

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

[ESTE FORMULARIO SE ACTUALIZÓ EL: 12/01/2020]

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 12/01/2020. Este documento de formulario puede variar dependiendo de su plan de salud. Este formulario está sujeto a cambios y todas las versiones anteriores del formulario ya no se aplican. Todas las versiones anteriores efectivas del formulario ya no se aplican, y las copias deben descartarse para evitar una interpretación errónea.

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

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

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

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

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

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

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

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

Cambios en el formulario

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

Estos cambios en el formulario pueden incluir:

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

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

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

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Informativo

Definiciones

Término
La droga de marca es un medicamento que se comercializa bajo un nombre patentado, protegido por marca registrada. El medicamento de marca se indicará en todas las letras CAPITAL.
El coseguro es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Copago es una cantidad fija en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que el afiliado haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
El deducible es la cantidad que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar todo o parte del costo del beneficio de atención médica bajo los términos de la póliza.
El nivel de medicamentos es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la porción del afiliado del costo del medicamento.
El afiliado es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los inscritos en esta plantilla de formulario también incluirán el suscriptor tal como se define en esta sección a continuación
La solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o proveedor de atención médica que prescribe envía una solicitud de 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.
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".
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.
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 .
El medicamento no del formulario es un medicamento recetado que no aparece en el formulario del plan de salud.
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.
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.
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.
El medicamento recetado es un medicamento que es prescrito por el proveedor de prescripción del afiliado y requiere una receta bajo la ley aplicable.
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.
Paso Therapy (ST) es un proceso que especifica la secuencia en la que se prescriben diferentes medicamentos recetados para una condición médica dada y médicamente apropiado para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la condición médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de acuerdo con una solicitud de terapia escalonada. Si el proveedor de prescripción del afiliado presenta una solicitud de excepción de terapia escalonada, los planes de salud harán excepciones a la terapia escalonada cuando se cumplan los criterios. Nota: Kaiser Foundation Health Plan no tiene un requisito para la terapia escalonada.
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 pharmacists Terapéutica. Committee. El Comité se reúne regularmente para evaluar y seleccionar los medicamentos que son seguros y eficaces para nuestros miembros. Este Formulario cumple con los requisitos descritos en la ley estatal, regulaciones y orientación para los planes comerciales.

¿Qué medicamentos están cubiertos?

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

pharmacy, y se cumplan otras reglas de cobertura.

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

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

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

Obtener una excepción al formulario

Los medicamentos que no figuran en el formulario se denominan medicamentos no formulario. 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**](https://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**](https://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**](https://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**](https://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 12. 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 98. El índice proporciona una lista alfabética de todos los

medicamentos incluidos en este documento. Busque en el índice y encuentre su droga. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Acceda a la página que aparece en el índice y busque el nombre de su medicamento en la primera columna de la lista.

Formulary Legend

Columna 1:

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

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

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

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

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

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

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

Columna 2:

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

<u>Nivel 1</u> – Nivel genérico
<u>Nivel 2</u> – Nivel de marca
<u>Nivel 4</u> – 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 cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	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>	2	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
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [<i>aztreonam-dextrose</i>]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
<i>ceftazidime solr 6 gm</i>	1	MB
CEFTIN SUSR 125 MG/5ML <i>[cefuroxime axetil]</i>	2	
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	1	MB
<i>ceftriaxone sodium solr 1 gm</i>	1	MB
<i>ceftriaxone sodium solr 10 gm</i>	1	MB
<i>ceftriaxone sodium solr 2 gm</i>	1	MB
<i>ceftriaxone sodium solr 250 mg</i>	1	MB
<i>ceftriaxone sodium solr 500 mg</i>	1	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	2	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	2	MB
<i>cefuroxime axetil tabs 250 mg</i>	1	
<i>cefuroxime axetil tabs 500 mg</i>	1	
<i>cefuroxime sodium solr 1.5 gm</i>	1	MB
<i>cefuroxime sodium solr 750 mg</i>	1	MB
<i>cephalexin caps 250 mg</i>	1	
<i>cephalexin caps 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml</i>	1	
<i>cephalexin susr 250 mg/5ml</i>	1	
<i>chloramphenicol sod succinate solr 1 gm</i>	2	MB
CIPRO SUSR 250 MG/5ML (5%) <i>[ciprofloxacin]</i>	2	
CIPRO SUSR 500 MG/5ML (10%) <i>[ciprofloxacin]</i>	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	1	
<i>ciprofloxacin hcl tabs 500 mg</i>	1	
<i>ciprofloxacin hcl tabs 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	MB
<i>clarithromycin susr 125 mg/5ml</i>	1	
<i>clarithromycin susr 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg</i>	1	
CLARITHROMYCIN TABS 500 MG <i>[clarithromycin]</i>	1	
CLEOCIN IN D5W SOLN 900 MG/50ML <i>[clindamycin phosphate in d5w]</i>	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	1	
<i>clindamycin hcl caps 150 mg</i>	1	
<i>clindamycin hcl caps 300 mg</i>	1	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	1	
<i>clindamycin phosphate soln 9000 mg/60ml</i>	1	MB
CUBICIN SOLR 500 MG <i>[daptomycin]</i>	2	MB
<i>dicloxacillin sodium caps 250 mg</i>	1	
<i>dicloxacillin sodium caps 500 mg</i>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
<i>doxycycline hyclate tabs 20 mg</i>	1	
<i>doxycycline monohydrate susr 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tabs 100 mg</i>	1	
<i>doxycycline monohydrate tabs 50 mg</i>	1	
FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	2	
FORTAZ IN D5W SOLN 1-5 GM/50ML-% <i>[ceftazidime sodium in d5w]</i>	2	MB
FORTAZ IN D5W SOLN 2-5 GM/50ML-% <i>[ceftazidime sodium in d5w]</i>	2	MB
FORTAZ SOLR 500 MG <i>[ceftazidime]</i>	2	MB
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 0.9-0.9 mg/ml-%</i>	2	MB
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.4-0.9 mg/ml-%</i>	2	MB
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	2	MB
<i>gentamicin sulfate soln 40 mg/ml</i>	1	MB
INVANZ SOLR 1 GM <i>[ertapenem sodium]</i>	2	MB
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	MB
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	MB
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	MB
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	MB
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	
<i>meropenem solr 1 gm</i>	1	MB
<i>meropenem solr 500 mg</i>	1	MB
MINOCIN SOLR 100 MG <i>[minocycline hcl]</i>	2	MB
<i>minocycline hcl caps 100 mg</i>	1	
<i>minocycline hcl caps 50 mg</i>	1	
<i>minocycline hcl caps 75 mg</i>	1	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[nafcillin sodium in dextrose]</i>	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML <i>[nafcillin sodium in dextrose]</i>	2	MB
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
<i>oxacillin sodium solr 1 gm</i>	1	MB
OXACILLIN SODIUM SOLR 2 GM <i>[oxacillin sodium]</i>	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
<i>penicillin g potassium solr 20000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	2	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	
<i>penicillin v potassium solr 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	MB
PRIMSOL SOLN 50 MG/5ML <i>[trimethoprim hcl]</i>	2	
<i>streptomycin sulfate solr 1 gm</i>	2	MB
<i>sulfadiazine tabs 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MB
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	
<i>sulfasalazine tabs 500 mg</i>	1	
<i>sulfasalazine tbec 500 mg</i>	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG <i>[tetracycline hcl]</i>	1	
TETRACYCLINE HCL CAPS 500 MG <i>[tetracycline hcl]</i>	1	
TOBI PODHALER CAPS 28 MG <i>[tobramycin]</i>	2	
<i>tobramycin nebu 300 mg/5ml</i>	1	
<i>tobramycin sulfate soln 10 mg/ml</i>	1	MB
<i>tobramycin sulfate soln 80 mg/2ml</i>	1	MB
<i>vancomycin hcl caps 125 mg</i>	1	
<i>vancomycin hcl caps 250 mg</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% <i>[vancomycin hcl-dextrose]</i>	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% <i>[vancomycin hcl-dextrose]</i>	2	MB
<i>vancomycin hcl solr 1 gm</i>	1	MB
<i>vancomycin hcl solr 10 gm</i>	1	MB
<i>vancomycin hcl solr 5 gm</i>	1	MB
<i>vancomycin hcl solr 500 mg</i>	1	MB
XIFAXAN TABS 550 MG <i>[rifaximin]</i>	2	QL - 30 day(s)
ZINACEF IN STERILE WATER SOLN 1.5 GM <i>[cefuroxime in sterile water]</i>	2	MB
ZINACEF SOLR 750 MG <i>[cefuroxime sodium]</i>	2	MB
ZITHROMAX PACK 1 GM <i>[azithromycin]</i>	2	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 NACL 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	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
APTIVUS CAPS 250 MG <i>[tipranavir]</i>	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ATRIPLA TABS 600-200-300 MG [<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>]	2	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
<i>cidofovir soln 75 mg/ml</i>	1	MB
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	1	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	2	
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	2	
DAKLINZA TABS 30 MG [<i>daclatasvir dihydrochloride</i>]	2	QL - 30 day(s)
DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	2	QL - 30 day(s)
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 200 mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	2	
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	2	
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	2	
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	2	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	2	
EPIVIR HBV TABS 100 MG [<i>lamivudine (hbv)</i>]	2	
EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat</i>]	2	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML [<i>foscarnet sodium</i>]	2	MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	2	QL - 30 day(s)
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	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
SELZENTRY TABS 150 MG <i>[maraviroc]</i>	2	
SELZENTRY TABS 25 MG <i>[maraviroc]</i>	2	
SELZENTRY TABS 300 MG <i>[maraviroc]</i>	2	
SELZENTRY TABS 75 MG <i>[maraviroc]</i>	2	
SOVALDI PACK 150 MG <i>[sofosbuvir]</i>	2	QL - 30 day(s)
SOVALDI PACK 200 MG <i>[sofosbuvir]</i>	2	QL - 30 day(s)
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 PD TBSO 5 MG <i>[dolutegravir sodium]</i>	2	
TIVICAY TABS 10 MG <i>[dolutegravir sodium]</i>	2	
TIVICAY TABS 25 MG <i>[dolutegravir sodium]</i>	2	
TIVICAY TABS 50 MG <i>[dolutegravir sodium]</i>	2	
TRIUMEQ 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	PREV
<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)
<i>valganciclovir hcl tabs 450 mg</i>	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
<i>zidovudine caps 100 mg</i>	1	
<i>zidovudine syrp 50 mg/5ml</i>	1	
<i>zidovudine tabs 300 mg</i>	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG <i>[nitrofurantoin macrocrystal]</i>	2	
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG <i>[nitrofurantoin macrocrystal]</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG <i>[nitrofurantoin macrocrystal]</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tabs 100 mg</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>ciproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>ciproheptadine hcl tabs 4 mg</i>	1	
DIPHENHYDRAMINE HCL CAPS 25 MG <i>[diphenhydramine hcl]</i>	1	
DIPHENHYDRAMINE HCL CAPS 50 MG <i>[diphenhydramine hcl]</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	MB
<i>promethazine hcl soln 25 mg/ml</i>	1	MB
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	1	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
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
ALUNBRIG TABS 90 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TBP 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 80 & 20 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 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
<i>dacarbazine solr 100 mg</i>	2	MB
<i>dacarbazine solr 200 mg</i>	1	MB
<i>dactinomycin inj 0.5mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML <i>[daratumumab]</i>	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML <i>[daratumumab]</i>	2	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML [docetaxel]	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML [docetaxel]	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML [docetaxel]	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
IBRANCE CAPS 125 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE TABS 100 MG [palbociclib]	2	QL - 30 day(s)
IBRANCE TABS 125 MG [palbociclib]	2	QL - 30 day(s)
IBRANCE TABS 75 MG [palbociclib]	2	QL - 30 day(s)
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin hcl]	1	MB
imatinib mesylate tabs 100 mg	1	QL - 30 day(s),OC

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
imatinib mesylate tabs 400 mg	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [ibrutinib]	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
IRESSA TABS 250 MG [gefitinib]	2	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG [ixabepilone]	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [ixabepilone]	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel]	2	MB
KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [trastuzumab-anns]	2	MB
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG [carfilzomib]	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [carfilzomib]	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [carfilzomib]	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	2	QL - 30 day(s),OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [lenvatinib mesylate]	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [lenvatinib mesylate]	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [lenvatinib mesylate]	2	QL - 30 day(s),OC
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG [chlorambucil]	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG [lorlatinib]	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG [lorlatinib]	2	QL - 30 day(s),OC

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
ONCASPAS SOLN 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
SARCLISA SOLN 100 MG/5ML <i>[isatuximab-irfc]</i>	2	
SARCLISA SOLN 500 MG/25ML <i>[isatuximab-irfc]</i>	2	
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
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
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
TUKYSA TABS 150 MG <i>[tucatinib]</i>	2	
TUKYSA TABS 50 MG <i>[tucatinib]</i>	2	
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 TBP 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
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-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	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
<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 tbc 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>	1	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>	1	
ADVAIR HFA AERO 115-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 230-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 45-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 (rcmb) plasma/albumin free (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
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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
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 (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	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		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	2	
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	2	MB
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	2	MB
AGGRENOX CP12 25-200 MG <i>[aspirin-dipyridamole]</i>	2	
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG <i>[bivalirudin trifluoroacetate]</i>	2	MB
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% <i>[argatroban in sodium chloride]</i>	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
BRILINTA TABS 90 MG <i>[ticagrelor]</i>	2	
CATHFLO ACTIVASE SOLR 2 MG <i>[alteplase]</i>	2	MB
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	2	
EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	2	
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	2	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</i>	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
INTEGRILIN SOLN 20 MG/10ML <i>[eptifibatide]</i>	2	MB
INTEGRILIN SOLN 75 MG/100ML <i>[eptifibatide]</i>	2	MB
LOVENOX SOLN 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOLN 80 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
PRADAXA CAPS 110 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 150 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 75 MG <i>[dabigatran etexilate mesylate]</i>	2	
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	2	
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 PACK 25 MG [<i>eltrombopag olamine</i>]	2	
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 tbc 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	
<i>terazosin hcl caps 2 mg</i>	1	
<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	

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

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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
<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	
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
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>alprostadi 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>alprostadi (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadi (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadi (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadi (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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>isosorbide dinitrate er tbc 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	
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 (pah) tabs 20 mg</i>	1	
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG [<i>bosentan</i>]	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>varafenafil hcl tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>varafenafil hcl tabs 2.5 mg</i>	1	QL - 8/30/day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>vardenafil hcl tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>vardenafil hcl tabs 5 mg</i>	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	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 subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
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)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	1	MB
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 tbec 375 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	2	MB
<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		

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
<i>modafinil tabs 100 mg</i>	1	
<i>modafinil tabs 200 mg</i>	1	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONVULSANTS		
BANZEL SUSP 40 MG/ML [<i>rufinamide</i>]	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
clonazepam tabs 0.5 mg	1	
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
divalproex sodium csdr 125 mg	1	
divalproex sodium er tb24 250 mg	1	
divalproex sodium er tb24 500 mg	1	
divalproex sodium tbec 125 mg	1	
divalproex sodium tbec 250 mg	1	
divalproex sodium tbec 500 mg	1	
ethosuximide caps 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	2	
lamotrigine chew 25 mg	1	
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML [levetiracetam in sodium chloride]	2	MB
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML [levetiracetam in sodium chloride]	2	MB
LEVETIRACETAM IN NACL SOLN 500 MG/100ML [levetiracetam in sodium chloride]	2	MB
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	
levetiracetam tabs 500 mg	1	
levetiracetam tabs 750 mg	1	
magnesium sulfate soln 50 %	1	MB
oxcarbazepine susp 300 mg/5ml	1	
oxcarbazepine tabs 150 mg	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>oxcarbazepine tabs 300 mg</i>	1	
<i>oxcarbazepine tabs 600 mg</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium soln 50 mg/ml</i>	1	MB
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin caps 100 mg</i>	1	
<i>pregabalin caps 150 mg</i>	1	
<i>pregabalin caps 200 mg</i>	1	
<i>pregabalin caps 225 mg</i>	1	
<i>pregabalin caps 25 mg</i>	1	
<i>pregabalin caps 300 mg</i>	1	
<i>pregabalin caps 50 mg</i>	1	
<i>pregabalin caps 75 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50mg</i>	1	
<i>primidone tabs 250 mg</i>	1	
SABRIL PACK 500 MG [<i>vigabatrin</i>]	2	QL - 30 day(s)
<i>topiramate cpsp 15 mg</i>	1	
<i>topiramate cpsp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<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		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [<i>isometheptene-dichloralphenazone-acetaminophen</i>]	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	
<i>sumatriptan soln 20 mg/act</i>	1	
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s),LD
<i>benztropine mesylate soln 1 mg/ml</i>	1	MB
<i>benztropine mesylate tabs 0.5 mg</i>	1	
<i>benztropine mesylate tabs 1 mg</i>	1	
<i>benztropine mesylate tabs 2 mg</i>	1	
<i>bromocriptine mesylate caps 5 mg</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	
<i>cabergoline tabs 0.5 mg</i>	1	
<i>carbidopa tabs 25 mg</i>	1	
<i>carbidopa-levodopa er tbc 25-100 mg</i>	1	
<i>carbidopa-levodopa er tbc 50-200 mg</i>	1	
<i>carbidopa-levodopa tabs 10-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	2	MB
<i>entacapone tabs 200 mg</i>	1	
LODOSYN TABS 25 MG [<i>carbidopa</i>]	2	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	
<i>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>buspirone hcl tabs 10 mg</i>	1	
<i>buspirone hcl tabs 15 mg</i>	1	
<i>buspirone hcl tabs 30 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB

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

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

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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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 - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	2	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 3 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 4 MG [<i>risperidone</i>]	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	2	PREV

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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 SYR U/F 1/2UNIT 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" 0.3 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	
HYPODERMIC NEEDLE MISC 19G X 1" <i>[needle (disp) 19 g]</i>	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
MEDSAVER SYRINGE MISC 25G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	2	
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	2	
PENLET II BLOOD SAMPLER KIT [lancets misc.]	2	
POLY HUB NEEDLE MISC 18G X 1" [needle (disp) 18 g]	2	
SAFETY-LOK SYRINGE MISC 5 ML [syringe (disposable)]	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	

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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
CLINIMIX/DEXTROSE (5/25) SOLN 5 % [amino acid infusion in d25w]	2	MB
DEXTROSE SOLN 10 % [dextrose]	1	MB
DEXTROSE SOLN 20 % [dextrose]	2	MB
DEXTROSE SOLN 40 % [dextrose]	2	MB
DEXTROSE SOLN 5 % [dextrose]	1	MB
DEXTROSE SOLN 50 % [dextrose]	1	MB
DEXTROSE SOLN 70 % [dextrose]	1	MB
INTRALIPID EMUL 20 % [fat emulsion plant based]	2	MB
INTRALIPID EMUL 30 % [fat emulsion plant based]	2	MB
PHENYLADE DRINK MIX POWD [nutritional supplements]	2	
PHLEXY-10 PACK [nutritional supplements]	2	
PKU EXPRESS PACK [nutritional supplements]	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW [nutritional supplements]	2	
PROCALAMINE SOLN 3 % [amino acid electrolyte infusion]	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 6 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>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	
EDECIN TABS 25 MG <i>[ethacrynic acid]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 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 EDECIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>torsemide tabs 10 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide tabs 5 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
TRIAMTERENE-HCTZ TABS 75-50 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
ION-REMOVING AGENTS		
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	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	2	MB
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	2	MB
sodium chloride soln	1	MB
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride crys er tbc 10 meq	1	
potassium chloride crys er tbc 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
potassium chloride sol 10% sf	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	2	MB
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride]	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 sulfat]</i>	2	MB
URICOSURIC AGENTS		
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
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
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>[velaglycerase 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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
chlorhexidine gluconate soln 0.12 %	1	
ciprofloxacin hcl soln 0.3 %	1	
erythromycin oint 5 mg/gm	1	
gatifloxacin soln 0.5 %	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
gentamicin sulfate soln 0.3 %	1	
MITOSOL KIT 0.2 MG [mitomycin (ophthalmic)]	2	
moxifloxacin hcl soln 0.5 %	1	
NATACYN SUSP 5 % [natamycin]	2	
neomycin-bacitracin zn-polymyx oint 5-400-10000	1	
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	1	
[Neomycin-polymyxin-gramicidin] NEOSPORIN SOLN 1.75-10000-.025	2	
ofloxacin soln 0.3 %	1	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	1	
sulfacetamide sodium soln 10 %	1	
trifluridine soln 1 %	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	1	
CEQUA SOLN 0.09 % [cyclosporine (ophth)]	2	
CIPRODEX SUSP 0.3-0.1 % [ciprofloxacin-dexamethasone]	2	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	2	
dexamethasone sodium phosphate soln 0.1 %	1	
diclofenac sodium soln 0.1 %	1	
flunisolide soln 25 mcg/act (0.025%)	1	
fluorometholone susp 0.1 %	1	
flurbiprofen sodium soln 0.03 %	1	
fluticasone propionate susp 50 mcg/act	1	
FML OINT 0.1 % [fluorometholone (ophth)]	2	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	2	MB
PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]	2	
prednisolone acetate susp 1 %	1	
prednisolone sodium phosphate soln 1 %	2	
RESTASIS EMUL 0.05 % [cyclosporine (ophth)]	2	
RESTASIS MULTIDOSE EMUL 0.05 % [cyclosporine (ophth)]	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	2	
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
olopatadine hcl soln 0.1 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
LUMIGAN SOLN 0.01 % [bimatoprost]	2	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	2	MB
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	2	
pilocarpine hcl soln 1 %	1	
pilocarpine hcl soln 2 %	1	
pilocarpine hcl soln 4 %	1	
timolol maleate soln 0.25 %	1	
timolol maleate soln 0.5 %	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [acetic acid (otic)]	1	
acetic acid-aluminum acetate soln 2 %	2	
apraclonidine hcl soln 0.5 %	1	
BEOVU SOLN 6 MG/0.05ML [brolucizumab-dbl]	2	QL - 30 day(s)
BSS SOLN [ophthalmic irrigation solution - intraocular]	2	MB
EYLEA SOLN 2 MG/0.05ML [aflibercept]	2	MB
EYLEA SOSY 2 MG/0.05ML [aflibercept]	2	
JETREA SOLN 0.5 MG/0.2ML [ocriplasmin]	2	MB
LACRISERT INST 5 MG [artificial tear insert]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]	2	
VISUDYNE SOLR 15 MG [verteporfin]	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % [lidocaine hcl (ophth)]	2	
[Proparacaine Hcl] ALCaine SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % [cocaine hcl]	2	
lidocaine viscous hcl soln 2 %	1	
proparacaine hcl soln 0.5 %	1	
TETRACaine HCL SOLN 0.5 % [tetracaine hcl (ophth)]	1	
TETRAVISC SOLN 0.5 % [tetracaine hcl (ophth)]	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	2	
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
cyclopentolate hcl soln 1 %	1	
HOMATROPAIRE SOLN 5 % [homatropine hbr]	1	
tropicamide soln 1 %	1	
VASOCONSTRICTORS		
naphazoline hcl soln	2	
PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [alum & mag hydrox-simethicone]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [alum & mag hydrox-simethicone]	1	
GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	2	
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium caps 750 mg	1	
LIALDA TBEC 1.2 GM [mesalamine]	2	
mesalamine enem 4 gm	1	
mesalamine supp 1000 mg	1	
mesalamine tbec 1.2 gm	1	
PENTASA CPCR 250 MG [mesalamine]	2	
PENTASA CPCR 500 MG [mesalamine]	2	
ANTIDIARRHEA AGENTS		

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium solr 40 mg</i>	1	MB
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</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	
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 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG [<i>succimer</i>]	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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
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 cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	
<i>budesonide susp 0.5 mg/2ml</i>	1	
<i>cortisone acetate tabs 25 mg</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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] PREDNISON INTENSOL CONC 5 MG/ML	1	
<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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[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	
<i>testosterone gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
BYDUREON BCISE AUIJ 2 MG/0.85ML <i>[exenatide]</i>	2	
BYDUREON PEN 2 MG <i>[exenatide]</i>	2	
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG 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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
GLUCAGON EMERGENCY KIT 1 MG <i>[glucagon (rdna)]</i>	2	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG <i>[ulipristal acetate]</i>	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
JOLIVETTE TABS 0.35 MG <i>[norethindrone (contraceptive)]</i>	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/24HR <i>[levonorgestrel (iud)]</i>	2	PREV,MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11 (28) TABS 35 MCG	2	PREV
NEXPLANON IMPL 68 MG [etonogestrel]	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
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	2	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	2	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR [estradiol]	2	
CLIMARA PTWK 0.0375 MG/24HR [estradiol]	2	
CLIMARA PTWK 0.05 MG/24HR [estradiol]	2	
CLIMARA PTWK 0.06 MG/24HR [estradiol]	2	
CLIMARA PTWK 0.075 MG/24HR [estradiol]	2	
CLIMARA PTWK 0.1 MG/24HR [estradiol]	2	
clomiphene citrate tabs 50 mg	1	
DELESTROGEN OIL 10 MG/ML [estradiol valerate]	2	
DELESTROGEN OIL 20 MG/ML [estradiol valerate]	2	
DELESTROGEN OIL 40 MG/ML [estradiol valerate]	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	1	
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	1	
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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	
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [<i>follitropin alfa</i>]	2	
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [<i>follitropin alfa</i>]	2	
GONAL-F RFF SOLR 75 UNIT [<i>follitropin alfa</i>]	2	
GONAL-F SOLR 1050 UNIT [<i>follitropin alfa</i>]	2	MB
GONAL-F SOLR 450 UNIT [<i>follitropin alfa</i>]	2	MB
MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	2	
NOVAREL SOLR 10000 UNIT [<i>chorionic gonadotropin</i>]	1	MB
OVIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	2	
SYNAREL SOLN 2 MG/ML [<i>nafarelin acetate</i>]	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML [<i>teriparatide (recombinant)</i>]	2	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML [<i>corticotropin</i>]	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % [<i>desmopressin acetate refrigerated</i>]	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML [<i>medroxyprogesterone acetate (antineoplastic)</i>]	2	MB
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	2	
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	1	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
MAKENA OIL 250 MG/ML [<i>hydroxyprogesterone caproate</i>]	2	QL - 30 day(s),MB
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	
<i>norethindrone acetate tabs 5 mg</i>	1	
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 4 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
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

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s),MB
COLCHICINE CAPS 0.6 MG [colchicine]	2	
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	2	QL - 30 day(s)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	2	QL - 30 day(s)
etidronate disodium tabs 200 mg	2	
etidronate disodium tabs 400 mg	2	
EXTAVIA KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	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)
GRASSTK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [adalimumab]	2	QL - 30 day(s)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HUMIRA PSKT 20 MG/0.4ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 40 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 INJ <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	
MYOBLOC SOLN 10000 UNIT/2ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 5000 UNIT/ML <i>[rimabotulinumtoxinb]</i>	2	MB
NEORAL SOLN 100 MG/ML <i>[cyclosporine modified (for microemulsion)]</i>	2	
<i>octreotide acetate soln 100 mcg/ml</i>	1	MB
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MB
<i>octreotide acetate soln 200 mcg/ml</i>	1	MB
<i>octreotide acetate soln 50 mcg/ml</i>	1	MB
<i>octreotide acetate soln 500 mcg/ml</i>	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOLR 250 MG <i>[abatacept]</i>	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML <i>[abatacept]</i>	2	
ORENCIA SOSY 50 MG/0.4ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML <i>[abatacept]</i>	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 <i>[apremilast]</i>	2	QL - 30 day(s)
OTEZLA TABS 30 MG <i>[apremilast]</i>	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG <i>[apremilast]</i>	2	QL - 30 day(s)
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
PREVIDENT 5000 PLUS CREA 1.1 % <i>[sodium fluoride (dental)]</i>	2	
PREVIDENT GEL 1.1 % <i>[sodium fluoride (dental)]</i>	2	
PREVIDENT SOLN 0.2 % <i>[sodium fluoride (dental)]</i>	2	
PROGRAF SOLN 5 MG/ML <i>[tacrolimus]</i>	2	MB
RAPAMUNE SOLN 1 MG/ML <i>[sirolimus]</i>	2	
RASUVO SOAJ 10 MG/0.2ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 12.5 MG/0.25ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 15 MG/0.3ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 17.5 MG/0.35ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 20 MG/0.4ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 22.5 MG/0.45ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 25 MG/0.5ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 27.5 MG/0.55ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 30 MG/0.6ML <i>[methotrexate (antirheumatic)]</i>	2	
RASUVO SOAJ 7.5 MG/0.15ML <i>[methotrexate (antirheumatic)]</i>	2	
REMICADE SOLR 100 MG <i>[infliximab]</i>	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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<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
ULTOMIRIS SOLN 1100 MG/11ML <i>[ravulizumab-cwvz]</i>	2	
ULTOMIRIS SOLN 300 MG/30ML <i>[ravulizumab-cwvz]</i>	2	
ULTOMIRIS SOLN 300 MG/3ML <i>[ravulizumab-cwvz]</i>	2	
XELJANZ TABS 10 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
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
<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 CRYs <i>[clotrimazole (topical)]</i>	2	
COAL TAR EXTRACT SOLN 20 % <i>[coal tar (crude)]</i>	2	
COLLODION FLEXIBLE LIQD <i>[collodion flexible]</i>	2	
DILTIAZEM HCL POWD <i>[diltiazem hcl (bulk)]</i>	2	
GABAPENTIN POWD <i>[gabapentin (bulk)]</i>	2	
GLYCERIN LIQD <i>[glycerin (bulk)]</i>	2	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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		
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		
ANAVIP SOLR <i>[crotalidae immune f(ab')2 (equine)]</i>	2	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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 INJ <i>[immune globulin (human) im]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
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)

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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
TDVAX SUSP 2-2 LF/0.5ML <i>[tetanus-diphtheria toxoids (td)]</i>	2	MB
VACCINES		
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	2	MB
AFLURIA SUSP <i>[influenza virus vaccine split]</i>	2	MB
BEXSERO SUSY <i>[meningococcal vac group b (recombinant omv adjuvanted)]</i>	2	MB
ENGRIX-B SUSP 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGRIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUAD SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen adjuvant]</i>	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML <i>[influenza virus vaccine split high-dose preservative free]</i>	2	MB
FLUZONE SUSP <i>[influenza virus vaccine split]</i>	2	MB
GARDASIL 9 SUSP <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL SUSP <i>[human papillomavirus (hpv) quadrivalent recombinant vaccine]</i>	2	MB

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
HAVRIX SUSP 1440 EL U/ML <i>[hepatitis a vaccine]</i>	2	MB
HAVRIX SUSP 720 EL U/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
IXIARO SUSP <i>[japanese encephalitis vaccine inactivated adsorbed]</i>	2	MB
KINRIX SUSP <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
M-M-R II SOLR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
MENVEO SOLR <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
PEDIARIX SUSP <i>[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]</i>	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML <i>[pneumococcal vac polyvalent]</i>	2	MB
PREVNAR 13 SUSP <i>[pneumococcal 13-valent conjugate vaccine]</i>	2	MB
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	2	MB
ROTARIX SUSR <i>[rotavirus vaccine, live oral]</i>	2	MB
ROTATEQ SOLN <i>[rotavirus vaccine, live oral pentavalent]</i>	2	MB
SHINGRIX SUSR 50 MCG/0.5ML <i>[zoster vaccine recombinant adjuvanted]</i>	2	MB
TICE BCG SUSR 50 MG <i>[bcg live intravesical]</i>	2	MB
TWINRIX SUSP 720-20 ELU-MCG/ML <i>[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]</i>	2	MB
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	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	1	
ISAGEL GEL 60 % [antiseptic products, misc.]	2	
ketoconazole sham 2 %	1	
malathion lotn 0.5 %	1	
metronidazole crea 0.75 %	1	
metronidazole gel 0.75 %	1	
mupirocin oint 2 %	1	
neomycin-polymyxin b gu soln 40-200000	1	
nystatin crea 100000 unit/gm	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
permethrin crea 5 %	1	
selenium sulfide lotn 2.5 %	1	
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	1	
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	2	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate oint 0.05 %	1	
ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	1	
betamethasone dipropionate aug crea 0.05 %	1	
betamethasone dipropionate aug gel 0.05 %	1	
betamethasone dipropionate aug oint 0.05 %	1	
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	1	
betamethasone valerate foam 0.12 %	1	
BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	1	
clobetasol propionate crea 0.05 %	1	
clobetasol propionate gel 0.05 %	1	
clobetasol propionate lotn 0.05 %	1	
clobetasol propionate oint 0.05 %	1	
clobetasol propionate soln 0.05 %	1	
CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	2	
CORTISPORIN OINT 1 % [bacitracin-polymyxin-neomycin hc]	2	
desonide oint 0.05 %	1	
desoximetasone crea 0.25 %	1	
fluocinolone acetonide body oil 0.01 %	1	
fluocinolone acetonide scalp oil 0.01 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % <i>[pramoxine-hc]</i>	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % <i>[pramoxine-hc]</i>	2	
PRAMOSONE OINT 1-2.5 % <i>[pramoxine-hc]</i>	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	
<i>triamcinolone acetonide oint 0.025 %</i>	1	
<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	

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

Nombre del medicamento recetado	Nivel de drogas	Requisitos/Límites de Cobertura
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	
EPIDUO FORTE GEL 0.3-2.5 % <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	
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>trospium chloride er cp24 60 mg</i>	1	
<i>trospium chloride tabs 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	1	MB

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<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	
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 50 MG/ML <i>[pediatric multiple vitamin w/ c]</i>	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML <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 A/C/D SOLN 250-10-50 MCG-MG/ML <i>[pediatric vitamins adc]</i>	2	
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 15 MG/ML <i>[vitamin a]</i>	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB

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<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 ER TBCR 250 MG [<i>niacin</i>]	1	
NIACIN TABS 100 MG [<i>niacin</i>]	1	
NIACIN TABS 250 MG [<i>niacin</i>]	1	
NIACIN TABS 50 MG [<i>niacin</i>]	1	
NIACIN TABS 500 MG [<i>niacin</i>]	1	
POTABA CAPS 500 MG [<i>potassium aminobenzoate</i>]	2	
<i>pyridoxine hcl soln 100 mg/ml</i>	1	MB
SLO-NIACIN TBCR 500 MG [<i>niacin</i>]	2	
SLO-NIACIN TBCR 750 MG [<i>niacin</i>]	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	MB
VITAMIN C		
ASCORBIC ACID SOLN 500 MG/ML [<i>ascorbic acid</i>]	1	MB
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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adenosine (diagnostic) soln 3 mg/ml	63
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AFSTYLA KIT 2000 UNIT [antihemophilic factor (recombinant) single chain]	33	alprazolam tabs 1 mg	52
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albuterol sulfate hfa aers 108 (90 base) mcg/act	31	amantadine hcl caps 100 mg	51
albuterol sulfate nebu (2.5 mg/3ml) 0.083%.	32	amantadine hcl syrp 50 mg/5ml	51
albuterol sulfate nebu (5 mg/ml) 0.5%	32	AMBISOME SUSR 50 MG [amphotericin b liposome]	17
albuterol sulfate nebu 0.63 mg/3ml	32	ambrisentan tabs 10 mg	42
albuterol sulfate nebu 1.25 mg/3ml	32	ambrisentan tabs 5 mg	42
albuterol sulfate nebu 2.5 mg/0.5ml	32	amikacin sulfate soln 500 mg/2ml	12
alclometasone dipropionate crea 0.05 %.....	91	aminocaproic acid soln 250 mg/ml	33
alclometasone dipropionate oint 0.05 %.....	92	aminophylline soln 25 mg/ml	95
ALDURAZYME SOLN 2.9 MG/5ML [laronidase]	69	AMINOSYN/ELECTROLYTES SOLN 8.5 % [amino acid electrolyte infusion].....	64
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alendronate sodium tabs 10 mg	82	amiodarone hcl tabs 200 mg	40
alendronate sodium tabs 35 mg	82	amitriptyline hcl tabs 10 mg	54
alendronate sodium tabs 40 mg	82	amitriptyline hcl tabs 100 mg	54
alendronate sodium tabs 70 mg	82	amitriptyline hcl tabs 150 mg	54
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		amitriptyline hcl tabs 75 mg	54
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		amlodipine besylate tabs 5 mg	39
		amoxapine tabs 100 mg	54
		amoxapine tabs 150 mg	54
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amoxapine tabs 50 mg	54		
amoxicillin caps 250 mg	12	amp-sulbacta inj 1.5gm	12
amoxicillin caps 500 mg	12	anagrelide hcl caps 0.5 mg	35
amoxicillin chew 125 mg	12	anagrelide hcl caps 1 mg	35
amoxicillin chew 250 mg	12	anastrozole tabs 1 mg	23
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amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	12	ANUCORT-HC SUPP 25 MG [<i>hydrocortisone</i> <i>acetate (rectal)</i>].....	92
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amoxicillin-pot clavulanate tabs 875-125 mg	12	APTENSIO XR CP24 15 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 10 mg	47	APTENSIO XR CP24 20 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 12.5 mg	47	APTENSIO XR CP24 30 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 15 mg	47	APTENSIO XR CP24 40 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 20 mg	47	APTENSIO XR CP24 50 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 30 mg	47	APTENSIO XR CP24 60 MG [<i>methylphenidate</i> <i>hcl</i>].....	47
amphetamine-dextroamphetamine tabs 5 mg	47	APTIVUS CAPS 250 MG [<i>tipranavir</i>].....	18
amphetamine-dextroamphetamine tabs 7.5 mg	47	AQUASOL A SOLN 15 MG/ML [<i>vitamin a</i>]	96
amphotericin b solr 50 mg	17	ARALAST NP SOLR 1000 MG [<i>alpha1-</i> <i>proteinase inhibitor (human)</i>].....	69
ampicillin cap 250mg	12	ARALAST NP SOLR 500 MG [<i>alpha1-</i> <i>proteinase inhibitor (human)</i>].....	88
ampicillin caps 500 mg	12	ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [<i>argatroban in sodium</i> <i>chloride</i>].....	35
ampicillin sodium solr 1 gm	12	aripiprazole tabs 10 mg	54
ampicillin sodium solr 125 mg	12	aripiprazole tabs 15 mg	54
ampicillin sodium solr 2 gm	12	aripiprazole tabs 2 mg	54
ampicillin sodium solr 250 mg	12		
ampicillin sodium solr 500 mg	12		
ampicillin susr 125 mg/5ml	12		
ampicillin susr 250 mg/5ml	12		
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	12		
ampicillin-sulbactam sodium solr 3 (2-1) gm			

aripiprazole tabs 20 mg	54
aripiprazole tabs 30 mg	54
aripiprazole tabs 5 mg	54
ARISTADA PRSY 1064 MG/3.9ML [aripiprazole lauroxil].....	54
ARISTADA PRSY 441 MG/1.6ML [aripiprazole lauroxil].....	54
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].....	97
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)].....	75
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [mometasone furoate (inhalation)].....	75
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)].....	75
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].....	59
atazanavir sulfate caps 150 mg	18
atazanavir sulfate caps 200 mg	18
atazanavir sulfate caps 300 mg	18
atenolol tabs 100 mg	38
atenolol tabs 25 mg	38
atenolol tabs 50 mg	38
atenolol-chlorthalidone tabs 100-25 mg	38
atenolol-chlorthalidone tabs 50-25 mg	38
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	18
atovaquone-proguanil hcl tabs 250-100 mg	18
atovaquone-proguanil hcl tabs 62.5-25 mg	18
atracurium besylate soln 100 mg/10ml	30
ATRIPLA TABS 600-200-300 MG [efavirenz-emtricitabine-tenofovir disoproxil fumarate].....	

.....	19
atropine sulfate inj 1mg/ml	29
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)].....	72
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)].....	72
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate].....	29
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate].....	29
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa].....	29
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate].....	12
AVASTIN SOLN 100 MG/4ML [bevacizumab].....	23
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride].....	12
AVITA CREA 0.025 % [tretinoin].....	94
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].....	13
azathioprine tabs 50 mg	82
azelastine hcl soln 0.1 %	71
azithromycin solr 500 mg	13
azithromycin susr 100 mg/5ml	13
azithromycin susr 200 mg/5ml	13
azithromycin tabs 250 mg	13
azithromycin tabs 500 mg	13
azithromycin tabs 600 mg	13
aztreonam solr 1 gm	13
aztreonam solr 2 gm	13

B

bacitracin oint 500 unit/gm	69
BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)].....	91
bacitracin solr 50000 unit	13
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	31
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl].....	

alcohol]	86	BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	60
balsalazide disodium caps 750 mg	72	BD LUER-LOK SYRINGE MISC 25G X 5/8	60
BANZEL SUSP 40 MG/ML [rufinamide]	48	BD LUER-LOK SYRINGE MISC 2G X 1-1/4	60
BANZEL TABS 200 MG [rufinamide]	48	BD PEN NEEDLE MINI U/F MISC 31G X 5 MM	
BANZEL TABS 400 MG [rufinamide]	48	[insulin pen needle]	60
BAQSIMI TWO PACK POWD 3 MG/DOSE		BD PEN NEEDLE NANO U/F MISC 32G X 4 MM	
[glucagon]	78	[insulin pen needle]	60
BARACLUDE SOLN 0.05 MG/ML [entecavir] 19		BD PEN NEEDLE ORIGINAL U/F MISC 29G X	
BAYER BREEZE 2 CONTROL LIQD NORMAL		12.7MM [insulin pen needle]	60
[blood glucose calibration]	59	BD PEN NEEDLE SHORT U/F MISC 31G X 8	
BAYER MICROLET 2 LANCING DEVIC MISC		MM [insulin pen needle]	60
[lancet devices]	59	BD SAFETY-LOK INSULIN SYRINGE MISC	
BD ALLERGY SYRINGE MISC 28G X 1/2	59	29G X 1/2	60
BD DISP NEEDLES MISC 18G X 1-1/2	59	BD SYRINGE LUER-LOK MISC 1 ML [syringe	
BD DISP NEEDLES MISC 19G X 1.....	59	(disposable)]	61
BD DISP NEEDLES MISC 20G X 1.....	59	BD SYRINGE LUER-LOK MISC 10 ML [syringe	
BD DISP NEEDLES MISC 22G X 1-1/2	59	(disposable)]	61
BD HYPODERMIC NEEDLE MISC 18G X 1 ...	59	BD SYRINGE LUER-LOK MISC 20 ML [syringe	
BD HYPODERMIC NEEDLE MISC 21G X 1 ...	59	(disposable)]	61
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2		BD SYRINGE LUER-LOK MISC 3 ML [syringe	
.....	59	(disposable)]	61
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2		BD SYRINGE LUER-LOK MISC 60 ML [syringe	
.....	59	(disposable)]	61
BD INSULIN SYRINGE MICROFINE MISC 27G		BD SYRINGE/NEEDLE MISC 22G X 1-1/2.....	61
X 5/8	59	BD SYRINGE/NEEDLE MISC 23G X 1.....	61
BD INSULIN SYRINGE MICROFINE MISC 28G		BD SYRINGE/NEEDLE MISC 25G X 5/8.....	61
X 1/2	59	BD TB SYRINGE MISC 25G X 5/8	61
BD INSULIN SYRINGE MISC 25G X 1	59	BD TB SYRINGE MISC 27G X 1/2	61
BD INSULIN SYRINGE MISC 27G X 1/2	59	BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G	
BD INSULIN SYRINGE MISC U-100 1 ML		X 15/64.....	61
[insulin syringes (disposable)]	59	BD VEO INSULIN SYRINGE U/F MISC 31G X	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G		15/64	61
X 5/16	59	BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-	
BD INSULIN SYRINGE U/F MISC 30G X 1/2..	60	30 MG [belladonna alkaloids & opium]	29
BD INSULIN SYRINGE U/F MISC 31G X 5/16	60	BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM		60 MG [belladonna alkaloids & opium]	29
0.5 ML [insulin syringe/needle u-500]	59	benazepril hcl tabs 10 mg	41
BD INSULIN SYRINGE ULTRAFINE MISC 30G		benazepril hcl tabs 20 mg	41
X 1/2	60	benazepril hcl tabs 40 mg	41
BD INTEGRA SYRINGE MISC 25G X 5/8.....	60	benazepril hcl tabs 5 mg	41
BD LANCET ULTRAFINE 33G MISC [lancets]		BENDEKA SOLN 100 MG/4ML [bendamustine	
.....	60	hcl]	23
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	60	BENEFIX KIT 1000 UNIT [coagulation factor ix	
BD LUER-LOK SYRINGE MISC 20G X 1.....	60	(recombinant)]	33
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	60	BENEFIX KIT 250 UNIT [coagulation factor ix	
BD LUER-LOK SYRINGE MISC 21G X 1.....	60	(recombinant)]	33
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	60	BENEFIX KIT 500 UNIT [coagulation factor ix	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4..	60	(recombinant)]	33
BD LUER-LOK SYRINGE MISC 22G X 1.....	60	BENTYL SOLN 10 MG/ML [dicyclomine hcl]	29
BD LUER-LOK SYRINGE MISC 25G X 1.....	60	BENZOIN TINC [benzoin]	94

benzonatate caps 100 mg	88
benzoyl peroxide-erythromycin gel 5-3 % ..	91
benztropine mesylate soln 1 mg/ml	51
benztropine mesylate tabs 0.5 mg	51
benztropine mesylate tabs 1 mg	51
benztropine mesylate tabs 2 mg	51
BEOVU SOLN 6 MG/0.05ML [brolucizumab- dbll]	71
betamethasone dipropionate aug crea 0.05 %	92
betamethasone dipropionate aug gel 0.05 %	92
betamethasone dipropionate aug oint 0.05 %	92
betamethasone sod phos & acet susp 6 (3-3) mg/ml	75
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	92
betamethasone valerate foam 0.12 %	92
BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	92
betaxolol hcl soln 0.5 %	71
bethanechol chloride tabs 10 mg	30
bethanechol chloride tabs 25 mg	30
bethanechol chloride tabs 5 mg	30
bethanechol chloride tabs 50 mg	30
BEXSERO SUSY [meningococcal vac group b (recombant omv adjuvanted)]	90
bicalutamide tabs 50 mg	23
BICILLIN L-A SUSP 1200000 UNIT/2ML [penicillin g benzathine]	13
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine]	13
BICILLIN L-A SUSP 600000 UNIT/ML [penicillin g benzathine]	13
BICNU SOLR 100 MG [carmustine]	23
BIKTARVY TABS 50-200-25 MG [bictegravir- emtricitabine-tenofovir alafenamide fumarate]	19
BIO GLO STRP 1 MG [fluorescein sodium topical]	63
BIOTIN-D POWD [biotin (bulk)]	86
bisoprolol fumarate tabs 10 mg	38
bisoprolol fumarate tabs 5 mg	38
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	38
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	38
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	38

bleomycin sulfate solr 15 unit	23
BORIC ACID POWD [boric acid (bulk)]	86
BOTOX SOLR 200 UNIT [onabotulinumtoxina]	82
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	82
BRILINTA TABS 90 MG [ticagrelor]	36
brimonidine tartrate soln 0.2 %	71
bromocriptine mesylate caps 5 mg	51
bromocriptine mesylate tabs 2.5 mg	51
BSS SOLN [ophthalmic irrigation solution - intraocular]	71
budesonide cpep 3 mg	75
budesonide susp 0.25 mg/2ml	75
budesonide susp 0.5 mg/2ml	75
BUMINATE SOLN 5 % [albumin, human]	33
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	64
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [bupivacaine hcl]	81
bupivacaine hcl (pf) soln 0.25 %	81
bupivacaine hcl (pf) soln 0.5 %	81
bupivacaine hcl (pf) soln 0.75 %	81
bupivacaine hcl soln 0.25 %	82
bupivacaine hcl soln 0.5 %	82
bupivacaine in dextrose soln 0.75-8.25 %	82
buprenorphine hcl soln 0.3 mg/ml	44
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	44
buprenorphine hcl-naloxone hcl subl 8-2 mg	44
bupropion hcl er (sr) tb12 100 mg	54
bupropion hcl er (sr) tb12 150 mg	54
bupropion hcl er (sr) tb12 200 mg	54
bupropion hcl er (xl) tb24 150 mg	54
bupropion hcl er (xl) tb24 300 mg	54
bupropion hcl tabs 100 mg	54
bupropion hcl tabs 75 mg	54
buspirone hcl tabs 10 mg	52
buspirone hcl tabs 15 mg	52
buspirone hcl tabs 30 mg	52
buspirone hcl tabs 5 mg	52
butorphanol tartrate soln 1 mg/ml	44
butorphanol tartrate soln 2 mg/ml	44
BYDUREON BCISE AUJ 2 MG/0.85ML [exenatide]	77
BYDUREON PEN 2 MG [exenatide]	77

C

cabergoline tabs 0.5 mg	51
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CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	23	125-200 mg	51
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	23	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	51
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	23	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	51
<i>caffeine citrate soln 60 mg/3ml</i>	47	CARDENE IV SOLN 20-0.86 MG/200ML-%	
<i>calcipotriene crea 0.005 %</i>	94	<i>[nicardipine hcl in sodium chloride]</i>	39
<i>calcipotriene soln 0.005 %</i>	94	CARDENE IV SOLN 20-4.8 MG/200ML-%	
<i>calcitonin (salmon) soln 200 unit/act</i>	80	<i>[nicardipine hcl in dextrose]</i>	39
<i>calcitriol caps 0.25 mcg</i>	97	CARDENE IV SOLN 40-0.83 MG/200ML-%	
<i>calcitriol caps 0.5 mcg</i>	97	<i>[nicardipine hcl in sodium chloride]</i>	39
<i>calcium acetate (phos binder) caps 667 mg</i>	67	CARDENE IV SOLN 40-5 MG/200ML-%	
CALCIUM CHLORIDE SOLN 10 % [<i>calcium chloride (dihydrate)</i>]	67	<i>[nicardipine hcl in dextrose]</i>	39
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	67	CARIMUNE NF SOLR 12 GM [<i>immune globulin (human) iv</i>]	89
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	23	CARIMUNE NF SOLR 6 GM [<i>immune globulin (human) iv</i>]	89
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	23	<i>carmustine solr 100 mg</i>	23
CANDIN SOLN [<i>candida albicans skin test antigen</i>]	63	<i>carvedilol tabs 12.5 mg</i>	38
<i>capecitabine tabs 150 mg</i>	23	<i>carvedilol tabs 25 mg</i>	38
<i>capecitabine tabs 500 mg</i>	23	<i>carvedilol tabs 3.125 mg</i>	38
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	23	<i>carvedilol tabs 6.25 mg</i>	38
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	23	CASCARA SAGRADA EXTR 1 GM/ML [<i>cascara sagrada</i>]	73
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	73	CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	36
<i>carbamazepine chew 100 mg</i>	48	CAVERJECT IMPULSE KIT 10 MCG	
<i>carbamazepine er cp12 100 mg</i>	48	<i>[alprostadil (vasodilator)]</i>	42
<i>carbamazepine er cp12 200 mg</i>	48	CAVERJECT IMPULSE KIT 20 MCG	
<i>carbamazepine er cp12 300 mg</i>	48	<i>[alprostadil (vasodilator)]</i>	42
<i>carbamazepine er tb12 100 mg</i>	48	CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	42
<i>carbamazepine er tb12 200 mg</i>	48	CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	42
<i>carbamazepine er tb12 400 mg</i>	48	<i>cefaclor caps 250 mg</i>	13
<i>carbamazepine susp 100 mg/5ml</i>	48	<i>cefaclor caps 500 mg</i>	13
<i>carbamazepine tabs 200 mg</i>	48	<i>cefadroxil caps 500 mg</i>	13
<i>carbidopa tabs 25 mg</i>	51	<i>cefazolin sodium solr 1 gm</i>	13
<i>carbidopa-levodopa er tbc 25-100 mg</i>	51	<i>cefazolin sodium solr 500 mg</i>	13
<i>carbidopa-levodopa er tbc 50-200 mg</i>	51	<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	13
<i>carbidopa-levodopa tabs 10-100 mg</i>	51	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [<i>cefazolin sodium-dextrose</i>]	13
<i>carbidopa-levodopa tabs 25-100 mg</i>	51	<i>cefdinir susr 125 mg/5ml</i>	13
<i>carbidopa-levodopa tabs 25-250 mg</i>	51	<i>cefdinir susr 250 mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	51	<i>cefepime hcl solr 1 gm</i>	13
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	51	<i>cefepime hcl solr 2 gm</i>	13
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	51	CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [<i>cefepime hcl-dextrose</i>]	13
<i>carbidopa-levodopa-entacapone tabs 31.25-</i>		CEFEPIME-DEXTROSE SOLR 2-5 GM-	

% (50ML) [<i>cefepime hcl-dextrose</i>]	13
<i>cefixime susr 100 mg/5ml</i>	13
<i>cefotaxime sodium inj 10gm</i>	13
<i>cefotaxime sodium solr 2 gm</i>	13
<i>cefotetan disodium solr 1 gm</i>	13
CEFOTETAN DISODIUM-DEXTROSE SOLR 2- 2.08 GM-% (50ML) [<i>cefotetan disodium and dextrose</i>]	13
<i>cefoxitin sodium inj 1gm</i>	13
<i>cefoxitin sodium solr 10 gm</i>	13
<i>cefoxitin sodium solr 2 gm</i>	13
<i>cefpodoxime proxetil tabs 100 mg</i>	13
<i>cefpodoxime proxetil tabs 200 mg</i>	13
<i>ceftazidime solr 6 gm</i>	13
CEFTIN SUSR 125 MG/5ML [<i>cefuroxime axetil</i>]	13
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	13
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	14
<i>ceftriaxone sodium solr 1 gm</i>	14
<i>ceftriaxone sodium solr 10 gm</i>	14
<i>ceftriaxone sodium solr 2 gm</i>	14
<i>ceftriaxone sodium solr 250 mg</i>	14
<i>ceftriaxone sodium solr 500 mg</i>	14
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1- 3.74 GM-% (50ML) [<i>ceftriaxone sodium and dextrose</i>]	14
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2- 2.22 GM-% (50ML) [<i>ceftriaxone sodium and dextrose</i>]	14
<i>cefuroxime axetil tabs 250 mg</i>	14
<i>cefuroxime axetil tabs 500 mg</i>	14
<i>cefuroxime sodium solr 1.5 gm</i>	14
<i>cefuroxime sodium solr 750 mg</i>	14
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	48
<i>cephalexin caps 250 mg</i>	14
<i>cephalexin caps 500 mg</i>	14
<i>cephalexin susr 125 mg/5ml</i>	14
<i>cephalexin susr 250 mg/5ml</i>	14
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	70
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	82
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	86
CHANTIX CONTINUING MONTH PAK TABS 1 MG [<i>varenicline tartrate</i>]	30
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 [<i>varenicline tartrate</i>]	30

CHANTIX TABS 0.5 MG [<i>varenicline tartrate</i>]	30
CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	30
CHEMET CAPS 100 MG [<i>succimer</i>]	74
CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	88
<i>chloramphenicol sod succinate solr 1 gm</i>	14
<i>chlordiazepoxide hcl caps 10 mg</i>	52
<i>chlordiazepoxide hcl caps 25 mg</i>	52
<i>chlordiazepoxide hcl caps 5 mg</i>	52
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	29
<i>chlorhexidine gluconate soln 0.12 %</i>	70
CHLOROFORM SOL [<i>chloroform</i>]	86
<i>chloroprocaine hcl (pf) soln 2 %</i>	82
<i>chloroquine phosphate tabs 250 mg</i>	18
<i>chloroquine phosphate tabs 500 mg</i>	18
<i>chlorpromazine hcl soln 25 mg/ml</i>	54
<i>chlorpromazine hcl tabs 10 mg</i>	55
<i>chlorpromazine hcl tabs 100 mg</i>	55
<i>chlorpromazine hcl tabs 200 mg</i>	55
<i>chlorpromazine hcl tabs 25 mg</i>	55
<i>chlorpromazine hcl tabs 50 mg</i>	55
<i>chlorthalidone tabs 25 mg</i>	66
<i>chlorthalidone tabs 50 mg</i>	66
<i>cholestyramine light pack 4 gm</i>	37
<i>cholestyramine light powd 4 gm/dose</i>	37
<i>cholestyramine pack 4 gm</i>	37
<i>cholestyramine powd 4 gm/dose</i>	38
CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	67
<i>cidofovir soln 75 mg/ml</i>	19
CIMDUO TABS 300-300 MG [<i>lamivudine- tenofovir disoproxil fumarate</i>]	19
<i>cimetidine hcl soln 300 mg/5ml</i>	73
<i>cinacalcet hcl tabs 30 mg</i>	82
<i>cinacalcet hcl tabs 60 mg</i>	83
<i>cinacalcet hcl tabs 90 mg</i>	83
CINRYZE SOLR 500 UNIT [<i>c1 esterase inhibitor (human)</i>]	83
CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	14
CIPRO SUSR 500 MG/5ML (10%) [<i>ciprofloxacin</i>]	14
CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin- dexamethasone</i>]	70
<i>ciprofloxacin hcl soln 0.3 %</i>	70
<i>ciprofloxacin hcl tabs 250 mg</i>	14
<i>ciprofloxacin hcl tabs 500 mg</i>	14

ciprofloxacin hcl tabs 750 mg	14
ciprofloxacin in d5w soln 400 mg/200ml	14
cisatracurium besylate (pf) soln 10 mg/5ml 31	
cisatracurium besylate (pf) soln 200 mg/20ml	31
cisatracurium besylate soln 20 mg/10ml	31
cisplatin soln 100 mg/100ml	23
citalopram hydrobromide soln 10 mg/5ml ...	55
citalopram hydrobromide tabs 10 mg	55
citalopram hydrobromide tabs 20 mg	55
citalopram hydrobromide tabs 40 mg	55
cladribine soln 10 mg/10ml	23
clarithromycin susr 125 mg/5ml	14
clarithromycin susr 250 mg/5ml	14
clarithromycin tabs 250 mg	14
CLARITHROMYCIN TABS 500 MG [clarithromycin]	14
CLEOCIN IN D5W SOLN 900 MG/50ML [clindamycin phosphate in d5w]	14
CLEVIPREX EMUL 25 MG/50ML [clevodipine]	39
CLEVIPREX EMUL 50 MG/100ML [clevodipine]	39
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	61
CLIMARA PTWK 0.025 MG/24HR [estradiol] 79	
CLIMARA PTWK 0.0375 MG/24HR [estradiol]	79
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	79
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	79
CLIMARA PTWK 0.075 MG/24HR [estradiol] 79	
CLIMARA PTWK 0.1 MG/24HR [estradiol]	79
clindamycin hcl caps 150 mg	14
clindamycin hcl caps 300 mg	14
clindamycin palmitate hcl solr 75 mg/5ml ...	14
clindamycin phosphate crea 2 %	91
clindamycin phosphate gel 1 %	91
clindamycin phosphate lotn 1 %	91
clindamycin phosphate soln 1 %	91
clindamycin phosphate soln 9000 mg/60ml 14	
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d10w]	65
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	65
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	65
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 %	

[amino acid electrolyte w/ calcium infusion in d25w]	65
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d5w]	65
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	65
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	65
CLINIMIX E/DEXTROSE (5/25) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d25w]	65
CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid infusion in d5w]	65
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	65
CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 % [amino acid infusion in d20w]	65
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % [amino acid infusion in d25w]	65
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid infusion in d5w]	65
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	65
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	65
CLINIMIX/DEXTROSE (5/25) SOLN 5 % [amino acid infusion in d25w]	65
clobetasol propionate crea 0.05 %	92
clobetasol propionate gel 0.05 %	92
clobetasol propionate lotn 0.05 %	92
clobetasol propionate oint 0.05 %	92
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	86
clobetasol propionate soln 0.05 %	92
CLOBEX LOTN 0.05 % [clobetasol propionate]	91
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	91
clomiphene citrate tabs 50 mg	79
clomipramine hcl caps 25 mg	55
clomipramine hcl caps 50 mg	55
clomipramine hcl caps 75 mg	55
clonazepam tabs 0.5 mg	49
clonazepam tabs 1 mg	49
clonazepam tabs 2 mg	49
CLONIDINE HCL POWD [clonidine hcl]	86
clonidine hcl tabs 0.1 mg	41

clonidine hcl tabs 0.2 mg	41	CONCERTA TBCR 36 MG [methylphenidate hcl]	47
clonidine hcl tabs 0.3 mg	41	CONCERTA TBCR 54 MG [methylphenidate hcl]	47
clonidine ptwk 0.1 mg/24hr	41	CONDYLOX GEL 0.5 % [podofilox]	94
clonidine ptwk 0.2 mg/24hr	41	CONRAY SOLN 60 % [iothalamate meglumine]	63
clonidine ptwk 0.3 mg/24hr	41	COPIKTRA CAPS 15 MG [duvelisib]	23
clopidogrel bisulfate tabs 75 mg	36	COPIKTRA CAPS 25 MG [duvelisib]	23
clorazepate dipotassium tabs 15 mg	52	CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	92
clorazepate dipotassium tabs 3.75 mg	52	cortisone acetate tabs 25 mg	75
clorazepate dipotassium tabs 7.5 mg	52	CORTISPORIN OINT 1 % [bacitracin-polymyxin-neomycin hc]	92
CLOTRIMAZOLE CRYST [clotrimazole (topical)]	86	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	94
clotrimazole troc 10 mg	91	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	94
clozapine tabs 100 mg	55	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	94
clozapine tabs 200 mg	55	COSENTYX SOSY 150 MG/ML [secukinumab]	94
clozapine tabs 25 mg	55	COSMEGEN SOLR 0.5 MG [dactinomycin]	23
clozapine tabs 50 mg	55	COTELLIC TABS 20 MG [cobimetinib fumarate]	23
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	86	CREON CPEP 12000 UNIT [pancrelipase (lipase-protease-amylase)]	74
COARTEM TABS 20-120 MG [artemether-lumefantrine]	18	CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	74
CODEINE SULFATE TABS 15 MG [codeine sulfate]	44	CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	74
CODEINE SULFATE TABS 30 MG [codeine sulfate]	44	CREON CPEP 36000 UNIT [pancrelipase (lipase-protease-amylase)]	74
CODEINE SULFATE TABS 60 MG [codeine sulfate]	44	CREON CPEP 6000 UNIT [pancrelipase (lipase-protease-amylase)]	74
COLCHICINE CAPS 0.6 MG [colchicine]	83	CRIXIVAN CAPS 200 MG [indinavir sulfate]	19
colchicine tabs 0.6 mg	83	CRIXIVAN CAPS 400 MG [indinavir sulfate]	19
colestipol hcl gran 5 gm	38	CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	89
colestipol hcl pack 5 gm	38	cromolyn sodium conc 100 mg/5ml	87
colestipol hcl tabs 1 gm	38	cromolyn sodium nebu 20 mg/2ml	87
COLLODION FLEXIBLE LIQD [collodion flexible]	86	cromolyn sodium soln 4 %	71
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	70	C-TOPICAL SOLN 4 % [cocaine hcl]	72
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	32	CUBICIN SOLR 500 MG [daptomycin]	14
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	23	CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	67
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	23	CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	88
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	23	CUROSURF SUSP 240 MG/3ML [poractant alfa]	88
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	19		
CONCERTA TBCR 18 MG [methylphenidate hcl]	47		
CONCERTA TBCR 27 MG [methylphenidate hcl]	47		

CUVPOSA SOLN 1 MG/5ML [glycopyrrolate]	29
cyanocobalamin soln 1000 mcg/ml	96
cyclobenzaprine hcl tabs 10 mg	31
cyclobenzaprine hcl tabs 5 mg	31
cyclopentolate hcl soln 1 %	72
CYCLOPHOSPHAMIDE CAPS 25 MG	
[cyclophosphamide]	23
CYCLOPHOSPHAMIDE CAPS 50 MG	
[cyclophosphamide]	23
cyclophosphamide solr 1 gm	23
cyclophosphamide solr 2 gm	23
cyclophosphamide solr 500 mg	23
cycloserine caps 250 mg	17
cyproheptadine hcl syrp 2 mg/5ml	22
cyproheptadine hcl tabs 4 mg	22
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	23
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	23
CYSTADANE POWD [betaine]	83
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	83
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	83
CYTOGAM INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	89
CYTRA K CRYSTALS PACK 3300-1002 MG	
[potassium citrate-citric acid]	64
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	64

D

dacarbazine solr 100 mg	23
dacarbazine solr 200 mg	23
dactinomycin inj 0.5mg	23
DAKLINZA TABS 30 MG [daclatasvir dihydrochloride]	19
DAKLINZA TABS 60 MG [daclatasvir dihydrochloride]	19
danazol caps 100 mg	76
danazol caps 200 mg	76
danazol caps 50 mg	76
dantrolene sodium caps 100 mg	31
dantrolene sodium caps 25 mg	31
dantrolene sodium caps 50 mg	31
dapsone tabs 100 mg	17
dapsone tabs 25 mg	17
DARAPRIM TABS 25 MG [pyrimethamine]	18
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]	19
desipramine hcl tabs 10 mg	55
desipramine hcl tabs 100 mg	55
desipramine hcl tabs 150 mg	55
desipramine hcl tabs 25 mg	55
desipramine hcl tabs 50 mg	55
desipramine hcl tabs 75 mg	55
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	diazepam tabs 5 mg	52
dexmethylphenidate hcl er cp24 15 mg	47	diclofenac sodium gel 1 %	94
dexmethylphenidate hcl er cp24 20 mg	47	diclofenac sodium soln 0.1 %	70
dexmethylphenidate hcl er cp24 25 mg	47	diclofenac sodium soln 1.5 %	94
dexmethylphenidate hcl er cp24 30 mg	47	dicloxacillin sodium caps 250 mg	14
dexmethylphenidate hcl er cp24 35 mg	47	dicloxacillin sodium caps 500 mg	14
dexmethylphenidate hcl er cp24 40 mg	47	dicyclomine hcl caps 10 mg	29
dexmethylphenidate hcl er cp24 5 mg	47	dicyclomine hcl soln 10 mg/5ml	29
dexmethylphenidate hcl tabs 10 mg	47	dicyclomine hcl tabs 20 mg	29
dexmethylphenidate hcl tabs 2.5 mg	47	didanosine cap 125mg	19
dexmethylphenidate hcl tabs 5 mg	47	didanosine cpdr 200 mg	19
dextroamphetamine sulfate er cp24 10 mg ..	47	didanosine cpdr 250 mg	19
dextroamphetamine sulfate er cp24 15 mg ..	47	didanosine cpdr 400 mg	19
dextroamphetamine sulfate er cp24 5 mg ...	47	DIFFERIN CREA 0.1 % [adapalene]	94
dextroamphetamine sulfate tabs 10 mg	47	DIFFERIN GEL 0.1 % [adapalene]	95
dextroamphetamine sulfate tabs 5 mg	48	DIFFERIN GEL 0.3 % [adapalene]	95
DEXTROSE 5%/ELECTROLYTE #48 SOLN		DIGIFAB SOLR 40 MG [digoxin immune fab] ..	89
[electrolyte-48 in dextrose]	67	DIGOXIN SOLN 0.05 MG/ML [digoxin]	40
DEXTROSE IN LACTATED RINGERS SOLN 5		digoxin tabs 125 mcg	40
% [dextrose in lactated ringers]	67	digoxin tabs 250 mcg	40
DEXTROSE SOLN 10 % [dextrose]	65	dihydroergotamine mesylate soln 1 mg/ml ..	31
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]	67	diltiazem hcl er cp24 240 mg	39
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose		DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	
w/ sodium chloride]	67	.....	86
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/		diltiazem hcl tabs 120 mg	40
sodium chloride]	67	diltiazem hcl tabs 30 mg	40
DEXTROSE-NACL SOLN 5-0.33 % [dextrose		diltiazem hcl tabs 60 mg	40
w/ sodium chloride]	67	diltiazem hcl tabs 90 mg	40
DEXTROSE-NACL SOLN 5-0.45 % [dextrose		DIPHENHYDRAMINE HCL CAPS 25 MG	
w/ sodium chloride]	67	[diphenhydramine hcl]	22
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/		DIPHENHYDRAMINE HCL CAPS 50 MG	
sodium chloride]	67	[diphenhydramine hcl]	22
DIASTAT ACUDIAL GEL 10 MG [diazepam		diphenhydramine hcl soln 50 mg/ml	22
(anticonvulsant)]	52	diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	
DIASTAT ACUDIAL GEL 20 MG [diazepam		.....	73
(anticonvulsant)]	52	diphenoxylate-atropine tabs 2.5-0.025 mg ...	73
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)]	90
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	40
diazepam tabs 2 mg	52	disopyramide phosphate caps 150 mg	40

disulfiram tabs 250 mg	83
disulfiram tabs 500 mg	83
divalproex sodium csdr 125 mg	49
divalproex sodium er tb24 250 mg	49
divalproex sodium er tb24 500 mg	49
divalproex sodium tbec 125 mg	49
divalproex sodium tbec 250 mg	49
divalproex sodium tbec 500 mg	49
dobutamine hcl soln 250 mg/20ml	32
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [dobutamine in d5w]	32
DOBUTAMINE IN D5W SOLN 2 MG/ML [dobutamine in d5w]	32
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML [docetaxel]	24
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML [docetaxel]	24
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML [docetaxel]	24
docetaxel conc 80 mg/4ml	24
DOCUSATE SODIUM LIQD 50 MG/5ML [docusate sodium]	73
dofetilide caps 125 mcg	40
dofetilide caps 250 mcg	40
dofetilide caps 500 mcg	40
donepezil hcl tabs 10 mg	30
DONEPEZIL HCL TABS 5 MG [donepezil hydrochloride]	30
donepezil hcl tbdp 10 mg	30
donepezil hcl tbdp 5 mg	30
DONNATAL ELIX 16.2 MG/5ML [phenobarbital- hyoscyamine-atropine-scopolamine]	29
DONNATAL TABS 16.2 MG [phenobarbital- hyoscyamine-atropine-scopolamine]	29
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [dopamine in d5w]	32
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [dopamine in d5w]	32
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [dopamine in d5w]	32
dorzolamide hcl soln 2 %	71
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	71
DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine]	19
doxazosin mesylate tabs 1 mg	37
doxazosin mesylate tabs 2 mg	37
doxazosin mesylate tabs 4 mg	37
doxazosin mesylate tabs 8 mg	37
doxepin hcl caps 10 mg	55

doxepin hcl caps 100 mg	55
doxepin hcl caps 150 mg	55
doxepin hcl caps 25 mg	55
doxepin hcl caps 50 mg	55
doxepin hcl caps 75 mg	55
doxepin hcl conc 10 mg/ml	55
doxorubicin hcl liposomal inj 2 mg/ml	24
doxorubicin hcl soln 2 mg/ml	24
doxycycline hyclate tabs 20 mg	14
doxycycline monohydrate susr 25 mg/5ml ..	14
doxycycline monohydrate tabs 100 mg	14
doxycycline monohydrate tabs 50 mg	14
DRITHO-CREME HP CREA 1 % [anthralin] ...	95
droperidol soln 2.5 mg/ml	52
drospirenone-ethinyl estradiol tabs 3-0.02 mg	78
drospirenone-ethinyl estradiol tabs 3-0.03 mg	78
DRYSOL SOLN 20 % [aluminum chloride] ...	93
duloxetine hcl cpep 20 mg	55
duloxetine hcl cpep 30 mg	55
duloxetine hcl cpep 60 mg	55
DUOPA SUSP 4.63-20 MG/ML [carbidopa- levodopa]	51
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	44
D-XYLOSE POWD [d-xylose]	63
DYRENIUM CAPS 100 MG [triamterene]	66
DYRENIUM CAPS 50 MG [triamterene]	66

E

EASY TOUCH SAFETY SYRINGE MISC 20G X 1.....	61
EDECIN TABS 25 MG [ethacrynic acid]	66
EDEX KIT 40 MCG [alprostadil (vasodilator)]	43
EDURANT TABS 25 MG [rilpivirine hcl]	19
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	79
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	79
efavirenz caps 200 mg	19
efavirenz caps 50 mg	19
efavirenz tabs 600 mg	19
EFFIENT TABS 10 MG [prasugrel hcl]	36
EFFIENT TABS 5 MG [prasugrel hcl]	36
ELAPRASE SOLN 6 MG/3ML [idursulfase] ...	69
eletriptan hydrobromide tabs 20 mg	50
eletriptan hydrobromide tabs 40 mg	50
ELLA TABS 30 MG [ulipristal acetate]	78

ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	83	<i>entecavir tabs 1 mg</i>	19
ELOCTATE SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	41
ELOCTATE SOLR 1500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	41
ELOCTATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	42
ELOCTATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	64
ELOCTATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	19
ELOCTATE SOLR 4000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	33	EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	19
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	95
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	32
ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	<i>epinephrine soaj 0.15 mg/0.15ml</i>	32
ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	34	<i>epinephrine soaj 0.3 mg/0.3ml</i>	32
ELTA TAR CREA 2 % [<i>coal tar extract</i>]	94	EPINEPHRINE SOLN 30 MG/30ML [<i>epinephrine</i>]	32
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	24	EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	32
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	19	EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [<i>epinephrine (anaphylaxis)</i>]	32
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	19	EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	19
ENBREL SOLR 25 MG [<i>etanercept</i>]	83	EPIVIR HBV TABS 100 MG [<i>lamivudine (hbv)</i>]	19
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	83	ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	24
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	83	ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	24
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	83	<i>ergotamine-caffeine tabs 1-100 mg</i>	50
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	80	ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	24
ENERGIX-B SUSP 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	90	<i>erlotinib hcl tabs 100 mg</i>	24
ENERGIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	90	<i>erlotinib hcl tabs 150 mg</i>	24
<i>entacapone tabs 200 mg</i>	51	<i>erlotinib hcl tabs 25 mg</i>	24
<i>entecavir tabs 0.5 mg</i>	19	ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	24
		<i>erythromycin oint 5 mg/gm</i>	70
		<i>erythromycin soln 2 %</i>	92
		<i>escitalopram oxalate soln 5 mg/5ml</i>	55
		<i>escitalopram oxalate tabs 10 mg</i>	55
		<i>escitalopram oxalate tabs 20 mg</i>	55
		<i>escitalopram oxalate tabs 5 mg</i>	55
		ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	38
		<i>estradiol pttw 0.025 mg/24hr</i>	79
		<i>estradiol pttw 0.0375 mg/24hr</i>	79
		<i>estradiol pttw 0.05 mg/24hr</i>	79
		<i>estradiol pttw 0.075 mg/24hr</i>	79

estradiol pttw 0.1 mg/24hr	80
estradiol ptwk 0.05 mg/24hr	80
estradiol ptwk 0.075 mg/24hr	80
estradiol tabs 0.5 mg	80
estradiol tabs 1 mg	80
estradiol tabs 2 mg	80
estradiol valerate oil 20 mg/ml	80
estradiol valerate oil 40 mg/ml	80
ESTRING RING 2 MG [estradiol vaginal]	80
ethacrynic acid tabs 25 mg	66
ethambutol hcl tabs 100 mg	17
ethambutol hcl tabs 400 mg	17
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	42
ethosuximide caps 250 mg	49
ethosuximide soln 250 mg/5ml	49
etidronate disodium tabs 200 mg	83
etidronate disodium tabs 400 mg	83
etodolac caps 200 mg	44
etodolac caps 300 mg	44
etodolac tabs 400 mg	44
etodolac tabs 500 mg	44
etoposide caps 50 mg	24
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	19
exemestane tabs 25 mg	24
EXJADE TBSO 125 MG [deferasirox]	75
EXJADE TBSO 250 MG [deferasirox]	75
EXJADE TBSO 500 MG [deferasirox]	75
EXTAVIA KIT 0.3 MG [interferon beta-1b]	83
EYLEA SOLN 2 MG/0.05ML [aflibercept]	71
EYLEA SOSY 2 MG/0.05ML [aflibercept]	71
ezetimibe tabs 10 mg	38

F

FABRAZYME SOLR 35 MG [agalsidase beta]	69
FABRAZYME SOLR 5 MG [agalsidase beta]	69
famotidine inj 10mg/ml	73
famotidine premixed soln 20-0.9 mg/50ml-%	73
famotidine soln 20 mg/2ml	73
famotidine soln 40 mg/4ml	73
famotidine susr 40 mg/5ml	73
famotidine tabs 20 mg	73
famotidine tabs 40 mg	73
fenofibrate tabs 160 mg	38
fenofibrate tabs 54 mg	38
fentanyl citrate (pf) soct 100 mcg/2ml	44
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML	44

[fentanyl citrate]	44
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	44
fentanyl pt72 100 mcg/hr	44
fentanyl pt72 12 mcg/hr	44
fentanyl pt72 25 mcg/hr	44
fentanyl pt72 50 mcg/hr	44
fentanyl pt72 75 mcg/hr	44
finasteride tabs 5 mg	83
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	83
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	14
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	15
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	89
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [immune globulin (human) iv]	89
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	89
FLEBOGAMMA DIF SOLN 5 GM/50ML [immune globulin (human) iv]	89
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	17
fluconazole in dextrose soln 400 mg/200ml	17
fluconazole in nacl inj nacl 200	17
fluconazole in nacl inj nacl 400	17
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	17
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	17
fluconazole susr 10 mg/ml	17
fluconazole susr 40 mg/ml	17
fluconazole tabs 100 mg	17
fluconazole tabs 150 mg	17
fluconazole tabs 200 mg	17
fluconazole tabs 50 mg	17
flucytosine caps 250 mg	17
flucytosine caps 500 mg	17
fludarabine phosphate solr 50 mg	24
fludrocortisone acetate tabs 0.1 mg	75
flunisolide soln 25 mcg/act (0.025%)	70
fluocinolone acetone body oil 0.01 %	92

fluocinolone acetone scalp oil 0.01 %	92
fluocinolone acetone soln 0.01 %	92
fluocinonide gel 0.05 %	95
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
FLUROPLEX CREA 1 % [fluorouracil (topical)]	95
fluorouracil crea 5 %	95
fluorouracil soln 2 %	95
fluorouracil soln 5 %	95
fluorouracil soln 500 mg/10ml	24
fluoxetine hcl caps 10 mg	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	56
fluphenazine hcl tabs 5 mg	56
flurbiprofen sodium soln 0.03 %	70
flutamide caps 125 mg	24
fluticasone propionate crea 0.05 %	93
fluticasone propionate oint 0.005 %	93
fluticasone propionate susp 50 mcg/act	70
fluvoxamine maleate tabs 100 mg	56
fluvoxamine maleate tabs 25 mg	56
fluvoxamine maleate tabs 50 mg	56
FLUZONE HIGH-DOSE 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	97
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	15
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	15
FORTAZ SOLR 500 MG [ceftazidime]	15
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	80
fosamprenavir calcium tabs 700 mg	19
fosaprepitant dimeglumine solr 150 mg	73
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	19

fulvestrant soln 250 mg/5ml	24
furosemide soln 10 mg/ml	66
furosemide soln 8 mg/ml	66
FUROSEMIDE TABS 20 MG [furosemide]	66
FUROSEMIDE TABS 40 MG [furosemide]	66
furosemide tabs 80 mg	66

G

gabapentin caps 100 mg	49
gabapentin caps 300 mg	49
gabapentin caps 400 mg	49
GABAPENTIN POWD [gabapentin (bulk)]	86
gabapentin tabs 600 mg	49
gabapentin tabs 800 mg	49
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 50 MCG/ML [baclofen]	31
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	64
galantamine hydrobromide er cp24 16 mg	30
galantamine hydrobromide er cp24 24 mg	30
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	30
galantamine hydrobromide tabs 12 mg	30
galantamine hydrobromide tabs 4 mg	30
galantamine hydrobromide tabs 8 mg	30
GAMASTAN INJ [immune globulin (human) im]	89
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	89
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	89
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	89
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	89
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	19
GARDASIL 9 SUSP [human papillomavirus	
(hvp) 9-valent recombinant vaccine]	90
GARDASIL 9 SUSY [human papillomavirus	
(hvp) 9-valent recombinant vaccine]	90
GARDASIL SUSP [human papillomavirus	
(hvp) quadrivalent recombinant vaccine]	90
gatifloxacin soln 0.5 %	70
GAZYVA SOLN 1000 MG/40ML	
[obinutuzumab]	24
GELFILM FILM [gelatin adsorbable (ophth)]	34
GELFOAM SPONGE MISC 12-7 MM [gelatin	
absorbable]	34
GELFOAM SPONGE SIZE 50 MISC [gelatin	
absorbable]	34
GELUSIL CHEW 200-200-25 MG [alum & mag	
hydrox-simethicone]	72
gemcitabine hcl solr 200 mg	24
gemfibrozil tabs 600 mg	38
GEMZAR SOLR 1 GM [gemcitabine hcl]	24
gentamicin in saline soln 0.8-0.9 mg/ml-% ..	15
gentamicin in saline soln 0.9-0.9 mg/ml-% ..	15
gentamicin in saline soln 1.2-0.9 mg/ml-% ..	15
gentamicin in saline soln 1.4-0.9 mg/ml-% ..	15
gentamicin in saline soln 1.6-0.9 mg/ml-% ..	15
gentamicin in saline soln 1-0.9 mg/ml-%	15
gentamicin in saline soln 2-0.9 mg/ml-%	15
gentamicin sulfate crea 0.1 %	92
gentamicin sulfate oint 0.1 %	92
gentamicin sulfate soln 0.3 %	70
gentamicin sulfate soln 40 mg/ml	15
GENVOYA TABS 150-150-200-10 MG	
[elvitegravir-cobicistat-emtricitabine-	
tenofovir alafenamide]	19
GLEOSTINE CAPS 10 MG [lomustine]	24
GLEOSTINE CAPS 100 MG [lomustine]	24
GLEOSTINE CAPS 40 MG [lomustine]	24
GLEOSTINE CAPS 5 MG [lomustine]	24
glimepiride tabs 1 mg	77
glimepiride tabs 2 mg	77
glimepiride tabs 4 mg	77
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	
hcl (rdna)]	78
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	
.....	78
GLUCAGON EMERGENCY KIT 1 MG	
[glucagon (rdna)]	78
glyburide tabs 1.25 mg	77
glyburide tabs 2.5 mg	77
glyburide tabs 5 mg	77
GLYCERIN LIQD [glycerin (bulk)]	86
GLYCOPYRROLATE POWD [glycopyrrolate	
(bulk)]	87
glycopyrrolate soln 0.4 mg/2ml	29
glycopyrrolate tabs 1 mg	29
glycopyrrolate tabs 2 mg	29
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod	
bicarb-sod chloride-sod sulfate]	73
GONAL-F RFF REDIRECT SOLN 300	
UNIT/0.5ML [follitropin alfa]	80
GONAL-F RFF REDIRECT SOLN 450	
UNT/0.75ML [follitropin alfa]	80
GONAL-F RFF REDIRECT SOLN 900	
UNIT/1.5ML [follitropin alfa]	80
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	
.....	80
GONAL-F SOLR 1050 UNIT [follitropin alfa]	80
GONAL-F SOLR 450 UNIT [follitropin alfa] ...	80
GRASTEK SUBL 2800 BAU [timothy grass	
pollen allergen extract]	83
griseofulvin microsize susp 125 mg/5ml	17
griseofulvin microsize tabs 500 mg	17
griseofulvin ultramicrosize tabs 125 mg	17
griseofulvin ultramicrosize tabs 250 mg	17
guanfacine hcl er tb24 1 mg	53
guanfacine hcl er tb24 2 mg	53
guanfacine hcl er tb24 3 mg	53
guanfacine hcl er tb24 4 mg	53
guanfacine hcl tabs 1 mg	41
guanfacine hcl tabs 2 mg	41
GUANIDINE HCL TABS 125 MG [guanidine	
hcl]	30

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]	24
haloperidol decanoate soln 100 mg/ml	56
haloperidol decanoate soln 50 mg/ml	56
haloperidol lactate conc 2 mg/ml	56
haloperidol lactate soln 5 mg/ml	56
haloperidol tabs 0.5 mg	56
haloperidol tabs 1 mg	56
haloperidol tabs 10 mg	56
haloperidol tabs 2 mg	56
haloperidol tabs 20 mg	56
haloperidol tabs 5 mg	56
HARVONI TABS 45-200 MG [ledipasvir-sofosbuvir]	19
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	19
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	91
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	91
HELIXATE FS KIT 250 UNIT [antihemophilic factor (recombinant)]	34
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	86
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh]	34
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh]	34
HEMOFIL M INJ 220-400 [antihemophilic factor (human)]	34
HEMOFIL M SOLR 1000 UNIT [antihemophilic factor (human)]	34
HEMOFIL M SOLR 1700 UNIT [antihemophilic factor (human)]	34
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	36
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	36

HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	36
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	36
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	36
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [heparin sodium (porcine)]	36
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [heparin sodium (porcine)]	36
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [heparin sodium (porcine)]	36
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [heparin sodium (porcine)]	36
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	36
HERCEPTIN SOLR 150 MG [trastuzumab]	24
hetastarch-nacl soln 6-0.9 %	67
HEXALEN CAPS 50 MG [altretamine]	24
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	67
HIZENTRA SOLN 1 GM/5ML [immune globulin (human) subcutaneous]	89
HIZENTRA SOLN 10 GM/50ML [immune globulin (human) subcutaneous]	89
HIZENTRA SOLN 2 GM/10ML [immune globulin (human) subcutaneous]	89
HIZENTRA SOLN 4 GM/20ML [immune globulin (human) subcutaneous]	89
HOMATROPAIRE SOLN 5 % [homatropine hbr]	72
HUMALOG SOLN 100 UNIT/ML [insulin lispro]	77
HUMATE-P SOLR 1000-2400 UNIT [antihemophilic factor/von willebrand factor complex (human)]	34
HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	34
HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	34
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	83
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [adalimumab]	83

HUMIRA PEN PNKT 40 MG/0.4ML [adalimumab]	83
HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	83
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [adalimumab]	83
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	83
HUMIRA PSKT 10 MG/0.1ML [adalimumab]	83
HUMIRA PSKT 10 MG/0.2ML [adalimumab]	83
HUMIRA PSKT 20 MG/0.2ML [adalimumab]	83
HUMIRA PSKT 20 MG/0.4ML [adalimumab]	84
HUMIRA PSKT 40 MG/0.4ML [adalimumab]	84
HUMIRA PSKT 40 MG/0.8ML [adalimumab]	84
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	77
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	77
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	77
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	77
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	77
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	77
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	77
HYCANTIN CAPS 0.25 MG [topotecan hcl] ..	24
HYCANTIN CAPS 1 MG [topotecan hcl]	24
hydralazine hcl soln 20 mg/ml	41
hydralazine hcl tabs 10 mg	41
hydralazine hcl tabs 100 mg	41
hydralazine hcl tabs 25 mg	41
hydralazine hcl tabs 50 mg	41
hydrochlorothiazide tabs 12.5 mg	66
hydrochlorothiazide tabs 25 mg	66
hydrochlorothiazide tabs 50 mg	66
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	44
hydrocodone-acetaminophen tabs 10-325 mg	44
hydrocodone-acetaminophen tabs 5-325 mg	44
hydrocodone-acetaminophen tabs 7.5-325 mg	44
hydrocodone-homatropine syrp 5-1.5 mg/5ml	88
hydrocortisone ace-pramoxine crea 1-1 % ..	93
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [pramoxine-hc]	93
hydrocortisone crea 2.5 %	93
hydrocortisone enem 100 mg/60ml	93
hydrocortisone lotn 2.5 %	93
hydrocortisone oint 2.5 %	93
HYDROCORTISONE POWD [hydrocortisone (topical)]	87
hydrocortisone tabs 10 mg	75
hydrocortisone tabs 20 mg	75
hydrocortisone tabs 5 mg	75
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	92
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	93
hydromorphone hcl liqd 1 mg/ml	44
hydromorphone hcl pf soln 50 mg/5ml	44
hydromorphone hcl pf soln 500 mg/50ml	44
HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	44
HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	44
HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	44
HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	45
hydromorphone hcl tabs 2 mg	45
hydromorphone hcl tabs 4 mg	45
hydromorphone hcl tabs 8 mg	45
HYDROPHILIC OINT [hydrophilic ointment] ..	87
hydroxychloroquine sulfate tabs 200 mg	18
HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	87
hydroxyprogesterone caproate soln 1.25 gm/5ml	80
hydroxyurea caps 500 mg	24
hydroxyzine hcl soln 50 mg/ml	53
hydroxyzine hcl syrp 10 mg/5ml	53
hydroxyzine hcl tabs 10 mg	53
hydroxyzine hcl tabs 25 mg	53
hydroxyzine hcl tabs 50 mg	53
hydroxyzine pamoate caps 100 mg	53
hydroxyzine pamoate caps 25 mg	53
hydroxyzine pamoate caps 50 mg	53
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	69
HYOSCYAMINE SULFATE ER TB12 0.375 MG	

[hyoscyamine sulfate]	29
HYOSCYAMINE SULFATE SUBL 0.125 MG	
[hyoscyamine sulfate]	29
HYOSCYAMINE SULFATE TABS 0.125 MG	
[hyoscyamine sulfate]	29
HYOSCYAMINE SULFATE TBDP 0.125 MG	
[hyoscyamine sulfate]	29
HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine sulfate]	29
HYOSYNE SOLN 0.125 MG/ML [hyoscyamine sulfate]	29
HYPERLYTE-CR CONC [parenteral electrolytes]	67
HYPERRAB SOLN 300 UNIT/ML [rabies immune globulin (human)]	90
HYPODERMIC NEEDLE MISC 18G X 1-1/2...	61
HYPODERMIC NEEDLE MISC 19G X 1.....	61
HYPODERMIC NEEDLE MISC 25G X 1-1/2...	61

I

IBRANCE CAPS 100 MG [palbociclib]	24
IBRANCE CAPS 125 MG [palbociclib]	24
IBRANCE CAPS 75 MG [palbociclib]	24
IBRANCE TABS 100 MG [palbociclib]	24
IBRANCE TABS 125 MG [palbociclib]	24
IBRANCE TABS 75 MG [palbociclib]	24
ibuprofen susp 100 mg/5ml	45
ibutilide fumarate soln 1 mg/10ml	40
icatibant acetate soln 30 mg/3ml	84
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin hcl]	24
IDELVION SOLR 1000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	34
IDELVION SOLR 2000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	34
IDELVION SOLR 250 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	34
IDELVION SOLR 500 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	34
imatinib mesylate tabs 100 mg	24
imatinib mesylate tabs 400 mg	25
IMBRUVICA CAPS 140 MG [ibrutinib]	25
IMBRUVICA CAPS 70 MG [ibrutinib]	25
IMBRUVICA TABS 140 MG [ibrutinib]	25
IMBRUVICA TABS 280 MG [ibrutinib]	25
IMBRUVICA TABS 420 MG [ibrutinib]	25
IMBRUVICA TABS 560 MG [ibrutinib]	25
imipramine hcl tabs 10 mg	56

imipramine hcl tabs 25 mg	56
imipramine hcl tabs 50 mg	56
imiquimod crea 5 %	95
indapamide tabs 1.25 mg	66
indapamide tabs 2.5 mg	66
indomethacin caps 25 mg	45
indomethacin caps 50 mg	45
indomethacin er cpcr 75 mg	45
INDOMETHACIN SODIUM SOLR 1 MG	
[indomethacin sodium]	45
INFANRIX SUSP 25-58-10 [diphtheria, acellular pertussis & tetanus toxoids]	90
INFED SOLN 50 MG/ML [iron dextran]	33
INFLECTRA SOLR 100 MG [infliximab-dyyb]	84
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	45
INFUVITE ADULT INJ [multiple vitamin]	96
INFUVITE PEDIATRIC SOLN [pediatric multiple vitamins]	96
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	36
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	36
INTELENCE TABS 100 MG [etravirine]	19
INTELENCE TABS 200 MG [etravirine]	19
INTELENCE TABS 25 MG [etravirine]	19
INTRALIPID EMUL 20 % [fat emulsion plant based]	65
INTRALIPID EMUL 30 % [fat emulsion plant based]	65
INTRON A SOLN 10000000 UNIT/ML [interferon alfa-2b]	25
INTRON A SOLN 6000000 UNIT/ML [interferon alfa-2b]	25
INTRON A SOLR 10000000 UNIT [interferon alfa-2b]	25
INTRON A SOLR 18000000 UNIT [interferon alfa-2b]	25
INTRON A SOLR 50000000 UNIT [interferon alfa-2b]	25
INVANZ SOLR 1 GM [ertapenem sodium]	15
INVEGA SUSTENNA SUSY 117 MG/0.75ML [paliperidone palmitate]	56
INVEGA SUSTENNA SUSY 156 MG/ML [paliperidone palmitate]	56
INVEGA SUSTENNA SUSY 234 MG/1.5ML [paliperidone palmitate]	56
INVEGA SUSTENNA SUSY 39 MG/0.25ML [paliperidone palmitate]	53

INVEGA SUSTENNA SUSY 78 MG/0.5ML [paliperidone palmitate]	56
INVIRASE TABS 500 MG [saquinavir mesylate]	19
ipratropium bromide soln 0.02 %	29
ipratropium bromide soln 0.03 %	29
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	32
IRESSA TABS 250 MG [gefitinib]	25
ISAGEL GEL 60 % [antiseptic products, misc.]	92
ISENRESS CHEW 100 MG [raltegravir potassium]	20
ISENRESS CHEW 25 MG [raltegravir potassium]	20
ISENRESS HD TABS 600 MG [raltegravir potassium]	20
ISENRESS TABS 400 MG [raltegravir potassium]	20
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [isometheptene- dichloralphenazone-acetaminophen]	50
isoniazid soln 100 mg/ml	17
isoniazid syrp 50 mg/5ml	17
isoniazid tabs 100 mg	17
isoniazid tabs 300 mg	17
isoproterenol hcl soln 0.2 mg/ml	32
isosorbide dinitrate er tbc 40 mg	43
isosorbide dinitrate tabs 10 mg	43
isosorbide dinitrate tabs 20 mg	43
isosorbide dinitrate tabs 30 mg	43
isosorbide dinitrate tabs 5 mg	43
isosorbide mononitrate er tb24 120 mg	43
isosorbide mononitrate er tb24 30 mg	43
isosorbide mononitrate er tb24 60 mg	43
ISOSORBIDE POWD [isosorbide (bulk)]	87
itraconazole caps 100 mg	17
ivermectin tabs 3 mg	12
IXEMPRA KIT SOLR 15 MG [ixabepilone]	25
IXEMPRA KIT SOLR 45 MG [ixabepilone]	25
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed]	91

J

JADENU SPRINKLE PACK 180 MG [deferiasirox]	75
JADENU SPRINKLE PACK 360 MG [deferiasirox]	75
JADENU SPRINKLE PACK 90 MG [deferiasirox]	75

JADENU TABS 180 MG [deferiasirox]	75
JADENU TABS 360 MG [deferiasirox]	75
JADENU TABS 90 MG [deferiasirox]	75
JAKAFI TABS 10 MG [ruxolitinib phosphate]	25
JAKAFI TABS 15 MG [ruxolitinib phosphate]	25
JAKAFI TABS 20 MG [ruxolitinib phosphate]	25
JAKAFI TABS 25 MG [ruxolitinib phosphate]	25
JAKAFI TABS 5 MG [ruxolitinib phosphate]	25
JARDIANCE TABS 10 MG [empagliflozin]	78
JARDIANCE TABS 25 MG [empagliflozin]	78
JETREA SOLN 0.5 MG/0.2ML [ocriplasmin] ..	71
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel] ..	25
JOLIVETTE TABS 0.35 MG [norethindrone (contraceptive)]	78
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	20

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	25
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	25
KALETRA SOLN 400-100 MG/5ML [lopinavir- ritonavir]	20
KALETRA TABS 100-25 MG [lopinavir- ritonavir]	20
KALETRA TABS 200-50 MG [lopinavir- ritonavir]	20
KALYDECO PACK 25 MG [ivacaftor]	88
KALYDECO PACK 50 MG [ivacaftor]	88
KALYDECO PACK 75 MG [ivacaftor]	88
KALYDECO TABS 150 MG [ivacaftor]	84
KANJINTI SOLR 420 MG [trastuzumab-anns]	25
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]	68
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in	

dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	68
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	68
KENALOG SUSP 10 MG/ML [triamcinolone acetone]	75
KENALOG SUSP 40 MG/ML [triamcinolone acetone]	76
KEPIVANCE SOLR 6.25 MG [palifermin]	94
KERALYT GEL 6 % [salicylic acid]	94
KETAMINE HCL POWD [ketamine hcl (bulk)]	87
ketamine hcl soln 10 mg/ml	54
ketamine hcl soln 50 mg/ml	54
ketoconazole sham 2 %	92
ketoconazole tabs 200 mg	17
KETO-DIASTIX STRP [urine glucose-ketones test]	64
KETOPROFEN POWD [ketoprofen (bulk)] ..	87
ketorolac tromethamine inj 15mg/ml	45
ketorolac tromethamine soln 0.5 %	70
ketorolac tromethamine soln 15 mg/ml	45
ketorolac tromethamine soln 30 mg/ml	45
ketorolac tromethamine soln 60 mg/2ml	45
KETOSTIX STRP [acetone (urine) test]	64
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	25
KINERET INJ [anakinra]	84
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	91
KLOR-CON TBCR 8 MEQ [potassium chloride]	68
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 (rcmb) plasma/albumin free (rahf- pfm)]	34
KOVALTRY SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	35

KOVALTRY SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	35
KOVALTRY SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	35
KOVALTRY SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	35
KRINTAFEL TABS 150 MG [tafenoquine succinate]	18
K-TAB TBCR 10 MEQ [potassium chloride] ..	67
KYPROLIS SOLR 10 MG [carfilzomib]	25
KYPROLIS SOLR 30 MG [carfilzomib]	25
KYPROLIS SOLR 60 MG [carfilzomib]	25

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)]	67
LACTATED RINGERS SOLN [lactated ringer's]	68
lactulose encephalopathy soln 10 gm/15ml	64
lactulose soln 10 gm/15ml	64
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	49
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	49
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	49
lamivudine soln 10 mg/ml	20
lamivudine tabs 150 mg	20
lamivudine tabs 300 mg	20
lamivudine-zidovudine tabs 150-300 mg	20
lamotrigine chew 25 mg	49
lamotrigine chew 5 mg	49
lamotrigine tabs 100 mg	49
lamotrigine tabs 150 mg	49
lamotrigine tabs 200 mg	49
lamotrigine tabs 25 mg	49
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [digoxin]	40
LANTUS SOLN 100 UNIT/ML [insulin glargine]	78
latanoprost soln 0.005 %	71

L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	87
LEFLUNOMIDE TABS 10 MG [<i>leflunomide</i>]	84
leflunomide tabs 20 mg	84
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	25
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	43
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	43
letrozole tabs 2.5 mg	25
leucovorin calcium solr 100 mg	84
leucovorin calcium tabs 25 mg	84
leucovorin calcium tabs 5 mg	84
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	25
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	37
leuprolide acetate kit 1 mg/0.2ml	25
levetiracetam er tb24 500 mg	49
levetiracetam er tb24 750 mg	49
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML [<i>levetiracetam in sodium chloride</i>]	49
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	49
LEVETIRACETAM IN NACL SOLN 500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	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 %	71
levocarnitine inj 200mg/ml	84
LEVOCARNITINE SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	84
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	84
levofloxacin in d5w soln 250 mg/50ml	15
levofloxacin in d5w soln 500 mg/100ml	15
levofloxacin in d5w soln 750 mg/150ml	15
levofloxacin soln 25 mg/ml	15
levofloxacin tabs 250 mg	15
levofloxacin tabs 500 mg	15
levofloxacin tabs 750 mg	15
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 [<i>levothyroxine sodium</i>]	81
LEVULAN KERASTICK SOLR 20 % [<i>aminolevulinic acid hcl</i>]	95
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	64
LEXIVA TABS 700 MG [<i>fosamprenavir calcium</i>]	20
LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	72
lidocaine hcl (cardiac) pf sosy 50 mg/5ml	82
lidocaine hcl (pf) soln 0.5 %	82
lidocaine hcl (pf) soln 1 %	82
LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	87
lidocaine hcl soln 0.5 %	82
lidocaine hcl soln 1 %	82
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-% [<i>lidocaine in d5w</i>]	40
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	40
lidocaine oint 5 %	93
lidocaine viscous hcl soln 2 %	72
lidocaine-epinephrine soln 0.5 %-1 200000	82
lidocaine-epinephrine soln 1 %-1 100000	82
lidocaine-epinephrine soln 2 %-1 100000	82
lidocaine-epinephrine soln 2 %-1 200000	82
lidocaine-prilocaine crea 2.5-2.5 %	93
lidocaine-prilocaine kit 2.5-2.5 %	93
linezolid soln 600 mg/300ml	15
linezolid susr 100 mg/5ml	15
linezolid tabs 600 mg	15
liothyronine sodium tabs 25 mcg	81
liothyronine sodium tabs 5 mcg	81
liothyronine sodium tabs 50 mcg	81

lisinopril tabs 10 mg	42	sodium]	36
lisinopril tabs 2.5 mg	42	LOVENOX SOLN 30 MG/0.3ML [enoxaparin	
lisinopril tabs 20 mg	42	sodium]	36
lisinopril tabs 30 mg	42	LOVENOX SOLN 300 MG/3ML [enoxaparin	
lisinopril tabs 40 mg	42	sodium]	36
lisinopril tabs 5 mg	42	LOVENOX SOLN 40 MG/0.4ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 10-12.5		sodium]	36
mg	42	LOVENOX SOLN 60 MG/0.6ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-12.5		sodium]	36
mg	42	LOVENOX SOLN 80 MG/0.8ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-25 mg		sodium]	36
.....	42	loxapine succinate caps 10 mg	56
L-ISOLEUCINE POWD [isoleucine]	87	loxapine succinate caps 25 mg	56
lithium carbonate caps 150 mg	50	loxapine succinate caps 5 mg	56
LITHIUM CARBONATE CAPS 300 MG [lithium		L-PROLINE POWD [proline]	87
carbonate]	50	LUCENTIS SOLN 0.3 MG/0.05ML	
lithium carbonate caps 600 mg	50	[ranibizumab]	71
lithium carbonate er tbc 300 mg	50	LUCENTIS SOLN 0.5 MG/0.05ML	
lithium carbonate er tbc 450 mg	50	[ranibizumab]	71
LITHIUM CARBONATE TABS 300 MG [lithium		LUCENTIS SOSY 0.3 MG/0.05ML	
carbonate]	50	[ranibizumab]	71
LITHIUM SOLN 8 MEQ/5ML [lithium]	50	LUCENTIS SOSY 0.5 MG/0.05ML	
LITHOSTAT TABS 250 MG [acetohydroxamic		[ranibizumab]	71
acid]	64	LUDENT CHEW 0.55 (0.25 F) MG [sodium	
LODOSYN TABS 25 MG [carbidopa]	51	fluoride]	84
LONSURF TABS 15-6.14 MG [trifluridine-		LUMASON SUSR 60.7-25 MG [sulfur	
tipiracil]	25	hexafluoride lipid-type a microspheres]	64
LONSURF TABS 20-8.19 MG [trifluridine-		LUMIGAN SOLN 0.01 % [bimatoprost]	71
tipiracil]	25	LUMIZYME SOLR 50 MG [alglucosidase alfa]	
lorazepam soln 2 mg/ml	53	.....	69
lorazepam soln 4 mg/ml	53	LUPRON DEPOT (1-MONTH) KIT 3.75 MG	
lorazepam tabs 0.5 mg	53	[leuprolide acetate]	26
lorazepam tabs 1 mg	53	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	
lorazepam tabs 2 mg	53	[leuprolide acetate]	26
LORBRENA TABS 100 MG [lorlatinib]	25	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	
LORBRENA TABS 25 MG [lorlatinib]	25	[leuprolide acetate (3 month)]	26
losartan potassium tabs 100 mg	42	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	
losartan potassium tabs 25 mg	42	[leuprolide acetate (3 month)]	26
losartan potassium tabs 50 mg	42	LUPRON DEPOT (4-MONTH) KIT 30 MG	
losartan potassium-hctz tabs 100-12.5 mg	42	[leuprolide acetate (4 month)]	26
losartan potassium-hctz tabs 100-25 mg	42	LUPRON DEPOT (6-MONTH) KIT 45 MG	
losartan potassium-hctz tabs 50-12.5 mg	42	[leuprolide acetate (6 month)]	26
lovastatin tabs 10 mg	38	LUPRON DEPOT-PED (1-MONTH) KIT 11.25	
lovastatin tabs 20 mg	38	MG [leuprolide acetate (cpp)]	26
lovastatin tabs 40 mg	38	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	
LOVENOX SOLN 100 MG/ML [enoxaparin		[leuprolide acetate (cpp)]	26
sodium]	36	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	
LOVENOX SOLN 120 MG/0.8ML [enoxaparin		[leuprolide acetate (cpp)]	26
sodium]	36	LUPRON DEPOT-PED (3-MONTH) KIT 11.25	
LOVENOX SOLN 150 MG/ML [enoxaparin		MG (PED) [leuprolide acetate (cpp) (3	

month)]	26
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)]	26
LYNPARZA TABS 100 MG [olaparib]	26
LYNPARZA TABS 150 MG [olaparib]	26
LYSODREN TABS 500 MG [mitotane].....	26

M

M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	68
MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal]	22
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose].....	68
magnesium sulfate soln 50 %	49
MAGNEVIST SOLN 469.01 MG/ML [gadopentetate dimeglumine].....	64
MAKENA OIL 250 MG/ML [hydroxyprogesterone caproate].....	81
malathion lotn 0.5 %	92
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride].....	68
maprotiline hcl tabs 25 mg	56
maprotiline hcl tabs 50 mg	56
maprotiline hcl tabs 75 mg	56
MATULANE CAPS 50 MG [procarbazine hcl]26	
meclofenamate sodium caps 100 mg	45
meclofenamate sodium caps 50 mg	45
MEDROL TABS 2 MG [methylprednisolone] 76	
medroxyprogesterone acetate susp 150 mg/ml	81
medroxyprogesterone acetate susy 150 mg/ml	81
medroxyprogesterone acetate tabs 10 mg ..	81
medroxyprogesterone acetate tabs 2.5 mg ..	81
medroxyprogesterone acetate tabs 5 mg	81
MEDSAVER SYRINGE MISC 25G X 1	61
mefenamic acid caps 250 mg	45
mefloquine hcl tabs 250 mg	18
megestrol acetate susp 40 mg/ml	26
megestrol acetate susp 400 mg/10ml	26
megestrol acetate tabs 20 mg	26
megestrol acetate tabs 40 mg	26
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide].....	26
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide].....	26
meloxicam tabs 15 mg	45

meloxicam tabs 7.5 mg	45
memantine hcl tabs 10 mg	53
memantine hcl tabs 5 mg	53
MENOPUR SOLR 75 UNIT [menotropins].....	80
MENVEO SOLR [meningococcal (a,c,y&w- 135) oligosaccharide conjugate vac].....	91
meperidine hcl soln 100 mg/ml	45
meperidine hcl soln 25 mg/ml	45
meperidine hcl soln 50 mg/ml	45
MEPHYTON TABS 5 MG [phytonadione].....	97
mercaptopurine tabs 50 mg	26
meropenem solr 1 gm	15
meropenem solr 500 mg	15
mesalamine enem 4 gm	72
mesalamine supp 1000 mg	72
mesalamine tbec 1.2 gm	72
mesna soln 100 mg/ml	84
MESNEX TABS 400 MG [mesna]	84
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide].....	30
metaproterenol sulfate syrp 10 mg/5ml	32
metaproterenol sulfate tabs 10 mg	32
metaproterenol sulfate tabs 20 mg	32
metformin hcl er tb24 500 mg	78
metformin hcl er tb24 750 mg	78
metformin hcl tabs 1000 mg	78
metformin hcl tabs 500 mg	78
metformin hcl tabs 850 mg	78
methadone hcl soln 10 mg/5ml	45
METHADONE HCL SOLN 10 MG/ML [methadone hcl].....	45
methadone hcl soln 5 mg/5ml	45
METHADONE HCL TABS 10 MG [methadone hcl].....	45
METHADONE HCL TABS 5 MG [methadone hcl].....	45
methazolamide tabs 25 mg	71
methazolamide tabs 50 mg	71
methenamine hippurate tabs 1 gm	22
methimazole tabs 10 mg	81
methimazole tabs 5 mg	81
methocarbamol tabs 500 mg	31
methocarbamol tabs 750 mg	31
methotrexate sodium (pf) soln 50 mg/2ml ...	26
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium].....	26
methotrexate tabs 2.5 mg	26
methoxsalen rapid caps 10 mg	94
methyl dopa tabs 250 mg	41
methyl dopa tabs 500 mg	41

methyldopate hcl soln 250 mg/5ml	41
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	64
methylergonovine maleate soln 0.2 mg/ml ..	86
methylergonovine maleate tabs 0.2 mg	86
methylphenidate hcl er (cd) cpcr 10 mg	48
methylphenidate hcl er (cd) cpcr 20 mg	48
methylphenidate hcl er (cd) cpcr 30 mg	48
methylphenidate hcl er (cd) cpcr 40 mg	48
methylphenidate hcl er (cd) cpcr 50 mg	48
methylphenidate hcl er (cd) cpcr 60 mg	48
methylphenidate hcl er tbc 10 mg	48
methylphenidate hcl er tbc 18 mg	48
methylphenidate hcl er tbc 20 mg	48
methylphenidate hcl er tbc 27 mg	48
methylphenidate hcl er tbc 36 mg	48
methylphenidate hcl er tbc 54 mg	48
methylphenidate hcl tabs 10 mg	48
methylphenidate hcl tabs 20 mg	48
methylphenidate hcl tabs 5 mg	48
methylprednisolone acetate susp 40 mg/ml ..	76
methylprednisolone acetate susp 80 mg/ml ..	76
methylprednisolone sodium succ solr 1000 mg	76
methylprednisolone sodium succ solr 125 mg	76
methylprednisolone sodium succ solr 40 mg	76
methylprednisolone tabs 16 mg	76
methylprednisolone tabs 32 mg	76
methylprednisolone tabs 4 mg	76
methylprednisolone tabs 8 mg	76
methylprednisolone tbpk 4 mg	76
methyltestosterone tabs 10 mg	77
metoclopramide hcl soln 10 mg/10ml	74
metoclopramide hcl soln 5 mg/ml	74
metoclopramide hcl tabs 10 mg	74
metoclopramide hcl tabs 5 mg	74
metolazone tabs 10 mg	66
metolazone tabs 2.5 mg	66
metolazone tabs 5 mg	66
metoprolol succinate er tb24 100 mg	38
metoprolol succinate er tb24 200 mg	39
metoprolol succinate er tb24 25 mg	39
metoprolol succinate er tb24 50 mg	39
metoprolol tartrate tabs 100 mg	39
metoprolol tartrate tabs 25 mg	39
metoprolol tartrate tabs 50 mg	39
metoprolol-hydrochlorothiazide tabs 100-50 mg	39
metronidazole crea 0.75 %	92
metronidazole gel 0.75 %	92
METRONIDAZOLE IN NAACL SOLN 5-0.79 MG/ML-% [metronidazole in nacl]	18
METRONIDAZOLE POWD [metronidazole (bulk)]	87
metronidazole tabs 250 mg	18
metronidazole tabs 500 mg	18
mexiletine hcl caps 150 mg	40
mexiletine hcl caps 200 mg	40
mexiletine hcl caps 250 mg	40
midazolam hcl syrp 2 mg/ml	53
midodrine hcl tabs 10 mg	32
midodrine hcl tabs 2.5 mg	32
midodrine hcl tabs 5 mg	32
MIFEPREX TABS 200 MG [mifepristone]	86
MIGRANAL SOLN 4 MG/ML [dihydroergotamine mesylate]	31
MILK OF MAGNESIA SUSP 7.75 % [magnesium hydroxide]	73
milrinone lactate in dextrose soln 20-5 mg/100ml-%	40
milrinone lactate in dextrose soln 40-5 mg/200ml-%	41
milrinone lactate inj 1mg/ml	41
milrinone lactate soln 10 mg/10ml	41
MINOCIN SOLR 100 MG [minocycline hcl] ..	15
minocycline hcl caps 100 mg	15
minocycline hcl caps 50 mg	15
minocycline hcl caps 75 mg	15
minoxidil tabs 10 mg	41
minoxidil tabs 2.5 mg	41
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	71
MIOSTAT SOLN 0.01 % [carbachol (ophth)] ..	71
MIRENA (52 MG) IUD 20 MCG/24HR [levonorgestrel (iud)]	78
mirtazapine tabs 15 mg	56
mirtazapine tabs 30 mg	56
mirtazapine tabs 45 mg	56
misoprostol tabs 100 mcg	73
misoprostol tabs 200 mcg	73
mitomycin solr 20 mg	26
mitomycin solr 40 mg	26
mitomycin solr 5 mg	26
MITOSOL KIT 0.2 MG [mitomycin (ophthalmic)]	70
M-M-R II SOLR [measles, mumps & rubella virus vaccines]	91
modafinil tabs 100 mg	48

modafinil tabs 200 mg	48
mometasone furoate crea 0.1 %	93
mometasone furoate oint 0.1 %	93
mometasone furoate soln 0.1 %	93
MONOJECT INSULIN SYRINGE MISC 25G X 5/8.....	61
MONOJECT INSULIN SYRINGE MISC 27G X 1/2.....	61
MONOJECT INSULIN SYRINGE MISC 29G X 1/2.....	61
MONOJECT PHARMACY TRAY MISC 1 ML [syringe (disposable)]	62
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1.....	62
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1-1/2.....	62
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1.....	62
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1-1/2.....	62
MONOJECT SAFETY SYRINGE/SHIELD MISC 23G X 1.....	62
MONOJECT TB SYRINGE MISC 28G X 1/2...	62
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2.....	62
MONOJECT ULTRA COMFORT SYRINGE MISC 29G X 1/2.....	62
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16.....	62
montelukast sodium chew 4 mg	87
montelukast sodium chew 5 mg	87
montelukast sodium pack 4 mg	87
montelukast sodium tabs 10 mg	87
morphine sulfate (concentrate) soln 100 mg/5ml	45
morphine sulfate (pf) soln 0.5 mg/ml	45
morphine sulfate (pf) soln 1 mg/ml	45
morphine sulfate er tbc 100 mg	45
morphine sulfate er tbc 15 mg	45
morphine sulfate er tbc 200 mg	45
morphine sulfate er tbc 30 mg	45
morphine sulfate er tbc 60 mg	45
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	45
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	46
MORPHINE SULFATE SOLN 10 MG/ML [morphine sulfate]	46
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	46

MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	46
MORPHINE SULFATE SOLN 20 MG/5ML [morphine sulfate]	46
MORPHINE SULFATE SOLN 50 MG/ML [morphine sulfate]	46
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	46
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	46
MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	46
MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	46
MORPHINE SULFATE TABS 15 MG [morphine sulfate]	46
MORPHINE SULFATE TABS 30 MG [morphine sulfate]	46
moxifloxacin hcl soln 0.5 %	70
moxifloxacin hcl tabs 400 mg	15
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	64
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	96
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	96
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	96
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	96
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	96
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	96
mupirocin oint 2 %	92
MUSTARGEN SOLR 10 MG [mechlorethamine hcl]	26
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	26
MVC-FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	96
MVC-FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	96
MVC-FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	96
mycophenolate mofetil caps 250 mg	84
mycophenolate mofetil susr 200 mg/ml	84
mycophenolate mofetil tabs 500 mg	84
MYLERAN TABS 2 MG [busulfan]	26
MYOBLOC SOLN 10000 UNIT/2ML	

[rimabotulinumtoxinb]	84
MYOBLOC SOLN 2500 UNIT/0.5ML	
[rimabotulinumtoxinb]	84
MYOBLOC SOLN 5000 UNIT/ML	
[rimabotulinumtoxinb]	84

N

NABI-HB SOLN [hepatitis b immune globulin (human)]	90
nabumetone tabs 500 mg	46
nabumetone tabs 750 mg	46
nadolol tabs 20 mg	39
nadolol tabs 40 mg	39
nadolol tabs 80 mg	39
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose] ...	15
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose] ...	15
nalbuphine hcl soln 10 mg/ml	46
nalbuphine hcl soln 20 mg/ml	46
naloxone hcl soln 0.4 mg/ml	54
naloxone hcl sosy 2 mg/2ml	54
naltrexone hcl tabs 50 mg	54
NAMENDA SOLN 10 MG/5ML [memantine hcl]	53
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	54
naphazoline hcl soln	72
naproxen susp 125 mg/5ml	46
naproxen tabs 250 mg	46
naproxen tabs 375 mg	46
naproxen tabs 500 mg	46
naproxen tbec 375 mg	46
naratriptan hcl tabs 1 mg	50
naratriptan hcl tabs 2.5 mg	51
NARCAN LIQD 4 MG/0.1ML [naloxone hcl] ..	54
NAROPIN INJ 10MG/ML [ropivacaine hcl] ...	82
NAROPIN SOLN 2 MG/ML [ropivacaine hcl] ...	82
NAROPIN SOLN 5 MG/ML [ropivacaine hcl] ...	82
NATACYN SUSP 5 % [natamycin]	70
NEBUPENT SOLR 300 MG [pentamidine isethionate]	18
nefazodone hcl tabs 100 mg	56
nefazodone hcl tabs 150 mg	56
nefazodone hcl tabs 200 mg	56
nefazodone hcl tabs 250 mg	56
nefazodone hcl tabs 50 mg	56
neomycin sulfate tabs 500 mg	15
neomycin-bacitracin zn-polymyx oint 5-400-10000	70

neomycin-polymyxin b gu soln 40-200000 ...	92
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	70
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	70
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	70
neomycin-polymyxin-hc soln 1 %	70
neomycin-polymyxin-hc susp 3.5-10000-1 ...	70
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	46
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	84
NESACAIN SOLN 1 % [chloroprocaine hcl] 82	
NESACAIN SOLN 2 % [chloroprocaine hcl] 82	
NEUPOGEN SOLN 300 MCG/ML [filgrastim] 37	
NEUPOGEN SOLN 480 MCG/1.6ML [filgrastim]	37
NEUT SOLN 4 % [sodium bicarbonate]	64
nevirapine susp 50 mg/5ml	20
nevirapine tabs 200 mg	20
NEXAVAR TABS 200 MG [sorafenib tosylate]	26
NEXPLANON IMPL 68 MG [etonogestrel]	79
NIACIN ER CPCR 250 MG [niacin]	97
NIACIN ER CPCR 500 MG [niacin]	97
NIACIN ER TBCR 250 MG [niacin]	97
NIACIN TABS 100 MG [niacin]	97
NIACIN TABS 250 MG [niacin]	97
NIACIN TABS 50 MG [niacin]	97
NIACIN TABS 500 MG [niacin]	97
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	40
NICORETTE GUM 2 MG [nicotine polacrilex]	30
NICORETTE LOZG 2 MG [nicotine polacrilex]	30
NICORETTE LOZG 4 MG [nicotine polacrilex]	30
NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	30
nicotine polacrilex gum 2 mg	30
nicotine polacrilex gum 4 mg	30
nicotine polacrilex lozg 2 mg	30
nicotine polacrilex lozg 4 mg	30
nicotine pt24 14 mg/24hr	30
nicotine pt24 21 mg/24hr	30
nicotine pt24 7 mg/24hr	30
nifedipine caps 10 mg	40
nifedipine caps 20 mg	40

nifedipine er osmotic release tb24 30 mg	40
nifedipine er osmotic release tb24 60 mg	40
nifedipine er osmotic release tb24 90 mg	40
nifedipine er tb24 30 mg	40
nifedipine er tb24 60 mg	40
nimodipine caps 30 mg	40
NINLARO CAPS 2.3 MG [ixazomib citrate]	26
NINLARO CAPS 3 MG [ixazomib citrate]	26
NINLARO CAPS 4 MG [ixazomib citrate]	27
NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	43
NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	43
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	22
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	22
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	22
nitrofurantoin monohyd macro caps 100 mg	22
nitrofurantoin susp 25 mg/5ml	22
NITROGLYCERIN ER CPCR 2.5 MG [nitroglycerin]	43
NITROGLYCERIN ER CPCR 6.5 MG [nitroglycerin]	43
NITROGLYCERIN ER CPCR 9 MG [nitroglycerin]	43
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w]	43
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w]	43
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [nitroglycerin in d5w]	43
nitroglycerin pt24 0.1 mg/hr	43
nitroglycerin pt24 0.2 mg/hr	43
nitroglycerin pt24 0.4 mg/hr	43
nitroglycerin pt24 0.6 mg/hr	43
nitroglycerin soln 5 mg/ml	43
NITROSTAT SUBL 0.3 MG [nitroglycerin]	43
NITROSTAT SUBL 0.4 MG [nitroglycerin]	43
NITROSTAT SUBL 0.6 MG [nitroglycerin]	43
norethindrone acetate tabs 5 mg	81
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	68
NORPACE CR CP12 100 MG [disopyramide phosphate]	41
NORPACE CR CP12 150 MG [disopyramide phosphate]	41
nortriptyline hcl caps 10 mg	56
nortriptyline hcl caps 25 mg	56
nortriptyline hcl caps 50 mg	56

nortriptyline hcl caps 75 mg	56
nortriptyline hcl soln 10 mg/5ml	56
NORVIR SOLN 80 MG/ML [ritonavir]	20
NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	80
NOVOFINE AUTOCOVER MISC 30G X 8 MM [insulin pen needle]	62
NOVOFINE MISC 30G X 8 MM [insulin pen needle]	62
NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	35
nystatin crea 100000 unit/gm	92
nystatin susp 100000 unit/ml	17
nystatin tabs 500000 unit	17

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OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	90
OCTAGAM SOLN 2.5 GM/50ML [immune globulin (human) iv]	90
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	90
octreotide acetate soln 100 mcg/ml	84
octreotide acetate soln 1000 mcg/ml	84
octreotide acetate soln 200 mcg/ml	84
octreotide acetate soln 50 mcg/ml	84
octreotide acetate soln 500 mcg/ml	84
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	90
ODEFSEY TABS 200-25-25 MG [emtricitabine- rilpivirine-tenofovir alafenamide fumarate]	20
ODOMZO CAPS 200 MG [sonidegib phosphate]	27
OFIRMEV SOLN 10 MG/ML [acetaminophen]	46
ofloxacin soln 0.3 %	70
olanzapine tabs 10 mg	56
olanzapine tabs 15 mg	57
olanzapine tabs 2.5 mg	57
olanzapine tabs 20 mg	57
olanzapine tabs 5 mg	57
olanzapine tabs 7.5 mg	57
olopatadine hcl soln 0.1 %	71

omeprazole cpdr 10 mg	73
omeprazole cpdr 20 mg	73
omeprazole cpdr 40 mg	73
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	81
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	81
OMNITROPE SOLR 5.8 MG [somatropin]	62
ONCASPAR SOLN 750 UNIT/ML [pegaspargase]	27
ondansetron hcl soln 4 mg/2ml	73
ondansetron hcl soln 40 mg/20ml	73
ondansetron hcl tabs 4 mg	73
ondansetron hcl tabs 8 mg	73
ondansetron tbdp 4 mg	73
ondansetron tbdp 8 mg	73
ONETOUCH DELICA LANCETS 33G MISC [lancets]	62
ONETOUCH FINEPOINT LANCETS MISC [lancets]	62
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	62
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	62
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	62
ONETOUCH ULTRA STRP [glucose blood]	64
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	62
OPDIVO SOLN 100 MG/10ML [nivolumab] ..	27
OPDIVO SOLN 40 MG/4ML [nivolumab]	27
OPSUMIT TABS 10 MG [macitentan]	88
ORAP TABS 1 MG [pimozide]	57
ORAP TABS 2 MG [pimozide]	57
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	84
ORENCIA SOLR 250 MG [abatacept]	84
ORENCIA SOSY 125 MG/ML [abatacept]	84
ORENCIA SOSY 50 MG/0.4ML [abatacept] ...	84
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	84
ORKAMBI PACK 100-125 MG [lumacaftor- ivacaftor]	88
ORKAMBI PACK 150-188 MG [lumacaftor- ivacaftor]	88
ORKAMBI TABS 100-125 MG [lumacaftor- ivacaftor]	88
ORKAMBI TABS 200-125 MG [lumacaftor- ivacaftor]	88
oseltamivir phosphate caps 30 mg	20
oseltamivir phosphate caps 45 mg	20

oseltamivir phosphate caps 75 mg	20
oseltamivir phosphate susr 6 mg/ml	20
OSMITROL SOLN 20 % [mannitol]	66
OTEZLA TAB 10/20/30 [apremilast]	84
OTEZLA TABS 30 MG [apremilast]	84
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	84
OVIDREL INJ 250 MCG/0.5ML [choriogonadotropin alfa]	80
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose] ..	15
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose] ..	15
oxacillin sodium solr 1 gm	15
OXACILLIN SODIUM SOLR 2 GM [oxacillin sodium]	15
oxaliplatin soln 100 mg/20ml	27
oxaliplatin soln 50 mg/10ml	27
oxandrolone tabs 2.5 mg	77
oxazepam caps 10 mg	53
oxazepam caps 15 mg	53
oxazepam caps 30 mg	53
oxcarbazepine susp 300 mg/5ml	49
oxcarbazepine tabs 150 mg	49
oxcarbazepine tabs 300 mg	50
oxcarbazepine tabs 600 mg	50
OXSORALEN ULTRA CAPS 10 MG [methoxsalen rapid]	94
oxybutynin chloride er tb24 10 mg	95
oxybutynin chloride er tb24 15 mg	95
oxybutynin chloride er tb24 5 mg	95
oxybutynin chloride syrp 5 mg/5ml	95
oxybutynin chloride tabs 5 mg	95
oxycodone hcl tabs 5 mg	46
oxycodone-acetaminophen tabs 10-325 mg	46
oxycodone-acetaminophen tabs 5-325 mg ..	46
oxycodone-acetaminophen tabs 7.5-325 mg	46
OXYTROL PTTW 3.9 MG/24HR [oxybutynin]	95
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	70

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paclitaxel conc 300 mg/50ml	27
pamidronate disodium solr 30 mg	84
pamidronate disodium solr 90 mg	84
pantoprazole sodium solr 40 mg	73
pantoprazole sodium tbec 20 mg	73
pantoprazole sodium tbec 40 mg	73
PAPAVERINE HCL POWD [papaverine hcl]	87
PAPAVERINE HCL SOLN 30 MG/ML	

[papaverine hcl]	43
PAREGORIC TINC 2 MG/5ML [paregoric]	73
paromomycin sulfate caps 250 mg	18
paroxetine hcl tabs 10 mg	57
paroxetine hcl tabs 20 mg	57
paroxetine hcl tabs 30 mg	57
paroxetine hcl tabs 40 mg	57
PEDIARIX SUSP [diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac]	91
pediatric multivitamins w/fl chew	96
peg 3350/electrolytes solr 240 gm	74
peg 3350-kcl-na bicarb-nacl solr 420 gm	74
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	20
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	15
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	15
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	16
penicillin g potassium solr 20000000 unit ...	16
penicillin g procaine susp 600000 unit/ml ...	16
penicillin v potassium solr 125 mg/5ml	16
penicillin v potassium solr 250 mg/5ml	16
penicillin v potassium tabs 250 mg	16
penicillin v potassium tabs 500 mg	16
PENLET II BLOOD SAMPLER KIT [lancets misc.]	62
PENTAM SOLR 300 MG [pentamidine isethionate]	18
PENTASA CPCR 250 MG [mesalamine]	72
PENTASA CPCR 500 MG [mesalamine]	72
pentazocine-naloxone hcl tabs 50-0.5 mg ...	46
pentoxifylline er tbc 400 mg	37
PERJETA SOLN 420 MG/14ML [pertuzumab]	27
permethrin crea 5 %	92
perphenazine tab 16mg	57
perphenazine tabs 2 mg	57
perphenazine tabs 4 mg	57
perphenazine tabs 8 mg	57
phenelzine sulfate tabs 15 mg	57
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	53
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	53
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	53
PHENOBARBITAL TABS 100 MG [phenobarbital]	53
PHENOBARBITAL TABS 15 MG [phenobarbital]	53
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	53
PHENOBARBITAL TABS 30 MG [phenobarbital]	53
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	53
PHENOBARBITAL TABS 60 MG [phenobarbital]	53
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	53
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	53
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	87
phentolamine mesylate solr 5 mg	31
PHENYLADE DRINK MIX POWD [nutritional supplements]	65
PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	72
PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	72
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML [pseudoeph-chlorphen w/ cod]	88
phenytoin sodium extended caps 100 mg ...	50
phenytoin sodium soln 50 mg/ml	50
phenytoin susp 125 mg/5ml	50
PHLEXY-10 PACK [nutritional supplements]	65
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	68
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	71
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran] ..	72
phytonadione soln 1 mg/0.5ml	97
pilocarpine hcl soln 1 %	71
pilocarpine hcl soln 2 %	71
pilocarpine hcl soln 4 %	71

pilocarpine hcl tabs 5 mg	30	MEQ/L-% [potassium chloride in nacl]	68
pimecrolimus crea 1 %	95	POTASSIUM CHLORIDE PACK 20 MEQ	
pimozide tabs 2 mg	57	[potassium chloride]	68
pioglitazone hcl tabs 15 mg	78	potassium chloride sol 10% sf	68
pioglitazone hcl tabs 30 mg	78	POTASSIUM CHLORIDE SOLN 10 MEQ/100ML	
pioglitazone hcl tabs 45 mg	78	[potassium chloride]	68
piperacillin sod-tazobactam so solr 2.25 (2-		POTASSIUM CHLORIDE SOLN 10 MEQ/50ML	
0.25) gm	16	[potassium chloride]	68
piperacillin sod-tazobactam so solr 3.375 (3-		potassium chloride soln 2 meq/ml	68
0.375) gm	16	POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	
piperacillin sod-tazobactam so solr 4.5 (4-0.5)		[potassium chloride]	68
gm	16	POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	
PKU EXPRESS PACK [nutritional		[potassium chloride]	69
supplements]	65	POTASSIUM CHLORIDE SOLN 40 MEQ/15ML	
PLASMA-LYTE A SOLN [electrolyte-a]	68	(20%) [potassium chloride]	69
PNEUMOVAX 23 INJ 25 MCG/0.5ML		POTASSIUM CITRATE ER TBCR 10 MEQ	
[pneumococcal vac polyvalent]	91	(1080 MG) [potassium citrate (alkalinizer)]	
podofilox soln 0.5 %	95	.....	64
POLY HUB NEEDLE MISC 18G X 1	62	POTASSIUM CITRATE ER TBCR 5 MEQ (540	
POLYETHYLENE GLYCOL 8000 POWD		MG) [potassium citrate (alkalinizer)]	64
[polyethylene glycol 8000]	87	POTASSIUM CITRATE-CITRIC ACID SOLN	
polymyxin b-trimethoprim soln 10000-0.1		1100-334 MG/5ML [potassium citrate-citric	
unit/ml-%	70	acid]	64
POLY-VI-SOL SOLN 50 MG/ML [pediatric		POTASSIUM PHOSPHATES SOLN 45	
multiple vitamin w/ c]	96	MMOLE/15ML [potassium phosphates]	69
POLY-VI-SOL/IRON SOLN 11 MG/ML [pediatric		PRADAXA CAPS 110 MG [dabigatran etexilate	
multiple vitamins w/ iron]	96	mesylate]	36
POLY-VITA SOLN 35 MG/ML [pediatric		PRADAXA CAPS 150 MG [dabigatran etexilate	
multiple vitamin w/ c]	96	mesylate]	36
POMALYST CAPS 1 MG [pomalidomide]	27	PRADAXA CAPS 75 MG [dabigatran etexilate	
POMALYST CAPS 2 MG [pomalidomide]	27	mesylate]	36
POMALYST CAPS 3 MG [pomalidomide]	27	pramipexole dihydrochloride tabs 0.125 mg	51
POMALYST CAPS 4 MG [pomalidomide]	27	pramipexole dihydrochloride tabs 0.25 mg ..	51
PORTAGEN POW [nutritional		pramipexole dihydrochloride tabs 0.5 mg ...	51
supplements]	65	pramipexole dihydrochloride tabs 0.75 mg ..	54
POTABA CAPS 500 MG [potassium		pramipexole dihydrochloride tabs 1 mg	51
aminobenzoate]	97	pramipexole dihydrochloride tabs 1.5 mg ...	52
POTASSIUM ACETATE SOLN 2 MEQ/ML		PRAMOSONE OINT 1-1 % [pramoxine-hc] ...	93
[potassium acetate]	68	PRAMOSONE OINT 1-2.5 % [pramoxine-hc] ..	93
potassium chloride crys er tbc 10 meq	68	pravastatin sodium tabs 10 mg	38
potassium chloride crys er tbc 20 meq	68	pravastatin sodium tabs 20 mg	38
potassium chloride er cpcr 10 meq	68	pravastatin sodium tabs 40 mg	38
potassium chloride er cpcr 8 meq	68	pravastatin sodium tabs 80 mg	38
POTASSIUM CHLORIDE IN DEXTROSE SOLN		PRAXBIND SOLN 2.5 GM/50ML	
20-5 MEQ/L-% [potassium chloride in		[idarucizumab]	35
dextrose]	68	prazosin hcl caps 1 mg	37
POTASSIUM CHLORIDE IN DEXTROSE SOLN		prazosin hcl caps 2 mg	37
40-5 MEQ/L-% [potassium chloride in		prazosin hcl caps 5 mg	37
dextrose]	68	PRED MILD SUSP 0.12 % [prednisolone	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9		acetate (ophth)]	70

prednisolone acetate susp 1 %	70	PRIFTIN TABS 150 MG [rifapentine]	18
prednisolone sodium phosphate soln 1 % ..	70	PRIMAQUINE PHOSPHATE TABS 26.3 MG	
prednisolone sodium phosphate soln 15		[primaquine phosphate]	18
mg/5ml	76	primidone tab 50mg	50
prednisolone sodium phosphate soln 6.7 (5		primidone tabs 250 mg	50
base) mg/5ml	76	PRIMSOL SOLN 50 MG/5ML [trimethoprim	
prednisone soln 5 mg/5ml	76	hcl]	16
prednisone tabs 1 mg	76	PRIVIGEN SOLN 10 GM/100ML [immune	
prednisone tabs 10 mg	76	globulin (human) iv]	90
prednisone tabs 2.5 mg	76	PRIVIGEN SOLN 20 GM/200ML [immune	
prednisone tabs 20 mg	76	globulin (human) iv]	90
prednisone tabs 5 mg	76	PRIVIGEN SOLN 5 GM/50ML [immune	
prednisone tabs 50 mg	76	globulin (human) iv]	90
prednisone tbpk 5 mg (21)	76	probenecid tabs 500 mg	69
pregabalin caps 100 mg	50	procainamide hcl soln 100 mg/ml	41
pregabalin caps 150 mg	50	procainamide hcl soln 500 mg/ml	41
pregabalin caps 200 mg	50	PROCALAMINE SOLN 3 % [amino acid	
pregabalin caps 225 mg	50	electrolyte infusion]	65
pregabalin caps 25 mg	50	prochlorperazine edisylate soln 10 mg/2ml ..	57
pregabalin caps 300 mg	50	prochlorperazine maleate tabs 10 mg	57
pregabalin caps 50 mg	50	prochlorperazine maleate tabs 5 mg	57
pregabalin caps 75 mg	50	PROCRIT SOLN 10000 UNIT/ML [epoetin alfa]	
pregabalin soln 20 mg/ml	50	..... .....	37
PREMARIN CREA 0.625 MG/GM [estrogens,		PROCRIT SOLN 2000 UNIT/ML [epoetin alfa]	
conjugated vaginal]	80	..... .....	37
PREMARIN SOLR 25 MG [estrogens,		PROCRIT SOLN 20000 UNIT/ML [epoetin alfa]	
conjugated]	80	..... .....	37
PRETOMANID TABS 200 MG [pretomanid] ..	18	PROCRIT SOLN 3000 UNIT/ML [epoetin alfa]	
PREVIDENT 5000 PLUS CREA 1.1 % [sodium		..... .....	37
fluoride (dental)]	85	PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]	
PREVIDENT GEL 1.1 % [sodium fluoride		..... .....	37
(dental)]	85	PROCRIT SOLN 40000 UNIT/ML [epoetin alfa]	
PREVIDENT SOLN 0.2 % [sodium fluoride		..... .....	37
(dental)]	85	PROFILNINE SOLR 1000 UNIT [factor ix	
PREVNAR 13 SUSP [pneumococcal 13-valent		complex]	35
conjugate vaccine]	91	PROFILNINE SOLR 1500 UNIT [factor ix	
PREVYMIS SOLN 240 MG/12ML [letermovir] 20		complex]	35
PREVYMIS SOLN 480 MG/24ML [letermovir] 20		PROFILNINE SOLR 500 UNIT [factor ix	
PREVYMIS TABS 240 MG [letermovir]	20	complex]	35
PREVYMIS TABS 480 MG [letermovir]	20	PROGESTERONE MICRONIZED POWD	
PREZCOBIX TABS 800-150 MG [darunavir-		[progesterone micronized (bulk)]	87
cobicistat]	20	PROGESTERONE OIL 50 MG/ML	
PREZISTA TABS 150 MG [darunavir		[progesterone]	81
ethanolate]	20	PROGLYCEM SUSP 50 MG/ML [diazoxide] ..	41
PREZISTA TABS 600 MG [darunavir		PROGRAF SOLN 5 MG/ML [tacrolimus]	85
ethanolate]	20	PROLEUKIN SOLR 22000000 UNIT	
PREZISTA TABS 75 MG [darunavir		[aldesleukin]	27
ethanolate]	20	PROMACTA PACK 25 MG [eltrombopag	
PREZISTA TABS 800 MG [darunavir		olamine]	37
ethanolate]	20	PROMACTA TABS 25 MG [eltrombopag	

olamine]	37
PROMACTA TABS 50 MG [eltrombopag	
olamine]	37
PROMACTA TABS 75 MG [eltrombopag	
olamine]	37
promethazine hcl soln 25 mg/ml	22
promethazine hcl tabs 12.5 mg	22
promethazine hcl tabs 25 mg	22
propafenone hcl tabs 150 mg	41
propafenone hcl tabs 225 mg	41
propafenone hcl tabs 300 mg	41
propantheline bromide tabs 15 mg	29
proparacaine hcl soln 0.5 %	72
propofol emul 1000 mg/100ml	54
propranolol hcl soln 1 mg/ml	39
propranolol hcl soln 20 mg/5ml	39
propranolol hcl tabs 10 mg	39
propranolol hcl tabs 20 mg	39
propranolol hcl tabs 40 mg	39
propranolol hcl tabs 60 mg	39
propranolol hcl tabs 80 mg	39
propylthiouracil tabs 50 mg	81
PROQUAD SUSR [measles-mumps-rubella-	
varicella virus vaccines]	91
PROSTIN E2 SUPP 20 MG [dinoprostone] ...	86
protriptyline hcl tabs 10 mg	57
protriptyline hcl tabs 5 mg	57
PULMICORT FLEXHALER AEPB 180 MCG/ACT	
[budesonide (inhalation)]	76
PULMOZYME SOLN 1 MG/ML [dornase alfa] 69	
PURIXAN SUSP 2000 MG/100ML	
[mercaptopurine]	27
pyrazinamide tabs 500 mg	18
pyridostigmine bromide er tbc 180 mg	30
pyridostigmine bromide tabs 60 mg	30
pyridoxine hcl soln 100 mg/ml	97

Q

QUELICIN SOLN 20 MG/ML [succinylcholine	
chloride]	31
quetiapine fumarate tabs 100 mg	57
quetiapine fumarate tabs 200 mg	57
quetiapine fumarate tabs 25 mg	57
quetiapine fumarate tabs 300 mg	57
quetiapine fumarate tabs 400 mg	57
quetiapine fumarate tabs 50 mg	57
QUINACRINE HCL POW DIHYDRAT	
[quinacrine hcl]	87
quinidine gluconate er tbc 324 mg	41
QUINIDINE GLUCONATE SOLN 80 MG/ML	

[quinidine gluconate]	41
quinidine sulfate tabs 200 mg	41
quinidine sulfate tabs 300 mg	41

R

raloxifene hcl tabs 60 mg	80
RAPAMUNE SOLN 1 MG/ML [sirolimus]	85
RASUVO SOAJ 10 MG/0.2ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 15 MG/0.3ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 20 MG/0.4ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 25 MG/0.5ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 27.5 MG/0.55ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 30 MG/0.6ML [methotrexate	
(antirheumatic)]	85
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate	
(antirheumatic)]	85
RECOMBIMATE SOLR 1241-1800 UNIT	
[antihemophilic factor (recombinant)]	35
RECOMBIMATE SOLR 1801-2400 UNIT	
[antihemophilic factor (recombinant)]	35
RECOMBIMATE SOLR 220-400 UNIT	
[antihemophilic factor (recombinant)]	35
RECOMBIMATE SOLR 401-800 UNIT	
[antihemophilic factor (recombinant)]	35
RECOMBIMATE SOLR 801-1240 UNIT	
[antihemophilic factor (recombinant)]	35
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
RENVELA PACK 2.4 GM [sevelamer	
carbonate]	66
RESCRIPTOR TABS 100 MG [delavirdine	
mesylate]	20
reserpine tab 0.1mg	41
reserpine tab 0.25mg	41
RESTASIS EMUL 0.05 % [cyclosporine	
(ophth)]	70

RESTASIS MULTIDOSE EMUL 0.05 %	
[cyclosporine (ophth)]	70
RETIN-A CREA 0.025 % [tretinoin]	94
RETIN-A CREA 0.05 % [tretinoin]	94
RETIN-A CREA 0.1 % [tretinoin]	94
RETIN-A GEL 0.01 % [tretinoin]	94
RETIN-A GEL 0.025 % [tretinoin]	94
RETIN-A MICRO GEL 0.04 % [tretinoin	
microsphere]	94
RETIN-A MICRO GEL 0.1 % [tretinoin	
microsphere]	94
RETROVIR SOLN 10 MG/ML [zidovudine]	20
REVLIMID CAPS 10 MG [lenalidomide]	27
REVLIMID CAPS 15 MG [lenalidomide]	27
REVLIMID CAPS 2.5 MG [lenalidomide]	27
REVLIMID CAPS 20 MG [lenalidomide]	27
REVLIMID CAPS 25 MG [lenalidomide]	27
REVLIMID CAPS 5 MG [lenalidomide]	27
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d	
immune globulin (human)]	90
ribavirin caps 200 mg	20
RIDAURA CAPS 3 MG [auranofin]	74
RIFABUTIN CAPS 150 MG [rifabutin]	18
rifampin caps 150 mg	18
rifampin caps 300 mg	18
rifampin solr 600 mg	18
riluzole tabs 50 mg	54
rimantadine hcl tabs 100 mg	20
RIMSO-50 SOLN 50 % [dimethyl sulfoxide] ..	85
RINGERS SOLN [ringer's]	69
RISPERDAL CONSTA SRER 12.5 MG	
[risperidone microspheres]	57
RISPERDAL CONSTA SRER 25 MG	
[risperidone microspheres]	57
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] ...	27
RITUXAN SOLN 500 MG/50ML [rituximab] ...	27
rizatriptan benzoate tabs 10 mg	51
rizatriptan benzoate tabs 5 mg	51

rizatriptan benzoate tbdp 10 mg	51
rizatriptan benzoate tbdp 5 mg	51
rocuronium bromide soln 50 mg/5ml	31
ropinirole hcl er tb24 12 mg	52
ropinirole hcl er tb24 2 mg	52
ropinirole hcl er tb24 4 mg	52
ropinirole hcl er tb24 6 mg	52
ropinirole hcl er tb24 8 mg	52
ropinirole hcl tabs 0.25 mg	52
ropinirole hcl tabs 0.5 mg	52
ropinirole hcl tabs 1 mg	52
ropinirole hcl tabs 2 mg	52
ropinirole hcl tabs 3 mg	52
ropinirole hcl tabs 4 mg	52
ropinirole hcl tabs 5 mg	52
rosuvastatin calcium tabs 10 mg	38
rosuvastatin calcium tabs 20 mg	38
rosuvastatin calcium tabs 40 mg	38
rosuvastatin calcium tabs 5 mg	38
ROTARIX SUSR [rotavirus vaccine, live oral]	
.....	91
ROTATEQ SOLN [rotavirus vaccine, live oral	
pentavalent]	91
ROZLYTREK CAPS 100 MG [entrectinib]	27
ROZLYTREK CAPS 200 MG [entrectinib]	27
RYANODEX SUSR 250 MG [dantrolene	
sodium]	31
RYDAPT CAPS 25 MG [midostaurin]	27

S

S2 (RACEPINEPHRINE) NEBU 2.25 %	
[racepinephrine hcl]	32
SABRIL PACK 500 MG [vigabatrin]	50
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)]	
.....	87
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] ..	95
SARCLISA SOLN 100 MG/5ML [isatuximab-irfc]	27
SARCLISA SOLN 500 MG/25ML [isatuximab-irfc]	27
SARNA LOTN 0.5-0.5 % [camphor & menthol]	93
scopolamine pt72 1 mg/3days	73
selegiline hcl caps 5 mg	52
selegiline hcl tabs 5 mg	52
SELENIUM SOLN 40 MCG/ML [selenious acid]	69
selenium sulfide lotn 2.5 %	92
SELZENTRY TABS 150 MG [maraviroc]	21
SELZENTRY TABS 25 MG [maraviroc]	21
SELZENTRY TABS 300 MG [maraviroc]	21
SELZENTRY TABS 75 MG [maraviroc]	21
SEREVENT DISKUS AEPB 50 MCG/DOSE [salmeterol xinafoate]	32
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	81
SEROSTIM SOLR 5 MG [somatropin (non-refrigerated)]	81
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	81
sertraline hcl tabs 100 mg	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]	91
sildenafil citrate tabs 100 mg	43
sildenafil citrate tabs 20 mg	43
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	92
simvastatin tabs 10 mg	38
simvastatin tabs 20 mg	38
simvastatin tabs 40 mg	38
simvastatin tabs 5 mg	38
simvastatin tabs 80 mg	38
sirolimus soln 1 mg/ml	85
sirolimus tabs 0.5 mg	85
sirolimus tabs 1 mg	85
sirolimus tabs 2 mg	85

SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [risankizumab-rzaa]	95
SLO-NIACIN TBCR 500 MG [niacin]	97
SLO-NIACIN TBCR 750 MG [niacin]	97
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	64
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	64
SODIUM BICARBONATE SOLN 8.4 % [sodium bicarbonate]	64
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	69
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	69
SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	88
SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	88
SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	88
sodium chloride soln	17, 68
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	67
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	69
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	69
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	69
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	95
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	66
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	85
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	85
sodium phenylbutyrate powd 3 gm/tsp	64
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	69
sodium polystyrene sulfonate powd	66
sodium polystyrene sulfonate susp 15 gm/60ml	66
sodium polystyrene sulfonate susp 30 gm/120ml	66

solifenacin succinate tabs 10 mg	95
solifenacin succinate tabs 5 mg	95
SOLIRIS SOLN 300 MG/30ML [eculizumab] ..	85
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate].....	76
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate].....	76
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate].....	76
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate].....	76
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ].....	76
SORBITOL SOLN 70 % [sorbitol (laxative)]..	74
SORBITOL SOLN 70 % [sorbitol].....	87
sotalol hcl (af) tabs 80 mg	39
sotalol hcl tabs 120 mg	39
sotalol hcl tabs 160 mg	39
sotalol hcl tabs 240 mg	39
sotalol hcl tabs 80 mg	39
SOVALDI PACK 150 MG [sofosbuvir].....	21
SOVALDI PACK 200 MG [sofosbuvir].....	21
SOVALDI TABS 200 MG [sofosbuvir].....	21
SOVALDI TABS 400 MG [sofosbuvir].....	21
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate].....	29
spironolactone tabs 100 mg	42
spironolactone tabs 25 mg	42
spironolactone tabs 50 mg	42
spironolactone-hctz tabs 25-25 mg	42
SPORANOX SOLN 10 MG/ML [itraconazole] 17	
SPRYCEL TABS 100 MG [dasatinib].....	27
SPRYCEL TABS 140 MG [dasatinib].....	27
SPRYCEL TABS 20 MG [dasatinib].....	27
SPRYCEL TABS 50 MG [dasatinib].....	27
SPRYCEL TABS 70 MG [dasatinib].....	27
SPRYCEL TABS 80 MG [dasatinib].....	27
SSKI SOLN 1 GM/ML [potassium iodide (expectorant)].....	81
stavudine caps 15 mg	21
stavudine caps 20 mg	21
stavudine caps 30 mg	21
stavudine caps 40 mg	21
STELARA SOLN 45 MG/0.5ML [ustekinumab]	95
STELARA SOSY 45 MG/0.5ML [ustekinumab]	95
STELARA SOSY 90 MG/ML [ustekinumab] ..	95
STERILE WATER FOR INJECTION SOLN [water for injection, sterile].....	87
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile].....	67
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl].....	30
STIVARGA TABS 40 MG [regorafenib].....	27
STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa].....	69
STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	69
STRENSIQ SOLN 40 MG/ML [asfotase alfa] ..	69
STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	69
streptomycin sulfate solr 1 gm	16
STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine- tenofovir df].....	21
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl].....	32
sucralfate tabs 1 gm	73
sulfacetamide sodium soln 10 %	70
SULFACETAMIDE SODIUM-SULFUR EMUL 10- 5 % [sulfacetamide sodium w/ sulfur].....	94
SULFACETAMIDE SODIUM-SULFUR SUSP 10- 5 % [sulfacetamide sodium w/ sulfur].....	94
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur].....	94
sulfacetamide-prednisolone soln 10-0.23 % 71	
sulfadiazine tabs 500 mg	16
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	16
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	16
sulfamethoxazole-trimethoprim tabs 400-80 mg	16
sulfamethoxazole-trimethoprim tabs 800-160 mg	16
SULFAMYLON CREA 85 MG/GM [mafenide acetate].....	92
sulfasalazine tabs 500 mg	16
sulfasalazine tbec 500 mg	16
SULFUR PRECIPITATED POWD [sulfur (bulk)].....	87
sulindac tabs 150 mg	46
sulindac tabs 200 mg	46
sumatriptan soln 20 mg/act	51
sumatriptan succinate refill soct 6 mg/0.5ml	51
sumatriptan succinate soaj 6 mg/0.5ml	51
sumatriptan succinate soln 6 mg/0.5ml	51
sumatriptan succinate tabs 100 mg	51

sumatriptan succinate tabs 25 mg	51
sumatriptan succinate tabs 50 mg	51
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	62
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	62
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	63
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	63
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	63
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	88
SUTENT CAPS 12.5 MG [sunitinib malate] ..	27
SUTENT CAPS 25 MG [sunitinib malate]	27
SUTENT CAPS 37.5 MG [sunitinib malate] ..	27
SUTENT CAPS 50 MG [sunitinib malate]	27
SYLVANT SOLR 100 MG [siltuximab]	27
SYLVANT SOLR 400 MG [siltuximab]	27
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	88
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor- ivacaftor]	88
SYMFI LO TABS 400-300-300 MG [efavirenz- lamivudine-tenofovir disoproxil fumarate]	21
SYMFI TABS 600-300-300 MG [efavirenz- lamivudine-tenofovir disoproxil fumarate]	21
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine- tenofovir alafenamide]	21
SYNAGIS SOLN 100 MG/ML [palivizumab] ..	21
SYNAGIS SOLN 50 MG/0.5ML [palivizumab] ..	21
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	80
SYRINGE DISPOSABLE MISC 10 ML [syringe (disposable)]	63
SYRINGE DISPOSABLE MISC 20 ML [syringe (disposable)]	63
SYRINGE DISPOSABLE MISC 3 ML [syringe (disposable)]	63
SYRINGE DISPOSABLE MISC 5 ML [syringe (disposable)]	63
SYRINGE MISC 20G X 1-1/2	63
SYRINGE MISC 21G X 1-1/2	63

T

TABLOID TABS 40 MG [thioguanine]	27
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tacrolimus caps 0.5 mg	86
tacrolimus caps 1 mg	86
tacrolimus caps 5 mg	86
tacrolimus oint 0.03 %	95
tacrolimus oint 0.1 %	95
tadalafil (pah) tabs 20 mg	43
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]	28
TAKHZYRO SOLN 300 MG/2ML [lanadelumab- flyo]	86
TAMIFLU SUSR 6 MG/ML [oseltamivir phosphate]	21
tamoxifen citrate tabs 10 mg	28
tamoxifen citrate tabs 20 mg	28
tamsulosin hcl caps 0.4 mg	37
TARGRETIN CAPS 75 MG [bexarotene]	28
TARGRETIN GEL 1 % [bexarotene (topical)] ..	95
TASIGNA CAPS 150 MG [nilotinib hcl]	28
TASIGNA CAPS 200 MG [nilotinib hcl]	28
TAXOTERE INJ 80MG/2ML [docetaxel]	28
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]	28
temazepam caps 15 mg	53
temazepam caps 30 mg	53
temozolomide caps 100 mg	28
temozolomide caps 140 mg	28
temozolomide caps 180 mg	28
temozolomide caps 20 mg	28
temozolomide caps 250 mg	28
temozolomide caps 5 mg	28
tenofovir disoproxil fumarate tabs 300 mg ..	21
terazosin hcl caps 1 mg	37
terazosin hcl caps 10 mg	37
terazosin hcl caps 2 mg	37

terazosin hcl caps 5 mg	37	THYROGEN SOLR 1.1 MG [thyrotropin alfa] 64	
terbinafine hcl tabs 250 mg	17	TICE BCG SUSR 50 MG [bcg live intravesical]	91
terbutaline sulfate soln 1 mg/ml	32	.....	
terbutaline sulfate tabs 2.5 mg	32	timolol maleate soln 0.25 %	71
terbutaline sulfate tabs 5 mg	32	timolol maleate soln 0.5 %	71
testosterone cypionate soln 200 mg/ml	77	TIVICAY PD TBSO 5 MG [dolutegravir	
testosterone enanthate soln 200 mg/ml	77	sodium]	21
testosterone gel 12.5 mg/act (1%)	77	TIVICAY TABS 10 MG [dolutegravir sodium] 21	
testosterone gel 20.25 mg/act (1.62%)	77	TIVICAY TABS 25 MG [dolutegravir sodium] 21	
testosterone gel 25 mg/2.5gm (1%)	77	TIVICAY TABS 50 MG [dolutegravir sodium] 21	
testosterone gel 50 mg/5gm (1%)	77	tizanidine hcl tabs 2 mg	31
TESTOSTERONE PROPIONATE POWD		tizanidine hcl tabs 4 mg	31
[testosterone propionate (bulk)]	87	TNKASE KIT 50 MG [tenecteplase]	36
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		TOBI PODHALER CAPS 28 MG [tobramycin]	16
(ophth)]	72	.....	
TETRACAINE HCL SOLN 1 % [tetracaine hcl]	82	TOBRADEX OINT 0.3-0.1 % [tobramycin-	
TETRACYCLINE HCL CAPS 250 MG		dexamethasone]	71
[tetracycline hcl]	16	tobramycin nebu 300 mg/5ml	16
TETRACYCLINE HCL CAPS 500 MG		tobramycin sulfate soln 10 mg/ml	16
[tetracycline hcl]	16	tobramycin sulfate soln 80 mg/2ml	16
TETRAVISC SOLN 0.5 % [tetracaine hcl		tolbutamide tabs 500 mg	78
(ophth)]	72	topiramate cpsp 15 mg	50
THALOMID CAPS 100 MG [thalidomide]	86	topiramate cpsp 25 mg	50
THALOMID CAPS 150 MG [thalidomide]	86	topiramate tabs 100 mg	50
THALOMID CAPS 200 MG [thalidomide]	86	topiramate tabs 200 mg	50
THALOMID CAPS 50 MG [thalidomide]	86	topiramate tabs 25 mg	50
THAM SOLN 30 MEQ/100ML [tromethamine] 64		topiramate tabs 50 mg	50
theophylline er tb12 100 mg	96	topotecan hcl solr 4 mg	28
theophylline er tb12 200 mg	96	TORISEL SOLN 25 MG/ML [temsirolimus]	28
theophylline er tb12 300 mg	96	torsemide tabs 10 mg	66
theophylline er tb12 450 mg	96	torsemide tabs 100 mg	66
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%		torsemide tabs 20 mg	66
[theophylline in dextrose]	96	torsemide tabs 5 mg	66
thiamine hcl soln 100 mg/ml	97	TRACLEER TABS 125 MG [bosentan]	43
THIOLA TABS 100 MG [tiopronin]	86	TRACLEER TABS 62.5 MG [bosentan]	43
thioridazine hcl tabs 10 mg	58	TRACLEER TBSO 32 MG [bosentan]	88
thioridazine hcl tabs 100 mg	58	TRADJENTA TABS 5 MG [linagliptin]	78
thioridazine hcl tabs 25 mg	58	tramadol hcl tabs 50 mg	46
thioridazine hcl tabs 50 mg	58	tramadol-acetaminophen tabs 37.5-325 mg	46
thiotepa solr 15 mg	28	tranexamic acid soln 1000 mg/10ml	35
thiothixene caps 1 mg	58	tranexamic acid tabs 650 mg	35
thiothixene caps 10 mg	58	TRANSDERM-SCOP (1.5 MG) PT72 1	
thiothixene caps 2 mg	58	MG/3DAYS [scopolamine]	73
thiothixene caps 5 mg	58	tranylcypromine sulfate tabs 10 mg	58
THROMBIN-JMI KIT 20000 UNIT [thrombin]	35	TRAVASOL SOLN 10 % [amino acid infusion]	66
THROMBIN-JMI SOLR 20000 UNIT [thrombin]	35	.....	
THROMBIN-JMI SOLR 5000 UNIT [thrombin] 35		trazodone hcl tabs 100 mg	58
THYMOL CRYST [thymol]	87	trazodone hcl tabs 150 mg	58
		trazodone hcl tabs 50 mg	58
		TREANDA SOLR 100 MG [bendamustine hcl]	

.....	28	tenofovir disoproxil fumarate]	21
TRECATOR TABS 250 MG [ethionamide]	18	TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TREMFYA SOPN 100 MG/ML [guselkumab]	95	TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TREMFYA SOSY 100 MG/ML [guselkumab]	95	TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	21
tretinoin caps 10 mg	28	TRUZONE PEAK FLOW METER DEVI [peak flow meter]	63
triamcinolone acetonide crea 0.025 %	93	TUBERCULIN SYRINGE MISC 1 ML [syringe (disposable)]	63
triamcinolone acetonide crea 0.1 %	93	TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	64
triamcinolone acetonide crea 0.5 %	93	TUKYSA TABS 150 MG [tucatinib]	28
triamcinolone acetonide oint 0.025 %	93	TUKYSA TABS 50 MG [tucatinib]	28
triamcinolone acetonide oint 0.1 %	93	TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	91
triamcinolone acetonide oint 0.5 %	93	TYKERB TABS 250 MG [lapatinib ditosylate]	28
TRIAMCINOLONE ACETONIDE POWD [triamcinolone acetonide (topical)]	87	TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	91
triamcinolone acetonide pste 0.1 %	93	TYSABRI CONC 300 MG/15ML [natalizumab]	86
triamterene-hctz caps 37.5-25 mg	66	TYVASO REFILL SOLN 0.6 MG/ML [treprostinil]	43
TRIAMTERENE-HCTZ TABS 37.5-25 MG [triamterene & hydrochlorothiazide]	66	TYVASO SOLN 0.6 MG/ML [treprostinil]	43
TRIAMTERENE-HCTZ TABS 75-50 MG [triamterene & hydrochlorothiazide]	66	TYVASO STARTER SOLN 0.6 MG/ML [treprostinil]	43
TRI-CHLOR LIQD 80 % [trichloroacetic acid]	86		
.....	86		
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	64		
trifluoperazine hcl tabs 1 mg	58		
trifluoperazine hcl tabs 10 mg	58		
trifluoperazine hcl tabs 2 mg	58		
trifluoperazine hcl tabs 5 mg	58		
trifluridine soln 1 %	70		
trihexyphenidyl hcl soln 0.4 mg/ml	52		
trihexyphenidyl hcl tabs 2 mg	52		
trihexyphenidyl hcl tabs 5 mg	52		
TRIKAFTA TBPK 100-50-75 & 150 MG [elxacaftor-tezacaftor-ivacaftor]	88		
trimethoprim tabs 100 mg	22		
TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	28		
TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	21		
TRI-VI-SOL A/C/D SOLN 250-10-50 MCG-MG/ML [pediatric vitamins adc]	96		
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acd w/ fluoride]	96		
TROPHAMINE SOLN 10 % [amino acid infusion]	66		
TROPHAMINE SOLN 6 % [amino acid infusion]	66		
tropicamide soln 1 %	72		
tropium chloride er cp24 60 mg	95		
tropium chloride tabs 20 mg	95		
TRUVADA TABS 100-150 MG [emtricitabine-			

valacyclovir hcl tabs 500 mg	21	VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	28
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	21	VENCLEXTA TABS 10 MG [venetoclax]	28
valganciclovir hcl tabs 450 mg	21	VENCLEXTA TABS 100 MG [venetoclax]	28
valproic acid caps 250 mg	50	VENCLEXTA TABS 50 MG [venetoclax]	28
valproic acid soln 250 mg/5ml	50	venlafaxine hcl er cp24 150 mg	58
valsartan tabs 160 mg	42	venlafaxine hcl er cp24 37.5 mg	58
valsartan tabs 320 mg	42	venlafaxine hcl er cp24 75 mg	58
valsartan tabs 40 mg	42	venlafaxine hcl tabs 100 mg	58
valsartan tabs 80 mg	42	venlafaxine hcl tabs 25 mg	58
valsartan-hydrochlorothiazide tabs 160-12.5 mg	42	venlafaxine hcl tabs 37.5 mg	58
valsartan-hydrochlorothiazide tabs 160-25 mg	42	venlafaxine hcl tabs 50 mg	58
valsartan-hydrochlorothiazide tabs 320-12.5 mg	42	venlafaxine hcl tabs 75 mg	58
valsartan-hydrochlorothiazide tabs 320-25 mg	42	VENOFER SOLN 20 MG/ML [iron sucrose]	33
valsartan-hydrochlorothiazide tabs 80-12.5 mg	42	VENTAVIS SOLN 10 MCG/ML [iloprost]	44
vancomycin hcl caps 125 mg	16	VENTAVIS SOLN 20 MCG/ML [iloprost]	44
vancomycin hcl caps 250 mg	16	VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [albuterol sulfate]	32
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	16	verapamil hcl er tbc 120 mg	40
VANCOMYCIN HCL IN DEXTROSE SOLN 500- 5 MG/100ML-% [vancomycin hcl-dextrose]	16	verapamil hcl er tbc 180 mg	40
vancomycin hcl solr 1 gm	16	verapamil hcl er tbc 240 mg	40
vancomycin hcl solr 10 gm	16	VERAPAMIL HCL POWD [verapamil hcl]	87
vancomycin hcl solr 5 gm	16	verapamil hcl soln 2.5 mg/ml	40
vancomycin hcl solr 500 mg	16	verapamil hcl tabs 120 mg	40
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2	63	verapamil hcl tabs 40 mg	40
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	91	verapamil hcl tabs 80 mg	40
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	91	VFEND IV SOLR 200 MG [voriconazole]	17
vardefafil hcl tabs 10 mg	43	VICTOZA SOPN 18 MG/3ML [liraglutide]	78
vardefafil hcl tabs 2.5 mg	43	VIDEX SOLR 2 GM [didanosine]	21
vardefafil hcl tabs 20 mg	44	VIDEX SOLR 4 GM [didanosine]	21
vardefafil hcl tabs 5 mg	44	VIMIZIM SOLN 5 MG/5ML [elosulfase alfa]	69
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	42	vinblastine sulfate soln 1 mg/ml	28
VAXCHORA SUSR [cholera vaccine live attenuated]	91	vincristine sulfate soln 1 mg/ml	28
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	95	vinorelbine tartrate soln 10 mg/ml	28
vecuronium bromide solr 10 mg	31	vinorelbine tartrate soln 50 mg/5ml	28
vecuronium bromide solr 20 mg	31	VIRACEPT TABS 250 MG [nelfinavir mesylate]	21
VELCADE SOLR 3.5 MG [bortezomib]	28	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]	88
		VISUDYNE SOLR 15 MG [verteporfin]	72
		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
		VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [pediatric vitamins acd w/ fluoride]	96
		VIVOTIF CPDR [typhoid vaccine]	91

VORAXAZE SOLR 1000 UNIT [glucarpidase]	69
voriconazole tabs 200 mg	17
voriconazole tabs 50 mg	17
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	22
VOTRIENT TABS 200 MG [pazopanib hcl]	28
VPRIV SOLR 400 UNIT [velaglucerase alfa]	69
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	48
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	37
warfarin sodium tabs 5 mg	37
warfarin sodium tabs 6 mg	37
warfarin sodium tabs 7.5 mg	37
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]	86
XELJANZ TABS 5 MG [tofacitinib citrate]	86
XELJANZ XR TB24 11 MG [tofacitinib citrate]	86
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]	37
ZARXIO SOSY 480 MCG/0.8ML [filgrastim-sndz]	37
ZEJULA CAPS 100 MG [niraparib tosylate]	28
ZELBORAF TABS 240 MG [vemurafenib]	28
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)]	74
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)]	74
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)]	74
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)]	74
ZENPEP CPEP 3000-14000 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]	22
zidovudine caps 100 mg	22
zidovudine syrp 50 mg/5ml	22
zidovudine tabs 300 mg	22
ZINACEF IN STERILE WATER SOLN 1.5 GM [cefuroxime in sterile water]	16

ZINACEF SOLR 750 MG [<i>cefuroxime sodium</i>]	16	<i>zoledronic acid soln 5 mg/100ml</i>	86
ZINC SULFATE HEPTAHYDRATE POWD [<i>zinc sulfate</i>]	87	<i>zolpidem tartrate tabs 5 mg</i>	53
ZINC SULFATE MONOHYDRATE POWD [<i>zinc sulfate</i>]	87	ZOSTAVAX SUSR 19400 UNT/0.65ML [<i>zoster vaccine live</i>]	91
ZINC SULFATE SOLN 1 MG/ML [<i>zinc sulfate</i>]	69	ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	17
<i>ziprasidone hcl caps 20 mg</i>	58	ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	17
<i>ziprasidone hcl caps 40 mg</i>	58	ZYDELIG TABS 100 MG [<i>idelalisib</i>]	29
<i>ziprasidone hcl caps 60 mg</i>	58	ZYDELIG TABS 150 MG [<i>idelalisib</i>]	29
<i>ziprasidone hcl caps 80 mg</i>	58	ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	29
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	16	ZYKADIA TABS 150 MG [<i>ceritinib</i>]	29
<i>zoledronic acid conc 4 mg/5ml</i>	86	ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	29

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.



Servicios para Miembros de California
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. 

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