

KAISER PERMANENTE: 2020 FORMULARIO DEL MERCADO COMERCIAL

[ESTE FORMULARIO SE ACTUALIZÓ EL: 05/27/2020]

2020 Formulario del Mercado Comercial

(Lista de medicamentos cubiertos)

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

Este formulario de medicamentos recetados es efectivo a partir de 05/27/2020. Este documento de formulario puede variar dependiendo de su plan de salud. Este formulario está sujeto a cambios y todas las versiones anteriores del formulario ya no se aplican. Todas las versiones anteriores efectivas del formulario ya no se aplican, y las copias deben descartarse para evitar una interpretación errónea.

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

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

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

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

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

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

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

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

considera médicamente necesario.

Cambios en el formulario

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

Estos cambios en el formulario pueden incluir:

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

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

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

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Informativo

Definiciones

Término
La droga de marca es un medicamento que se comercializa bajo un nombre patentado, protegido por marca registrada. El medicamento de marca se indicará en todas las letras CAPITAL.
El coseguro es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Copago es una cantidad fija en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
El deducible es la cantidad que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar todo o parte del costo del beneficio de atención médica bajo los términos de la póliza.
El nivel de medicamentos es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la porción del afiliado del costo del medicamento.
El afiliado es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los inscritos en esta plantilla de formulario también incluirán el suscriptor tal como se define en esta sección a continuación
La solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o proveedor de atención médica que prescribe envía una solicitud de

<p>excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la condición del afiliado.</p>
<p>Las circunstancias más exigentes son cuando un afiliado está sufriendo de una condición de salud que puede poner en serio peligro la vida, la salud o la capacidad del afiliado para recuperar la máxima función o cuando un afiliado está siendo sometido a un curso actual de tratamiento usando un medicamento no formulariano. Las circunstancias más exigentes a veces se conocen como "urgentes".</p>
<p>El formulario es la lista completa de medicamentos recetados preferidos para su uso y elegibles para la cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados.</p>
<p>El medicamento genérico es el mismo medicamento que su nombre equivalente en dosis, seguridad, fuerza, cómo se toma, calidad, rendimiento, y el uso previsto. Un medicamento genérico aparece en letras minúsculas en negrita y cursiva.</p>
<p>El medicamento no del formulario es un medicamento recetado que no aparece en el formulario del plan de salud.</p>
<p>Los costos de bolsillo son copagos, coseguro y el deducible aplicable, más todos los costos de los servicios de atención médica que no están cubiertos por el plan de salud.</p>
<p>El proveedor de prescripción es un proveedor de atención médica autorizado a escribir una receta médica para tratar una condición médica para un afiliado a un plan de salud.</p>
<p>La prescripción es un pedido oral, escrito o electrónico de un proveedor de prescripción para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento prescrito, la fecha de emisión, el nombre y la información de contacto del proveedor de prescripción, la firma del proveedor de prescripción si la receta es por escrito, y si lo solicita el afiliado, la condición médica o propósito para el cual se prescribe el medicamento.</p>
<p>El medicamento recetado es un medicamento que es prescrito por el proveedor de prescripción del afiliado y requiere una receta bajo la ley aplicable.</p>
<p>La Autorización Previa (PA, por sus) es el requisito de un plan de salud de que el afiliado o el proveedor de prescripción del afiliado obtengan la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario para que el afiliado obtenga el medicamento. Nota: Kaiser Foundation Health Plan no tiene un requisito para PA.</p>
<p>Paso Therapy (ST) es un proceso que especifica la secuencia en la que se prescriben diferentes medicamentos recetados para una condición médica dada y médicamente apropiado para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la condición médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de acuerdo con una solicitud de terapia escalonada. Si el proveedor de prescripción del afiliado presenta una solicitud de excepción de terapia escalonada, los planes de salud harán excepciones a la terapia escalonada cuando se cumplan los criterios. Nota: Kaiser Foundation Health Plan no tiene un requisito para la terapia escalonada.</p>
<p>Suscriptor significa la persona que es responsable del pago a un plan o cuyo empleo u otro estatus, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.</p>

¿Qué es el formulario comercial Kaiser Permanente California?

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

¿Qué medicamentos están cubiertos?

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

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

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

Los medicamentos y productos administrados son medicamentos y productos que requieren administración u observación por parte del personal médico. Estos medicamentos y productos están cubiertos cuando son prescritos por un Proveedor del Plan, de acuerdo con nuestras pautas de formulario de medicamentos, y se le administran en un Centro de Plan o durante las visitas domiciliarias. Consulte su *Evidencia de Cobertura* para obtener más información.

Obtener una excepción al formulario

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

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

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

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

¿Cómo solicito una determinación de cobertura?

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

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

¿Existen restricciones a los medicamentos cubiertos en el formulario?

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

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

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

Puede solicitar recargas a través de nuestro servicio de pedidos por correo en línea en kp.org/refill o por teléfono o aplicación móvil. El pedido por correo no conlleva ningún cargo adicional. Se aplicará la cuota de costo apropiada (de acuerdo con su beneficio de medicamentos recetados).

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

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

¿Cómo localizar una farmacia y rellenar sus recetas?

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

Recarga en línea

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

Recarga por teléfono

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

¿Cómo utilizo el formulario?

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

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

Dolencia

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

Listado alfabético

Si usted no está seguro de qué categoría para buscar, usted debe buscar su medicamento en el índice que comienza en la página 116. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Busque en el índice y encuentre su droga. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Acceda a la página que aparece en el índice y busque el nombre de su medicamento en la primera columna de la lista.

Formulary Legend

Columna 1:

Un medicamento se enumera alfabéticamente por su marca y nombres genéricos en la categoría terapéutica y clase a la que pertenece.

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

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

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

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

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

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

Columna 2:

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

Nivel 1 – Nivel genérico
Nivel 2 – Nivel de marca
Nivel 4 – Nivel de especialidad

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

¿Qué son los medicamentos genéricos?

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

¿Qué son los medicamentos de marca?

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

Qué son los medicamentos de nivel especial

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

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

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

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

Columna 3:

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

Clave de las abreviaturas del formulario
QL - Límites de cantidad para ciertos medicamentos, podemos limitar la cantidad de

medicamento que usted puede recibir. Además, cuando hay una escasez nacional de un medicamento, podemos may limitar la cantidad de la droga dispensada.

LD = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, consulte su guía electrónica para miembros en kp.org/eguidebook (bajo el directorio de instalaciones) o comuníquese con Servicios para Miembros.

OC = Hay un límite máximo en el monto de copago/coseguro para los medicamentos contra el cáncer administrados por vía oral de no más de \$200 por suministro de 30 días. Consulte su Resumen de Beneficios para obtener información más detallada.

PREV = Los medicamentos preventivos para la salud son medicamentos selectos requeridos por la ley federal para ser cubiertos sin cargo alguno a los miembros en planes selectos. Los medicamentos preventivos para la salud se determinan sobre la base de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con una calificación de "A" o "B".

MB = Un medicamento de beneficio médico es un medicamento que generalmente no es autoadministrado y administrado por un profesional de la salud. El beneficio de medicamentos recetados para pacientes ambulatorios incluye medicamentos aprobados por la FDA que son autoadministrados, comúnmente orales, o autoinyectables, no excluidos de la cobertura.

Formulario

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA TABS 200 MG [<i>albendazole</i>]	2	
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTI-HIV AGENTS		
<i>abacavir sulfate tabs 300 mg</i>	1	
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
ATRIPLA TABS 600-200-300 MG [<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	1	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	2	
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	2	
<i>didanosine cap 125mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	2	
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	2	
FUZEON SOLR 90 MG [<i>enfuvirtide</i>]	2	QL - 30 day(s),MB
INTELENCE TABS 100 MG [<i>etravirine</i>]	2	
INTELENCE TABS 200 MG [<i>etravirine</i>]	2	
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	2	
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	2	
KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LEXIVA TABS 700 MG [<i>fosamprenavir calcium</i>]	2	
<i>nevirapine er tb24 400 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	2	
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	2	
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	2	
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
<i>stavudine caps 15 mg</i>	1	
<i>stavudine caps 20 mg</i>	1	
<i>stavudine caps 30 mg</i>	1	
<i>stavudine caps 40 mg</i>	1	
STRIBILD TABS 150-150-200-300 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>]	2	
SYMFI LO TABS 400-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	1	
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	1	
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRUVADA TABS 200-300 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
VIDEX SOLR 2 GM [<i>didanosine</i>]	2	
VIDEX SOLR 4 GM [<i>didanosine</i>]	2	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VIRAMUNE SUSP 50 MG/5ML [<i>nevirapine</i>]	2	
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	2	
<i>zidovudine caps 100 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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>	2	
<i>amoxicillin chew 250 mg</i>	2	
<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 caps 250 mg</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>	2	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin susr 125 mg/5ml</i>	2	
<i>ampicillin susr 250 mg/5ml</i>	2	
<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 [amoxicillin & pot clavulanate]	2	
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	2	MB
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [aztreonam-dextrose]	2	MB
AZACTAM IN DEXTROSE SOLN 2 GM/50ML	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[aztreonam-dextrose]		
azithromycin solr 500 mg	1	MB
azithromycin susr 100 mg/5ml	1	
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
bacitracin solr 50000 unit	1	MB
BICILLIN L-A SUSP 1200000 UNIT/2ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSP 600000 UNIT/ML [penicillin g benzathine]	2	MB
CAYSTON SOLR 75 MG [aztreonam lysine]	4	QL - 30 day(s),LD
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 10 gm	1	MB
cefazolin sodium solr 20 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
cefazolin sodium-dextrose soln 1-4 gm/50ml-%	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	2	MB
cefdinir susr 125 mg/5ml	1	
cefdinir susr 250 mg/5ml	1	
cefepime hcl solr 1 gm	1	MB
cefepime hcl solr 2 gm	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
cefotaxime sodium inj 10gm	1	MB
cefotaxime sodium solr 1 gm	1	MB
cefotaxime sodium solr 2 gm	1	MB
cefotaxime sodium solr 500 mg	1	MB
cefotetan disodium solr 1 gm	1	MB
cefotetan disodium solr 2 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
CEFTIN SUSR 125 MG/5ML [cefuroxime axetil]	2	
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 7.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
cephalexin tabs 500 mg	2	
chloramphenicol sod succinate solr 1 gm	2	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	1	MB
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	MB
<i>clarithromycin susr 125 mg/5ml</i>	1	
<i>clarithromycin susr 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg</i>	1	
CLARITHROMYCIN TABS 500 MG [<i>clarithromycin</i>]	1	
CLEOCIN IN D5W SOLN 300 MG/50ML [<i>clindamycin phosphate in d5w</i>]	2	MB
CLEOCIN IN D5W SOLN 600 MG/50ML [<i>clindamycin phosphate in d5w</i>]	2	MB
CLEOCIN IN D5W SOLN 900 MG/50ML [<i>clindamycin phosphate in d5w</i>]	2	MB
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 300 MG/2ML	1	MB
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 900 MG/6ML	1	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	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 soln 300 mg/2ml</i>	1	MB
CLINDAMYCIN PHOSPHATE SOLN 600 MG/4ML [<i>clindamycin phosphate</i>]	1	MB
<i>clindamycin phosphate soln 9000 mg/60ml</i>	1	MB
CUBICIN SOLR 500 MG [<i>daptomycin</i>]	4	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</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>mg/50ml-%</i>		
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	2	MB
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	2	MB
FORTAZ SOLR 500 MG [ceftazidime]	2	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 0.9-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.4-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	2	MB
gentamicin sulfate soln 10 mg/ml	1	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM [ertapenem sodium]	4	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
MINOCIN SOLR 100 MG [minocycline hcl]	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	2	MB
nafcillin sodium solr 1 gm	1	MB
nafcillin sodium solr 10 gm	1	MB
nafcillin sodium solr 2 gm	1	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose]	2	MB
oxacillin sodium solr 1 gm	1	MB
oxacillin sodium solr 2 gm	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	2	MB
penicillin g potassium solr 20000000 unit	1	MB
penicillin g potassium solr 5000000 unit	1	MB
penicillin g procaine susp 600000 unit/ml	2	MB
penicillin g sodium solr 5000000 unit	2	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	1	MB
PRIMAXIN IV SOLR 250-250 MG [imipenem-cilastatin]	2	MB
PRIMAXIN IV SOLR 500-500 MG [imipenem-cilastatin]	2	MB
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	2	
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	2	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
[Cefixime] SUPRAX SUSR 100 MG/5ML	2	
SYNERCID SOLR 150-350 MG [quinupristin-dalfopristin]	4	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	1	
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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)
ZINACEF IN STERILE WATER SOLN 1.5 GM <i>[cefuroxime in sterile water]</i>	2	MB
ZINACEF SOLR 750 MG <i>[cefuroxime sodium]</i>	2	MB
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
ZYVOX SUSR 100 MG/5ML <i>[linezolid]</i>	4	
ZYVOX TABS 600 MG <i>[linezolid]</i>	4	
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>	2	MB
CANCIDAS SOLR 50 MG <i>[casprofungin acetate]</i>	4	MB
CANCIDAS SOLR 70 MG <i>[casprofungin acetate]</i>	4	MB
<i>fluconazole in dextrose soln 200 mg/100ml</i>	1	MB
<i>fluconazole in dextrose soln 400 mg/200ml</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
VFEND IV SOLR 200 MG [<i>voriconazole</i>]	2	MB
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIHEPATITIS C AGENTS		
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
PEG-INTRON REDIPEN KIT 120 MCG/0.5ML [<i>peginterferon alfa-2b</i>]	4	QL - 30 day(s)
PEG-INTRON REDIPEN KIT 150 MCG/0.5ML [<i>peginterferon alfa-2b</i>]	4	QL - 30 day(s)
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGINTRON KIT 50 MCG/0.5ML [<i>peginterferon alfa-2b</i>]	4	QL - 30 day(s)
<i>ribavirin caps 200 mg</i>	1	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>isoniazid soln 100 mg/ml</i>	2	MB
<i>isoniazid syrp 50 mg/5ml</i>	2	
<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	
[Isoniazid & Rifampin] RIFAMATE CAPS 150-300 MG	2	
<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	
<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 IN NAACL SOLN 5-0.79 MG/ML-% [<i>metronidazole in nacl</i>]	1	MB
METRONIDAZOLE IN NAACL SOLN 500-0.74 MG/100ML-% [<i>metronidazole in nacl</i>]	2	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
<i>paramomycin sulfate caps 250 mg</i>	1	
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	4	
<i>cidofovir soln 75 mg/ml</i>	1	MB
DAKLINZA TABS 30 MG [<i>daclatasvir dihydrochloride</i>]	4	
DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	4	
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	
<i>didanosine cpdr 200 mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	4	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	2	
EPIVIR HBV TABS 100 MG [<i>lamivudine (hbv)</i>]	2	
EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat</i>]	2	
<i>famciclovir tabs 500 mg</i>	1	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML [<i>foscarnet sodium</i>]	2	MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	2	
<i>lamivudine tabs 100 mg</i>	1	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
RELENZA DISKHALER AEPB 5 MG/BLISTER [<i>zanamivir</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	4	MB
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	4	MB
TAMIFLU CAPS 30 MG [<i>oseltamivir phosphate</i>]	2	
TAMIFLU CAPS 45 MG [<i>oseltamivir phosphate</i>]	2	
TAMIFLU CAPS 75 MG [<i>oseltamivir phosphate</i>]	2	
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	2	
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	2	
TRUVADA TABS 100-150 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
TRUVADA TABS 133-200 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
TRUVADA TABS 167-250 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
<i>valacyclovir hcl tabs 1 gm</i>	1	
<i>valacyclovir hcl tabs 500 mg</i>	1	
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	4	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	1	
VIRAZOLE SOLR 6 GM [<i>ribavirin</i>]	4	
<i>voriconazole solr 200 mg</i>	1	MB
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	4	QL - 30 day(s)
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	2	
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[nitrofurantoin macrocrystal]		
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl syrj 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
diphenhydramine hcl soln 50 mg/ml	1	MB
promethazine hcl soln 25 mg/ml	1	MB
promethazine hcl tabs 12.5 mg	1	
promethazine hcl tabs 25 mg	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250 mg	1	QL - 30 day(s),OC
ABRAXANE SUSR 100 MG [paclitaxel protein-bound particles]	4	MB
ADCETRIS SOLR 50 MG [brentuximab vedotin]	2	MB
AFINITOR TABS 10 MG [everolimus]	4	QL - 30 day(s),OC
AFINITOR TABS 2.5 MG [everolimus]	4	QL - 30 day(s),OC
AFINITOR TABS 5 MG [everolimus]	4	QL - 30 day(s),OC
AFINITOR TABS 7.5 MG [everolimus]	4	QL - 30 day(s),OC
ALECENSA CAPS 150 MG [alectinib hcl]	4	QL - 30 day(s),OC
ALIMTA SOLR 500 MG [pemetrexed disodium]	4	MB
ALKERAN TABS 2 MG [melphalan]	2	OC
ALUNBRIG TABS 180 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [brigatinib]	4	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
ARRANON SOLN 5 MG/ML [nelarabine]	4	MB
AVASTIN SOLN 100 MG/4ML [bevacizumab]	4	MB
AVASTIN SOLN 400 MG/16ML [bevacizumab]	4	MB
azacitidine susr 100 mg	1	MB
BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	2	QL - 30 day(s),MB
bicalutamide tabs 50 mg	1	OC
BICNU SOLR 100 MG [carmustine]	2	MB
bleomycin sulfate solr 15 unit	1	MB
bleomycin sulfate solr 30 unit	1	MB
BLINCYTO SOLR 35 MCG [blinatumomab]	4	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
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),LD,OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),LD,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 1 X 80 & 1 X 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),LD,OC
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 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
COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>]	4	MB
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>	2	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
DEPOCYT SUSP 50 MG/5ML [<i>cytarabine liposome</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML [docetaxel]	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML [docetaxel]	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML [docetaxel]	4	QL - 30 day(s),MB
docetaxel conc 80 mg/4ml	1	MB
DOXIL INJ 2 MG/ML [doxorubicin hcl liposomal]	2	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
doxorubicin hcl solr 10 mg	1	MB
doxorubicin hcl solr 50 mg	1	MB
EMCYT CAPS 140 MG [estramustine phosphate sodium]	4	QL - 30 day(s),OC
ERBITUX SOLN 100 MG/50ML [cetuximab]	4	MB
ERBITUX SOLN 200 MG/100ML [cetuximab]	4	MB
ERIVEDGE CAPS 150 MG [vismodegib]	4	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemii]	2	MB
etoposide caps 50 mg	2	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 1 gm/20ml	1	MB
fluorouracil soln 2.5 gm/50ml	1	MB
fluorouracil soln 5 gm/100ml	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant soln 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	4	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GEMZAR SOLR 1 GM [gemcitabine hcl]	4	MB
GLEOSTINE CAPS 10 MG [lomustine]	2	OC
GLEOSTINE CAPS 100 MG [lomustine]	2	OC
GLEOSTINE CAPS 40 MG [lomustine]	2	OC
GLEOSTINE CAPS 5 MG [lomustine]	2	OC
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	4	MB
HERCEPTIN SOLR 150 MG [trastuzumab]	4	QL - 30 day(s),MB
HEXALEN CAPS 50 MG [altretamine]	4	QL - 30 day(s),OC
HYCAMTIN CAPS 0.25 MG [topotecan hcl]	4	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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>]	2	QL - 30 day(s)
IBRANCE TABS 125 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IBRANCE TABS 75 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IDAMYCIN PFS SOLN 10 MG/10ML [<i>idarubicin hcl</i>]	2	MB
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	2	MB
<i>idarubicin hcl soln 5 mg/5ml</i>	1	MB
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	1	MB
<i>imatinib mesylate tabs 100 mg</i>	1	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
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>]	2	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>]	2	QL - 30 day(s),OC
<i>irinotecan hcl soln 500 mg/25ml</i>	1	MB
ISTODAX (OVERFILL) SOLR 10 MG [<i>romidepsin</i>]	2	MB
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	4	MB
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	4	QL - 30 day(s),MB
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 (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
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 (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [<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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
LYSODREN TABS 500 MG [<i>mitotane</i>]	2	QL - 30 day(s),OC
MARQIBO SUSP 5 MG/31ML [<i>vincristine sulfate liposome</i>]	4	QL - 30 day(s),MB
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 TABS 0.5 MG [<i>trametinib dimethyl sulfoxide</i>]	2	QL - 30 day(s),OC
MEKINIST TABS 2 MG [<i>trametinib dimethyl sulfoxide</i>]	2	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 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
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	1	MB
MUSTARGEN SOLR 10 MG [<i>mechlorethamine hcl</i>]	2	MB
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	4	MB
MYLERAN TABS 2 MG [<i>busulfan</i>]	4	OC
NEXAVAR TABS 200 MG [<i>sorafenib tosylate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [<i>sonidegib phosphate</i>]	4	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML [<i>pegaspargase</i>]	4	MB
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>]	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	4	QL - 30 day(s),MB
<i>oxaliplatin soln 100 mg/20ml</i>	1	MB
<i>oxaliplatin soln 50 mg/10ml</i>	1	MB
<i>paclitaxel conc 300 mg/50ml</i>	1	MB
<i>pentostatin inj 10mg</i>	1	MB
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	4	QL - 30 day(s),MB
POMALYST CAPS 1 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
POMALYST CAPS 2 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
POMALYST CAPS 3 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
POMALYST CAPS 4 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PROLEUKIN SOLR 22000000 UNIT [<i>aldesleukin</i>]	4	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML [<i>mercaptapurine</i>]	4	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	2	MB
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	2	MB
romidepsin solr 10 mg	4	MB
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
STIVARGA TABS 40 MG [<i>regorafenib</i>]	4	QL - 30 day(s),OC
SUTENT CAPS 12.5 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s),OC
SUTENT CAPS 25 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s),OC
SUTENT CAPS 37.5 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s),OC
SUTENT CAPS 50 MG [<i>sunitinib malate</i>]	4	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
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARCEVA TABS 100 MG [<i>erlotinib hcl</i>]	4	QL - 30 day(s),OC
TARCEVA TABS 150 MG [<i>erlotinib hcl</i>]	4	QL - 30 day(s),OC
TARCEVA TABS 25 MG [<i>erlotinib hcl</i>]	4	QL - 30 day(s),OC
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	2	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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	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
TYKERB TABS 250 MG <i>[lapatinib ditosylate]</i>	2	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
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>	2	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>	2	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
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 CAPS 100 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG <i>[vemurafenib]</i>	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ZYKADIA CAPS 150 MG <i>[ceritinib]</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		
ATROPINE SULFATE SOLN 0.4 MG/ML <i>[atropine sulfate]</i>	2	MB
ATROPINE SULFATE SOLN 1 MG/ML <i>[atropine sulfate]</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
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG <i>[chlordiazepoxide hcl-clidinium bromide]</i>	1	
CUVPOSA SOLN 1 MG/5ML <i>[glycopyrrolate]</i>	2	
<i>dicyclomine hcl caps 10 mg</i>	1	
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
DONNATAL ELIX 16.2 MG/5ML <i>[phenobarbital-hyoscyamine-atropine-scopolamine]</i>	2	
DONNATAL TABS 16.2 MG <i>[phenobarbital-hyoscyamine-atropine-scopolamine]</i>	1	
<i>glycopyrrolate soln 0.2 mg/ml</i>	1	MB
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	MB
<i>glycopyrrolate soln 4 mg/20ml</i>	1	MB
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG <i>[hyoscyamine sulfate]</i>	1	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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>	2	
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		
CHANTIX CONTINUING MONTH PAK TABS 1 MG [<i>varenicline tartrate</i>]	2	PREV
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 [<i>varenicline tartrate</i>]	2	PREV
CHANTIX TABS 0.5 MG [<i>varenicline tartrate</i>]	2	PREV
CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	2	PREV
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
NICORETTE GUM 2 MG [<i>nicotine polacrilex</i>]	2	PREV
NICORETTE LOZG 2 MG [<i>nicotine polacrilex</i>]	2	PREV
NICORETTE LOZG 4 MG [<i>nicotine polacrilex</i>]	2	PREV
NICORETTE MINI LOZG 2 MG [<i>nicotine polacrilex</i>]	2	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
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	
DONEPEZIL HCL TABS 5 MG [<i>donepezil hydrochloride</i>]	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	2	MB
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [<i>galantamine hydrobromide</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
GUANIDINE HCL TABS 125 MG [<i>guanidine hcl</i>]	2	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
MESTINON TBCR 180 MG [<i>pyridostigmine bromide</i>]	2	
NEOSTIGMINE METHYLSULFATE SOLN 0.5 MG/ML [<i>neostigmine methylsulfate</i>]	1	MB
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [<i>neostigmine methylsulfate</i>]	2	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [<i>physostigmine salicylate</i>]	2	MB
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
REGONOL SOLN 10 MG/2ML [<i>pyridostigmine bromide</i>]	2	MB
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>atracurium besylate soln 50 mg/5ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	
<i>dantrolene sodium caps 50 mg</i>	1	
GABLOFEN SOLN 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 50 MCG/ML [<i>baclofen</i>]	2	MB
<i>methocarbamol tabs 500 mg</i>	1	
<i>methocarbamol tabs 750 mg</i>	1	
<i>pancuronium bromide soln 1 mg/ml</i>	1	MB
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>rocuronium bromide soln 100 mg/10ml</i>	1	MB
<i>rocuronium bromide soln 50 mg/5ml</i>	1	MB
RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	2	MB
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	
<i>vecuronium bromide solr 10 mg</i>	1	MB
<i>vecuronium bromide solr 20 mg</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	MB
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
MIGRANAL SOLN 4 MG/ML [<i>dihydroergotamine mesylate</i>]	2	
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	2	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [<i>fluticasone-salmeterol</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 IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w</i>]	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w</i>]	1	MB
<i>dopamine hcl inj 80mg/ml</i>	1	MB
<i>dopamine hcl soln 160 mg/ml</i>	2	MB
DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine hcl</i>]	1	MB
<i>dopamine hcl soln 80 mg/ml</i>	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [<i>dopamine in d5w</i>]	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [<i>dopamine</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>in d5w]</i>		
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% <i>[dopamine in d5w]</i>	1	MB
EPHEDRINE SULFATE SOLN 50 MG/ML <i>[ephedrine sulfate (pressors)]</i>	2	MB
EPINEPHRINE PF SOLN 1 MG/ML <i>[epinephrine]</i>	1	MB
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
EPINEPHRINE SOLN 30 MG/30ML <i>[epinephrine]</i>	1	MB
EPINEPHRINE SOSY 1 MG/10ML <i>[epinephrine]</i>	1	MB
EPIPEN 2-PAK SOAJ 0.3 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	2	
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>metaproterenol sulfate syrp 10 mg/5ml</i>	2	
<i>metaproterenol sulfate tabs 10 mg</i>	2	
<i>metaproterenol sulfate tabs 20 mg</i>	2	
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
<i>norepinephrine bitartrate soln 1 mg/ml</i>	1	MB
S2 (RACEPINEPHRINE) NEBU 2.25 % <i>[racepinephrine hcl]</i>	2	
SEREVENT DISKUS AEPB 50 MCG/DOSE <i>[salmeterol xinafoate]</i>	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT <i>[olodaterol hcl]</i>	2	
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT <i>[albuterol sulfate]</i>	2	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	1	MB
ALBURX SOLN 5 % <i>[albumin, human]</i>	1	MB
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	1	MB
BUMINATE SOLN 5 % <i>[albumin, human]</i>	2	MB
PLASMANATE SOLN 5 % <i>[plasma protein fraction]</i>	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
FERREX 150 CAPS 150 MG <i>[polysaccharide iron complex]</i>	1	
INFED SOLN 50 MG/ML <i>[iron dextran]</i>	2	MB
PROFERRIN ES TABS 12 MG <i>[iron heme polypeptide]</i>	2	
PROFERRIN-FORTE TABS 12-1 MG <i>[iron heme polypeptide-folic acid]</i>	2	
VENOFER SOLN 20 MG/ML <i>[iron sucrose]</i>	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 1000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 1500 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 2000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 250 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 3000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	MB
ADVATE SOLR 4000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 500 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	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/VWF COMPLEX/HUMAN SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE/VWF COMPLEX/HUMAN 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ix]</i>		
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	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-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 100 MISC <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</i>	2	
HELIXATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 250 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor 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	QL - 30 day(s),MB
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
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 (recombinant) plasma/albumin free]</i>	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) plasma/albumin free]</i>	2	MB
XYNTHA KIT 250 UNIT <i>[antihemophilic factor]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>(recombinant) plasma/albumin free]</i>		
XYNTHA KIT 500 UNIT <i>[antihemophilic factor (recombinant) plasma/albumin free]</i>	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT <i>[antihemophilic factor (recombinant) plasma/albumin free]</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
AGGRENOX CP12 25-200 MG <i>[aspirin-dipyridamole]</i>	2	
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG <i>[bivalirudin trifluoroacetate]</i>	2	MB
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% <i>[argatroban in sodium chloride]</i>	2	MB
ARGATROBAN SOLN 250 MG/2.5ML <i>[argatroban]</i>	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
BRILINTA TABS 90 MG <i>[ticagrelor]</i>	2	
CATHFLO ACTIVASE SOLR 2 MG <i>[alteplase]</i>	2	MB
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	2	
EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	2	
<i>heparin sodium (porcine) lock flush soln</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	2	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% <i>[heparin (porcine) in sodium chloride]</i>	2	MB
HEPARIN LOCK FLUSH SOLN 1 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML <i>[heparin sod (porcine) in d5w]</i>	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
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
INTEGRILIN SOLN 20 MG/10ML <i>[eptifibatide]</i>	4	MB
INTEGRILIN SOLN 75 MG/100ML <i>[eptifibatide]</i>	4	MB
LOVENOX SOLN 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 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
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		
LEUKINE SOLR 250 MCG <i>[sargramostim]</i>	4	QL - 30 day(s),MB
NEUPOGEN SOLN 300 MCG/ML <i>[filgrastim]</i>	4	QL - 30 day(s),MB
NEUPOGEN SOLN 480 MCG/1.6ML <i>[filgrastim]</i>	4	QL - 30 day(s),MB
NEUPOGEN SOSY 300 MCG/0.5ML <i>[filgrastim]</i>	4	QL - 30 day(s)
NEUPOGEN SOSY 480 MCG/0.8ML <i>[filgrastim]</i>	4	QL - 30 day(s)
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 TABS 12.5 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline er tbc</i> 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs</i> 1 mg	1	
<i>doxazosin mesylate tabs</i> 2 mg	1	
<i>doxazosin mesylate tabs</i> 4 mg	1	
<i>doxazosin mesylate tabs</i> 8 mg	1	
<i>prazosin hcl caps</i> 1 mg	1	
<i>prazosin hcl caps</i> 2 mg	1	
<i>prazosin hcl caps</i> 5 mg	1	
<i>tamsulosin hcl caps</i> 0.4 mg	1	
<i>terazosin hcl caps</i> 1 mg	1	
<i>terazosin hcl caps</i> 10 mg	1	
<i>terazosin hcl caps</i> 2 mg	1	
<i>terazosin hcl caps</i> 5 mg	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs</i> 10 mg	1	PREV
<i>atorvastatin calcium tabs</i> 20 mg	1	PREV
<i>atorvastatin calcium tabs</i> 40 mg	1	PREV
<i>atorvastatin calcium tabs</i> 80 mg	1	PREV
<i>cholestyramine light pack</i> 4 gm	1	
<i>cholestyramine light powd</i> 4 gm/dose	1	
<i>cholestyramine pack</i> 4 gm	1	
<i>cholestyramine powd</i> 4 gm/dose	1	
<i>colestipol hcl gran</i> 5 gm	1	
<i>colestipol hcl pack</i> 5 gm	1	
<i>colestipol hcl tabs</i> 1 gm	1	
<i>ezetimibe tabs</i> 10 mg	1	
<i>fenofibrate tabs</i> 160 mg	1	
<i>fenofibrate tabs</i> 54 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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>metoprolol succinate er tb24 200 mg</i>	1	
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
BREVIBLOC IN NA _{CL} SOLN 2000 MG/100ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
BREVIBLOC IN NA _{CL} SOLN 2500 MG/250ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>metoprolol succinate er tb24 100 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
CARDENE IV SOLN 40-0.83 MG/200ML-% <i>[nicardipine hcl in sodium chloride]</i>	2	MB
CARDENE IV SOLN 40-5 MG/200ML-% <i>[nicardipine hcl in dextrose]</i>	2	MB
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[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	
<i>nicardipine hcl soln 2.5 mg/ml</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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DIGOXIN SOLN 0.05 MG/ML <i>[digoxin]</i>	2	
<i>digoxin soln 0.25 mg/ml</i>	1	MB
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML <i>[digoxin]</i>	2	MB
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	1	MB
<i>lidocaine hcl (cardiac) sosy 50 mg/5ml</i>	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% <i>[lidocaine in d5w]</i>	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% <i>[lidocaine in d5w]</i>	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG <i>[disopyramide phosphate]</i>	2	
NORPACE CR CP12 150 MG <i>[disopyramide phosphate]</i>	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
QUINIDINE GLUCONATE SOLN 80 MG/ML <i>[quinidine gluconate]</i>	2	MB
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>methyldopate hcl soln 250 mg/5ml</i>	2	MB
<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	
RESERPINE TABS 0.1 MG [<i>reserpine</i>]	2	
RESERPINE TABS 0.25 MG [<i>reserpine</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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 1 %	1	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8//day(s),MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8//day(s),MB
<i>dipyridamole soln 5 mg/ml</i>	1	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8//day(s),MB
EDEX KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8//day(s),MB
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8//day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>isosorbide dinitrate er tbc</i> 40 mg	2	
<i>isosorbide dinitrate tabs</i> 10 mg	1	
<i>isosorbide dinitrate tabs</i> 20 mg	1	
<i>isosorbide dinitrate tabs</i> 30 mg	1	
<i>isosorbide dinitrate tabs</i> 5 mg	1	
<i>isosorbide mononitrate er tb</i> 24 120 mg	1	
<i>isosorbide mononitrate er tb</i> 24 30 mg	1	
<i>isosorbide mononitrate er tb</i> 24 60 mg	1	
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	4	LD
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	4	LD
[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	
NITROGLYCERIN ER CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN ER CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN ER CPCR 9 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
<i>nitroglycerin pt</i> 24 0.4 mg/hr	1	
<i>nitroglycerin soln</i> 5 mg/ml	2	MB
NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.4 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.6 MG [<i>nitroglycerin</i>]	2	
PAPAVERINE HCL SOLN 30 MG/ML [<i>papaverine hcl</i>]	2	MB
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	4	LD,MB
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	4	LD,MB
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	4	LD,MB
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	4	LD,MB
<i>sildenafil citrate tabs</i> 100 mg	1	QL - 8/30/day(s)
<i>sildenafil citrate tabs</i> 20 mg	1	QL - 8/30/day(s)
<i>tadalafil tabs</i> 10 mg	1	QL - 8/30/day(s)
<i>tadalafil tabs</i> 2.5 mg	1	QL - 8/30/day(s)
<i>tadalafil tabs</i> 20 mg	1	
<i>tadalafil tabs</i> 5 mg	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG [<i>bosentan</i>]	4	QL - 30 day(s),LD

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
<i>vardenafil hcl tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 5 mg</i>	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	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 ANTIPYRETICS		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>alfentanil hcl soln 1000 mcg/2ml</i>	1	MB
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
CHOLINE-MAG TRISALICYLATE LIQD 500 MG/5ML [<i>choline & mag salicylate</i>]	1	
CODEINE SULFATE TABS 15 MG [<i>codeine sulfate</i>]	2	
CODEINE SULFATE TABS 30 MG [<i>codeine sulfate</i>]	1	
CODEINE SULFATE TABS 60 MG [<i>codeine sulfate</i>]	1	
DURAMORPH SOLN 0.5 MG/ML [<i>morphine sulfate</i>]	1	MB
DURAMORPH SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [<i>fentanyl citrate</i>]	1	MB
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML [<i>fentanyl citrate</i>]	2	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB
HYDROMORPHONE HCL SUPP 3 MG <i>[hydromorphone hcl]</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	
<i>indomethacin caps 25 mg</i>	1	
<i>indomethacin caps 50 mg</i>	1	
<i>indomethacin er cpcr 75 mg</i>	1	
INDOMETHACIN SODIUM SOLR 1 MG <i>[indomethacin sodium]</i>	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) <i>[morphine sulfate for continuous microinfusion]</i>	2	MB
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] LORCET HD TABS 10-325 MG	1	
[Hydrocodone-acetaminophen] LORCET PLUS TABS 7.5-325 MG	1	
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	1	
<i>meclofenamate sodium caps 100 mg</i>	2	
<i>meclofenamate sodium caps 50 mg</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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>	2	
METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	2	MB
<i>methadone hcl soln 5 mg/5ml</i>	2	
METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	1	
METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	1	
MORPHINE SULFATE (CONCENTRATE) SOLN 100 MG/5ML [<i>morphine sulfate</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 10 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 2 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML [<i>morphine sulfate</i>]	1	
MORPHINE SULFATE SOLN 25 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 4 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 5 MG/ML [<i>morphine sulfate</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MORPHINE SULFATE SOLN 50 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 8 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SUPP 10 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 20 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 30 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 5 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 15 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 30 MG <i>[morphine sulfate]</i>	2	
<i>nabumetone tabs 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 tbec 375 mg</i>	1	
<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	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	2	MB
OPANA SOLN 1 MG/ML <i>[oxymorphone hcl]</i>	2	MB
<i>oxycodone hcl tabs 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR CP24 10 MG [<i>amphetamine-dextroamphetamine</i>]	2	
ADDERALL XR CP24 15 MG [<i>amphetamine-dextroamphetamine</i>]	2	
ADDERALL XR CP24 20 MG [<i>amphetamine-dextroamphetamine</i>]	2	
ADDERALL XR CP24 25 MG [<i>amphetamine-dextroamphetamine</i>]	2	
ADDERALL XR CP24 30 MG [<i>amphetamine-dextroamphetamine</i>]	2	
ADDERALL XR CP24 5 MG [<i>amphetamine-dextroamphetamine</i>]	2	
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 60 MG [<i>methylphenidate hcl</i>]	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB
CONCERTA TBCR 18 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 27 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 36 MG [<i>methylphenidate hcl</i>]	2	
CONCERTA TBCR 54 MG [<i>methylphenidate hcl</i>]	2	
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	
<i>methylphenidate hcl er tbcr 10 mg</i>	1	
<i>methylphenidate hcl er tbcr 18 mg</i>	1	
<i>methylphenidate hcl er tbcr 20 mg</i>	1	
<i>methylphenidate hcl er tbcr 27 mg</i>	1	
<i>methylphenidate hcl er tbcr 36 mg</i>	1	
<i>methylphenidate hcl er tbcr 54 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONVULSANTS		
BANZEL SUSP 40 MG/ML [<i>rufinamide</i>]	4	
BANZEL TABS 200 MG [<i>rufinamide</i>]	4	
BANZEL TABS 400 MG [<i>rufinamide</i>]	4	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BRIVIACT TABS 75 MG [<i>brivaracetam</i>]	4	
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	1	
<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 (antipsychotic)</i>]	2	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tabs 400 mg</i>	1	
<i>felbamate tabs 600 mg</i>	1	
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	1	MB
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	1	MB
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
LAMICTAL STARTER KIT 35 x 25 MG [<i>lamotrigine</i>]	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	2	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 500 mg/5ml</i>	1	MB
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
[Ethosuximide] ZARONTIN SOLN 250 MG/5ML	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate caps 600 mg</i>	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	2	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
<i>ergoloid mesylates tabs 1 mg</i>	1	
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [<i>isometheptene-dichloralphenazone-acetaminophen</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	
SUMATRIPTAN SOLN 20 MG/ACT [<i>sumatriptan</i>]	1	
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML [<i>sumatriptan succinate</i>]	1	
SUMATRIPTAN SUCCINATE SOAJ 6 MG/0.5ML [<i>sumatriptan succinate</i>]	1	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>amantadine hcl syrpr 50 mg/5ml</i>	1	
<i>APOKYN SOCT 30 MG/3ML [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	
<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 tbcr 25-100 mg</i>	1	
<i>carbidopa-levodopa er tbcr 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>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]</i>	4	MB
<i>ENTACAPONE TABS 200 MG [entacapone]</i>	1	
<i>LODOSYN TABS 25 MG [carbidopa]</i>	2	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	
<i>rasagiline mesylate tabs 0.5 mg</i>	1	
<i>rasagiline mesylate tabs 1 mg</i>	1	
<i>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	
<i>bupirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	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>	2	
<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>	2	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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>	2	
<i>hydroxyzine pamoate caps 25 mg</i>	1	
<i>hydroxyzine pamoate caps 50 mg</i>	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam soln 2 mg/ml</i>	1	MB
<i>lorazepam soln 4 mg/ml</i>	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	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
<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>]	2	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>]	2	MB
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	
PRECEDEX SOLN 200 MCG/2ML [<i>dexmedetomidine hcl</i>]	2	MB
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)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium tbec 333 mg</i>	1	
<i>flumazenil soln 0.5 mg/5ml</i>	1	MB
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOLN 10 MG/5ML [<i>memantine hcl</i>]	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	2	MB
<i>etomidate soln 2 mg/ml</i>	1	MB
FORANE SOLN [<i>isoflurane</i>]	2	
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 100 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
<i>propofol emul 200 mg/20ml</i>	1	MB
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
OPIATE ANTAGONISTS		
<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>	2	MB
NALTREXONE HCL POWD [<i>naltrexone hcl (bulk)</i>]	2	
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML [<i>naloxone hcl</i>]	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	2	
<i>amoxapine tabs 25 mg</i>	2	
<i>amoxapine tabs 50 mg</i>	2	
<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>	2	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Prochlorperazine] COMPRO SUPP 25 MG	1	
<i>desipramine hcl tabs 10 mg</i>	1	
<i>desipramine hcl tabs 100 mg</i>	1	
<i>desipramine hcl tabs 150 mg</i>	1	
<i>desipramine hcl tabs 25 mg</i>	1	
<i>desipramine hcl tabs 50 mg</i>	1	
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<i>doxepin hcl caps 100 mg</i>	1	
<i>doxepin hcl caps 150 mg</i>	1	
<i>doxepin hcl caps 25 mg</i>	1	
<i>doxepin hcl caps 50 mg</i>	1	
<i>doxepin hcl caps 75 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>duloxetine hcl cpep 20 mg</i>	1	
<i>duloxetine hcl cpep 30 mg</i>	1	
<i>duloxetine hcl cpep 60 mg</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10 mg</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>	2	
<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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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
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>maprotiline hcl tabs 25 mg</i>	2	
<i>maprotiline hcl tabs 50 mg</i>	2	
<i>maprotiline hcl tabs 75 mg</i>	2	
<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>	2	
<i>nefazodone hcl tabs 150 mg</i>	2	
<i>nefazodone hcl tabs 200 mg</i>	2	
<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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>olanzapine tabs 7.5 mg</i>	1	
ORAP TABS 1 MG [<i>pimozide</i>]	2	
ORAP TABS 2 MG [<i>pimozide</i>]	2	
<i>paroxetine hcl tabs 10 mg</i>	1	
<i>paroxetine hcl tabs 20 mg</i>	1	
<i>paroxetine hcl tabs 30 mg</i>	1	
<i>paroxetine hcl tabs 40 mg</i>	1	
<i>perphenazine 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>	2	
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	2	
<i>perphenazine-amitriptyline tabs 4-25 mg</i>	2	
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	2	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	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	
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
RISPERIDONE TABS 3 MG <i>[risperidone]</i>	1	
RISPERIDONE TABS 4 MG <i>[risperidone]</i>	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % <i>[diaphragm wide seal]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROTRACH PLUS MISC <i>[respiratory therapy supplies]</i>	2	
BAYER BREEZE 2 CONTROL LIQD LOW <i>[blood glucose calibration]</i>	2	
BAYER BREEZE 2 CONTROL LIQD NORMAL <i>[blood glucose calibration]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LANCET DEVICE MISC <i>[lancet devices]</i>	2	
BD LANCET ULTRAFINE 33G MISC <i>[lancets]</i>	2	
BD LUER-LOK SYRINGE MISC 2G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML <i>[syringe/needle (disp) 1 ml]</i>	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM <i>[insulin pen needle]</i>	1	
DISPOSABLE POWER KIT <i>[misc. devices]</i>	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>device]</i>		
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH SURESOFT LANCING DEV MISC <i>[lancets misc.]</i>	2	
ONETOUCH ULTRA CONTROL SOLN <i>[blood glucose calibration]</i>	2	
ONETOUCH ULTRA MINI KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	
PEDIATRIC SMALL MASK MISC <i>[masks]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
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" 0.3 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 1/2" 1 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" 0.3 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
ULTRA THIN LANCETS 30G MISC <i>[lancets]</i>	2	
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine soln 3 mg/ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
CONRAY 43 INJ 43% [<i>iothalamate meglumine</i>]	2	MB
CONRAY SOLN 60 % [<i>iothalamate meglumine</i>]	2	MB
CORTROSYN SOLR 0.25 MG [<i>cosyntropin</i>]	2	MB
CYSTO-CONRAY II SOLN 17.2 % [<i>iothalamate meglumine</i>]	2	MB
CYSTOGRAFIN SOLN 30 % [<i>diatrizoate meglumine</i>]	2	MB
CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	2	MB
D-XYLOSE POWD [<i>d-xylose</i>]	2	
DIASTIX STRP [<i>glucose urine test-(glucose oxidase)</i>]	2	
E-Z-CAT DRY PACK 2 % [<i>barium sulfate</i>]	2	
EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	2	MB
GADAVIST SOLN 1 MMOL/ML [<i>gadobutrol</i>]	2	MB
GASTROGRAFIN SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	2	
INDIGO CARMINE SOLN 8 MG/ML [<i>indigotindisulfonate sodium</i>]	2	MB
KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	2	
KETOSTIX STRP [<i>acetone (urine) test</i>]	2	
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	2	MB
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	2	MB
MAGNEVIST SOLN 469.01 MG/ML [<i>gadopentetate dimeglumine</i>]	2	MB
MD-76 R SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	2	MB
METOPIRONE CAPS 250 MG [<i>metyrapone</i>]	2	
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</i>]	2	MB
OMNIPAQUE INJ 300MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE INJ 350MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 180 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 240 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 300 MG/ML [<i>iohexol</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
OMNIPAQUE SOLN 350 MG/ML [<i>iohexol</i>]	2	MB
ONETOUCH ULTRA BLUE STRP [<i>glucose blood</i>]	2	
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	2	
READI-CAT 2 SUSP 2.1 % [<i>barium sulfate</i>]	2	
THYROGEN SOLR 1.1 MG [<i>thyrotropin alfa</i>]	2	MB
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	2	MB
VOLUMEN SUSP 0.1 % [<i>barium sulfate</i>]	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	1	
CYTRA-K SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	1	
NEUT SOLN 4 % [<i>sodium bicarbonate</i>]	2	MB
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	2	MB
SODIUM BICARBONATE SOLN 4.2 % [<i>sodium bicarbonate</i>]	1	MB
SODIUM BICARBONATE SOLN 7.5 % [<i>sodium bicarbonate</i>]	2	MB
SODIUM BICARBONATE SOLN 8.4 % [<i>sodium bicarbonate</i>]	1	MB
THAM SOLN 30 MEQ/100ML [<i>tromethamine</i>]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [<i>pot & sod citrates w/citric ac</i>]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	4	QL - 30 day(s)
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
<i>lactulose soln 20 gm/30ml</i>	1	
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % [<i>amino acid infusion</i>]	2	MB
AMINOSYN II/ELECTROLYTES SOLN 8.5 % [<i>amino acid electrolyte infusion</i>]	2	MB
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[amino acid electrolyte w/ calcium infusion in d10w]		
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 (4.25/25) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d25w]	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 E/DEXTROSE (5/25) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d25w]	2	MB
CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid infusion in d5w]	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	2	MB
CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 % [amino acid infusion in d20w]	2	MB
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % [amino acid infusion in d25w]	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
CLINIMIX/DEXTROSE (5/25) SOLN 5 % [amino acid infusion in d25w]	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]	2	MB
INTRALIPID EMUL 30 % [fat emulsion plant based]	2	MB
PHENEX-1 POWD [nutritional supplements]	2	
PHLEXY-10 PACK [nutritional supplements]	2	
PROCALAMINE SOLN 3 % [amino acid electrolyte infusion]	2	MB
PROSOL SOLN 20 % [amino acid infusion]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
TRAVASOL SOLN 10 % [<i>amino acid infusion</i>]	2	MB
TROPHAMINE SOLN 10 % [<i>amino acid infusion</i>]	2	MB
TROPHAMINE SOLN 6 % [<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	
EDECRIN TABS 25 MG [<i>ethacrynic acid</i>]	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 10 mg/ml</i>	1	
<i>furosemide soln 8 mg/ml</i>	2	
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-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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
RENVELA PACK 2.4 GM <i>[sevelamer carbonate]</i>	2	
RENVELA TABS 800 MG <i>[sevelamer carbonate]</i>	2	
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp 30 gm/120ml</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	2	
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	
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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-NACL SOLN 10-0.45 % <i>[dextrose w/ sodium chloride]</i>	2	MB
DEXTROSE-NACL SOLN 2.5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.2 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.225 % <i>[dextrose w/ sodium chloride]</i>	2	MB
DEXTROSE-NACL SOLN 5-0.33 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.9 % <i>[dextrose w/ sodium chloride]</i>	1	MB
EFFER-K TBEF 25 MEQ <i>[potassium bicarbonate]</i>	1	
[Calcium Acetate (phosphate Binder)] ELIPHOS TABS 667 MG	2	
HETASTARCH-NACL SOLN 6-0.9 % <i>[hetastarch in sodium chloride]</i>	1	MB
HEXTEND SOLN 6 % <i>[hetastarch in lactated electrolyte]</i>	2	MB
HYPERLYTE-CR CONC <i>[parenteral electrolytes]</i>	2	MB
K-EFFERVESCENT TBEF 25 MEQ <i>[potassium bicarbonate]</i>	1	
K-PHOS TABS 500 MG <i>[potassium phosphate monobasic]</i>	2	
K-TAB TBCR 10 MEQ <i>[potassium chloride]</i>	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-%	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
% [potassium chloride in dextrose & sodium chloride]		
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
LMD IN D5W SOLN 10-5 % [dextran 40 in d5w]	2	MB
LMD IN NAACL SOLN 10-0.9 % [dextran 40 in saline]	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
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML [trace minerals (cr-cu-mn-zn)]	1	MB
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride 0.075%/d5w/nacl 0.225% inj .075/.2%	1	MB
potassium chloride crys er tbc 10 meq	1	
potassium chloride crys er tbc 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.45 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [potassium chloride]	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML <i>[potassium chloride]</i>	2	MB
<i>potassium chloride soln 2 meq/ml</i>	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML <i>[potassium chloride]</i>	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/15ML (10%) <i>[potassium chloride]</i>	1	
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	
<i>potassium phosphate inj 3mm/ml</i>	1	MB
POTASSIUM PHOSPHATES 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
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>	4	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT <i>[imiglucerase]</i>	4	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</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
PROLASTIN-C SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	4	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
[Neomycin-polymyxin-gramicidin] NEOSPORIN SOLN 1.75-10000-.025	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBREX OINT 0.3 % [<i>tobramycin (ophth)</i>]	2	
<i>trifluridine soln 1 %</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ZYMAXID SOLN 0.5 % [<i>gatifloxacin (ophth)</i>]	2	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	
BLEPHAMIDE SUSP 10-0.2 % [<i>sulfacetamide sod-prednisolone</i>]	2	
CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	2	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	2	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
FML FORTE SUSP 0.25 % [<i>fluorometholone (ophth)</i>]	2	
FML OINT 0.1 % [<i>fluorometholone (ophth)</i>]	2	
<i>ketorolac tromethamine soln 0.4 %</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	
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	
RESTASIS EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	2	
RESTASIS MULTIDOSE EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	2	
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	2	MB
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	2	
ANTIALLERGIC AGENTS		
ALOCRIAL SOLN 2 % [<i>nedocromil sodium (ophth)</i>]	2	
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	
ANTIGLAUCOMA AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
LUMIGAN SOLN 0.01 % [<i>bimatoprost</i>]	2	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>acetic acid-aluminum acetate soln 2 %</i>	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BEOVU SOLN 6 MG/0.05ML [<i>brolucizumab-dbll</i>]	2	QL - 30 day(s)
BSS PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	2	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	2	
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	2	MB
IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	2	
JETREA SOLN 0.5 MG/0.2ML [<i>ocriplasmin</i>]	2	MB
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),LD,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
MACUGEN SOLN 0.3 MG [<i>pegaptanib sodium</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
TETRAVISC SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	2	
ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</i>]	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<i>cyclopentolate hcl soln 1 %</i>	1	
<i>cyclopentolate hcl soln 2 %</i>	1	
HOMATROPINE HBR 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 0.1 %</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	
CANASA SUPP 1000 MG [<i>mesalamine</i>]	2	
LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	2	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPCR 250 MG [<i>mesalamine</i>]	2	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
omeprazole cpdr 40 mg	1	
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
PROTONIX SOLR 40 MG [pantoprazole sodium]	2	MB
ranitidine hcl soln 150 mg/6ml	1	MB
ranitidine hcl soln 50 mg/2ml	1	MB
ranitidine hcl syrp 150 mg/10ml	1	
ranitidine hcl tabs 150 mg	1	
ranitidine hcl tabs 300 mg	1	
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		
AMITIZA CAPS 24 MCG [lubiprostone]	2	
AMITIZA CAPS 8 MCG [lubiprostone]	2	
CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	2	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	1	
peg 3350/electrolytes solr 240 gm	1	PREV
SORBITOL SOLN 70 % [sorbitol (laxative)]	2	
CHOLELITHOLYTIC AGENTS		
URSO FORTE TABS 500 MG [ursodiol]	2	
ursodiol tabs 250 mg	1	
DIGESTANTS		
CREON CPEP 12000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 36000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 6000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 3000-14000 UNIT [pancrelipase]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>(lipase-protease-amylase)</i>		
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 5 mg/5ml</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	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	1	QL - 30 day(s)
<i>deferoxamine mesylate solr 2 gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
DEPEN TITRATABS TABS 250 MG <i>[penicillamine]</i>	4	
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)
JADENU TABS 360 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU TABS 90 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX HFA AERO 100 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX HFA AERO 200 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	
<i>budesonide susp 0.5 mg/2ml</i>	1	
<i>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>	2	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	2	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
FLOVENT HFA AERO 44 MCG/ACT [<i>fluticasone propionate hfa</i>]	2	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
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	
[Prednisolone] MILLIPRED TABS 5 MG	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Prednisone] PREDNISONA INTENSOL CONC 5 MG/ML	2	
<i>prednisone soln 5 mg/5ml</i>	2	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 10 mg (21)</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 125 MG <i>[methylprednisolone sod succ]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
[Methyltestosterone] ANDROID CAPS 10 MG	2	
[Fluoxymesterone] ANDROXY TABS 10 MG	2	
<i>danazol caps 100 mg</i>	1	
<i>danazol caps 200 mg</i>	1	
<i>danazol caps 50 mg</i>	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	2	MB
<i>methyltestosterone tabs 10 mg</i>	2	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	MB
<i>testosterone enanthate soln 200 mg/ml</i>	1	MB
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
ANTIDIABETIC AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
BYDUREON BCISE AUIJ 2 MG/0.85ML <i>[exenatide]</i>	2	
BYDUREON PEN 2 MG <i>[exenatide]</i>	2	
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML <i>[insulin lispro protamine & lispro]</i>	2	
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML <i>[insulin lispro protamine & lispro]</i>	2	
HUMALOG SOLN 100 UNIT/ML <i>[insulin lispro]</i>	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN N SUSP 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN R SOLN 100 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
JARDIANCE TABS 10 MG <i>[empagliflozin]</i>	4	
JARDIANCE TABS 25 MG <i>[empagliflozin]</i>	4	
LANTUS SOLN 100 UNIT/ML <i>[insulin glargine]</i>	2	
<i>metformin hcl er tb24 500 mg</i>	1	
<i>metformin hcl er tb24 750 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>metformin hcl tabs 1000 mg</i>	1	
<i>metformin hcl tabs 500 mg</i>	1	
<i>metformin hcl tabs 850 mg</i>	1	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg</i>	1	
<i>pioglitazone hcl tabs 45 mg</i>	1	
SYMLINPEN 120 SOPN 2700 MCG/2.7ML [<i>pramlintide acetate</i>]	2	
<i>tolbutamide tabs 500 mg</i>	2	
TRADJENTA TABS 5 MG [<i>linagliptin</i>]	2	
VICTOZA SOPN 18 MG/3ML [<i>liraglutide</i>]	2	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [<i>glucagon</i>]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>]	2	MB
GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	2	MB
GLUCAGON EMERGENCY KIT 1 MG [<i>glucagon (rdna)</i>]	2	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG [<i>ulipristal acetate</i>]	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
JOLIVETTE TABS 0.35 MG [<i>norethindrone (contraceptive)</i>]	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[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/24HR [<i>levonorgestrel (iud)</i>]	2	PREV,MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11 (28) TABS 35 MCG	2	PREV
NEXPLANON IMPL 68 MG <i>[etonogestrel]</i>	2	MB
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
NUVARING RING 0.12-0.015 MG/24HR <i>[etonogestrel-ethinyl estradiol]</i>	2	PREV
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	2	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	2	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	
DELESTROGEN OIL 10 MG/ML <i>[estradiol valerate]</i>	2	
DELESTROGEN OIL 20 MG/ML <i>[estradiol valerate]</i>	2	
DELESTROGEN OIL 40 MG/ML <i>[estradiol valerate]</i>	2	
[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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	
estradiol pttw 0.1 mg/24hr	1	
estradiol ptwk 0.05 mg/24hr	1	
estradiol ptwk 0.075 mg/24hr	1	
estradiol ptwk 0.1 mg/24hr	1	
estradiol tabs 0.5 mg	1	
estradiol tabs 1 mg	1	
estradiol tabs 2 mg	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 2 MG [estradiol vaginal]	2	
PREMARIN CREA 0.625 MG/GM [estrogens, conjugated vaginal]	2	
PREMARIN SOLR 25 MG [estrogens, conjugated]	2	
raloxifene hcl tabs 60 mg	1	PREV
VAGIFEM TABS 10 MCG [estradiol vaginal]	2	
GONADOTROPINS		
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [follitropin alfa]	2	
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [follitropin alfa]	2	
GONAL-F RFF REDIJECT SOLN 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	
NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	1	MB
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		
ACTHAR GEL 80 UNIT/ML [corticotropin]	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>acetate refrigerated]</i>		
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
STIMATE SOLN 1.5 MG/ML [<i>desmopressin acetate</i>]	4	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	2	
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	1	QL - 30 day(s),MB
MAKENA OIL 250 MG/ML [<i>hydroxyprogesterone caproate</i>]	2	QL - 30 day(s),MB
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone micronized caps 100 mg</i>	1	
<i>progesterone micronized caps 200 mg</i>	1	
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPLO SOLN 15 MG/1.5ML <i>[somatropin]</i>	4	QL - 30 day(s)
OMNITROPE SOLN 10 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
OMNITROPE SOLN 5 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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)
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)
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
KINERET SOSY 100 MG/0.67ML [<i>anakinra</i>]	4	QL - 30 day(s),LD
LEFLUNOMIDE TABS 10 MG [<i>leflunomide</i>]	1	
<i>leflunomide tabs 20 mg</i>	1	
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [<i>abatacept</i>]	4	QL - 30 day(s),MB
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
RASUVO SOAJ 15 MG/0.3ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 17.5 MG/0.35ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 20 MG/0.4ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 22.5 MG/0.45ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 25 MG/0.5ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 27.5 MG/0.55ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 30 MG/0.6ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 7.5 MG/0.15ML <i>[methotrexate (antirheumatic)]</i>	2	
REMICADE SOLR 100 MG <i>[infliximab]</i>	4	MB
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 mofetil tabs 500 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
RAPAMUNE SOLN 1 MG/ML <i>[sirolimus]</i>	2	
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	
<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		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML <i>[bupivacaine hcl]</i>	2	MB
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl inj 0.75%</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>chloroprocaine hcl inj 3%</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (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
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % <i>[bupivacaine w/ epinephrine]</i>	2	MB
TETRACAINE HCL SOLN 1 % <i>[tetracaine hcl]</i>	2	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 <i>[lidocaine w/ epinephrine]</i>	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
ACETYLCYSTEINE SOLN 200 MG/ML [<i>acetylcysteine (antidote)</i>]	1	MB
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	2	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 40 mg</i>	2	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
[Disulfiram] ANTABUSE TABS 250 MG	2	
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
BOTOX COSMETIC SOLR 100 UNIT [<i>onabotulinumtoxina (cosmetic)</i>]	2	MB
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	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
COLCHICINE CAPS 0.6 MG [<i>colchicine</i>]	2	
CYSTADANE POWD [<i>betaine</i>]	4	QL - 30 day(s),LD
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>disulfiram tabs 250 mg</i>	1	
<i>disulfiram tabs 500 mg</i>	1	
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	2	
<i>etidronate disodium tabs 200 mg</i>	2	
<i>etidronate disodium tabs 400 mg</i>	2	
<i>finasteride tabs 5 mg</i>	1	
FIRAZYR SOLN 30 MG/3ML [<i>icatibant acetate</i>]	4	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [<i>sodium fluoride</i>]	1	PREV
FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP	2	PREV

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[sodium fluoride]		
FUSILEV SOLR 50 MG [levoleucovorin calcium]	2	MB
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
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 soln 30 mg/3ml	1	QL - 30 day(s),MB
INFLECTRA SOLR 100 MG [infliximab-dyyb]	4	MB
KALYDECO PACK 50 MG [ivacaftor]	4	QL - 30 day(s)
KALYDECO PACK 75 MG [ivacaftor]	4	QL - 30 day(s)
KALYDECO TABS 150 MG [ivacaftor]	4	QL - 30 day(s)
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	1	
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	1	
LUDENT CHEW 0.55 (0.25 F) MG [sodium fluoride]	1	PREV
MESNA SOLN 100 MG/ML [mesna]	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB
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
pamidronate disodium soln 30 mg/10ml	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>pamidronate disodium soln 6 mg/ml</i>	2	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 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	2	
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>]	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	1	
<i>sirolimus soln 1 mg/ml</i>	1	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	1	PREV
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	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)
THALOMID CAPS 100 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THALOMID CAPS 150 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THALOMID CAPS 200 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>]	2	QL - 30 day(s),LD,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)
ZINECARD SOLR 250 MG [<i>dexrazoxane hcl</i>]	2	MB
ZINECARD SOLR 500 MG [<i>dexrazoxane hcl</i>]	2	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	2	
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HYDROXOCOBALAMIN POW [hydroxocobalamin (bulk)]	2	
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	
METOCLOPRAMIDE HCL MONOHYDRATE POWD [metoclopramide hcl monohydrate]	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	
POLYETHYLENE GLYCOL 8000 POWD [polyethylene glycol 8000]	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SORBITOL SOLN 70 % <i>[sorbitol]</i>	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS <i>[squaric acid dibutylester]</i>	2	
STERILE WATER FOR INJECTION SOLN <i>[water for injection, sterile]</i>	1	MB
SULFUR PRECIPITATED POWD <i>[sulfur (bulk)]</i>	2	
TESTOSTERONE PROPIONATE POWD <i>[testosterone propionate (bulk)]</i>	2	
THYMOL CRYSTALS <i>[thymol]</i>	2	
TRANEXAMIC ACID POWD <i>[tranexamic acid (bulk)]</i>	2	
TRIAMCINOLONE ACETONIDE POWD <i>[triamcinolone acetonide (topical)]</i>	2	
UREA POWD <i>[urea (bulk)]</i>	2	
VERAPAMIL HCL POWD <i>[verapamil hcl]</i>	2	
ZINC SULFATE GRAN <i>[zinc sulfate]</i>	2	
ZINC SULFATE HEPTAHYDRATE POWD <i>[zinc sulfate]</i>	2	
ZINC SULFATE MONOHYDRATE POWD <i>[zinc sulfate]</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	
AEROSPAN AERS 80 MCG/ACT <i>[flunisolide hfa]</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	
CHERATUSSIN AC SYRP 100-10 MG/5ML <i>[guaifenesin-codeine]</i>	1	
<i>hydrocodone-homatropine syrup 5-1.5 mg/5ml</i>	1	
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>[pseudoeph-chlorphen w/ cod]</i>		
<i>promethazine-codeine soln 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm soln 6.25-15 mg/5ml</i>	1	
<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	1	
[Hydrocodone W/ Homatropine] TUSSIGON TABS 5-1.5 MG	1	
<i>phenylephrine-chlorphen-dm liqd</i>	1	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML	1	
<i>[pseudoephedrine w/ codeine-gg]</i>		
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	
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>	4	QL - 30 day(s),MB
DALIRESP TABS 500 MCG <i>[roflumilast]</i>	2	
KALYDECO PACK 25 MG <i>[ivacaftor]</i>	2	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 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>	2	QL - 30 day(s)
XOLAIR SOLR 150 MG <i>[omalizumab]</i>	4	QL - 30 day(s),LD
XOLAIR SOSY 150 MG/ML <i>[omalizumab]</i>	4	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML <i>[omalizumab]</i>	4	QL - 30 day(s)
VASODILATING		
OPSUMIT TABS 10 MG <i>[macitentan]</i>	4	QL - 30 day(s),LD

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
TRACLEER TBSO 32 MG <i>[bosentan]</i>	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANTIVENIN LATRODECTUS MACTANS KIT <i>[antivenin latrodectus mactans]</i>	2	MB
CARIMUNE NF SOLR 12 GM <i>[immune globulin (human) iv]</i>	2	MB
CARIMUNE NF SOLR 6 GM <i>[immune globulin (human) iv]</i>	2	MB
CROFAB SOLR <i>[crotalidae polyvalent immune fab (ovine)]</i>	2	MB
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 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
GAMASTAN S/D 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HYPERRAB S/D SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
HYPERTET S/D INJ 250 UNIT/ML <i>[tetanus immune globulin (human)]</i>	2	MB
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)
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT <i>[rho d immune globulin (human)]</i>	2	MB
NABI-HB SOLN <i>[hepatitis b immune globulin (human)]</i>	2	MB
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ODACTRA SUBL 12 SQ-HDM [<i>dust mite mixed allergen extract</i>]	2	
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	2	MB
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB
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
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)</i>]	2	MB
VACCINES		
ACTHIB SOLR [<i>haemophilus b polysac conj vac</i>]	2	
AFLURIA SUSP [<i>influenza virus vaccine split</i>]	2	MB
BEXSERO SUSY [<i>meningococcal vac group b (recombant omv adjuvanted)</i>]	2	MB
ENGERIX-B SUSP 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
FLUAD SUSY 0.5 ML [<i>influenza virus vaccine types a & b surface antigen adjuvant</i>]	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML [<i>influenza virus vaccine split high-dose preservative free</i>]	2	MB
FLUZONE SUSP [<i>influenza virus vaccine split</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 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
IMOVAX RABIES INJ 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
M-M-R II SOLR [<i>measles, mumps & rubella virus vaccines</i>]	2	MB
MENVEO SOLR [<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>]	2	MB
PEDIARIX SUSP [<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 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	2	MB
PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	2	MB
RABAERT 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
RECOMBIVAX HB SUSP 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
ROTARIX SUSR [<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
TWINRIX SUSP 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</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
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ZOSTAVAX SUSR 19400 UNT/0.65ML [<i>zoster vaccine live</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
AKTIPAK PACK 5-3 % [<i>benzoyl peroxide-erythromycin</i>]	2	
<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	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
HYSEPT SOLN 0.25 % [<i>sodium hypochlorite</i>]	1	
ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	2	
<i>ketoconazole sham 2 %</i>	1	
<i>permethrin lotn 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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 LOTN 0.05 % [<i>clobetasol propionate</i>]	2	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	
CORTISPORIN CREA 3.5-10000-0.5 [<i>neomycin-polymyxin-hc</i>]	2	
CORTISPORIN OINT 1 % [<i>bacitracin-polymyxin-neomycin hc</i>]	2	
<i>desonide oint 0.05 %</i>	1	
[Desonide] DESOWEN LOTN 0.05 %	2	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
FLUOCINONIDE CREA 0.05 % [<i>fluocinonide</i>]	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>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 %	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[pramoxine-hc]		
hydrocortisone crea 2.5 %	1	
hydrocortisone enem 100 mg/60ml	1	
hydrocortisone lotn 2.5 %	1	
hydrocortisone oint 2.5 %	1	
mometasone furoate crea 0.1 %	1	
mometasone furoate oint 0.1 %	1	
mometasone furoate soln 0.1 %	1	
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	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 % [pramoxine-hc]	2	
PRAMOSONE OINT 1-2.5 % [pramoxine-hc]	2	
[Hydrocortisone (rectal)] PROCTOSOL HC CREA 2.5 %	1	
triamcinolone acetamide crea 0.025 %	1	
triamcinolone acetamide crea 0.1 %	1	
triamcinolone acetamide crea 0.5 %	1	
triamcinolone acetamide lotn 0.1 %	1	
triamcinolone acetamide oint 0.025 %	1	
triamcinolone acetamide oint 0.1 %	1	
triamcinolone acetamide oint 0.5 %	1	
triamcinolone acetamide pste 0.1 %	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	1	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	1	
hydrocortisone ace-pramoxine crea 1-1 %	1	
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
PHENOL LIQD [phenol]	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	1	
SARNA LOTN 0.5-0.5 % [camphor & menthol]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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>]	1	
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	2	
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	1	
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	1	
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	2	
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	1	
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	1	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
OXSORALEN ULTRA CAPS 10 MG [<i>methoxsalen rapid</i>]	2	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % [<i>salicylic acid</i>]	2	
SULFACETAMIDE SODIUM-SULFUR EMUL 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
KERATOPLASTIC AGENTS		
ELTA TAR CREA 2 % [<i>coal tar extract</i>]	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
AQUAPHOR OINT [<i>emollient</i>]	2	
BENZOIN COMPOUND TINC [<i>benzoin compound</i>]	1	
BENZOIN TINC [<i>benzoin</i>]	2	
<i>calcipotriene crea 0.005 %</i>	1	
<i>calcipotriene soln 0.005 %</i>	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [<i>podofilox</i>]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
DESITIN PSTE 40 % [<i>zinc oxide (topical)</i>]	2	
<i>diclofenac sodium gel 1 %</i>	1	
<i>diclofenac sodium soln 1.5 %</i>	1	
DIFFERIN CREA 0.1 % [<i>adapalene</i>]	2	
DIFFERIN GEL 0.1 % [<i>adapalene</i>]	2	
DIFFERIN GEL 0.3 % [<i>adapalene</i>]	2	
DRITHO-CREME HP CREA 1 % [<i>anthralin</i>]	2	
ELIDEL CREA 1 % [<i>pimecrolimus</i>]	2	
EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	2	
EPIDUO GEL 0.1-2.5 % [<i>adapalene-benzoyl peroxide</i>]	2	
FLUOROPLEX CREA 1 % [<i>fluorouracil (topical)</i>]	2	
<i>fluorouracil crea 5 %</i>	1	
<i>fluorouracil soln 2 %</i>	1	
<i>fluorouracil soln 5 %</i>	1	
<i>imiquimod crea 5 %</i>	1	
LEVULAN KERASTICK SOLR 20 % [<i>aminolevulinic acid hcl</i>]	2	
<i>pimecrolimus crea 1 %</i>	1	
PODOCON SOLN 25 % [<i>podophyllum resin</i>]	2	
<i>podofilox soln 0.5 %</i>	1	
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	2	
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [<i>risankizumab-rzaa</i>]	4	
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride</i>]	1	
STELARA SOLN 45 MG/0.5ML [<i>ustekinumab</i>]	4	
STELARA SOSY 45 MG/0.5ML [<i>ustekinumab</i>]	4	
STELARA SOSY 90 MG/ML [<i>ustekinumab</i>]	4	
TACROLIMUS OINT 0.03 % [<i>tacrolimus (topical)</i>]	1	
TACROLIMUS OINT 0.1 % [<i>tacrolimus (topical)</i>]	1	
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	2	
<i>tazarotene crea 0.1 %</i>	1	
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
TAZORAC GEL 0.05 % [tazarotene]	2	
TAZORAC GEL 0.1 % [tazarotene]	2	
TREMFYA SOPN 100 MG/ML [guselkumab]	4	
TREMFYA SOSY 100 MG/ML [guselkumab]	4	
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	
oxybutynin chloride syrp 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
OXYTROL PTTW 3.9 MG/24HR [oxybutynin]	2	
solifenacin succinate tabs 10 mg	1	
solifenacin succinate tabs 5 mg	1	
tropium chloride er cp24 60 mg	1	
tropium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
theophylline er tb24 400 mg	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% [theophylline in dextrose]	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ [multiple vitamin]	2	MB
INFUVITE PEDIATRIC SOLN [pediatric multiple vitamins]	2	MB
pediatric multivitamins w/fl chew	1	
pediatric multivitamins w/fl chew	1	
MULTI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	1	
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
MVC-FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	
MVC-FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MVC-FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	
POLY-VI-SOL SOLN <i>[pediatric multiple vitamin w/ c]</i>	2	
POLY-VI-SOL/IRON SOLN <i>[pediatric multiple vitamins w/ iron]</i>	2	
POLY-VITA SOLN 35 MG/ML <i>[pediatric multiple vitamin w/ c]</i>	1	
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VI-SOL SOLN 750-400-35 UNIT-MG/ML <i>[pediatric vitamins adc]</i>	2	
TRI-VIT/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 15 MG/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>	2	MB
NIACIN ER CPR 250 MG <i>[niacin]</i>	1	
NIACIN ER CPR 500 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 250 MG <i>[niacin]</i>	1	
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	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>[ergocalciferol]</i>		
<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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AFSTYLA KIT 1000 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	24
AFSTYLA KIT 1500 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	<i>alendronate sodium tabs 10 mg</i>	97
AFSTYLA KIT 2000 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	<i>alendronate sodium tabs 35 mg</i>	97
AFSTYLA KIT 250 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	<i>alendronate sodium tabs 40 mg</i>	97
AFSTYLA KIT 2500 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	<i>alendronate sodium tabs 70 mg</i>	97
AFSTYLA KIT 3000 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	<i>alfentanil hcl soln 1000 mcg/2ml</i>	51
AFSTYLA KIT 500 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	37	ALIMTA SOLR 500 MG [<i>pemetrexed disodium</i>]	24
AGGRENEX CP12 25-200 MG [<i>aspirin-dipyridamole</i>]	41	ALINIA SUSR 100 MG/5ML [<i>nitazoxanide</i>]	21
AK-FLUOR SOLN 10 % [<i>fluorescein sodium injection</i>]	72	ALINIA TABS 500 MG [<i>nitazoxanide</i>]	21
AKTEN GEL 3.5 % [<i>lidocaine hcl (ophth)</i>]	83	ALKERAN TABS 2 MG [<i>melphalan</i>]	24
AKTIPAK PACK 5-3 % [<i>benzoyl peroxide-erythromycin</i>]	108	<i>allopurinol tabs 100 mg</i>	97
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	84	<i>allopurinol tabs 300 mg</i>	97
ALBENZA TABS 200 MG [<i>albendazole</i>]	11	ALOCRIIL SOLN 2 % [<i>nedocromil sodium (ophth)</i>]	81
		ALOE VERA POWD [<i>aloe vera (bulk)</i>]	100
		ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	37
		ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	37
		ALPHANINE SD SOLR 1000 UNIT [<i>coagulation factor ix</i>]	37
		ALPHANINE SD SOLR 1500 UNIT [<i>coagulation factor ix</i>]	37
		ALPHANINE SD SOLR 500 UNIT [<i>coagulation factor ix</i>]	38
		<i>alprazolam tabs 0.25 mg</i>	61
		<i>alprazolam tabs 0.5 mg</i>	61
		<i>alprazolam tabs 1 mg</i>	61
		<i>alprazolam tabs 2 mg</i>	61
		ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	100

alprostadil soln 500 mcg/ml	49	amoxicillin susr 250 mg/5ml	13
ALTAFLUOR BENOX SOLN 0.25-0.4 %		amoxicillin susr 400 mg/5ml	13
[fluorescein w/ benoxinate]	72	amoxicillin-pot clavulanate chew 200-28.5 mg	
ALUNBRIG TABS 180 MG [brigatinib]	24	.....	13
ALUNBRIG TABS 30 MG [brigatinib]	24	amoxicillin-pot clavulanate chew 400-57 mg	
ALUNBRIG TABS 90 MG [brigatinib]	24	.....	13
ALUNBRIG TBPK 90 & 180 MG [brigatinib] ..	24	amoxicillin-pot clavulanate susr 200-28.5	
ALVESCO AERS 160 MCG/ACT [ciclesonide]		mg/5ml	13
.....	102	amoxicillin-pot clavulanate susr 250-62.5	
ALVESCO AERS 80 MCG/ACT [ciclesonide]		mg/5ml	13
.....	102	amoxicillin-pot clavulanate susr 400-57	
amantadine hcl caps 100 mg	59	mg/5ml	13
amantadine hcl syrj 50 mg/5ml	60	amoxicillin-pot clavulanate susr 600-42.9	
AMBISOME SUSR 50 MG [amphotericin b		mg/5ml	13
liposome]	19	amoxicillin-pot clavulanate tabs 250-125 mg	
ambrisentan tabs 10 mg	49	.....	13
ambrisentan tabs 5 mg	49	amoxicillin-pot clavulanate tabs 500-125 mg	
amikacin sulfate soln 500 mg/2ml	13	.....	13
amiloride-hydrochlorothiazide tabs 5-50 mg		amoxicillin-pot clavulanate tabs 875-125 mg	
.....	75	.....	13
aminocaproic acid soln 250 mg/ml	38	amphetamine-dextroamphetamine tabs 10 mg	
aminophylline soln 25 mg/ml	113	.....	55
AMINOSYN II SOLN 10 % [amino acid		amphetamine-dextroamphetamine tabs 12.5	
infusion]	73	mg	55
AMINOSYN II/ELECTROLYTES SOLN 8.5 %		amphetamine-dextroamphetamine tabs 15 mg	
[amino acid electrolyte infusion]	73	.....	55
amiodarone hcl soln 150 mg/3ml	46	amphetamine-dextroamphetamine tabs 20 mg	
amiodarone hcl soln 900 mg/18ml	46	.....	55
amiodarone hcl tabs 200 mg	46	amphetamine-dextroamphetamine tabs 30 mg	
AMITIZA CAPS 24 MCG [lubiprostone]	85	.....	55
AMITIZA CAPS 8 MCG [lubiprostone]	85	amphetamine-dextroamphetamine tabs 5 mg	
amitriptyline hcl tabs 10 mg	63	.....	55
amitriptyline hcl tabs 100 mg	63	amphetamine-dextroamphetamine tabs 7.5	
amitriptyline hcl tabs 150 mg	63	mg	55
amitriptyline hcl tabs 25 mg	63	amphotericin b solr 50 mg	19
amitriptyline hcl tabs 50 mg	63	ampicillin caps 250 mg	13
amitriptyline hcl tabs 75 mg	63	ampicillin caps 500 mg	13
amlodipine besylate tabs 10 mg	45	ampicillin sodium solr 1 gm	13
amlodipine besylate tabs 2.5 mg	45	ampicillin sodium solr 10 gm	13
amlodipine besylate tabs 5 mg	45	ampicillin sodium solr 125 mg	13
amoxapine tabs 100 mg	64	ampicillin sodium solr 2 gm	13
amoxapine tabs 150 mg	64	ampicillin sodium solr 250 mg	13
amoxapine tabs 25 mg	64	ampicillin sodium solr 500 mg	13
amoxapine tabs 50 mg	64	ampicillin susr 125 mg/5ml	13
amoxicillin caps 250 mg	13	ampicillin susr 250 mg/5ml	13
amoxicillin caps 500 mg	13	ampicillin-sulbactam sodium solr 1.5 (1-0.5)	
amoxicillin chew 125 mg	13	gm	13
amoxicillin chew 250 mg	13	ampicillin-sulbactam sodium solr 15 (10-5)	
amoxicillin susr 125 mg/5ml	13	gm	13
amoxicillin susr 200 mg/5ml	13	ampicillin-sulbactam sodium solr 3 (2-1) gm	

.....	13	ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	64
<i>amp-sulbacta inj 1.5gm</i>	13	ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	64
<i>anagrelide hcl caps 0.5 mg</i>	41	ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	64
<i>anagrelide hcl caps 1 mg</i>	41	ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	64
<i>anastrozole tabs 1 mg</i>	24	ARRANON SOLN 5 MG/ML [<i>nelarabine</i>]	24
ANDRODERM PT24 2 MG/24HR [<i>testosterone</i>]	88	ASCORBIC ACID SOLN 500 MG/ML [<i>ascorbic acid</i>]	114
.....	88	ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	86
ANDRODERM PT24 4 MG/24HR [<i>testosterone</i>]	88	ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [<i>mometasone furoate (inhalation)</i>]	86
.....	88	ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	86
ANGIOMAX SOLR 250 MG [<i>bivalirudin trifluoroacetate</i>]	41	ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	86
ANTIVENIN LATRODECTUS MACTANS KIT [<i>antivenin latrodectus mactans</i>]	104	ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	86
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	109	<i>aspirin-dipyridamole er cp12 25-200 mg</i>	41
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	60	<i>atazanavir sulfate caps 150 mg</i>	22
<i>apraclonidine hcl soln 0.5 %</i>	82	<i>atazanavir sulfate caps 200 mg</i>	22
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	55	<i>atazanavir sulfate caps 300 mg</i>	22
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	55	<i>atenolol tabs 100 mg</i>	44
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	55	<i>atenolol tabs 25 mg</i>	44
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	55	<i>atenolol tabs 50 mg</i>	44
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	55	<i>atenolol-chlorthalidone tabs 100-25 mg</i>	44
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	55	<i>atenolol-chlorthalidone tabs 50-25 mg</i>	44
APTENSIO XR CP24 60 MG [<i>methylphenidate hcl</i>]	55	ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	95
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	11	.....	95
AQUAPHOR OINT [<i>emollient</i>]	111	<i>atorvastatin calcium tabs 10 mg</i>	43
AQUASOL A SOLN 15 MG/ML [<i>vitamin a</i>]	114	<i>atorvastatin calcium tabs 20 mg</i>	43
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	79	<i>atorvastatin calcium tabs 40 mg</i>	43
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	103	<i>atorvastatin calcium tabs 80 mg</i>	43
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [<i>argatroban in sodium chloride</i>]	41	<i>atovaquone susp 750 mg/5ml</i>	21
ARGATROBAN SOLN 250 MG/2.5ML [<i>argatroban</i>]	41	<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	21
<i>aripiprazole tabs 10 mg</i>	64	<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	21
<i>aripiprazole tabs 15 mg</i>	64	<i>atracurium besylate soln 100 mg/10ml</i>	34
<i>aripiprazole tabs 2 mg</i>	64	<i>atracurium besylate soln 50 mg/5ml</i>	34
<i>aripiprazole tabs 20 mg</i>	64	ATRIPLA TABS 600-200-300 MG [<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>]	11
<i>aripiprazole tabs 30 mg</i>	64	.....	11
<i>aripiprazole tabs 5 mg</i>	64	ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [<i>atropine sulfate</i>]	

monohydrate]	100
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	83
ATROPINE SULFATE SOLN 0.4 MG/ML [atropine sulfate]	32
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	83
ATROPINE SULFATE SOLN 1 MG/ML [atropine sulfate]	32
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	32
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	32
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa]	32
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	13
AVASTIN SOLN 100 MG/4ML [bevacizumab]	24
AVASTIN SOLN 400 MG/16ML [bevacizumab]	24
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	13
AVITA CREA 0.025 % [tretinoin]	111
AVONEX KIT 30MCG [interferon beta-1a]	63
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	97
azacitidine susr 100 mg	24
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [aztreonam-dextrose]	13
AZACTAM IN DEXTROSE SOLN 2 GM/50ML [aztreonam-dextrose]	13
azathioprine tabs 50 mg	95
azelastine hcl soln 0.1 %	81
azithromycin solr 500 mg	14
azithromycin susr 100 mg/5ml	14
azithromycin susr 200 mg/5ml	14
azithromycin tabs 250 mg	14
azithromycin tabs 500 mg	14
azithromycin tabs 600 mg	14
aztreonam solr 1 gm	14
aztreonam solr 2 gm	14

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bacitracin oint 500 unit/gm	80
bacitracin solr 50000 unit	14
bacitracin-polymyxin b oint 500-10000 unit/gm	80
BACLOFEN POWD [baclofen]	100
baclofen tabs 10 mg	34
baclofen tabs 20 mg	34

BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	100
BAL IN OIL SOLN 100 MG/ML [dimercaprol]	86
balsalazide disodium caps 750 mg	83
BANZEL SUSP 40 MG/ML [rufinamide]	56
BANZEL TABS 200 MG [rufinamide]	56
BANZEL TABS 400 MG [rufinamide]	56
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	90
BARACLUDGE SOLN 0.05 MG/ML [entecavir]	22
BAYER BREEZE 2 CONTROL LIQD LOW [blood glucose calibration]	69
BAYER BREEZE 2 CONTROL LIQD NORMAL [blood glucose calibration]	69
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	69
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2.....	69
BD INSULIN SYRINGE MISC 25G X 1.....	69
BD INSULIN SYRINGE MISC 27G X 1/2.....	69
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	69
BD INSULIN SYRINGE U/F MISC 30G X 1/2.....	69
BD INSULIN SYRINGE U/F MISC 31G X 5/16.....	70
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	69
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64.....	70
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16.....	70
BD INTEGRA INSULIN SYRINGE MISC 29G X 1/2.....	70
BD INTEGRA SYRINGE MISC 25G X 5/8.....	70
BD LANCET DEVICE MISC [lancet devices]	70
BD LANCET ULTRAFINE 33G MISC [lancets]	70
BD LUER-LOK SYRINGE MISC 2G X 1-1/4.....	70
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	70
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	70
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	70
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	70
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2.....	70
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8.....	70

BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	70	BETAMETHASONE VALERATE LOTN 0.1 % <i>[betamethasone valerate]</i>	109
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	32	BETAMETHASONE VALERATE OINT 0.1 % <i>[betamethasone valerate]</i>	109
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	32	<i>betaxolol hcl soln 0.5 %</i>	82
<i>benazepril hcl tabs 10 mg</i>	48	<i>bethanechol chloride tabs 10 mg</i>	33
<i>benazepril hcl tabs 20 mg</i>	48	<i>bethanechol chloride tabs 25 mg</i>	33
<i>benazepril hcl tabs 40 mg</i>	48	<i>bethanechol chloride tabs 5 mg</i>	33
<i>benazepril hcl tabs 5 mg</i>	48	<i>bethanechol chloride tabs 50 mg</i>	33
BENDEKA SOLN 100 MG/4ML <i>[bendamustine hcl]</i>	24	BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	106
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	38	<i>bicalutamide tabs 50 mg</i>	24
BENEFIX KIT 2000 UNIT <i>[coagulation factor ix (recombinant)]</i>	38	BICILLIN L-A SUSP 1200000 UNIT/2ML <i>[penicillin g benzathine]</i>	14
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	38	BICILLIN L-A SUSP 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	14
BENEFIX KIT 3000 UNIT <i>[coagulation factor ix (recombinant)]</i>	38	BICILLIN L-A SUSP 600000 UNIT/ML <i>[penicillin g benzathine]</i>	14
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	38	BICNU SOLR 100 MG <i>[carmustine]</i>	24
BENTYL SOLN 10 MG/ML <i>[dicyclomine hcl]</i> 32		BIKTARVY TABS 50-200-25 MG <i>[bictegravir-emtricitabine-tenofovir alafenamide fumarate]</i>	11
BENZOIN COMPOUND TINC <i>[benzoin compound]</i>	111	BILTRICIDE TABS 600 MG <i>[praziquantel]</i>	11
BENZOIN TINC <i>[benzoin]</i>	111	BIO GLO STRP 1 MG <i>[fluorescein sodium topical]</i>	72
<i>benzonatate caps 100 mg</i>	102	BIOTIN-D POWD <i>[biotin (bulk)]</i>	100
<i>benzoyl peroxide-erythromycin gel 5-3 %</i> .	108	<i>bisoprolol fumarate tabs 10 mg</i>	44
<i>benztropine mesylate soln 1 mg/ml</i>	60	<i>bisoprolol fumarate tabs 5 mg</i>	44
<i>benztropine mesylate tabs 0.5 mg</i>	60	<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	44
<i>benztropine mesylate tabs 1 mg</i>	60	<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	44
<i>benztropine mesylate tabs 2 mg</i>	60	<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	44
BEOVU SOLN 6 MG/0.05ML <i>[brolucizumab-dbl]</i>	82	<i>bleomycin sulfate solr 15 unit</i>	24
<i>betamethasone dipropionate aug crea 0.05 %</i>	109	<i>bleomycin sulfate solr 30 unit</i>	24
<i>betamethasone dipropionate aug gel 0.05 %</i>	109	BLEPHAMIDE SUSP 10-0.2 % <i>[sulfacetamide sod-prednisolone]</i>	81
<i>betamethasone dipropionate aug lotn 0.05 %</i>	109	BLINCYTO SOLR 35 MCG <i>[blinatumomab]</i> ..	24
<i>betamethasone dipropionate aug oint 0.05 %</i>	109	BORIC ACID POWD <i>[boric acid (bulk)]</i>	100
BETAMETHASONE DIPROPIONATE CREA 0.05 % <i>[betamethasone dipropionate (topical)]</i>	109	BOTOX COSMETIC SOLR 100 UNIT <i>[onabotulinumtoxin (cosmetic)]</i>	97
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	87	BOTOX SOLR 100 UNIT <i>[onabotulinumtoxin]</i>	97
BETAMETHASONE VALERATE CREA 0.1 % <i>[betamethasone valerate]</i>	109	BOTOX SOLR 200 UNIT <i>[onabotulinumtoxin]</i>	97
<i>betamethasone valerate foam 0.12 %</i>	109	BREVIBLOC IN NAACL SOLN 2000 MG/100ML <i>[esmolol hcl-sodium chloride]</i>	44
		BREVIBLOC IN NAACL SOLN 2500 MG/250ML <i>[esmolol hcl-sodium chloride]</i>	44

capecitabine tabs 150 mg	25	carmustine solr 100 mg	25
capecitabine tabs 500 mg	25	carvedilol tabs 12.5 mg	44
CAPRELSA TABS 100 MG [vandetanib]	25	carvedilol tabs 25 mg	44
CAPRELSA TABS 300 MG [vandetanib]	25	carvedilol tabs 3.125 mg	44
captopril tabs 100 mg	48	carvedilol tabs 6.25 mg	44
captopril tabs 12.5 mg	48	CASCARA SAGRADA EXTR 1 GM/ML [cascara	
captopril tabs 25 mg	48	sagrada]	85
captopril tabs 50 mg	48	CATHFLO ACTIVASE SOLR 2 MG [alteplase]	
CARAFATE SUSP 1 GM/10ML [sucrafate] ..	84	.....	41
carbamazepine chew 100 mg	57	CAVERJECT SOLR 20 MCG [alprostadil	
carbamazepine er cp12 100 mg	57	(vasodilator)]	49
carbamazepine er cp12 200 mg	57	CAVERJECT SOLR 40 MCG [alprostadil	
carbamazepine er cp12 300 mg	57	(vasodilator)]	49
carbamazepine er tb12 100 mg	57	CAYSTON SOLR 75 MG [aztreonam lysine] ..	14
carbamazepine er tb12 200 mg	57	cefaclor caps 250 mg	14
carbamazepine er tb12 400 mg	57	cefaclor caps 500 mg	14
CARBAMAZEPINE POWD [carbamazepine]		cefadroxil caps 500 mg	14
.....	100	cefazolin sodium solr 1 gm	14
carbamazepine susp 100 mg/5ml	57	cefazolin sodium solr 10 gm	14
carbamazepine tabs 200 mg	57	cefazolin sodium solr 20 gm	14
carbidopa tabs 25 mg	60	cefazolin sodium solr 500 mg	14
carbidopa-levodopa er tbcr 25-100 mg	60	cefazolin sodium-dextrose soln 1-4 gm/50ml-	
carbidopa-levodopa er tbcr 50-200 mg	60	%	14
carbidopa-levodopa tabs 10-100 mg	60	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4	
carbidopa-levodopa tabs 25-100 mg	60	GM-%(50ML) [cefazolin sodium-dextrose] ..	14
carbidopa-levodopa tabs 25-250 mg	60	cefdinir susr 125 mg/5ml	14
carbidopa-levodopa-entacapone tabs 12.5-50-		cefdinir susr 250 mg/5ml	14
200 mg	60	cefepime hcl solr 1 gm	14
carbidopa-levodopa-entacapone tabs 18.75-		cefepime hcl solr 2 gm	14
75-200 mg	60	CEFEPIME-DEXTROSE SOLR 1-5 GM-	
carbidopa-levodopa-entacapone tabs 25-100-		%(50ML) [cefepime hcl-dextrose]	14
200 mg	60	CEFEPIME-DEXTROSE SOLR 2-5 GM-	
carbidopa-levodopa-entacapone tabs 31.25-		%(50ML) [cefepime hcl-dextrose]	14
125-200 mg	60	cefotaxime sodium inj 10gm	14
carbidopa-levodopa-entacapone tabs 37.5-		cefotaxime sodium solr 1 gm	14
150-200 mg	60	cefotaxime sodium solr 2 gm	14
carbidopa-levodopa-entacapone tabs 50-200-		cefotaxime sodium solr 500 mg	14
200 mg	60	cefotetan disodium solr 1 gm	14
CARDENE IV SOLN 20-0.86 MG/200ML-%		cefotetan disodium solr 2 gm	14
[nicardipine hcl in sodium chloride]	45	CEFOTETAN DISODIUM-DEXTROSE SOLR 1-	
CARDENE IV SOLN 20-4.8 MG/200ML-%		3.58 GM-%(50ML) [cefotetan disodium and	
[nicardipine hcl in dextrose]	45	dextrose]	14
CARDENE IV SOLN 40-0.83 MG/200ML-%		CEFOTETAN DISODIUM-DEXTROSE SOLR 2-	
[nicardipine hcl in sodium chloride]	45	2.08 GM-%(50ML) [cefotetan disodium and	
CARDENE IV SOLN 40-5 MG/200ML-%		dextrose]	15
[nicardipine hcl in dextrose]	45	cefoxitin sodium solr 1 gm	15
CARIMUNE NF SOLR 12 GM [immune		cefoxitin sodium solr 10 gm	15
globulin (human) iv]	104	cefoxitin sodium solr 2 gm	15
CARIMUNE NF SOLR 6 GM [immune globulin		CEFOXITIN SODIUM-DEXTROSE SOLR 1-4	
(human) iv]	104	GM-%(50ML) [cefoxitin sodium and	

dextrose]	15	CHEMSTRIP 9 STRP [multiple urine tests] .	72
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2		CHERATUSSIN AC SYRP 100-10 MG/5ML	
GM-%(50ML) [cefoxitin sodium and		[guaifenesin-codeine]	102
dextrose]	15	CHIRHOSTIM SOLR 16 MCG [secretin acetate	
cefpodoxime proxetil susr 100 mg/5ml	15	(human)]	72
cefpodoxime proxetil susr 50 mg/5ml	15	chloramphenicol sod succinate solr 1 gm ... 15	
cefpodoxime proxetil tabs 100 mg	15	chlordiazepoxide hcl caps 10 mg	61
cefpodoxime proxetil tabs 200 mg	15	chlordiazepoxide hcl caps 25 mg	61
ceftazidime solr 6 gm	15	chlordiazepoxide hcl caps 5 mg	61
CEFTIN SUSR 125 MG/5ML [cefuroxime		CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5	
axetil]	15	MG [chlordiazepoxide hcl-clidinium	
ceftriaxone sodium in dextrose soln 20 mg/ml		bromide]	32
.....	15	chlorhexidine gluconate soln 0.12 %	80
ceftriaxone sodium in dextrose soln 40 mg/ml		CHLOROFORM SOL [chloroform]	100
.....	15	chloroprocaine hcl (pf) soln 2 %	96
ceftriaxone sodium solr 1 gm	15	chloroprocaine hcl inj 3%	96
ceftriaxone sodium solr 10 gm	15	chloroquine phosphate tabs 250 mg	21
ceftriaxone sodium solr 2 gm	15	chloroquine phosphate tabs 500 mg	21
ceftriaxone sodium solr 250 mg	15	CHLORPROMAZINE HCL POW HCL	
ceftriaxone sodium solr 500 mg	15	[chlorpromazine hcl]	100
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-		chlorpromazine hcl soln 25 mg/ml	64
3.74 GM-%(50ML) [ceftriaxone sodium and		chlorpromazine hcl tabs 10 mg	64
dextrose]	15	chlorpromazine hcl tabs 100 mg	64
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-		chlorpromazine hcl tabs 200 mg	64
2.22 GM-%(50ML) [ceftriaxone sodium and		chlorpromazine hcl tabs 25 mg	64
dextrose]	15	chlorpromazine hcl tabs 50 mg	64
cefuroxime axetil tabs 250 mg	15	chlorthalidone tabs 25 mg	75
cefuroxime axetil tabs 500 mg	15	chlorthalidone tabs 50 mg	75
cefuroxime sodium solr 1.5 gm	15	CHOLESTEROL POWD [cholesterol]	100
cefuroxime sodium solr 7.5 gm	15	cholestyramine light pack 4 gm	43
cefuroxime sodium solr 750 mg	15	cholestyramine light powd 4 gm/dose	43
CELONTIN CAPS 300 MG [methsuximide] ... 57		cholestyramine pack 4 gm	43
cephalexin caps 250 mg	15	cholestyramine powd 4 gm/dose	43
cephalexin caps 500 mg	15	CHOLINE-MAG TRISALICYLATE LIQD 500	
cephalexin susr 125 mg/5ml	15	MG/5ML [choline & mag salicylate]	51
cephalexin susr 250 mg/5ml	15	CHROMIC CHLORIDE SOLN 40 MCG/10ML	
cephalexin tabs 500 mg	15	[chromic chloride]	76
CERDELGA CAPS 84 MG [eliglustat tartrate]		cidofovir soln 75 mg/ml	22
.....	97	CIMDUO TABS 300-300 MG [lamivudine-	
CEREZYME SOLR 400 UNIT [imiglucerase] . 79		tenofovir disoproxil fumarate]	11
CERVIDIL INST 10 MG [dinoprostone] 99		cimetidine hcl soln 300 mg/5ml	84
CHANTIX CONTINUING MONTH PAK TABS 1		cinacalcet hcl tabs 30 mg	97
MG [varenicline tartrate]	33	cinacalcet hcl tabs 60 mg	97
CHANTIX STARTING MONTH PAK TABS 0.5		cinacalcet hcl tabs 90 mg	97
MG X 11 & 1 MG X 42 [varenicline tartrate]		CINRYZE SOLR 500 UNIT [c1 esterase	
.....	33	inhibitor (human)]	97
CHANTIX TABS 0.5 MG [varenicline tartrate]		CIPRO SUSR 250 MG/5ML (5%)	
.....	33	[ciprofloxacin]	15
CHANTIX TABS 1 MG [varenicline tartrate] .. 33		CIPRO SUSR 500 MG/5ML (10%)	
CHEMET CAPS 100 MG [succimer] 86		[ciprofloxacin]	15

CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	81	<i>clindamycin phos-benzoyl perox gel 1-5 %</i>	108
<i>ciprofloxacin hcl soln 0.3 %</i>	80	<i>clindamycin phosphate crea 2 %</i>	108
<i>ciprofloxacin hcl tabs 250 mg</i>	15	<i>clindamycin phosphate gel 1 %</i>	108
<i>ciprofloxacin hcl tabs 500 mg</i>	15	<i>clindamycin phosphate lotn 1 %</i>	108
<i>ciprofloxacin hcl tabs 750 mg</i>	15	<i>clindamycin phosphate soln 1 %</i>	108
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	16	<i>clindamycin phosphate soln 300 mg/2ml</i>	16
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	16	CLINDAMYCIN PHOSPHATE SOLN 600	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	34	MG/4ML [<i>clindamycin phosphate</i>]	16
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	34	<i>clindamycin phosphate soln 9000 mg/60ml</i>	16
<i>cisatracurium besylate soln 20 mg/10ml</i>	34	CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %	
<i>cisplatin soln 100 mg/100ml</i>	25	[<i>amino acid electrolyte w/ calcium infusion in d10w</i>]	73
<i>cisplatin soln 50 mg/50ml</i>	25	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	64	[<i>amino acid electrolyte w/ calcium infusion in d5w</i>]	74
<i>citalopram hydrobromide tabs 10 mg</i>	64	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
<i>citalopram hydrobromide tabs 20 mg</i>	64	[<i>amino acid electrolyte w/ calcium infusion in d10w</i>]	74
<i>citalopram hydrobromide tabs 40 mg</i>	64	CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 %	
<i>cladribine soln 10 mg/10ml</i>	25	[<i>amino acid electrolyte w/ calcium infusion in d25w</i>]	74
<i>clarithromycin susr 125 mg/5ml</i>	16	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
<i>clarithromycin susr 250 mg/5ml</i>	16	[<i>amino acid electrolyte w/ calcium infusion in d5w</i>]	74
<i>clarithromycin tabs 250 mg</i>	16	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
CLARITHROMYCIN TABS 500 MG		[<i>amino acid electrolyte w/ calcium infusion in d15w</i>]	74
[<i>clarithromycin</i>]	16	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
CLEOCIN IN D5W SOLN 300 MG/50ML		[<i>amino acid electrolyte w/ calcium infusion in d20w</i>]	74
[<i>clindamycin phosphate in d5w</i>]	16	CLINIMIX E/DEXTROSE (5/25) SOLN 5 %	
CLEOCIN IN D5W SOLN 600 MG/50ML		[<i>amino acid electrolyte w/ calcium infusion in d25w</i>]	74
[<i>clindamycin phosphate in d5w</i>]	16	CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 %	
CLEOCIN IN D5W SOLN 900 MG/50ML		[<i>amino acid infusion in d5w</i>]	74
[<i>clindamycin phosphate in d5w</i>]	16	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
CLEVIPREX EMUL 25 MG/50ML [<i>clevudipine</i>]	46	[<i>amino acid infusion in d10w</i>]	74
.....	46	CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 %	
CLEVIPREX EMUL 50 MG/100ML [<i>clevudipine</i>]	46	[<i>amino acid infusion in d20w</i>]	74
.....	46	CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 %	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM		[<i>amino acid infusion in d25w</i>]	74
[<i>insulin pen needle</i>]	70	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
CLIMARA PTWK 0.025 MG/24HR [<i>estradiol</i>]	91	[<i>amino acid infusion in d5w</i>]	74
CLIMARA PTWK 0.0375 MG/24HR [<i>estradiol</i>]	91	CLINIMIX/DEXTROSE (5/15) SOLN 5 %	
.....	91	[<i>amino acid infusion in d15w</i>]	74
CLIMARA PTWK 0.05 MG/24HR [<i>estradiol</i>]	91	CLINIMIX/DEXTROSE (5/20) SOLN 5 %	
CLIMARA PTWK 0.06 MG/24HR [<i>estradiol</i>]	91	[<i>amino acid infusion in d20w</i>]	74
CLIMARA PTWK 0.075 MG/24HR [<i>estradiol</i>]	91	CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 %	
CLIMARA PTWK 0.1 MG/24HR [<i>estradiol</i>]	91	[<i>amino acid infusion in d25w</i>]	74
<i>clindamycin hcl caps 150 mg</i>	16	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
<i>clindamycin hcl caps 300 mg</i>	16	[<i>amino acid infusion in d5w</i>]	74
CLINDAMYCIN HCL POWD [<i>clindamycin hcl (bulk)</i>]	100	CLINIMIX/DEXTROSE (5/15) SOLN 5 %	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	16	[<i>amino acid infusion in d15w</i>]	74
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	108	CLINIMIX/DEXTROSE (5/20) SOLN 5 %	
.....	108	[<i>amino acid infusion in d20w</i>]	74
		CLINIMIX/DEXTROSE (5/25) SOLN 5 %	
		[<i>amino acid infusion in d25w</i>]	74
		<i>clobetasol propionate crea 0.05 %</i>	109

<i>clobetasol propionate foam 0.05 %</i>	109	<i>colestipol hcl pack 5 gm</i>	43
<i>clobetasol propionate gel 0.05 %</i>	109	<i>colestipol hcl tabs 1 gm</i>	43
<i>clobetasol propionate lotn 0.05 %</i>	109	COLLODION FLEXIBLE LIQD [<i>collodion</i>	
<i>clobetasol propionate oint 0.05 %</i>	109	<i>flexible</i>].....	100
CLOBETASOL PROPIONATE POW PROPIONA		COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML	
<i>[clobetasol propionate]</i>	100	<i>[neomycin-colistin-hc-thonzonium]</i>	81
<i>clobetasol propionate soln 0.05 %</i>	109	COMBIVENT RESPIMAT AERS 20-100	
CLOBEX LOTN 0.05 % [<i>clobetasol propionate</i>]		MCG/ACT [<i>ipratropium-albuterol</i>].....	102
.....	109	COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol</i>		& 1 X 20 MG [<i>cabozantinib s-malate</i>].....	25
<i>propionate</i>].....	109	COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80	
<i>clomiphene citrate tabs 50 mg</i>	91	& 3 X 20 MG [<i>cabozantinib s-malate</i>].....	25
<i>clomipramine hcl caps 25 mg</i>	64	COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	
<i>clomipramine hcl caps 50 mg</i>	64	<i>[cabozantinib s-malate]</i>	25
<i>clomipramine hcl caps 75 mg</i>	64	COMPLERA TABS 200-25-300 MG	
<i>clonazepam tabs 0.5 mg</i>	57	<i>[emtricitabine-rilpivirine-tenofovir</i>	
<i>clonazepam tabs 1 mg</i>	57	<i>disoproxil fumarate]</i>	11
<i>clonazepam tabs 2 mg</i>	57	CONCERTA TBCR 18 MG [<i>methylphenidate</i>	
CLONIDINE HCL POWD [<i>clonidine hcl</i>].....	100	<i>hcl]</i>	55
<i>clonidine hcl tabs 0.1 mg</i>	48	CONCERTA TBCR 27 MG [<i>methylphenidate</i>	
<i>clonidine hcl tabs 0.2 mg</i>	48	<i>hcl]</i>	55
<i>clonidine hcl tabs 0.3 mg</i>	48	CONCERTA TBCR 36 MG [<i>methylphenidate</i>	
<i>clonidine ptwk 0.1 mg/24hr</i>	48	<i>hcl]</i>	55
<i>clonidine ptwk 0.2 mg/24hr</i>	48	CONCERTA TBCR 54 MG [<i>methylphenidate</i>	
<i>clonidine ptwk 0.3 mg/24hr</i>	48	<i>hcl]</i>	55
<i>clopidogrel bisulfate tabs 75 mg</i>	41	CONDYLOX GEL 0.5 % [<i>podofilox</i>].....	112
<i>clorazepate dipotassium tabs 15 mg</i>	61	CONRAY 43 INJ 43% [<i>iothalamate</i>	
<i>clorazepate dipotassium tabs 3.75 mg</i>	61	<i>meglumine]</i>	72
<i>clorazepate dipotassium tabs 7.5 mg</i>	61	CONRAY SOLN 60 % [<i>iothalamate</i>	
CLOTRIMAZOLE CRYST [<i>clotrimazole</i>		<i>meglumine]</i>	72
<i>(topical)]</i>	100	COPIKTRA CAPS 15 MG [<i>duvelisib</i>].....	25
CLOTRIMAZOLE POWD [<i>clotrimazole</i>		COPIKTRA CAPS 25 MG [<i>duvelisib</i>].....	25
<i>(topical)]</i>	100	CORDRAN TAPE 4 MCG/SQCM	
<i>clotrimazole troc 10 mg</i>	108	<i>[flurandrenolide]</i>	109
<i>clozapine tabs 100 mg</i>	64	<i>cortisone acetate tabs 25 mg</i>	87
<i>clozapine tabs 200 mg</i>	64	CORTISPORIN CREA 3.5-10000-0.5	
<i>clozapine tabs 25 mg</i>	64	<i>[neomycin-polymyxin-hc]</i>	109
<i>clozapine tabs 50 mg</i>	64	CORTISPORIN OINT 1 % [<i>bacitracin-</i>	
COAL TAR SOLN 20 % [<i>coal tar (crude)]</i>	100	<i>polymyxin-neomycin hc]</i>	109
COARTEM TABS 20-120 MG [<i>artemether-</i>		CORTROSYN SOLR 0.25 MG [<i>cosyntropin]</i>	72
<i>lumefantrine]</i>	21	COSENTYX (300 MG DOSE) SOSY 150 MG/ML	
CODEINE SULFATE TABS 15 MG [<i>codeine</i>		<i>[secukinumab]</i>	112
<i>sulfate]</i>	51	COSENTYX SENSOREADY (300 MG) SOAJ	
CODEINE SULFATE TABS 30 MG [<i>codeine</i>		150 MG/ML [<i>secukinumab]</i>	112
<i>sulfate]</i>	51	COSENTYX SENSOREADY PEN SOAJ 150	
CODEINE SULFATE TABS 60 MG [<i>codeine</i>		MG/ML [<i>secukinumab]</i>	112
<i>sulfate]</i>	51	COSENTYX SOSY 150 MG/ML [<i>secukinumab]</i>	
COLCHICINE CAPS 0.6 MG [<i>colchicine]</i>	97	.....	112
<i>colchicine-probenecid tabs 0.5-500 mg</i>	79	COSMEGEN SOLR 0.5 MG [<i>dactinomycin]</i>	25
<i>colestipol hcl gran 5 gm</i>	43	COTELLIC TABS 20 MG [<i>cobimetinib</i>	

<i>fumarate]</i>	25
CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	85
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	85
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	85
CREON CPEP 36000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	85
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	85
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	11
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	11
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	104
<i>cromolyn sodium conc 100 mg/5ml</i>	102
<i>cromolyn sodium nebu 20 mg/2ml</i>	102
<i>cromolyn sodium soln 4 %</i>	81
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	83
CUBICIN SOLR 500 MG [<i>daptomycin</i>]	16
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	76
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	103
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	103
CUVPOSA SOLN 1 MG/5ML [<i>glycopyrrolate</i>]	32
<i>cyanocobalamin soln 1000 mcg/ml</i>	114
<i>cyclobenzaprine hcl tabs 10 mg</i>	34
<i>cyclobenzaprine hcl tabs 5 mg</i>	34
<i>cyclopentolate hcl soln 1 %</i>	83
<i>cyclopentolate hcl soln 2 %</i>	83
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>	20
<i>cyproheptadine hcl syrp 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>]	97
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	97
CYSTAGON CAPS 50 MG [<i>cysteamine</i>	

<i>bitartrate]</i>	97
CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	100
CYTO-CONRAY II SOLN 17.2 % [<i>iothalamate meglumine</i>]	72
CYSTOGRAFIN SOLN 30 % [<i>diatrizoate meglumine</i>]	72
CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	72
<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>]	104
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	73
CYTRA-K SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	73

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<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>]	108
DAKINS (FULL STRENGTH) SOLN 0.5 % [<i>sodium hypochlorite</i>]	108
DAKLINZA TABS 30 MG [<i>daclatasvir dihydrochloride</i>]	22
DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	22
DALIRESP TABS 500 MCG [<i>roflumilast</i>]	103
<i>danazol caps 100 mg</i>	88
<i>danazol caps 200 mg</i>	88
<i>danazol caps 50 mg</i>	88
<i>dantrolene sodium caps 100 mg</i>	34
<i>dantrolene sodium caps 25 mg</i>	34
<i>dantrolene sodium caps 50 mg</i>	34
<i>dapsone tabs 100 mg</i>	20
<i>dapsone tabs 25 mg</i>	20
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	21
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>]	92
<i>deferasirox tabs 360 mg</i>	86
<i>deferasirox tabs 90 mg</i>	86

deferoxamine mesylate solr 2 gm	86	dexmethylphenidate hcl er cp24 10 mg	55
deferoxamine mesylate solr 500 mg	86	dexmethylphenidate hcl er cp24 15 mg	55
DELESTROGEN OIL 10 MG/ML [estradiol valerate]	91	dexmethylphenidate hcl er cp24 20 mg	55
DELESTROGEN OIL 20 MG/ML [estradiol valerate]	91	dexmethylphenidate hcl er cp24 25 mg	55
DELESTROGEN OIL 40 MG/ML [estradiol valerate]	91	dexmethylphenidate hcl er cp24 30 mg	55
demeclocycline hcl tabs 150 mg	16	dexmethylphenidate hcl er cp24 35 mg	55
demeclocycline hcl tabs 300 mg	16	dexmethylphenidate hcl er cp24 40 mg	55
DEPEN TITRATABS TABS 250 MG [penicillamine]	86	dexmethylphenidate hcl er cp24 5 mg	55
DEPOCYT SUSP 50 MG/5ML [cytarabine liposome]	25	dexmethylphenidate hcl tabs 10 mg	55
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	93	dexmethylphenidate hcl tabs 2.5 mg	55
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	22	dexmethylphenidate hcl tabs 5 mg	56
desipramine hcl tabs 10 mg	65	dextrazoxane hcl solr 250 mg	97
desipramine hcl tabs 100 mg	65	dextrazoxane hcl solr 500 mg	97
desipramine hcl tabs 150 mg	65	dextroamphetamine sulfate er cp24 10 mg	56
desipramine hcl tabs 25 mg	65	dextroamphetamine sulfate er cp24 15 mg	56
desipramine hcl tabs 50 mg	65	dextroamphetamine sulfate er cp24 5 mg	56
desipramine hcl tabs 75 mg	65	dextroamphetamine sulfate tabs 10 mg	56
DESITIN PSTE 40 % [zinc oxide (topical)] ..	112	dextroamphetamine sulfate tabs 5 mg	56
desmopressin ace spray refrig soln 0.01 %	93	DEXTROSE 5%/ELECTROLYTE #48 SOLN [electrolyte-48 in dextrose]	77
desmopressin acetate soln 4 mcg/ml	93	DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers]	77
desmopressin acetate spray soln 0.01 %	93	dextrose in ringers soln 5 %	77
desmopressin acetate tabs 0.1 mg	93	DEXTROSE SOLN 10 % [dextrose]	74
desmopressin acetate tabs 0.2 mg	93	DEXTROSE SOLN 20 % [dextrose]	74
desonide oint 0.05 %	109	DEXTROSE SOLN 40 % [dextrose]	74
desoximetasone crea 0.25 %	109	DEXTROSE SOLN 5 % [dextrose]	74
dexamethasone elix 0.5 mg/5ml	87	DEXTROSE SOLN 50 % [dextrose]	74
DEXAMETHASONE POWD [dexamethasone (bulk)]	100	DEXTROSE SOLN 70 % [dextrose]	74
dexamethasone sodium phosphate soln 0.1 %	81	DEXTROSE-NACL SOLN 10-0.45 % [dextrose w/ sodium chloride]	77
dexamethasone sodium phosphate soln 10 mg/ml	87	DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	77
dexamethasone sodium phosphate soln 20 mg/5ml	87	DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride]	77
dexamethasone soln 0.5 mg/5ml	87	DEXTROSE-NACL SOLN 5-0.225 % [dextrose w/ sodium chloride]	77
dexamethasone tabs 0.5 mg	87	DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	77
dexamethasone tabs 0.75 mg	87	DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	77
dexamethasone tabs 1 mg	87	DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	77
dexamethasone tabs 1.5 mg	87	DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L [peritoneal dialysis solutions]	76
dexamethasone tabs 2 mg	87	DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L [peritoneal dialysis solutions]	76
dexamethasone tabs 4 mg	87	DIANEAL PD-2/2.5% DEXTROSE SOLN 396 MOSM/L [peritoneal dialysis solutions]	76
dexamethasone tabs 6 mg	87		

DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L [<i>peritoneal dialysis solutions</i>] ...	76	<i>diltiazem hcl tabs 30 mg</i>	46
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam</i> (<i>anticonvulsant</i>)]	61	<i>diltiazem hcl tabs 60 mg</i>	46
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam</i> (<i>anticonvulsant</i>)]	61	<i>diltiazem hcl tabs 90 mg</i>	46
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam</i> (<i>anticonvulsant</i>)]	61	<i>diphenhydramine hcl soln 50 mg/ml</i>	24
DIASTIX STRP [<i>glucose urine test-(glucose</i> <i>oxidase</i>)]	72	<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	84
<i>diazepam soln 5 mg/5ml</i>	61	<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i> ...	84
<i>diazepam soln 5 mg/ml</i>	61	DIPHThERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids</i> (<i>dt</i>)]	106
<i>diazepam tabs 10 mg</i>	61	<i>dipyridamole soln 5 mg/ml</i>	49
<i>diazepam tabs 2 mg</i>	61	<i>dipyridamole tabs 25 mg</i>	49
<i>diazepam tabs 5 mg</i>	61	<i>dipyridamole tabs 50 mg</i>	49
<i>diclofenac sodium gel 1 %</i>	112	<i>dipyridamole tabs 75 mg</i>	49
<i>diclofenac sodium soln 0.1 %</i>	81	<i>disopyramide phosphate caps 100 mg</i>	47
<i>diclofenac sodium soln 1.5 %</i>	112	<i>disopyramide phosphate caps 150 mg</i>	47
<i>dicloxacillin sodium caps 250 mg</i>	16	DISPOSABLE POWER KIT [<i>misc. devices</i>]..	70
<i>dicloxacillin sodium caps 500 mg</i>	16	<i>disulfiram tabs 250 mg</i>	97
<i>dicyclomine hcl caps 10 mg</i>	32	<i>disulfiram tabs 500 mg</i>	97
<i>dicyclomine hcl soln 10 mg/5ml</i>	32	<i>divalproex sodium csdr 125 mg</i>	57
<i>dicyclomine hcl tabs 20 mg</i>	32	<i>divalproex sodium er tb24 250 mg</i>	57
<i>didanosine cap 125mg</i>	11	<i>divalproex sodium er tb24 500 mg</i>	57
<i>didanosine cpdr 200 mg</i>	22	<i>divalproex sodium tbec 125 mg</i>	57
<i>didanosine cpdr 250 mg</i>	22	<i>divalproex sodium tbec 250 mg</i>	57
<i>didanosine cpdr 400 mg</i>	22	<i>divalproex sodium tbec 500 mg</i>	57
DIFFERIN CREA 0.1 % [<i>adapalene</i>]	112	<i>dobutamine hcl soln 250 mg/20ml</i>	35
DIFFERIN GEL 0.1 % [<i>adapalene</i>]	112	DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w</i>]	35
DIFFERIN GEL 0.3 % [<i>adapalene</i>]	112	DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w</i>]	35
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]	104	DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML [<i>docetaxel</i>]	26
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	47	DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML [<i>docetaxel</i>]	26
<i>digoxin soln 0.25 mg/ml</i>	47	DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML [<i>docetaxel</i>]	26
<i>digoxin tabs 125 mcg</i>	47	<i>docetaxel conc 80 mg/4ml</i>	26
<i>digoxin tabs 250 mcg</i>	47	<i>dofetilide caps 125 mcg</i>	47
<i>dihydroergotamine mesylate soln 1 mg/ml</i> .	35	<i>dofetilide caps 250 mcg</i>	47
<i>diltiazem hcl er coated beads cp24 180 mg</i> .	46	<i>dofetilide caps 500 mcg</i>	47
<i>diltiazem hcl er cp12 120 mg</i>	46	<i>donepezil hcl tabs 10 mg</i>	33
<i>diltiazem hcl er cp12 60 mg</i>	46	DONEPEZIL HCL TABS 5 MG [<i>donepezil</i> <i>hydrochloride</i>]	33
<i>diltiazem hcl er cp12 90 mg</i>	46	<i>donepezil hcl tbdp 10 mg</i>	33
<i>diltiazem hcl er cp24 120 mg</i>	46	<i>donepezil hcl tbdp 5 mg</i>	33
<i>diltiazem hcl er cp24 180 mg</i>	46	DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine</i>]	32
<i>diltiazem hcl er cp24 240 mg</i>	46	DONNATAL TABS 16.2 MG [<i>phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine</i>]	32
DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]	100	<i>dopamine hcl inj 80mg/ml</i>	35
<i>diltiazem hcl soln 125 mg/25ml</i>	46		
<i>diltiazem hcl soln 25 mg/5ml</i>	46		
<i>diltiazem hcl soln 50 mg/10ml</i>	46		
<i>diltiazem hcl tabs 120 mg</i>	46		

dopamine hcl soln 160 mg/ml	35	duloxetine hcl cpep 30 mg	65
DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl].....	35	duloxetine hcl cpep 60 mg	65
dopamine hcl soln 80 mg/ml	35	DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa].....	60
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [dopamine in d5w].....	35	DURAMORPH SOLN 0.5 MG/ML [morphine sulfate].....	51
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [dopamine in d5w].....	35	DURAMORPH SOLN 1 MG/ML [morphine sulfate].....	51
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [dopamine in d5w].....	36	D-XYLOSE POWD [d-xylose].....	72
dorzolamide hcl soln 2 %	82	DYRENIUM CAPS 100 MG [triamterene].....	75
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	82	DYRENIUM CAPS 50 MG [triamterene].....	75
DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine].....	11	E	
doxazosin mesylate tabs 1 mg	43	EDECIN TABS 25 MG [ethacrynic acid].....	75
doxazosin mesylate tabs 2 mg	43	EDEX KIT 10 MCG [alprostadil (vasodilator)].....	49
doxazosin mesylate tabs 4 mg	43	.....	49
doxazosin mesylate tabs 8 mg	43	EDEX KIT 20 MCG [alprostadil (vasodilator)].....	49
doxepin hcl caps 10 mg	65	.....	49
doxepin hcl caps 100 mg	65	EDEX KIT 40 MCG [alprostadil (vasodilator)].....	49
doxepin hcl caps 150 mg	65	.....	49
doxepin hcl caps 25 mg	65	EDURANT TABS 25 MG [rilpivirine hcl].....	11
doxepin hcl caps 50 mg	65	EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone].....	91
doxepin hcl caps 75 mg	65	EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone].....	91
doxepin hcl conc 10 mg/ml	65	efavirenz caps 200 mg	22
DOXIL INJ 2 MG/ML [doxorubicin hcl liposomal].....	26	efavirenz caps 50 mg	22
doxorubicin hcl liposomal inj 2 mg/ml	26	efavirenz tabs 600 mg	22
doxorubicin hcl soln 2 mg/ml	26	EFFER-K TBEF 25 MEQ [potassium bicarbonate].....	77
doxorubicin hcl solr 10 mg	26	EFFIENT TABS 10 MG [prasugrel hcl].....	41
doxorubicin hcl solr 50 mg	26	EFFIENT TABS 5 MG [prasugrel hcl].....	41
doxycycline hyclate caps 100 mg	16	ELAPRASE SOLN 6 MG/3ML [idursulfase].....	80
doxycycline hyclate caps 50 mg	16	ELIDEL CREA 1 % [pimecrolimus].....	112
doxycycline hyclate tabs 100 mg	16	ELITEK SOLR 1.5 MG [rasburicase].....	80
doxycycline hyclate tabs 20 mg	16	ELITEK SOLR 7.5 MG [rasburicase].....	80
doxycycline monohydrate susr 25 mg/5ml ..	16	ELLA TABS 30 MG [ulipristal acetate].....	90
doxycycline monohydrate tabs 100 mg	16	ELMIRON CAPS 100 MG [pentosan polysulfate sodium].....	97
doxycycline monohydrate tabs 50 mg	16	ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)].....	38
DRITHO-CREME HP CREA 1 % [anthralin].....	112	.....	38
DRONABINOL CAPS 10 MG [dronabinol].....	84	ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)].....	38
DRONABINOL CAPS 2.5 MG [dronabinol].....	84	.....	38
DRONABINOL CAPS 5 MG [dronabinol].....	84	ELOCTATE SOLR 2000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)].....	38
droperidol soln 2.5 mg/ml	61	.....	38
drospirenone-ethinyl estradiol tabs 3-0.02 mg	90	ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)].....	38
drospirenone-ethinyl estradiol tabs 3-0.03 mg	90		
DRYSOL SOLN 20 % [aluminum chloride].....	111		
duloxetine hcl cpep 20 mg	65		

.....	38	EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	72
ELOCTATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	22
.....	38	EPHEDRINE SULFATE SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	36
ELOCTATE SOLR 4000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	112
.....	38	EPIDUO GEL 0.1-2.5 % [<i>adapalene-benzoyl peroxide</i>]	112
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	36
.....	38	<i>epinephrine soaj 0.15 mg/0.15ml</i>	36
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPINEPHRINE SOLN 30 MG/30ML [<i>epinephrine</i>]	36
.....	38	EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	36
ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPIPEN 2-PAK SOAJ 0.3 MG/0.3ML [<i>epinephrine (anaphylaxis)</i>]	36
.....	38	EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [<i>epinephrine (anaphylaxis)</i>]	36
ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	38	EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	22
.....	38	EPIVIR HBV TABS 100 MG [<i>lamivudine (hbv)</i>]	22
ELTA TAR CREA 2 % [<i>coal tar extract</i>]	111	EQUETRO CP12 200 MG [<i>carbamazepine (antipsychotic)</i>]	57
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	26	ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	26
EMEND CAPS 125 MG [<i>aprepitant</i>]	84	ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	26
EMEND CAPS 40 MG [<i>aprepitant</i>]	84	ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol</i>]	114
EMEND CAPS 80 MG [<i>aprepitant</i>]	84	<i>ergoloid mesylates tabs 1 mg</i>	59
EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	84	<i>ergotamine-caffeine tabs 1-100 mg</i>	59
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	11	ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	26
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	11	<i>erlotinib hcl tabs 100 mg</i>	26
<i>enalaprilat inj 1.25 mg/ml</i>	48	<i>erlotinib hcl tabs 150 mg</i>	26
ENBREL SOLR 25 MG [<i>etanercept</i>]	94	<i>erlotinib hcl tabs 25 mg</i>	26
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	94	ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	26
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	94	ERYTHROCIN LACTOBIONATE SOLR 500 MG [<i>erythromycin lactobionate</i>]	16
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	94	<i>erythromycin oint 5 mg/gm</i>	80
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	93	<i>erythromycin soln 2 %</i>	108
ENGERIX-B SUSP 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	106	<i>escitalopram oxalate soln 5 mg/5ml</i>	65
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	106	<i>escitalopram oxalate tabs 10 mg</i>	65
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	60	<i>escitalopram oxalate tabs 20 mg</i>	65
<i>entecavir tabs 0.5 mg</i>	22	<i>escitalopram oxalate tabs 5 mg</i>	65
<i>entecavir tabs 1 mg</i>	22	ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	44
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	48	ESTRADIOL POW [<i>estradiol</i>]	100
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	48		
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	48		

estradiol pttw 0.025 mg/24hr	92
estradiol pttw 0.0375 mg/24hr	92
estradiol pttw 0.05 mg/24hr	92
estradiol pttw 0.075 mg/24hr	92
estradiol pttw 0.1 mg/24hr	92
estradiol ptwk 0.05 mg/24hr	92
estradiol ptwk 0.075 mg/24hr	92
estradiol ptwk 0.1 mg/24hr	92
estradiol tabs 0.5 mg	92
estradiol tabs 1 mg	92
estradiol tabs 2 mg	92
estradiol valerate oil 20 mg/ml	92
estradiol valerate oil 40 mg/ml	92
ESTRING RING 2 MG [estradiol vaginal]	92
ethacrynic acid tabs 25 mg	75
ethambutol hcl tabs 100 mg	20
ethambutol hcl tabs 400 mg	20
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	49
ethosuximide caps 250 mg	57
ethosuximide soln 250 mg/5ml	57
etidronate disodium tabs 200 mg	97
etidronate disodium tabs 400 mg	97
etodolac caps 200 mg	51
etodolac caps 300 mg	51
etodolac tabs 400 mg	51
etodolac tabs 500 mg	51
etomidate soln 2 mg/ml	63
etoposide caps 50 mg	26
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	22
exemestane tabs 25 mg	26
EXJADE TBSO 125 MG [deferasirox]	86
EXJADE TBSO 250 MG [deferasirox]	86
EXJADE TBSO 500 MG [deferasirox]	86
EXTAVIA KIT 0.3 MG [interferon beta-1b]	63
EYLEA SOLN 2 MG/0.05ML [aflibercept]	82
EYLEA SOSY 2 MG/0.05ML [aflibercept]	82
E-Z-CAT DRY PACK 2 % [barium sulfate]	72
ezetimibe tabs 10 mg	43

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FABRAZYME SOLR 35 MG [agalsidase beta]	80
FABRAZYME SOLR 5 MG [agalsidase beta]	80
famciclovir tabs 500 mg	22
famotidine premixed soln 20-0.9 mg/50ml-%	84
famotidine soln 20 mg/2ml	84
famotidine soln 40 mg/4ml	84

famotidine susr 40 mg/5ml	84
famotidine tabs 20 mg	84
famotidine tabs 40 mg	84
felbamate susp 600 mg/5ml	57
felbamate tabs 400 mg	57
felbamate tabs 600 mg	57
fenofibrate tabs 160 mg	43
fenofibrate tabs 54 mg	43
fentanyl citrate (pf) soct 100 mcg/2ml	51
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	51
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML [fentanyl citrate]	51
fentanyl pt72 100 mcg/hr	51
fentanyl pt72 12 mcg/hr	51
fentanyl pt72 25 mcg/hr	52
fentanyl pt72 50 mcg/hr	52
fentanyl pt72 75 mcg/hr	52
FERREX 150 CAPS 150 MG [polysaccharide iron complex]	37
finasteride tabs 5 mg	97
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	97
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	16
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	16
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	104
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [immune globulin (human) iv]	104
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	104
FLEBOGAMMA DIF SOLN 5 GM/50ML [immune globulin (human) iv]	104
flecainide acetate tabs 100 mg	47
flecainide acetate tabs 150 mg	47
flecainide acetate tabs 50 mg	47
FLOVENT HFA AERO 44 MCG/ACT [fluticasone propionate hfa]	87
FLUAD SUSY 0.5 ML [influenza virus vaccine types a & b surface antigen adjuvant]	106
fluconazole in dextrose soln 200 mg/100ml	19
fluconazole in dextrose soln 400 mg/200ml	19
fluconazole in nacl inj nacl 200	19
fluconazole in nacl inj nacl 400	19
fluconazole in sodium chloride soln 100-0.9 mg/50ml-%	16
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	19

fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	19
fluconazole susr 10 mg/ml	19
fluconazole susr 40 mg/ml	19
fluconazole tabs 100 mg	19
fluconazole tabs 150 mg	20
fluconazole tabs 200 mg	20
fluconazole tabs 50 mg	20
flucytosine caps 250 mg	20
flucytosine caps 500 mg	20
fludarabine phosphate solr 50 mg	26
fludrocortisone acetate tabs 0.1 mg	87
flumazenil soln 0.5 mg/5ml	63
flunisolide soln 25 mcg/act (0.025%)	81
fluocinolone acetonide body oil 0.01 %	109
fluocinolone acetonide scalp oil 0.01 %	109
fluocinolone acetonide soln 0.01 %	109
FLUOCINONIDE CREA 0.05 % [fluocinonide]	109
fluocinonide gel 0.05 %	109
fluocinonide oint 0.05 %	109
fluocinonide soln 0.05 %	109
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	97
fluorometholone susp 0.1 %	81
FLUROPLEX CREA 1 % [fluorouracil (topical)]	112
fluorouracil crea 5 %	112
fluorouracil soln 1 gm/20ml	26
fluorouracil soln 2 %	112
fluorouracil soln 2.5 gm/50ml	26
fluorouracil soln 5 %	112
fluorouracil soln 5 gm/100ml	26
fluorouracil soln 500 mg/10ml	26
fluoxetine hcl caps 10 mg	65
fluoxetine hcl caps 20 mg	65
fluoxetine hcl caps 40 mg	65
fluoxetine hcl soln 20 mg/5ml	65
fluphenazine decanoate soln 25 mg/ml	65
fluphenazine hcl conc 5 mg/ml	65
fluphenazine hcl tabs 1 mg	65
fluphenazine hcl tabs 10 mg	65
fluphenazine hcl tabs 2.5 mg	65
fluphenazine hcl tabs 5 mg	65
FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP [sodium fluoride]	97
flurbiprofen sodium soln 0.03 %	81
flutamide caps 125 mg	26
fluticasone propionate oint 0.005 %	109
fluticasone propionate susp 50 mcg/act	81
fluvoxamine maleate tabs 100 mg	65
fluvoxamine maleate tabs 25 mg	65
fluvoxamine maleate tabs 50 mg	65
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	106
FLUZONE SUSP [influenza virus vaccine split]	106
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	81
FML OINT 0.1 % [fluorometholone (ophth)]	81
folic acid soln 5 mg/ml	114
FORANE SOLN [isoflurane]	63
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	17
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	17
FORTAZ SOLR 500 MG [ceftazidime]	17
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	92
fosamprenavir calcium tabs 700 mg	22
fosaprepitant dimeglumine solr 150 mg	84
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	22
fosphenytoin sodium soln 100 mg pe/2ml	57
fosphenytoin sodium soln 500 mg pe/10ml	57
fulvestrant soln 250 mg/5ml	26
furosemide soln 10 mg/ml	75
furosemide soln 8 mg/ml	75
FUROSEMIDE TABS 20 MG [furosemide]	75
FUROSEMIDE TABS 40 MG [furosemide]	75
furosemide tabs 80 mg	75
FUSILEV SOLR 50 MG [levoleucovorin calcium]	98
FUZEON SOLR 90 MG [enfuvirtide]	11
G	
gabapentin caps 100 mg	57
gabapentin caps 300 mg	57
gabapentin caps 400 mg	57
GABAPENTIN POWD [gabapentin (bulk)]	100
gabapentin soln 250 mg/5ml	57
gabapentin tabs 600 mg	57
gabapentin tabs 800 mg	57
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	34
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	34
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	34

GABLOFEN SOSY 10000 MCG/20ML [baclofen]	34	globulin (human) iv or subcutaneous] ...	105
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	34	ganciclovir sodi solr 500 mg	22
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	34	GARDASIL 9 SUSP [human papillomavirus (hvp) 9-valent recombinant vaccine]	106
GABLOFEN SOSY 50 MCG/ML [baclofen]	34	GARDASIL 9 SUSY [human papillomavirus (hvp) 9-valent recombinant vaccine]	106
GADAVIST SOLN 1 MMOL/ML [gadobutrol] .	72	GARDASIL SUSP [human papillomavirus (hvp) quadrivalent recombinant vaccine]	106
galantamine hydrobromide er cp24 16 mg ..	33	GASTROGRAFIN SOLN 66-10 % [diatrizoate meglumine & sodium]	72
galantamine hydrobromide er cp24 24 mg ..	33	gatifloxacin soln 0.5 %	80
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	33	GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	26
galantamine hydrobromide tabs 12 mg	34	GELFILM FILM [gelatin adsorbable (ophth)] 38	
galantamine hydrobromide tabs 4 mg	34	GELFOAM SPONGE MISC 12-7 MM [gelatin absorbable]	38
galantamine hydrobromide tabs 8 mg	34	GELFOAM SPONGE SIZE 100 MISC [gelatin absorbable]	38
GAMASTAN S/D INJ [immune globulin (human) im]	104	GELFOAM SPONGE SIZE 50 MISC [gelatin absorbable]	38
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	104	GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	83
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	104	gemcitabine hcl solr 200 mg	26
GAMMAGARD SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	104	gemfibrozil tabs 600 mg	44
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous] ...	104	GEMZAR SOLR 1 GM [gemcitabine hcl]	26
GAMMAKED SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	104	gentamicin in saline soln 0.8-0.9 mg/ml-% ... 17	
GAMMAKED SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous] ...	104	gentamicin in saline soln 0.9-0.9 mg/ml-% ... 17	
GAMMAKED SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous] ...	104	gentamicin in saline soln 1.2-0.9 mg/ml-% ... 17	
GAMMAKED SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous] ...	104	gentamicin in saline soln 1.4-0.9 mg/ml-% ... 17	
GAMMAKED SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous] ...	104	gentamicin in saline soln 1.6-0.9 mg/ml-% ... 17	
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	104	gentamicin in saline soln 1-0.9 mg/ml-% 17	
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	104	gentamicin in saline soln 2-0.9 mg/ml-% 17	
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	105	gentamicin sulfate crea 0.1 %	108
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	105	gentamicin sulfate oint 0.1 %	108
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous] ...	105	gentamicin sulfate soln 0.3 %	80
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous] ...	105	gentamicin sulfate soln 10 mg/ml	17
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous] ...	105	gentamicin sulfate soln 40 mg/ml	17
GAMUNEX-C SOLN 5 GM/50ML [immune		GENTIAN VIOLET SOLN 1 % [gentian violet]	108
		GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine- tenofovir alafenamide]	22
		GLEOSTINE CAPS 10 MG [lomustine]	26
		GLEOSTINE CAPS 100 MG [lomustine]	26
		GLEOSTINE CAPS 40 MG [lomustine]	26
		GLEOSTINE CAPS 5 MG [lomustine]	26
		glimepiride tabs 1 mg	89
		glimepiride tabs 2 mg	89
		glimepiride tabs 4 mg	89

glipizide tabs 10 mg	89
glipizide tabs 5 mg	89
glipizide tb24 10 mg	89
glipizide tb24 2.5 mg	89
glipizide tb24 5 mg	89
glipizide-metformin hcl tabs 2.5-250 mg	89
glipizide-metformin hcl tabs 2.5-500 mg	89
glipizide-metformin hcl tabs 5-500 mg	89
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	90
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	90
GLUCAGON EMERGENCY KIT 1 MG [glucagon (rdna)]	90
glyburide tabs 1.25 mg	89
glyburide tabs 2.5 mg	89
glyburide tabs 5 mg	89
GLYCERIN LIQD [glycerin (bulk)]	100
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	100
glycopyrrolate soln 0.2 mg/ml	32
glycopyrrolate soln 0.4 mg/2ml	32
glycopyrrolate soln 1 mg/5ml	32
glycopyrrolate soln 4 mg/20ml	32
glycopyrrolate tabs 1 mg	32
glycopyrrolate tabs 2 mg	32
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	85
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [follitropin alfa]	92
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [follitropin alfa]	92
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [follitropin alfa]	92
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	92
GONAL-F SOLR 1050 UNIT [follitropin alfa]	92
GONAL-F SOLR 450 UNIT [follitropin alfa]	92
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	98
griseofulvin microsize susp 125 mg/5ml	20
griseofulvin microsize tabs 500 mg	20
griseofulvin ultramicrosize tabs 125 mg	20
griseofulvin ultramicrosize tabs 250 mg	20
guanfacine hcl er tb24 1 mg	63
guanfacine hcl er tb24 2 mg	63
guanfacine hcl er tb24 3 mg	63
guanfacine hcl er tb24 4 mg	63
guanfacine hcl tabs 1 mg	35
guanfacine hcl tabs 2 mg	35

GUANIDINE HCL TABS 125 MG [guanidine hcl]	34
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H

HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	98
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	98
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	26
halobetasol propionate crea 0.05 %	109
halobetasol propionate oint 0.05 %	109
haloperidol decanoate soln 100 mg/ml	65
haloperidol decanoate soln 50 mg/ml	65
haloperidol lactate conc 2 mg/ml	65
haloperidol lactate soln 5 mg/ml	65
HALOPERIDOL POWD [haloperidol (bulk)]	100
haloperidol tabs 0.5 mg	65
haloperidol tabs 1 mg	65
haloperidol tabs 10 mg	65
haloperidol tabs 2 mg	66
haloperidol tabs 20 mg	66
haloperidol tabs 5 mg	66
HARVONI TABS 45-200 MG [ledipasvir-sofosbuvir]	22
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	20
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	106
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	106
HEALON5 INJ 23MG/ML [sodium hyaluronate]	82
HELIXATE FS KIT 250 UNIT [antihemophilic factor (recombinant)]	38
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	99
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh]	38
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh]	38
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh]	39
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh]	39
HEMOPIL M INJ 220-400 [antihemophilic factor (human)]	39
HEMOPIL M SOLR 1000 UNIT [antihemophilic factor (human)]	39
HEMOPIL M SOLR 1700 UNIT [antihemophilic factor (human)]	39

factor (human)]	39	globulin (human) subcutaneous]	105
HEMOFIL M SOLR 500 UNIT [antihemophilic factor (human)]	39	HIZENTRA SOLN 4 GM/20ML [immune globulin (human) subcutaneous]	105
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	41	HOMATROPINE HBR SOLN 5 % [homatropine hbr]	83
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	41	HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML [insulin lispro protamine & lispro]	89
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [heparin (porcine) in sodium chloride]	41	HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [insulin lispro protamine & lispro]	89
HEPARIN LOCK FLUSH SOLN 1 UNIT/ML [heparin sodium (porcine) lock flush]	41	HUMALOG SOLN 100 UNIT/ML [insulin lispro]	89
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	41	HUMATE-P SOLR 1000-2400 UNIT [antihemophilic factor/von willebrand factor complex (human)]	39
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [heparin sod (porcine) in d5w] ...	41	HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	39
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	41	HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	39
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	41	HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	94
heparin sodium (porcine) lock flush soln	41	HUMIRA PSKT 10 MG/0.2ML [adalimumab] ..	94
heparin sodium (porcine) pf soln 5000 unit/0.5ml	41	HUMIRA PSKT 20 MG/0.4ML [adalimumab] ..	94
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [heparin sodium (porcine)]	41	HUMIRA PSKT 40 MG/0.8ML [adalimumab] ..	94
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [heparin sodium (porcine)]	42	HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	89
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [heparin sodium (porcine)]	42	HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	89
heparin sodium (porcine) soln 5000 unit/ml 42		HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	89
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	42	HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	89
HERCEPTIN SOLR 150 MG [trastuzumab] ... 26		HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	89
HETASTARCH-NAACL SOLN 6-0.9 % [hetastarch in sodium chloride]	77	HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	89
HEXALEN CAPS 50 MG [altretamine]	26	HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	89
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	77	HYCANTIN CAPS 0.25 MG [topotecan hcl] ..26	
HIBERIX SOLR 10 MCG [haemophilus b polysac conj vac]	106	HYCANTIN CAPS 1 MG [topotecan hcl]	27
HIZENTRA SOLN 1 GM/5ML [immune globulin (human) subcutaneous]	105	hydralazine hcl soln 20 mg/ml	48
HIZENTRA SOLN 10 GM/50ML [immune globulin (human) subcutaneous]	105	hydralazine hcl tabs 10 mg	48
HIZENTRA SOLN 2 GM/10ML [immune globulin (human) subcutaneous]	105	hydralazine hcl tabs 100 mg	48
		hydralazine hcl tabs 25 mg	48
		hydralazine hcl tabs 50 mg	48
		hydrochlorothiazide tabs 12.5 mg	75

IBRANCE CAPS 125 MG [<i>palbociclib</i>]	27	INFED SOLN 50 MG/ML [<i>iron dextran</i>]	37
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	27	INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	98
IBRANCE TABS 100 MG [<i>palbociclib</i>]	27	INFUMORPH 200 SOLN 200 MG/20ML (10	
IBRANCE TABS 125 MG [<i>palbociclib</i>]	27	MG/ML) [<i>morphine sulfate for continuous</i>	
IBRANCE TABS 75 MG [<i>palbociclib</i>]	27	<i>microinfusion</i>]	52
<i>ibuprofen susp 100 mg/5ml</i>	52	INFUMORPH 500 SOLN 500 MG/20ML (25	
<i>ibutilide fumarate soln 1 mg/10ml</i>	47	MG/ML) [<i>morphine sulfate for continuous</i>	
<i>icatibant acetate soln 30 mg/3ml</i>	98	<i>microinfusion</i>]	52
IDAMYCIN PFS SOLN 10 MG/10ML [<i>idarubicin</i>		INFUVITE ADULT INJ [<i>multiple vitamin</i>]	113
<i>hcl</i>]	27	INFUVITE PEDIATRIC SOLN [<i>pediatric</i>	
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin</i>		<i>multiple vitamins</i>]	113
<i>hcl</i>]	27	INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	
<i>idarubicin hcl soln 5 mg/5ml</i>	27	.....	42
IDELVION SOLR 1000 UNIT [<i>coagulation</i>		INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	
<i>factor ix recomb albumin fusion protein</i>		.....	42
(<i>rix-fp</i>)]	39	INTELENCE TABS 100 MG [<i>etravirine</i>]	11
IDELVION SOLR 2000 UNIT [<i>coagulation</i>		INTELENCE TABS 200 MG [<i>etravirine</i>]	11
<i>factor ix recomb albumin fusion protein</i>		INTELENCE TABS 25 MG [<i>etravirine</i>]	11
(<i>rix-fp</i>)]	39	INTRALIPID EMUL 20 % [<i>fat emulsion plant</i>	
IDELVION SOLR 250 UNIT [<i>coagulation factor</i>		<i>based</i>]	74
<i>ix recomb albumin fusion protein (rix-fp)</i>]	39	INTRALIPID EMUL 30 % [<i>fat emulsion plant</i>	
IDELVION SOLR 500 UNIT [<i>coagulation factor</i>		<i>based</i>]	74
<i>ix recomb albumin fusion protein (rix-fp)</i>]	39	INTRON A SOLN 10000000 UNIT/ML	
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	27	[<i>interferon alfa-2b</i>]	27
<i>imatinib mesylate tabs 100 mg</i>	27	INTRON A SOLN 6000000 UNIT/ML [<i>interferon</i>	
<i>imatinib mesylate tabs 400 mg</i>	27	<i>alfa-2b</i>]	27
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	27	INTRON A SOLR 10000000 UNIT [<i>interferon</i>	
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	27	<i>alfa-2b</i>]	27
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	27	INTRON A SOLR 18000000 UNIT [<i>interferon</i>	
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	27	<i>alfa-2b</i>]	27
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	27	INTRON A SOLR 50000000 UNIT [<i>interferon</i>	
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	27	<i>alfa-2b</i>]	27
<i>imipramine hcl tabs 10 mg</i>	66	INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	17
<i>imipramine hcl tabs 25 mg</i>	66	INVEGA SUSTENNA SUSY 117 MG/0.75ML	
<i>imipramine hcl tabs 50 mg</i>	66	[<i>paliperidone palmitate</i>]	66
<i>imiquimod crea 5 %</i>	112	INVEGA SUSTENNA SUSY 156 MG/ML	
IMOVAX RABIES INJ 2.5 UNIT/ML [<i>rabies virus</i>		[<i>paliperidone palmitate</i>]	66
<i>vaccine, hdc</i>]	107	INVEGA SUSTENNA SUSY 234 MG/1.5ML	
<i>indapamide tabs 1.25 mg</i>	75	[<i>paliperidone palmitate</i>]	66
<i>indapamide tabs 2.5 mg</i>	75	INVEGA SUSTENNA SUSY 39 MG/0.25ML	
INDIGO CARMINE SOLN 8 MG/ML		[<i>paliperidone palmitate</i>]	66
[<i>indigotindisulfonate sodium</i>]	72	INVEGA SUSTENNA SUSY 78 MG/0.5ML	
<i>indomethacin caps 25 mg</i>	52	[<i>paliperidone palmitate</i>]	66
<i>indomethacin caps 50 mg</i>	52	INVIRASE TABS 500 MG [<i>saquinavir</i>	
<i>indomethacin er cpcr 75 mg</i>	52	<i>mesylate</i>]	11
INDOMETHACIN POWD [<i>indomethacin</i>]	101	IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	82
INDOMETHACIN SODIUM SOLR 1 MG		IPOL INJ [<i>poliovirus vaccine, ipv</i>]	107
[<i>indomethacin sodium</i>]	52	<i>ipratropium bromide soln 0.02 %</i>	33
INFANRIX SUSP 25-58-10 [<i>diphtheria,</i>		<i>ipratropium bromide soln 0.03 %</i>	33
<i>acellular pertussis & tetanus toxoids</i>]	106	<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	

.....	36
IRESSA TABS 250 MG [<i>gefitinib</i>]	27
<i>irinotecan hcl soln 500 mg/25ml</i>	27
ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	108
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	11
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	11
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	11
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	11
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [<i>isometheptene-dichloralphenazone-acetaminophen</i>]	59
<i>isoniazid soln 100 mg/ml</i>	21
<i>isoniazid syrp 50 mg/5ml</i>	21
<i>isoniazid tabs 100 mg</i>	21
<i>isoniazid tabs 300 mg</i>	21
<i>isoproterenol hcl soln 0.2 mg/ml</i>	36
<i>isosorbide dinitrate er tbc 40 mg</i>	50
<i>isosorbide dinitrate tabs 10 mg</i>	50
<i>isosorbide dinitrate tabs 20 mg</i>	50
<i>isosorbide dinitrate tabs 30 mg</i>	50
<i>isosorbide dinitrate tabs 5 mg</i>	50
<i>isosorbide mononitrate er tb24 120 mg</i>	50
<i>isosorbide mononitrate er tb24 30 mg</i>	50
<i>isosorbide mononitrate er tb24 60 mg</i>	50
ISOSORBIDE POWD [<i>isosorbide (bulk)</i>]	101
ISTODAX (OVERFILL) SOLR 10 MG [<i>romidepsin</i>]	27
<i>itraconazole caps 100 mg</i>	20
<i>ivermectin tabs 3 mg</i>	11
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>]	107

J

JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	86
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	86
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	86
JADENU TABS 180 MG [<i>deferasirox</i>]	86
JADENU TABS 360 MG [<i>deferasirox</i>]	86
JADENU TABS 90 MG [<i>deferasirox</i>]	86
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>]	89
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	89
JETREA SOLN 0.5 MG/0.2ML [<i>ocriplasmin</i>]	82
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	27
JOLIVETTE TABS 0.35 MG [<i>norethindrone (contraceptive)</i>]	90
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	22

K

KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	27
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	27
KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	11
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	11
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	11
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	103
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	98
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	98
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	98
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	28
KCENTRA KIT 500 UNIT [<i>prothrombin complex concentrate human</i>]	39
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	77

KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	78	<i>factor rahf-pfm</i>	39
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated ringers</i>]	78	KOVALTRY SOLR 2000 UNIT [<i>antihemophilic factor rahf-pfm</i>]	39
K-EFFERVESCENT TBEF 25 MEQ [<i>potassium bicarbonate</i>]	77	KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor rahf-pfm</i>]	39
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	87	KOVALTRY SOLR 3000 UNIT [<i>antihemophilic factor rahf-pfm</i>]	39
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	87	KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor rahf-pfm</i>]	40
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	111	K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	77
KERALYT GEL 6 % [<i>salicylic acid</i>]	111	KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	21
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	101	K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	77
<i>ketamine hcl soln 10 mg/ml</i>	63	KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	28
<i>ketamine hcl soln 100 mg/ml</i>	63	KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	28
<i>ketamine hcl soln 50 mg/ml</i>	63	KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	28
<i>ketoconazole sham 2 %</i>	108		
<i>ketoconazole tabs 200 mg</i>	20	L	
KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	72	<i>labetalol hcl soln 5 mg/ml</i>	44
KETOPROFEN POWD [<i>ketoprofen (bulk)</i>]	101	<i>labetalol hcl tabs 100 mg</i>	44
<i>ketorolac tromethamine soln 0.4 %</i>	81	<i>labetalol hcl tabs 200 mg</i>	44
<i>ketorolac tromethamine soln 0.5 %</i>	81	<i>labetalol hcl tabs 300 mg</i>	44
<i>ketorolac tromethamine soln 15 mg/ml</i>	52	LACRISERT INST 5 MG [<i>artificial tear insert</i>]	82
<i>ketorolac tromethamine soln 30 mg/ml</i>	52	LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	76
<i>ketorolac tromethamine soln 60 mg/2ml</i>	52	LACTATED RINGERS SOLN [<i>lactated ringer's</i>]	78
KETOSTIX STRP [<i>acetone (urine) test</i>]	72	LACTIC ACID SOLN [<i>lactic acid (bulk)</i>]	101
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	28	LACTOSE MONOHYDRATE POWD [<i>lactose monohydrate</i>]	101
KINERET SOSY 100 MG/0.67ML [<i>anakinra</i>]	94	LACTOSE POWD [<i>lactose</i>]	101
KINRIX SUSP [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	107	<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	73
KLOR-CON TBCR 8 MEQ [<i>potassium chloride</i>]	78	<i>lactulose soln 10 gm/15ml</i>	73
KOATE SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	39	<i>lactulose soln 20 gm/30ml</i>	73
KOATE-DVI SOLR 250 UNIT [<i>antihemophilic factor (human)</i>]	39	LAMICTAL STARTER KIT 35 x 25 MG [<i>lamotrigine</i>]	57
KOATE-DVI SOLR 500 UNIT [<i>antihemophilic factor (human)</i>]	39	LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	57
KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	39	LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	57
KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant)</i>]	39	<i>lamivudine soln 10 mg/ml</i>	12
KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	39	<i>lamivudine tabs 100 mg</i>	22
KOVALTRY SOLR 1000 UNIT [<i>antihemophilic</i>		<i>lamivudine tabs 150 mg</i>	12
		<i>lamivudine tabs 300 mg</i>	12
		<i>lamivudine-zidovudine tabs 150-300 mg</i>	12
		<i>lamotrigine chew 25 mg</i>	58
		<i>lamotrigine chew 5 mg</i>	58

lamotrigine tabs 100 mg	58	levocarnitine inj 200mg/ml	98
lamotrigine tabs 150 mg	58	LEVOCARNITINE SOLN 1 GM/10ML	
lamotrigine tabs 200 mg	58	[levocarnitine (metabolic modifiers)]	98
lamotrigine tabs 25 mg	58	LEVOCARNITINE TABS 330 MG [levocarnitine	
LANOXIN PEDIATRIC SOLN 0.1 MG/ML		(metabolic modifiers)]	98
[digoxin]	47	levofloxacin in d5w soln 250 mg/50ml	17
LANTUS SOLN 100 UNIT/ML [insulin glargine]		levofloxacin in d5w soln 500 mg/100ml	17
.....	89	levofloxacin in d5w soln 750 mg/150ml	17
L-ARGININE POWD [arginine]	101	levofloxacin soln 25 mg/ml	17
latanoprost soln 0.005 %	82	levofloxacin tabs 250 mg	17
L-CITRULLINE POWD [citrulline (bulk)]	101	levofloxacin tabs 500 mg	17
LEFLUNOMIDE TABS 10 MG [leflunomide] ..	94	levofloxacin tabs 750 mg	17
leflunomide tabs 20 mg	94	LEVOTHYROXINE SODIUM SOLR 200 MCG	
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG		[levothyroxine sodium]	93
[lenvatinib mesylate]	28	LEVOTHYROXINE SODIUM SOLR 500 MCG	
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4		[levothyroxine sodium]	93
MG [lenvatinib mesylate]	28	levothyroxine sodium tabs 100 mcg	93
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 112 mcg	93
MG [lenvatinib mesylate]	28	levothyroxine sodium tabs 125 mcg	93
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10		levothyroxine sodium tabs 150 mcg	94
MG & 4 MG [lenvatinib mesylate]	28	levothyroxine sodium tabs 175 mcg	94
LETAIRIS TABS 10 MG [ambrisentan]	50	levothyroxine sodium tabs 200 mcg	94
LETAIRIS TABS 5 MG [ambrisentan]	50	levothyroxine sodium tabs 25 mcg	94
letrozole tabs 2.5 mg	28	levothyroxine sodium tabs 300 mcg	94
leucovorin calcium solr 100 mg	98	levothyroxine sodium tabs 50 mcg	94
leucovorin calcium solr 350 mg	98	levothyroxine sodium tabs 75 mcg	94
leucovorin calcium solr 50 mg	98	levothyroxine sodium tabs 88 mcg	94
leucovorin calcium tabs 25 mg	98	LEVOXYL TABS 137 MCG [levothyroxine	
leucovorin calcium tabs 5 mg	98	sodium]	94
LEUKERAN TABS 2 MG [chlorambucil]	28	LEVSIN SOLN 0.5 MG/ML [hyoscyamine	
LEUKINE SOLR 250 MCG [sargramostim] ...	42	sulfate]	33
leuprolide acetate kit 1 mg/0.2ml	28	LEVULAN KERASTICK SOLR 20 %	
levetiracetam er tb24 500 mg	58	[aminolevulinic acid hcl]	112
levetiracetam er tb24 750 mg	58	LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	
LEVETIRACETAM IN NAACL SOLN 1000		.....	72
MG/100ML [levetiracetam in sodium		LEXIVA TABS 700 MG [fosamprenavir	
chloride]	58	calcium]	12
LEVETIRACETAM IN NAACL SOLN 1500		LIALDA TBEC 1.2 GM [mesalamine]	83
MG/100ML [levetiracetam in sodium		LIDOCAINE HCL (CARDIAC) PF SOLN 100	
chloride]	58	MG/5ML [lidocaine hcl (cardiac)]	96
LEVETIRACETAM IN NAACL SOLN 500		lidocaine hcl (cardiac) pf sosy 100 mg/5ml ..	47
MG/100ML [levetiracetam in sodium		lidocaine hcl (cardiac) sosy 50 mg/5ml	47
chloride]	58	lidocaine hcl (pf) soln 0.5 %	96
levetiracetam soln 100 mg/ml	58	lidocaine hcl (pf) soln 1 %	96
levetiracetam soln 500 mg/5ml	58	lidocaine hcl (pf) soln 2 %	96
levetiracetam tabs 1000 mg	58	lidocaine hcl (pf) soln 4 %	96
levetiracetam tabs 250 mg	58	LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	
levetiracetam tabs 500 mg	58	.....	101
levetiracetam tabs 750 mg	58	lidocaine hcl soln 0.5 %	96
levobunolol hcl soln 0.5 %	82	lidocaine hcl soln 1 %	96

<i>lidocaine hcl soln 2 %</i>	96	LMD IN D5W SOLN 10-5 % [<i>dextran 40 in d5w</i>]	78
<i>lidocaine hcl soln 4 %</i>	110	.....	78
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	110	LMD IN NAACL SOLN 10-0.9 % [<i>dextran 40 in saline</i>]	78
<i>lidocaine hcl urethral/mucosal prsy 2 %</i> ...	110	LODOSYN TABS 25 MG [<i>carbidopa</i>]	60
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%		LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	28
[<i>lidocaine in d5w</i>].....	47	LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	28
LIDOCAINE IN D5W SOLN 8-5 MG/ML-%		<i>lorazepam soln 2 mg/ml</i>	62
[<i>lidocaine in d5w</i>].....	47	<i>lorazepam soln 4 mg/ml</i>	62
<i>lidocaine oint 5 %</i>	110	<i>lorazepam tabs 0.5 mg</i>	62
<i>lidocaine viscous hcl soln 2 %</i>	83	<i>lorazepam tabs 1 mg</i>	62
<i>lidocaine-epinephrine soln 0.5 %-1</i>		<i>lorazepam tabs 2 mg</i>	62
200000.....	96	LORBRENA TABS 100 MG [<i>lorlatinib</i>]	28
<i>lidocaine-epinephrine soln 1 %-1</i>		LORBRENA TABS 25 MG [<i>lorlatinib</i>]	28
100000.....	96	<i>losartan potassium tabs 100 mg</i>	49
<i>lidocaine-epinephrine soln 1.5 %-1</i>		<i>losartan potassium tabs 25 mg</i>	49
200000.....	96	<i>losartan potassium tabs 50 mg</i>	49
<i>lidocaine-epinephrine soln 2 %-1</i>		<i>losartan potassium-hctz tabs 100-12.5 mg</i> ..	49
100000.....	96	<i>losartan potassium-hctz tabs 100-25 mg</i>	49
200000.....	96	<i>losartan potassium-hctz tabs 50-12.5 mg</i> ...	49
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	110	<i>lovastatin tabs 10 mg</i>	44
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	110	<i>lovastatin tabs 20 mg</i>	44
<i>linezolid soln 600 mg/300ml</i>	17	<i>lovastatin tabs 40 mg</i>	44
<i>linezolid susr 100 mg/5ml</i>	17	LOVENOX SOLN 100 MG/ML [<i>enoxaparin sodium</i>]	42
<i>liothyronine sodium tabs 25 mcg</i>	94	LOVENOX SOLN 120 MG/0.8ML [<i>enoxaparin sodium</i>]	42
<i>liothyronine sodium tabs 5 mcg</i>	94	LOVENOX SOLN 150 MG/ML [<i>enoxaparin sodium</i>]	42
<i>liothyronine sodium tabs 50 mcg</i>	94	LOVENOX SOLN 30 MG/0.3ML [<i>enoxaparin sodium</i>]	42
<i>lisinopril tabs 10 mg</i>	48	LOVENOX SOLN 300 MG/3ML [<i>enoxaparin sodium</i>]	42
<i>lisinopril tabs 2.5 mg</i>	48	LOVENOX SOLN 40 MG/0.4ML [<i>enoxaparin sodium</i>]	42
<i>lisinopril tabs 20 mg</i>	48	LOVENOX SOLN 60 MG/0.6ML [<i>enoxaparin sodium</i>]	42
<i>lisinopril tabs 30 mg</i>	48	LOVENOX SOLN 80 MG/0.8ML [<i>enoxaparin sodium</i>]	42
<i>lisinopril tabs 40 mg</i>	48	<i>loxapine succinate caps 10 mg</i>	66
<i>lisinopril tabs 5 mg</i>	48	<i>loxapine succinate caps 25 mg</i>	66
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	48	<i>loxapine succinate caps 5 mg</i>	66
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	48	<i>loxapine succinate caps 50 mg</i>	66
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	49	L-PROLINE POWD [<i>proline</i>].....	101
L-ISOLEUCINE POWD [<i>isoleucine</i>].....	101	LUCENTIS SOLN 0.3 MG/0.05ML	
<i>lithium carbonate caps 150 mg</i>	59	[<i>ranibizumab</i>].....	82
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	59	LUCENTIS SOLN 0.5 MG/0.05ML	
<i>lithium carbonate caps 600 mg</i>	59	[<i>ranibizumab</i>].....	82
<i>lithium carbonate er tbcR 300 mg</i>	59		
<i>lithium carbonate er tbcR 450 mg</i>	59		
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	59		
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	59		
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	73		

LUCENTIS SOSY 0.3 MG/0.05ML [ranibizumab]	82
LUCENTIS SOSY 0.5 MG/0.05ML [ranibizumab]	82
LUDENT CHEW 0.55 (0.25 F) MG [sodium fluoride]	98
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres] ..	72
LUMIGAN SOLN 0.01 % [bimatoprost]	82
LUMIZYME SOLR 50 MG [alglucosidase alfa]	80
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 (PED) [leuprolide acetate (cpp) (3 month)]	28
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)]	28
L-VALINE POWD [valine]	101
LYNPARZA TABS 100 MG [olaparib]	28
LYNPARZA TABS 150 MG [olaparib]	28
LYSODREN TABS 500 MG [mitotane]	29

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M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	78
MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal]	23
MACUGEN SOLN 0.3 MG [pegaptanib sodium]	82
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	78

MAGNESIUM SULFATE SOLN 20 GM/500ML [magnesium sulfate]	58
MAGNESIUM SULFATE SOLN 4 GM/100ML [magnesium sulfate]	58
MAGNESIUM SULFATE SOLN 4 GM/50ML [magnesium sulfate]	58
MAGNESIUM SULFATE SOLN 40 GM/1000ML [magnesium sulfate]	58
magnesium sulfate soln 50 %	58
MAGNEVIST SOLN 469.01 MG/ML [gadopentetate dimeglumine]	72
MAKENA OIL 250 MG/ML [hydroxyprogesterone caproate]	93
malathion lotn 0.5 %	108
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	78
MANNITOL SOLN 25 % [mannitol]	75
maprotiline hcl tabs 25 mg	66
maprotiline hcl tabs 50 mg	66
maprotiline hcl tabs 75 mg	66
MARQIBO SUSP 5 MG/31ML [vincristine sulfate liposome]	29
MATULANE CAPS 50 MG [procarbazine hcl]	29
MD-76 R SOLN 66-10 % [diatrizoate meglumine & sodium]	72
meclizine hcl tabs 25 mg	84
meclofenamate sodium caps 100 mg	52
meclofenamate sodium caps 50 mg	52
MEDROL TABS 2 MG [methylprednisolone]	87
medroxyprogesterone acetate susp 150 mg/ml	93
medroxyprogesterone acetate susy 150 mg/ml	93
medroxyprogesterone acetate tabs 10 mg ..	93
medroxyprogesterone acetate tabs 2.5 mg ..	93
medroxyprogesterone acetate tabs 5 mg	93
mefenamic acid caps 250 mg	53
mefloquine hcl tabs 250 mg	21
megestrol acetate susp 40 mg/ml	29
megestrol acetate susp 400 mg/10ml	29
megestrol acetate tabs 20 mg	29
megestrol acetate tabs 40 mg	29
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	29
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	29
meloxicam tabs 15 mg	53
meloxicam tabs 7.5 mg	53
melphalan hcl solr 50 mg	29
memantine hcl tabs 10 mg	63

memantine hcl tabs 5 mg	63	methylidopa tabs 250 mg	48
MENOPUR SOLR 75 UNIT [menotropins] ...	92	methylidopa tabs 500 mg	48
MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	107	methylidopate hcl soln 250 mg/5ml	48
meperidine hcl soln 100 mg/ml	53	METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	98
meperidine hcl soln 25 mg/ml	53	methylergonovine maleate soln 0.2 mg/ml 100	
meperidine hcl soln 50 mg/ml	53	methylergonovine maleate tabs 0.2 mg	100
MEPHYTON TABS 5 MG [phytonadione] ... 115		methylphenidate hcl er (cd) cpcr 10 mg	56
mercaptapurine tabs 50 mg	29	methylphenidate hcl er (cd) cpcr 20 mg	56
meropenem solr 1 gm	17	methylphenidate hcl er (cd) cpcr 30 mg	56
meropenem solr 500 mg	17	methylphenidate hcl er (cd) cpcr 40 mg	56
mesalamine enem 4 gm	83	methylphenidate hcl er (cd) cpcr 50 mg	56
mesalamine tbec 1.2 gm	83	methylphenidate hcl er (cd) cpcr 60 mg	56
MESNA SOLN 100 MG/ML [mesna]	98	methylphenidate hcl er tbcr 10 mg	56
MESNEX TABS 400 MG [mesna]	98	methylphenidate hcl er tbcr 18 mg	56
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide]	34	methylphenidate hcl er tbcr 20 mg	56
MESTINON TBCR 180 MG [pyridostigmine bromide]	34	methylphenidate hcl er tbcr 27 mg	56
metaproterenol sulfate syrps 10 mg/5ml	36	methylphenidate hcl er tbcr 36 mg	56
metaproterenol sulfate tabs 10 mg	36	methylphenidate hcl er tbcr 54 mg	56
metaproterenol sulfate tabs 20 mg	36	methylphenidate hcl tabs 10 mg	56
metformin hcl er tb24 500 mg	89	methylphenidate hcl tabs 20 mg	56
metformin hcl er tb24 750 mg	89	methylphenidate hcl tabs 5 mg	56
metformin hcl tabs 1000 mg	90	methylprednisolone acetate susp 40 mg/ml 87	
metformin hcl tabs 500 mg	90	methylprednisolone acetate susp 80 mg/ml 87	
metformin hcl tabs 850 mg	90	methylprednisolone sodium succ solr 1000 mg	87
METHADONE HCL POWD [methadone hcl]	101	methylprednisolone sodium succ solr 125 mg	87
methadone hcl soln 10 mg/5ml	53	methylprednisolone sodium succ solr 40 mg	87
METHADONE HCL SOLN 10 MG/ML [methadone hcl]	53	methylprednisolone tabs 16 mg	87
methadone hcl soln 5 mg/5ml	53	methylprednisolone tabs 32 mg	87
METHADONE HCL TABS 10 MG [methadone hcl]	53	methylprednisolone tabs 4 mg	87
METHADONE HCL TABS 5 MG [methadone hcl]	53	methylprednisolone tabs 8 mg	87
methazolamide tabs 25 mg	82	methylprednisolone tbpk 4 mg	87
methazolamide tabs 50 mg	82	methyltestosterone tabs 10 mg	88
methenamine hippurate tabs 1 gm	23	METOCLOPRAMIDE HCL MONOHYDRATE POWD [metoclopramide hcl monohydrate]	101
methimazole tabs 10 mg	94	metoclopramide hcl soln 5 mg/5ml	86
methimazole tabs 5 mg	94	metoclopramide hcl soln 5 mg/ml	86
methocarbamol tabs 500 mg	34	metoclopramide hcl tabs 10 mg	86
methocarbamol tabs 750 mg	34	metoclopramide hcl tabs 5 mg	86
methotrexate sodium (pf) soln 50 mg/2ml ... 29		metolazone tabs 10 mg	75
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	29	metolazone tabs 2.5 mg	75
methotrexate sodium solr 1 gm	29	metolazone tabs 5 mg	75
methotrexate tabs 2.5 mg	29	METOPIRONONE CAPS 250 MG [metyrapone] .72	
methoxsalen rapid caps 10 mg	111	metoprolol succinate er tb24 100 mg	45
		metoprolol succinate er tb24 200 mg	44
		metoprolol succinate er tb24 25 mg	45

metoprolol succinate er tb24 50 mg	45
metoprolol tartrate soln 5 mg/5ml	45
metoprolol tartrate tabs 100 mg	45
metoprolol tartrate tabs 25 mg	45
metoprolol tartrate tabs 50 mg	45
metoprolol-hydrochlorothiazide tabs 100-50 mg	45
metronidazole crea 0.75 %	108
metronidazole gel 0.75 %	108
METRONIDAZOLE IN NAACL SOLN 5-0.79 MG/ML-% [metronidazole in nacl]	21
METRONIDAZOLE IN NAACL SOLN 500-0.74 MG/100ML-% [metronidazole in nacl]	21
metronidazole lotn 0.75 %	108
METRONIDAZOLE POWD [metronidazole (bulk)]	101
metronidazole tabs 250 mg	21
metronidazole tabs 500 mg	21
mexiletine hcl caps 150 mg	47
mexiletine hcl caps 200 mg	47
mexiletine hcl caps 250 mg	47
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT [rho d immune globulin (human)]	105
midazolam hcl (pf) soln 10 mg/2ml	62
midazolam hcl (pf) soln 2 mg/2ml	62
midazolam hcl (pf) soln 5 mg/ml	62
midazolam hcl soln 10 mg/2ml	62
midazolam hcl soln 2 mg/2ml	62
midazolam hcl syrp 2 mg/ml	62
midodrine hcl tabs 10 mg	36
midodrine hcl tabs 2.5 mg	36
midodrine hcl tabs 5 mg	36
MIFEPREX TABS 200 MG [mifepristone]	100
MIGRANAL SOLN 4 MG/ML [dihydroergotamine mesylate]	35
milrinone lactate in dextrose soln 20-5 mg/100ml-%	47
milrinone lactate in dextrose soln 40-5 mg/200ml-%	47
milrinone lactate inj 1mg/ml	47
milrinone lactate soln 10 mg/10ml	47
MINOCIN SOLR 100 MG [minocycline hcl] ...	17
minocycline hcl caps 100 mg	17
minocycline hcl caps 50 mg	17
minocycline hcl caps 75 mg	17
minoxidil tabs 10 mg	48
minoxidil tabs 2.5 mg	48
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	82
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	82
MIRENA (52 MG) IUD 20 MCG/24HR [levonorgestrel (iud)]	90
mirtazapine tabs 15 mg	66
mirtazapine tabs 30 mg	66
mirtazapine tabs 45 mg	66
misoprostol tabs 100 mcg	84
misoprostol tabs 200 mcg	84
mitomycin solr 20 mg	29
mitomycin solr 40 mg	29
mitomycin solr 5 mg	29
MITOSOL KIT 0.2 MG [mitomycin (ophthalmic)]	80
mitoxantrone hcl conc 25 mg/12.5ml	29
M-M-R II SOLR [measles, mumps & rubella virus vaccines]	107
mometasone furoate crea 0.1 %	110
mometasone furoate oint 0.1 %	110
mometasone furoate soln 0.1 %	110
MONOJECT INSULIN SYRINGE MISC 27G X 1/2.....	70
MONOJECT INSULIN SYRINGE MISC 29G X 1/2.....	70
MONONINE SOLR 1000 UNIT [coagulation factor ix]	40
montelukast sodium chew 4 mg	102
montelukast sodium chew 5 mg	102
montelukast sodium pack 4 mg	102
montelukast sodium tabs 10 mg	102
MORPHINE SULFATE (CONCENTRATE) SOLN 100 MG/5ML [morphine sulfate]	53
morphine sulfate (pf) soln 0.5 mg/ml	53
morphine sulfate (pf) soln 1 mg/ml	53
MORPHINE SULFATE (PF) SOLN 10 MG/ML [morphine sulfate]	53
MORPHINE SULFATE (PF) SOLN 2 MG/ML [morphine sulfate]	53
MORPHINE SULFATE (PF) SOLN 4 MG/ML [morphine sulfate]	53
morphine sulfate er tbc 100 mg	53
morphine sulfate er tbc 15 mg	53
morphine sulfate er tbc 200 mg	53
morphine sulfate er tbc 30 mg	53
morphine sulfate er tbc 60 mg	53
MORPHINE SULFATE POWD [morphine sulfate]	101
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	53
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	53

MORPHINE SULFATE SOLN 10 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 15 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 2 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 20 MG/5ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 25 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 4 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 5 MG/ML <i>[morphine sulfate]</i>	53
MORPHINE SULFATE SOLN 50 MG/ML <i>[morphine sulfate]</i>	54
MORPHINE SULFATE SOLN 8 MG/ML <i>[morphine sulfate]</i>	54
MORPHINE SULFATE SUPP 10 MG <i>[morphine sulfate]</i>	54
MORPHINE SULFATE SUPP 20 MG <i>[morphine sulfate]</i>	54
MORPHINE SULFATE SUPP 30 MG <i>[morphine sulfate]</i>	54
MORPHINE SULFATE SUPP 5 MG <i>[morphine sulfate]</i>	54
MORPHINE SULFATE TABS 15 MG <i>[morphine sulfate]</i>	54
MORPHINE SULFATE TABS 30 MG <i>[morphine sulfate]</i>	54
<i>moxifloxacin hcl soln 0.5 %</i>	80
<i>moxifloxacin hcl tabs 400 mg</i>	17
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</i>	72
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML <i>[trace minerals (cr-cu-mn-zn)]</i>	78
MULTI-VIT/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric multivitamins w/fl]</i>	113
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML <i>[ped multivitamins w/fl & iron]</i> ...	113
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	113
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	113
MULTIVITAMIN/FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	113
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric multivitamins w/fl]</i>	114
<i>mupirocin oint 2 %</i>	108

MUSTARGEN SOLR 10 MG <i>[mechlorethamine hcl]</i>	29
MVASI SOLN 100 MG/4ML <i>[bevacizumab-awwb]</i>	29
MVC-FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	114
MVC-FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	114
MVC-FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	114
<i>mycophenolate mofetil caps 250 mg</i>	95
<i>mycophenolate mofetil susr 200 mg/ml</i>	95
<i>mycophenolate mofetil tabs 500 mg</i>	95
MYLERAN TABS 2 MG <i>[busulfan]</i>	29
MYOBLOC SOLN 10000 UNIT/2ML <i>[rimabotulinumtoxib]</i>	98
MYOBLOC SOLN 2500 UNIT/0.5ML <i>[rimabotulinumtoxib]</i>	98
MYOBLOC SOLN 5000 UNIT/ML <i>[rimabotulinumtoxib]</i>	98

N

NABI-HB SOLN <i>[hepatitis b immune globulin (human)]</i>	105
<i>nabumetone tabs 500 mg</i>	54
<i>nabumetone tabs 750 mg</i>	54
<i>nadolol tabs 20 mg</i>	45
<i>nadolol tabs 40 mg</i>	45
<i>nadolol tabs 80 mg</i>	45
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[nafcillin sodium in dextrose]</i> ...	17
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML <i>[nafcillin sodium in dextrose]</i>	17
<i>nafcillin sodium solr 1 gm</i>	17
<i>nafcillin sodium solr 10 gm</i>	17
<i>nafcillin sodium solr 2 gm</i>	17
NAGLAZYME SOLN 1 MG/ML <i>[galsulfase]</i>	80
<i>nalbuphine hcl soln 10 mg/ml</i>	54
<i>nalbuphine hcl soln 20 mg/ml</i>	54
<i>naloxone hcl soct 0.4 mg/ml</i>	63
<i>naloxone hcl soln 0.4 mg/ml</i>	63
<i>naloxone hcl sosy 2 mg/2ml</i>	63
NALTREXONE HCL POWD <i>[naltrexone hcl (bulk)]</i>	63
<i>naltrexone hcl tabs 50 mg</i>	63
NAMENDA SOLN 10 MG/5ML <i>[memantine hcl]</i>	63
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 x 10 MG <i>[memantine hcl]</i>	63
<i>naphazoline hcl soln 0.1 %</i>	83

25 MG [nitrofurantoin macrocrystal]	23
NITROFURANTOIN MACROCRYSTAL CAPS	
50 MG [nitrofurantoin macrocrystal]	23
nitrofurantoin monohyd macro caps 100 mg	
.....	24
nitrofurantoin susp 25 mg/5ml	24
NITROGLYCERIN ER CPCR 2.5 MG	
[nitroglycerin]	50
NITROGLYCERIN ER CPCR 6.5 MG	
[nitroglycerin]	50
NITROGLYCERIN ER CPCR 9 MG	
[nitroglycerin]	50
NITROGLYCERIN IN D5W SOLN 100-5	
MCG/ML-% [nitroglycerin in d5w]	50
NITROGLYCERIN IN D5W SOLN 200-5	
MCG/ML-% [nitroglycerin in d5w]	50
NITROGLYCERIN IN D5W SOLN 400-5	
MCG/ML-% [nitroglycerin in d5w]	50
nitroglycerin pt24 0.4 mg/hr	50
nitroglycerin soln 5 mg/ml	50
nitroprusside sodium soln 25 mg/ml	48
NITROSTAT SUBL 0.3 MG [nitroglycerin]	50
NITROSTAT SUBL 0.4 MG [nitroglycerin]	50
NITROSTAT SUBL 0.6 MG [nitroglycerin]	50
NORDITROPIN FLEXPPO SOLN 15 MG/1.5ML	
[somatropin]	93
norepinephrine bitartrate soln 1 mg/ml	36
norethindrone acetate tabs 5 mg	93
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	78
NORPACE CR CP12 100 MG [disopyramide phosphate]	47
NORPACE CR CP12 150 MG [disopyramide phosphate]	47
nortriptyline hcl caps 10 mg	66
nortriptyline hcl caps 25 mg	66
nortriptyline hcl caps 50 mg	66
nortriptyline hcl caps 75 mg	66
nortriptyline hcl soln 10 mg/5ml	66
NORVIR SOLN 80 MG/ML [ritonavir]	12
NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	92
NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	40
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	40
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	40
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	40

NUVARING RING 0.12-0.015 MG/24HR	
[etonogestrel-ethinyl estradiol]	91
nystatin crea 100000 unit/gm	108
nystatin susp 100000 unit/ml	20
nystatin tabs 500000 unit	20
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	110
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	110

O

OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	105
OCTAGAM SOLN 2.5 GM/50ML [immune globulin (human) iv]	105
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	105
octreotide acetate soln 100 mcg/ml	98
octreotide acetate soln 1000 mcg/ml	98
octreotide acetate soln 200 mcg/ml	98
octreotide acetate soln 50 mcg/ml	98
octreotide acetate soln 500 mcg/ml	98
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	106
ODEFSEY TABS 200-25-25 MG [emtricitabine- rilpivirine-tenofovir alafenamide fumarate]	22
ODOMZO CAPS 200 MG [sonidegib phosphate]	29
OFEV CAPS 100 MG [nintedanib esylate] ..	103
OFEV CAPS 150 MG [nintedanib esylate] ..	103
OFIRMEV SOLN 10 MG/ML [acetaminophen]	54
ofloxacin soln 0.3 %	80
olanzapine solr 10 mg	66
olanzapine tabs 10 mg	66
olanzapine tabs 15 mg	66
olanzapine tabs 2.5 mg	66
olanzapine tabs 20 mg	66
olanzapine tabs 5 mg	66
olanzapine tabs 7.5 mg	67
olopatadine hcl soln 0.1 %	81
omeprazole cpdr 10 mg	84
omeprazole cpdr 20 mg	84
omeprazole cpdr 40 mg	85
OMNIPAQUE INJ 300MG/ML [iohexol]	72
OMNIPAQUE INJ 350MG/ML [iohexol]	72
OMNIPAQUE SOLN 180 MG/ML [iohexol]	72
OMNIPAQUE SOLN 240 MG/ML [iohexol]	72
OMNIPAQUE SOLN 300 MG/ML [iohexol]	72

OMNIPAQUE SOLN 350 MG/ML [<i>iohexol</i>]	73	<i>ivacaftor</i>	103
OMNITROPE PEN 5 INJ DEVICE MISC [<i>injection device</i>]	70	ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	103
OMNITROPE SOLN 10 MG/1.5ML [<i>somatropin</i>]	93	<i>oseltamivir phosphate caps 30 mg</i>	22
OMNITROPE SOLN 5 MG/1.5ML [<i>somatropin</i>]	93	<i>oseltamivir phosphate caps 45 mg</i>	22
OMNITROPE SOLR 5.8 MG [<i>somatropin</i>]	93	<i>oseltamivir phosphate caps 75 mg</i>	22
ONCASPAR SOLN 750 UNIT/ML [<i>pegaspargase</i>]	29	<i>oseltamivir phosphate susr 6 mg/ml</i>	22
<i>ondansetron hcl soln 4 mg/2ml</i>	84	OSMITROL SOLN 20 % [<i>mannitol</i>]	75
<i>ondansetron hcl soln 4 mg/5ml</i>	84	OTEZLA TAB 10/20/30 [<i>apremilast</i>]	94
<i>ondansetron hcl soln 40 mg/20ml</i>	84	OTEZLA TABS 30 MG [<i>apremilast</i>]	94
<i>ondansetron hcl tabs 4 mg</i>	84	OTEZLA TBP 10 & 20 & 30 MG [<i>apremilast</i>]	94
<i>ondansetron hcl tabs 8 mg</i>	84	OVIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	92
<i>ondansetron tbdp 4 mg</i>	84	OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>oxacillin sodium in dextrose</i>]	17
<i>ondansetron tbdp 8 mg</i>	84	OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	18
ONETOUCH DELICA LANCETS 33G MISC [<i>lancets</i>]	71	<i>oxacillin sodium solr 1 gm</i>	18
ONETOUCH FINEPOINT LANCETS MISC [<i>lancets</i>]	71	<i>oxacillin sodium solr 2 gm</i>	18
ONETOUCH SURESOFT LANCING DEV MISC [<i>lancets misc.</i>]	71	<i>oxaliplatin soln 100 mg/20ml</i>	29
ONETOUCH ULTRA BLUE STRP [<i>glucose blood</i>]	73	<i>oxaliplatin soln 50 mg/10ml</i>	29
ONETOUCH ULTRA CONTROL SOLN [<i>blood glucose calibration</i>]	71	<i>oxandrolone tabs 2.5 mg</i>	88
ONETOUCH ULTRA MINI KIT W/DEVICE [<i>blood glucose monitoring supplies</i>]	71	<i>oxazepam caps 10 mg</i>	62
ONETOUCH ULTRASOFT LANCETS MISC [<i>lancets</i>]	71	<i>oxazepam caps 15 mg</i>	62
ONETOUCH VERIO SOLN HIGH [<i>blood glucose calibration</i>]	71	<i>oxazepam caps 30 mg</i>	62
OPANA SOLN 1 MG/ML [<i>oxymorphone hcl</i>]	54	<i>oxcarbazepine susp 300 mg/5ml</i>	58
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>]	29	<i>oxcarbazepine tabs 150 mg</i>	58
OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	29	<i>oxcarbazepine tabs 300 mg</i>	58
OPSUMIT TABS 10 MG [<i>macitentan</i>]	103	<i>oxcarbazepine tabs 600 mg</i>	58
ORAP TABS 1 MG [<i>pimozide</i>]	67	OXSORALEN ULTRA CAPS 10 MG [<i>methoxsalen rapid</i>]	111
ORAP TABS 2 MG [<i>pimozide</i>]	67	<i>oxybutynin chloride er tb24 10 mg</i>	113
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	94	<i>oxybutynin chloride er tb24 15 mg</i>	113
ORENCIA SOLR 250 MG [<i>abatacept</i>]	94	<i>oxybutynin chloride er tb24 5 mg</i>	113
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	94	<i>oxybutynin chloride syr 5 mg/5ml</i>	113
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	94	<i>oxybutynin chloride tabs 5 mg</i>	113
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	94	<i>oxycodone hcl tabs 5 mg</i>	54
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	103	<i>oxycodone-acetaminophen tabs 10-325 mg</i>	54
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	103	<i>oxycodone-acetaminophen tabs 5-325 mg</i>	54
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	103	<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	54
		OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	100
		OXYTROL PTTW 3.9 MG/24HR [<i>oxybutynin</i>]	113
		OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	81
		P	
		<i>paclitaxel conc 300 mg/50ml</i>	29
		<i>pamidronate disodium soln 30 mg/10ml</i>	98

pamidronate disodium soln 6 mg/ml	99
pamidronate disodium soln 90 mg/10ml	99
pamidronate disodium solr 30 mg	99
pamidronate disodium solr 90 mg	99
pancuronium bromide soln 1 mg/ml	34
pantoprazole sodium tbec 20 mg	85
pantoprazole sodium tbec 40 mg	85
PAPAVERINE HCL POWD [papaverine hcl]	101
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	50
PAREGORIC TINC 2 MG/5ML [paregoric]	84
paromomycin sulfate caps 250 mg	21
paroxetine hcl tabs 10 mg	67
paroxetine hcl tabs 20 mg	67
paroxetine hcl tabs 30 mg	67
paroxetine hcl tabs 40 mg	67
PEDIARIX SUSP [diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac]	107
pediatric multivitamins w/fl chew	113
PEDIATRIC SMALL MASK MISC [masks]	71
peg 3350/electrolytes solr 240 gm	85
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	20
PEGINTRON KIT 50 MCG/0.5ML [peginterferon alfa-2b]	20
PEG-INTRON REDIPEN KIT 120 MCG/0.5ML [peginterferon alfa-2b]	20
PEG-INTRON REDIPEN KIT 150 MCG/0.5ML [peginterferon alfa-2b]	20
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	18
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	18
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	18
penicillin g potassium solr 2000000 unit ...	18
penicillin g potassium solr 5000000 unit	18
penicillin g procaine susp 600000 unit/ml ...	18
penicillin g sodium solr 5000000 unit	18
penicillin v potassium solr 250 mg/5ml	18
penicillin v potassium tabs 250 mg	18
penicillin v potassium tabs 500 mg	18
PENLET II BLOOD SAMPLER KIT [lancets misc.]	71
PENTAM SOLR 300 MG [pentamidine isethionate]	21
PENTASA CPCR 250 MG [mesalamine]	83
PENTASA CPCR 500 MG [mesalamine]	84
pentazocine-naloxone hcl tabs 50-0.5 mg	54
pentostatin inj 10mg	29
pentoxifylline er tbc 400 mg	43
PEPTIC RELIEF CHEW 262 MG [bismuth subsalicylate]	84
PERJETA SOLN 420 MG/14ML [pertuzumab]	29
permethrin crea 5 %	108
permethrin lotn 1 %	108
perphenazine tabs 16 mg	67
perphenazine tabs 2 mg	67
perphenazine tabs 4 mg	67
perphenazine tabs 8 mg	67
perphenazine-amitriptyline tabs 2-10 mg	67
perphenazine-amitriptyline tabs 2-25 mg	67
perphenazine-amitriptyline tabs 4-10 mg	67
perphenazine-amitriptyline tabs 4-25 mg	67
perphenazine-amitriptyline tabs 4-50 mg	67
phenelzine sulfate tabs 15 mg	67
PHENEX-1 POWD [nutritional supplements]	74
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	62
PHENOBARBITAL POWD [phenobarbital]	101
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	62
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	62
PHENOBARBITAL TABS 100 MG [phenobarbital]	62
PHENOBARBITAL TABS 15 MG [phenobarbital]	62
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	62
PHENOBARBITAL TABS 30 MG [phenobarbital]	62
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	62
PHENOBARBITAL TABS 60 MG [phenobarbital]	62
PHENOBARBITAL TABS 64.8 MG	

[phenobarbital]	62	fraction]	36
PHENOBARBITAL TABS 97.2 MG		PLURONIC F127 GEL 20 % [pluronic f127	
[phenobarbital]	62	base]	101
PHENOL LIQD [phenol]	110	PNEUMOVAX 23 INJ 25 MCG/0.5ML	
PHENOL LIQD 89 % [phenol]	40	[pneumococcal vac polyvalent]	107
phenoxybenzamine hcl caps 10 mg	35	PODOCON SOLN 25 % [podophyllum resin]	
PHENTOLAMINE MESYLATE POWD		.....	112
[phentolamine mesylate (bulk)]	101	podofilox soln 0.5 %	112
phentolamine mesylate solr 5 mg	35	PODOPHYLLUM RESIN POWD [podophyllum	
PHENYLEPHRINE HCL SOLN 10 %		resin]	101
[phenylephrine hcl (mydriatic)]	83	POLYETHYLENE GLYCOL 400 LIQD	
PHENYLEPHRINE HCL SOLN 2.5 %		[polyethylene glycol 400]	101
[phenylephrine hcl (mydriatic)]	83	POLYETHYLENE GLYCOL 8000 POWD	
phenylephrine-chlorphen-dm liqd	103	[polyethylene glycol 8000]	101
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML		polymyxin b-trimethoprim soln 10000-0.1	
[pseudoeph-chlorphen w/ cod]	102	unit/ml-%	80
phenytoin sodium extended caps 100 mg ...	58	POLY-VI-SOL SOLN [pediatric multiple	
phenytoin sodium soln 50 mg/ml	58	vitamin w/ c]	114
phenytoin susp 125 mg/5ml	58	POLY-VI-SOL/IRON SOLN [pediatric multiple	
PHLEXY-10 PACK [nutritional supplements]		vitamins w/ iron]	114
.....	74	POLY-VITA SOLN 35 MG/ML [pediatric	
PHOSLYRA SOLN 667 MG/5ML [calcium		multiple vitamin w/ c]	114
acetate (phosphate binder)]	78	POMALYST CAPS 1 MG [pomalidomide]	29
PHOSPHOLINE IODIDE SOLR 0.125 %		POMALYST CAPS 2 MG [pomalidomide]	29
[echothiophate iodide]	82	POMALYST CAPS 3 MG [pomalidomide]	29
PHOTREXA-PHOTREXA VISCOUS KIT SOSY		POMALYST CAPS 4 MG [pomalidomide]	29
0.146 & 0.146-20 % [riboflavin5-phos sod &		POTABA CAPS 500 MG [potassium	
riboflavin 5-phosphate sodium-dextran] ..	83	aminobenzoate]	114
PHYSOSTIGMINE SALICYLATE SOLN 1		POTASSIUM ACETATE SOLN 2 MEQ/ML	
MG/ML [physostigmine salicylate]	34	[potassium acetate]	78
phytonadione soln 1 mg/0.5ml	115	potassium chloride 0.075%/d5w/nacl 0.225%	
pilocarpine hcl soln 1 %	82	inj .075/.2%	78
pilocarpine hcl soln 2 %	82	potassium chloride crys er tbc 10 meq	78
pilocarpine hcl soln 4 %	82	potassium chloride crys er tbc 20 meq	78
pilocarpine hcl tabs 5 mg	34	potassium chloride er cpcr 10 meq	78
pimecrolimus crea 1 %	112	potassium chloride er cpcr 8 meq	78
pimozide tabs 2 mg	67	POTASSIUM CHLORIDE IN DEXTROSE SOLN	
pioglitazone hcl tabs 15 mg	90	20-5 MEQ/L-% [potassium chloride in	
pioglitazone hcl tabs 30 mg	90	dextrose]	78
pioglitazone hcl tabs 45 mg	90	POTASSIUM CHLORIDE IN DEXTROSE SOLN	
piperacillin sod-tazobactam so solr 2.25 (2-		40-5 MEQ/L-% [potassium chloride in	
0.25) gm	18	dextrose]	78
piperacillin sod-tazobactam so solr 3.375 (3-		POTASSIUM CHLORIDE IN NAACL SOLN 20-	
0.375) gm	18	0.45 MEQ/L-% [potassium chloride in nacl]	
piperacillin sod-tazobactam so solr 4.5 (4-0.5)		.....	78
gm	18	POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9	
piperacillin sod-tazobactam so solr 40.5 (36-		MEQ/L-% [potassium chloride in nacl]	78
4.5) gm	18	POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9	
PLASMA-LYTE A SOLN [electrolyte-a]	78	MEQ/L-% [potassium chloride in nacl]	78
PLASMANATE SOLN 5 % [plasma protein		POTASSIUM CHLORIDE PACK 20 MEQ	

[potassium chloride]	78	prazosin hcl caps 5 mg	43
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML		PRECEDEX SOLN 200 MCG/2ML	
[potassium chloride]	78	[dexmedetomidine hcl]	62
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML		PRED MILD SUSP 0.12 % [prednisolone	
[potassium chloride]	79	acetate (ophth)]	81
potassium chloride soln 2 meq/ml	79	prednisolone acetate susp 1 %	81
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML		prednisolone sodium phosphate soln 1 % ..	81
[potassium chloride]	79	prednisolone sodium phosphate soln 15	
POTASSIUM CHLORIDE SOLN 20 MEQ/15ML		mg/5ml	87
(10%) [potassium chloride]	79	prednisolone sodium phosphate soln 6.7 (5	
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML		base) mg/5ml	87
[potassium chloride]	79	prednisolone soln 15 mg/5ml	87
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML		prednisone soln 5 mg/5ml	88
[potassium chloride]	79	prednisone tabs 1 mg	88
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML		prednisone tabs 10 mg	88
(20%) [potassium chloride]	79	prednisone tabs 2.5 mg	88
POTASSIUM CITRATE ER TBCR 10 MEQ		prednisone tabs 20 mg	88
(1080 MG) [potassium citrate (alkalinizer)]		prednisone tabs 5 mg	88
.....	73	prednisone tabs 50 mg	88
POTASSIUM CITRATE ER TBCR 5 MEQ (540		prednisone tbpk 10 mg (21)	88
MG) [potassium citrate (alkalinizer)]	73	prednisone tbpk 5 mg (21)	88
POTASSIUM CITRATE-CITRIC ACID SOLN		PREMARIN CREA 0.625 MG/GM [estrogens,	
1100-334 MG/5ML [potassium citrate-citric		conjugated vaginal]	92
acid]	73	PREMARIN SOLR 25 MG [estrogens,	
potassium phosphate inj 3mm/ml	79	conjugated]	92
POTASSIUM PHOSPHATES SOLN 45		PREPIDIL GEL 0.5 MG/3GM [dinoprostone]	
MMOLE/15ML [potassium phosphates]	79	.....	100
PRADAXA CAPS 110 MG [dabigatran etexilate		PRETOMANID TABS 200 MG [pretomanid] ..	21
mesylate]	42	PREVIDENT 5000 PLUS CREA 1.1 % [sodium	
PRADAXA CAPS 150 MG [dabigatran etexilate		fluoride (dental)]	99
mesylate]	42	PREVIDENT GEL 1.1 % [sodium fluoride	
PRADAXA CAPS 75 MG [dabigatran etexilate		(dental)]	99
mesylate]	42	PREVIDENT SOLN 0.2 % [sodium fluoride	
pramipexole dihydrochloride tabs 0.125 mg	60	(dental)]	99
pramipexole dihydrochloride tabs 0.25 mg	60	PREVNAR 13 SUSP [pneumococcal 13-valent	
pramipexole dihydrochloride tabs 0.5 mg ...	60	conjugate vaccine]	107
pramipexole dihydrochloride tabs 0.75 mg	60	PREVYMIS SOLN 240 MG/12ML [letermovir]	23
pramipexole dihydrochloride tabs 1 mg	60	PREVYMIS SOLN 480 MG/24ML [letermovir]	23
pramipexole dihydrochloride tabs 1.5 mg ...	60	PREVYMIS TABS 240 MG [letermovir]	23
PRAMOSONE OINT 1-1 % [pramoxine-hc]	110	PREVYMIS TABS 480 MG [letermovir]	23
PRAMOSONE OINT 1-2.5 % [pramoxine-hc]		PREZCOBIX TABS 800-150 MG [darunavir-	
.....	110	cobicistat]	23
pravastatin sodium tabs 10 mg	44	PREZISTA TABS 150 MG [darunavir	
pravastatin sodium tabs 20 mg	44	ethanolate]	12
pravastatin sodium tabs 40 mg	44	PREZISTA TABS 600 MG [darunavir	
pravastatin sodium tabs 80 mg	44	ethanolate]	12
PRAXBIND SOLN 2.5 GM/50ML		PREZISTA TABS 75 MG [darunavir	
[idarucizumab]	40	ethanolate]	12
prazosin hcl caps 1 mg	43	PREZISTA TABS 800 MG [darunavir	
prazosin hcl caps 2 mg	43	ethanolate]	12

PRIFTIN TABS 150 MG [<i>rifapentine</i>]	21	<i>[progesterone micronized (bulk)]</i>	101
PRIMAQUINE PHOSPHATE TABS 26.3 MG		PROGESTERONE OIL 50 MG/ML	
<i>[primaquine phosphate]</i>	21	<i>[progesterone]</i>	93
PRIMAXIN IV SOLR 250-250 MG [<i>imipenem-</i>		PROGESTERONE WETTABLE POWD	
<i>cilastatin</i>]	18	<i>[progesterone (bulk)]</i>	101
PRIMAXIN IV SOLR 500-500 MG [<i>imipenem-</i>		PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	48
<i>cilastatin</i>]	18	PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	95
<i>primidone tab 50mg</i>	58	PROLASTIN-C SOLR 1000 MG [<i>alpha1-</i>	
<i>primidone tabs 250 mg</i>	58	<i>proteinase inhibitor (human)</i>]	80
PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim</i>		PROLEUKIN SOLR 22000000 UNIT	
<i>hcl</i>]	18	<i>[aldesleukin]</i>	30
PRIVIGEN SOLN 10 GM/100ML [<i>immune</i>		PROMACTA TABS 12.5 MG [<i>eltrombopag</i>	
<i>globulin (human) iv</i>]	106	<i>olamine</i>]	43
PRIVIGEN SOLN 20 GM/200ML [<i>immune</i>		PROMACTA TABS 25 MG [<i>eltrombopag</i>	
<i>globulin (human) iv</i>]	106	<i>olamine</i>]	43
PRIVIGEN SOLN 5 GM/50ML [<i>immune</i>		PROMACTA TABS 50 MG [<i>eltrombopag</i>	
<i>globulin (human) iv</i>]	106	<i>olamine</i>]	43
<i>probenecid tabs 500 mg</i>	79	PROMACTA TABS 75 MG [<i>eltrombopag</i>	
<i>procainamide hcl soln 100 mg/ml</i>	47	<i>olamine</i>]	43
<i>procainamide hcl soln 500 mg/ml</i>	47	<i>promethazine hcl soln 25 mg/ml</i>	24
PROCALAMINE SOLN 3 % [<i>amino acid</i>		<i>promethazine hcl tabs 12.5 mg</i>	24
<i>electrolyte infusion</i>]	74	<i>promethazine hcl tabs 25 mg</i>	24
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	67	<i>promethazine-codeine soln 6.25-10 mg/5ml</i>	
<i>prochlorperazine maleate tabs 10 mg</i>	67	.....	103
<i>prochlorperazine maleate tabs 5 mg</i>	67	<i>promethazine-dm soln 6.25-15 mg/5ml</i>	103
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>		<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	103
.....	42	<i>propafenone hcl tabs 150 mg</i>	47
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>		<i>propafenone hcl tabs 225 mg</i>	47
.....	42	<i>propafenone hcl tabs 300 mg</i>	47
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>		<i>propantheline bromide tabs 15 mg</i>	33
.....	43	<i>proparacaine hcl soln 0.5 %</i>	83
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>		<i>propofol emul 1000 mg/100ml</i>	63
.....	43	<i>propofol emul 200 mg/20ml</i>	63
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>		<i>propranolol hcl er cp24 120 mg</i>	45
.....	43	<i>propranolol hcl er cp24 160 mg</i>	45
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>		<i>propranolol hcl er cp24 60 mg</i>	45
.....	43	<i>propranolol hcl er cp24 80 mg</i>	45
PROFERRIN ES TABS 12 MG [<i>iron heme</i>		<i>propranolol hcl soln 1 mg/ml</i>	45
<i>polypeptide</i>]	37	<i>propranolol hcl soln 20 mg/5ml</i>	45
PROFERRIN-FORTE TABS 12-1 MG [<i>iron</i>		<i>propranolol hcl tabs 10 mg</i>	45
<i>heme polypeptide-folic acid</i>]	37	<i>propranolol hcl tabs 20 mg</i>	45
PROFILNINE SOLR 1000 UNIT [<i>factor ix</i>		<i>propranolol hcl tabs 40 mg</i>	45
<i>complex</i>]	40	<i>propranolol hcl tabs 60 mg</i>	45
PROFILNINE SOLR 1500 UNIT [<i>factor ix</i>		<i>propranolol hcl tabs 80 mg</i>	45
<i>complex</i>]	40	PROPYLENE GLYCOL LIQD [<i>propylene</i>	
PROFILNINE SOLR 500 UNIT [<i>factor ix</i>		<i>glycol (bulk)</i>]	101
<i>complex</i>]	40	<i>propylthiouracil tabs 50 mg</i>	94
<i>progesterone micronized caps 100 mg</i>	93	PROQUAD SUSR [<i>measles-mumps-rubella-</i>	
<i>progesterone micronized caps 200 mg</i>	93	<i>varicella virus vaccines</i>]	107
PROGESTERONE MICRONIZED POWD		PROSOL SOLN 20 % [<i>amino acid infusion</i>]	74

PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	100
<i>protamine sulfate soln 10 mg/ml</i>	40
PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	85
<i>protriptyline hcl tabs 10 mg</i>	67
<i>protriptyline hcl tabs 5 mg</i>	67
PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	88
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	80
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	30
<i>pyrazinamide tabs 500 mg</i>	21
<i>pyridostigmine bromide er tbc 180 mg</i>	34
<i>pyridostigmine bromide tabs 60 mg</i>	34
<i>pyridoxine hcl soln 100 mg/ml</i>	114

Q

QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	34
<i>quetiapine fumarate tabs 100 mg</i>	67
<i>quetiapine fumarate tabs 200 mg</i>	67
<i>quetiapine fumarate tabs 25 mg</i>	67
<i>quetiapine fumarate tabs 300 mg</i>	67
<i>quetiapine fumarate tabs 400 mg</i>	67
<i>quetiapine fumarate tabs 50 mg</i>	67
QUINACRINE HCL POWD [<i>quinacrine hcl</i>]	101
<i>quinidine gluconate er tbc 324 mg</i>	47
QUINIDINE GLUCONATE SOLN 80 MG/ML [<i>quinidine gluconate</i>]	47
<i>quinidine sulfate tabs 200 mg</i>	47
<i>quinidine sulfate tabs 300 mg</i>	47

R

RABAVERT SUSR [<i>rabies vaccine, pcec</i>]	107
<i>raloxifene hcl tabs 60 mg</i>	92
<i>ramipril caps 10 mg</i>	49
<i>ramipril caps 2.5 mg</i>	49
<i>ramipril caps 5 mg</i>	49
<i>ranitidine hcl soln 150 mg/6ml</i>	85
<i>ranitidine hcl soln 50 mg/2ml</i>	85
<i>ranitidine hcl syr 150 mg/10ml</i>	85
<i>ranitidine hcl tabs 150 mg</i>	85
<i>ranitidine hcl tabs 300 mg</i>	85
RAPAMUNE SOLN 1 MG/ML [<i>sirolimus</i>]	95
<i>rasagiline mesylate tabs 0.5 mg</i>	60
<i>rasagiline mesylate tabs 1 mg</i>	60
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	94
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate</i>]	94

(<i>antirheumatic</i>)	94
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 27.5 MG/0.55ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	95
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	95
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	73
READI-CAT 2 SUSP 2.1 % [<i>barium sulfate</i>]	73
RECOMBINATE SOLR 1241-1800 UNIT [<i>antihemophilic factor (recombinant)</i>]	40
RECOMBINATE SOLR 1801-2400 UNIT [<i>antihemophilic factor (recombinant)</i>]	40
RECOMBINATE SOLR 220-400 UNIT [<i>antihemophilic factor (recombinant)</i>]	40
RECOMBINATE SOLR 401-800 UNIT [<i>antihemophilic factor (recombinant)</i>]	40
RECOMBINATE SOLR 801-1240 UNIT [<i>antihemophilic factor (recombinant)</i>]	40
RECOMBIVAX HB SUSP 10 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	107
RECOMBIVAX HB SUSP 40 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	107
RECOMBIVAX HB SUSP 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	107
RECOTHROM SOLR 20000 UNIT [<i>thrombin (recombinant)</i>]	40
RECOTHROM SOLR 5000 UNIT [<i>thrombin (recombinant)</i>]	40
REGONOL SOLN 10 MG/2ML [<i>pyridostigmine bromide</i>]	34
RELENZA DISKHALER AEPB 5 MG/BLISTER [<i>zanamivir</i>]	23
REMICADE SOLR 100 MG [<i>infliximab</i>]	95
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	50
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	50
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	50

REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	50	<i>irrigation</i>	76
RENAL CAPS 1 MG [<i>b-complex w/ c & folic acid</i>]	114	RINGERS SOLN [<i>ringer's</i>]	79
REVELA PACK 2.4 GM [<i>sevelamer carbonate</i>]	76	RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	67
REVELA TABS 800 MG [<i>sevelamer carbonate</i>]	76	RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	67
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	12	RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	67
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	12	RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	67
RESERPINE TABS 0.1 MG [<i>reserpine</i>]	48	RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	67
RESERPINE TABS 0.25 MG [<i>reserpine</i>]	48	RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	67
RESTASIS EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	81	RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	67
RESTASIS MULTIDOSE EMUL 0.05 % [<i>cyclosporine (ophth)</i>]	81	RISPERIDONE TABS 1 MG [<i>risperidone</i>]	67
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	111	RISPERIDONE TABS 2 MG [<i>risperidone</i>]	67
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	111	RISPERIDONE TABS 3 MG [<i>risperidone</i>]	68
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	111	RISPERIDONE TABS 4 MG [<i>risperidone</i>]	68
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	111	<i>ritonavir tabs 100 mg</i>	23
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	111	RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	30
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	111	RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	30
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	111	<i>rizatriptan benzoate tabs 10 mg</i>	59
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	81	<i>rizatriptan benzoate tabs 5 mg</i>	59
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	23	<i>rizatriptan benzoate tbdp 10 mg</i>	59
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	30	<i>rizatriptan benzoate tbdp 5 mg</i>	59
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	30	<i>rocuronium bromide soln 100 mg/10ml</i>	35
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	30	<i>rocuronium bromide soln 50 mg/5ml</i>	35
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	30	<i>romidepsin solr 10 mg</i>	30
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	30	<i>ropinirole hcl er tb24 12 mg</i>	60
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	30	<i>ropinirole hcl er tb24 2 mg</i>	60
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	106	<i>ropinirole hcl er tb24 4 mg</i>	60
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	106	<i>ropinirole hcl er tb24 6 mg</i>	60
<i>ribavirin caps 200 mg</i>	20	<i>ropinirole hcl er tb24 8 mg</i>	60
RIDAURA CAPS 3 MG [<i>auranofin</i>]	86	<i>ropinirole hcl tabs 0.25 mg</i>	60
<i>rifabutin caps 150 mg</i>	21	<i>ropinirole hcl tabs 0.5 mg</i>	61
<i>rifampin caps 150 mg</i>	21	<i>ropinirole hcl tabs 1 mg</i>	61
<i>rifampin caps 300 mg</i>	21	<i>ropinirole hcl tabs 2 mg</i>	61
<i>rifampin solr 600 mg</i>	21	<i>ropinirole hcl tabs 3 mg</i>	61
<i>riluzole tabs 50 mg</i>	63	<i>ropinirole hcl tabs 4 mg</i>	61
<i>rimantadine hcl tabs 100 mg</i>	23	<i>ropinirole hcl tabs 5 mg</i>	61
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	99	<i>rosuvastatin calcium tabs 10 mg</i>	44
RINGERS IRRIGATION SOLN [<i>ringer's</i>]		<i>rosuvastatin calcium tabs 20 mg</i>	44
		<i>rosuvastatin calcium tabs 40 mg</i>	44
		<i>rosuvastatin calcium tabs 5 mg</i>	44
		ROTARIX SUSR [<i>rotavirus vaccine, live oral</i>]	107
		.....	107
		ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	107
		.....	107
		ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	30
		ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	30
		RYANODEX SUSR 250 MG [<i>dantrolene</i>]	

sodium]	35
RYDAPT CAPS 25 MG [midostaurin]	30

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	36
SABRIL PACK 500 MG [vigabatrin]	58
SALICYLIC ACID POWD [salicylic acid (bulk)]	101
SALSALATE TABS 500 MG [salsalate]	54
SALSALATE TABS 750 MG [salsalate]	54
SANDIMMUNE CAPS 100 MG [cyclosporine]	95
SANDIMMUNE CAPS 25 MG [cyclosporine]	95
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	95
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	95
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	99
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	99
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	99
SANTYL OINT 250 UNIT/GM [collagenase]	112
SARNA LOTN 0.5-0.5 % [camphor & menthol]	110
scopolamine pt72 1 mg/3days	84
selegiline hcl caps 5 mg	63
selegiline hcl tabs 5 mg	61
SELENIUM SOLN 40 MCG/ML [selenious acid]	79
selenium sulfide lotn 2.5 %	108
SELZENTRY TABS 150 MG [maraviroc]	12
SELZENTRY TABS 25 MG [maraviroc]	12
SELZENTRY TABS 300 MG [maraviroc]	12
SELZENTRY TABS 75 MG [maraviroc]	12
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1 200000 % [bupivacaine w/ epinephrine]	96
SEREVENT DISKUS AEPB 50 MCG/DOSE [salmeterol xinafoate]	36
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	93
SEROSTIM SOLR 5 MG [somatropin (non-refrigerated)]	93
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	93
sertraline hcl tabs 100 mg	68
sertraline hcl tabs 25 mg	68

sertraline hcl tabs 50 mg	68
sevelamer carbonate pack 2.4 gm	76
sevelamer carbonate tabs 800 mg	76
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	99
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	107
sildenafil citrate tabs 100 mg	50
sildenafil citrate tabs 20 mg	50
SILENOR TABS 3 MG [doxepin hcl (sleep)]	62
SILENOR TABS 6 MG [doxepin hcl (sleep)]	62
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	108
simvastatin tabs 10 mg	44
simvastatin tabs 20 mg	44
simvastatin tabs 40 mg	44
simvastatin tabs 5 mg	44
simvastatin tabs 80 mg	44
sirolimus soln 1 mg/ml	99
sirolimus tabs 0.5 mg	95
sirolimus tabs 1 mg	95
sirolimus tabs 2 mg	95
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [risankizumab-rzaa]	112
SLO-NIACIN TBCR 250 MG [niacin]	114
SLO-NIACIN TBCR 500 MG [niacin]	114
SLO-NIACIN TBCR 750 MG [niacin]	114
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	73
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	73
SODIUM BENZOATE POWD [sodium benzoate]	101
SODIUM BICARBONATE SOLN 4.2 % [sodium bicarbonate]	73
SODIUM BICARBONATE SOLN 7.5 % [sodium bicarbonate]	73
SODIUM BICARBONATE SOLN 8.4 % [sodium bicarbonate]	73
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	79
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	79
SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	103
SODIUM CHLORIDE NEBU 10 % [sodium chloride (inhalant)]	103
SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	103
SODIUM CHLORIDE NEBU 7 % [sodium	

chloride (inhalant)]	103	sotalol hcl tabs 120 mg	45
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	79	sotalol hcl tabs 160 mg	45
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	76	sotalol hcl tabs 240 mg	45
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	79	sotalol hcl tabs 80 mg	45
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	79	SOVALDI TABS 200 MG [sofosbuvir]	23
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	79	SOVALDI TABS 400 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	79	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate]	33
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	112	spironolactone tabs 100 mg	49
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	75	spironolactone tabs 25 mg	49
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	99	spironolactone tabs 50 mg	49
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	99	spironolactone-hctz tabs 25-25 mg	49
sodium phenylbutyrate powd 3 gm/tsp	73	SPORANOX SOLN 10 MG/ML [itraconazole]	20
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	79	SPRYCEL TABS 100 MG [dasatinib]	30
sodium polystyrene sulfonate powd	76	SPRYCEL TABS 140 MG [dasatinib]	30
sodium polystyrene sulfonate susp 15 gm/60ml	76	SPRYCEL TABS 20 MG [dasatinib]	30
sodium polystyrene sulfonate susp 30 gm/120ml	76	SPRYCEL TABS 50 MG [dasatinib]	30
solifenacin succinate tabs 10 mg	113	SPRYCEL TABS 70 MG [dasatinib]	30
solifenacin succinate tabs 5 mg	113	SPRYCEL TABS 80 MG [dasatinib]	30
SOLIRIS SOLN 300 MG/30ML [eculizumab]	99	SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [squaric acid dibutylester]	102
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	88	SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	94
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	88	stavudine caps 15 mg	12
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	88	stavudine caps 20 mg	12
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	88	stavudine caps 30 mg	12
SOLU-MEDROL SOLR 125 MG [methylprednisolone sod succ]	88	stavudine caps 40 mg	12
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	88	STELARA SOLN 45 MG/0.5ML [ustekinumab]	112
SORBITOL SOLN 70 % [sorbitol (laxative)]	85	.....	112
SORBITOL SOLN 70 % [sorbitol]	102	STELARA SOSY 45 MG/0.5ML [ustekinumab]	112
sotalol hcl (af) tabs 120 mg	45	.....	112
sotalol hcl (af) tabs 160 mg	45	STELARA SOSY 90 MG/ML [ustekinumab]	112
sotalol hcl (af) tabs 80 mg	45	sterile water for injection soln	99
		STERILE WATER FOR INJECTION SOLN [water for injection, sterile]	102
		STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	76
		STIMATE SOLN 1.5 MG/ML [desmopressin acetate]	93
		STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	33
		STIVARGA TABS 40 MG [regorafenib]	30
		STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	80
		.....	80
		STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	80
		.....	80
		STRENSIQ SOLN 40 MG/ML [asfotase alfa]	80
		STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	80
		.....	80
		streptomycin sulfate solr 1 gm	18

TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	30	<i>terbinafine hcl tabs 250 mg</i>	20
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	30	<i>terbutaline sulfate inj 1mg/ml</i>	36
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	30	<i>terbutaline sulfate soln 1 mg/ml</i>	36
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	99	<i>terbutaline sulfate tabs 2.5 mg</i>	36
TAMIFLU CAPS 30 MG [<i>oseltamivir phosphate</i>]	23	<i>terbutaline sulfate tabs 5 mg</i>	36
TAMIFLU CAPS 45 MG [<i>oseltamivir phosphate</i>]	23	<i>testosterone cypionate soln 200 mg/ml</i>	88
TAMIFLU CAPS 75 MG [<i>oseltamivir phosphate</i>]	23	<i>testosterone enanthate soln 200 mg/ml</i>	88
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	23	<i>testosterone gel 12.5 mg/act (1%)</i>	88
<i>tamoxifen citrate tabs 10 mg</i>	30	TESTOSTERONE PROPIONATE POWD	
<i>tamoxifen citrate tabs 20 mg</i>	30	<i>[testosterone propionate (bulk)]</i>	102
<i>tamsulosin hcl caps 0.4 mg</i>	43	TETRACAINE HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	83
TARCEVA TABS 100 MG [<i>erlotinib hcl</i>]	30	TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	96
TARCEVA TABS 150 MG [<i>erlotinib hcl</i>]	30	TETRACYCLINE HCL CAPS 250 MG	
TARCEVA TABS 25 MG [<i>erlotinib hcl</i>]	30	<i>[tetracycline hcl]</i>	18
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	30	TETRACYCLINE HCL CAPS 500 MG	
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	112	<i>[tetracycline hcl]</i>	18
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	30	TETRAVISC SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	83
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	30	THALOMID CAPS 100 MG [<i>thalidomide</i>]	99
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	30	THALOMID CAPS 150 MG [<i>thalidomide</i>]	99
<i>tazarotene crea 0.1 %</i>	112	THALOMID CAPS 200 MG [<i>thalidomide</i>]	99
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	112	THALOMID CAPS 50 MG [<i>thalidomide</i>]	99
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	113	THAM SOLN 30 MEQ/100ML [<i>tromethamine</i>]	73
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	113	<i>theophylline er tb12 100 mg</i>	113
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)</i>]	106	<i>theophylline er tb12 200 mg</i>	113
TECENTRIQ SOLN 1200 MG/20ML		<i>theophylline er tb12 300 mg</i>	113
<i>[atezolizumab]</i>	31	<i>theophylline er tb12 450 mg</i>	113
<i>temazepam caps 15 mg</i>	62	<i>theophylline er tb24 400 mg</i>	113
<i>temazepam caps 30 mg</i>	62	THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%	
<i>temozolomide caps 100 mg</i>	31	<i>[theophylline in dextrose]</i>	113
<i>temozolomide caps 140 mg</i>	31	<i>thiamine hcl soln 100 mg/ml</i>	114
<i>temozolomide caps 180 mg</i>	31	THIOLA TABS 100 MG [<i>tiopronin</i>]	99
<i>temozolomide caps 20 mg</i>	31	<i>thioridazine hcl tabs 10 mg</i>	68
<i>temozolomide caps 250 mg</i>	31	<i>thioridazine hcl tabs 100 mg</i>	68
<i>temozolomide caps 5 mg</i>	31	<i>thioridazine hcl tabs 25 mg</i>	68
TENIPOSIDE SOLN 10 MG/ML [<i>teniposide</i>]	31	<i>thioridazine hcl tabs 50 mg</i>	68
<i>tenofovir disoproxil fumarate tabs 300 mg</i> ..	23	<i>thiotepa solr 15 mg</i>	31
<i>terazosin hcl caps 1 mg</i>	43	<i>thiothixene caps 1 mg</i>	68
<i>terazosin hcl caps 10 mg</i>	43	<i>thiothixene caps 10 mg</i>	68
<i>terazosin hcl caps 2 mg</i>	43	<i>thiothixene caps 2 mg</i>	68
<i>terazosin hcl caps 5 mg</i>	43	<i>thiothixene caps 5 mg</i>	68
		THROMBATE III SOLR 500 UNIT [<i>antithrombin iii (human)</i>]	42
		THROMBIN-JMI KIT 20000 UNIT [<i>thrombin</i>]	40
		THROMBIN-JMI SOLR 20000 UNIT [<i>thrombin</i>]	40
		THROMBIN-JMI SOLR 5000 UNIT [<i>thrombin</i>]	40
		THYMOL CRYST [<i>thymol</i>]	102

THYROGEN SOLR 1.1 MG [<i>thyrotropin alfa</i>]	73	TRAVASOL SOLN 10 % [<i>amino acid infusion</i>]	75
TICE BCG SUSR 50 MG [<i>bcg live intravesical</i>]	107	<i>trazodone hcl tabs 100 mg</i>	68
<i>timolol maleate soln 0.25 %</i>	82	<i>trazodone hcl tabs 150 mg</i>	68
<i>timolol maleate soln 0.5 %</i>	82	<i>trazodone hcl tabs 50 mg</i>	68
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	23	TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	31
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	23	TREATOR TABS 250 MG [<i>ethionamide</i>]	21
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	12	TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	113
<i>tizanidine hcl tabs 2 mg</i>	35	TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	113
<i>tizanidine hcl tabs 4 mg</i>	35	<i>treprostinil soln 100 mg/20ml</i>	51
TNKASE KIT 50 MG [<i>tenecteplase</i>]	42	<i>treprostinil soln 20 mg/20ml</i>	51
TOBI PODHALER CAPS 28 MG [<i>tobramycin</i>]	19	<i>treprostinil soln 200 mg/20ml</i>	51
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	81	<i>treprostinil soln 50 mg/20ml</i>	51
<i>tobramycin nebu 300 mg/5ml</i>	19	<i>tretinoin caps 10 mg</i>	31
<i>tobramycin soln 0.3 %</i>	80	<i>triamcinolone acetonide crea 0.025 %</i>	110
<i>tobramycin sulfate soln 10 mg/ml</i>	19	<i>triamcinolone acetonide crea 0.1 %</i>	110
<i>tobramycin sulfate soln 80 mg/2ml</i>	19	<i>triamcinolone acetonide crea 0.5 %</i>	110
<i>tobramycin sulfate solr 1.2 gm</i>	19	<i>triamcinolone acetonide lotn 0.1 %</i>	110
TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	80	<i>triamcinolone acetonide oint 0.025 %</i>	110
<i>tolbutamide tabs 500 mg</i>	90	<i>triamcinolone acetonide oint 0.1 %</i>	110
<i>topiramate csp 15 mg</i>	58	<i>triamcinolone acetonide oint 0.5 %</i>	110
<i>topiramate csp 25 mg</i>	58	TRIAMCINOLONE ACETONIDE POWD	
<i>topiramate tabs 100 mg</i>	58	<i>[triamcinolone acetonide (topical)]</i>	102
<i>topiramate tabs 200 mg</i>	59	<i>triamcinolone acetonide pste 0.1 %</i>	110
<i>topiramate tabs 25 mg</i>	59	<i>triamterene-hctz caps 37.5-25 mg</i>	75
<i>topiramate tabs 50 mg</i>	59	TRIAMTERENE-HCTZ TABS 37.5-25 MG	
<i>topotecan hcl solr 4 mg</i>	31	<i>[triamterene & hydrochlorothiazide]</i>	75
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	31	TRIAMTERENE-HCTZ TABS 75-50 MG	
<i>torsemide tabs 10 mg</i>	75	<i>[triamterene & hydrochlorothiazide]</i>	75
<i>torsemide tabs 100 mg</i>	75	TRI-CHLOR LIQD 80 % [<i>trichloroacetic acid</i>]	99
<i>torsemide tabs 20 mg</i>	75	TRICITRATES SOLN 550-500-334 MG/5ML [<i>pot & sod citrates w/citric ac</i>]	73
<i>torsemide tabs 5 mg</i>	75	<i>trifluoperazine hcl tabs 1 mg</i>	68
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [<i>trace minerals (cr-cu-mn-zn)</i>]	79	<i>trifluoperazine hcl tabs 10 mg</i>	68
TRACLEER TABS 125 MG [<i>bosentan</i>]	50	<i>trifluoperazine hcl tabs 2 mg</i>	68
TRACLEER TABS 62.5 MG [<i>bosentan</i>]	51	<i>trifluoperazine hcl tabs 5 mg</i>	68
TRACLEER TBSO 32 MG [<i>bosentan</i>]	104	<i>trifluridine soln 1 %</i>	80
TRADJENTA TABS 5 MG [<i>linagliptin</i>]	90	<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	61
<i>tramadol hcl tabs 50 mg</i>	54	<i>trihexyphenidyl hcl tabs 2 mg</i>	61
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	54	<i>trihexyphenidyl hcl tabs 5 mg</i>	61
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	102	TRIKAFTA TBPK 100-50-75 & 150 MG	
<i>tranexamic acid soln 1000 mg/10ml</i>	40	<i>[alexacaftor-tezacaftor-ivacaftor]</i>	103
<i>tranexamic acid tabs 650 mg</i>	40	<i>trimethoprim tabs 100 mg</i>	24
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [<i>scopolamine</i>]	84	<i>trimipramine maleate caps 100 mg</i>	68
<i>tranylcypromine sulfate tabs 10 mg</i>	68	<i>trimipramine maleate caps 25 mg</i>	68
		<i>trimipramine maleate caps 50 mg</i>	68
		TRISENOX SOLN 12 MG/6ML [<i>arsenic</i>]	

trioxide]	31
TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	12
TRI-VI-SOL SOLN 750-400-35 UNIT-MG/ML [pediatric vitamins adc]	114
TRI-VIT/FLUORIDE SOLN 0.25 MG/ML [pediatric vitamins acid w/ fluoride]	114
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	114
TROPHAMINE SOLN 10 % [amino acid infusion]	75
TROPHAMINE SOLN 6 % [amino acid infusion]	75
tropicamide soln 0.5 %	83
tropicamide soln 1 %	83
trospium chloride er cp24 60 mg	113
trospium chloride tabs 20 mg	113
TRUVADA TABS 100-150 MG [emtricitabine-tenofovir disoproxil fumarate]	23
TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	23
TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	23
TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	12
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	71
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	73
TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	107
TWINRIX SUSY 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	107
TYKERB TABS 250 MG [lapatinib ditosylate]	31
TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	107
TYSABRI CONC 300 MG/15ML [natalizumab]	99
TYVASO SOLN 0.6 MG/ML [treprostinil]	51

U

ULTIVA SOLR 1 MG [remifentanil hcl]	54
ULTIVA SOLR 2 MG [remifentanil hcl]	54
ULTIVA SOLR 5 MG [remifentanil hcl]	55
ULTRA THIN LANCETS 30G MISC [lancets]	71
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [peritoneal dialysis solutions]	76

ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [peritoneal dialysis solutions]	76
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16	71
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	31
UREA POWD [urea (bulk)]	102
URSO FORTE TABS 500 MG [ursodiol]	85
ursodiol tabs 250 mg	85

V

VAGIFEM TABS 10 MCG [estradiol vaginal]	92
valacyclovir hcl tabs 1 gm	23
valacyclovir hcl tabs 500 mg	23
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	23
valganciclovir hcl tabs 450 mg	23
valproate sodium soln 500 mg/5ml	59
valproic acid caps 250 mg	59
valproic acid soln 250 mg/5ml	59
valsartan tabs 160 mg	49
valsartan tabs 320 mg	49
valsartan tabs 40 mg	49
valsartan tabs 80 mg	49
valsartan-hydrochlorothiazide tabs 160-12.5 mg	49
valsartan-hydrochlorothiazide tabs 160-25 mg	49
valsartan-hydrochlorothiazide tabs 320-12.5 mg	49
valsartan-hydrochlorothiazide tabs 320-25 mg	49
valsartan-hydrochlorothiazide tabs 80-12.5 mg	49
vancomycin hcl caps 125 mg	19
vancomycin hcl caps 250 mg	19
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	19
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	19
vancomycin hcl solr 1 gm	19
vancomycin hcl solr 10 gm	19
vancomycin hcl solr 5 gm	19
vancomycin hcl solr 500 mg	19
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	107
VAQTA SUSP 50 UNIT/ML [hepatitis a	

vaccine]	107
vardefafil hcl tabs 10 mg	51
vardefafil hcl tabs 2.5 mg	51
vardefafil hcl tabs 20 mg	51
vardefafil hcl tabs 5 mg	51
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	49
VARIVAX INJ 1350 PFU/0.5ML [varicella virus vaccine live]	107
VAXCHORA SUSR [cholera vaccine live attenuated]	107
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	113
vecuronium bromide solr 10 mg	35
vecuronium bromide solr 20 mg	35
VELCADE SOLR 3.5 MG [bortezomib]	31
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	31
VENCLEXTA TABS 10 MG [venetoclax]	31
VENCLEXTA TABS 100 MG [venetoclax]	31
VENCLEXTA TABS 50 MG [venetoclax]	31
venlafaxine hcl er cp24 150 mg	68
venlafaxine hcl er cp24 37.5 mg	68
venlafaxine hcl er cp24 75 mg	68
venlafaxine hcl tabs 100 mg	68
venlafaxine hcl tabs 25 mg	68
venlafaxine hcl tabs 37.5 mg	68
venlafaxine hcl tabs 50 mg	68
venlafaxine hcl tabs 75 mg	68
VENOFER SOLN 20 MG/ML [iron sucrose] ..	37
VENTAVIS SOLN 10 MCG/ML [iloprost]	51
VENTAVIS SOLN 20 MCG/ML [iloprost]	51
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [albuterol sulfate]	36
verapamil hcl er tbc 120 mg	46
verapamil hcl er tbc 180 mg	46
verapamil hcl er tbc 240 mg	46
VERAPAMIL HCL POWD [verapamil hcl] ..	102
verapamil hcl soln 2.5 mg/ml	46
verapamil hcl tabs 120 mg	46
verapamil hcl tabs 40 mg	46
verapamil hcl tabs 80 mg	46
VFEND IV SOLR 200 MG [voriconazole]	20
VICTOZA SOPN 18 MG/3ML [liraglutide]	90
VIDEX SOLR 2 GM [didanosine]	12
VIDEX SOLR 4 GM [didanosine]	12
VIMIZIM SOLN 5 MG/5ML [elosulfase alfa] ..	80
vinblastine sulfate soln 1 mg/ml	31
vincristine sulfate soln 1 mg/ml	31
vinorelbine tartrate soln 10 mg/ml	31

vinorelbine tartrate soln 50 mg/5ml	31
VIRACEPT TABS 250 MG [nelfinavir mesylate]	12
VIRACEPT TABS 625 MG [nelfinavir mesylate]	12
VIRAMUNE SUSP 50 MG/5ML [nevirapine] ..	12
VIRAZOLE SOLR 6 GM [ribavirin]	23
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [pseudoephedrine w/ codeine-gg]	103
VISUDYNE SOLR 15 MG [verteporfin]	83
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	115
vitamin k1 soln 1 mg/0.5ml	115
vitamin k1 soln 10 mg/ml	115
VIVOTIF CPDR [typhoid vaccine]	107
VOLUMEN SUSP 0.1 % [barium sulfate]	73
VORAXAZE SOLR 1000 UNIT [glucarpidase] ..	80
voriconazole solr 200 mg	23
voriconazole tabs 200 mg	20
voriconazole tabs 50 mg	20
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	23
VOTRIENT TABS 200 MG [pazopanib hcl] ..	31
VPRIV SOLR 400 UNIT [velaglucerase alfa] ..	80
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	56
VYVANSE CAPS 70 MG [lisdexamfetamine dimesylate]	56
VYXEOS SUSR 44-100 MG [daunorubicin-cytarabine liposome]	31

W

warfarin sodium tabs 1 mg	42
warfarin sodium tabs 10 mg	42
warfarin sodium tabs 2 mg	42
warfarin sodium tabs 2.5 mg	42
warfarin sodium tabs 3 mg	42
warfarin sodium tabs 4 mg	42
warfarin sodium tabs 5 mg	42
warfarin sodium tabs 6 mg	42

warfarin sodium tabs 7.5 mg	42
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	68
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	68
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	69
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	69
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	69
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	69
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	69
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	69
WILATE KIT 1000-1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	40
WILATE KIT 500-500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	40

X

XALKORI CAPS 200 MG [crizotinib]	31
XALKORI CAPS 250 MG [crizotinib]	31
XELJANZ TABS 10 MG [tofacitinib citrate] ...	99
XELJANZ TABS 5 MG [tofacitinib citrate]	99
XELJANZ XR TB24 11 MG [tofacitinib citrate]	99
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	111
XGEVA SOLN 120 MG/1.7ML [denosumab]..	31
XIFAXAN TABS 550 MG [rifaximin]	19
XOLAIR SOLR 150 MG [omalizumab]	103
XOLAIR SOSY 150 MG/ML [omalizumab] ...	103
XOLAIR SOSY 75 MG/0.5ML [omalizumab]	103
XTANDI CAPS 40 MG [enzalutamide]	31
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1 200000 [lidocaine w/ epinephrine]	96
XYNTHA KIT 1000 UNIT [antihemophilic factor (recombinant) plasma/albumin free]	40
XYNTHA KIT 2000 UNIT [antihemophilic factor (recombinant) plasma/albumin free]	40
XYNTHA KIT 250 UNIT [antihemophilic factor (recombinant) plasma/albumin free]	40
XYNTHA KIT 500 UNIT [antihemophilic factor (recombinant) plasma/albumin free]	41
XYNTHA SOLOFUSE KIT 3000 UNIT	

[antihemophilic factor (recombinant) plasma/albumin free]	41
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Y

YERVOY SOLN 200 MG/40ML [ipilimumab]..	31
YERVOY SOLN 50 MG/10ML [ipilimumab]....	31
YF-VAX INJ [yellow fever vaccine]	107
YONDELIS SOLR 1 MG [trabectedin]	31

Z

ZANOSAR SOLR 1 GM [streptozocin]	31
ZARXIO SOSY 300 MCG/0.5ML [filgrastim- sndz]	43
ZARXIO SOSY 480 MCG/0.8ML [filgrastim- sndz]	43
ZEJULA CAPS 100 MG [niraparib tosylate] ..	31
ZELBORAF TABS 240 MG [vemurafenib]	31
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)]	85
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)]	85
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)]	85
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)]	85
ZENPEP CPEP 3000-14000 UNIT [pancrelipase (lipase-protease-amylase)]	85
ZENPEP CPEP 40000-126000 UNIT [pancrelipase (lipase-protease-amylase)]	86
ZENPEP CPEP 5000-24000 UNIT [pancrelipase (lipase-protease-amylase)]	86
ZIAGEN SOLN 20 MG/ML [abacavir sulfate].	12
zidovudine caps 100 mg	12
zidovudine syrp 50 mg/5ml	13
zidovudine tabs 300 mg	13
ZINACEF IN STERILE WATER SOLN 1.5 GM [cefuroxime in sterile water]	19
ZINACEF SOLR 750 MG [cefuroxime sodium]	19
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride]	79
ZINC SULFATE GRAN [zinc sulfate]	102
ZINC SULFATE HEPTAHYDRATE POWD [zinc sulfate]	102
ZINC SULFATE MONOHYDRATE POWD [zinc sulfate]	102
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate]	79
ZINECARD SOLR 250 MG [dexrazoxane hcl]99	

ZINECARD SOLR 500 MG [<i>dexrazoxane hcl</i>]	99	<i>sodium-tazobactam sodium in dextrose</i>].	19
<i>ziprasidone hcl caps 20 mg</i>	68	ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin</i>	
<i>ziprasidone hcl caps 40 mg</i>	68	<i>sodium-tazobactam sodium in dextrose</i>].	19
<i>ziprasidone hcl caps 60 mg</i>	68	ZYDELIG TABS 100 MG [<i>idelalisib</i>]	31
<i>ziprasidone hcl caps 80 mg</i>	68	ZYDELIG TABS 150 MG [<i>idelalisib</i>]	31
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	19	ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	32
<i>zoledronic acid conc 4 mg/5ml</i>	99	ZYKADIA TABS 150 MG [<i>ceritinib</i>]	32
<i>zoledronic acid soln 5 mg/100ml</i>	99	ZYMAXID SOLN 0.5 % [<i>gatifloxacin (ophth)</i>]	81
<i>zolpidem tartrate tabs 5 mg</i>	62	ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	32
ZOSTAVAX SUSR 19400 UNT/0.65ML [<i>zoster</i>		ZYVOX SUSR 100 MG/5ML [<i>linezolid</i>]	19
<i>vaccine live</i>]	108	ZYVOX TABS 600 MG [<i>linezolid</i>]	19
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin</i>			

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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



KAISER PERMANENTE®

California Member Services

24 hours a day, seven days a week (closed
holidays) 1-800-464-4000 English

1- 800-788-0616 Spanish

1-800-757-7585 Chinese dialects

711 TTY for the hearing/speech impaired

Please recycle. 

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