

**KAISER PERMANENTE: 2020
SURESTE DE CALIFORNIA
COMERCIAL HMO
FORMULARIO**

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

2020 SURESTE DE CALIFORNIA Comercial HMO Formulario

(Lista de medicamentos cubiertos)

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

Este formulario de medicamentos recetados es efectivo a partir de 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](https://www.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.

Tabla de contenidos

ANTHELMINTICS..... 10

ANTIBACTERIALS.....10

ANTIFUNGALS..... 16

ANTIMYCOBACTERIALS..... 16

ANTIPROTOZOALS..... 17

ANTIVIRALS..... 17

URINARY ANTI-INFECTIVES..... 21

FIRST GENERATION ANTIHISTAMINES..... 21

ANTINEOPLASTIC AGENTS..... 21

ANTICHOLINERGIC AGENTS..... 29

AUTONOMIC DRUGS, MISCELLANEOUS..... 30

PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS..... 30

SKELETAL MUSCLE RELAXANTS..... 31

SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS..... 32

SYMPATHOMIMETIC (ADRENERGIC) AGENTS..... 32

BLOOD DERIVATIVES..... 33

ANTI ANEMIA DRUGS..... 33

ANTIHEMORRHAGIC AGENTS..... 33

ANTITHROMBOTIC AGENTS..... 37

HEMATOPOIETIC AGENTS..... 38

HEMORRHOLOGIC AGENTS..... 39

ALPHA-ADRENERGIC BLOCKING AGENTS..... 39

ANTILIPEMIC AGENTS..... 39

BETA-ADRENERGIC BLOCKING AGENTS..... 40

CALCIUM-CHANNEL BLOCKING AGENTS.....	41
CARDIAC DRUGS.....	42
HYPOTENSIVE AGENTS.....	43
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS.....	44
SCLEROSING AGENTS.....	45
VASODILATING AGENTS.....	45
ANALGESICS AND ANTIPYRETICS.....	46
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS.....	50
ANTICONVULSANTS.....	52
ANTIMANIC AGENTS.....	54
ANTIMIGRAINE AGENTS.....	54
ANTIPARKINSONIAN AGENTS.....	54
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS.....	55
CENTRAL NERVOUS SYSTEM AGENTS MISCELLANEOUS.....	57
GENERAL ANESTHETICS.....	57
OPIATE ANTAGONISTS.....	58
PSYCHOTHERAPEUTIC AGENTS.....	58
CONTRACEPTIVES (FOAMS, DEVICES)	63
DEVICES.....	63
DIAGNOSTIC AGENTS.....	70
ALKALINIZING AGENTS.....	71
AMMONIA DETOXICANTS.....	72
CALORIC AGENTS.....	72
DIURETICS.....	72
ION-REMOVING AGENTS.....	73
IRRIGATING SOLUTIONS.....	73
REPLACEMENT PREPARATIONS.....	74
URICOSURIC AGENTS.....	76
ENZYMES.....	76
ANTI-INFECTIVES.....	77
ANTI-INFLAMMATORY AGENTS.....	78
ANTIALLERGIC AGENTS.....	78
ANTIGLAUCOMA AGENTS.....	78
EENT DRUGS, MISCELLANEOUS.....	79
LOCAL ANESTHETICS.....	79
MYDRIATICS.....	79
VASOCONSTRICTORS.....	80
ANTI-INFLAMMATORY AGENTS.....	80
ANTIDIARRHEA AGENTS.....	80
ANTIEMETICS.....	80
ANTIULCER AGENTS AND ACID SUPPRESSANTS.....	81
CATHARTICS AND LAXATIVES.....	81
CHOLELITHOLYTIC AGENTS.....	81
DIGESTANTS.....	82
PROKINETIC AGENTS.....	82
GOLD COMPOUNDS.....	82
HEAVY METAL ANTAGONISTS.....	82
ADRENALS.....	83
ANDROGENS.....	84
ANTIDIABETIC AGENTS.....	85
ANTIHYPOGLYCEMIC AGENTS.....	85
CONTRACEPTIVES.....	86
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS.....	87
GONADOTROPINS.....	87

PARATHYROID.....	88
PITUITARY.....	88
PROGESTINS.....	88
SOMATROPIN AGONISTS-ANTAGONISTS.....	88
THYROID AND ANTITHYROID AGENTS.....	89
LOCAL ANESTHETICS.....	89
MISCELLANEOUS THERAPEUTIC AGENTS.....	90
OXYTOCICS.....	94
PHARMACEUTICAL AIDS.....	95
ANTI-INFLAMMATORY AGENTS.....	96
ANTITUSSIVES.....	97
MUCOLYTIC AGENTS.....	97
PULMONARY SURFACTANTS.....	97
RESPIRATORY AGENTS, MISCELLANEOUS.....	97
VASODILATING.....	97
SERUMS.....	97
TOXOIDS.....	99
VACCINES.....	100
ANTI-INFECTIVES.....	101
ANTI-INFLAMMATORY AGENTS.....	102
ANTIPRURITICS AND LOCAL ANESTHETICS.....	104
ASTRINGENTS.....	104
CELL STIMULANTS AND PROLIFERANTS.....	104
DEPIGMENTING AND PIGMENTING AGENTS.....	104
KERATOLYTIC AGENTS.....	104
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS.....	104
GENITOURINARY SMOOTH MUSCLE RELAXANTS.....	106
RESPIRATORY SMOOTH MUSCLE RELAXANTS.....	106
MULTIVITAMIN PREPARATIONS.....	106
VITAMIN B COMPLEX.....	107
VITAMIN D.....	107
VITAMIN K ACTIVITY.....	107

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

<p>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.</p>
<p>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</p>
<p>La solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o proveedor de atención médica que prescribe envía una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la condición del afiliado.</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</p>

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.

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.

¿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 farmacists 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 97. 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

Column 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>
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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 alto compartido.

¿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	
<i>ivermectin tabs 3 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	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 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin caps 250 mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	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 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
AZACTAM IN DEXTROSE SOLN 1 GM/50ML <i>[aztreonam-dextrose]</i>	2	MB
AZACTAM IN DEXTROSE SOLN 2 GM/50ML <i>[aztreonam-dextrose]</i>	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	
<i>azithromycin susr 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	
<i>azithromycin tabs 500 mg</i>	1	
<i>azithromycin tabs 600 mg</i>	1	
<i>aztreonam solr 1 gm</i>	1	MB
<i>aztreonam solr 2 gm</i>	1	MB
<i>bacitracin solr 50000 unit</i>	1	MB
BICILLIN L-A SUSP 1200000 UNIT/2ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 600000 UNIT/ML <i>[penicillin g benzathine]</i>	2	MB
<i>cefaclor caps 250 mg</i>	1	
<i>cefaclor caps 500 mg</i>	1	
<i>cefadroxil caps 500 mg</i>	1	
<i>cefazolin sodium solr 1 gm</i>	1	MB
<i>cefazolin sodium solr 500 mg</i>	1	MB
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	2	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) <i>[cefazolin sodium-dextrose]</i>	2	MB
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	MB
<i>cefepime hcl solr 2 gm</i>	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	MB
<i>cefotaxime sodium solr 2 gm</i>	1	MB
<i>cefotetan disodium solr 1 gm</i>	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	MB
<i>cefoxitin sodium inj 1gm</i>	1	MB
<i>cefoxitin sodium solr 10 gm</i>	1	MB
<i>cefoxitin sodium solr 2 gm</i>	1	MB
<i>cefpodoxime proxetil tabs 100 mg</i>	1	
<i>cefpodoxime proxetil tabs 200 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
chloramphenicol sod succinate solr 1 gm	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	
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
CLARITHROMYCIN TABS 500 MG [clarithromycin]	1	
CLEOCIN IN D5W SOLN 900 MG/50ML [clindamycin phosphate in d5w]	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	1	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate soln 9000 mg/60ml	1	MB
CUBICIN SOLR 500 MG [daptomycin]	2	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate tabs 20 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
doxycycline monohydrate susr 25 mg/5ml	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	2	
FORTAZ 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 40 mg/ml	1	MB
INVANZ SOLR 1 GM [ertapenem sodium]	2	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
MINOCIN SOLR 100 MG [minocycline hcl]	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	2	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose]	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose]	2	MB
oxacillin sodium solr 1 gm	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
oxacillin sodium solr 2 gm	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	2	MB
penicillin g potassium solr 20000000 unit	1	MB
penicillin g procaine susp 600000 unit/ml	2	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	2	
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	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	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	1	
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	1	
TOBI PODHALER CAPS 28 MG [tobramycin]	2	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	2	MB
vancomycin hcl solr 1 gm	1	MB
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
ANTIFUNGALS		
AMBISOME SUSR 50 MG [<i>amphotericin b liposome</i>]	2	MB
<i>amphotericin b solr 50 mg</i>	2	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	
<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	
ANTIMYCOBACTERIALS		
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<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	
RIFABUTIN CAPS 150 MG [<i>rifabutin</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	QL - 30 day(s)
<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
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
<i>paromomycin 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>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	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG [tipranavir]	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
ATRIPLA TABS 600-200-300 MG [efavirenz-emtricitabine-tenofovir disoproxil fumarate]	2	
BARACLUDE SOLN 0.05 MG/ML [entecavir]	2	
BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG [lamivudine-tenofovir disoproxil fumarate]	1	
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	2	
CRIXIVAN CAPS 200 MG [indinavir sulfate]	2	
CRIXIVAN CAPS 400 MG [indinavir sulfate]	2	
DAKLINZA TABS 30 MG [daclatasvir dihydrochloride]	2	QL - 30 day(s)
DAKLINZA TABS 60 MG [daclatasvir dihydrochloride]	2	QL - 30 day(s)
DESCOVY TABS 200-25 MG [emtricitabine-tenofovir alafenamide fumarate]	2	
didanosine cap 125mg	1	
didanosine cpdr 200 mg	1	
didanosine cpdr 250 mg	1	
didanosine cpdr 400 mg	1	
DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine]	2	
EDURANT TABS 25 MG [rilpivirine hcl]	2	
efavirenz caps 200 mg	1	
efavirenz caps 50 mg	1	
efavirenz tabs 600 mg	1	
EMTRIVA CAPS 200 MG [emtricitabine]	2	
EMTRIVA SOLN 10 MG/ML [emtricitabine]	2	
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	2	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	2	
EPIVIR HBV TABS 100 MG [lamivudine (hbv)]	2	
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	2	
fosamprenavir calcium tabs 700 mg	1	
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	2	MB
ganciclovir sodium solr 500 mg	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
INTELENCE TABS 100 MG [<i>etravirine</i>]	2	
INTELENCE TABS 200 MG [<i>etravirine</i>]	2	
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	2	
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	2	
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	2	
KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	2	
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 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 susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	2	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	2	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	2	
RELENZA DISKHALER AEPB 5 MG/BLISTER [<i>zanamivir</i>]	2	
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
<i>stavudine caps 15 mg</i>	1	
<i>stavudine caps 20 mg</i>	1	
<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	
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	2	MB
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	2	MB
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	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</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	
TRUVADA TABS 200-300 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>]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
valganciclovir hcl tabs 450 mg	1	
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	
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	2	
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [<i>nitrofurantoin macrocrystal</i>]	1	
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 syrp 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
DIPHENHYDRAMINE HCL CAPS 25 MG [<i>diphenhydramine hcl</i>]	1	
DIPHENHYDRAMINE HCL CAPS 50 MG [<i>diphenhydramine hcl</i>]	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
ADCETRIS SOLR 50 MG [<i>brentuximab vedotin</i>]	2	MB
AFINITOR TABS 10 MG [<i>everolimus</i>]	2	QL - 30 day(s),OC
AFINITOR TABS 2.5 MG [<i>everolimus</i>]	2	QL - 30 day(s),OC
AFINITOR TABS 5 MG [<i>everolimus</i>]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
AFINITOR TABS 7.5 MG [<i>everolimus</i>]	2	QL - 30 day(s),OC
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	2	QL - 30 day(s),OC
ALIMTA SOLR 500 MG [<i>pemetrexed disodium</i>]	2	MB
ALKERAN TABS 2 MG [<i>melphalan</i>]	2	OC
ALUNBRIG TABS 180 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	2	MB
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	2	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
BICNU SOLR 100 MG [<i>carmustine</i>]	2	MB
<i>bleomycin sulfate solr 15 unit</i>	1	MB
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	1	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	1	MB
<i>capecitabine tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	2	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</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>]	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>]	2	MB
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	2	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
dacarbazine solr 100 mg	2	MB
dacarbazine solr 200 mg	1	MB
dactinomycin inj 0.5mg	1	MB
DARZALEX SOLN 100 MG/5ML [daratumumab]	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [daratumumab]	2	QL - 30 day(s),MB
daunorubicin hcl soln 20 mg/4ml	1	MB
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]	2	QL - 30 day(s),MB
docetaxel conc 80 mg/4ml	2	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
EMCYT CAPS 140 MG [estramustine phosphate sodium]	2	QL - 30 day(s),OC
ERBITUX SOLN 100 MG/50ML [cetuximab]	2	MB
ERBITUX SOLN 200 MG/100ML [cetuximab]	2	MB
ERIVEDGE CAPS 150 MG [vismodegib]	2	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	2	MB
etoposide caps 50 mg	1	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant soln 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GEMZAR SOLR 1 GM [gemcitabine hcl]	2	MB
GLEOSTINE CAPS 10 MG [lomustine]	2	OC
GLEOSTINE CAPS 100 MG [lomustine]	2	OC
GLEOSTINE CAPS 40 MG [lomustine]	2	OC
GLEOSTINE CAPS 5 MG [lomustine]	2	OC
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	2	MB
HERCEPTIN SOLR 150 MG [trastuzumab]	2	QL - 30 day(s),MB
HEXALEN CAPS 50 MG [altretamine]	2	QL - 30 day(s),OC
HYCAMTIN CAPS 0.25 MG [topotecan hcl]	2	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [topotecan hcl]	2	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG [palbociclib]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	2	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 20 MG/20ML [<i>idarubicin hcl</i>]	1	MB
<i>imatinib mesylate tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>imatinib mesylate tabs 400 mg</i>	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
IRESSA TABS 250 MG [<i>gefitinib</i>]	2	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	2	MB
KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	2	MB
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	2	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>]	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	2	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>]	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG [<i>olaparib</i>]	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG [<i>mitotane</i>]	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	2	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>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 tabs 2.5 mg</i>	1	OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>mitomycin solr 20 mg</i>	1	MB
<i>mitomycin solr 40 mg</i>	1	MB
<i>mitomycin solr 5 mg</i>	1	MB
MUSTARGEN SOLR 10 MG [<i>mechlorethamine hcl</i>]	2	MB
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	2	MB
MYLERAN TABS 2 MG [<i>busulfan</i>]	2	OC
NEXAVAR TABS 200 MG [<i>sorafenib tosylate</i>]	2	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG [<i>ixazomib citrate</i>]	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG [<i>ixazomib citrate</i>]	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG [<i>ixazomib citrate</i>]	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [<i>sonidegib phosphate</i>]	2	QL - 30 day(s),OC
ONCASPASOLN 750 UNIT/ML [<i>pegaspargase</i>]	2	MB
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>]	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	2	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
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT [<i>aldesleukin</i>]	2	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	2	MB
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	2	MB
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG [<i>regorafenib</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 12.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 25 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SUTENT CAPS 37.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 50 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SYLVANT SOLR 100 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	OC
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
<i>tamoxifen citrate tabs 10 mg</i>	1	OC,PREV
<i>tamoxifen citrate tabs 20 mg</i>	1	OC,PREV
TARCEVA TABS 100 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARCEVA TABS 150 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARCEVA TABS 25 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	2	OC
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	2	MB
TECENTRIQ SOLN 1200 MG/20ML [<i>atezolizumab</i>]	2	QL - 30 day(s),MB
<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
<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>]	2	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	2	MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	2	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>]	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
<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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	2	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML [<i>ipilimumab</i>]	2	MB
YERVOY SOLN 50 MG/10ML [<i>ipilimumab</i>]	2	MB
YONDELIS SOLR 1 MG [<i>trabectedin</i>]	2	QL - 30 day(s),MB
ZEJULA CAPS 100 MG [<i>niraparib tosylate</i>]	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
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-OPIMUM SUPP 16.2-30 MG [<i>belladonna alkaloids & opium</i>]	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG [<i>belladonna alkaloids & opium</i>]	2	
BENTYL SOLN 10 MG/ML [<i>dicyclomine hcl</i>]	2	MB
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 0.4 mg/2ml</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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HYOSCYAMINE SULFATE TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT <i>[tiotropium bromide monohydrate]</i>	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT <i>[tiotropium bromide-olodaterol hcl]</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
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	
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	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG <i>[galantamine hydrobromide]</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	
<i>dantrolene sodium caps 50 mg</i>	1	
GABLOFEN SOLN 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 50 MCG/ML [<i>baclofen</i>]	2	MB
<i>methocarbamol tabs 500 mg</i>	1	
<i>methocarbamol tabs 750 mg</i>	1	
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	MB
<i>rocuronium bromide soln 50 mg/5ml</i>	1	MB
RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	2	MB
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	
<i>vecuronium bromide solr 10 mg</i>	1	MB
<i>vecuronium bromide solr 20 mg</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	QL - 30 day(s),MB
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
MIGRANAL SOLN 4 MG/ML [<i>dihydroergotamine mesylate</i>]	2	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [fluticasone-salmeterol]	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [fluticasone-salmeterol]	1	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [fluticasone-salmeterol]	1	
ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol]	2	
ADVAIR HFA AERO 230-21 MCG/ACT [fluticasone-salmeterol]	2	
ADVAIR HFA AERO 45-21 MCG/ACT [fluticasone-salmeterol]	2	
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	1	
albuterol sulfate nebu (5 mg/ml) 0.5%	1	
albuterol sulfate nebu 0.63 mg/3ml	1	
albuterol sulfate nebu 1.25 mg/3ml	1	
albuterol sulfate nebu 2.5 mg/0.5ml	1	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	2	
dobutamine hcl soln 250 mg/20ml	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [dobutamine in d5w]	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [dobutamine in d5w]	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [dopamine in d5w]	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [dopamine in d5w]	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [dopamine in d5w]	1	MB
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	1	
epinephrine soaj 0.15 mg/0.15ml	1	MB
epinephrine soaj 0.3 mg/0.3ml	1	MB
EPINEPHRINE SOLN 30 MG/30ML [epinephrine]	1	
EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	1	MB
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [epinephrine (anaphylaxis)]	2	
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	1	
isoproterenol hcl soln 0.2 mg/ml	1	MB
metaproterenol sulfate syrup 10 mg/5ml	2	
metaproterenol sulfate tabs 10 mg	2	
metaproterenol sulfate tabs 20 mg	2	
midodrine hcl tabs 10 mg	1	
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SEREVENT DISKUS AEPB 50 MCG/DOSE [<i>salmeterol xinafoate</i>]	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [<i>olodaterol hcl</i>]	2	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	2	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % [<i>albumin, human</i>]	1	MB
ALBUTEIN SOLN 25 % [<i>albumin, human</i>]	1	MB
BUMINATE SOLN 5 % [<i>albumin, human</i>]	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	2	MB
VENOFER SOLN 20 MG/ML [<i>iron sucrose</i>]	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 4000 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	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT [<i>antihemophilic factor (recombinant) single chain</i>]	2	QL - 30 day(s),MB
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
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT [<i>coagulation factor ix (recombinant)</i>]	2	MB
BENEFIX KIT 250 UNIT [<i>coagulation factor ix (recombinant)</i>]	2	MB
BENEFIX KIT 500 UNIT [<i>coagulation factor ix (recombinant)</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</i>	2	
HELIXATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant)]</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
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	2	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant)]</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
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
ANTITHROMBOTIC AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML [anticoagulant citrate dextrose solution a]	2	
ACTIVASE SOLR 100 MG [alteplase]	2	MB
ACTIVASE SOLR 50 MG [alteplase]	2	MB
AGGRENOLX CP12 25-200 MG [aspirin-dipyridamole]	2	
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	2	MB
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [argatroban in sodium chloride]	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG [ticagrelor]	2	
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	2	MB
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG [prasugrel hcl]	2	
EFFIENT TABS 5 MG [prasugrel hcl]	2	
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	2	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	2	MB
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	2	MB
LOVENOX SOLN 100 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 60 MG/0.6ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 80 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	2	
TNKASE KIT 50 MG [<i>tenecteplase</i>]	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	2	QL - 30 day(s),MB
NEUPOGEN SOLN 300 MCG/ML [<i>filgrastim</i>]	2	QL - 30 day(s),MB
NEUPOGEN SOLN 480 MCG/1.6ML [<i>filgrastim</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbcr 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>terazosin hcl caps 2 mg</i>	1	
<i>terazosin hcl caps 5 mg</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	PREV
<i>atorvastatin calcium tabs 20 mg</i>	1	PREV
<i>atorvastatin calcium tabs 40 mg</i>	1	PREV
<i>atorvastatin calcium tabs 80 mg</i>	1	PREV
<i>cholestyramine light pack 4 gm</i>	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	1	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML [<i>clevidipine</i>]	2	MB
CLEVIPREX EMUL 50 MG/100ML [<i>clevidipine</i>]	2	MB
<i>diltiazem hcl er coated beads cp24 180 mg</i>	1	
<i>diltiazem hcl er cp12 120 mg</i>	1	
<i>diltiazem hcl er cp12 60 mg</i>	1	
<i>diltiazem hcl er cp12 90 mg</i>	1	
<i>diltiazem hcl er cp24 120 mg</i>	1	
<i>diltiazem hcl er cp24 180 mg</i>	1	
<i>diltiazem hcl er cp24 240 mg</i>	1	
<i>diltiazem hcl tabs 120 mg</i>	1	
<i>diltiazem hcl tabs 30 mg</i>	1	
<i>diltiazem hcl tabs 60 mg</i>	1	
<i>diltiazem hcl tabs 90 mg</i>	1	
NICARDIPINE HCL SOLN 2.5 MG/ML [<i>nicardipine hcl</i>]	1	MB
<i>nifedipine caps 10 mg</i>	1	
<i>nifedipine caps 20 mg</i>	1	
<i>nifedipine er osmotic release tb24 30 mg</i>	1	
<i>nifedipine er osmotic release tb24 60 mg</i>	1	
<i>nifedipine er osmotic release tb24 90 mg</i>	1	
<i>nifedipine er tb24 30 mg</i>	1	
<i>nifedipine er tb24 60 mg</i>	1	
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbc 120 mg</i>	1	
<i>verapamil hcl er tbc 180 mg</i>	1	
<i>verapamil hcl er tbc 240 mg</i>	1	
<i>verapamil hcl soln 2.5 mg/ml</i>	1	MB
<i>verapamil hcl tabs 120 mg</i>	1	
<i>verapamil hcl tabs 40 mg</i>	1	
<i>verapamil hcl tabs 80 mg</i>	1	
CARDIAC DRUGS		
<i>adenosine soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	2	
<i>digoxin 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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
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		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<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	

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

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SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	2	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>isosorbide dinitrate er tbcr 40 mg</i>	1	
<i>isosorbide dinitrate tabs 10 mg</i>	1	
<i>isosorbide dinitrate tabs 20 mg</i>	1	
<i>isosorbide dinitrate tabs 30 mg</i>	1	
<i>isosorbide dinitrate tabs 5 mg</i>	1	
<i>isosorbide mononitrate er tb24 120 mg</i>	1	
<i>isosorbide mononitrate er tb24 30 mg</i>	1	
<i>isosorbide mononitrate er tb24 60 mg</i>	1	
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	2	QL - 30 day(s),LD
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	2	QL - 30 day(s),LD
[Nitroglycerin] 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 pt24 0.1 mg/hr</i>	1	
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	
<i>nitroglycerin soln 5 mg/ml</i>	2	MB
NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	2	
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	2	
PAPAVERINE HCL SOLN 30 MG/ML <i>[papaverine hcl]</i>	2	MB
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30/day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 30 day(s)
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TYVASO REFILL SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO STARTER SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
<i>ildenafil hcl tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 5 mg</i>	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	2	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	2	QL - 30 day(s)
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>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl subli 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subli 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
CODEINE SULFATE TABS 15 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 30 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 60 MG <i>[codeine sulfate]</i>	1	
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML <i>[fentanyl citrate]</i>	1	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	1	MB
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB
HYDROMORPHONE HCL SUPP 3 MG <i>[hydromorphone hcl]</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	
<i>indomethacin caps 25 mg</i>	1	
<i>indomethacin caps 50 mg</i>	1	
<i>indomethacin er cpcr 75 mg</i>	1	
INDOMETHACIN SODIUM SOLR 1 MG <i>[indomethacin sodium]</i>	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) <i>[morphine sulfate for continuous microinfusion]</i>	2	MB
<i>ketorolac tromethamine inj 15mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 15 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 30 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 60 mg/2ml</i>	1	MB
[Hydrocodone-acetaminophen] 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	
<i>mefenamic acid caps 250 mg</i>	1	
<i>meloxicam tabs 15 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>meloxicam tabs 7.5 mg</i>	1	
<i>meperidine hcl soln 100 mg/ml</i>	1	MB
<i>meperidine hcl soln 25 mg/ml</i>	1	MB
<i>meperidine hcl soln 50 mg/ml</i>	1	MB
<i>methadone hcl soln 10 mg/5ml</i>	1	
METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	2	MB
<i>methadone hcl soln 5 mg/5ml</i>	1	
METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	1	
METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	1	
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	1	MB
<i>morphine sulfate (pf) soln 1 mg/ml</i>	1	MB
<i>morphine sulfate er tbc 100 mg</i>	1	
<i>morphine sulfate er tbc 15 mg</i>	1	
<i>morphine sulfate er tbc 200 mg</i>	1	
<i>morphine sulfate er tbc 30 mg</i>	1	
<i>morphine sulfate er tbc 60 mg</i>	1	
MORPHINE SULFATE SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML [<i>morphine sulfate</i>]	1	
MORPHINE SULFATE SOLN 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 50 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>]	2	
<i>nabumetone tabs 500 mg</i>	1	
<i>nabumetone tabs 750 mg</i>	1	
<i>nalbuphine hcl soln 10 mg/ml</i>	1	MB
<i>nalbuphine hcl soln 20 mg/ml</i>	1	MB
<i>naproxen tbc 375 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	1	
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
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	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONSULTANTS		
BANZEL SUSP 40 MG/ML [<i>rufinamide</i>]	2	
BANZEL TABS 200 MG [<i>rufinamide</i>]	2	
BANZEL TABS 400 MG [<i>rufinamide</i>]	2	
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium er tb24 250 mg</i>	1	
<i>divalproex sodium er tb24 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin 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	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 50 % <i>[magnesium sulfate]</i>	1	MB
<i>oxcarbazepine susp 300 mg/5ml</i>	1	
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	
<i>oxcarbazepine tabs 600 mg</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium soln 50 mg/ml</i>	1	MB
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50mg</i>	1	
<i>primidone tabs 250 mg</i>	1	
SABRIL PACK 500 MG <i>[vigabatrin]</i>	2	QL - 30 day(s)
<i>topiramate csp 15 mg</i>	1	
<i>topiramate csp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
[Ethosuximide] ZARONTIN SOLN 250 MG/5ML	2	
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		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
ergotamine-caffeine tabs 1-100 mg	1	
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [isometheptene-dichloralphenazone-acetaminophen]	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
naratriptan hcl tabs 1 mg	1	
naratriptan hcl tabs 2.5 mg	1	
rizatriptan benzoate tabs 10 mg	1	
rizatriptan benzoate tabs 5 mg	1	
rizatriptan benzoate tbdp 10 mg	1	
rizatriptan benzoate tbdp 5 mg	1	
SUMATRIPTAN SOLN 20 MG/ACT [sumatriptan]	1	
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML [sumatriptan succinate]	1	
SUMATRIPTAN SUCCINATE SOAJ 6 MG/0.5ML [sumatriptan succinate]	1	
sumatriptan succinate soln 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	1	
amantadine hcl syrp 50 mg/5ml	1	
APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	2	QL - 30 day(s),LD
benztropine mesylate soln 1 mg/ml	1	MB
benztropine mesylate tabs 0.5 mg	1	
benztropine mesylate tabs 1 mg	1	
benztropine mesylate tabs 2 mg	1	
bromocriptine mesylate caps 5 mg	1	
bromocriptine mesylate tabs 2.5 mg	1	
cabergoline tabs 0.5 mg	1	
carbidopa tabs 25 mg	1	
carbidopa-levodopa er tbcr 25-100 mg	1	
carbidopa-levodopa er tbcr 50-200 mg	1	
carbidopa-levodopa tabs 10-100 mg	1	
carbidopa-levodopa tabs 25-100 mg	1	
carbidopa-levodopa tabs 25-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]	2	MB
entacapone tabs 200 mg	1	
LODOSYN TABS 25 MG [carbidopa]	2	
pramipexole dihydrochloride tabs 0.125 mg	1	
pramipexole dihydrochloride tabs 0.25 mg	1	
pramipexole dihydrochloride tabs 0.5 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	
pramipexole dihydrochloride tabs 1.5 mg	1	
ropinirole hcl er tb24 12 mg	1	
ropinirole hcl er tb24 2 mg	1	
ropinirole hcl er tb24 4 mg	1	
ropinirole hcl er tb24 6 mg	1	
ropinirole hcl er tb24 8 mg	1	
ropinirole hcl tabs 0.25 mg	1	
ropinirole hcl tabs 0.5 mg	1	
ropinirole hcl tabs 1 mg	1	
ropinirole hcl tabs 2 mg	1	
ropinirole hcl tabs 3 mg	1	
ropinirole hcl tabs 4 mg	1	
ropinirole hcl tabs 5 mg	1	
selegiline hcl caps 5 mg	1	
selegiline hcl tabs 5 mg	1	
trihexyphenidyl hcl soln 0.4 mg/ml	1	
trihexyphenidyl hcl tabs 2 mg	1	
trihexyphenidyl hcl tabs 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	1	QL - 30 day(s)
alprazolam tabs 0.5 mg	1	QL - 30 day(s)
alprazolam tabs 1 mg	1	QL - 30 day(s)
alprazolam tabs 2 mg	1	QL - 30 day(s)
bupirone hcl tabs 10 mg	1	
bupirone hcl tabs 15 mg	1	
bupirone hcl tabs 30 mg	1	
bupirone hcl tabs 5 mg	1	
chlordiazepoxide hcl caps 10 mg	1	
chlordiazepoxide hcl caps 25 mg	1	
chlordiazepoxide hcl caps 5 mg	1	
clorazepate dipotassium tabs 15 mg	1	
clorazepate dipotassium tabs 3.75 mg	1	
clorazepate dipotassium tabs 7.5 mg	1	
DIASTAT ACUDIAL GEL 10 MG [diazepam (anticonvulsant)]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DIASTAT ACUDIAL GEL 20 MG <i>[diazepam (anticonvulsant)]</i>	2	
DIASTAT PEDIATRIC GEL 2.5 MG <i>[diazepam (anticonvulsant)]</i>	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10 mg</i>	1	
<i>hydroxyzine hcl tabs 25 mg</i>	1	
<i>hydroxyzine hcl tabs 50 mg</i>	1	
<i>hydroxyzine pamoate caps 100 mg</i>	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	
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl syrp 2 mg/ml</i>	1	
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML <i>[phenobarbital]</i>	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML <i>[phenobarbital sodium]</i>	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	
<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>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	2	MB
<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>pramipexole dihydrochloride tabs 0.75 mg</i>	1	
<i>riluzole tabs 50 mg</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML <i>[naloxone hcl]</i>	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>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>	2	MB
ARISTADA PRSY 441 MG/1.6ML <i>[aripiprazole lauroxil]</i>	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	2	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	
<i>bupropion hcl tabs 75 mg</i>	1	
<i>chlorpromazine hcl soln 25 mg/ml</i>	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	
[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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
<i>haloperidol decanoate soln 50 mg/ml</i>	1	
<i>haloperidol lactate conc 2 mg/ml</i>	1	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	2	MB
<i>loxapine succinate caps 10 mg</i>	1	
<i>loxapine succinate caps 25 mg</i>	1	
<i>loxapine succinate caps 5 mg</i>	1	
<i>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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 tabs 10 mg</i>	1	
<i>olanzapine tabs 15 mg</i>	1	
<i>olanzapine tabs 2.5 mg</i>	1	
<i>olanzapine tabs 20 mg</i>	1	
<i>olanzapine tabs 5 mg</i>	1	
<i>olanzapine tabs 7.5 mg</i>	1	
ORAP TABS 1 MG [<i>pimozide</i>]	2	
ORAP TABS 2 MG [<i>pimozide</i>]	2	
<i>paroxetine hcl tabs 10 mg</i>	1	
<i>paroxetine hcl tabs 20 mg</i>	1	
<i>paroxetine hcl tabs 30 mg</i>	1	
<i>paroxetine hcl tabs 40 mg</i>	1	
<i>perphenazine tab 16mg</i>	1	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	2	QL,MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
RISPERDAL CONSTA SRER 37.5 MG [risperidone microspheres]	2	MB
RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	2	MB
RISPERIDONE SOLN 1 MG/ML [risperidone]	1	
RISPERIDONE TABS 0.25 MG [risperidone]	1	
RISPERIDONE TABS 0.5 MG [risperidone]	1	
RISPERIDONE TABS 1 MG [risperidone]	1	
RISPERIDONE TABS 2 MG [risperidone]	1	
RISPERIDONE TABS 3 MG [risperidone]	1	
RISPERIDONE TABS 4 MG [risperidone]	1	
sertraline hcl tabs 100 mg	1	
sertraline hcl tabs 25 mg	1	
sertraline hcl tabs 50 mg	1	
thioridazine hcl tabs 10 mg	1	
thioridazine hcl tabs 100 mg	1	
thioridazine hcl tabs 25 mg	1	
thioridazine hcl tabs 50 mg	1	
thiothixene caps 1 mg	1	
thiothixene caps 10 mg	1	
thiothixene caps 2 mg	1	
thiothixene caps 5 mg	1	
tranylcypramine sulfate tabs 10 mg	1	
trazodone hcl tabs 100 mg	1	
trazodone hcl tabs 150 mg	1	
trazodone hcl tabs 50 mg	1	
trifluoperazine hcl tabs 1 mg	1	
trifluoperazine hcl tabs 10 mg	1	
trifluoperazine hcl tabs 2 mg	1	
trifluoperazine hcl tabs 5 mg	1	
venlafaxine hcl er cp24 150 mg	1	
venlafaxine hcl er cp24 37.5 mg	1	
venlafaxine hcl er cp24 75 mg	1	
venlafaxine hcl tabs 100 mg	1	
venlafaxine hcl tabs 25 mg	1	
venlafaxine hcl tabs 37.5 mg	1	
venlafaxine hcl tabs 50 mg	1	
venlafaxine hcl tabs 75 mg	1	
ziprasidone hcl caps 20 mg	1	
ziprasidone hcl caps 40 mg	1	
ziprasidone hcl caps 60 mg	1	
ziprasidone hcl caps 80 mg	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % <i>[diaphragm wide seal]</i>	2	
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	
ASSESS FULL RANGE PEAK METER DEVI <i>[peak flow meter]</i>	2	MB
BAYER BREEZE 2 CONTROL LIQD NORMAL <i>[blood glucose calibration]</i>	2	
BAYER MICROLET 2 LANCING DEVIC MISC <i>[lancet devices]</i>	2	
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 19G X 1" <i>[needle (disp) 19 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</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 MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 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 INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LANCET ULTRAFINE 33G MISC <i>[lancets]</i>	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD 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 SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 20 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 3 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 60 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD TB SYRINGE MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</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>	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
HYPODERMIC NEEDLE MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HYPODERMIC NEEDLE MISC 19G X 1" [needle (disp) 19 g]	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
MEDSAVER SYRINGE MISC 25G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT PHARMACY TRAY MISC 1 ML [syringe (disposable)]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 23G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
NOVOFINE AUTOCOVER MISC 30G X 8 MM [insulin pen needle]	2	
NOVOFINE MISC 30G X 8 MM [insulin pen needle]	2	
OMNITROPE SOLR 5.8 MG [somatropin]	2	QL - 30 day(s)
ONETOUCH DELICA LANCETS 33G MISC [lancets]	2	
ONETOUCH FINEPOINT LANCETS MISC [lancets]	2	
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	2	
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ONETOUCH ULTRA MINI KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
POLY HUB NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
SAFETY-LOK SYRINGE MISC 5 ML <i>[syringe (disposable)]</i>	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
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" 0.5 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	
SYRINGE DISPOSABLE MISC 10 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 20 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 3 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 5 ML <i>[syringe (disposable)]</i>	2	
SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
TRUZONE PEAK FLOW METER DEVI <i>[peak flow meter]</i>	2	MB
TUBERCULIN SYRINGE MISC 1 ML <i>[syringe (disposable)]</i>	2	
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
ULTRA THIN LANCETS 30G MISC <i>[lancets]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
YALE DISP NEEDLES MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine (diagnostic) soln 3 mg/ml</i>	1	MB
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
CONRAY SOLN 60 % <i>[iothalamate meglumine]</i>	2	MB
D-XYLOSE POWD <i>[d-xylose]</i>	2	
DIASTIX STRP <i>[glucose urine test-(glucose oxidase)]</i>	2	
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	1	MB
EOVIST SOLN 0.25 MOL/L <i>[gadoxetate disodium]</i>	2	MB
GADAVIST SOLN 1 MMOL/ML <i>[gadobutrol]</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
METHYLENE BLUE SOLN 1 % <i>[methylene blue (antidote)]</i>	1	MB
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</i>	2	MB
ONETOUCH ULTRA BLUE STRP <i>[glucose blood]</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
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	2	MB
SODIUM BICARBONATE SOLN 8.4 % [sodium bicarbonate]	1	MB
THAM SOLN 30 MEQ/100ML [tromethamine]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	2	QL - 30 day(s)
lactulose encephalopathy soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN/ELECTROLYTES SOLN 8.5 % [amino acid electrolyte infusion]	2	MB
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d10w]	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	2	MB
CLINIMIX E/DEXTROSE (4.25/25) 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
CLINIMIX/DEXTROSE (5/25) SOLN 5 % <i>[amino acid infusion in d25w]</i>	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 40 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based]</i>	2	MB
PHENYLADE DRINK MIX POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PKU EXPRESS PACK <i>[nutritional supplements]</i>	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte infusion]</i>	2	MB
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 6 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	2	
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	
EDECRIN TABS 25 MG <i>[ethacrynic acid]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
FUROSEMIDE SOLN 10 MG/ML <i>[furosemide]</i>	1	MB
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG <i>[furosemide]</i>	1	
FUROSEMIDE TABS 40 MG <i>[furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	
<i>indapamide tabs 2.5 mg</i>	1	
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % <i>[mannitol]</i>	1	MB
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB

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<i>torseamide tabs 10 mg</i>	1	
<i>torseamide tabs 100 mg</i>	1	
<i>torseamide tabs 20 mg</i>	1	
<i>torseamide tabs 5 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
ION-REMOVING AGENTS		
RENVELA PACK 2.4 GM [<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
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	2	MB
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	1	MB
STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>]	1	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
CALCIUM CHLORIDE SOLN 10 % [<i>calcium chloride (dihydrate)</i>]	1	MB
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN [<i>electrolyte-48 in dextrose</i>]	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % [<i>dextrose in lactated ringers</i>]	1	MB
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
[Calcium Acetate (phosphate Binder)] ELIPHOS TABS 667 MG	2	
HETASTARCH-NACL SOLN 6-0.9 % [hetastarch in sodium chloride]	1	MB
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	2	MB
HYPERLYTE-CR CONC [parenteral electrolytes]	2	MB
K-TAB TBCR 10 MEQ [potassium chloride]	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
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
sodium chloride soln	1	MB
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
POTASSIUM ACETATE SOLN 2 MEQ/ML [<i>potassium acetate</i>]	1	MB
<i>potassium chloride crys er tbc</i> 10 meq	1	
<i>potassium chloride crys er tbc</i> 20 meq	1	
<i>potassium chloride er cpcr</i> 10 meq	1	
<i>potassium chloride er cpcr</i> 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [<i>potassium chloride in dextrose</i>]	1	MB
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% [<i>potassium chloride in dextrose</i>]	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [<i>potassium chloride</i>]	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [<i>potassium chloride</i>]	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [<i>potassium chloride</i>]	2	MB
<i>potassium chloride soln</i> 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [<i>potassium chloride</i>]	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/15ML (10%) [<i>potassium chloride</i>]	1	
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [<i>potassium chloride</i>]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [<i>potassium chloride</i>]	1	
POTASSIUM 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
ZINC SULFATE SOLN 1 MG/ML [<i>zinc sulfate</i>]	2	MB
URICOSURIC AGENTS		
<i>probenecid tabs</i> 500 mg	1	
ENZYMES		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [<i>laronidase</i>]	2	MB
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	2	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG [<i>agalsidase beta</i>]	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [<i>agalsidase beta</i>]	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	2	MB
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	2	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>]	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	2	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	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	2	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	1	
CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 OINT 0.1 % [<i>fluorometholone (ophth)</i>]	2	
<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>]	2	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	
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
LUMIGAN SOLN 0.01 % [<i>bimatoprost</i>]	2	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB

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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>	2	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BEOVU SOLN 6 MG/0.05ML <i>[brolocizumab-dbli]</i>	2	QL - 30 day(s)
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	
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>	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML <i>[ranibizumab]</i>	2	QL - 30 day(s),MB
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	
HOMATROPAIRE SOLN 5 % <i>[homatropine hbr]</i>	1	
<i>tropicamide soln 1 %</i>	1	

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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		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
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	
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
PAREGORIC TINC 2 MG/5ML [<i>paregoric</i>]	2	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
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 inj 10mg/ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 20 mg/2ml</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium solr 40 mg</i>	1	MB
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
<i>ranitidine hcl soln 150 mg/6ml</i>	1	MB
<i>ranitidine hcl soln 50 mg/2ml</i>	1	MB
<i>ranitidine hcl syrpf 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	
<i>ranitidine hcl tabs 300 mg</i>	1	
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
CASCARA SAGRADA EXTR 1 GM/ML [<i>cascara sagrada</i>]	2	
DOCUSATE SODIUM LIQD 50 MG/5ML [<i>docusate sodium</i>]	1	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	
GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	2	
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>]	1	
<i>peg 3350/electrolytes solr 240 gm</i>	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol tabs 250 mg</i>	1	
<i>ursodiol tabs 500 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 3000-14000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 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		
CHEMET CAPS 100 MG [<i>succimer</i>]	2	
<i>deferasirox tabs 360 mg</i>	1	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	1	QL - 30 day(s)
<i>deferoxamine mesylate inj 2gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
DEPEN TITRATABS TABS 250 MG [<i>penicillamine</i>]	2	
EXJADE TBSO 125 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
EXJADE TBSO 250 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
EXJADE TBSO 500 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 180 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 360 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
JADENU TABS 90 MG [<i>deferasirox</i>]	2	QL - 30 day(s)
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
<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	1	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	1	MB
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
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	2	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
[Prednisone] PREDNISONO INTENSOL CONC 5 MG/ML	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
[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	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
<i>methyltestosterone tabs 10 mg</i>	2	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	
<i>testosterone enanthate soln 200 mg/ml</i>	1	
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	2	
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>]	2	
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	2	
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	
<i>metformin hcl er tb24 500 mg</i>	1	
<i>metformin hcl er tb24 750 mg</i>	1	
<i>metformin hcl tabs 1000 mg</i>	1	
<i>metformin hcl tabs 500 mg</i>	1	
<i>metformin hcl tabs 850 mg</i>	1	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg</i>	1	
<i>pioglitazone hcl tabs 45 mg</i>	1	
<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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[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	1	
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	
<i>estradiol pttw 0.1 mg/24hr</i>	1	
<i>estradiol ptwk 0.05 mg/24hr</i>	1	
<i>estradiol ptwk 0.075 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 2 mg</i>	1	
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	
ESTRING RING 2 MG <i>[estradiol vaginal]</i>	2	
PREMARIN CREA 0.625 MG/GM <i>[estrogens, conjugated vaginal]</i>	2	
PREMARIN SOLR 25 MG <i>[estrogens, conjugated]</i>	2	MB
<i>raloxifene hcl tabs 60 mg</i>	1	PREV
GONADOTROPINS		
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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]	2	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	2	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML [corticotropin]	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	2	
desmopressin ace spray refrig soln 0.01 %	1	
desmopressin acetate soln 4 mcg/ml	1	MB
desmopressin acetate spray soln 0.01 %	1	
desmopressin acetate tabs 0.1 mg	1	
desmopressin acetate tabs 0.2 mg	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	2	MB
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	2	
hydroxyprogesterone caproate soln 1.25 gm/5ml	1	QL - 30 day(s),MB
MAKENA OIL 250 MG/ML [hydroxyprogesterone caproate]	2	QL - 30 day(s),MB
medroxyprogesterone acetate susp 150 mg/ml	1	MB
medroxyprogesterone acetate susy 150 mg/ml	1	MB
medroxyprogesterone acetate tabs 10 mg	1	
medroxyprogesterone acetate tabs 2.5 mg	1	
medroxyprogesterone acetate tabs 5 mg	1	
norethindrone acetate tabs 5 mg	1	
PROGESTERONE OIL 50 MG/ML [progesterone]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOLN 10 MG/1.5ML [somatropin]	2	QL - 30 day(s)
OMNITROPE SOLN 5 MG/1.5ML [somatropin]	2	QL - 30 day(s)
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SEROSTIM SOLR 5 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [<i>bupivacaine hcl</i>]	2	MB
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
NAROPIN INJ 10MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 5 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NESACAINE SOLN 1 % [<i>chloroprocaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
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	
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	2	MB
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
<i>azathioprine tabs 50 mg</i>	1	
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	2	QL - 30 day(s)
<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>]	2	QL - 30 day(s),MB
COLCHICINE CAPS 0.6 MG [<i>colchicine</i>]	2	
CYSTADANE POWD [<i>betaine</i>]	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	2	QL - 30 day(s)
<i>disulfiram tabs 250 mg</i>	1	
<i>disulfiram tabs 500 mg</i>	1	
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ENBREL SOLR 25 MG <i>[etanercept]</i>	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML <i>[etanercept]</i>	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML <i>[etanercept]</i>	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML <i>[etanercept]</i>	2	QL - 30 day(s)
<i>etidronate disodium tabs 200 mg</i>	2	
<i>etidronate disodium tabs 400 mg</i>	2	
EXTAVIA KIT 0.3 MG <i>[interferon beta-1b]</i>	2	QL - 30 day(s)
<i>finasteride tabs 5 mg</i>	1	
FIRAZYR SOLN 30 MG/3ML <i>[icatibant acetate]</i>	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG <i>[sodium fluoride]</i>	1	PREV
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
GRASTEK SUBL 2800 BAU <i>[timothy grass pollen allergen extract]</i>	2	
HAEGARDA SOLR 2000 UNIT <i>[c1 esterase inhibitor (human)]</i>	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT <i>[c1 esterase inhibitor (human)]</i>	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML <i>[adalimumab]</i>	2	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	1	QL - 30 day(s)
INFLECTRA SOLR 100 MG <i>[infliximab-dyyb]</i>	2	MB
KALYDECO TABS 150 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
KINERET SOSY 100 MG/0.67ML <i>[anakinra]</i>	2	QL - 30 day(s)
LEFLUNOMIDE TABS 10 MG <i>[leflunomide]</i>	1	
<i>leflunomide tabs 20 mg</i>	1	
<i>leucovorin calcium solr 100 mg</i>	1	MB
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	
<i>levocarnitine inj 200mg/ml</i>	1	MB
LEVOCARNITINE SOLN 1 GM/10ML <i>[levocarnitine (metabolic modifiers)]</i>	1	
LEVOCARNITINE TABS 330 MG <i>[levocarnitine (metabolic modifiers)]</i>	1	
LUDENT CHEW 0.55 (0.25 F) MG <i>[sodium fluoride]</i>	1	PREV
<i>mesna soln 100 mg/ml</i>	1	MB
MESNEX TABS 400 MG <i>[mesna]</i>	2	QL - 30 day(s)
<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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	2	MB
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	2	QL - 30 day(s)
ORENCIA SOLR 250 MG [abatacept]	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML [abatacept]	2	
ORENCIA SOSY 50 MG/0.4ML [abatacept]	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 [apremilast]	2	QL - 30 day(s)
OTEZLA TABS 30 MG [apremilast]	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	2	QL - 30 day(s)
pamidronate disodium solr 30 mg	1	MB
pamidronate disodium solr 90 mg	1	MB
PREVIDENT 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT GEL 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT SOLN 0.2 % [sodium fluoride (dental)]	2	
PROGRAF SOLN 5 MG/ML [tacrolimus]	2	MB
RAPAMUNE SOLN 1 MG/ML [sirolimus]	2	
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 27.5 MG/0.55ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
RASUVO SOAJ 7.5 MG/0.15ML <i>[methotrexate (antirheumatic)]</i>	2	
REMICADE SOLR 100 MG <i>[infliximab]</i>	2	MB
RIMSO-50 SOLN 50 % <i>[dimethyl sulfoxide]</i>	2	MB
SANDIMMUNE CAPS 100 MG <i>[cyclosporine]</i>	2	
SANDIMMUNE CAPS 25 MG <i>[cyclosporine]</i>	2	
SANDIMMUNE SOLN 100 MG/ML <i>[cyclosporine]</i>	2	
SANDIMMUNE SOLN 50 MG/ML <i>[cyclosporine]</i>	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % <i>[sodium fluoride (dental)]</i>	1	
<i>sirolimus soln 1 mg/ml</i>	1	
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG <i>[sodium fluoride]</i>	1	
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML <i>[sodium fluoride]</i>	1	PREV
SOLIRIS SOLN 300 MG/30ML <i>[eculizumab]</i>	2	MB
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
TAKHZYRO SOLN 300 MG/2ML <i>[lanadelumab-flyo]</i>	2	QL - 30 day(s)
THALOMID CAPS 100 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 150 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 200 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 50 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THIOLA TABS 100 MG <i>[tiopronin]</i>	2	
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>	2	QL
XELJANZ TABS 5 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG <i>[dinoprostone]</i>	2	
HEMABATE SOLN 250 MCG/ML <i>[carboprost tromethamine]</i>	2	MB
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>methylergonovine maleate tabs 0.2 mg</i>	1	
MIFEPREX TABS 200 MG [<i>mifepristone</i>]	2	PREV
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
BACLOFEN POWD [<i>baclofen</i>]	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN [<i>water for inject, bacteriostatic benzyl alcohol</i>]	2	MB
BIOTIN-D POWD [<i>biotin (bulk)</i>]	2	
BORIC ACID POWD [<i>boric acid (bulk)</i>]	2	
CHLOROFORM SOL [<i>chloroform</i>]	2	
CLOBETASOL PROPIONATE POW PROPIONA [<i>clobetasol propionate</i>]	2	
CLONIDINE HCL POWD [<i>clonidine hcl</i>]	2	
CLOTRIMAZOLE CRYST [<i>clotrimazole (topical)</i>]	2	
COAL TAR SOLN 20 % [<i>coal tar (crude)</i>]	2	
COLLODION FLEXIBLE LIQD [<i>collodion flexible</i>]	2	
DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]	2	
GABAPENTIN POWD [<i>gabapentin (bulk)</i>]	2	
GLYCERIN LIQD [<i>glycerin (bulk)</i>]	2	
GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	2	
HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>]	2	
HYDROPHILIC OINT [<i>hydrophilic ointment</i>]	2	
HYDROXYPROGESTERONE CAPROATE POWD [<i>hydroxyprogesterone caproate (bulk)</i>]	2	
ISOSORBIDE POWD [<i>isosorbide (bulk)</i>]	2	
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	2	
KETOPROFEN POWD [<i>ketoprofen (bulk)</i>]	2	
L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	2	
L-ISOLEUCINE POWD [<i>isoleucine</i>]	2	
L-PROLINE POWD [<i>proline</i>]	2	
LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	2	
METRONIDAZOLE POWD [<i>metronidazole (bulk)</i>]	2	
PAPAVERINE HCL POWD [<i>papaverine hcl</i>]	2	
PHENTOLAMINE MESYLATE POWD [<i>phentolamine mesylate (bulk)</i>]	2	
POLYETHYLENE GLYCOL 8000 POWD [<i>polyethylene glycol 8000</i>]	2	
PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	2	
QUINACRINE HCL POW DIHYDRAT [<i>quinacrine hcl</i>]	2	
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	2	
SORBITOL SOLN 70 % [<i>sorbitol</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 CRYST <i>[thymol]</i>	2	
TRIAMCINOLONE ACETONIDE POWD <i>[triamcinolone acetonide (topical)]</i>	2	
VERAPAMIL HCL POWD <i>[verapamil hcl]</i>	2	
ZINC SULFATE HEPTAHYDRATE POWD <i>[zinc sulfate]</i>	2	
ZINC SULFATE MONOHYDRATE POWD <i>[zinc sulfate]</i>	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT <i>[ciclesonide]</i>	2	
ALVESCO AERS 80 MCG/ACT <i>[ciclesonide]</i>	2	
<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 syrp 5-1.5 mg/5ml</i>	1	
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML <i>[pseudoeph-chlorphen w/ cod]</i>	2	
[Hydrocodone W/ Homatropine] TUSSIGON TABS 5-1.5 MG	1	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML <i>[pseudoephedrine w/ codeine-gg]</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 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		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
OPSUMIT TABS 10 MG [<i>macitentan</i>]	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG [<i>tezacaftor-ivacaftor</i>]	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG [<i>tezacaftor-ivacaftor</i>]	2	
TRIKAFTA TBPK 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	2	QL - 30 day(s)
XOLAIR SOLR 150 MG [<i>omalizumab</i>]	2	QL - 30 day(s)
XOLAIR SOSY 150 MG/ML [<i>omalizumab</i>]	2	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML [<i>omalizumab</i>]	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
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 30 GM/300ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	MB
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HYPERRAB SOLN 300 UNIT/ML <i>[rabies 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
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
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	
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
TDVAX SUSP 2-2 LF/0.5ML [tetanus-diphtheria toxoids (td)]	2	MB
VACCINES		
ACTHIB SOLR [haemophilus b polysac conj vac]	2	MB
AFLURIA SUSP [influenza virus vaccine split]	2	MB
BEXSERO SUSY [meningococcal vac group b (recombant omv adjuvanted)]	2	MB
ENGERIX-B SUSP 10 MCG/0.5ML [hepatitis b vaccine (recomb)]	2	MB
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)]	2	MB
FLUAD SUSY 0.5 ML [influenza virus vaccine types a & b surface antigen adjuvant]	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	2	MB
FLUZONE SUSP [influenza virus vaccine split]	2	MB
GARDASIL 9 SUSP [human papillomavirus (hpv) 9-valent recombinant vaccine]	2	MB
GARDASIL 9 SUSY [human papillomavirus (hpv) 9-valent recombinant vaccine]	2	MB
GARDASIL SUSP [human papillomavirus (hpv) quadrivalent recombinant vaccine]	2	MB
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	2	MB
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	2	MB
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed]	2	MB
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	2	MB
M-M-R II SOLR [measles, mumps & rubella virus vaccines]	2	MB
MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	2	MB
PEDIARIX SUSP [diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML [pneumococcal vac polyvalent]	2	MB
PREVNAR 13 SUSP [pneumococcal 13-valent conjugate vaccine]	2	MB
PROQUAD SUSR [measles-mumps-rubella-varicella virus vaccines]	2	MB
ROTARIX SUSR [rotavirus vaccine, live oral]	2	MB
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	2	MB
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	2	MB
TICE BCG SUSR 50 MG [bcg live intravesical]	2	MB
TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
ZOSTAVAX SUSR 19400 UNT/0.65ML [<i>zoster vaccine live</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	1	
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	1	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
CLOBEX LOTN 0.05 % [<i>clobetasol propionate</i>]	2	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
<i>clotrimazole troc 10 mg</i>	1	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	2	
<i>ketoconazole sham 2 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	
[Neomycin/polymyxin B Gu] NEOSPORIN GU IRRIGANT SOLN 40-200000	2	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 oint 0.05 %</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
BETAMETHASONE VALERATE CREA 0.1 % [<i>betamethasone valerate</i>]	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE OINT 0.1 % [<i>betamethasone valerate</i>]	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	
CORTISPORIN OINT 1 % [<i>bacitracin-polymyxin-neomycin hc</i>]	2	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % [<i>pramoxine-hc</i>]	2	
PRAMOSONE OINT 1-2.5 % [<i>pramoxine-hc</i>]	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	
<i>triamcinolone acetonide oint 0.025 %</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % <i>[hydrocortisone acetate w/ pramoxine]</i>	1	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	1	
SARNA LOTN 0.5-0.5 % <i>[camphor & menthol]</i>	2	
ASTRINGENTS		
DRYSOL SOLN 20 % <i>[aluminum chloride]</i>	2	
XERAC AC SOLN 6.25 % <i>[aluminum chloride in alcohol]</i>	2	
ZINC OXIDE OINT 20 % <i>[zinc oxide (topical)]</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % <i>[tretinoin]</i>	1	
KEPIVANCE SOLR 6.25 MG <i>[palifermin]</i>	2	QL - 30 day(s),MB
RETIN-A CREA 0.025 % <i>[tretinoin]</i>	1	
RETIN-A CREA 0.05 % <i>[tretinoin]</i>	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 SUSP 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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>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 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)
[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>	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
<i>diclofenac sodium gel 1 %</i>	1	
<i>diclofenac sodium soln 1.5 %</i>	1	
DIFFERIN CREA 0.1 % <i>[adapalene]</i>	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	
<i>fluocinonide gel 0.05 %</i>	1	
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	
<i>podofilox soln 0.5 %</i>	1	
SANTYL OINT 250 UNIT/GM <i>[collagenase]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML <i>[risankizumab-rzaa]</i>	2	
SODIUM CHLORIDE TABS 1 GM <i>[sodium chloride]</i>	1	
STELARA SOLN 45 MG/0.5ML <i>[ustekinumab]</i>	2	
STELARA SOSY 45 MG/0.5ML <i>[ustekinumab]</i>	2	
STELARA SOSY 90 MG/ML <i>[ustekinumab]</i>	2	
<i>tacrolimus oint 0.03 %</i>	1	
<i>tacrolimus oint 0.1 %</i>	1	
TARGRETIN GEL 1 % <i>[bexarotene (topical)]</i>	2	
<i>tazarotene crea 0.1 %</i>	1	
TAZORAC CREA 0.05 % <i>[tazarotene]</i>	2	
TAZORAC GEL 0.05 % <i>[tazarotene]</i>	2	
TAZORAC GEL 0.1 % <i>[tazarotene]</i>	2	
TREMFYA SOPN 100 MG/ML <i>[guselkumab]</i>	2	
TREMFYA SOSY 100 MG/ML <i>[guselkumab]</i>	2	
VECTICAL OINT 3 MCG/GM <i>[calcitriol (topical)]</i>	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride er tb24 10 mg</i>	1	
<i>oxybutynin chloride er tb24 15 mg</i>	1	
<i>oxybutynin chloride er tb24 5 mg</i>	1	
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	
OXYTROL PTTW 3.9 MG/24HR <i>[oxybutynin]</i>	2	
<i>solifenacin succinate tabs 10 mg</i>	1	
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>tropium chloride er cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	1	MB
<i>theophylline er tb12 100 mg</i>	1	
<i>theophylline er tb12 200 mg</i>	1	
<i>theophylline er tb12 300 mg</i>	1	
<i>theophylline er tb12 450 mg</i>	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% <i>[theophylline in dextrose]</i>	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ <i>[multiple vitamin]</i>	2	MB
INFUVITE PEDIATRIC SOLN <i>[pediatric multiple vitamins]</i>	2	MB
<i>pediatric multivitamins w/fl chew</i>	1	
<i>pediatric multivitamins w/fl chew</i>	1	
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML <i>[ped multivitamins w/fl & iron]</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
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 0.5 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
TRIPLE-VITAMIN/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acid 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 CPCR 250 MG <i>[niacin]</i>	1	
NIACIN ER CPCR 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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

Índice

A

abacavir sulfate tabs 300 mg	17
abacavir sulfate-lamivudine tabs 600-300 mg	17
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	17
abiraterone acetate tabs 250 mg	21
acamprosate calcium tbec 333 mg	53
acarbose tabs 100 mg	76
acarbose tabs 25 mg	76
acarbose tabs 50 mg	76
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML [anticoagulant citrate dextrose solution a].....	35
acetaminophen-codeine #2 tabs 300-15 mg	43
acetaminophen-codeine #3 tabs 300-30 mg	43
acetaminophen-codeine #4 tabs 300-60 mg	43
acetaminophen-codeine soln 120-12 mg/5ml	43
acetazolamide er cp12 500 mg	70
acetazolamide sodium solr 500 mg	70
acetazolamide tabs 125 mg	70
acetazolamide tabs 250 mg	70
ACETEST TAB TABLETS [acetone (urine) test].....	63
ACETIC ACID SOLN 0.25 % [acetic acid].....	66
ACETIC ACID SOLN 2 % [acetic acid (otic)].....	71
acetic acid-aluminum acetate soln 2 %	71
acetylcysteine soln 10 %	82
acetylcysteine soln 20 %	82
acetylcysteine soln 200 mg/ml	82
acitretin caps 10 mg	82
acitretin caps 25 mg	82
ACTHAR GEL 80 UNIT/ML [corticotropin].....	80
ACTHIB SOLR [haemophilus b polysac conj vac].....	90
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [interferon gamma-1b].....	82
ACTIVASE SOLR 100 MG [alteplase].....	35
ACTIVASE SOLR 50 MG [alteplase].....	35
acyclovir caps 200 mg	17
acyclovir sodium soln 50 mg/ml	17
acyclovir susp 200 mg/5ml	17
acyclovir tabs 400 mg	18
acyclovir tabs 800 mg	18
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 [tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)].....	89
adapalene gel 0.1 %	94
adapalene gel 0.3 %	94
adapalene-benzoyl peroxide gel 0.1-2.5 %	94
ADCETRIS SOLR 50 MG [brentuximab vedotin].....	21
ADDERALL XR CP24 10 MG [amphetamine-dextroamphetamine].....	46
ADDERALL XR CP24 15 MG [amphetamine-dextroamphetamine].....	46
ADDERALL XR CP24 20 MG [amphetamine-dextroamphetamine].....	46
ADDERALL XR CP24 25 MG [amphetamine-dextroamphetamine].....	46
ADDERALL XR CP24 30 MG [amphetamine-dextroamphetamine].....	46
ADDERALL XR CP24 5 MG [amphetamine-dextroamphetamine].....	46
adefovir dipivoxil tabs 10 mg	18
adenosine (diagnostic) soln 3 mg/ml	63
adenosine soln 12 mg/4ml	39
adenosine soln 6 mg/2ml	39
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [fluticasone-salmeterol].....	31
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [fluticasone-salmeterol].....	9, 31
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [fluticasone-salmeterol].....	31
ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol].....	31
ADVAIR HFA AERO 230-21 MCG/ACT [fluticasone-salmeterol].....	31
ADVAIR HFA AERO 45-21 MCG/ACT [fluticasone-salmeterol].....	31
ADVATE SOLR 4000 UNIT [antihemophilic factor rahf-pfm].....	32
AEROCHAMBER PLUS FLO-VU SMALL MISC [spacer/aerosol-holding chambers].....	58
AEROCHAMBER Z-STAT PLUS MISC [spacer/aerosol-holding chambers].....	58
AEROCHAMBER Z-STAT PLUS/LARGE MISC [spacer/aerosol-holding chambers].....	58
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers].....	58
AFINITOR TABS 10 MG [everolimus].....	21

AFINITOR TABS 2.5 MG [everolimus].....	21	1000 UNIT [antihemophilic factor/von willebrand factor complex (human)].....	32
AFINITOR TABS 5 MG [everolimus].....	21	ALPHANATE/VWF COMPLEX/HUMAN SOLR	
AFINITOR TABS 7.5 MG [everolimus].....	22	1500 UNIT [antihemophilic factor/von willebrand factor complex (human)].....	32
AFLURIA SUSP [influenza virus vaccine split].....	90	alprazolam tabs 0.25 mg.....	51
AFSTYLA KIT 1000 UNIT [antihemophilic factor (recombinant) single chain].....	32	alprazolam tabs 0.5 mg.....	51
AFSTYLA KIT 1500 UNIT [antihemophilic factor (recombinant) single chain].....	32	alprazolam tabs 1 mg.....	51
AFSTYLA KIT 2000 UNIT [antihemophilic factor (recombinant) single chain].....	32	alprazolam tabs 2 mg.....	51
AFSTYLA KIT 250 UNIT [antihemophilic factor (recombinant) single chain].....	32	ALPROSTADIL POWD [alprostadil (bulk)]... ..	86
AFSTYLA KIT 2500 UNIT [antihemophilic factor (recombinant) single chain].....	32	alprostadil soln 500 mcg/ml.....	42
AFSTYLA KIT 3000 UNIT [antihemophilic factor (recombinant) single chain].....	32	ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate].....	63
AFSTYLA KIT 500 UNIT [antihemophilic factor (recombinant) single chain].....	32	ALUNBRIG TABS 180 MG [brigatinib].....	22
AGGRENOX CP12 25-200 MG [aspirin-dipyridamole].....	35	ALUNBRIG TABS 30 MG [brigatinib].....	22
AKTEN GEL 3.5 % [lidocaine hcl (ophth)]....	71	ALUNBRIG TABS 90 MG [brigatinib].....	22
AKYNZEO CAPS 300-0.5 MG [netupitant-palonosetron].....	72	ALUNBRIG TBPk 90 & 180 MG [brigatinib]... ..	22
ALBENZA TABS 200 MG [albendazole].....	11	ALVESCO AERS 160 MCG/ACT [ciclesonide].....	87
ALBUMIN HUMAN SOLN 25 % [albumin, human].....	32	ALVESCO AERS 80 MCG/ACT [ciclesonide].....	87
ALBUTEIN SOLN 25 % [albumin, human].....	32	amantadine hcl caps 100 mg.....	50
albuterol sulfate nebu (2.5 mg/3ml) 0.083%.....	31	amantadine hcl syrp 50 mg/5ml.....	50
albuterol sulfate nebu (5 mg/ml) 0.5%.....	31	AMBISOME SUSR 50 MG [amphotericin b liposome].....	16
albuterol sulfate nebu 0.63 mg/3ml.....	31	ambrisentan tabs 10 mg.....	42
albuterol sulfate nebu 1.25 mg/3ml.....	31	ambrisentan tabs 5 mg.....	42
albuterol sulfate nebu 2.5 mg/0.5ml.....	31	amikacin sulfate soln 500 mg/2ml.....	11
alclometasone dipropionate crea 0.05 %.....	91	aminocaproic acid soln 250 mg/ml.....	32
alclometasone dipropionate oint 0.05 %.....	91	aminophylline soln 25 mg/ml.....	95
ALDURAZYME SOLN 2.9 MG/5ML [laronidase].....	69	AMINOSYN/ELECTROLYTES SOLN 8.5 % [amino acid electrolyte infusion].....	64
ALECENSA CAPS 150 MG [alectinib hcl].....	22	amiodarone hcl soln 900 mg/18ml.....	39
alendronate sodium tabs 10 mg.....	82	amiodarone hcl tabs 200 mg.....	39
alendronate sodium tabs 35 mg.....	82	amitriptyline hcl tabs 10 mg.....	53
alendronate sodium tabs 40 mg.....	82	amitriptyline hcl tabs 100 mg.....	53
alendronate sodium tabs 70 mg.....	82	amitriptyline hcl tabs 150 mg.....	53
ALIMTA SOLR 500 MG [pemetrexed disodium].....	22	amitriptyline hcl tabs 25 mg.....	53
ALINIA SUSR 100 MG/5ML [nitazoxanide]....	17	amitriptyline hcl tabs 50 mg.....	53
ALINIA TABS 500 MG [nitazoxanide].....	17	amitriptyline hcl tabs 75 mg.....	53
ALKERAN TABS 2 MG [melphalan].....	22	amlodipine besylate tabs 10 mg.....	38
allopurinol tabs 100 mg.....	82	amlodipine besylate tabs 2.5 mg.....	38
allopurinol tabs 300 mg.....	82	amlodipine besylate tabs 5 mg.....	38
ALPHANATE/VWF COMPLEX/HUMAN SOLR		amoxapine tabs 100 mg.....	53
		amoxapine tabs 150 mg.....	53
		amoxapine tabs 25 mg.....	53
		amoxapine tabs 50 mg.....	53
		amoxicillin caps 250 mg.....	11
		amoxicillin caps 500 mg.....	11
		amoxicillin chew 125 mg.....	11
		amoxicillin chew 250 mg.....	11

amoxicillin susr 125 mg/5ml	11	ANDRODERM PT24 2 MG/24HR [testosterone]	76
amoxicillin susr 200 mg/5ml	11	ANDRODERM PT24 4 MG/24HR [testosterone]	76
amoxicillin susr 250 mg/5ml	11	ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	35
amoxicillin susr 400 mg/5ml	11	ANTACID PLUS ANTI-GAS RELIEF SUSP 200- 200-20 MG/5ML [alum & mag hydrox- simethicone]	72
amoxicillin-pot clavulanate chew 200-28.5 mg	11	ANTACID PLUS ANTI-GAS RELIEF SUSP 400- 400-40 MG/5ML [alum & mag hydrox- simethicone]	72
amoxicillin-pot clavulanate chew 400-57 mg	11	ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	92
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	11	APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	50
amoxicillin-pot clavulanate susr 400-57 mg/5ml	11	apraclonidine hcl soln 0.5 %	71
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	11	APTENSIO XR CP24 10 MG [methylphenidate hcl]	46
amoxicillin-pot clavulanate tabs 500-125 mg	11	APTENSIO XR CP24 15 MG [methylphenidate hcl]	46
amoxicillin-pot clavulanate tabs 875-125 mg	11	APTENSIO XR CP24 20 MG [methylphenidate hcl]	46
amphetamine-dextroamphetamine tabs 10 mg	46	APTENSIO XR CP24 30 MG [methylphenidate hcl]	46
amphetamine-dextroamphetamine tabs 12.5 mg	46	APTENSIO XR CP24 40 MG [methylphenidate hcl]	46
amphetamine-dextroamphetamine tabs 15 mg	46	APTENSIO XR CP24 50 MG [methylphenidate hcl]	46
amphetamine-dextroamphetamine tabs 20 mg	46	APTENSIO XR CP24 60 MG [methylphenidate hcl]	46
amphetamine-dextroamphetamine tabs 30 mg	46	APTIVUS CAPS 250 MG [tipranavir]	18
amphetamine-dextroamphetamine tabs 5 mg	46	AQUAPHOR OINT [emollient]	94
amphetamine-dextroamphetamine tabs 7.5 mg	46	AQUASOL A SOLN 15 MG/ML [vitamin a]	96
amphotericin b solr 50 mg	16	ARALAST NP SOLR 1000 MG [alpha1- proteinase inhibitor (human)]	69
ampicillin caps 250 mg	11	ARALAST NP SOLR 500 MG [alpha1- proteinase inhibitor (human)]	88
ampicillin caps 500 mg	11	ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [argatroban in sodium chloride]	35
ampicillin sodium solr 1 gm	11	aripiprazole tabs 10 mg	53
ampicillin sodium solr 125 mg	11	aripiprazole tabs 15 mg	53
ampicillin sodium solr 2 gm	11	aripiprazole tabs 2 mg	53
ampicillin sodium solr 250 mg	11	aripiprazole tabs 20 mg	53
ampicillin sodium solr 500 mg	11	aripiprazole tabs 30 mg	53
ampicillin susr 125 mg/5ml	11	aripiprazole tabs 5 mg	53
ampicillin susr 250 mg/5ml	11	ARISTADA PRSY 1064 MG/3.9ML [aripiprazole lauroxil]	53
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	11	ARISTADA PRSY 441 MG/1.6ML [aripiprazole	
ampicillin-sulbactam sodium solr 3 (2-1) gm	11		
amp-sulbacta inj 1.5gm	11		
anagrelide hcl caps 0.5 mg	35		
anagrelide hcl caps 1 mg	35		
anastrozole tabs 1 mg	22		

lauroxil]	53
ARISTADA PRSY 662 MG/2.4ML [aripiprazole lauroxil]	54
ARISTADA PRSY 882 MG/3.2ML [aripiprazole lauroxil]	54
ASCORBIC ACID SOLN 500 MG/ML [ascorbic acid]	96
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	74
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [mometasone furoate (inhalation)]	74
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	74
ASMANEX HFA AERO 100 MCG/ACT [mometasone furoate (inhalation)]	75
ASMANEX HFA AERO 200 MCG/ACT [mometasone furoate (inhalation)]	75
aspirin-dipyridamole er cp12 25-200 mg	35
ASSESS FULL RANGE PEAK METER DEVI [peak flow meter]	58
atazanavir sulfate caps 150 mg	18
atazanavir sulfate caps 200 mg	18
atazanavir sulfate caps 300 mg	18
atenolol tabs 100 mg	37
atenolol tabs 25 mg	37
atenolol tabs 50 mg	37
atenolol-chlorthalidone tabs 100-25 mg	37
atenolol-chlorthalidone tabs 50-25 mg	37
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	82
atorvastatin calcium tabs 10 mg	37
atorvastatin calcium tabs 20 mg	37
atorvastatin calcium tabs 40 mg	37
atorvastatin calcium tabs 80 mg	37
atovaquone susp 750 mg/5ml	17
atovaquone-proguanil hcl tabs 250-100 mg	17
atovaquone-proguanil hcl tabs 62.5-25 mg	17
atracurium besylate soln 100 mg/10ml	30
ATRIPLA TABS 600-200-300 MG [efavirenz-emtricitabine-tenofovir disoproxil fumarate]	18
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	71
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	71
ATROPINE SULFATE SOLN 1 MG/ML	

[atropine sulfate]	28
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	28
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	28
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa]	28
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	11
AVASTIN SOLN 100 MG/4ML [bevacizumab]	22
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	11
AVITA CREA 0.025 % [tretinoin]	93
AVONEX KIT 30MCG [interferon beta-1a]	82
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	82
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [aztreonam-dextrose]	12
AZACTAM IN DEXTROSE SOLN 2 GM/50ML [aztreonam-dextrose]	12
azathioprine tabs 50 mg	82
azelastine hcl soln 0.1 %	70
azithromycin solr 500 mg	12
azithromycin susr 100 mg/5ml	12
azithromycin susr 200 mg/5ml	12
azithromycin tabs 250 mg	12
azithromycin tabs 500 mg	12
azithromycin tabs 600 mg	12
aztreonam solr 1 gm	12
aztreonam solr 2 gm	12

B

bacitracin oint 500 unit/gm	69
BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)]	91
bacitracin solr 50000 unit	12
BACITRACIN ZINC OINT 500 UNIT/GM [bacitracin zinc]	91
bacitracin-polymyxin b oint 500-10000 unit/gm	69
BACLOFEN POWD [baclofen]	86
baclofen tabs 10 mg	30
baclofen tabs 20 mg	30
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	86
balsalazide disodium caps 750 mg	72
BANZEL SUSP 40 MG/ML [rufinamide]	48
BANZEL TABS 200 MG [rufinamide]	48
BANZEL TABS 400 MG [rufinamide]	48

BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	77	BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	60
BARACLUDGE SOLN 0.05 MG/ML [entecavir] 18		BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	60
BAYER BREEZE 2 CONTROL LIQD NORMAL [blood glucose calibration]	58	BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	60
BAYER MICROLET 2 LANCING DEVIC MISC [lancet devices]	58	BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	60
BD ALLERGY SYRINGE MISC 28G X 1/2	58	BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2	60
BD DISP NEEDLES MISC 18G X 1-1/2	58	BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	60
BD DISP NEEDLES MISC 19G X 1.....	58	BD SYRINGE LUER-LOK MISC 10 ML [syringe (disposable)]	60
BD DISP NEEDLES MISC 20G X 1.....	58	BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)]	60
BD DISP NEEDLES MISC 22G X 1-1/2	58	BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)]	60
BD HYPODERMIC NEEDLE MISC 18G X 1 ...	58	BD SYRINGE LUER-LOK MISC 60 ML [syringe (disposable)]	60
BD HYPODERMIC NEEDLE MISC 21G X 1 ...	58	BD SYRINGE/NEEDLE MISC 22G X 1-1/2.....	60
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2	58	BD SYRINGE/NEEDLE MISC 23G X 1.....	60
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2	59	BD SYRINGE/NEEDLE MISC 25G X 5/8.....	60
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8	59	BD TB SYRINGE MISC 25G X 5/8	60
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2	59	BD TB SYRINGE MISC 27G X 1/2	60
BD INSULIN SYRINGE MISC 25G X 1	59	BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64	60
BD INSULIN SYRINGE MISC 27G X 1/2	59	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 30 MG [belladonna alkaloids & opium]	28
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	59	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 60 MG [belladonna alkaloids & opium]	28
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16	59	benazepril hcl tabs 10 mg	41
BD INSULIN SYRINGE U/F MISC 30G X 1/2..	59	benazepril hcl tabs 20 mg	41
BD INSULIN SYRINGE U/F MISC 31G X 5/16	59	benazepril hcl tabs 40 mg	41
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	59	benazepril hcl tabs 5 mg	41
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2	59	BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	22
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64	59	BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	32
BD INTEGRA SYRINGE MISC 25G X 5/8.....	59	BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	32
BD LANCET ULTRAFINE 33G MISC [lancets]	59	BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	32
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	59	BENTYL SOLN 10 MG/ML [dicyclomine hcl]	28
BD LUER-LOK SYRINGE MISC 20G X 1.....	59	BENZOIN TINC [benzoin]	94
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	59	benzonatate caps 100 mg	87
BD LUER-LOK SYRINGE MISC 21G X 1.....	59	benzoyl peroxide-erythromycin gel 5-3 %	91
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	59	benztropine mesylate soln 1 mg/ml	50
BD LUER-LOK SYRINGE MISC 21G X 1-1/4..	59	benztropine mesylate tabs 0.5 mg	50
BD LUER-LOK SYRINGE MISC 22G X 1.....	59	benztropine mesylate tabs 1 mg	50
BD LUER-LOK SYRINGE MISC 25G X 1.....	60		
BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	60		
BD LUER-LOK SYRINGE MISC 25G X 5/8.....	60		
BD LUER-LOK SYRINGE MISC 2G X 1-1/4....	60		

benztropine mesylate tabs 2 mg	50	sodium]	82
BEOVU SOLN 6 MG/0.05ML [brolucizumab- dbll]	71	BRILINTA TABS 90 MG [ticagrelor]	35
betamethasone dipropionate aug crea 0.05 %	92	brimonidine tartrate soln 0.2 %	70
betamethasone dipropionate aug gel 0.05 %	92	bromocriptine mesylate caps 5 mg	50
betamethasone dipropionate aug oint 0.05 %	92	bromocriptine mesylate tabs 2.5 mg	50
betamethasone sod phos & acet susp 6 (3-3) mg/ml	75	BSS SOLN [ophthalmic irrigation solution - intraocular]	71
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	92	budesonide susp 0.25 mg/2ml	75
betamethasone valerate foam 0.12 %	92	budesonide susp 0.5 mg/2ml	75
BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	92	BUMINATE SOLN 5 % [albumin, human]	32
betaxolol hcl soln 0.5 %	70	BUPHENYL TABS 500 MG [sodium phenylbutyrate]	64
bethanechol chloride tabs 10 mg	29	BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [bupivacaine hcl]	81
bethanechol chloride tabs 25 mg	29	bupivacaine hcl (pf) soln 0.25 %	81
bethanechol chloride tabs 5 mg	29	bupivacaine hcl (pf) soln 0.5 %	81
bethanechol chloride tabs 50 mg	29	bupivacaine hcl (pf) soln 0.75 %	81
BEXSERO SUSY [meningococcal vac group b (recombant omv adjuvanted)]	90	bupivacaine hcl soln 0.25 %	81
bicalutamide tabs 50 mg	22	bupivacaine hcl soln 0.5 %	81
BICILLIN L-A SUSP 1200000 UNIT/2ML [penicillin g benzathine]	12	bupivacaine in dextrose soln 0.75-8.25 %	81
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine]	12	buprenorphine hcl soln 0.3 mg/ml	43
BICILLIN L-A SUSP 600000 UNIT/ML [penicillin g benzathine]	12	buprenorphine hcl-naloxone hcl subl 2-0.5 mg	43
BICNU SOLR 100 MG [carmustine]	22	buprenorphine hcl-naloxone hcl subl 8-2 mg	43
BIKTARVY TABS 50-200-25 MG [bictegravir- emtricitabine-tenofovir alafenamide fumarate]	18	bupropion hcl er (sr) tb12 100 mg	54
BIO GLO STRP 1 MG [fluorescein sodium topical]	63	bupropion hcl er (sr) tb12 150 mg	54
BIOTIN-D POWD [biotin (bulk)]	86	bupropion hcl er (sr) tb12 200 mg	54
bisoprolol fumarate tabs 10 mg	37	bupropion hcl er (xl) tb24 150 mg	54
bisoprolol fumarate tabs 5 mg	37	bupropion hcl er (xl) tb24 300 mg	54
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	37	bupropion hcl tabs 100 mg	54
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	37	bupropion hcl tabs 75 mg	54
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	38	bupirone hcl tabs 10 mg	51
bleomycin sulfate solr 15 unit	22	bupirone hcl tabs 15 mg	51
BORIC ACID POWD [boric acid (bulk)]	86	bupirone hcl tabs 30 mg	51
BOTOX SOLR 200 UNIT [onabotulinumtoxina]	82	bupirone hcl tabs 5 mg	51
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	82	butorphanol tartrate soln 1 mg/ml	43
		butorphanol tartrate soln 2 mg/ml	43
		BYDUREON BCISE AUIJ 2 MG/0.85ML [exenatide]	76
		BYDUREON PEN 2 MG [exenatide]	76
		C	
		cabergoline tabs 0.5 mg	50
		CABOMETYX TABS 20 MG [cabozantinib s- malate]	22
		CABOMETYX TABS 40 MG [cabozantinib s- malate]	22
		CABOMETYX TABS 60 MG [cabozantinib s- malate]	22

caffeine citrate soln 60 mg/3ml	46	CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	38
calcipotriene crea 0.005 %	94	CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	38
calcipotriene soln 0.005 %	94	CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	38
calcitonin (salmon) soln 200 unit/act	80	CARDENE IV SOLN 40-5 MG/200ML-% [nicardipine hcl in dextrose]	38
calcitriol caps 0.25 mcg	97	CARIMUNE NF SOLR 12 GM [immune globulin (human) iv]	88
calcitriol caps 0.5 mcg	97	CARIMUNE NF SOLR 6 GM [immune globulin (human) iv]	88
calcium acetate (phos binder) caps 667 mg 66		carmustine solr 100 mg	22
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	66	carvedilol tabs 12.5 mg	38
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	66	carvedilol tabs 25 mg	38
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	22	carvedilol tabs 3.125 mg	38
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	22	carvedilol tabs 6.25 mg	38
CANASA SUPP 1000 MG [mesalamine]	72	CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	73
CANDIN SOLN [candida albicans skin test antigen]	63	CATHFLO ACTIVASE SOLR 2 MG [alteplase]	35
capecitabine tabs 150 mg	22	CAVERJECT IMPULSE KIT 10 MCG [alprostadil (vasodilator)]	42
capecitabine tabs 500 mg	22	CAVERJECT IMPULSE KIT 20 MCG [alprostadil (vasodilator)]	42
CAPRELSA TABS 100 MG [vandetanib]	22	CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)]	42
CAPRELSA TABS 300 MG [vandetanib]	22	CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)]	42
CARAFATE SUSP 1 GM/10ML [sucralfate] ... 72		cefaclor caps 250 mg	12
carbamazepine chew 100 mg	48	cefaclor caps 500 mg	12
carbamazepine er cp12 100 mg	48	cefadroxil caps 500 mg	12
carbamazepine er cp12 200 mg	48	cefazolin sodium solr 1 gm	12
carbamazepine er cp12 300 mg	48	cefazolin sodium solr 500 mg	12
carbamazepine er tb12 100 mg	48	cefazolin sodium-dextrose soln 1-4 gm/50ml-%	12
carbamazepine er tb12 200 mg	48	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose] 12	
carbamazepine er tb12 400 mg	48	cefdinir susr 125 mg/5ml	12
carbamazepine susp 100 mg/5ml	48	cefdinir susr 250 mg/5ml	12
carbamazepine tabs 200 mg	48	cefepime hcl solr 1 gm	12
carbidopa tabs 25 mg	50	cefepime hcl solr 2 gm	12
carbidopa-levodopa er tbcr 25-100 mg	50	CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	12
carbidopa-levodopa er tbcr 50-200 mg	50	CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	12
carbidopa-levodopa tabs 10-100 mg	50	cefixime susr 100 mg/5ml	12
carbidopa-levodopa tabs 25-100 mg	50	cefotaxime sodium inj 10gm	12
carbidopa-levodopa tabs 25-250 mg	50	cefotaxime sodium solr 2 gm	12
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	50	cefotetan disodium solr 1 gm	12
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	50		
carbidopa-levodopa-entacapone tabs 25-100-200 mg	50		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	50		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	51		
carbidopa-levodopa-entacapone tabs 50-200-200 mg	51		

CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [<i>cefotetan disodium and dextrose</i>]	12	<i>chlordiazepoxide hcl caps 10 mg</i>	51
<i>cefoxitin sodium inj 1gm</i>	12	<i>chlordiazepoxide hcl caps 25 mg</i>	51
<i>cefoxitin sodium solr 10 gm</i>	12	<i>chlordiazepoxide hcl caps 5 mg</i>	51
<i>cefoxitin sodium solr 2 gm</i>	12	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	28
<i>cefpodoxime proxetil tabs 100 mg</i>	12	<i>chlorhexidine gluconate soln 0.12 %</i>	69
<i>cefpodoxime proxetil tabs 200 mg</i>	12	CHLOROFORM SOL [<i>chloroform</i>]	86
<i>ceftazidime solr 6 gm</i>	13	<i>chloroprocaine hcl (pf) soln 2 %</i>	81
CEFTIN SUSR 125 MG/5ML [<i>cefuroxime axetil</i>]	13	<i>chloroquine phosphate tabs 250 mg</i>	17
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	13	<i>chloroquine phosphate tabs 500 mg</i>	17
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	13	<i>chlorpromazine hcl soln 25 mg/ml</i>	54
<i>ceftriaxone sodium solr 1 gm</i>	13	<i>chlorpromazine hcl tabs 10 mg</i>	54
<i>ceftriaxone sodium solr 10 gm</i>	13	<i>chlorpromazine hcl tabs 100 mg</i>	54
<i>ceftriaxone sodium solr 2 gm</i>	13	<i>chlorpromazine hcl tabs 200 mg</i>	54
<i>ceftriaxone sodium solr 250 mg</i>	13	<i>chlorpromazine hcl tabs 25 mg</i>	54
<i>ceftriaxone sodium solr 500 mg</i>	13	<i>chlorpromazine hcl tabs 50 mg</i>	54
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	13	<i>chlorthalidone tabs 25 mg</i>	65
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	13	<i>chlorthalidone tabs 50 mg</i>	65
<i>cefuroxime axetil tabs 250 mg</i>	13	<i>cholestyramine light pack 4 gm</i>	37
<i>cefuroxime axetil tabs 500 mg</i>	13	<i>cholestyramine light powd 4 gm/dose</i>	37
<i>cefuroxime sodium solr 1.5 gm</i>	13	<i>cholestyramine pack 4 gm</i>	37
<i>cefuroxime sodium solr 750 mg</i>	13	<i>cholestyramine powd 4 gm/dose</i>	37
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	48	CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	66
<i>cephalexin caps 250 mg</i>	13	<i>cidofovir soln 75 mg/ml</i>	18
<i>cephalexin caps 500 mg</i>	13	CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	18
<i>cephalexin susr 125 mg/5ml</i>	13	<i>cimetidine hcl soln 300 mg/5ml</i>	72
<i>cephalexin susr 250 mg/5ml</i>	13	<i>cinacalcet hcl tabs 30 mg</i>	82
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	82	<i>cinacalcet hcl tabs 60 mg</i>	82
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	85	<i>cinacalcet hcl tabs 90 mg</i>	82
CHANTIX CONTINUING MONTH PAK TABS 1 MG [<i>varenicline tartrate</i>]	29	CINRYZE SOLR 500 UNIT [<i>c1 esterase inhibitor (human)</i>]	82
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 [<i>varenicline tartrate</i>]	29	CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	13
CHANTIX TABS 0.5 MG [<i>varenicline tartrate</i>]	29	CIPRO SUSR 500 MG/5ML (10%) [<i>ciprofloxacin</i>]	13
CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	29	CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	69
CHEMET CAPS 100 MG [<i>succimer</i>]	74	<i>ciprofloxacin hcl soln 0.3 %</i>	69
CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	87	<i>ciprofloxacin hcl tabs 250 mg</i>	13
<i>chloramphenicol sod succinate solr 1 gm</i>	13	<i>ciprofloxacin hcl tabs 500 mg</i>	13
		<i>ciprofloxacin hcl tabs 750 mg</i>	13
		<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	13
		<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	30
		<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	30
		<i>cisatracurium besylate soln 20 mg/10ml</i>	30
		<i>cisplatin soln 100 mg/100ml</i>	22

citalopram hydrobromide soln 10 mg/5ml ...	54	in d15w]	64
citalopram hydrobromide tabs 10 mg	54	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
citalopram hydrobromide tabs 20 mg	54	[amino acid electrolyte w/ calcium infusion	
citalopram hydrobromide tabs 40 mg	54	in d20w]	64
cladribine soln 10 mg/10ml	22	CLINIMIX E/DEXTROSE (5/25) SOLN 5 %	
clarithromycin susr 125 mg/5ml	13	[amino acid electrolyte w/ calcium infusion	
clarithromycin susr 250 mg/5ml	13	in d25w]	64
clarithromycin tabs 250 mg	13	CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 %	
CLARITHROMYCIN TABS 500 MG		[amino acid infusion in d5w]	64
[clarithromycin]	13	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
CLEOCIN IN D5W SOLN 900 MG/50ML		[amino acid infusion in d10w]	64
[clindamycin phosphate in d5w]	13	CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 %	
CLEVIPREX EMUL 25 MG/50ML [clevidipine]		[amino acid infusion in d20w]	64
.....	39	CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 %	
CLEVIPREX EMUL 50 MG/100ML [clevidipine]		[amino acid infusion in d25w]	64
.....	39	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM		[amino acid infusion in d5w]	64
[insulin pen needle]	60	CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino	
CLIMARA PTWK 0.025 MG/24HR [estradiol]	79	acid infusion in d15w]	64
CLIMARA PTWK 0.0375 MG/24HR [estradiol]		CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino	
.....	79	acid infusion in d20w]	64
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	79	CLINIMIX/DEXTROSE (5/25) SOLN 5 % [amino	
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	79	acid infusion in d25w]	65
CLIMARA PTWK 0.075 MG/24HR [estradiol]	79	clobetasol propionate crea 0.05 %	92
CLIMARA PTWK 0.1 MG/24HR [estradiol]	79	clobetasol propionate gel 0.05 %	92
clindamycin hcl caps 150 mg	13	clobetasol propionate lotn 0.05 %	92
clindamycin hcl caps 300 mg	13	clobetasol propionate oint 0.05 %	92
clindamycin palmitate hcl solr 75 mg/5ml ...	13	CLOBETASOL PROPIONATE POW PROPIONA	
clindamycin phosphate crea 2 %	91	[clobetasol propionate]	86
clindamycin phosphate gel 1 %	91	clobetasol propionate soln 0.05 %	92
clindamycin phosphate lotn 1 %	91	CLOBEX LOTN 0.05 % [clobetasol propionate]	
clindamycin phosphate soln 1 %	91	.....	91
clindamycin phosphate soln 9000 mg/60ml	13	CLOBEX SPRAY LIQD 0.05 % [clobetasol	
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %		propionate]	91
[amino acid electrolyte w/ calcium infusion		clomiphene citrate tabs 50 mg	79
in d10w]	64	clomipramine hcl caps 25 mg	54
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %		clomipramine hcl caps 50 mg	54
[amino acid electrolyte w/ calcium infusion		clomipramine hcl caps 75 mg	54
in d5w]	64	clonazepam tabs 0.5 mg	48
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %		clonazepam tabs 1 mg	48
[amino acid electrolyte w/ calcium infusion		clonazepam tabs 2 mg	48
in d10w]	64	CLONIDINE HCL POWD [clonidine hcl]	86
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 %		clonidine hcl tabs 0.1 mg	40
[amino acid electrolyte w/ calcium infusion		clonidine hcl tabs 0.2 mg	40
in d25w]	64	clonidine hcl tabs 0.3 mg	40
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %		clonidine ptwk 0.1 mg/24hr	40
[amino acid electrolyte w/ calcium infusion		clonidine ptwk 0.2 mg/24hr	40
in d5w]	64	clonidine ptwk 0.3 mg/24hr	40
CLINIMIX E/DEXTROSE (5/15) SOLN 5 %		clopidogrel bisulfate tabs 75 mg	35
[amino acid electrolyte w/ calcium infusion		clorazepate dipotassium tabs 15 mg	51

clorazepate dipotassium tabs 3.75 mg	51	CORDRAN TAPE 4 MCG/SQCM	
clorazepate dipotassium tabs 7.5 mg	51	[flurandrenolide]	92
CLOTRIMAZOLE CRYSTALS [clotrimazole		cortisone acetate tabs 25 mg	75
(topical)]	86	CORTISPORIN OINT 1 % [bacitracin-	
clotrimazole troc 10 mg	91	polymyxin-neomycin hc]	92
clozapine tabs 100 mg	54	COSENTYX (300 MG DOSE) SOSY 150 MG/ML	
clozapine tabs 200 mg	54	[secukinumab]	94
clozapine tabs 25 mg	54	COSENTYX SENSOREADY (300 MG) SOAJ	
clozapine tabs 50 mg	54	150 MG/ML [secukinumab]	94
COAL TAR SOLN 20 % [coal tar (crude)]	86	COSENTYX SENSOREADY PEN SOAJ 150	
COARTEM TABS 20-120 MG [artemether-		MG/ML [secukinumab]	94
lumefantrine]	17	COSENTYX SOSY 150 MG/ML [secukinumab]	
CODEINE SULFATE TABS 15 MG [codeine		.....	94
sulfate]	43	COSMEGEN SOLR 0.5 MG [dactinomycin] ..	22
CODEINE SULFATE TABS 30 MG [codeine		COTELLIC TABS 20 MG [cobimetinib	
sulfate]	43	fumarate]	22
CODEINE SULFATE TABS 60 MG [codeine		CREON CPEP 12000 UNIT [pancrelipase	
sulfate]	43	(lipase-protease-amylase)]	73
COLCHICINE CAPS 0.6 MG [colchicine]	82	CREON CPEP 24000-76000 UNIT	
colestipol hcl gran 5 gm	37	[pancrelipase (lipase-protease-amylase)] 73	
colestipol hcl pack 5 gm	37	CREON CPEP 3000-9500 UNIT [pancrelipase	
colestipol hcl tabs 1 gm	37	(lipase-protease-amylase)]	73
COLLODION FLEXIBLE LIQD [collodion		CREON CPEP 36000 UNIT [pancrelipase	
flexible]	86	(lipase-protease-amylase)]	73
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML		CREON CPEP 6000 UNIT [pancrelipase	
[neomycin-colistin-hc-thonzonium]	70	(lipase-protease-amylase)]	73
COMBIVENT RESPIMAT AERS 20-100		CRIXIVAN CAPS 200 MG [indinavir sulfate] .	18
MCG/ACT [ipratropium-albuterol]	31	CRIXIVAN CAPS 400 MG [indinavir sulfate] .	18
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80		CROFAB SOLR [crotalidae polyvalent	
& 1 X 20 MG [cabozantinib s-malate]	22	immune fab (ovine)]	88
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80		cromolyn sodium conc 100 mg/5ml	87
& 3 X 20 MG [cabozantinib s-malate]	22	cromolyn sodium nebu 20 mg/2ml	87
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG		cromolyn sodium soln 4 %	70
[cabozantinib s-malate]	22	C-TOPICAL SOLN 4 % [cocaine hcl]	71
COMPLERA TABS 200-25-300 MG		CUBICIN SOLR 500 MG [daptomycin]	13
[emtricitabine- rilpivirine-tenofovir		CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric	
disoproxil fumarate]	18	chloride]	66
CONCERTA TBCR 18 MG [methylphenidate		CUROSURF SUSP 120 MG/1.5ML [poractant	
hcl]	46	alfa]	87
CONCERTA TBCR 27 MG [methylphenidate		CUROSURF SUSP 240 MG/3ML [poractant	
hcl]	47	alfa]	87
CONCERTA TBCR 36 MG [methylphenidate		CUVPOSA SOLN 1 MG/5ML [glycopyrrolate] 28	
hcl]	47	cyanocobalamin soln 1000 mcg/ml	96
CONCERTA TBCR 54 MG [methylphenidate		cyclobenzaprine hcl tabs 10 mg	30
hcl]	47	cyclobenzaprine hcl tabs 5 mg	30
CONDYLOX GEL 0.5 % [podofilox]	94	cyclopentolate hcl soln 1 %	71
CONRAY SOLN 60 % [iothalamate		CYCLOPHOSPHAMIDE CAPS 25 MG	
meglumine]	63	[cyclophosphamide]	22
COPIKTRA CAPS 15 MG [duvelisib]	22	CYCLOPHOSPHAMIDE CAPS 50 MG	
COPIKTRA CAPS 25 MG [duvelisib]	22	[cyclophosphamide]	22

cyclophosphamide solr 1 gm	22
cyclophosphamide solr 2 gm	22
cyclophosphamide solr 500 mg	22
cycloserine caps 250 mg	16
cyproheptadine hcl syrps 2 mg/5ml	21
cyproheptadine hcl tabs 4 mg	21
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	22
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	22
CYSTADANE POWD [betaine]	82
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	82
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	82
CYTOGAM INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	88
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	63
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	63

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dacarbazine solr 100 mg	23
dacarbazine solr 200 mg	23
dactinomycin inj 0.5mg	23
DAKLINZA TABS 30 MG [daclatasvir dihydrochloride]	18
DAKLINZA TABS 60 MG [daclatasvir dihydrochloride]	18
danazol caps 100 mg	76
danazol caps 200 mg	76
danazol caps 50 mg	76
dantrolene sodium caps 100 mg	30
dantrolene sodium caps 25 mg	30
dantrolene sodium caps 50 mg	30
dapsone tabs 100 mg	16
dapsone tabs 25 mg	16
DARAPRIM TABS 25 MG [pyrimethamine] ...	17
DARZALEX SOLN 100 MG/5ML [daratumumab]	23
DARZALEX SOLN 400 MG/20ML [daratumumab]	23
daunorubicin hcl soln 20 mg/4ml	23
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	80
deferasirox tabs 360 mg	74
deferasirox tabs 90 mg	74
deferoxamine mesylate inj 2gm	74
deferoxamine mesylate solr 500 mg	74

DELESTROGEN OIL 10 MG/ML [estradiol valerate]	79
DELESTROGEN OIL 20 MG/ML [estradiol valerate]	79
DELESTROGEN OIL 40 MG/ML [estradiol valerate]	79
DEPEN TITRATABS TABS 250 MG [penicillamine]	74
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	80
DESCOVY TABS 200-25 MG [emtricitabine- tenofovir alafenamide fumarate]	18
desipramine hcl tabs 10 mg	54
desipramine hcl tabs 100 mg	54
desipramine hcl tabs 150 mg	54
desipramine hcl tabs 25 mg	54
desipramine hcl tabs 50 mg	54
desipramine hcl tabs 75 mg	54
desmopressin ace spray refrig soln 0.01 %	80
desmopressin acetate soln 4 mcg/ml	80
desmopressin acetate spray soln 0.01 %	80
desmopressin acetate tabs 0.1 mg	80
desmopressin acetate tabs 0.2 mg	80
desonide oint 0.05 %	92
desoximetasone crea 0.25 %	92
dexamethasone elix 0.5 mg/5ml	75
dexamethasone sodium phosphate soln 0.1 %	70
dexamethasone sodium phosphate soln 10 mg/ml	75
dexamethasone sodium phosphate soln 4 mg/ml	75
dexamethasone soln 0.5 mg/5ml	75
dexamethasone tabs 0.5 mg	75
dexamethasone tabs 0.75 mg	75
dexamethasone tabs 1 mg	75
dexamethasone tabs 1.5 mg	75
dexamethasone tabs 2 mg	75
dexamethasone tabs 4 mg	75
dexamethasone tabs 6 mg	75
dexmethylphenidate hcl er cp24 10 mg	47
dexmethylphenidate hcl er cp24 15 mg	47
dexmethylphenidate hcl er cp24 20 mg	47
dexmethylphenidate hcl er cp24 25 mg	47
dexmethylphenidate hcl er cp24 30 mg	47
dexmethylphenidate hcl er cp24 35 mg	47
dexmethylphenidate hcl er cp24 40 mg	47
dexmethylphenidate hcl er cp24 5 mg	47
dexmethylphenidate hcl tabs 10 mg	47

dexmethylphenidate hcl tabs 2.5 mg	47	didanosine cap 125mg	18
dexmethylphenidate hcl tabs 5 mg	47	didanosine cpdr 200 mg	18
dextroamphetamine sulfate er cp24 10 mg .	47	didanosine cpdr 250 mg	18
dextroamphetamine sulfate er cp24 15 mg .	47	didanosine cpdr 400 mg	18
dextroamphetamine sulfate er cp24 5 mg ...	47	DIFFERIN CREA 0.1 % [adapalene]	94
dextroamphetamine sulfate tabs 10 mg	47	DIFFERIN GEL 0.1 % [adapalene]	94
dextroamphetamine sulfate tabs 5 mg	47	DIFFERIN GEL 0.3 % [adapalene]	94
DEXTROSE 5%/ELECTROLYTE #48 SOLN		DIGIFAB SOLR 40 MG [digoxin immune fab]	88
[electrolyte-48 in dextrose]	66	DIGOXIN SOLN 0.05 MG/ML [digoxin]	39
DEXTROSE IN LACTATED RINGERS SOLN 5		digoxin tabs 125 mcg	39
% [dextrose in lactated ringers].....	66	digoxin tabs 250 mcg	39
DEXTROSE SOLN 10 % [dextrose].....	65	dihydroergotamine mesylate soln 1 mg/ml ..	30
DEXTROSE SOLN 20 % [dextrose].....	65	diltiazem hcl er coated beads cp24 180 mg .	39
DEXTROSE SOLN 40 % [dextrose].....	65	diltiazem hcl er cp12 120 mg	39
DEXTROSE SOLN 5 % [dextrose].....	65	diltiazem hcl er cp12 60 mg	39
DEXTROSE SOLN 50 % [dextrose].....	65	diltiazem hcl er cp12 90 mg	39
DEXTROSE SOLN 70 % [dextrose].....	65	diltiazem hcl er cp24 120 mg	39
DEXTROSE-NACL SOLN 10-0.45 % [dextrose		diltiazem hcl er cp24 180 mg	39
w/ sodium chloride]	66	diltiazem hcl er cp24 240 mg	39
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose		DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	
w/ sodium chloride]	66	.....	86
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/		diltiazem hcl tabs 120 mg	39
sodium chloride]	66	diltiazem hcl tabs 30 mg	39
DEXTROSE-NACL SOLN 5-0.33 % [dextrose		diltiazem hcl tabs 60 mg	39
w/ sodium chloride]	67	diltiazem hcl tabs 90 mg	39
DEXTROSE-NACL SOLN 5-0.45 % [dextrose		DIPHENHYDRAMINE HCL CAPS 25 MG	
w/ sodium chloride]	67	[diphenhydramine hcl]	21
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/		DIPHENHYDRAMINE HCL CAPS 50 MG	
sodium chloride]	67	[diphenhydramine hcl]	21
DIASTAT ACUDIAL GEL 10 MG [diazepam		diphenhydramine hcl soln 50 mg/ml	21
(anticonvulsant)]	51	diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	
DIASTAT ACUDIAL GEL 20 MG [diazepam		.....	72
(anticonvulsant)]	52	diphenoxylate-atropine tabs 2.5-0.025 mg ...	72
DIASTAT PEDIATRIC GEL 2.5 MG [diazepam		DIPHThERIA-TETANUS TOXOIDS DT SUSP	
(anticonvulsant)]	52	25-5 LFU/0.5ML [diphtheria-tetanus toxoids	
DIASTIX STRP [glucose urine test-(glucose		(dt)]	89
oxidase)]	63	dipyridamole tabs 25 mg	42
diazepam soln 5 mg/5ml	52	dipyridamole tabs 50 mg	42
diazepam soln 5 mg/ml	52	dipyridamole tabs 75 mg	42
diazepam tabs 10 mg	52	disopyramide phosphate caps 100 mg	39
diazepam tabs 2 mg	52	disopyramide phosphate caps 150 mg	39
diazepam tabs 5 mg	52	disulfiram tabs 250 mg	82
diclofenac sodium gel 1 %	94	disulfiram tabs 500 mg	82
diclofenac sodium soln 0.1 %	70	divalproex sodium csdr 125 mg	48
diclofenac sodium soln 1.5 %	94	divalproex sodium er tb24 250 mg	48
dicloxacillin sodium caps 250 mg	13	divalproex sodium er tb24 500 mg	48
dicloxacillin sodium caps 500 mg	13	divalproex sodium tbec 125 mg	48
dicyclomine hcl caps 10 mg	28	divalproex sodium tbec 250 mg	48
dicyclomine hcl soln 10 mg/5ml	28	divalproex sodium tbec 500 mg	48
dicyclomine hcl tabs 20 mg	28	dobutamine hcl soln 250 mg/20ml	31

DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% <i>[dobutamine in d5w]</i>	31	<i>doxycycline monohydrate susr 25 mg/5ml</i> ..	14
DOBUTAMINE IN D5W SOLN 2 MG/ML <i>[dobutamine in d5w]</i>	31	<i>doxycycline monohydrate tabs 100 mg</i>	14
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML <i>[docetaxel]</i>	23	<i>doxycycline monohydrate tabs 50 mg</i>	14
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML <i>[docetaxel]</i>	23	DRITHO-CREME HP CREA 1 % <i>[anthralin]</i>	94
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML <i>[docetaxel]</i>	23	<i>droperidol soln 2.5 mg/ml</i>	52
<i>docetaxel conc 80 mg/4ml</i>	23	<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	78
DOCUSATE SODIUM LIQD 50 MG/5ML <i>[docusate sodium]</i>	73	<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	78
<i>dofetilide caps 125 mcg</i>	39	DRYSOL SOLN 20 % <i>[aluminum chloride]</i>	93
<i>dofetilide caps 250 mcg</i>	39	<i>duloxetine hcl cpep 20 mg</i>	54
<i>dofetilide caps 500 mcg</i>	40	<i>duloxetine hcl cpep 30 mg</i>	54
<i>donepezil hcl tabs 10 mg</i>	29	<i>duloxetine hcl cpep 60 mg</i>	54
DONEPEZIL HCL TABS 5 MG <i>[donepezil</i> <i>hydrochloride]</i>	29	DUOPA SUSP 4.63-20 MG/ML <i>[carbidopa-</i> <i>levodopa]</i>	51
<i>donepezil hcl tbdp 10 mg</i>	29	DURAMORPH SOLN 1 MG/ML <i>[morphine</i> <i>sulfate]</i>	43
<i>donepezil hcl tbdp 5 mg</i>	29	D-XYLOSE POWD <i>[d-xylose]</i>	63
DONNATAL ELIX 16.2 MG/5ML <i>[phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine]</i>	28	DYRENIUM CAPS 100 MG <i>[triamterene]</i>	65
DONNATAL TABS 16.2 MG <i>[phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine]</i>	28	DYRENIUM CAPS 50 MG <i>[triamterene]</i>	65
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% <i>[dopamine in d5w]</i>	31	E	
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% <i>[dopamine in d5w]</i>	31	EASY TOUCH SAFETY SYRINGE MISC 20G X 1	60
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% <i>[dopamine in d5w]</i>	31	EDECRIN TABS 25 MG <i>[ethacrynic acid]</i>	65
<i>dorzolamide hcl soln 2 %</i>	70	EDEX KIT 40 MCG <i>[alprostadil (vasodilator)]</i>	42
<i>dorzolamide hcl-timolol mal soln 22.3-6.8</i> <i>mg/ml</i>	70	EDURANT TABS 25 MG <i>[rilpivirine hcl]</i>	18
DOVATO TABS 50-300 MG <i>[dolutegravir</i> <i>sodium-lamivudine]</i>	18	EEMT HS TABS 0.625-1.25 MG <i>[esterified</i> <i>estrogens & methyltestosterone]</i>	79
<i>doxazosin mesylate tabs 1 mg</i>	36	EEMT TABS 1.25-2.5 MG <i>[esterified estrogens</i> <i>& methyltestosterone]</i>	79
<i>doxazosin mesylate tabs 2 mg</i>	36	<i>efavirenz caps 200 mg</i>	18
<i>doxazosin mesylate tabs 4 mg</i>	36	<i>efavirenz caps 50 mg</i>	18
<i>doxazosin mesylate tabs 8 mg</i>	36	<i>efavirenz tabs 600 mg</i>	18
<i>doxepin hcl caps 10 mg</i>	54	EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	35
<i>doxepin hcl caps 100 mg</i>	54	EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	35
<i>doxepin hcl caps 150 mg</i>	54	ELAPRASE SOLN 6 MG/3ML <i>[idursulfase]</i> ..	69
<i>doxepin hcl caps 25 mg</i>	54	ELIDEL CREA 1 % <i>[pimecrolimus]</i>	94
<i>doxepin hcl caps 50 mg</i>	54	ELLA TABS 30 MG <i>[ulipristal acetate]</i>	78
<i>doxepin hcl caps 75 mg</i>	54	ELMIRON CAPS 100 MG <i>[pentosan</i> <i>polysulfate sodium]</i>	82
<i>doxepin hcl conc 10 mg/ml</i>	54	ELOCTATE SOLR 1000 UNIT <i>[antihemophilic</i> <i>factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	33
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	23	ELOCTATE SOLR 1500 UNIT <i>[antihemophilic</i> <i>factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	33
<i>doxorubicin hcl soln 2 mg/ml</i>	23	ELOCTATE SOLR 2000 UNIT <i>[antihemophilic</i> <i>factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	33
<i>doxycycline hyclate tabs 20 mg</i>	13		

.....	33	velpatasvir]	18
ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	94
.....	33	EPIDUO GEL 0.1-2.5 % [adapalene-benzoyl peroxide]	94
ELOCTATE SOLR 3000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	31
.....	33	epinephrine soaj 0.15 mg/0.15ml	31
ELOCTATE SOLR 4000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	epinephrine soaj 0.3 mg/0.3ml	31
.....	33	EPINEPHRINE SOLN 30 MG/30ML [epinephrine]	31
ELOCTATE SOLR 500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	31
.....	33	EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [epinephrine (anaphylaxis)]	31
ELOCTATE SOLR 5000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	18
.....	33	EPIVIR HBV TABS 100 MG [lamivudine (hbv)]	18
ELOCTATE SOLR 6000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	ERBITUX SOLN 100 MG/50ML [cetuximab]	23
.....	33	ERBITUX SOLN 200 MG/100ML [cetuximab]	23
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	ergotamine-caffeine tabs 1-100 mg	50
.....	33	ERIVEDGE CAPS 150 MG [vismodegib]	23
ELTA TAR CREA 2 % [coal tar extract]	94	erlotinib hcl tabs 100 mg	23
EMCYT CAPS 140 MG [estramustine phosphate sodium]	23	erlotinib hcl tabs 150 mg	23
EMTRIVA CAPS 200 MG [emtricitabine]	18	erlotinib hcl tabs 25 mg	23
EMTRIVA SOLN 10 MG/ML [emtricitabine]	18	ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	23
ENBREL SOLR 25 MG [etanercept]	83	erythromycin oint 5 mg/gm	69
ENBREL SOSY 25 MG/0.5ML [etanercept]	83	erythromycin soln 2 %	91
ENBREL SOSY 50 MG/ML [etanercept]	83	escitalopram oxalate soln 5 mg/5ml	55
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	83	escitalopram oxalate tabs 10 mg	55
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	80	escitalopram oxalate tabs 20 mg	55
ENGERIX-B SUSP 10 MCG/0.5ML [hepatitis b vaccine (recomb)]	90	escitalopram oxalate tabs 5 mg	55
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)]	90	ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	38
entacapone tabs 200 mg	51	estradiol pttw 0.025 mg/24hr	79
entecavir tabs 0.5 mg	18	estradiol pttw 0.0375 mg/24hr	79
entecavir tabs 1 mg	18	estradiol pttw 0.05 mg/24hr	79
ENTRESTO TABS 24-26 MG [sacubitril-valsartan]	41	estradiol pttw 0.075 mg/24hr	79
ENTRESTO TABS 49-51 MG [sacubitril-valsartan]	41	estradiol ptwk 0.05 mg/24hr	79
ENTRESTO TABS 97-103 MG [sacubitril-valsartan]	41	estradiol ptwk 0.075 mg/24hr	79
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	63	estradiol tabs 0.5 mg	79
EPCLUSA TABS 400-100 MG [sofosbuvir-		estradiol tabs 1 mg	79
		estradiol tabs 2 mg	79
		estradiol valerate oil 20 mg/ml	79
		estradiol valerate oil 40 mg/ml	79
		ESTRING RING 2 MG [estradiol vaginal]	79
		ethacrynic acid tabs 25 mg	65

ethambutol hcl tabs 100 mg	17
ethambutol hcl tabs 400 mg	17
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	42
ethosuximide caps 250 mg	48
ethosuximide soln 250 mg/5ml	48
etidronate disodium tabs 200 mg	83
etidronate disodium tabs 400 mg	83
etodolac caps 200 mg	43
etodolac caps 300 mg	43
etodolac tabs 400 mg	43
etodolac tabs 500 mg	43
etoposide caps 50 mg	23
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	18
exemestane tabs 25 mg	23
EXJADE TBSO 125 MG [deferasirox]	74
EXJADE TBSO 250 MG [deferasirox]	74
EXJADE TBSO 500 MG [deferasirox]	74
EXTAVIA KIT 0.3 MG [interferon beta-1b]	83
EYLEA SOLN 2 MG/0.05ML [aflibercept]	71
EYLEA SOSY 2 MG/0.05ML [aflibercept]	71
ezetimibe tabs 10 mg	37

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FABRAZYME SOLR 35 MG [agalsidase beta]	69
FABRAZYME SOLR 5 MG [agalsidase beta] 69	
famotidine inj 10mg/ml	72
famotidine premixed soln 20-0.9 mg/50ml-%	72
famotidine soln 20 mg/2ml	72
famotidine soln 40 mg/4ml	72
famotidine susr 40 mg/5ml	73
famotidine tabs 20 mg	73
famotidine tabs 40 mg	73
fenofibrate tabs 160 mg	37
fenofibrate tabs 54 mg	37
fentanyl citrate (pf) soct 100 mcg/2ml	43
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	43
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	43
fentanyl pt72 100 mcg/hr	43
fentanyl pt72 12 mcg/hr	44
fentanyl pt72 25 mcg/hr	44
fentanyl pt72 50 mcg/hr	44
fentanyl pt72 75 mcg/hr	44
finasteride tabs 5 mg	83
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	83

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FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	14
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	14
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	88
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [immune globulin (human) iv]	88
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	88
FLEBOGAMMA DIF SOLN 5 GM/50ML [immune globulin (human) iv]	88
flecainide acetate tabs 100 mg	40
flecainide acetate tabs 150 mg	40
flecainide acetate tabs 50 mg	40
FLOVENT HFA AERO 44 MCG/ACT [fluticasone propionate hfa]	75
FLUAD SUSY 0.5 ML [influenza virus vaccine types a & b surface antigen adjuvant]	90
fluconazole in dextrose soln 200 mg/100ml	16
fluconazole in dextrose soln 400 mg/200ml	16
fluconazole in nacl inj nacl 200	16
fluconazole in nacl inj nacl 400	16
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	16
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	16
fluconazole susr 10 mg/ml	16
fluconazole susr 40 mg/ml	16
fluconazole tabs 100 mg	16
fluconazole tabs 150 mg	16
fluconazole tabs 200 mg	16
fluconazole tabs 50 mg	16
flucytosine caps 250 mg	16
flucytosine caps 500 mg	16
fludarabine phosphate solr 50 mg	23
fludrocortisone acetate tabs 0.1 mg	75
flunisolide soln 25 mcg/act (0.025%)	70
fluocinolone acetonide body oil 0.01 %	92
fluocinolone acetonide scalp oil 0.01 %	92
fluocinolone acetonide soln 0.01 %	92
fluocinonide gel 0.05 %	94
fluocinonide oint 0.05 %	92
fluocinonide soln 0.05 %	92
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	83
fluorometholone susp 0.1 %	70
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	94

fluorouracil crea 5 %	94
fluorouracil soln 2 %	94
fluorouracil soln 5 %	94
fluorouracil soln 500 mg/10ml	23
fluoxetine hcl caps 10 mg	55
fluoxetine hcl caps 20 mg	55
fluoxetine hcl caps 40 mg	55
fluoxetine hcl soln 20 mg/5ml	55
fluphenazine decanoate soln 25 mg/ml	55
fluphenazine hcl conc 5 mg/ml	55
fluphenazine hcl tabs 1 mg	55
fluphenazine hcl tabs 10 mg	55
fluphenazine hcl tabs 2.5 mg	55
fluphenazine hcl tabs 5 mg	55
flurbiprofen sodium soln 0.03 %	70
flutamide caps 125 mg	23
fluticasone propionate oint 0.005 %	92
fluticasone propionate susp 50 mcg/act	70
fluvoxamine maleate tabs 100 mg	55
fluvoxamine maleate tabs 25 mg	55
fluvoxamine maleate tabs 50 mg	55
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	90
FLUZONE SUSP [influenza virus vaccine split]	90
FML OINT 0.1 % [fluorometholone (ophth)]	70
folic acid soln 5 mg/ml	96
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	14
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	14
FORTAZ SOLR 500 MG [ceftazidime]	14
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	80
fosamprenavir calcium tabs 700 mg	18
fosaprepitant dimeglumine solr 150 mg	72
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	18
fulvestrant soln 250 mg/5ml	23
furosemide soln 10 mg/ml	65
FUROSEMIDE SOLN 10 MG/ML [furosemide]	65
furosemide soln 8 mg/ml	65
FUROSEMIDE TABS 20 MG [furosemide]	65
FUROSEMIDE TABS 40 MG [furosemide]	65
furosemide tabs 80 mg	65

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gabapentin caps 100 mg	48
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gabapentin caps 300 mg	48
gabapentin caps 400 mg	48
GABAPENTIN POWD [gabapentin (bulk)]	86
gabapentin tabs 600 mg	48
gabapentin tabs 800 mg	48
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	30
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	30
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	30
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	30
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	30
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	30
GABLOFEN SOSY 50 MCG/ML [baclofen]	30
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	63
galantamine hydrobromide er cp24 16 mg	29
galantamine hydrobromide er cp24 24 mg	29
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	29
galantamine hydrobromide tabs 12 mg	29
galantamine hydrobromide tabs 4 mg	30
galantamine hydrobromide tabs 8 mg	30
GAMASTAN S/D INJ [immune globulin (human) im]	88
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	88
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	88
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	88
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	88
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	89
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	89
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	89
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	89
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	89
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	89
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	89

ganciclovir sodium solr 500 mg	18	hcl (rdna)]	77
GARDASIL 9 SUSP [human papillomavirus (hpv) 9-valent recombinant vaccine]	90	GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	77
GARDASIL 9 SUSY [human papillomavirus (hpv) 9-valent recombinant vaccine]	90	GLUCAGON EMERGENCY KIT 1 MG [glucagon (rdna)]	78
GARDASIL SUSP [human papillomavirus (hpv) quadrivalent recombinant vaccine]	90	glyburide tabs 1.25 mg	77
gatifloxacin soln 0.5 %	69	glyburide tabs 2.5 mg	77
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	23	glyburide tabs 5 mg	77
GELFILM FILM [gelatin adsorbable (ophth)]	33	GLYCERIN LIQD [glycerin (bulk)]	86
GELFOAM SPONGE MISC 12-7 MM [gelatin absorbable]	33	GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	86
GELFOAM SPONGE SIZE 50 MISC [gelatin absorbable]	33	glycopyrrolate soln 0.4 mg/2ml	28
GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	72	glycopyrrolate tabs 1 mg	28
gemcitabine hcl solr 200 mg	23	glycopyrrolate tabs 2 mg	28
gemfibrozil tabs 600 mg	37	GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	73
GEMZAR SOLR 1 GM [gemcitabine hcl]	23	GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [follitropin alfa]	79
gentamicin in saline soln 0.8-0.9 mg/ml-% ..	14	GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [follitropin alfa]	80
gentamicin in saline soln 0.9-0.9 mg/ml-% ..	14	GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [follitropin alfa]	80
gentamicin in saline soln 1.2-0.9 mg/ml-% ..	14	GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	80
gentamicin in saline soln 1.4-0.9 mg/ml-% ..	14	GONAL-F SOLR 1050 UNIT [follitropin alfa]	80
gentamicin in saline soln 1.6-0.9 mg/ml-% ..	14	GONAL-F SOLR 450 UNIT [follitropin alfa] ..	80
gentamicin in saline soln 1-0.9 mg/ml-%	14	GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	83
gentamicin in saline soln 2-0.9 mg/ml-%	14	griseofulvin microsize susp 125 mg/5ml	16
gentamicin sulfate crea 0.1 %	91	griseofulvin microsize tabs 500 mg	16
gentamicin sulfate oint 0.1 %	91	griseofulvin ultramicrosize tabs 125 mg	16
gentamicin sulfate soln 0.3 %	69	griseofulvin ultramicrosize tabs 250 mg	16
gentamicin sulfate soln 40 mg/ml	14	guanfacine hcl er tb24 1 mg	53
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	19	guanfacine hcl er tb24 2 mg	53
GLEOSTINE CAPS 10 MG [lomustine]	23	guanfacine hcl er tb24 3 mg	53
GLEOSTINE CAPS 100 MG [lomustine]	23	guanfacine hcl er tb24 4 mg	53
GLEOSTINE CAPS 40 MG [lomustine]	23	guanfacine hcl tabs 1 mg	40
GLEOSTINE CAPS 5 MG [lomustine]	23	guanfacine hcl tabs 2 mg	40
glimepiride tabs 1 mg	76	GUANIDINE HCL TABS 125 MG [guanidine hcl]	30
glimepiride tabs 2 mg	76		
glimepiride tabs 4 mg	76		
glipizide tabs 10 mg	77		
glipizide tabs 5 mg	77		
glipizide tb24 10 mg	77		
glipizide tb24 2.5 mg	77		
glipizide tb24 5 mg	77		
glipizide-metformin hcl tabs 2.5-250 mg	77		
glipizide-metformin hcl tabs 2.5-500 mg	77		
glipizide-metformin hcl tabs 5-500 mg	77		
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon			

H

HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	83
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	83
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	23
haloperidol decanoate soln 100 mg/ml	55
haloperidol decanoate soln 50 mg/ml	55

<i>haloperidol lactate conc 2 mg/ml</i>	55	HEPARIN SODIUM (PORCINE) SOLN 10000	
<i>haloperidol lactate soln 5 mg/ml</i>	55	UNIT/ML [<i>heparin sodium (porcine)</i>].....	35
<i>haloperidol tabs 0.5 mg</i>	55	HEPARIN SODIUM (PORCINE) SOLN 20000	
<i>haloperidol tabs 1 mg</i>	55	UNIT/ML [<i>heparin sodium (porcine)</i>].....	35
<i>haloperidol tabs 10 mg</i>	55	HEPARIN SODIUM (PORCINE) SOLN 5000	
<i>haloperidol tabs 2 mg</i>	55	UNIT/ML [<i>heparin sodium (porcine)</i>].....	35
<i>haloperidol tabs 20 mg</i>	55	HEPARIN SODIUM LOCK FLUSH SOLN 100	
<i>haloperidol tabs 5 mg</i>	55	UNIT/ML [<i>heparin sodium (porcine) lock</i>	
HARVONI TABS 45-200 MG [<i>ledipasvir-</i>		<i>flush</i>]	35
<i>sofosbuvir</i>]	19	HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>] ...	23
HARVONI TABS 90-400 MG [<i>ledipasvir-</i>		HETASTARCH-NAACL SOLN 6-0.9 %	
<i>sofosbuvir</i>]	19	<i>[hetastarch in sodium chloride]</i>	67
HAVRIX SUSP 1440 EL U/ML [<i>hepatitis a</i>		HEXALEN CAPS 50 MG [<i>altretamine</i>]	23
<i>vaccine</i>]	90	HEXTEND SOLN 6 % [<i>hetastarch in lactated</i>	
HAVRIX SUSP 720 EL U/0.5ML [<i>hepatitis a</i>		<i>electrolyte</i>]	67
<i>vaccine</i>]	90	HIZENTRA SOLN 1 GM/5ML [<i>immune globulin</i>	
HELIXATE FS KIT 250 UNIT [<i>antihemophilic</i>		<i>(human) subcutaneous</i>].....	89
<i>factor (recombinant)</i>].....	33	HIZENTRA SOLN 10 GM/50ML [<i>immune</i>	
HEMABATE SOLN 250 MCG/ML [<i>carboprost</i>		<i>globulin (human) subcutaneous</i>].....	89
<i>tromethamine</i>].....	85	HIZENTRA SOLN 2 GM/10ML [<i>immune</i>	
HEMLIBRA SOLN 105 MG/0.7ML [<i>emicizumab-</i>		<i>globulin (human) subcutaneous</i>].....	89
<i>kxwh</i>]	33	HIZENTRA SOLN 4 GM/20ML [<i>immune</i>	
HEMLIBRA SOLN 150 MG/ML [<i>emicizumab-</i>		<i>globulin (human) subcutaneous</i>].....	89
<i>kxwh</i>]	33	HOMATROPAIRE SOLN 5 % [<i>homatropine</i>	
HEMLIBRA SOLN 30 MG/ML [<i>emicizumab-</i>		<i>hbr</i>].....	71
<i>kxwh</i>]	33	HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>	
HEMLIBRA SOLN 60 MG/0.4ML [<i>emicizumab-</i>		.....	77
<i>kxwh</i>]	33	HUMATE-P SOLR 1000-2400 UNIT	
HEMOFIL M INJ 220-400 [<i>antihemophilic</i>		<i>[antihemophilic factor/von willebrand</i>	
<i>factor (human)</i>]	33	<i>factor complex (human)]</i>	33
HEMOFIL M SOLR 1000 UNIT [<i>antihemophilic</i>		HUMATE-P SOLR 250-600 UNIT	
<i>factor (human)</i>]	33	<i>[antihemophilic factor/von willebrand</i>	
HEMOFIL M SOLR 1700 UNIT [<i>antihemophilic</i>		<i>factor complex (human)]</i>	33
<i>factor (human)</i>]	33	HUMATE-P SOLR 500-1200 UNIT	
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9		<i>[antihemophilic factor/von willebrand</i>	
UT/500ML-% [<i>heparin (porcine) in sodium</i>		<i>factor complex (human)]</i>	33
<i>chloride</i>]	35	HUMIRA PEN PNKT 40 MG/0.8ML	
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9		<i>[adalimumab]</i>	83
UNIT/L-% [<i>heparin (porcine) in sodium</i>		HUMIRA PSKT 10 MG/0.2ML [<i>adalimumab</i>]..	83
<i>chloride</i>]	35	HUMIRA PSKT 20 MG/0.4ML [<i>adalimumab</i>]..	83
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML		HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>]..	83
<i>[heparin sodium (porcine) lock flush]</i>	35	HUMULIN 70/30 KWIKPEN SUPN (70-30) 100	
HEPARIN SOD (PORCINE) IN D5W SOLN		UNIT/ML [<i>insulin nph isophane & reg</i>	
25000-5 UT/500ML-% [<i>heparin sod (porcine)</i>		<i>(human)]</i>	77
<i>in d5w]</i>	35	HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5		<i>[insulin nph isophane & reg (human)]</i>	77
UNIT/ML-% [<i>heparin sod (porcine) in d5w]</i>		HUMULIN N KWIKPEN SUPN 100 UNIT/ML	
.....	35	<i>[insulin nph (human) (isophane)]</i>	77
HEPARIN SODIUM (PORCINE) SOLN 1000		HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph</i>	
UNIT/ML [<i>heparin sodium (porcine)</i>]	35	<i>(human) (isophane)]</i>	77

HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	77
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	77
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	77
HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	23
HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	23
<i>hydralazine hcl soln 20 mg/ml</i>	40
<i>hydralazine hcl tabs 10 mg</i>	40
<i>hydralazine hcl tabs 100 mg</i>	40
<i>hydralazine hcl tabs 25 mg</i>	40
<i>hydralazine hcl tabs 50 mg</i>	40
<i>hydrochlorothiazide tabs 12.5 mg</i>	65
<i>hydrochlorothiazide tabs 25 mg</i>	65
<i>hydrochlorothiazide tabs 50 mg</i>	65
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	44
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	44
<i>hydrocodone-homatropine syrp 5-1.5 mg/5ml</i>	87
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	93
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	92
<i>hydrocortisone crea 2.5 %</i>	92
<i>hydrocortisone enem 100 mg/60ml</i>	92
<i>hydrocortisone lotn 2.5 %</i>	92
<i>hydrocortisone oint 2.5 %</i>	92
HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>]	86
<i>hydrocortisone tabs 10 mg</i>	75
<i>hydrocortisone tabs 20 mg</i>	75
<i>hydrocortisone tabs 5 mg</i>	75
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	91
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [<i>hydrocortisone acetate w/ pramoxine</i>]	93
<i>hydromorphone hcl liqd 1 mg/ml</i>	44
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	44
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	44
HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>]	44
HYDROMORPHONE HCL SOLN 2 MG/ML [<i>hydromorphone hcl</i>]	44
HYDROMORPHONE HCL SOLN 4 MG/ML [<i>hydromorphone hcl</i>]	44
HYDROMORPHONE HCL SUPP 3 MG [<i>hydromorphone hcl</i>]	44
<i>hydromorphone hcl tabs 2 mg</i>	44
<i>hydromorphone hcl tabs 4 mg</i>	44
<i>hydromorphone hcl tabs 8 mg</i>	44
HYDROPHILIC OINT [<i>hydrophilic ointment</i>]	86
<i>hydroxychloroquine sulfate tabs 200 mg</i>	17
HYDROXYPROGESTERONE CAPROATE POWD [<i>hydroxyprogesterone caproate (bulk)</i>]	86
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	80
<i>hydroxyurea caps 500 mg</i>	23
<i>hydroxyzine hcl soln 50 mg/ml</i>	52
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	52
<i>hydroxyzine hcl tabs 10 mg</i>	52
<i>hydroxyzine hcl tabs 25 mg</i>	52
<i>hydroxyzine hcl tabs 50 mg</i>	52
<i>hydroxyzine pamoate caps 100 mg</i>	52
<i>hydroxyzine pamoate caps 25 mg</i>	52
<i>hydroxyzine pamoate caps 50 mg</i>	52
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	69
HYOSCYAMINE SULFATE ER TB12 0.375 MG [<i>hyoscyamine sulfate</i>]	28
HYOSCYAMINE SULFATE SUBL 0.125 MG [<i>hyoscyamine sulfate</i>]	28
HYOSCYAMINE SULFATE TABS 0.125 MG [<i>hyoscyamine sulfate</i>]	29
HYOSCYAMINE SULFATE TBDP 0.125 MG [<i>hyoscyamine sulfate</i>]	29
HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	29
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	29
HYPERLYTE-CR CONC [<i>parenteral electrolytes</i>]	67
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	89
HYPODERMIC NEEDLE MISC 18G X 1-1/2	60
HYPODERMIC NEEDLE MISC 19G X 1	61
HYPODERMIC NEEDLE MISC 25G X 1-1/2	61
I	
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	23
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	24
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	24
IBRANCE TABS 100 MG [<i>palbociclib</i>]	24
IBRANCE TABS 125 MG [<i>palbociclib</i>]	24
IBRANCE TABS 75 MG [<i>palbociclib</i>]	24
<i>ibuprofen susp 100 mg/5ml</i>	44
<i>ibutilide fumarate soln 1 mg/10ml</i>	40

<i>icatibant acetate soln 30 mg/3ml</i>	83	<i>based</i>	65
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>].....	24	INTRALIPID EMUL 30 % [<i>fat emulsion plant based</i>]	65
IDELVION SOLR 1000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>].....	33	INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>].....	24
IDELVION SOLR 2000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>].....	33	INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	24
IDELVION SOLR 250 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	33	INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	24
IDELVION SOLR 500 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34	INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	24
<i>imatinib mesylate tabs 100 mg</i>	24	INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	24
<i>imatinib mesylate tabs 400 mg</i>	24	INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	14
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>].....	24	INVEGA SUSTENNA SUSY 117 MG/0.75ML [<i>paliperidone palmitate</i>].....	55
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>].....	24	INVEGA SUSTENNA SUSY 156 MG/ML [<i>paliperidone palmitate</i>].....	55
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>].....	24	INVEGA SUSTENNA SUSY 234 MG/1.5ML [<i>paliperidone palmitate</i>].....	55
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>].....	24	INVEGA SUSTENNA SUSY 39 MG/0.25ML [<i>paliperidone palmitate</i>].....	53
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>].....	24	INVEGA SUSTENNA SUSY 78 MG/0.5ML [<i>paliperidone palmitate</i>].....	55
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>].....	24	INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>].....	19
<i>imipramine hcl tabs 10 mg</i>	55	<i>ipratropium bromide soln 0.02 %</i>	29
<i>imipramine hcl tabs 25 mg</i>	55	<i>ipratropium bromide soln 0.03 %</i>	29
<i>imipramine hcl tabs 50 mg</i>	55	<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	31
<i>imiquimod crea 5 %</i>	94	IRESSA TABS 250 MG [<i>gefitinib</i>].....	24
<i>indapamide tabs 1.25 mg</i>	65	ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	91
<i>indapamide tabs 2.5 mg</i>	65	ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>].....	19
<i>indomethacin caps 25 mg</i>	44	ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>].....	19
<i>indomethacin caps 50 mg</i>	44	ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>].....	19
<i>indomethacin er cpcr 75 mg</i>	44	ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>].....	19
INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	44	ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [<i>isometheptene-dichloralphenazone-acetaminophen</i>]	50
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	89	<i>isoniazid soln 100 mg/ml</i>	17
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	32	<i>isoniazid syrp 50 mg/5ml</i>	17
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	83	<i>isoniazid tabs 100 mg</i>	17
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>].....	44	<i>isoniazid tabs 300 mg</i>	17
INFUVITE ADULT INJ [<i>multiple vitamin</i>].....	95	<i>isoproterenol hcl soln 0.2 mg/ml</i>	31
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	95	<i>isosorbide dinitrate er tbcr 40 mg</i>	42
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	35		
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	35		
INTELENCE TABS 100 MG [<i>etravirine</i>].....	19		
INTELENCE TABS 200 MG [<i>etravirine</i>].....	19		
INTELENCE TABS 25 MG [<i>etravirine</i>].....	19		
INTRALIPID EMUL 20 % [<i>fat emulsion plant</i>			

isosorbide dinitrate tabs 10 mg	42
isosorbide dinitrate tabs 20 mg	42
isosorbide dinitrate tabs 30 mg	42
isosorbide dinitrate tabs 5 mg	42
isosorbide mononitrate er tb24 120 mg	42
isosorbide mononitrate er tb24 30 mg	42
isosorbide mononitrate er tb24 60 mg	42
ISOSORBIDE POWD [isosorbide (bulk)]	86
itraconazole caps 100 mg	16
ivermectin tabs 3 mg	11
IXEMPRA KIT SOLR 15 MG [ixabepilone].....	24
IXEMPRA KIT SOLR 45 MG [ixabepilone].....	24
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed].....	90

J

JADENU SPRINKLE PACK 180 MG [deferasirox].....	74
JADENU SPRINKLE PACK 360 MG [deferasirox].....	74
JADENU SPRINKLE PACK 90 MG [deferasirox].....	74
JADENU TABS 180 MG [deferasirox].....	74
JADENU TABS 360 MG [deferasirox].....	74
JADENU TABS 90 MG [deferasirox].....	74
JAKAFI TABS 10 MG [ruxolitinib phosphate]24	
JAKAFI TABS 15 MG [ruxolitinib phosphate]24	
JAKAFI TABS 20 MG [ruxolitinib phosphate]24	
JAKAFI TABS 25 MG [ruxolitinib phosphate]24	
JAKAFI TABS 5 MG [ruxolitinib phosphate] .	24
JARDIANCE TABS 10 MG [empagliflozin]	77
JARDIANCE TABS 25 MG [empagliflozin]	77
JETREA SOLN 0.5 MG/0.2ML [ocriplasmin] .	71
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel] .	24
JOLIVETTE TABS 0.35 MG [norethindrone (contraceptive)].....	78
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	19

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine].....	24
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine].....	24
KALETRA SOLN 400-100 MG/5ML [lopinavir-ritonavir].....	19
KALETRA TABS 100-25 MG [lopinavir-ritonavir].....	19
KALETRA TABS 200-50 MG [lopinavir-	

ritonavir]	19
KALYDECO PACK 25 MG [ivacaftor].....	88
KALYDECO PACK 50 MG [ivacaftor].....	88
KALYDECO PACK 75 MG [ivacaftor].....	88
KALYDECO TABS 150 MG [ivacaftor]	83
KANJINTI SOLR 420 MG [trastuzumab-anns]	24
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human].....	34
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	67
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers].....	67
KENALOG SUSP 10 MG/ML [triamcinolone acetonide].....	75
KENALOG SUSP 40 MG/ML [triamcinolone acetonide].....	75
KEPIVANCE SOLR 6.25 MG [palifermin].....	93
KERALYT GEL 6 % [salicylic acid].....	93
KETAMINE HCL POWD [ketamine hcl (bulk)]	86
ketamine hcl soln 10 mg/ml	53
ketamine hcl soln 50 mg/ml	53
ketoconazole sham 2 %	91
ketoconazole tabs 200 mg	16
KETO-DIASTIX STRP [urine glucose-ketones test]	63
KETOPROFEN POWD [ketoprofen (bulk)]...86	
ketorolac tromethamine inj 15mg/ml	44
ketorolac tromethamine soln 0.5 %	70

ketorolac tromethamine soln 15 mg/ml	44
ketorolac tromethamine soln 30 mg/ml	44
ketorolac tromethamine soln 60 mg/2ml	44
KETOSTIX STRP [acetone (urine) test]	63
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	24
KINERET SOSY 100 MG/0.67ML [anakinra] ..	83
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	90
KLOR-CON TBCR 8 MEQ [potassium chloride]	67
KOGENATE FS KIT 1000 UNIT [antihemophilic factor (recombinant)]	34
KOGENATE FS KIT 2000 UNIT [antihemophilic factor (recombinant)]	34
KOGENATE FS KIT 500 UNIT [antihemophilic factor (recombinant)]	34
KOVALTRY SOLR 1000 UNIT [antihemophilic factor rahf-pfm]	34
KOVALTRY SOLR 2000 UNIT [antihemophilic factor rahf-pfm]	34
KOVALTRY SOLR 250 UNIT [antihemophilic factor rahf-pfm]	34
KOVALTRY SOLR 3000 UNIT [antihemophilic factor rahf-pfm]	34
KOVALTRY SOLR 500 UNIT [antihemophilic factor rahf-pfm]	34
KRINTAFEL TABS 150 MG [tafenoquine succinate]	17
K-TAB TBCR 10 MEQ [potassium chloride] ..	67
KYPROLIS SOLR 10 MG [carfilzomib]	24
KYPROLIS SOLR 30 MG [carfilzomib]	24
KYPROLIS SOLR 60 MG [carfilzomib]	24

L

labetalol hcl soln 5 mg/ml	38
labetalol hcl tabs 100 mg	38
labetalol hcl tabs 200 mg	38
labetalol hcl tabs 300 mg	38
LACRISERT INST 5 MG [artificial tear insert]	71
LACTATED RINGERS SOLN [lactated ringer's (irrigation)]	66
LACTATED RINGERS SOLN [lactated ringer's]	67
lactulose encephalopathy soln 10 gm/15ml	64
lactulose soln 10 gm/15ml	64
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	48
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100	

MG [lamotrigine]	48
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	48
lamivudine soln 10 mg/ml	19
lamivudine tabs 150 mg	19
lamivudine tabs 300 mg	19
lamivudine-zidovudine tabs 150-300 mg	19
lamotrigine chew 25 mg	48
lamotrigine chew 5 mg	48
lamotrigine tabs 100 mg	48
lamotrigine tabs 150 mg	48
lamotrigine tabs 200 mg	48
lamotrigine tabs 25 mg	48
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [digoxin]	40
LANTUS SOLN 100 UNIT/ML [insulin glargine]	77
latanoprost soln 0.005 %	70
L-CITRULLINE POWD [citrulline (bulk)]	86
LEFLUNOMIDE TABS 10 MG [leflunomide] ..	83
leflunomide tabs 20 mg	83
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	24
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [lenvatinib mesylate]	24
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [lenvatinib mesylate]	24
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [lenvatinib mesylate]	25
LETAIRIS TABS 10 MG [ambrisentan]	42
LETAIRIS TABS 5 MG [ambrisentan]	42
letrozole tabs 2.5 mg	25
leucovorin calcium solr 100 mg	83
leucovorin calcium tabs 25 mg	83
leucovorin calcium tabs 5 mg	83
LEUKERAN TABS 2 MG [chlorambucil]	25
LEUKINE SOLR 250 MCG [sargramostim] ...	36
leuprolide acetate kit 1 mg/0.2ml	25
levetiracetam er tb24 500 mg	49
levetiracetam er tb24 750 mg	49
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML [levetiracetam in sodium chloride]	49
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML [levetiracetam in sodium chloride]	49
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML [levetiracetam in sodium chloride]	49
levetiracetam soln 100 mg/ml	49

levetiracetam soln 500 mg/5ml	49
levetiracetam tabs 1000 mg	49
levetiracetam tabs 250 mg	49
levetiracetam tabs 500 mg	49
levetiracetam tabs 750 mg	49
levobunolol hcl soln 0.5 %	70
levocarnitine inj 200mg/ml	83
LEVOCARNITINE SOLN 1 GM/10ML	
[levocarnitine (metabolic modifiers)]	83
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	83
levofloxacin in d5w soln 250 mg/50ml	14
levofloxacin in d5w soln 500 mg/100ml	14
levofloxacin in d5w soln 750 mg/150ml	14
levofloxacin soln 25 mg/ml	14
levofloxacin tabs 250 mg	14
levofloxacin tabs 500 mg	14
levofloxacin tabs 750 mg	14
levothyroxine sodium tabs 100 mcg	81
levothyroxine sodium tabs 112 mcg	81
levothyroxine sodium tabs 125 mcg	81
levothyroxine sodium tabs 150 mcg	81
levothyroxine sodium tabs 175 mcg	81
levothyroxine sodium tabs 200 mcg	81
levothyroxine sodium tabs 25 mcg	81
levothyroxine sodium tabs 300 mcg	81
levothyroxine sodium tabs 50 mcg	81
levothyroxine sodium tabs 75 mcg	81
levothyroxine sodium tabs 88 mcg	81
LEVOXYL TABS 137 MCG [levothyroxine sodium]	81
LEVULAN KERASTICK SOLR 20 %	
[aminolevulinic acid hcl]	94
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	63
LEXIVA TABS 700 MG [fosamprenavir calcium]	19
LIALDA TBEC 1.2 GM [mesalamine]	72
lidocaine hcl (cardiac) pf sosy 50 mg/5ml ...	81
lidocaine hcl (pf) soln 0.5 %	81
lidocaine hcl (pf) soln 1 %	81
LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	86
lidocaine hcl soln 0.5 %	81
lidocaine hcl soln 1 %	81
lidocaine hcl soln 4 %	93
lidocaine hcl urethral/mucosal gel 2 %	93
lidocaine hcl urethral/mucosal prsy 2 %	93
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
[lidocaine in d5w]	40
LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
[lidocaine in d5w]	40
lidocaine oint 5 %	93
lidocaine viscous hcl soln 2 %	71
lidocaine-epinephrine soln 0.5 %-1	
200000.....	81
lidocaine-epinephrine soln 1 %-1	
100000.....	81
lidocaine-epinephrine soln 2 %-1	
100000.....	81
200000.....	81
lidocaine-prilocaine crea 2.5-2.5 %	93
lidocaine-prilocaine kit 2.5-2.5 %	93
linezolid soln 600 mg/300ml	14
linezolid susr 100 mg/5ml	14
linezolid tabs 600 mg	14
liothyronine sodium tabs 25 mcg	81
liothyronine sodium tabs 5 mcg	81
liothyronine sodium tabs 50 mcg	81
lisinopril tabs 10 mg	41
lisinopril tabs 2.5 mg	41
lisinopril tabs 20 mg	41
lisinopril tabs 30 mg	41
lisinopril tabs 40 mg	41
lisinopril tabs 5 mg	41
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	41
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	41
lisinopril-hydrochlorothiazide tabs 20-25 mg	41
L-ISOLEUCINE POWD [isoleucine]	86
lithium carbonate caps 150 mg	49
LITHIUM CARBONATE CAPS 300 MG [lithium carbonate]	49
lithium carbonate caps 600 mg	49
lithium carbonate er tbcR 300 mg	49
lithium carbonate er tbcR 450 mg	49
LITHIUM CARBONATE TABS 300 MG [lithium carbonate]	49
LITHIUM SOLN 8 MEQ/5ML [lithium]	49
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	64
LMD IN NAACL SOLN 10-0.9 % [dextran 40 in saline]	67
LODOSYN TABS 25 MG [carbidopa]	51
LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	25
LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	25
lorazepam soln 2 mg/ml	52

lorazepam soln 4 mg/ml	52
lorazepam tabs 0.5 mg	52
lorazepam tabs 1 mg	52
lorazepam tabs 2 mg	52
LORBRENA TABS 100 MG [lorlatinib].....	25
LORBRENA TABS 25 MG [lorlatinib].....	25
losartan potassium tabs 100 mg	41
losartan potassium tabs 25 mg	41
losartan potassium tabs 50 mg	41
losartan potassium-hctz tabs 100-12.5 mg ..	41
losartan potassium-hctz tabs 100-25 mg	41
losartan potassium-hctz tabs 50-12.5 mg ...	41
lovastatin tabs 10 mg	37
lovastatin tabs 20 mg	37
lovastatin tabs 40 mg	37
LOVENOX SOLN 100 MG/ML [enoxaparin sodium].....	35
LOVENOX SOLN 120 MG/0.8ML [enoxaparin sodium].....	35
LOVENOX SOLN 150 MG/ML [enoxaparin sodium].....	35
LOVENOX SOLN 30 MG/0.3ML [enoxaparin sodium].....	35
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium].....	35
LOVENOX SOLN 40 MG/0.4ML [enoxaparin sodium].....	35
LOVENOX SOLN 60 MG/0.6ML [enoxaparin sodium].....	35
LOVENOX SOLN 80 MG/0.8ML [enoxaparin sodium].....	35
loxapine succinate caps 10 mg	55
loxapine succinate caps 25 mg	55
loxapine succinate caps 5 mg	55
L-PROLINE POWD [proline].....	86
LUCENTIS SOLN 0.3 MG/0.05ML [ranibizumab].....	71
LUCENTIS SOLN 0.5 MG/0.05ML [ranibizumab].....	71
LUCENTIS SOSY 0.3 MG/0.05ML [ranibizumab].....	71
LUCENTIS SOSY 0.5 MG/0.05ML [ranibizumab].....	71
LUDENT CHEW 0.55 (0.25 F) MG [sodium fluoride].....	83
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres] ..	63
LUMIGAN SOLN 0.01 % [bimatoprost].....	70
LUMIZYME SOLR 50 MG [alglucosidase alfa].....	69

LUPRON DEPOT (1-MONTH) KIT 3.75 MG [leuprolide acetate].....	25
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [leuprolide acetate].....	25
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [leuprolide acetate (3 month)].....	25
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [leuprolide acetate (3 month)].....	25
LUPRON DEPOT (4-MONTH) KIT 30 MG [leuprolide acetate (4 month)].....	25
LUPRON DEPOT (6-MONTH) KIT 45 MG [leuprolide acetate (6 month)].....	25
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [leuprolide acetate (cpp)].....	25
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [leuprolide acetate (cpp)].....	25
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [leuprolide acetate (cpp)].....	25
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) [leuprolide acetate (cpp) (3 month)].....	25
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)].....	25
LYNPARZA TABS 100 MG [olaparib].....	25
LYNPARZA TABS 150 MG [olaparib].....	25
LYSODREN TABS 500 MG [mitotane].....	25

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M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)].....	67
MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal].....	21
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose].....	67
MAGNESIUM SULFATE SOLN 50 % [magnesium sulfate].....	49
MAGNEVIST SOLN 469.01 MG/ML [gadopentetate dimeglumine].....	63
MAKENA OIL 250 MG/ML [hydroxyprogesterone caproate].....	80
malathion lotn 0.5 %	91
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride].....	67
maprotiline hcl tabs 25 mg	55
maprotiline hcl tabs 50 mg	55
maprotiline hcl tabs 75 mg	55
MATULANE CAPS 50 MG [procarbazine hcl]25	
meclofenamate sodium caps 100 mg	44

meclofenamate sodium caps 50 mg	44	[methadone hcl]	45
MEDROL TABS 2 MG [methylprednisolone]	75	methadone hcl soln 5 mg/5ml	45
medroxyprogesterone acetate susp 150 mg/ml	80	METHADONE HCL TABS 10 MG [methadone hcl]	45
medroxyprogesterone acetate susy 150 mg/ml	80	METHADONE HCL TABS 5 MG [methadone hcl]	45
medroxyprogesterone acetate tabs 10 mg ..	80	methazolamide tabs 25 mg	70
medroxyprogesterone acetate tabs 2.5 mg ..	80	methazolamide tabs 50 mg	70
medroxyprogesterone acetate tabs 5 mg	80	methenamine hippurate tabs 1 gm	21
MEDSAVER SYRINGE MISC 25G X 1	61	methimazole tabs 10 mg	81
mefenamic acid caps 250 mg	44	methimazole tabs 5 mg	81
mefloquine hcl tabs 250 mg	17	methocarbamol tabs 500 mg	30
megestrol acetate susp 40 mg/ml	25	methocarbamol tabs 750 mg	30
megestrol acetate susp 400 mg/10ml	25	methotrexate sodium (pf) soln 50 mg/2ml ...	25
megestrol acetate tabs 20 mg	25	METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	25
megestrol acetate tabs 40 mg	25	methotrexate tabs 2.5 mg	25
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	25	methoxsalen rapid caps 10 mg	93
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	25	methyl dopa tabs 250 mg	41
meloxicam tabs 15 mg	44	methyl dopa tabs 500 mg	41
meloxicam tabs 7.5 mg	45	methyl dopate hcl soln 250 mg/5ml	41
memantine hcl tabs 10 mg	53	METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	63
memantine hcl tabs 5 mg	53	methylergonovine maleate soln 0.2 mg/ml ..	85
MENOPUR SOLR 75 UNIT [menotropins]	80	methylergonovine maleate tabs 0.2 mg	86
MENVEO SOLR [meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]	90	methylphenidate hcl er (cd) cpcr 10 mg	47
meperidine hcl soln 100 mg/ml	45	methylphenidate hcl er (cd) cpcr 20 mg	47
meperidine hcl soln 25 mg/ml	45	methylphenidate hcl er (cd) cpcr 30 mg	47
meperidine hcl soln 50 mg/ml	45	methylphenidate hcl er (cd) cpcr 40 mg	47
MEPHYTON TABS 5 MG [phytonadione]	97	methylphenidate hcl er (cd) cpcr 50 mg	47
mercaptopurine tabs 50 mg	25	methylphenidate hcl er (cd) cpcr 60 mg	47
meropenem solr 1 gm	14	methylphenidate hcl er tbcr 10 mg	47
meropenem solr 500 mg	14	methylphenidate hcl er tbcr 18 mg	47
mesalamine enem 4 gm	72	methylphenidate hcl er tbcr 20 mg	47
mesalamine tbec 1.2 gm	72	methylphenidate hcl er tbcr 27 mg	47
mesna soln 100 mg/ml	83	methylphenidate hcl er tbcr 36 mg	47
MESNEX TABS 400 MG [mesna]	83	methylphenidate hcl er tbcr 54 mg	47
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide]	30	methylphenidate hcl tabs 10 mg	47
metaproterenol sulfate syrp 10 mg/5ml	31	methylphenidate hcl tabs 20 mg	47
metaproterenol sulfate tabs 10 mg	31	methylphenidate hcl tabs 5 mg	47
metaproterenol sulfate tabs 20 mg	31	methylprednisolone acetate susp 40 mg/ml	75
metformin hcl er tb24 500 mg	77	methylprednisolone acetate susp 80 mg/ml	75
metformin hcl er tb24 750 mg	77	methylprednisolone sodium succ solr 1000 mg	75
metformin hcl tabs 1000 mg	77	methylprednisolone sodium succ solr 125 mg	75
metformin hcl tabs 500 mg	77	methylprednisolone sodium succ solr 40 mg	75
metformin hcl tabs 850 mg	77	methylprednisolone tabs 16 mg	75
methadone hcl soln 10 mg/5ml	45	methylprednisolone tabs 32 mg	75
METHADONE HCL SOLN 10 MG/ML			

methylprednisolone tabs 4 mg	75	minoxidil tabs 10 mg	41
methylprednisolone tabs 8 mg	75	minoxidil tabs 2.5 mg	41
methylprednisolone tbpk 4 mg	75	MIOCHOL-E SOLR 20 MG [acetylcholine	
methyltestosterone tabs 10 mg	76	chloride]	70
metoclopramide hcl soln 5 mg/5ml	74	MIOSTAT SOLN 0.01 % [carbachol (ophth)]	70
metoclopramide hcl soln 5 mg/ml	74	MIRENA (52 MG) IUD 20 MCG/24HR	
metoclopramide hcl tabs 10 mg	74	[levonorgestrel (iud)]	78
metoclopramide hcl tabs 5 mg	74	mirtazapine tabs 15 mg	55
metolazone tabs 10 mg	65	mirtazapine tabs 30 mg	56
metolazone tabs 2.5 mg	65	mirtazapine tabs 45 mg	56
metolazone tabs 5 mg	65	misoprostol tabs 100 mcg	73
metoprolol succinate er tb24 100 mg	38	misoprostol tabs 200 mcg	73
metoprolol succinate er tb24 200 mg	38	mitomycin solr 20 mg	26
metoprolol succinate er tb24 25 mg	38	mitomycin solr 40 mg	26
metoprolol succinate er tb24 50 mg	38	mitomycin solr 5 mg	26
metoprolol tartrate tabs 100 mg	38	MITOSOL KIT 0.2 MG [mitomycin	
metoprolol tartrate tabs 25 mg	38	(ophthalmic)]	69
metoprolol tartrate tabs 50 mg	38	M-M-R II SOLR [measles, mumps & rubella	
metoprolol-hydrochlorothiazide tabs 100-50		virus vaccines]	90
mg	38	mometasone furoate crea 0.1 %	92
metronidazole crea 0.75 %	91	mometasone furoate oint 0.1 %	92
metronidazole gel 0.75 %	91	mometasone furoate soln 0.1 %	92
METRONIDAZOLE IN NACL SOLN 5-0.79		MONOJECT INSULIN SYRINGE MISC 25G X	
MG/ML-% [metronidazole in nacl]	17	5/8	61
METRONIDAZOLE POWD [metronidazole		MONOJECT INSULIN SYRINGE MISC 27G X	
(bulk)]	86	1/2	61
metronidazole tabs 250 mg	17	MONOJECT INSULIN SYRINGE MISC 29G X	
metronidazole tabs 500 mg	17	1/2	61
mexiletine hcl caps 150 mg	40	MONOJECT PHARMACY TRAY MISC 1 ML	
mexiletine hcl caps 200 mg	40	[syringe (disposable)]	61
mexiletine hcl caps 250 mg	40	MONOJECT SAFETY SYRINGE/SHIELD MISC	
midazolam hcl syr 2 mg/ml	52	21G X 1	61
midodrine hcl tabs 10 mg	31	MONOJECT SAFETY SYRINGE/SHIELD MISC	
midodrine hcl tabs 2.5 mg	31	21G X 1-1/2	61
midodrine hcl tabs 5 mg	31	MONOJECT SAFETY SYRINGE/SHIELD MISC	
MIFEPREX TABS 200 MG [mifepristone]	86	22G X 1	61
MIGRANAL SOLN 4 MG/ML		MONOJECT SAFETY SYRINGE/SHIELD MISC	
[dihydroergotamine mesylate]	30	22G X 1-1/2	61
MILK OF MAGNESIA SUSP 7.75 %		MONOJECT SAFETY SYRINGE/SHIELD MISC	
[magnesium hydroxide]	73	23G X 1	61
milrinone lactate in dextrose soln 20-5		MONOJECT TB SYRINGE MISC 28G X 1/2 ...	61
mg/100ml-%	40	MONOJECT ULTRA COMFORT SYRINGE	
milrinone lactate in dextrose soln 40-5		MISC 28G X 1/2	61
mg/200ml-%	40	MONOJECT ULTRA COMFORT SYRINGE	
milrinone lactate inj 1mg/ml	40	MISC 29G X 1/2	61
milrinone lactate soln 10 mg/10ml	40	MONOJECT ULTRA COMFORT SYRINGE	
MINOCIN SOLR 100 MG [minocycline hcl] ...	14	MISC 30G X 5/16	61
minocycline hcl caps 100 mg	14	montelukast sodium chew 4 mg	87
minocycline hcl caps 50 mg	14	montelukast sodium chew 5 mg	87
minocycline hcl caps 75 mg	14	montelukast sodium pack 4 mg	87

naproxen tbec 375 mg	45	NICORETTE GUM 2 MG [nicotine polacrilex]	29
naratriptan hcl tabs 1 mg	50	.....	29
naratriptan hcl tabs 2.5 mg	50	NICORETTE LOZG 2 MG [nicotine polacrilex]	29
NARCAN LIQD 4 MG/0.1ML [naloxone hcl]	53	.....	29
NAROPIN INJ 10MG/ML [ropivacaine hcl]	82	NICORETTE LOZG 4 MG [nicotine polacrilex]	29
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	82	.....	29
NAROPIN SOLN 5 MG/ML [ropivacaine hcl]	82	NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	29
NATACYN SUSP 5 % [natamycin]	69	.....	29
NEBUPENT SOLR 300 MG [pentamidine isethionate]	17	nicotine polacrilex gum 2 mg	29
nefazodone hcl tabs 100 mg	56	nicotine polacrilex gum 4 mg	29
nefazodone hcl tabs 150 mg	56	nicotine polacrilex lozg 2 mg	29
nefazodone hcl tabs 200 mg	56	nicotine polacrilex lozg 4 mg	29
nefazodone hcl tabs 250 mg	56	nicotine pt24 14 mg/24hr	29
nefazodone hcl tabs 50 mg	56	nicotine pt24 21 mg/24hr	29
neomycin sulfate tabs 500 mg	14	nicotine pt24 7 mg/24hr	29
neomycin-bacitracin zn-polymyx oint 5-400-10000	69	nifedipine caps 10 mg	39
neomycin-polymyxin b gu soln 40-200000 ..	91	nifedipine caps 20 mg	39
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	70	nifedipine er osmotic release tb24 30 mg	39
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	70	nifedipine er osmotic release tb24 60 mg	39
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	69	nifedipine er osmotic release tb24 90 mg	39
neomycin-polymyxin-hc soln 1 %	70	nifedipine er tb24 30 mg	39
neomycin-polymyxin-hc susp 3.5-10000-1 ..	70	nifedipine er tb24 60 mg	39
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	46	nimodipine caps 30 mg	39
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	84	NINLARO CAPS 2.3 MG [ixazomib citrate]	26
NESACAINE SOLN 1 % [chloroprocaine hcl]	82	NINLARO CAPS 3 MG [ixazomib citrate]	26
NESACAINE SOLN 2 % [chloroprocaine hcl]	82	NINLARO CAPS 4 MG [ixazomib citrate]	26
NEUPOGEN SOLN 300 MCG/ML [filgrastim]	36	NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	42
NEUPOGEN SOLN 480 MCG/1.6ML [filgrastim]	36	NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	42
NEUT SOLN 4 % [sodium bicarbonate]	63	NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	21
nevirapine susp 50 mg/5ml	19	NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	21
nevirapine tabs 200 mg	19	NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	21
NEXAVAR TABS 200 MG [sorafenib tosylate]	26	nitrofurantoin monohyd macro caps 100 mg	21
.....	26	.....	21
NEXPLANON IMPL 68 MG [etonogestrel]	78	nitrofurantoin susp 25 mg/5ml	21
NIACIN ER CPCR 250 MG [niacin]	96	NITROGLYCERIN ER CPCR 2.5 MG [nitroglycerin]	42
NIACIN ER CPCR 500 MG [niacin]	96	.....	42
NIACIN TABS 100 MG [niacin]	96	NITROGLYCERIN ER CPCR 6.5 MG [nitroglycerin]	42
NIACIN TABS 250 MG [niacin]	96	.....	42
NIACIN TABS 50 MG [niacin]	96	NITROGLYCERIN ER CPCR 9 MG [nitroglycerin]	42
NIACIN TABS 500 MG [niacin]	96	.....	42
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	39	NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w]	42
.....	39	NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w]	42
.....	39	NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [nitroglycerin in d5w]	42
.....	39	nitroglycerin pt24 0.1 mg/hr	42

<i>nitroglycerin pt24 0.2 mg/hr</i>	42
<i>nitroglycerin pt24 0.4 mg/hr</i>	42
<i>nitroglycerin pt24 0.6 mg/hr</i>	42
<i>nitroglycerin soln 5 mg/ml</i>	42
NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>]	42
NITROSTAT SUBL 0.4 MG [<i>nitroglycerin</i>]	43
NITROSTAT SUBL 0.6 MG [<i>nitroglycerin</i>]	43
<i>norethindrone acetate tabs 5 mg</i>	80
NORMAL SALINE FLUSH SOLN 0.9 % [<i>sodium chloride flush</i>].....	67
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	40
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	40
<i>nortriptyline hcl caps 10 mg</i>	56
<i>nortriptyline hcl caps 25 mg</i>	56
<i>nortriptyline hcl caps 50 mg</i>	56
<i>nortriptyline hcl caps 75 mg</i>	56
<i>nortriptyline hcl soln 10 mg/5ml</i>	56
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>].....	19
NOVAREL SOLR 10000 UNIT [<i>chorionic gonadotropin</i>]	80
NOVOFINE AUTOCOVER MISC 30G X 8 MM [<i>insulin pen needle</i>].....	61
NOVOFINE MISC 30G X 8 MM [<i>insulin pen needle</i>].....	61
NOVOSEVEN RT SOLR 1 MG [<i>coagulation factor viia (recombinant)</i>].....	34
NOVOSEVEN RT SOLR 2 MG [<i>coagulation factor viia (recombinant)</i>].....	34
NOVOSEVEN RT SOLR 5 MG [<i>coagulation factor viia (recombinant)</i>].....	34
NOVOSEVEN RT SOLR 8 MG [<i>coagulation factor viia (recombinant)</i>].....	34
NUVARING RING 0.12-0.015 MG/24HR [<i>etonogestrel-ethinyl estradiol</i>]	78
<i>nystatin crea 100000 unit/gm</i>	91
<i>nystatin susp 100000 unit/ml</i>	16
<i>nystatin tabs 500000 unit</i>	16

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OCTAGAM SOLN 1 GM/20ML [<i>immune globulin (human) iv</i>].....	89
OCTAGAM SOLN 2.5 GM/50ML [<i>immune globulin (human) iv</i>].....	89
OCTAGAM SOLN 25 GM/500ML [<i>immune globulin (human) iv</i>].....	89
<i>octreotide acetate soln 100 mcg/ml</i>	84
<i>octreotide acetate soln 1000 mcg/ml</i>	84
<i>octreotide acetate soln 200 mcg/ml</i>	84

<i>octreotide acetate soln 50 mcg/ml</i>	84
<i>octreotide acetate soln 500 mcg/ml</i>	84
ODACTRA SUBL 12 SQ-HDM [<i>dust mite mixed allergen extract</i>].....	89
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	19
ODOMZO CAPS 200 MG [<i>sonidegib phosphate</i>].....	26
OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	46
<i>ofloxacin soln 0.3 %</i>	69
<i>olanzapine tabs 10 mg</i>	56
<i>olanzapine tabs 15 mg</i>	56
<i>olanzapine tabs 2.5 mg</i>	56
<i>olanzapine tabs 20 mg</i>	56
<i>olanzapine tabs 5 mg</i>	56
<i>olanzapine tabs 7.5 mg</i>	56
<i>olopatadine hcl soln 0.1 %</i>	70
<i>omeprazole cpdr 10 mg</i>	73
<i>omeprazole cpdr 20 mg</i>	73
<i>omeprazole cpdr 40 mg</i>	73
OMNITROPE SOLN 10 MG/1.5ML [<i>somatropin</i>]	80
OMNITROPE SOLN 5 MG/1.5ML [<i>somatropin</i>]	80
OMNITROPE SOLR 5.8 MG [<i>somatropin</i>]	61
ONCASPAR SOLN 750 UNIT/ML [<i>pegaspargase</i>].....	26
<i>ondansetron hcl soln 4 mg/2ml</i>	72
<i>ondansetron hcl soln 40 mg/20ml</i>	72
<i>ondansetron hcl tabs 4 mg</i>	72
<i>ondansetron hcl tabs 8 mg</i>	72
<i>ondansetron tbdp 4 mg</i>	72
<i>ondansetron tbdp 8 mg</i>	72
ONETOUCH DELICA LANCETS 33G MISC [<i>lancets</i>]	61
ONETOUCH FINEPOINT LANCETS MISC [<i>lancets</i>]	61
ONETOUCH SURESOFT LANCING DEV MISC [<i>lancets misc.</i>]	61
ONETOUCH ULTRA BLUE STRP [<i>glucose blood</i>].....	63
ONETOUCH ULTRA CONTROL SOLN [<i>blood glucose calibration</i>]	61
ONETOUCH ULTRA MINI KIT W/DEVICE [<i>blood glucose monitoring supplies</i>].....	62
ONETOUCH VERIO SOLN HIGH [<i>blood glucose calibration</i>]	62
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>].....	26

OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	26
OPSUMIT TABS 10 MG [<i>macitentan</i>]	88
ORAP TABS 1 MG [<i>pimozide</i>]	56
ORAP TABS 2 MG [<i>pimozide</i>]	56
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	84
ORENCIA SOLR 250 MG [<i>abatacept</i>]	84
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	84
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	84
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	84
ORKAMBI PACK 100-125 MG [<i>lumacaftor- ivacaftor</i>]	88
ORKAMBI PACK 150-188 MG [<i>lumacaftor- ivacaftor</i>]	88
ORKAMBI TABS 100-125 MG [<i>lumacaftor- ivacaftor</i>]	88
ORKAMBI TABS 200-125 MG [<i>lumacaftor- ivacaftor</i>]	88
<i>oseltamivir phosphate caps 30 mg</i>	19
<i>oseltamivir phosphate caps 45 mg</i>	19
<i>oseltamivir phosphate caps 75 mg</i>	19
<i>oseltamivir phosphate susr 6 mg/ml</i>	19
OSMITROL SOLN 20 % [<i>mannitol</i>]	65
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	84
OTEZLA TABS 30 MG [<i>apremilast</i>]	84
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	84
OVIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	80
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>oxacillin sodium in dextrose</i>]	14
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	14
<i>oxacillin sodium solr 1 gm</i>	14
<i>oxacillin sodium solr 2 gm</i>	15
<i>oxaliplatin soln 100 mg/20ml</i>	26
<i>oxaliplatin soln 50 mg/10ml</i>	26
<i>oxandrolone tabs 2.5 mg</i>	76
<i>oxazepam caps 10 mg</i>	52
<i>oxazepam caps 15 mg</i>	52
<i>oxazepam caps 30 mg</i>	52
<i>oxcarbazepine susp 300 mg/5ml</i>	49
<i>oxcarbazepine tabs 150 mg</i>	49
<i>oxcarbazepine tabs 300 mg</i>	49
<i>oxcarbazepine tabs 600 mg</i>	49
OXSORALEN ULTRA CAPS 10 MG [<i>methoxsalen rapid</i>]	93
<i>oxybutynin chloride er tb24 10 mg</i>	95
<i>oxybutynin chloride er tb24 15 mg</i>	95
<i>oxybutynin chloride er tb24 5 mg</i>	95
<i>oxybutynin chloride syr 5 mg/5ml</i>	95
<i>oxybutynin chloride tabs 5 mg</i>	95
<i>oxycodone hcl tabs 5 mg</i>	46
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	46
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	46
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	46
OXYTROL PTTW 3.9 MG/24HR [<i>oxybutynin</i>]	95
OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	70
P	
<i>paclitaxel conc 300 mg/50ml</i>	26
<i>pamidronate disodium solr 30 mg</i>	84
<i>pamidronate disodium solr 90 mg</i>	84
<i>pantoprazole sodium solr 40 mg</i>	73
<i>pantoprazole sodium tbec 20 mg</i>	73
<i>pantoprazole sodium tbec 40 mg</i>	73
PAPAVERINE HCL POWD [<i>papaverine hcl</i>]	86
PAPAVERINE HCL SOLN 30 MG/ML [<i>papaverine hcl</i>]	43
PAREGORIC TINC 2 MG/5ML [<i>paregoric</i>]	72
<i>paromomycin sulfate caps 250 mg</i>	17
<i>paroxetine hcl tabs 10 mg</i>	56
<i>paroxetine hcl tabs 20 mg</i>	56
<i>paroxetine hcl tabs 30 mg</i>	56
<i>paroxetine hcl tabs 40 mg</i>	56
PEDIARIX SUSP [<i>diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac</i>]	90
<i>pediatric multivitamins w/fl chew</i>	95
<i>peg 3350/electrolytes solr 240 gm</i>	73
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	19
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	19
PEGASYS SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	19
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	19
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	15
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	15
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	15
<i>penicillin g potassium solr 2000000 unit</i>	15
<i>penicillin g procaine susp 600000 unit/ml</i>	15
<i>penicillin v potassium solr 125 mg/5ml</i>	15

<i>penicillin v potassium solr 250 mg/5ml</i>	15	PHENYLHISTINE DH LIQD 30-2-10 MG/5ML	
<i>penicillin v potassium tabs 250 mg</i>	15	<i>[pseudoeph-chlorphen w/ cod]</i>	87
<i>penicillin v potassium tabs 500 mg</i>	15	<i>phenytoin sodium extended caps 100 mg</i> ...	49
PENLET II BLOOD SAMPLER KIT <i>[lancets</i>		<i>phenytoin sodium soln 50 mg/ml</i>	49
<i>misc.]</i>	62	<i>phenytoin susp 125 mg/5ml</i>	49
PENTAM SOLR 300 MG <i>[pentamidine</i>		PHLEXY-10 PACK <i>[nutritional supplements]</i>	
<i>isethionate]</i>	17	.....	65
PENTASA CPCR 250 MG <i>[mesalamine]</i>	72	PHOSLYRA SOLN 667 MG/5ML <i>[calcium</i>	
PENTASA CPCR 500 MG <i>[mesalamine]</i>	72	<i>acetate (phosphate binder)]</i>	67
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i> ...	46	PHOSPHOLINE IODIDE SOLR 0.125 %	
<i>pentoxifylline er tbcr 400 mg</i>	36	<i>[echothiophate iodide]</i>	71
PERJETA SOLN 420 MG/14ML <i>[pertuzumab]</i>		PHOTREXA-PHOTREXA VISCOUS KIT SOSY	
.....	26	0.146 & 0.146-20 % <i>[riboflavin5-phos sod &</i>	
<i>permethrin crea 5 %</i>	91	<i>riboflavin 5-phosphate sodium-dextran]</i> ..	71
<i>perphenazine tab 16mg</i>	56	<i>phytonadione soln 1 mg/0.5ml</i>	97
<i>perphenazine tabs 2 mg</i>	56	<i>pilocarpine hcl soln 1 %</i>	71
<i>perphenazine tabs 4 mg</i>	56	<i>pilocarpine hcl soln 2 %</i>	71
<i>perphenazine tabs 8 mg</i>	56	<i>pilocarpine hcl soln 4 %</i>	71
<i>phenelzine sulfate tabs 15 mg</i>	56	<i>pilocarpine hcl tabs 5 mg</i>	30
PHENOBARBITAL ELIX 20 MG/5ML		<i>pimecrolimus crea 1 %</i>	94
<i>[phenobarbital]</i>	52	<i>pimozide tabs 2 mg</i>	56
PHENOBARBITAL SODIUM SOLN 130 MG/ML		<i>pioglitazone hcl tabs 15 mg</i>	77
<i>[phenobarbital sodium]</i>	52	<i>pioglitazone hcl tabs 30 mg</i>	77
PHENOBARBITAL SODIUM SOLN 65 MG/ML		<i>pioglitazone hcl tabs 45 mg</i>	77
<i>[phenobarbital sodium]</i>	52	<i>piperacillin sod-tazobactam so solr 2.25 (2-</i>	
PHENOBARBITAL TABS 100 MG		<i>0.25) gm</i>	15
<i>[phenobarbital]</i>	52	<i>piperacillin sod-tazobactam so solr 3.375 (3-</i>	
PHENOBARBITAL TABS 15 MG		<i>0.375) gm</i>	15
<i>[phenobarbital]</i>	52	<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5)</i>	
PHENOBARBITAL TABS 16.2 MG		<i>gm</i>	15
<i>[phenobarbital]</i>	52	PKU EXPRESS PACK <i>[nutritional</i>	
PHENOBARBITAL TABS 30 MG		<i>supplements]</i>	65
<i>[phenobarbital]</i>	52	PLASMA-LYTE A SOLN <i>[electrolyte-a]</i>	67
PHENOBARBITAL TABS 32.4 MG		PNEUMOVAX 23 INJ 25 MCG/0.5ML	
<i>[phenobarbital]</i>	52	<i>[pneumococcal vac polyvalent]</i>	90
PHENOBARBITAL TABS 60 MG		<i>podofilox soln 0.5 %</i>	94
<i>[phenobarbital]</i>	52	POLY HUB NEEDLE MISC 18G X 1	62
PHENOBARBITAL TABS 64.8 MG		POLYETHYLENE GLYCOL 8000 POWD	
<i>[phenobarbital]</i>	52	<i>[polyethylene glycol 8000]</i>	86
PHENOBARBITAL TABS 97.2 MG		<i>polymyxin b-trimethoprim soln 10000-0.1</i>	
<i>[phenobarbital]</i>	52	<i>unit/ml-%</i>	69
PHENTOLAMINE MESYLATE POWD		POLY-VI-SOL SOLN <i>[pediatric multiple</i>	
<i>[phentolamine mesylate (bulk)]</i>	86	<i>vitamin w/ c]</i>	96
<i>phentolamine mesylate solr 5 mg</i>	30	POLY-VI-SOL/IRON SOLN <i>[pediatric multiple</i>	
PHENYLADE DRINK MIX POWD <i>[nutritional</i>		<i>vitamins w/ iron]</i>	96
<i>supplements]</i>	65	POLY-VITA SOLN 35 MG/ML <i>[pediatric</i>	
PHENYLEPHRINE HCL SOLN 10 %		<i>multiple vitamin w/ c]</i>	96
<i>[phenylephrine hcl (mydriatic)]</i>	72	POMALYST CAPS 1 MG <i>[pomalidomide]</i>	26
PHENYLEPHRINE HCL SOLN 2.5 %		POMALYST CAPS 2 MG <i>[pomalidomide]</i>	26
<i>[phenylephrine hcl (mydriatic)]</i>	72	POMALYST CAPS 3 MG <i>[pomalidomide]</i>	26

POMALYST CAPS 4 MG [<i>pomalidomide</i>]	26	<i>pramipexole dihydrochloride tabs 0.125 mg</i> 51	
PORTAGEN POW [<i>nutritional supplements</i>]	65	<i>pramipexole dihydrochloride tabs 0.25 mg</i> .51	
POTABA CAPS 500 MG [<i>potassium aminobenzoate</i>]	96	<i>pramipexole dihydrochloride tabs 0.5 mg</i> ...51	
POTASSIUM ACETATE SOLN 2 MEQ/ML [<i>potassium acetate</i>]	68	<i>pramipexole dihydrochloride tabs 0.75 mg</i> .53	
<i>potassium chloride crys er tbc 10 meq</i>	68	<i>pramipexole dihydrochloride tabs 1 mg</i> .....51	
<i>potassium chloride crys er tbc 20 meq</i>	68	<i>pramipexole dihydrochloride tabs 1.5 mg</i> ...51	
<i>potassium chloride er cpcr 10 meq</i>	68	PRAMOSONE OINT 1-1 % [<i>pramoxine-hc</i>] ...92	
<i>potassium chloride er cpcr 8 meq</i>	68	PRAMOSONE OINT 1-2.5 % [<i>pramoxine-hc</i>] 92	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [<i>potassium chloride in dextrose</i>]	68	<i>pravastatin sodium tabs 10 mg</i>.....37	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% [<i>potassium chloride in dextrose</i>]	68	<i>pravastatin sodium tabs 20 mg</i>.....37	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	68	<i>pravastatin sodium tabs 40 mg</i>.....37	
POTASSIUM CHLORIDE PACK 20 MEQ [<i>potassium chloride</i>]	68	<i>pravastatin sodium tabs 80 mg</i>.....37	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [<i>potassium chloride</i>]	68	PRAXBIND SOLN 2.5 GM/50ML [<i>idarucizumab</i>]	34
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [<i>potassium chloride</i>]	68	<i>prazosin hcl caps 1 mg</i>.....36	
<i>potassium chloride soln 2 meq/ml</i>	68	<i>prazosin hcl caps 2 mg</i>.....36	
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [<i>potassium chloride</i>]	68	<i>prazosin hcl caps 5 mg</i>.....36	
POTASSIUM CHLORIDE SOLN 20 MEQ/15ML (10%) [<i>potassium chloride</i>]	68	PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	70
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [<i>potassium chloride</i>]	68	<i>prednisolone acetate susp 1 %</i>70	
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [<i>potassium chloride</i>]	68	<i>prednisolone sodium phosphate soln 1 %</i> ..70	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	63	<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	75
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	63	<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	75
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	64	<i>prednisone soln 5 mg/5ml</i>.....76	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	68	<i>prednisone tabs 1 mg</i>.....76	
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	36	<i>prednisone tabs 10 mg</i>.....76	
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	36	<i>prednisone tabs 2.5 mg</i>.....76	
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	36	<i>prednisone tabs 20 mg</i>.....76	
		<i>prednisone tabs 5 mg</i>.....76	
		<i>prednisone tabs 50 mg</i>.....76	
		<i>prednisone tbpk 5 mg (21)</i>	76
		PREMARIN CREA 0.625 MG/GM [<i>estrogens, conjugated vaginal</i>]	79
		PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	79
		PRETOMANID TABS 200 MG [<i>pretomanid</i>] ..17	
		PREVIDENT 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	84
		PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	84
		PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	84
		PREVNAR 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	90
		PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>] 19	
		PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>] 19	
		PREVYMIS TABS 240 MG [<i>letermovir</i>]	19
		PREVYMIS TABS 480 MG [<i>letermovir</i>]	19

PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	19	<i>[progesterone micronized (bulk)]</i>	86
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	19	PROGESTERONE OIL 50 MG/ML	
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	19	<i>[progesterone]</i>	80
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	19	PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	41
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	20	PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	84
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	17	PROLASTIN-C SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	69
PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	17	PROLEUKIN SOLR 22000000 UNIT	
<i>primidone tab 50mg</i>	49	<i>[aldesleukin]</i>	26
<i>primidone tabs 250 mg</i>	49	PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	36
PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	15	PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	36
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	89	PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	36
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	89	<i>promethazine hcl soln 25 mg/ml</i>	21
PRIVIGEN SOLN 5 GM/50ML [<i>immune globulin (human) iv</i>]	89	<i>promethazine hcl tabs 12.5 mg</i>	21
<i>probenecid tabs 500 mg</i>	68	<i>promethazine hcl tabs 25 mg</i>	21
<i>procainamide hcl soln 100 mg/ml</i>	40	<i>propafenone hcl tabs 150 mg</i>	40
<i>procainamide hcl soln 500 mg/ml</i>	40	<i>propafenone hcl tabs 225 mg</i>	40
PROCALAMINE SOLN 3 % [<i>amino acid electrolyte infusion</i>]	65	<i>propafenone hcl tabs 300 mg</i>	40
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	56	<i>propantheline bromide tabs 15 mg</i>	29
<i>prochlorperazine maleate tabs 10 mg</i>	56	<i>proparacaine hcl soln 0.5 %</i>	71
<i>prochlorperazine maleate tabs 5 mg</i>	56	<i>propofol emul 1000 mg/100ml</i>	53
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl soln 1 mg/ml</i>	38
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl soln 20 mg/5ml</i>	38
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl tabs 10 mg</i>	38
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl tabs 20 mg</i>	38
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl tabs 20 mg</i>	38
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	36	<i>propranolol hcl tabs 40 mg</i>	38
PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	34	<i>propranolol hcl tabs 60 mg</i>	38
PROFILNINE SOLR 1500 UNIT [<i>factor ix complex</i>]	34	<i>propranolol hcl tabs 80 mg</i>	38
PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	34	<i>propylthiouracil tabs 50 mg</i>	81
PROGESTERONE MICRONIZED POWD		PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	90
		PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	86
		<i>protriptyline hcl tabs 10 mg</i>	56
		<i>protriptyline hcl tabs 5 mg</i>	56
		PULMICORT FLEXHALER AEPB 180 MCG/ACT	
		<i>[budesonide (inhalation)]</i>	76
		PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	69
		PURIXAN SUSP 2000 MG/100ML	
		<i>[mercaptopurine]</i>	26
		<i>pyrazinamide tabs 500 mg</i>	17
		<i>pyridostigmine bromide er tbcr 180 mg</i>	30
		<i>pyridostigmine bromide tabs 60 mg</i>	30
		<i>pyridoxine hcl soln 100 mg/ml</i>	96
		Q	
		QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	30

quetiapine fumarate tabs 100 mg	56
quetiapine fumarate tabs 200 mg	56
quetiapine fumarate tabs 25 mg	56
quetiapine fumarate tabs 300 mg	56
quetiapine fumarate tabs 400 mg	56
quetiapine fumarate tabs 50 mg	56
QUINACRINE HCL POW DIHYDRAT	
[quinacrine hcl]	86
quinidine gluconate er tbc 324 mg	40
QUINIDINE GLUCONATE SOLN 80 MG/ML	
[quinidine gluconate]	40
quinidine sulfate tabs 200 mg	40
quinidine sulfate tabs 300 mg	40

R

raloxifene hcl tabs 60 mg	79
ranitidine hcl soln 150 mg/6ml	73
ranitidine hcl soln 50 mg/2ml	73
ranitidine hcl syrp 150 mg/10ml	73
ranitidine hcl tabs 150 mg	73
ranitidine hcl tabs 300 mg	73
RAPAMUNE SOLN 1 MG/ML [sirolimus]	84
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 27.5 MG/0.55ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	84
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	85
RECOMBINATE SOLR 1241-1800 UNIT	
[antihemophilic factor (recombinant)]	34
RECOMBINATE SOLR 1801-2400 UNIT	
[antihemophilic factor (recombinant)]	34
RECOMBINATE SOLR 220-400 UNIT	
[antihemophilic factor (recombinant)]	34
RECOMBINATE SOLR 401-800 UNIT	
[antihemophilic factor (recombinant)]	34

RECOMBINATE SOLR 801-1240 UNIT	
[antihemophilic factor (recombinant)]	34
RELENZA DISKHALER AEPB 5 MG/BLISTER	
[zanamivir]	20
REMICADE SOLR 100 MG [infliximab]	85
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	96
REVELA PACK 2.4 GM [sevelamer carbonate]	66
RESCRIPTOR TABS 100 MG [delavirdine mesylate]	20
RESERPINE TABS 0.1 MG [reserpine]	41
RESERPINE TABS 0.25 MG [reserpine]	41
RESTASIS EMUL 0.05 % [cyclosporine (ophth)]	70
RESTASIS MULTIDOSE EMUL 0.05 %	
[cyclosporine (ophth)]	70
RETIN-A CREA 0.025 % [tretinoin]	93
RETIN-A CREA 0.05 % [tretinoin]	93
RETIN-A CREA 0.1 % [tretinoin]	93
RETIN-A GEL 0.01 % [tretinoin]	93
RETIN-A GEL 0.025 % [tretinoin]	93
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	93
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	93
RETROVIR SOLN 10 MG/ML [zidovudine]	20
REVLIMID CAPS 10 MG [lenalidomide]	26
REVLIMID CAPS 15 MG [lenalidomide]	26
REVLIMID CAPS 2.5 MG [lenalidomide]	26
REVLIMID CAPS 20 MG [lenalidomide]	26
REVLIMID CAPS 25 MG [lenalidomide]	26
REVLIMID CAPS 5 MG [lenalidomide]	26
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	89
ribavirin caps 200 mg	20
RIDAURA CAPS 3 MG [auranofin]	74
RIFABUTIN CAPS 150 MG [rifabutin]	17
rifampin caps 150 mg	17
rifampin caps 300 mg	17
rifampin solr 600 mg	17
riluzole tabs 50 mg	53
rimantadine hcl tabs 100 mg	20
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	85
RINGERS SOLN [ringer's]	68
RISPERDAL CONSTA SRER 12.5 MG	
[risperidone microspheres]	56
RISPERDAL CONSTA SRER 25 MG	
[risperidone microspheres]	56
RISPERDAL CONSTA SRER 37.5 MG	

[risperidone microspheres]	57
RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	57
RISPERIDONE SOLN 1 MG/ML [risperidone]	57
RISPERIDONE TABS 0.25 MG [risperidone]	57
RISPERIDONE TABS 0.5 MG [risperidone]	57
RISPERIDONE TABS 1 MG [risperidone]	57
RISPERIDONE TABS 2 MG [risperidone]	57
RISPERIDONE TABS 3 MG [risperidone]	57
RISPERIDONE TABS 4 MG [risperidone]	57
ritonavir tabs 100 mg	20
RITUXAN SOLN 100 MG/10ML [rituximab]	26
RITUXAN SOLN 500 MG/50ML [rituximab]	26
rizatriptan benzoate tabs 10 mg	50
rizatriptan benzoate tabs 5 mg	50
rizatriptan benzoate tbdp 10 mg	50
rizatriptan benzoate tbdp 5 mg	50
rocuronium bromide soln 50 mg/5ml	30
ropinirole hcl er tb24 12 mg	51
ropinirole hcl er tb24 2 mg	51
ropinirole hcl er tb24 4 mg	51
ropinirole hcl er tb24 6 mg	51
ropinirole hcl er tb24 8 mg	51
ropinirole hcl tabs 0.25 mg	51
ropinirole hcl tabs 0.5 mg	51
ropinirole hcl tabs 1 mg	51
ropinirole hcl tabs 2 mg	51
ropinirole hcl tabs 3 mg	51
ropinirole hcl tabs 4 mg	51
ropinirole hcl tabs 5 mg	51
rosuvastatin calcium tabs 10 mg	37
rosuvastatin calcium tabs 20 mg	37
rosuvastatin calcium tabs 40 mg	37
rosuvastatin calcium tabs 5 mg	37
ROTARIX SUSR [rotavirus vaccine, live oral]	90
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	90
ROZLYTREK CAPS 100 MG [entrectinib]	26
ROZLYTREK CAPS 200 MG [entrectinib]	26
RYANODEX SUSR 250 MG [dantrolene sodium]	30
RYDAPT CAPS 25 MG [midostaurin]	26

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S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	31
SABRIL PACK 500 MG [vigabatrin]	49
SAFETY-LOK SYRINGE MISC 5 ML [syringe (disposable)]	62

SAFETY-LOK TB SYRINGE MISC 27G X 1/2	.62
SALICYLIC ACID POWD [salicylic acid (bulk)]	86
SALSALATE TABS 500 MG [salsalate]	46
SALSALATE TABS 750 MG [salsalate]	46
SANDIMMUNE CAPS 100 MG [cyclosporine]	85
SANDIMMUNE CAPS 25 MG [cyclosporine]	85
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	85
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	85
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	85
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	85
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	85
SANTYL OINT 250 UNIT/GM [collagenase]	94
SARNA LOTN 0.5-0.5 % [camphor & menthol]	93
scopolamine pt72 1 mg/3days	72
selegiline hcl caps 5 mg	51
selegiline hcl tabs 5 mg	51
SELENIUM SOLN 40 MCG/ML [selenious acid]	68
selenium sulfide lotn 2.5 %	91
SELZENTRY TABS 150 MG [maraviroc]	20
SELZENTRY TABS 25 MG [maraviroc]	20
SELZENTRY TABS 300 MG [maraviroc]	20
SELZENTRY TABS 75 MG [maraviroc]	20
SEREVENT DISKUS AEPB 50 MCG/DOSE [salmeterol xinafoate]	32
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	80
SEROSTIM SOLR 5 MG [somatropin (non-refrigerated)]	81
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	81
sertraline hcl tabs 100 mg	57
sertraline hcl tabs 25 mg	57
sertraline hcl tabs 50 mg	57
sevelamer carbonate pack 2.4 gm	66
sevelamer carbonate tabs 800 mg	66
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	85
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	90
sildenafil citrate tabs 100 mg	43
sildenafil citrate tabs 20 mg	43

SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	91	<i>[sodium fluoride]</i>	85
<i>simvastatin tabs 10 mg</i>	37	SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	
<i>simvastatin tabs 20 mg</i>	37	<i>[sodium fluoride]</i>	85
<i>simvastatin tabs 40 mg</i>	37	<i>sodium phenylbutyrate powd 3 gm/tsp</i>	64
<i>simvastatin tabs 5 mg</i>	37	SODIUM PHOSPHATES SOLN 45	
<i>simvastatin tabs 80 mg</i>	37	MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>]	68
<i>sirolimus soln 1 mg/ml</i>	85	<i>sodium polystyrene sulfonate powd</i>	66
<i>sirolimus tabs 0.5 mg</i>	85	<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	66
<i>sirolimus tabs 1 mg</i>	85	<i>sodium polystyrene sulfonate susp 30 gm/120ml</i>	66
<i>sirolimus tabs 2 mg</i>	85	<i>solifenacin succinate tabs 10 mg</i>	95
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML		<i>solifenacin succinate tabs 5 mg</i>	95
<i>[risankizumab-rzaa]</i>	95	SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	85
SLO-NIACIN TBCR 250 MG [<i>niacin</i>]	96	SOLU-CORTEF SOLR 100 MG	
SLO-NIACIN TBCR 500 MG [<i>niacin</i>]	96	<i>[hydrocortisone sod succinate]</i>	76
SLO-NIACIN TBCR 750 MG [<i>niacin</i>]	96	SOLU-CORTEF SOLR 1000 MG	
SOD CITRATE-CITRIC ACID SOLN 500-334		<i>[hydrocortisone sod succinate]</i>	76
MG/5ML [<i>sodium citrate & citric acid</i>]	64	SOLU-CORTEF SOLR 250 MG	
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	64	<i>[hydrocortisone sod succinate]</i>	76
SODIUM BICARBONATE SOLN 8.4 % [<i>sodium bicarbonate</i>]	64	SOLU-CORTEF SOLR 500 MG	
SODIUM CHLORIDE (PF) SOLN 0.9 % [<i>sodium chloride</i>]	68	<i>[hydrocortisone sod succinate]</i>	76
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [<i>bacteriostatic sodium chloride</i>]	68	SOLU-MEDROL SOLR 500 MG	
SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>]	87	<i>[methylprednisolone sod succ]</i>	76
SODIUM CHLORIDE NEBU 3 % [<i>sodium chloride (inhalant)</i>]	87	SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	73
SODIUM CHLORIDE NEBU 7 % [<i>sodium chloride (inhalant)</i>]	87	SORBITOL SOLN 70 % [<i>sorbitol</i>]	86
<i>sodium chloride soln</i>	67	<i>sotalol hcl (af) tabs 80 mg</i>	38
SODIUM CHLORIDE SOLN 0.45 % [<i>sodium chloride</i>]	68	<i>sotalol hcl tabs 120 mg</i>	38
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	66	<i>sotalol hcl tabs 160 mg</i>	38
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride</i>]	68	<i>sotalol hcl tabs 240 mg</i>	38
SODIUM CHLORIDE SOLN 3 % [<i>sodium chloride</i>]	68	<i>sotalol hcl tabs 80 mg</i>	38
SODIUM CHLORIDE SOLN 4 MEQ/ML [<i>sodium chloride</i>]	68	SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	20
SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride</i>]	68	SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	20
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride</i>]	95	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	
SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium</i>]	65	<i>[tiotropium bromide monohydrate]</i>	29
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG		<i>spironolactone tabs 100 mg</i>	41
		<i>spironolactone tabs 25 mg</i>	41
		<i>spironolactone tabs 50 mg</i>	41
		<i>spironolactone-hctz tabs 25-25 mg</i>	41
		SPORANOX SOLN 10 MG/ML [<i>itraconazole</i>]	16
		SPRYCEL TABS 100 MG [<i>dasatinib</i>]	26
		SPRYCEL TABS 140 MG [<i>dasatinib</i>]	26
		SPRYCEL TABS 20 MG [<i>dasatinib</i>]	26
		SPRYCEL TABS 50 MG [<i>dasatinib</i>]	26
		SPRYCEL TABS 70 MG [<i>dasatinib</i>]	26
		SPRYCEL TABS 80 MG [<i>dasatinib</i>]	26
		SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	81
		<i>stavudine caps 15 mg</i>	20

stavudine caps 20 mg	20	SULFUR PRECIPITATED POWD [sulfur	
stavudine caps 30 mg	20	(bulk)]	87
stavudine caps 40 mg	20	sulindac tabs 150 mg	46
STELARA SOLN 45 MG/0.5ML [ustekinumab]		sulindac tabs 200 mg	46
.....	95	SUMATRIPTAN SOLN 20 MG/ACT	
STELARA SOSY 45 MG/0.5ML [ustekinumab]		[sumatriptan]	50
.....	95	SUMATRIPTAN SUCCINATE REFILL SOCT 6	
STELARA SOSY 90 MG/ML [ustekinumab] ..	95	MG/0.5ML [sumatriptan succinate]	50
STERILE WATER FOR INJECTION SOLN		SUMATRIPTAN SUCCINATE SOAJ 6	
[water for injection, sterile]	87	MG/0.5ML [sumatriptan succinate]	50
STERILE WATER FOR IRRIGATION SOLN		sumatriptan succinate soln 6 mg/0.5ml	50
[water for irrigation, sterile]	66	sumatriptan succinate tabs 100 mg	50
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT		sumatriptan succinate tabs 25 mg	50
[tiotropium bromide-olodaterol hcl]	29	sumatriptan succinate tabs 50 mg	50
STIVARGA TABS 40 MG [regorafenib]	26	SURE COMFORT INSULIN SYRINGE MISC	
STRENSIQ SOLN 18 MG/0.45ML [asfotase		28G X 1/2	62
alfa]	69	SURE COMFORT INSULIN SYRINGE MISC	
STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]		29G X 1/2	62
.....	69	SURE COMFORT INSULIN SYRINGE MISC	
STRENSIQ SOLN 40 MG/ML [asfotase alfa] ..	69	30G X 1/2	62
STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]		SURE COMFORT INSULIN SYRINGE MISC	
.....	69	30G X 5/16	62
streptomycin sulfate solr 1 gm	15	SURE COMFORT INSULIN SYRINGE MISC	
STRIBILD TABS 150-150-200-300 MG		31G X 5/16	62
[elvitegravir-cobicistat-emtricitabine-		SURVANTA SUSP 25-0.9 MG/ML-% [beractant	
tenofovir df]	20	in nacl]	87
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT		SUTENT CAPS 12.5 MG [sunitinib malate] ..	26
[olodaterol hcl]	32	SUTENT CAPS 25 MG [sunitinib malate]	26
sucralfate tabs 1 gm	73	SUTENT CAPS 37.5 MG [sunitinib malate] ..	27
sulfacetamide sodium soln 10 %	69	SUTENT CAPS 50 MG [sunitinib malate]	27
SULFACETAMIDE SODIUM-SULFUR EMUL 10-		SYLVANT SOLR 100 MG [siltuximab]	27
5 % [sulfacetamide sodium w/ sulfur]	93	SYLVANT SOLR 400 MG [siltuximab]	27
SULFACETAMIDE SODIUM-SULFUR SUSP 10-		SYMDEKO TBPK 100-150 & 150 MG	
5 % [sulfacetamide sodium w/ sulfur]	93	[tezacaftor-ivacaftor]	88
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4		SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-	
% [sulfacetamide sodium w/ sulfur]	94	ivacaftor]	88
sulfacetamide-prednisolone soln 10-0.23 %	70	SYMFI LO TABS 400-300-300 MG [efavirenz-	
sulfadiazine tabs 500 mg	15	lamivudine-tenofovir disoproxil fumarate]	
sulfamethoxazole-trimethoprim soln 400-80		.....	20
mg/5ml	15	SYMFI TABS 600-300-300 MG [efavirenz-	
sulfamethoxazole-trimethoprim susp 200-40		lamivudine-tenofovir disoproxil fumarate]	
mg/5ml	15	.....	20
sulfamethoxazole-trimethoprim tabs 400-80		SYMTUZA TABS 800-150-200-10 MG	
mg	15	[darunavir-cobicistat-emtricitabine-	
sulfamethoxazole-trimethoprim tabs 800-160		tenofovir alafenamide]	20
mg	15	SYNAGIS SOLN 100 MG/ML [palivizumab] ..	20
SULFAMYLON CREA 85 MG/GM [mafenide		SYNAGIS SOLN 50 MG/0.5ML [palivizumab] ..	20
acetate]	91	SYNAREL SOLN 2 MG/ML [nafarelin acetate]	
sulfasalazine tabs 500 mg	15	.....	80
sulfasalazine tbec 500 mg	15	SYRINGE DISPOSABLE MISC 10 ML [syringe	

(disposable)	62
SYRINGE DISPOSABLE MISC 20 ML [syringe (disposable)]	62
SYRINGE DISPOSABLE MISC 3 ML [syringe (disposable)]	62
SYRINGE DISPOSABLE MISC 5 ML [syringe (disposable)]	62
SYRINGE MISC 20G X 1-1/2	62
SYRINGE MISC 21G X 1-1/2	62

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TABLOID TABS 40 MG [thioguanine]	27
tacrolimus caps 0.5 mg	85
tacrolimus caps 1 mg	85
tacrolimus caps 5 mg	85
tacrolimus oint 0.03 %	95
tacrolimus oint 0.1 %	95
tadalafil tabs 10 mg	43
tadalafil tabs 2.5 mg	43
tadalafil tabs 20 mg	43
tadalafil tabs 5 mg	43
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	27
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	27
TAGRISSO TABS 40 MG [osimertinib mesylate]	27
TAGRISSO TABS 80 MG [osimertinib mesylate]	27
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	85
TAMIFLU SUSP 6 MG/ML [oseltamivir phosphate]	20
tamoxifen citrate tabs 10 mg	27
tamoxifen citrate tabs 20 mg	27
tamsulosin hcl caps 0.4 mg	36
TARCEVA TABS 100 MG [erlotinib hcl]	27
TARCEVA TABS 150 MG [erlotinib hcl]	27
TARCEVA TABS 25 MG [erlotinib hcl]	27
TARGRETIN CAPS 75 MG [bexarotene]	27
TARGRETIN GEL 1 % [bexarotene (topical)]	95
TASIGNA CAPS 150 MG [nilotinib hcl]	27
TASIGNA CAPS 200 MG [nilotinib hcl]	27
TAXOTERE INJ 80MG/2ML [docetaxel]	27
tazarotene crea 0.1 %	95
TAZORAC CREA 0.05 % [tazarotene]	95
TAZORAC GEL 0.05 % [tazarotene]	95
TAZORAC GEL 0.1 % [tazarotene]	95
TDVAX SUSP 2-2 LF/0.5ML [tetanus-diphtheria toxoids (td)]	90

TECENTRIQ SOLN 1200 MG/20ML [atezolizumab]	27
temazepam caps 15 mg	52
temazepam caps 30 mg	52
temozolomide caps 100 mg	27
temozolomide caps 140 mg	27
temozolomide caps 180 mg	27
temozolomide caps 20 mg	27
temozolomide caps 250 mg	27
temozolomide caps 5 mg	27
tenofovir disoproxil fumarate tabs 300 mg	20
terazosin hcl caps 1 mg	36
terazosin hcl caps 10 mg	36
terazosin hcl caps 2 mg	37
terazosin hcl caps 5 mg	37
terbinafine hcl tabs 250 mg	16
terbutaline sulfate soln 1 mg/ml	32
terbutaline sulfate tabs 2.5 mg	32
terbutaline sulfate tabs 5 mg	32
testosterone cypionate soln 200 mg/ml	76
testosterone enanthate soln 200 mg/ml	76
testosterone gel 12.5 mg/act (1%)	76
TESTOSTERONE PROPIONATE POWD [testosterone propionate (bulk)]	87
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl (ophth)]	71
TETRACAINE HCL SOLN 1 % [tetracaine hcl]	82
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	15
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	15
TETRAVISC SOLN 0.5 % [tetracaine hcl (ophth)]	71
THALOMID CAPS 100 MG [thalidomide]	85
THALOMID CAPS 150 MG [thalidomide]	85
THALOMID CAPS 200 MG [thalidomide]	85
THALOMID CAPS 50 MG [thalidomide]	85
THAM SOLN 30 MEQ/100ML [tromethamine]	64
theophylline er tb12 100 mg	95
theophylline er tb12 200 mg	95
theophylline er tb12 300 mg	95
theophylline er tb12 450 mg	95
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% [theophylline in dextrose]	95
thiamine hcl soln 100 mg/ml	96
THIOLA TABS 100 MG [tiopronin]	85
thioridazine hcl tabs 10 mg	57
thioridazine hcl tabs 100 mg	57
thioridazine hcl tabs 25 mg	57

thioridazine hcl tabs 50 mg	57	TRANSDERM-SCOP (1.5 MG) PT72 1	
thiotepa solr 15 mg	27	MG/3DAYS [scopolamine].....	72
thiothixene caps 1 mg	57	tranylcypromine sulfate tabs 10 mg	57
thiothixene caps 10 mg	57	TRAVASOL SOLN 10 % [amino acid infusion]	
thiothixene caps 2 mg	57	.....	65
thiothixene caps 5 mg	57	trazodone hcl tabs 100 mg	57
THROMBIN-JMI KIT 20000 UNIT [thrombin]	34	trazodone hcl tabs 150 mg	57
THROMBIN-JMI SOLR 20000 UNIT [thrombin]	34	trazodone hcl tabs 50 mg	57
THROMBIN-JMI SOLR 5000 UNIT [thrombin]	34	TREANDA SOLR 100 MG [bendamustine hcl]	
THYMOL CRYST [thymol].....	87	.....	27
THYROGEN SOLR 1.1 MG [thyrotropin alfa]	63	TRECTOR TABS 250 MG [ethionamide].....	17
TICE BCG SUSR 50 MG [bcg live intravesical]	90	TREMFYA SOPN 100 MG/ML [guselkumab]	95
.....	90	TREMFYA SOSY 100 MG/ML [guselkumab]	95
timolol maleate soln 0.25 %	71	tretinoin caps 10 mg	27
timolol maleate soln 0.5 %	71	triamcinolone acetonide crea 0.025 %	92
TIVICAY TABS 10 MG [dolutegravir sodium]	20	triamcinolone acetonide crea 0.1 %	92
TIVICAY TABS 25 MG [dolutegravir sodium]	20	triamcinolone acetonide crea 0.5 %	92
TIVICAY TABS 50 MG [dolutegravir sodium]	20	triamcinolone acetonide oint 0.025 %	92
tizanidine hcl tabs 2 mg	30	triamcinolone acetonide oint 0.1 %	93
tizanidine hcl tabs 4 mg	30	triamcinolone acetonide oint 0.5 %	93
TNKASE KIT 50 MG [tenecteplase].....	36	TRIAMCINOLONE ACETONIDE POWD	
TOBI PODHALER CAPS 28 MG [tobramycin]	15	[triamcinolone acetonide (topical)].....	87
.....	15	triamcinolone acetonide pste 0.1 %	93
TOBRADEX OINT 0.3-0.1 % [tobramycin-		triamterene-hctz caps 37.5-25 mg	66
dexamethasone].....	70	triamterene-hctz tabs 37.5-25 mg	66
tobramycin nebu 300 mg/5ml	15	TRIAMTERENE-HCTZ TABS 75-50 MG	
tobramycin sulfate soln 10 mg/ml	15	[triamterene & hydrochlorothiazide].....	66
tobramycin sulfate soln 80 mg/2ml	15	TRI-CHLOR LIQD 80 % [trichloroacetic acid]	
tolbutamide tabs 500 mg	77	.....	85
topiramate csp 15 mg	49	TRICITRATES SOLN 550-500-334 MG/5ML [pot	
topiramate csp 25 mg	49	& sod citrates w/citric ac].....	64
topiramate tabs 100 mg	49	trifluoperazine hcl tabs 1 mg	57
topiramate tabs 200 mg	49	trifluoperazine hcl tabs 10 mg	57
topiramate tabs 25 mg	49	trifluoperazine hcl tabs 2 mg	57
topiramate tabs 50 mg	49	trifluoperazine hcl tabs 5 mg	57
topotecan hcl solr 4 mg	27	trifluridine soln 1 %	69
TORISEL SOLN 25 MG/ML [temsirolimus].....	27	trihexyphenidyl hcl soln 0.4 mg/ml	51
torseamide tabs 10 mg	66	trihexyphenidyl hcl tabs 2 mg	51
torseamide tabs 100 mg	66	trihexyphenidyl hcl tabs 5 mg	51
torseamide tabs 20 mg	66	TRIKAFTA TBPK 100-50-75 & 150 MG	
torseamide tabs 5 mg	66	[elexacaftor-tezacaftor-ivacaftor].....	88
TRACLEER TABS 125 MG [bosentan].....	43	trimethoprim tabs 100 mg	21
TRACLEER TABS 62.5 MG [bosentan].....	43	TRIPLE-VITAMIN/FLUORIDE SOLN 0.25	
TRACLEER TBSO 32 MG [bosentan].....	88	MG/ML [pediatric vitamins acd w/ fluoride]	
TRADJENTA TABS 5 MG [linagliptin].....	77	.....	96
tramadol hcl tabs 50 mg	46	TRISENOX SOLN 12 MG/6ML [arsenic	
tramadol-acetaminophen tabs 37.5-325 mg	46	trioxide].....	27
tranexamic acid soln 1000 mg/10ml	34	TRIUMEQ TABS 600-50-300 MG [abacavir-	
tranexamic acid tabs 650 mg	34	dolutegravir-lamivudine].....	20
		TRI-VI-SOL SOLN 750-400-35 UNIT-MG/ML	

[pediatric vitamins adc]	96
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	96
TROPHAMINE SOLN 10 % [amino acid infusion]	65
TROPHAMINE SOLN 6 % [amino acid infusion]	65
tropicamide soln 1 %	71
tropium chloride er cp24 60 mg	95
tropium chloride tabs 20 mg	95
TRUVADA TABS 100-150 MG [emtricitabine-tenofovir disoproxil fumarate]	20
TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	20
TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	20
TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	20
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	62
TUBERCULIN SYRINGE MISC 1 ML [syringe (disposable)]	62
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	63
TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	90
TYKERB TABS 250 MG [lapatinib ditosylate]	27
TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	91
TYSABRI CONC 300 MG/15ML [natalizumab]	85
TYVASO REFILL SOLN 0.6 MG/ML [treprostinil]	43
TYVASO SOLN 0.6 MG/ML [treprostinil]	43
TYVASO STARTER SOLN 0.6 MG/ML [treprostinil]	43

U

ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8	62
ULTRA THIN LANCETS 30G MISC [lancets]	62
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16.....	63
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	27
ursodiol tabs 250 mg	73
ursodiol tabs 500 mg	73

V

valacyclovir hcl tabs 1 gm	20
valacyclovir hcl tabs 500 mg	20
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	20
valganciclovir hcl tabs 450 mg	21
valproic acid caps 250 mg	49
valproic acid soln 250 mg/5ml	49
valsartan tabs 160 mg	41
valsartan tabs 320 mg	41
valsartan tabs 40 mg	41
valsartan tabs 80 mg	41
valsartan-hydrochlorothiazide tabs 160-12.5 mg	41
valsartan-hydrochlorothiazide tabs 160-25 mg	41
valsartan-hydrochlorothiazide tabs 320-12.5 mg	41
valsartan-hydrochlorothiazide tabs 320-25 mg	41
valsartan-hydrochlorothiazide tabs 80-12.5 mg	41
vancomycin hcl caps 125 mg	15
vancomycin hcl caps 250 mg	15
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	15
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	15
vancomycin hcl solr 1 gm	15
vancomycin hcl solr 10 gm	15
vancomycin hcl solr 5 gm	15
vancomycin hcl solr 500 mg	15
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2.....	63
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	91
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	91
ildenafil hcl tabs 10 mg	43
ildenafil hcl tabs 2.5 mg	43
ildenafil hcl tabs 20 mg	43
ildenafil hcl tabs 5 mg	43
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	42
VAXCHORA SUSR [cholera vaccine live attenuated]	91
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	95
vecuronium bromide solr 10 mg	30

vecuronium bromide solr 20 mg	30
VELCADE SOLR 3.5 MG [bortezomib]	27
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	27
VENCLEXTA TABS 10 MG [venetoclax]	27
VENCLEXTA TABS 100 MG [venetoclax]	27
VENCLEXTA TABS 50 MG [venetoclax]	27
venlafaxine hcl er cp24 150 mg	57
venlafaxine hcl er cp24 37.5 mg	57
venlafaxine hcl er cp24 75 mg	57
venlafaxine hcl tabs 100 mg	57
venlafaxine hcl tabs 25 mg	57
venlafaxine hcl tabs 37.5 mg	57
venlafaxine hcl tabs 50 mg	57
venlafaxine hcl tabs 75 mg	57
VENOFER SOLN 20 MG/ML [iron sucrose] ..	32
VENTAVIS SOLN 10 MCG/ML [iloprost]	43
VENTAVIS SOLN 20 MCG/ML [iloprost]	43
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [albuterol sulfate]	32
verapamil hcl er tbc 120 mg	39
verapamil hcl er tbc 180 mg	39
verapamil hcl er tbc 240 mg	39
VERAPAMIL HCL POWD [verapamil hcl]	87
verapamil hcl soln 2.5 mg/ml	39
verapamil hcl tabs 120 mg	39
verapamil hcl tabs 40 mg	39
verapamil hcl tabs 80 mg	39
VFEND IV SOLR 200 MG [voriconazole]	16
VICTOZA SOPN 18 MG/3ML [liraglutide]	77
VIDEX SOLR 2 GM [didanosine]	21
VIDEX SOLR 4 GM [didanosine]	21
VIMIZIM SOLN 5 MG/5ML [elosulfase alfa] ..	69
vinblastine sulfate soln 1 mg/ml	27
vincristine sulfate soln 1 mg/ml	27
vinorelbine tartrate soln 10 mg/ml	27
vinorelbine tartrate soln 50 mg/5ml	27
VIRACEPT TABS 250 MG [nelfinavir mesylate]	21
VIRACEPT TABS 625 MG [nelfinavir mesylate]	21
VIRAMUNE SUSP 50 MG/5ML [nevirapine] ..	21
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [pseudoephedrine w/ codeine-gg]	87
VISUDYNE SOLR 15 MG [verteporfin]	71
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	97
vitamin k1 soln 1 mg/0.5ml	97
vitamin k1 soln 10 mg/ml	97
VIVOTIF CPDR [typhoid vaccine]	91

VORAXAZE SOLR 1000 UNIT [glucarpidase] ..	69
voriconazole tabs 200 mg	16
voriconazole tabs 50 mg	16
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	21
VOTRIENT TABS 200 MG [pazopanib hcl] ..	27
VPRIV SOLR 400 UNIT [velaglucerase alfa] ..	69
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	47
VYVANSE CAPS 70 MG [lisdexamfetamine dimesylate]	48
VYXEOS SUSR 44-100 MG [daunorubicin-cytarabine liposome]	28

W

warfarin sodium tabs 1 mg	36
warfarin sodium tabs 10 mg	36
warfarin sodium tabs 2 mg	36
warfarin sodium tabs 2.5 mg	36
warfarin sodium tabs 3 mg	36
warfarin sodium tabs 4 mg	36
warfarin sodium tabs 5 mg	36
warfarin sodium tabs 6 mg	36
warfarin sodium tabs 7.5 mg	36
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	58
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	58

X

XALKORI CAPS 200 MG [*crizotinib*] 28
 XALKORI CAPS 250 MG [*crizotinib*] 28
 XELJANZ TABS 10 MG [*tofacitinib citrate*]... 85
 XELJANZ TABS 5 MG [*tofacitinib citrate*]..... 85
 XELJANZ XR TB24 11 MG [*tofacitinib citrate*]
 85
 XERAC AC SOLN 6.25 % [*aluminum chloride
 in alcohol*]..... 93
 XIFAXAN TABS 550 MG [*rifaximin*]..... 16
 XOLAIR SOLR 150 MG [*omalizumab*]..... 88
 XOLAIR SOSY 150 MG/ML [*omalizumab*]..... 88
 XOLAIR SOSY 75 MG/0.5ML [*omalizumab*].. 88
 XTANDI CAPS 40 MG [*enzalutamide*]..... 28

Y

YALE DISP NEEDLES MISC 21G X 1 63
 YERVOY SOLN 200 MG/40ML [*ipilimumab*] . 28
 YERVOY SOLN 50 MG/10ML [*ipilimumab*] ... 28
 YONDELIS SOLR 1 MG [*trabectedin*] 28

Z

ZARXIO SOSY 300 MCG/0.5ML [*filgrastim-
 sndz*] 36
 ZARXIO SOSY 480 MCG/0.8ML [*filgrastim-
 sndz*] 36
 ZEJULA CAPS 100 MG [*niraparib tosylate*].. 28
 ZELBORAF TABS 240 MG [*vemurafenib*] 28
 ZENPEP CPEP 10000-32000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 73
 ZENPEP CPEP 15000-47000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74
 ZENPEP CPEP 20000-63000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74
 ZENPEP CPEP 25000-79000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74
 ZENPEP CPEP 3000-14000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74

ZENPEP CPEP 40000-126000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74
 ZENPEP CPEP 5000-24000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 74
 ZIAGEN SOLN 20 MG/ML [*abacavir sulfate*] .21
zidovudine caps 100 mg21
zidovudine syrp 50 mg/5ml21
zidovudine tabs 300 mg.....21
 ZINACEF IN STERILE WATER SOLN 1.5 GM
 [*cefuroxime in sterile water*]..... 16
 ZINACEF SOLR 750 MG [*cefuroxime sodium*]
 16
 ZINC OXIDE OINT 20 % [*zinc oxide (topical)*]
 93
 ZINC SULFATE HEPTAHYDRATE POWD [*zinc
 sulfate*]87
 ZINC SULFATE MONOHYDRATE POWD [*zinc
 sulfate*]87
 ZINC SULFATE SOLN 1 MG/ML [*zinc sulfate*]
68
ziprasidone hcl caps 20 mg57
ziprasidone hcl caps 40 mg57
ziprasidone hcl caps 60 mg57
ziprasidone hcl caps 80 mg57
 ZITHROMAX PACK 1 GM [*azithromycin*] 16
zoledronic acid conc 4 mg/5ml85
zoledronic acid soln 5 mg/100ml85
zolpidem tartrate tabs 5 mg52
 ZOSTAVAX SUSR 19400 UNT/0.65ML [*zoster
 vaccine live*].....91
 ZOSYN SOLN 2-0.25 GM/50ML [*piperacillin
 sodium-tazobactam sodium in dextrose*]. 16
 ZOSYN SOLN 3-0.375 GM/50ML [*piperacillin
 sodium-tazobactam sodium in dextrose*]. 16
 ZYDELIG TABS 100 MG [*idelalisib*]28
 ZYDELIG TABS 150 MG [*idelalisib*]28
 ZYKADIA CAPS 150 MG [*ceritinib*]28
 ZYKADIA TABS 150 MG [*ceritinib*]28
 ZYTIGA TABS 500 MG [*abiraterone acetate*] 28

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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


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

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

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

Por favor, recicle. 
MOM 60379021 09/2015