[magnesium sulfate]	55
MAGNESIUM SULFATE SOLN 40 GM/1000ML [magnesium sulfate]	55
MAGNESIUM SULFATE SOLN 50 % [magnesium sulfate]	55
malathion lotn 0.5 %	102
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	73
MANNITOL SOLN 25 % [mannitol]	71
MATULANE CAPS 50 MG [procarbazine hcl]	28
meclizine hcl tabs 25 mg	78
meclofenamate sodium caps 100 mg	50
meclofenamate sodium caps 50 mg	50
MEDROL TABS 2 MG [methylprednisolone]	81
medroxyprogesterone acetate susp 150 mg/ml	86
medroxyprogesterone acetate susy 150 mg/ml	86
medroxyprogesterone acetate tabs 10 mg ..	87
medroxyprogesterone acetate tabs 2.5 mg ..	87
medroxyprogesterone acetate tabs 5 mg	87
mefenamic acid caps 250 mg	50
mefloquine hcl tabs 250 mg	22
megestrol acetate susp 40 mg/ml	28
megestrol acetate susp 400 mg/10ml	28
megestrol acetate tabs 20 mg	28
megestrol acetate tabs 40 mg	28
MEKINIST SOLR 0.05 MG/ML [trametinib dimethyl sulfoxide]	28
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	28
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	28
meloxicam tabs 15 mg	50
meloxicam tabs 7.5 mg	50
melphalan hcl solr 50 mg	28
memantine hcl tabs 10 mg	60
memantine hcl tabs 5 mg	60
MENOPUR SOLR 75 UNIT [menotropins]	86
MENVEO SOLN [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	100
MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	100
mepiridine hcl soln 100 mg/ml	50
mepiridine hcl soln 25 mg/ml	50
mepiridine hcl soln 50 mg/ml	50
MEPHYTON TABS 5 MG [phytonadione]	107
mercaptapurine tabs 50 mg	28
meropenem solr 1 gm	19
meropenem solr 500 mg	19

mesalamine enem 4 gm	78	methylphenidate hcl tabs 10 mg	53
mesalamine supp 1000 mg	78	methylphenidate hcl tabs 20 mg	53
mesalamine tbec 1.2 gm	78	methylphenidate hcl tabs 5 mg	53
MESNA SOLN 100 MG/ML [mesna]	91	methylprednisolone acetate susp 40 mg/ml	81
MESNEX TABS 400 MG [mesna]	91	methylprednisolone acetate susp 80 mg/ml	81
MESTINON SOLN 60 MG/5ML [pyridostigmine		methylprednisolone sodium succ solr 1000	
bromide]	33	mg	81
metformin hcl er tb24 500 mg	83	methylprednisolone sodium succ solr 125 mg	
metformin hcl er tb24 750 mg	83	.....	81
metformin hcl tabs 1000 mg	83	methylprednisolone sodium succ solr 40 mg	
metformin hcl tabs 500 mg	83	.....	81
metformin hcl tabs 850 mg	84	methylprednisolone tabs 16 mg	81
METHADONE HCL POWD [methadone hcl]	94	methylprednisolone tabs 32 mg	81
methadone hcl soln 10 mg/5ml	50	methylprednisolone tabs 4 mg	81
METHADONE HCL SOLN 10 MG/ML		methylprednisolone tabs 8 mg	81
[methadone hcl]	50	methylprednisolone tbpk 4 mg	81
methadone hcl soln 5 mg/5ml	50	methyltestosterone caps 10 mg	82
methadone hcl tabs 10 mg	50	methyltestosterone tabs 10 mg	82
methadone hcl tabs 5 mg	50	metoclopramide hcl soln 10 mg/10ml	80
methazolamide tabs 25 mg	77	metoclopramide hcl soln 5 mg/ml	80
methazolamide tabs 50 mg	77	metoclopramide hcl tabs 10 mg	80
methenamine hippurate tabs 1 gm	23	metoclopramide hcl tabs 5 mg	80
methimazole tabs 10 mg	87	metolazone tabs 10 mg	71
methimazole tabs 5 mg	87	metolazone tabs 2.5 mg	71
methocarbamol tabs 500 mg	33	metolazone tabs 5 mg	71
methocarbamol tabs 750 mg	33	METOPIRONE CAPS 250 MG [metyrapone]	69
methotrexate sodium (pf) soln 50 mg/2ml ...	28	metoprolol succinate er tb24 100 mg	43
METHOTREXATE SODIUM SOLN 50 MG/2ML		metoprolol succinate er tb24 200 mg	43
[methotrexate sodium]	28	metoprolol succinate er tb24 25 mg	43
methotrexate sodium solr 1 gm	28	metoprolol succinate er tb24 50 mg	43
methotrexate sodium tabs 2.5 mg	28	metoprolol tartrate soln 5 mg/5ml	43
methoxsalen rapid caps 10 mg	104	metoprolol tartrate tabs 100 mg	43
methyl dopa tabs 250 mg	46	metoprolol tartrate tabs 25 mg	43
methyl dopa tabs 500 mg	46	metoprolol tartrate tabs 50 mg	43
METHYLENE BLUE SOLN 1 % [methylene		metoprolol-hydrochlorothiazide tabs 100-50	
blue (antidote)]	91	mg	43
methylergonovine maleate soln 0.2 mg/ml ..	93	metronidazole crea 0.75 %	102
methylergonovine maleate tabs 0.2 mg	93	metronidazole gel 0.75 %	102
methylphenidate hcl er (cd) cpcr 10 mg	52	metronidazole lotn 0.75 %	102
methylphenidate hcl er (cd) cpcr 20 mg	52	METRONIDAZOLE POWD [metronidazole	
methylphenidate hcl er (cd) cpcr 30 mg	52	(bulk)]	94
methylphenidate hcl er (cd) cpcr 40 mg	52	METRONIDAZOLE SOLN 500 MG/100ML	
methylphenidate hcl er (cd) cpcr 50 mg	52	[metronidazole]	22
methylphenidate hcl er (cd) cpcr 60 mg	52	metronidazole tabs 250 mg	22
methylphenidate hcl er (osm) tbcr 18 mg	52	metronidazole tabs 500 mg	22
methylphenidate hcl er (osm) tbcr 27 mg	52	mexiletine hcl caps 150 mg	45
methylphenidate hcl er (osm) tbcr 36 mg	53	mexiletine hcl caps 200 mg	45
methylphenidate hcl er (osm) tbcr 54 mg	53	mexiletine hcl caps 250 mg	45
methylphenidate hcl er tbcr 10 mg	53	MICRHOGAM ULTRA-FILTERED PLUS SOSY	
methylphenidate hcl er tbcr 20 mg	53	250 UNIT [rho d immune globulin (human)]	

.....	98	MONOJECT SYRINGE LUER-LOCK TIP MISC	
midazolam hcl (pf) soln 10 mg/2ml	58	60 ML [syringe (disposable)]	67
midazolam hcl (pf) soln 2 mg/2ml	58	MONOJECT TB SYRINGE MISC 1 ML [syringe	
midazolam hcl (pf) soln 5 mg/ml	58	(disposable)]	67
midazolam hcl soln 10 mg/2ml	58	MONONINE SOLR 1000 UNIT [coagulation	
midazolam hcl soln 2 mg/2ml	59	factor ix]	38
midazolam hcl syrp 2 mg/ml	59	montelukast sodium chew 4 mg	95
midodrine hcl tabs 10 mg	34	montelukast sodium chew 5 mg	95
midodrine hcl tabs 2.5 mg	34	montelukast sodium pack 4 mg	95
midodrine hcl tabs 5 mg	34	montelukast sodium tabs 10 mg	95
MIFEPREX TABS 200 MG [mifepristone]	93	morphine sulfate (concentrate) soln 100	
milrinone lactate in dextrose soln 20-5		mg/5ml	50
mg/100ml-%	45	morphine sulfate (pf) soln 0.5 mg/ml	50
milrinone lactate in dextrose soln 40-5		morphine sulfate (pf) soln 1 mg/ml	50
mg/200ml-%	45	MORPHINE SULFATE (PF) SOLN 10 MG/ML	
milrinone lactate inj 1mg/ml	45	[morphine sulfate]	50
milrinone lactate soln 10 mg/10ml	45	MORPHINE SULFATE (PF) SOLN 2 MG/ML	
MINOCIN SOLR 100 MG [minocycline hcl] ..	19	[morphine sulfate]	50
minocycline hcl caps 100 mg	19	MORPHINE SULFATE (PF) SOLN 4 MG/ML	
minocycline hcl caps 50 mg	19	[morphine sulfate]	50
minocycline hcl caps 75 mg	19	MORPHINE SULFATE (PF) SOLN 4 MG/ML	
minoxidil tabs 10 mg	46	[morphine sulfate]	50
minoxidil tabs 2.5 mg	46	morphine sulfate er tbcr 100 mg	50
MIOCHOL-E SOLR 20 MG [acetylcholine		morphine sulfate er tbcr 15 mg	50
chloride]	77	morphine sulfate er tbcr 200 mg	50
MIOSTAT SOLN 0.01 % [carbachol (ophth)] ..	77	morphine sulfate er tbcr 30 mg	50
MIRENA (52 MG) IUD 20 MCG/DAY		morphine sulfate er tbcr 60 mg	50
[levonorgestrel (iud)]	84	MORPHINE SULFATE POWD [morphine	
mirtazapine tabs 15 mg	63	sulfate]	94
mirtazapine tabs 30 mg	63	MORPHINE SULFATE SOLN 1 MG/ML	
mirtazapine tabs 45 mg	63	[morphine sulfate]	50
misoprostol tabs 100 mcg	79	MORPHINE SULFATE SOLN 10 MG/5ML	
misoprostol tabs 200 mcg	79	[morphine sulfate]	50
mitomycin solr 20 mg	28	MORPHINE SULFATE SOLN 15 MG/ML	
mitomycin solr 40 mg	28	[morphine sulfate]	50
mitomycin solr 5 mg	28	MORPHINE SULFATE SOLN 2 MG/ML	
MITOSOL KIT 0.2 MG [mitomycin		[morphine sulfate]	50
(ophthalmic)]	75	MORPHINE SULFATE SOLN 20 MG/5ML	
mitoxantrone hcl conc 25 mg/12.5ml	29	[morphine sulfate]	51
M-M-R II SOLR [measles, mumps & rubella		MORPHINE SULFATE SOLN 4 MG/ML	
virus vaccines]	100	[morphine sulfate]	51
modafinil tabs 100 mg	53	MORPHINE SULFATE SOLN 5 MG/ML	
modafinil tabs 200 mg	53	[morphine sulfate]	51
mometasone furoate crea 0.1 %	103	MORPHINE SULFATE SOLN 50 MG/ML	
mometasone furoate oint 0.1 %	103	[morphine sulfate]	51
mometasone furoate soln 0.1 %	103	MORPHINE SULFATE SUPP 10 MG [morphine	
MONOJECT INSULIN SYRINGE MISC 27G X		sulfate]	51
1/2	67	MORPHINE SULFATE SUPP 20 MG [morphine	
MONOJECT INSULIN SYRINGE MISC 29G X		sulfate]	51
1/2	67	MORPHINE SULFATE SUPP 30 MG [morphine	
		sulfate]	51
		MORPHINE SULFATE SUPP 5 MG [morphine	

sulfate]	51
MORPHINE SULFATE TABS 15 MG [morphine sulfate]	51
MORPHINE SULFATE TABS 30 MG [morphine sulfate]	51
moxifloxacin hcl soln 0.5 %	75
moxifloxacin hcl tabs 400 mg	19
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	69
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron] ...	106
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	106
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	106
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	106
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	106
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	106
mupirocin oint 2 %	102
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	29
mycophenolate mofetil caps 250 mg	88
mycophenolate mofetil susr 200 mg/ml	88
mycophenolate mofetil tabs 500 mg	91
mycophenolate sodium tbec 180 mg	88
mycophenolate sodium tbec 360 mg	88
MYLERAN TABS 2 MG [busulfan]	29
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxib]	91
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxib]	91
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxib]	91
MYRBETRIQ SRER 8 MG/ML [mirabegron]	106
MYRBETRIQ TB24 25 MG [mirabegron]	106
MYRBETRIQ TB24 50 MG [mirabegron]	106

N

NABI-HB SOLN 312 UNIT/ML [hepatitis b immune globulin (human)]	98
nabumetone tabs 500 mg	51
nabumetone tabs 750 mg	51
nadolol tabs 20 mg	43
nadolol tabs 40 mg	43
nadolol tabs 80 mg	43
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose] ...	19

NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	19
nafcillin sodium solr 1 gm	19
nafcillin sodium solr 10 gm	19
nafcillin sodium solr 2 gm	19
NAGLAZYME SOLN 1 MG/ML [galsulfase]	75
nalbuphine hcl soln 10 mg/ml	51
nalbuphine hcl soln 20 mg/ml	51
naloxone hcl liqd 4 mg/0.1ml	60
naloxone hcl soct 0.4 mg/ml	60
naloxone hcl soln 0.4 mg/ml	60
naloxone hcl sosy 2 mg/2ml	60
NALTREXONE HCL POWD [naltrexone hcl (bulk)]	60
naltrexone hcl tabs 50 mg	60
NAMENDA SOL 10MG/5ML [memantine hcl]	60
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	60
naphazoline hcl soln	78
naproxen sodium tabs 275 mg	51
naproxen sodium tabs 550 mg	51
naproxen susp 125 mg/5ml	51
naproxen tabs 250 mg	51
naproxen tabs 375 mg	51
naproxen tabs 500 mg	51
naproxen tbec 375 mg	51
naratriptan hcl tabs 1 mg	56
naratriptan hcl tabs 2.5 mg	56
NAROPIN SOLN 10 MG/ML [ropivacaine hcl]	89
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	89
NAROPIN SOLN 5 MG/ML [ropivacaine hcl]	89
NAROPIN SOLN 7.5 MG/ML [ropivacaine hcl]	89
NATACYN SUSP 5 % [natamycin]	75
NEBUPENT SOLR 300 MG [pentamidine isethionate]	22
nefazodone hcl tabs 100 mg	63
nefazodone hcl tabs 150 mg	63
nefazodone hcl tabs 200 mg	63
nefazodone hcl tabs 250 mg	63
nefazodone hcl tabs 50 mg	63
NEOMYCIN SULFATE POWD [neomycin sulfate (topical)]	94
neomycin sulfate tabs 500 mg	19
neomycin-bacitracin zn-polymyx oint 5-400-10000	75
neomycin-polymyxin b gu soln 40-200000	102
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	76

neomycin-polymyxin-dexameth susp 3.5-10000-0.1	76	nitrofurantoin macrocrystal caps 25 mg	24
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	75	NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal].....	24
neomycin-polymyxin-hc soln 1 %	76	nitrofurantoin monohyd macro caps 100 mg	24
neomycin-polymyxin-hc susp 3.5-10000-1 ..	76	nitrofurantoin susp 25 mg/5ml	24
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	51	NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w].....	47
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	88	NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w].....	47
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate].....	33	NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [nitroglycerin in d5w].....	48
neostigmine methylsulfate soln 5 mg/10ml	33	nitroglycerin pt24 0.4 mg/hr	48
NESACAINE SOLN 1 % [chloroprocaine hcl]89		nitroglycerin soln 5 mg/ml	48
NESACAINE SOLN 2 % [chloroprocaine hcl]89		nitroprusside sodium soln 25 mg/ml	46
nevirapine er tb24 400 mg	14	NITROSTAT SUBL 0.3 MG [nitroglycerin].....	48
nevirapine susp 50 mg/5ml	14	NITROSTAT SUBL 0.4 MG [nitroglycerin].....	48
nevirapine tabs 200 mg	14	NITROSTAT SUBL 0.6 MG [nitroglycerin].....	48
NEXPLANON IMPL 68 MG [etonogestrel].....	85	NITRO-TIME CPR 2.5 MG [nitroglycerin] ..	47
NIACIN ER CPR 250 MG [niacin]	107	NITRO-TIME CPR 6.5 MG [nitroglycerin] ..	47
NIACIN ER CPR 500 MG [niacin]	107	NITRO-TIME CPR 9 MG [nitroglycerin]	47
NIACIN ER TBCR 250 MG [niacin]	107	NIVESTYM SOLN 300 MCG/ML [filgrastim-aafi].....	41
NIACIN TABS 100 MG [niacin].....	107	NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-aafi].....	41
NIACIN TABS 250 MG [niacin].....	107	NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-aafi].....	41
NIACIN TABS 50 MG [niacin].....	107	NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-aafi].....	41
NIACIN TABS 500 MG [niacin].....	107	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML [somatropin]	87
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	44	norepinephrine bitartrate soln 1 mg/ml	35
nicotine polacrilex gum 2 mg	32	norethindrone acetate tabs 5 mg	87
nicotine polacrilex gum 4 mg	32	norethindrone tabs 0.35 mg	85
nicotine polacrilex lozg 2 mg	32	NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	73
nicotine polacrilex lozg 4 mg	32	NORPACE CR CP12 100 MG [disopyramide phosphate].....	45
nicotine pt24 14 mg/24hr	32	NORPACE CR CP12 150 MG [disopyramide phosphate].....	45
nicotine pt24 21 mg/24hr	32	nortriptyline hcl caps 10 mg	63
nicotine pt24 7 mg/24hr	32	nortriptyline hcl caps 25 mg	63
nifedipine caps 10 mg	44	nortriptyline hcl caps 50 mg	63
nifedipine caps 20 mg	44	nortriptyline hcl caps 75 mg	63
nifedipine er osmotic release tb24 30 mg ...	44	nortriptyline hcl soln 10 mg/5ml	63
nifedipine er osmotic release tb24 60 mg ...	44	NORVIR SOLN 80 MG/ML [ritonavir]	14
nifedipine er osmotic release tb24 90 mg ...	44	NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	38
nifedipine er tb24 30 mg	44	NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	38
nifedipine er tb24 60 mg	44		
nimodipine caps 30 mg	44		
NINLARO CAPS 2.3 MG [ixazomib citrate] ...	29		
NINLARO CAPS 3 MG [ixazomib citrate].....	29		
NINLARO CAPS 4 MG [ixazomib citrate].....	29		
NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]47			
NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]47			
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	24		

NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	38
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	38
nystatin crea 100000 unit/gm	102
nystatin susp 100000 unit/ml	21
nystatin tabs 500000 unit	21
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	103
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	103

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OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	98
OCTAGAM SOLN 2.5 GM/50ML [immune globulin (human) iv]	98
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	98
octreotide acetate soln 100 mcg/ml	91
octreotide acetate soln 1000 mcg/ml	91
octreotide acetate soln 200 mcg/ml	91
octreotide acetate soln 50 mcg/ml	91
octreotide acetate soln 500 mcg/ml	91
octreotide acetate sosy 50 mcg/ml	91
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	98
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	14
ODOMZO CAPS 200 MG [sonidegib phosphate]	29
OFEV CAPS 100 MG [nintedanib esylate]	96
OFEV CAPS 150 MG [nintedanib esylate]	96
OFIRMEV SOLN 10 MG/ML [acetaminophen]	51
ofloxacin soln 0.3 %	76
olanzapine solr 10 mg	63
olanzapine tabs 10 mg	63
olanzapine tabs 15 mg	63
olanzapine tabs 2.5 mg	63
olanzapine tabs 20 mg	63
olanzapine tabs 5 mg	63
olanzapine tabs 7.5 mg	63
omeprazole cpdr 10 mg	79
omeprazole cpdr 20 mg	79
omeprazole cpdr 40 mg	79
OMNIPAQUE INJ 300MG/ML [iohexol]	69
OMNIPAQUE INJ 350MG/ML [iohexol]	69
OMNIPAQUE SOLN 180 MG/ML [iohexol]	69

OMNIPAQUE SOLN 240 MG/ML [iohexol]	69
OMNIPAQUE SOLN 300 MG/ML [iohexol]	69
OMNIPAQUE SOLN 350 MG/ML [iohexol]	69
OMNITROPE PEN 5 INJ DEVICE MISC [injection device]	67
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	87
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	87
OMNITROPE SOLR 5.8 MG [somatropin]	87
ONCASPAR SOLN 750 UNIT/ML [pegaspargase]	29
ondansetron hcl soln 4 mg/2ml	79
ondansetron hcl soln 4 mg/5ml	79
ondansetron hcl soln 40 mg/20ml	79
ondansetron hcl tabs 4 mg	79
ondansetron hcl tabs 8 mg	79
ondansetron tbdp 4 mg	79
ondansetron tbdp 8 mg	79
ONETOUCH DELICA PLUS LANCET33G MISC [lancets]	67
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	67
ONETOUCH ULTRA CONTROL LIQD [blood glucose calibration]	67
ONETOUCH ULTRA TEST STRP [glucose blood]	69
ONETOUCH ULTRASOFT 2 LANCETS MISC [lancets]	67
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	67
ONETOUCH VERIO FLEX SYSTEM DEVI [blood glucose monitoring supplies]	67
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [blood glucose monitoring supplies]	68
ONETOUCH VERIO LIQD HIGH [blood glucose calibration]	68
OPDIVO SOLN 100 MG/10ML [nivolumab]	29
OPDIVO SOLN 40 MG/4ML [nivolumab]	29
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	88
ORENCIA SOLR 250 MG [abatacept]	91
ORENCIA SOSY 125 MG/ML [abatacept]	88
ORENCIA SOSY 50 MG/0.4ML [abatacept]	88
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	88
ORKAMBI PACK 100-125 MG [lumacaftor-ivacaftor]	96
ORKAMBI PACK 150-188 MG [lumacaftor-ivacaftor]	96

ORKAMBI PACK 75-94 MG [<i>lumacaftor-ivacaftor</i>]	96
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	96
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	96
<i>oseltamivir phosphate caps 30 mg</i>	23
<i>oseltamivir phosphate caps 45 mg</i>	23
<i>oseltamivir phosphate caps 75 mg</i>	23
<i>oseltamivir phosphate susr 6 mg/ml</i>	23
OSMITROL SOLN 20 % [<i>mannitol</i>]	71
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	88
OTEZLA TABS 30 MG [<i>apremilast</i>]	88
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	88
OVIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	86
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>oxacillin sodium in dextrose</i>]	19
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	19
<i>oxacillin sodium solr 1 gm</i>	19
<i>oxacillin sodium solr 2 gm</i>	19
<i>oxaliplatin soln 100 mg/20ml</i>	29
<i>oxaliplatin soln 50 mg/10ml</i>	29
<i>oxandrolone tabs 10 mg</i>	82
<i>oxandrolone tabs 2.5 mg</i>	82
<i>oxazepam caps 10 mg</i>	59
<i>oxazepam caps 15 mg</i>	59
<i>oxazepam caps 30 mg</i>	59
<i>oxcarbazepine susp 300 mg/5ml</i>	55
<i>oxcarbazepine tabs 150 mg</i>	55
<i>oxcarbazepine tabs 300 mg</i>	55
<i>oxcarbazepine tabs 600 mg</i>	55
<i>oxybutynin chloride er tb24 10 mg</i>	106
<i>oxybutynin chloride er tb24 15 mg</i>	106
<i>oxybutynin chloride er tb24 5 mg</i>	106
<i>oxybutynin chloride soln 5 mg/5ml</i>	106
<i>oxybutynin chloride tabs 5 mg</i>	106
<i>oxycodone hcl soln 5 mg/5ml</i>	51
<i>oxycodone hcl tabs 5 mg</i>	51
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	51
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	51
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	51
OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	93
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [<i>semaglutide</i>]	84
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [<i>semaglutide</i>]	84
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	

[<i>semaglutide</i>]	84
OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	76

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<i>paclitaxel conc 300 mg/50ml</i>	29
PADCEV SOLR 20 MG [<i>enfortumab vedotin-ejfv</i>]	29
PADCEV SOLR 30 MG [<i>enfortumab vedotin-ejfv</i>]	29
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (300 MG TITRATION) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	99
<i>paliperidone er tb24 1.5 mg</i>	63

<i>paliperidone er tb24 3 mg</i>	63
<i>paliperidone er tb24 6 mg</i>	63
<i>paliperidone er tb24 9 mg</i>	63
<i>pamidronate disodium soln 30 mg/10ml</i>	91
<i>pamidronate disodium soln 6 mg/ml</i>	92
<i>pamidronate disodium soln 90 mg/10ml</i>	92
<i>pamidronate disodium solr 30 mg</i>	92
<i>pamidronate disodium solr 90 mg</i>	92
<i>pancuronium bromide soln 1 mg/ml</i>	33
<i>pantoprazole sodium tbec 20 mg</i>	79
<i>pantoprazole sodium tbec 40 mg</i>	79
PAPAVERINE HCL POWD [<i>papaverine hcl</i>] 94	
PAPAVERINE HCL SOLN 30 MG/ML	
[<i>papaverine hcl</i>]	48
<i>paroxetine hcl tabs 10 mg</i>	63
<i>paroxetine hcl tabs 20 mg</i>	63
<i>paroxetine hcl tabs 30 mg</i>	63
<i>paroxetine hcl tabs 40 mg</i>	63
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X	
100MG [<i>nirmatrelvir-ritonavir</i>].....	23
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X	
100MG [<i>nirmatrelvir-ritonavir</i>].....	23
PEDIARIX SUSY [<i>diph-tetanus tox-acell pert-</i>	
<i>hepatitis b recomb-polio ipv vac</i>]	100
PEDIATRIC SMALL MASK MISC [<i>masks</i>]	68
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	79
PEGASYS SOLN 180 MCG/ML [<i>peginterferon</i>	
<i>alfa-2a</i>]	21
PEGASYS SOSY 180 MCG/0.5ML	
[<i>peginterferon alfa-2a</i>]	21
PEG-INTRON REDIPEN KIT 120 RP	
[<i>peginterferon alfa-2b</i>]	21
PEG-INTRON REDIPEN KIT 150 RP	
[<i>peginterferon alfa-2b</i>]	21
PEMETREXED DISODIUM SOLN 100 MG/4ML	
[<i>pemetrexed disodium</i>]	29
PEMETREXED DISODIUM SOLN 500 MG/20ML	
[<i>pemetrexed disodium</i>]	29
<i>penicillamine caps 250 mg</i>	80
PENICILLIN G POT IN DEXTROSE SOLN	
20000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	
.....	19
PENICILLIN G POT IN DEXTROSE SOLN	
40000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	
.....	19
PENICILLIN G POT IN DEXTROSE SOLN	
60000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	
.....	19
<i>penicillin g potassium solr 20000000 unit</i> ...	19
<i>penicillin g potassium solr 5000000 unit</i>	19
<i>penicillin g procaine susp 600000 unit/ml</i>	19
<i>penicillin g sodium solr 5000000 unit</i>	19
<i>penicillin v potassium solr 125 mg/5ml</i>	19
<i>penicillin v potassium solr 250 mg/5ml</i>	19
<i>penicillin v potassium tabs 250 mg</i>	19
<i>penicillin v potassium tabs 500 mg</i>	19
PENLET II BLOOD SAMPLER KIT [<i>lancets</i>	
<i>misc.</i>].....	68
PENTAM SOLR 300 MG [<i>pentamidine</i>	
<i>isethionate</i>].....	22
PENTASA CPR 250 MG [<i>mesalamine</i>].....	78
PENTASA CPR 500 MG [<i>mesalamine</i>].....	78
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	51
<i>pentostatin inj 10mg</i>	29
<i>pentoxifylline er tbc 400 mg</i>	41
PEPTIC RELIEF CHEW 262 MG [<i>bismuth</i>	
<i>subsalicylate</i>]	78
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	
.....	29
<i>permethrin crea 5 %</i>	102
<i>permethrin liqd 1 %</i>	102
<i>perphenazine tabs 16 mg</i>	63
<i>perphenazine tabs 2 mg</i>	63
<i>perphenazine tabs 4 mg</i>	63
<i>perphenazine tabs 8 mg</i>	63
<i>perphenazine-amitriptyline tabs 2-10 mg</i>	63
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	63
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	63
<i>perphenazine-amitriptyline tabs 4-25 mg</i>	64
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	64
<i>phenelzine sulfate tabs 15 mg</i>	64
PHENEX-1 POWD [<i>nutritional supplements</i>]	
.....	71
PHENOBARBITAL ELIX 20 MG/5ML	
[<i>phenobarbital</i>]	59
PHENOBARBITAL POWD [<i>phenobarbital</i>]... 94	
PHENOBARBITAL SODIUM SOLN 130 MG/ML	
[<i>phenobarbital sodium</i>]	59
PHENOBARBITAL SODIUM SOLN 65 MG/ML	
[<i>phenobarbital sodium</i>]	59
PHENOBARBITAL TABS 100 MG	
[<i>phenobarbital</i>]	59
PHENOBARBITAL TABS 15 MG	
[<i>phenobarbital</i>]	59
PHENOBARBITAL TABS 16.2 MG	
[<i>phenobarbital</i>]	59
PHENOBARBITAL TABS 30 MG	
[<i>phenobarbital</i>]	59
PHENOBARBITAL TABS 32.4 MG	
[<i>phenobarbital</i>]	59

PHENOBARBITAL TABS 60 MG [phenobarbital].....	59	0.375) gm.....	19
PHENOBARBITAL TABS 64.8 MG [phenobarbital].....	59	piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm.....	19
PHENOBARBITAL TABS 97.2 MG [phenobarbital].....	59	piperacillin sod-tazobactam so solr 40.5 (36- 4.5) gm	19
PHENOL LIQD [phenol].....	104	PLASMA-LYTE A SOLN [electrolyte-a].....	73
PHENOL LIQD 89 % [phenol].....	38	PLASMANATE SOLN 5 % [plasma protein fraction].....	35
phenoxybenzamine hcl caps 10 mg.....	34	PLURONIC F127 GEL 20 % [pluronic f127 base].....	94
phentermine hcl caps 15 mg	53	PNEUMOVAX 23 INJ 25 MCG/0.5ML [pneumococcal vac polyvalent]	100
phentermine hcl caps 30 mg	53	PODOCON-25 SOLN 25 % [podophyllum resin]	105
phentermine hcl caps 37.5 mg	53	podofilox soln 0.5 %	105
phentermine hcl tabs 37.5 mg	53	PODOPHYLLUM RESIN POWD [podophyllum resin]	94
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	94	POLYETHYLENE GLYCOL 400 LIQD [polyethylene glycol 400].....	94
phentolamine mesylate solr 5 mg	34	polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%.....	76
PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)].....	78	POLY-VI-SOL SOLN [pediatric multiple vitamins]	106
PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)].....	78	POLY-VI-SOL/IRON SOLN 11 MG/ML [pediatric multiple vitamins w/ iron]	106
PHENYLHISTINE DH LIQ DH [pseudoeph- chlorphen w/ cod].....	95	POMALYST CAPS 1 MG [pomalidomide].....	29
phenytoin sodium extended caps 100 mg... 55		POMALYST CAPS 2 MG [pomalidomide].....	29
phenytoin sodium soln 50 mg/ml	55	POMALYST CAPS 3 MG [pomalidomide].....	29
phenytoin susp 125 mg/5ml.....	55	POMALYST CAPS 4 MG [pomalidomide].....	29
PHLEXY-10 PACK [nutritional supplements]	71	POTABA CAPS 500 MG [potassium aminobenzoate].....	107
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)].....	73	POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate].....	74
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	77	potassium chloride crys er tbc 10 meq.....	74
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]..	77	potassium chloride crys er tbc 20 meq.....	74
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [physostigmine salicylate]	33	potassium chloride er cpcr 10 meq	74
phytonadione soln 1 mg/0.5ml	107	potassium chloride er cpcr 8 meq	74
pilocarpine hcl soln 1 %.....	77	potassium chloride er tbc 10 meq.....	74
pilocarpine hcl soln 2 %.....	77	POTASSIUM CHLORIDE IN NA CL SOLN 20- 0.45 MEQ/L-% [potassium chloride in nacl]	74
pilocarpine hcl soln 4 %.....	77	POTASSIUM CHLORIDE IN NA CL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	74
pilocarpine hcl tabs 5 mg.....	33	POTASSIUM CHLORIDE IN NA CL SOLN 40-0.9 MEQ/L-% [potassium chloride in nacl]	74
pimecrolimus crea 1 %.....	105	POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride].....	74
pimozide tabs 1 mg	64	potassium chloride sol 10% sf.....	74
pimozide tabs 2 mg	64	potassium chloride soln 10 meq/100ml.....	74
pioglitazone hcl tabs 15 mg.....	84	POTASSIUM CHLORIDE SOLN 10 MEQ/50ML	
pioglitazone hcl tabs 30 mg.....	84		
pioglitazone hcl tabs 45 mg.....	84		
piperacillin sod-tazobactam so solr 2.25 (2- 0.25) gm	19		
piperacillin sod-tazobactam so solr 3.375 (3-			

[potassium chloride]	74
potassium chloride soln 2 meq/ml	74
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	
[potassium chloride]	74
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML	
[potassium chloride]	74
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	
[potassium chloride]	74
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML	
(20%) [potassium chloride]	74
POTASSIUM CITRATE ER TBCR 10 MEQ	
(1080 MG) [potassium citrate (alkalinizer)]	
.....	69
POTASSIUM CITRATE ER TBCR 5 MEQ (540	
MG) [potassium citrate (alkalinizer)]	70
POTASSIUM CITRATE-CITRIC ACID SOLN	
1100-334 MG/5ML [potassium citrate-citric	
acid]	70
POTASSIUM CL IN DEXTROSE 5% SOLN 20	
MEQ/L [potassium chloride in dextrose] ..	74
potassium phosphate inj 3mm/ml	74
POTASSIUM PHOSPHATES(66 MEQ K) SOLN	
45 MMOLE/15ML [potassium phosphates]	
.....	74
PRADAXA CAPS 110 MG [dabigatran etexilate	
mesylate]	40
PRADAXA CAPS 150 MG [dabigatran etexilate	
mesylate]	40
PRADAXA CAPS 75 MG [dabigatran etexilate	
mesylate]	40
pramipexole dihydrochloride tabs 0.125 mg	57
pramipexole dihydrochloride tabs 0.25 mg .	57
pramipexole dihydrochloride tabs 0.5 mg ...	57
pramipexole dihydrochloride tabs 0.75 mg .	57
pramipexole dihydrochloride tabs 1 mg	57
pramipexole dihydrochloride tabs 1.5 mg ...	57
PRAMOSONE OINT 1-1 % [pramoxine-hc] .	103
PRAMOSONE OINT 1-2.5 % [pramoxine-hc]	
.....	103
pravastatin sodium tabs 10 mg	42
pravastatin sodium tabs 20 mg	42
pravastatin sodium tabs 40 mg	42
pravastatin sodium tabs 80 mg	42
PRAXBIND SOLN 2.5 GM/50ML	
[idarucizumab]	38
prazosin hcl caps 1 mg	41
prazosin hcl caps 2 mg	41
prazosin hcl caps 5 mg	41
PRECEDEX SOLN 200 MCG/2ML	
[dexmedetomidine hcl]	59

PRED MILD SUSP 0.12 % [prednisolone	
acetate (ophth)]	76
prednisolone acetate susp 1 %	76
prednisolone sodium phosphate soln 1 % ..	76
prednisolone sodium phosphate soln 15	
mg/5ml	81
prednisolone sodium phosphate soln 6.7 (5	
base) mg/5ml	81
prednisolone soln 15 mg/5ml	82
prednisone soln 5 mg/5ml	82
prednisone tabs 1 mg	82
prednisone tabs 10 mg	82
prednisone tabs 2.5 mg	82
prednisone tabs 20 mg	82
prednisone tabs 5 mg	82
prednisone tabs 50 mg	82
prednisone tbpk 10 mg (21)	82
prednisone tbpk 5 mg (21)	82
pregabalin caps 100 mg	55
pregabalin caps 150 mg	55
pregabalin caps 200 mg	55
pregabalin caps 225 mg	55
pregabalin caps 25 mg	55
pregabalin caps 300 mg	55
pregabalin caps 50 mg	55
pregabalin caps 75 mg	55
pregabalin soln 20 mg/ml	55
PREMARIN SOLR 25 MG [estrogens,	
conjugated]	86
PREPIDIL GEL 0.5 MG/3GM [dinoprostone] .	93
PRETOMANID TABS 200 MG [pretomanid] ..	22
PREVIDENT GEL 1.1 % [sodium fluoride	
(dental)]	92
PREVIDENT SOLN 0.2 % [sodium fluoride	
(dental)]	92
PREVNAR 20 SUSY 0.5 ML [pneumococcal	
20-valent conjugate vaccine]	100
PREVYMIS SOLN 240 MG/12ML [letermovir]	23
PREVYMIS SOLN 480 MG/24ML [letermovir]	23
PREVYMIS TABS 240 MG [letermovir]	23
PREVYMIS TABS 480 MG [letermovir]	23
PREZCOBIX TABS 800-150 MG [darunavir-	
cobicistat]	14
PREZISTA TABS 75 MG [darunavir]	14
PRIFTIN TABS 150 MG [rifapentine]	22
PRIMAQUINE PHOSPHATE TABS 26.3 (15	
Base) MG [primaquine phosphate]	22
PRIMAXIN IV SOLR 500-500 MG [imipenem-	
cilastatin]	20
primidone tab 50mg	55

primidone tabs 250 mg	55	[progesterone (bulk)]	94
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	20	PROGLYCEM SUSP 50 MG/ML [diazoxide] ..	46
PRIORIX SUSR [measles, mumps & rubella virus vaccines]	100	PROGRAF SOLN 5 MG/ML [tacrolimus]	88
PRIVIGEN SOLN 10 GM/100ML [immune globulin (human) iv]	98	PROLEUKIN SOLR 22000000 UNIT [aldesleukin]	29
PRIVIGEN SOLN 20 GM/200ML [immune globulin (human) iv]	98	PROMACTA PACK 25 MG [eltrombopag olamine]	41
PRIVIGEN SOLN 5 GM/50ML [immune globulin (human) iv]	98	promethazine hcl soln 25 mg/ml	24
probenecid tabs 500 mg	75	promethazine hcl tabs 12.5 mg	24
procainamide hcl soln 100 mg/ml	45	promethazine hcl tabs 25 mg	24
procainamide hcl soln 500 mg/ml	45	promethazine-codeine soln 6.25-10 mg/5ml	95
PROCALAMINE SOLN 3 % [amino acid electrolyte infusion]	71	promethazine-dm syrp 6.25-15 mg/5ml	95
prochlorperazine edisylate soln 10 mg/2ml	64	propafenone hcl tabs 150 mg	45
prochlorperazine maleate tabs 10 mg	64	propafenone hcl tabs 225 mg	45
prochlorperazine maleate tabs 5 mg	64	propafenone hcl tabs 300 mg	45
PROCRIT SOLN 10000 UNIT/ML [epoetin alfa]	41	propantheline bromide tabs 15 mg	32
PROCRIT SOLN 2000 UNIT/ML [epoetin alfa]	41	proparacaine hcl soln 0.5 %	77
PROCRIT SOLN 20000 UNIT/ML [epoetin alfa]	41	propofol emul 1000 mg/100ml	60
PROCRIT SOLN 3000 UNIT/ML [epoetin alfa]	41	propofol emul 200 mg/20ml	60
PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]	41	propranolol hcl er cp24 120 mg	43
PROCRIT SOLN 40000 UNIT/ML [epoetin alfa]	41	propranolol hcl er cp24 160 mg	43
PRODIGY CONTROL SOLUTION SOLN LOW [blood glucose calibration]	68	propranolol hcl er cp24 60 mg	43
PROFERRIN ES TABS 12 MG [iron heme polypeptide]	35	propranolol hcl er cp24 80 mg	43
PROFERRIN-FORTE TABS 12-1 MG [iron heme polypeptide-folic acid]	35	propranolol hcl soln 1 mg/ml	43
PROFILNINE SOLR 1000 UNIT [factor ix complex]	38	propranolol hcl soln 20 mg/5ml	43
PROFILNINE SOLR 1500 UNIT [factor ix complex]	38	propranolol hcl tabs 10 mg	43
PROFILNINE SOLR 500 UNIT [factor ix complex]	38	propranolol hcl tabs 20 mg	43
progesterone caps 100 mg	87	propranolol hcl tabs 40 mg	43
progesterone caps 200 mg	87	propranolol hcl tabs 60 mg	43
PROGESTERONE MICRONIZED POWD [progesterone micronized (bulk)]	94	propranolol hcl tabs 80 mg	43
PROGESTERONE OIL 50 MG/ML [progesterone]	87	PROPYLENE GLYCOL LIQD [propylene glycol (bulk)]	94
PROGESTERONE WETTABLE POWD		propylthiouracil tabs 50 mg	87
		PROQUAD SUSR [measles-mumps-rubella-varicella virus vaccines]	100
		PROSOL SOLN 20 % [amino acid infusion] ..	71
		PROSTIN E2 SUPP 20 MG [dinoprostone] ..	93
		protamine sulfate soln 10 mg/ml	38
		PROTONIX SOLR 40 MG [pantoprazole sodium]	79
		protriptyline hcl tabs 10 mg	64
		protriptyline hcl tabs 5 mg	64
		PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	82
		PULMOZYME SOLN 2.5 MG/2.5ML [dornase alfa]	75
		PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	29
		pyrazinamide tabs 500 mg	22
		pyridostigmine bromide er tbcr 180 mg	33

pyridostigmine bromide tabs 60 mg 33
pyridoxine hcl soln 100 mg/ml 107

Q

QSYMIA CP24 11.25-69 MG [**phentermine hcl-topiramate**] 53
 QSYMIA CP24 15-92 MG [**phentermine hcl-topiramate**] 53
 QSYMIA CP24 3.75-23 MG [**phentermine hcl-topiramate**] 53
 QSYMIA CP24 7.5-46 MG [**phentermine hcl-topiramate**] 53
 QUELICIN SOLN 20 MG/ML [**succinylcholine chloride**] 33
quetiapine fumarate tabs 100 mg 64
quetiapine fumarate tabs 200 mg 64
quetiapine fumarate tabs 25 mg 64
quetiapine fumarate tabs 300 mg 64
quetiapine fumarate tabs 400 mg 64
quetiapine fumarate tabs 50 mg 64
 QUINACRINE HCL POWD [**quinacrine hcl**] . 94
quinidine gluconate er tbc 324 mg 45
quinidine sulfate tabs 200 mg 45
quinidine sulfate tabs 300 mg 45

R

RABAVERT SUSR [**rabies vaccine, pcec**] . 100
raloxifene hcl tabs 60 mg 86
ramipril caps 10 mg 46
ramipril caps 2.5 mg 46
ramipril caps 5 mg 46
rasagiline mesylate tabs 0.5 mg 57
rasagiline mesylate tabs 1 mg 57
 RASUVO SOAJ 10 MG/0.2ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 12.5 MG/0.25ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 15 MG/0.3ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 17.5 MG/0.35ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 20 MG/0.4ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 22.5 MG/0.45ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 25 MG/0.5ML [**methotrexate (antirheumatic)**] 88
 RASUVO SOAJ 30 MG/0.6ML [**methotrexate (antirheumatic)**] 88

RASUVO SOAJ 7.5 MG/0.15ML [**methotrexate (antirheumatic)**] 88
 READI-CAT 2 SUSP 2 % [**barium sulfate**] 69
 RECOMBINATE SOLR 1241-1800 UNIT [**antihemophilic factor (recombinant) (rfviii)**] 38
 RECOMBINATE SOLR 1801-2400 UNIT [**antihemophilic factor (recombinant) (rfviii)**] 38
 RECOMBINATE SOLR 220-400 UNIT [**antihemophilic factor (recombinant) (rfviii)**] 38
 RECOMBINATE SOLR 401-800 UNIT [**antihemophilic factor (recombinant) (rfviii)**] 39
 RECOMBINATE SOLR 801-1240 UNIT [**antihemophilic factor (recombinant) (rfviii)**] 39
 RECOMBIVAX HB SUSP 10 MCG/ML [**hepatitis b vaccine (recomb)**] 100
 RECOMBIVAX HB SUSP 40 MCG/ML [**hepatitis b vaccine (recomb)**] 100
 RECOMBIVAX HB SUSP 5 MCG/0.5ML [**hepatitis b vaccine (recomb)**] 101
 RECOMBIVAX HB SUSY 10 MCG/ML [**hepatitis b vaccine (recomb)**] 101
 RECOMBIVAX HB SUSY 5 MCG/0.5ML [**hepatitis b vaccine (recomb)**] 101
 RECOTHROM SOLR 20000 UNIT [**thrombin (recombinant)**] 39
 RECOTHROM SOLR 5000 UNIT [**thrombin (recombinant)**] 39
 REGONOL SOLN 10 MG/2ML [**pyridostigmine bromide**] 33
 RELENZA DISKHALER AEPB 5 MG/ACT [**zanamivir**] 23
 RENAL CAPS 1 MG [**b-complex w/ c & folic acid**] 107
reserpine tab 0.1mg 46
reserpine tab 0.25mg 46
 RETIN-A CREA 0.025 % [**tretinoin**] 104
 RETIN-A CREA 0.05 % [**tretinoin**] 104
 RETIN-A CREA 0.1 % [**tretinoin**] 104
 RETIN-A GEL 0.01 % [**tretinoin**] 104
 RETIN-A GEL 0.025 % [**tretinoin**] 104
 RETIN-A MICRO GEL 0.04 % [**tretinoin microsphere**] 104
 RETIN-A MICRO GEL 0.1 % [**tretinoin microsphere**] 104
 RETISERT IMPL 0.59 MG [**fluocinolone**]

acetamide (ophth)	76
RETROVIR SOLN 10 MG/ML [zidovudine]	14
REVLIMID CAPS 10 MG [lenalidomide]	29
REVLIMID CAPS 15 MG [lenalidomide]	29
REVLIMID CAPS 2.5 MG [lenalidomide]	29
REVLIMID CAPS 20 MG [lenalidomide]	29
REVLIMID CAPS 25 MG [lenalidomide]	29
REVLIMID CAPS 5 MG [lenalidomide]	29
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [rho d immune globulin (human)]	98
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	98
RIABNI SOLN 100 MG/10ML [rituximab-arrx]	29
RIABNI SOLN 500 MG/50ML [rituximab-arrx]	29
RIASTAP SOLR [fibrinogen concentrate (human)]	39
ribavirin caps 200 mg	23
RIDAURA CAPS 3 MG [auranofin]	80
rifabutin caps 150 mg	22
rifampin caps 150 mg	22
rifampin caps 300 mg	22
rifampin solr 600 mg	22
riluzole tabs 50 mg	60
rimantadine hcl tabs 100 mg	23
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	92
RINGERS IRRIGATION SOLN [ringer's irrigation]	72
RINGERS SOLN [ringer's]	74
RISPERDAL CONSTA SRER 12.5 MG [risperidone microspheres]	64
RISPERDAL CONSTA SRER 25 MG [risperidone microspheres]	64
RISPERDAL CONSTA SRER 37.5 MG [risperidone microspheres]	64
RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	64
RISPERIDONE SOLN 1 MG/ML [risperidone]	64
risperidone tabs 0.25 mg	64
risperidone tabs 0.5 mg	64
risperidone tabs 1 mg	64
risperidone tabs 2 mg	64
risperidone tabs 3 mg	64
risperidone tabs 4 mg	64
ritonavir tabs 100 mg	14
RITUXAN SOLN 100 MG/10ML [rituximab]	29
RITUXAN SOLN 500 MG/50ML [rituximab]	29
rizatriptan benzoate tabs 10 mg	56
rizatriptan benzoate tabs 5 mg	56
rizatriptan benzoate tbdp 10 mg	56
rizatriptan benzoate tbdp 5 mg	56

rocuronium bromide soln 100 mg/10ml	33
rocuronium bromide soln 50 mg/5ml	33
romidepsin solr 10 mg	29
ropinirole hcl er tb24 12 mg	57
ropinirole hcl er tb24 2 mg	57
ropinirole hcl er tb24 4 mg	57
ropinirole hcl er tb24 6 mg	57
ropinirole hcl er tb24 8 mg	57
ropinirole hcl tabs 0.25 mg	57
ropinirole hcl tabs 0.5 mg	57
ropinirole hcl tabs 1 mg	57
ropinirole hcl tabs 2 mg	57
ropinirole hcl tabs 3 mg	57
ropinirole hcl tabs 4 mg	57
ropinirole hcl tabs 5 mg	57
rosuvastatin calcium tabs 10 mg	42
rosuvastatin calcium tabs 20 mg	42
rosuvastatin calcium tabs 40 mg	42
rosuvastatin calcium tabs 5 mg	42
ROTARIX SUSP [rotavirus vaccine, live oral]	101
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	101
ROZLYTREK CAPS 100 MG [entrectinib]	29
ROZLYTREK CAPS 200 MG [entrectinib]	29
rufinamide susp 40 mg/ml	55
rufinamide tabs 200 mg	55
rufinamide tabs 400 mg	55
RYANODEX SUSR 250 MG [dantrolene sodium]	33
RYDAPT CAPS 25 MG [midostaurin]	29

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	35
SABRIL PACK 500 MG [vigabatrin]	55
SALICYLIC ACID POWD [salicylic acid (bulk)]	94
SALSALATE TABS 500 MG [salsalate]	51
SALSALATE TABS 750 MG [salsalate]	51
SANDIMMUNE CAPS 100 MG [cyclosporine]	88
SANDIMMUNE CAPS 25 MG [cyclosporine]	88
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	88
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	88
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	92
SANDOSTATIN LAR DEPOT KIT 20 MG	

[octreotide acetate]	92	simvastatin tabs 5 mg	42
SANDOSTATIN LAR DEPOT KIT 30 MG		simvastatin tabs 80 mg	42
[octreotide acetate]	92	sirolimus soln 1 mg/ml	92
SANTYL OINT 250 UNIT/GM [collagenase]	105	sirolimus tabs 0.5 mg	88
SARCLISA SOLN 100 MG/5ML [isatuximab-irfc]	29	sirolimus tabs 1 mg	88
SARCLISA SOLN 500 MG/25ML [isatuximab-irfc]	29	sirolimus tabs 2 mg	89
SARNA LOTN 0.5-0.5 % [camphor & menthol]	104	SITAGLIPTIN TABS 100 MG [sitagliptin]	84
scopolamine pt72 1 mg/3days	79	SITAGLIPTIN TABS 25 MG [sitagliptin]	84
selegiline hcl caps 5 mg	60	SITAGLIPTIN TABS 50 MG [sitagliptin]	84
selegiline hcl tabs 5 mg	57	SKYRIZI PEN SOAJ 150 MG/ML	
SELENIUM SOLN 40 MCG/ML [selenious acid]	74	[risankizumab-rzaa]	105
selenium sulfide lotn 2.5 %	102	SKYRIZI SOCT 180 MG/1.2ML [risankizumab-rzaa (crohn's)]	105
SELZENTRY TABS 150 MG [maraviroc]	14	SKYRIZI SOCT 360 MG/2.4ML [risankizumab-rzaa (crohn's)]	105
SELZENTRY TABS 25 MG [maraviroc]	14	SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	105
SELZENTRY TABS 300 MG [maraviroc]	14	SLO-NIACIN TBCR 500 MG [niacin]	107
SELZENTRY TABS 75 MG [maraviroc]	14	SLO-NIACIN TBCR 750 MG [niacin]	107
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1		SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	70
200000 % [bupivacaine w/ epinephrine] ...	89	SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	70
SEREVENT DISKUS AEPB 50 MCG/ACT [salmeterol xinafoate]	35	SODIUM BENZOATE POWD [sodium benzoate]	94
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	87	SODIUM BICARBONATE SOLN 4.2 % [sodium bicarbonate]	70
SEROSTIM SOLR 5 MG [somatropin (non-refrigerated)]	87	sodium bicarbonate soln 7.5 %	70
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	87	sodium bicarbonate soln 8.4 %	70
sertraline hcl tabs 100 mg	64	SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	74
sertraline hcl tabs 25 mg	64	SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	74
sertraline hcl tabs 50 mg	64	SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	95
sevelamer carbonate pack 2.4 gm	72	SODIUM CHLORIDE NEBU 10 % [sodium chloride (inhalant)]	95
sevelamer carbonate tabs 800 mg	72	SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	95
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	92	SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	95
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	101	SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	74
sildenafil citrate tabs 100 mg	48	SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	72
sildenafil citrate tabs 20 mg	48	SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	74
sildenafil citrate tabs 50 mg	48	SODIUM CHLORIDE SOLN 3 % [sodium chloride]	74
SILENOR TABS 3 MG [doxepin hcl (sleep)]	59	SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	74
SILENOR TABS 6 MG [doxepin hcl (sleep)]	59		
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	102		
simvastatin tabs 10 mg	42		
simvastatin tabs 20 mg	42		
simvastatin tabs 40 mg	42		

<i>chloride]</i>	74	SOVALDI TABS 400 MG [<i>sofosbuvir]</i>	21
SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride]</i>	74	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate]</i>	32
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride]</i>	105	<i>spironolactone tabs 100 mg</i>	46
SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium]</i>	71	<i>spironolactone tabs 25 mg</i>	46
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [<i>sodium fluoride]</i>	92	<i>spironolactone tabs 50 mg</i>	46
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride]</i>	92	<i>spironolactone-hctz tabs 25-25 mg</i>	46
SODIUM FLUORIDE CHEW 2.2 (1 F) MG [<i>sodium fluoride]</i>	92	SPORANOX SOLN 10 MG/ML [<i>itraconazole]</i>	21
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride]</i>	92	SPRYCEL TABS 100 MG [<i>dasatinib]</i>	29
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	70	SPRYCEL TABS 140 MG [<i>dasatinib]</i>	29
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>].....	74	SPRYCEL TABS 20 MG [<i>dasatinib]</i>	30
<i>sodium polystyrene sulfonate powd</i>	72	SPRYCEL TABS 50 MG [<i>dasatinib]</i>	30
<i>solifenacin succinate tabs 10 mg</i>	106	SPRYCEL TABS 70 MG [<i>dasatinib]</i>	30
<i>solifenacin succinate tabs 5 mg</i>	106	SPRYCEL TABS 80 MG [<i>dasatinib]</i>	30
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab]</i>	92	SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [<i>squaric acid dibutylester]</i>	94
SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate]</i>	82	SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	87
SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate]</i>	82	<i>stavudine caps 30 mg</i>	23
SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate]</i>	82	<i>stavudine caps 40 mg</i>	23
SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate]</i>	82	STELARA SOLN 45 MG/0.5ML [<i>ustekinumab]</i>	105
SOLU-MEDROL (PF) SOLR 125 MG [<i>methylprednisolone sod succ]</i>	82	STELARA SOSY 45 MG/0.5ML [<i>ustekinumab]</i>	105
SOLU-MEDROL (PF) SOLR 500 MG [<i>methylprednisolone sod succ]</i>	82	STELARA SOSY 90 MG/ML [<i>ustekinumab]</i>	105
SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ]</i>	82	<i>sterile water for injection soln</i>	92
<i>sorafenib tosylate tabs 200 mg</i>	29	STERILE WATER FOR INJECTION SOLN [<i>water for injection, sterile]</i>	94
SORBITOL SOLN 70 % [<i>sorbitol (laxative)]</i>	79	STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile]</i>	72
SORBITOL SOLN 70 % [<i>sorbitol]</i>	94	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl]</i>	32
<i>sotalol hcl (af) tabs 120 mg</i>	43	STIVARGA TABS 40 MG [<i>regorafenib]</i>	30
<i>sotalol hcl (af) tabs 160 mg</i>	43	STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa]</i>	75
<i>sotalol hcl (af) tabs 80 mg</i>	43	STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa]</i>	75
<i>sotalol hcl tabs 120 mg</i>	43	STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa]</i>	75
<i>sotalol hcl tabs 160 mg</i>	43	STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa]</i>	75
<i>sotalol hcl tabs 240 mg</i>	43	<i>streptomycin sulfate solr 1 gm</i>	20
<i>sotalol hcl tabs 80 mg</i>	43	STRIBILD TABS 150-150-200-300 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir df]</i>	14
SOVALDI PACK 150 MG [<i>sofosbuvir]</i>	21	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [<i>olodaterol hcl]</i>	35
SOVALDI PACK 200 MG [<i>sofosbuvir]</i>	21	<i>sucralfate tabs 1 gm</i>	79
SOVALDI TABS 200 MG [<i>sofosbuvir]</i>	21	<i>sufentanil citrate soln 50 mcg/ml</i>	51
		<i>sulfacetamide sodium soln 10 %</i>	76
		SULFACETAMIDE SODIUM-SULFUR LIQD 10-	

5 % [sulfacetamide sodium w/ sulfur]	104
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [sulfacetamide sodium w/ sulfur]	104
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	104
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	104
sulfacetamide-prednisolone soln 10-0.23 %	76
sulfadiazine tabs 500 mg	20
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	20
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	20
sulfamethoxazole-trimethoprim tabs 400-80 mg	20
sulfamethoxazole-trimethoprim tabs 800-160 mg	20
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	102
sulfasalazine tabs 500 mg	20
sulfasalazine tbec 500 mg	20
SULFUR PRECIPITATED POWD [sulfur (bulk)]	94
sulindac tabs 150 mg	51
sulindac tabs 200 mg	51
sumatriptan soln 20 mg/act	56
sumatriptan succinate refill soct 6 mg/0.5ml	56
sumatriptan succinate soaj 6 mg/0.5ml	56
sumatriptan succinate soln 6 mg/0.5ml	56
sumatriptan succinate tabs 100 mg	56
sumatriptan succinate tabs 25 mg	56
sumatriptan succinate tabs 50 mg	56
sunitinib malate caps 12.5 mg	30
sunitinib malate caps 25 mg	30
sunitinib malate caps 37.5 mg	30
sunitinib malate caps 50 mg	30
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	68
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	68
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	68
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	68
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	68
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	96
SYLVANT SOLR 100 MG [siltuximab]	30

SYLVANT SOLR 400 MG [siltuximab]	30
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	96
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-ivacaftor]	96
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	14
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	14
SYMLINPEN 120 SOPN 2700 MCG/2.7ML [pramlintide acetate]	84
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	15
SYNAGIS SOLN 100 MG/ML [palivizumab]	23
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	23
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	86
SYNERCID SOLR 150-350 MG [quinupristin-dalfopristin]	20

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TABLOID TABS 40 MG [thioguanine]	30
tacrolimus caps 0.5 mg	89
tacrolimus caps 1 mg	89
tacrolimus caps 5 mg	89
TACROLIMUS OINT 0.03 % [tacrolimus (topical)]	105
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	105
tadalafil (pah) tabs 20 mg	48
tadalafil tabs 10 mg	48
tadalafil tabs 2.5 mg	48
tadalafil tabs 20 mg	48
tadalafil tabs 5 mg	48
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	30
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	30
TAFINLAR TBSO 10 MG [dabrafenib mesylate]	30
TAGRISSE TABS 40 MG [osimertinib mesylate]	30
TAGRISSE TABS 80 MG [osimertinib mesylate]	30
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	92
TAKHZYRO SOSY 150 MG/ML [lanadelumab-	

<i>flyo]</i>	92	tetracycline hcl caps 250 mg	20
TAKHZYRO SOSY 300 MG/2ML [<i>lanadelumab-flyo]</i>	92	TETRACYCLINE HCL CAPS 500 MG	
TAMIFLU CAPS 75 MG [<i>oseltamivir phosphate]</i>	23	[tetracycline hcl]	20
tamoxifen citrate tabs 10 mg	30	THALOMID CAPS 100 MG [<i>thalidomide]</i>	92
tamoxifen citrate tabs 20 mg	30	THALOMID CAPS 50 MG [<i>thalidomide]</i>	92
tamsulosin hcl caps 0.4 mg	41	THAM SOLN 30 MEQ/100ML [<i>tromethamine]</i> 70	
TARGRETIN CAPS 75 MG [<i>bexarotene]</i>	30	theophylline er tb12 100 mg	106
TASIGNA CAPS 150 MG [<i>nilotinib hcl]</i>	30	theophylline er tb12 200 mg	106
TASIGNA CAPS 200 MG [<i>nilotinib hcl]</i>	30	theophylline er tb12 300 mg	106
TAXOTERE INJ 80MG/2ML [<i>docetaxel]</i>	30	theophylline er tb12 450 mg	106
tazarotene crea 0.1 %	105	theophylline er tb24 400 mg	106
TAZORAC CREA 0.05 % [<i>tazarotene]</i>	105	thiamine hcl soln 100 mg/ml	107
TAZORAC GEL 0.05 % [<i>tazarotene]</i>	105	THIOLA TABS 100 MG [<i>tiopronin]</i>	92
TAZORAC GEL 0.1 % [<i>tazarotene]</i>	106	thioridazine hcl tabs 10 mg	64
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)]</i>	99	thioridazine hcl tabs 100 mg	64
TECENTRIQ SOLN 1200 MG/20ML		thioridazine hcl tabs 25 mg	64
[atezolizumab]	30	thioridazine hcl tabs 50 mg	64
temazepam caps 15 mg	59	thiotepa solr 15 mg	30
temazepam caps 30 mg	59	thiothixene caps 1 mg	64
temozolomide caps 100 mg	30	thiothixene caps 10 mg	64
temozolomide caps 140 mg	30	thiothixene caps 2 mg	64
temozolomide caps 180 mg	30	thiothixene caps 5 mg	64
temozolomide caps 20 mg	30	THROMBATE III SOLR 500 UNIT [<i>antithrombin iii (human)]</i>	40
temozolomide caps 250 mg	30	THROMBIN-JMI KIT 20000 UNIT [<i>thrombin]</i> .39	
temozolomide caps 5 mg	30	THROMBIN-JMI SOLR 20000 UNIT [<i>thrombin]</i>	39
TENIPOSIDE SOLN 10 MG/ML [<i>teniposide]</i> .30		.....	39
tenofovir disoproxil fumarate tabs 300 mg ..	15	THROMBIN-JMI SOLR 5000 UNIT [<i>thrombin]</i> 39	
terazosin hcl caps 1 mg	41	THYMOL CRYST [<i>thymol]</i>	94
terazosin hcl caps 10 mg	41	THYROGEN SOLR 0.9 MG [<i>thyrotropin alfa]</i> 69	
terazosin hcl caps 2 mg	41	TICE BCG SUSR 50 MG [<i>bcg live intravesical]</i>	101
terazosin hcl caps 5 mg	41	.....	101
terbinafine hcl tabs 250 mg	21	TICOVAC SUSY 1.2 MCG/0.25ML [<i>tick-borne encephalitis virus vaccine, inactivated]</i> .101	
terbutaline sulfate inj 1mg/ml	35	TICOVAC SUSY 2.4 MCG/0.5ML [<i>tick-borne encephalitis virus vaccine, inactivated]</i> .101	
terbutaline sulfate soln 1 mg/ml	35	timolol maleate soln 0.25 %	77
terbutaline sulfate tabs 2.5 mg	35	timolol maleate soln 0.5 %	77
terbutaline sulfate tabs 5 mg	35	TISSUEBLUE SOSY 0.025 % [<i>brilliant blue g]</i>	69
testosterone cypionate soln 200 mg/ml	82	.....	69
testosterone gel 1.62 %	82	TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium]</i>	15
testosterone gel 12.5 mg/act (1%)	82	TIVICAY TABS 10 MG [<i>dolutegravir sodium]</i> 15	
testosterone gel 25 mg/2.5gm (1%)	82	TIVICAY TABS 25 MG [<i>dolutegravir sodium]</i> 15	
testosterone gel 50 mg/5gm (1%)	82	TIVICAY TABS 50 MG [<i>dolutegravir sodium]</i> 15	
TESTOSTERONE PROPIONATE POWD		tizanidine hcl tabs 2 mg	34
[testosterone propionate (bulk)]	94	tizanidine hcl tabs 4 mg	34
TETRACAINE HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)]</i>	77	TNKASE KIT 50 MG [<i>tenecteplase]</i>	41
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl]</i>	89	TOBI PODHALER CAPS 28 MG [<i>tobramycin]</i>	20

TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	76	<i>triamcinolone acetonide crea 0.025 %</i>	103
<i>tobramycin nebu 300 mg/5ml</i>	20	<i>triamcinolone acetonide crea 0.1 %</i>	103
<i>tobramycin soln 0.3 %</i>	76	<i>triamcinolone acetonide crea 0.5 %</i>	103
<i>tobramycin sulfate soln 10 mg/ml</i>	20	<i>triamcinolone acetonide lotn 0.1 %</i>	103
<i>tobramycin sulfate soln 80 mg/2ml</i>	20	<i>triamcinolone acetonide oint 0.025 %</i>	103
<i>tobramycin sulfate solr 1.2 gm</i>	20	<i>triamcinolone acetonide oint 0.1 %</i>	103
TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	76	<i>triamcinolone acetonide oint 0.5 %</i>	103
<i>topiramate csp 15 mg</i>	55	TRIAMCINOLONE ACETONIDE POWD	
<i>topiramate csp 25 mg</i>	56	<i>[triamcinolone acetonide (topical)]</i>	95
<i>topiramate tabs 100 mg</i>	56	<i>triamcinolone acetonide pste 0.1 %</i>	103
<i>topiramate tabs 200 mg</i>	56	<i>triamterene caps 100 mg</i>	71
<i>topiramate tabs 25 mg</i>	56	<i>triamterene-hctz caps 37.5-25 mg</i>	71
<i>topiramate tabs 50 mg</i>	56	TRIAMTERENE-HCTZ TABS 37.5-25 MG	
<i>topotecan hcl solr 4 mg</i>	30	<i>[triamterene & hydrochlorothiazide]</i>	71
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	30	TRIAMTERENE-HCTZ TABS 75-50 MG	
<i>torsemide tabs 10 mg</i>	71	<i>[triamterene & hydrochlorothiazide]</i>	71
<i>torsemide tabs 100 mg</i>	71	TRI-CHLOR LIQD 80 % [<i>trichloroacetic acid</i>]	
<i>torsemide tabs 20 mg</i>	71		92
<i>torsemide tabs 5 mg</i>	71	TRICITRATES SOLN 550-500-334 MG/5ML [<i>pot & sod citrates w/citric ac</i>]	70
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [<i>trace minerals (cr-cu-mn-zn)</i>]	75	<i>trifluoperazine hcl tabs 1 mg</i>	64
TRACLEER TABS 125 MG [<i>bosentan</i>]	48	<i>trifluoperazine hcl tabs 10 mg</i>	65
TRACLEER TABS 62.5 MG [<i>bosentan</i>]	48	<i>trifluoperazine hcl tabs 2 mg</i>	65
TRACLEER TBSO 32 MG [<i>bosentan</i>]	96	<i>trifluoperazine hcl tabs 5 mg</i>	65
TRADJENTA TABS 5 MG [<i>linagliptin</i>]	84	<i>trifluridine soln 1 %</i>	76
<i>tramadol hcl tabs 50 mg</i>	51	<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	57
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	51	<i>trihexyphenidyl hcl tabs 2 mg</i>	57
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	94	<i>trihexyphenidyl hcl tabs 5 mg</i>	57
<i>tranexamic acid soln 1000 mg/10ml</i>	39	TRIKAFTA TBPK 100-50-75 & 150 MG	
<i>tranexamic acid tabs 650 mg</i>	39	<i>[elexacaftor-tezacaftor-ivacaftor]</i>	96
<i>tranylcyromine sulfate tabs 10 mg</i>	64	TRIKAFTA TBPK 50-25-37.5 & 75 MG	
TRAVASOL SOLN 10 % [<i>amino acid infusion</i>]	71	<i>[elexacaftor-tezacaftor-ivacaftor]</i>	96
		TRIKAFTA THPK 100-50-75 & 75 MG	
<i>trazodone hcl tabs 100 mg</i>	64	<i>[elexacaftor-tezacaftor-ivacaftor]</i>	96
<i>trazodone hcl tabs 150 mg</i>	64	TRIKAFTA THPK 80-40-60 & 59.5 MG	
<i>trazodone hcl tabs 50 mg</i>	64	<i>[elexacaftor-tezacaftor-ivacaftor]</i>	96
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	30	<i>trimethoprim tabs 100 mg</i>	24
		<i>trimipramine maleate caps 100 mg</i>	65
TRECATOR TABS 250 MG [<i>ethionamide</i>]	22	<i>trimipramine maleate caps 25 mg</i>	65
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	106	<i>trimipramine maleate caps 50 mg</i>	65
		TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	30
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	106	TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	15
<i>treprostinil soln 100 mg/20ml</i>	48	TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	15
<i>treprostinil soln 20 mg/20ml</i>	48	TRI-VI-SOL A/C/D SOLN 250-50-10 [<i>pediatric vitamins adc</i>]	107
<i>treprostinil soln 200 mg/20ml</i>	48	TRI-VITE/FLUORIDE SOLN 0.5 MG/ML	
<i>treprostinil soln 50 mg/20ml</i>	48	<i>[pediatric vitamins acd w/ fluoride]</i>	107
<i>tretinoin caps 10 mg</i>	30		

TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	15
TROPHAMINE SOLN 10 % [<i>amino acid infusion</i>]	71
<i>tropicamide soln 0.5 %</i>	78
<i>tropicamide soln 1 %</i>	78
<i>trospium chloride er cp24 60 mg</i>	106
<i>trospium chloride tabs 20 mg</i>	106
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	30
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</i>]	30
TRUZONE PEAK FLOW METER DEVI [<i>peak flow meter</i>]	68
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	69
TUKYSA TABS 150 MG [<i>tucatinib</i>]	30
TUKYSA TABS 50 MG [<i>tucatinib</i>]	30
TWINRIX SUSY 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>]	101
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	30
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	101
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	101
TYSABRI CONC 300 MG/15ML [<i>natalizumab</i>]	92
TYVASO SOLN 0.6 MG/ML [<i>treprostinil</i>]	48

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ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	51
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	51
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	51
ULTOMIRIS SOLN 1100 MG/11ML [<i>ravulizumab-cwvz</i>]	92
ULTOMIRIS SOLN 300 MG/30ML [<i>ravulizumab-cwvz</i>]	92
ULTOMIRIS SOLN 300 MG/3ML [<i>ravulizumab-cwvz</i>]	92
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [<i>peritoneal dialysis solutions</i>]	72
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [<i>peritoneal dialysis solutions</i>]	72
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	30
UREA POWD [<i>urea (bulk)</i>]	95

URSO FORTE TABS 500 MG [<i>ursodiol</i>]	79
<i>ursodiol tabs 250 mg</i>	79
UZEDY SUSY 100 MG/0.28ML [<i>risperidone</i>]	65
UZEDY SUSY 125 MG/0.35ML [<i>risperidone</i>]	65
UZEDY SUSY 150 MG/0.42ML [<i>risperidone</i>]	65
UZEDY SUSY 200 MG/0.56ML [<i>risperidone</i>]	65
UZEDY SUSY 250 MG/0.7ML [<i>risperidone</i>]	65
UZEDY SUSY 50 MG/0.14ML [<i>risperidone</i>]	65
UZEDY SUSY 75 MG/0.21ML [<i>risperidone</i>]	65

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<i>valacyclovir hcl tabs 1 gm</i>	23
<i>valacyclovir hcl tabs 500 mg</i>	23
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	23
<i>valganciclovir hcl tabs 450 mg</i>	23
<i>valproate sodium soln 100 mg/ml</i>	56
<i>valproic acid caps 250 mg</i>	56
<i>valproic acid soln 250 mg/5ml</i>	56
<i>valsartan tabs 160 mg</i>	46
<i>valsartan tabs 320 mg</i>	47
<i>valsartan tabs 40 mg</i>	47
<i>valsartan tabs 80 mg</i>	47
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	47
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	47
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	47
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	47
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	47
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	59
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	59
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	59
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	59
<i>vancomycin hcl caps 125 mg</i>	20
<i>vancomycin hcl caps 250 mg</i>	20
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [<i>vancomycin hcl-dextrose</i>]	20
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	20
<i>vancomycin hcl solr 1 gm</i>	20
<i>vancomycin hcl solr 10 gm</i>	20

warfarin sodium tabs 2 mg	41
warfarin sodium tabs 2.5 mg	41
warfarin sodium tabs 3 mg	41
warfarin sodium tabs 4 mg	41
warfarin sodium tabs 5 mg	41
warfarin sodium tabs 6 mg	41
warfarin sodium tabs 7.5 mg	41
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	65
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	65
WILATE KIT 1000-1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	39
WILATE KIT 500-500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	39

X

XALKORI CAPS 200 MG [crizotinib]	31
XALKORI CAPS 250 MG [crizotinib]	31
XELJANZ TABS 10 MG [tofacitinib citrate]	92
XELJANZ TABS 5 MG [tofacitinib citrate]	92
XELJANZ XR TB24 11 MG [tofacitinib citrate]	92
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	104
XGEVA SOLN 120 MG/1.7ML [denosumab] ..	31
XIFAXAN TABS 550 MG [rifaximin]	20
XTANDI CAPS 40 MG [enzalutamide]	31
XTANDI TABS 40 MG [enzalutamide]	31
XTANDI TABS 80 MG [enzalutamide]	31
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1 200000 [lidocaine w/ epinephrine]	90
XYNTHA KIT 1000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	39
XYNTHA KIT 2000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	39

XYNTHA KIT 250 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ...	39
XYNTHA KIT 500 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ...	39
XYNTHA SOLOFUSE KIT 3000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	39

Y

YERVOY SOLN 200 MG/40ML [ipilimumab] ..	31
YERVOY SOLN 50 MG/10ML [ipilimumab]	31
YESCARTA SUSP 200000000 CELLS [axicabtagene ciloleuce]	92
YF-VAX INJ [yellow fever vaccine]	101
YONDELIS SOLR 1 MG [trabectedin]	31

Z

ZANOSAR SOLR 1 GM [streptozocin]	31
ZEJULA TABS 100 MG [niraparib tosylate] ...31	
ZEJULA TABS 200 MG [niraparib tosylate] ...31	
ZEJULA TABS 300 MG [niraparib tosylate] ...31	
ZELBORAF TABS 240 MG [vemurafenib]	31
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 3000-10000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 40000-126000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZENPEP CPEP 5000-24000 UNIT [pancrelipase (lipase-protease-amylase)] 80	
ZIAGEN SOLN 20 MG/ML [abacavir sulfate] .	15
zidovudine caps 100 mg	15
zidovudine syrp 50 mg/5ml	15
zidovudine tabs 300 mg	15
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride]	75
ZINC SULFATE GRAN [zinc sulfate]	95
ZINC SULFATE HEPTAHYDRATE POWD [zinc sulfate heptahydrate]	95
ZINC SULFATE MONOHYDRATE POWD [zinc sulfate monohydrate]	95
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate]	75

ziprasidone hcl caps 20 mg	65	zonisamide caps 50 mg	56
ziprasidone hcl caps 40 mg	65	ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	.20
ziprasidone hcl caps 60 mg	65	ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	.20
ziprasidone hcl caps 80 mg	65	ZYDELIG TABS 100 MG [idelalisib]	31
ZITHROMAX PACK 1 GM [azithromycin]	20	ZYDELIG TABS 150 MG [idelalisib]	31
zoledronic acid conc 4 mg/5ml	92	ZYKADIA TABS 150 MG [ceritinib]	31
zoledronic acid soln 5 mg/100ml	92	ZYTIGA TABS 500 MG [abiraterone acetate]	31
zolpidem tartrate tabs 5 mg	59		
zonisamide caps 100 mg	56		
zonisamide caps 25 mg	56		

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 ដោយឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុងម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយឆ្លើយសំណួររបស់អ្នក អំពីការរ៉ាប់រងថែទាំ សុខភាព របស់យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសាខ្មែរ ដោយឥតអស់ថ្លៃដល់អ្នកដែរ។ 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'adleejh8' (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: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง

ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่ต้องมีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **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

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 <http://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. 
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