

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

[ESTA LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES SE ACTUALIZÓ EL: 05/01/2024]

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

(Lista de medicamentos cubiertos)

POR FAVOR, LEER: ESTE DOCUMENTO INCLUYE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS CUANDO PARTICIPA EN UN [PLAN GRUPAL/INDIVIDUAL] OFRECIDO POR KAISER PERMANENTE.

Esta lista de medicamentos recetados disponibles entra en vigor a partir del 05/07/2024. Este documento de la lista de medicamentos recetados disponibles puede variar según su plan de beneficios. Consulte su Evidencia de Cobertura para ver qué lista de medicamentos recetados disponibles se aplica a su plan de beneficios y el costo compartido que corresponde para cada nivel de medicamentos. Esta lista de medicamentos recetados disponibles está sujeta a cambios y todas las versiones anteriores de dicha lista ya no se aplican y deben descartarse para evitar malas interpretaciones.

Para obtener una versión electrónica de la lista de medicamentos recetados disponibles o si tiene preguntas sobre qué lista de medicamentos se aplica a su plan, visite kp.org/formulary (haga clic en "Español") o llame a Servicio a los Miembros las 24 horas del día, siete días a la semana (cerrado los días festivos). Llame al 1-800-464-4000 para comunicarse en inglés (y en más de 150 idiomas), al 1-800-788-0616 en español, al 1-800-757-7585 en dialectos chinos y al TTY 711 en caso de personas sordas o con problemas de audición.

Esta lista de medicamentos recetados disponibles no es exhaustiva y no proporciona información específica sobre coberturas, exclusiones, copagos o coseguros. Esa información se puede encontrar en la Evidencia de Cobertura. Puede obtener la Evidencia de Cobertura de su plan de beneficios de la siguiente manera:

- **Planes individuales ofrecidos directamente por Kaiser Permanente:** kp.org/plandocuments
- **Planes para grupos pequeños y grandes ofrecidos directamente por Kaiser Permanente:** Comuníquese con Servicio a los Miembros al 1-844-554-9181 para solicitar su Evidencia de Cobertura. Tenga a mano el número de grupo de su empleador y, si su grupo ofrece más de un plan, el nombre del plan. (El número de grupo de su empleador solo se puede obtener de su empleador).

En su Evidencia de Cobertura puede encontrar una descripción de su cobertura para medicamentos recetados, dispositivos y productos para pacientes ambulatorios aprobados por la Administración de Medicamentos y Alimentos.

La inclusión de un medicamento en nuestra lista de medicamentos recetados disponibles no significa necesariamente que su médico lo recete para una afección médica. Su médico elegirá la terapia adecuada según la necesidad médica a su criterio.

Si se producen cambios en la lista de medicamentos recetados disponibles o se agregan restricciones a un medicamento y usted está tomando el medicamento afectado por el cambio, es posible que se le permita continuar recibiendo ese medicamento de acuerdo con su beneficio de medicamentos, si su médico lo considera necesario desde el punto de vista médico.

Cambios en la lista de medicamentos recetados disponibles

Kaiser Permanente actualiza la lista de medicamentos recetados disponibles todos los meses. Se agregan o eliminan medicamentos de la lista de medicamentos recetados disponibles para planes comerciales de California durante el año; estos cambios se basan en nueva información o nuevos medicamentos que estén disponibles.

Entre estos cambios en la lista de medicamentos recetados disponibles se pueden incluir:

Cambio de presentación o dosificación del medicamento: cambios en la ubicación de niveles de un medicamento que generan un aumento en el costo compartido; y cualquier cambio en las restricciones de supervisión de utilización de servicios, incluida cualquier adición de estas restricciones.

Cambio de medicamento de marca a medicamento genérico: cuando se encuentra disponible una versión genérica de un medicamento de marca en nuestra lista de medicamentos recetados disponibles y cumple nuestras normas, generalmente reemplaza al medicamento de marca.

Cambio terapéutico: se cambia una receta médica para que se surta un medicamento en lugar de otro, ya que decidimos que el nuevo medicamento es una mejor opción con base en las normas de seguridad, eficacia o asequibilidad.

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Informativo

Definiciones

Término
Medicamento de marca es un medicamento que se comercializa con un nombre patentado y protegido por una marca comercial. El medicamento de marca deberá aparecer en letras MAYÚSCULAS.
Coseguro es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Copago es un monto fijo que un afiliado paga por un beneficio de atención médica cubierto después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.
Deducible es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar todo o parte del costo del beneficio de atención médica según los términos de la póliza.
Nivel de medicamento es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido específico en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento que corresponde al afiliado.
Afiliado es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a afiliados en esta plantilla de lista de medicamentos recetados disponibles también incluirán al suscriptor como se define a continuación en esta sección.
Solicitud de excepción es una solicitud de cobertura de un medicamento recetado. Si un afiliado, la persona designada o el proveedor de atención médica que receta presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es necesario desde el punto de vista médico para tratar la afección del afiliado.
Circunstancias apremiantes son cuando un afiliado sufre de una condición de salud que puede poner en peligro gravemente su vida, su salud o su capacidad para recuperar su función máxima o cuando un afiliado se encuentra en un ciclo de tratamiento actual con un medicamento que no se encuentra en la lista de medicamentos recetados disponibles. Las circunstancias apremiantes a veces se denominan “urgentes”.

<p>Lista de medicamentos recetados disponibles es la lista completa de medicamentos recetados preferidos para su uso y elegibles para la cobertura de un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. La lista de medicamentos recetados disponibles también se conoce como lista de medicamentos recetados.</p>
<p>Medicamento genérico es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, modo de administración, calidad, rendimiento y uso previsto. Un medicamento genérico aparece en la lista con letras minúsculas en negrita y cursiva.</p>
<p>Medicamento que no se encuentra en la lista de medicamentos recetados disponibles es un medicamento recetado que no figura en la lista de medicamentos recetados disponibles del plan de salud.</p>
<p>Gastos de bolsillo son los copagos, el coseguro y el deducible aplicable, más todos los costos por servicios de atención para la salud que no están cubiertos por el plan de salud.</p>
<p>Proveedor que receta es un proveedor de atención médica autorizado para emitir una receta médica para tratar una condición médica de un afiliado al plan de salud.</p>
<p>Receta médica es una orden oral, escrita o electrónica realizada por un proveedor que receta para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta médica es por escrito y, si lo solicita el afiliado, la condición médica o el propósito para el cual se receta el medicamento.</p>
<p>Medicamento de venta con receta médica es un medicamento recetado por el proveedor que receta del afiliado y requiere receta médica según la ley correspondiente.</p>
<p>Autorización previa es un requisito del plan de salud que el afiliado o el proveedor que receta del afiliado obtengan la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea necesario desde el punto de vista médico que el afiliado obtenga el medicamento. Importante: Kaiser Foundation Health Plan no impone requisitos de autorización previa.</p>
<p>Terapia escalonada (Step Therapy, ST) es un proceso que especifica la secuencia en la que se proporcionan diferentes medicamentos recetados para una condición médica determinada y adecuados desde el punto de vista médico para un paciente en particular. Es posible que el plan de salud exija que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de terapia escalonada. Si el proveedor que receta al afiliado presenta una solicitud de excepción a la terapia escalonada, los planes de salud harán excepciones a la terapia escalonada cuando se cumplan los criterios. Importante: Kaiser Foundation Health Plan no impone requisitos de terapia escalonada.</p>
<p>Suscriptor significa la persona que es responsable del pago a un plan o cuyo empleo u otro estado, excepto por dependencia familiar, es la base de elegibilidad para ser miembro del plan.</p>

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

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

comerciales.

¿Qué medicamentos están cubiertos?

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

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

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

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

Cómo obtener una excepción a la lista de medicamentos recetados disponibles

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

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

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

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

¿Cómo solicito una determinación de cobertura?

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

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

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

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales, como límites de cantidad. Para algunos medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento surtido a un suministro de determinados días. Por ejemplo, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento surtido. Además, la ley actual limita el costo compartido (máximo por receta médica) de los medicamentos orales anticancerígenos a no más de \$250 por un suministro de 30 días.

Medicamentos y suministros relacionados con el tratamiento de la diabetes

Kaiser Permanente cubre medicamentos, equipos y suministros para el control y el tratamiento de la diabetes. Los siguientes artículos están incluidos en la lista de medicamentos recetados disponibles y están cubiertos según los términos de su beneficio de medicamentos: insulina, tiras reactivas para detectar cetonas y comprimidos o tiras reactivas para azúcar o cetonas para realizar análisis de orina para la diabetes, plumas de administración, agujas y jeringas desechables y la ayuda visual necesaria para asegurarse de administrar la dosis correcta. Otros equipos y suministros, como bombas de insulina, monitores de glucosa en la sangre, tiras reactivas de glucosa en sangre y lancetas y dispositivos de lancetas, están cubiertos según los términos de su beneficio de equipo médico duradero. Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

Medicamentos preventivos

Los medicamentos preventivos son medicamentos seleccionados que por ley deben estar cubiertos sin costo para los miembros de planes seleccionados. Los medicamentos preventivos para la salud se determinan en función de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con puntuación “A” o “B”. Puede encontrar los medicamentos preventivos para la salud en la lista de medicamentos recetados disponibles al localizar los medicamentos con “PREV” en la columna 3. Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

Anticonceptivos

Los anticonceptivos son medicamentos o dispositivos, como diafragmas, esponjas o capuchones cervicales, que ayudan a prevenir el embarazo. Kaiser Permanente cubre determinados medicamentos, dispositivos y otros productos anticonceptivos aprobados por la Administración de Medicamentos y Alimentos, incluidos artículos recetados de venta libre, sin costo para los miembros de planes seleccionados.* Consulte su Evidencia de Cobertura para obtener más información sobre la cobertura.

* Esto no se aplica a empleadores religiosos que hayan solicitado un contrato de plan de servicios de atención médica sin cobertura para métodos anticonceptivos aprobados por la Administración de Medicamentos y Alimentos que sean contrarios a los principios religiosos del empleador religioso.

¿Cuáles son los medicamentos elegibles para envíos por parte de la farmacia de pedidos por correo?

La mayoría de los medicamentos se pueden enviar desde nuestra farmacia de pedidos por correo. Algunos medicamentos (por ejemplo, los que tienen un costo extremadamente alto o que requieren un manejo especial) no se pueden pedir por correo. Los medicamentos no se pueden enviar por correo postal fuera de los Estados Unidos y no podemos enviar medicamentos por correo postal a todos los estados.

Puede solicitar el resurtido de medicamentos a través de nuestro servicio de pedidos por correo en línea en kp.org/refill (haga clic en "Español") o por teléfono o aplicación móvil. No se aplican cargos adicionales por el pedido por correo. Se aplicará el costo compartido adecuado (de acuerdo con su beneficio de medicamentos de venta con receta).

Su beneficio de medicamentos recetados tal vez tenga un menor costo compartido que si utiliza el servicio de farmacia por correo.

Para obtener una descripción completa de su beneficio de medicamentos recetados, consulte su *Evidencia de Cobertura*.

¿Cómo localizar una farmacia y volver a surtir los medicamentos?

Consulte el directorio de proveedores en kp.org/facilities (haga clic en "Español") para obtener una lista completa de las farmacias de la red disponibles para usted o comuníquese con Servicio a los Miembros.

Resurta en línea

Consulte kp.org/refill (haga clic en "Español") para pedir que le vuelvan a surtir las recetas y revisar el estado de sus pedidos. Si es la primera vez que realiza un pedido para volver a surtir en línea, cree una cuenta; para ello, visite kp.org/register (haga clic en "Español").

Resurta por teléfono

Llame al número de resurtido de la farmacia que aparece en la etiqueta de su medicamento recetado. Cuando llame, tenga a la mano los números de su historia clínica, receta, teléfono de su casa y la información de su tarjeta de crédito o débito.

¿Cómo uso la lista de medicamentos recetados disponibles?

Los medicamentos se presentan en orden alfabético en la columna titulada "Nombre del medicamento recetado" por su marca o nombre genérico bajo la categoría terapéutica y clase a la que pertenece. Puede buscar en esta lista con la marca o el nombre genérico del medicamento: busque la categoría o clase a la que pertenece el medicamento y busque el nombre del medicamento en orden alfabético o buque en el índice alfabético de medicamentos por el nombre del medicamento.

Que un medicamento esté incluido en la lista de medicamentos recetados disponibles no garantiza que su médico o el profesional que expide las recetas se lo recete.

Afección médica

La lista de medicamentos recetados disponibles comienza en la página 13. Los medicamentos de esta lista de medicamentos recetados disponibles están agrupados en categorías según el tipo de afección médica para la que se use el medicamento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se encuentran en la categoría "Medicamentos cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 2. Luego busque su medicamento debajo del nombre de la categoría.

Listado en orden alfabético

Si no está seguro de la categoría en la que debe buscar, busque el medicamento en el índice que comienza en la página 101. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Consulte el índice y busque su medicamento. Junto al nombre del medicamento, verá el número de la página donde encontrará información sobre la cobertura. Pase a la página señalada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

Leyenda de la lista de medicamentos recetados disponibles

Columna 1:

Un medicamento aparece en orden alfabético por su marca y nombre genérico en la categoría y clase terapéutica a la que pertenece.

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

Si hay disponible un equivalente genérico para un medicamento de marca, y tanto el medicamento de marca como los equivalentes genéricos están cubiertos, el medicamento genérico aparecerá por separado del medicamento de marca con letras minúsculas en negrita y cursiva.

Si un medicamento genérico se comercializa bajo una marca patentada y protegida, el nombre de la marca aparece en letras MAYÚSCULAS después del nombre genérico entre paréntesis y tipo de letra normal con la primera letra de cada palabra en mayúscula.

Ejemplo	
Medicamento genérico	<i>atorvastatin calcium tabs 40 mg</i>
Medicamento genérico comercializado con una marca	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Marca	ADVAIR HFA AERO 230-21 MCG/ACT <i>[fluticasone-salmeterol]</i>

Es posible que todas las **dosificaciones** y **concentraciones** para un medicamento en particular incluido **no aparezcan en la lista de medicamentos recetados disponibles**. Algunos medicamentos pueden tener múltiples formas de dosificación. En esos casos, algunas dosificaciones pueden estar incluidas en la Lista de medicamentos recetados disponibles, mientras que otras no.

Algunos de estos medicamentos pueden estar disponibles únicamente en un entorno clínico, y puede aplicarse su costo compartido correspondiente.

Columna 2:

La segunda columna, "Nivel de medicamento", indicará en qué nivel se encuentra el medicamento. Los medicamentos en la lista de medicamentos recetados disponibles para planes comerciales de organización para el mantenimiento de la salud (HMO) de California se clasifican de la siguiente manera:

Nivel 1	La mayoría de los medicamentos genéricos (incluye determinados medicamentos de marca)
Nivel 2	La mayoría de los medicamentos de marca (incluye determinados medicamentos genéricos)
Nivel 4	Medicamentos de marca o genéricos de alto costo

Nota: El nivel en el que se clasifica un medicamento genérico o de marca puede cambiar en cualquier momento durante el año.

¿Qué son los medicamentos genéricos?

Un medicamento genérico es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, modo de administración, calidad, rendimiento y uso previsto. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Qué son los medicamentos de marca?

Un medicamento de marca es un medicamento que se comercializa con un nombre patentado y protegido por una marca comercial. Los medicamentos de marca suelen ser fabricados y vendidos por la compañía farmacéutica que originalmente investigó y desarrolló el medicamento. Cuando vence la patente de un medicamento de marca, otras compañías farmacéuticas pueden fabricar y vender la versión genérica del medicamento, aprobada por la Administración de Fármacos y Alimentos de los Estados Unidos, que contiene el mismo (o los mismos) principio(s) activo(s) a precios más bajos.

¿Qué son los medicamentos de especialidad?

Los medicamentos de especialidad son medicamentos de costo muy alto que se incluyen en el Nivel 4 de la lista de medicamentos recetados disponibles.

Costo compartido para medicamentos cubiertos

Para obtener información sobre los costos compartidos para cada nivel de medicamentos y los máximos aplicables en su paquete de beneficios del plan de salud, consulte el "Resumen del costo compartido" de su *Evidencia de Cobertura*.

Si los Cargos de los Servicios son inferiores al Copago descrito en su *Evidencia de Cobertura*, pagará la cantidad que sea menor, sujeto a cualquier deducible o gastos máximos de bolsillo aplicables.

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

Columna 3:

La tercera columna de la tabla indica todos los requisitos o límites para ese medicamento.

Abreviaturas de la lista de medicamentos recetados disponibles
QL = Límites de cantidad para determinados medicamentos; podemos limitar la cantidad de medicamento que puede recibir. Además, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento surtido.
LD = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, consulte el directorio de proveedores en kp.org/facilities (haga clic en "Español") o comuníquese con Servicio a los Miembros.
OC = Existe un límite máximo en el monto de copago/coseguro para medicamentos anticancerígenos administrados por vía oral de no más de \$200 por un suministro de 30 días. Consulte su Resumen de beneficios para obtener información más detallada.

PREV= Los medicamentos preventivos para la salud son medicamentos seleccionados que por ley federal deben estar cubiertos sin costo para los miembros de planes seleccionados. Los medicamentos preventivos para la salud se determinan en función de recomendaciones basadas en evidencia del Grupo de Trabajo de Servicios Preventivos de los Estados Unidos (USPSTF) con puntuación “A” o “B”.

MB= Un medicamento de beneficio médico es un medicamento que no suele ser autoadministrado ni administrado por un profesional de la salud. El beneficio de medicamentos recetados para pacientes ambulatorios incluye medicamentos aprobados por la Administración de Medicamentos y Alimentos que son autoadministrados, por lo general orales o autoinyectables, que de otro modo no están excluidos de la cobertura.

Lista de medicamentos recetados disponibles

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs 200 mg</i>	1	
<i>ivermectin tabs 3 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	1	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin sus 125/5ml</i>	1	
<i>ampicillin sus 250/5ml</i>	1	
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	2	
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	2	MB
<i>azithromycin solr 500 mg</i>	1	MB

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
chloramphenicol sod succinate solr 1 gm	1	MB
CIPRO SUSR 250 MG/5ML (5%) [ciprofloxacin]	2	
CIPRO SUSR 500 MG/5ML (10%) [ciprofloxacin]	2	
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
clarithromycin tabs 500 mg	1	
CLEOCIN PHOSPHATE SOLN 300 MG/2ML [clindamycin phosphate]	1	MB
CLEOCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	1	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate in d5w soln 900 mg/50ml	1	MB
daptomycin solr 500 mg	1	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate susr 25 mg/5ml	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
FIRVANQ SOLR 50 MG/ML [<i>vancomycin hcl</i>]	2	
FORTAZ SOLR 500 MG [<i>ceftazidime</i>]	2	MB
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	2	MB
<i>gentamicin sulfate soln 40 mg/ml</i>	1	MB
INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	4	MB
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	MB
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	MB
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	MB
<i>levofloxacin soln 25 mg/ml</i>	1	
<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
<i>oxacillin sodium solr 2 gm</i>	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [<i>penicillin g pot in dextrose</i>]	2	MB
<i>penicillin g potassium solr 20000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	2	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	2	
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	1	
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	1	
TOBI PODHALER CAPS 28 MG [tobramycin]	4	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	2	MB
vancomycin hcl solr 1 gm	1	MB
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB
XIFAXAN TABS 550 MG [rifaximin]	2	QL - 30 day(s)
ZITHROMAX PACK 1 GM [azithromycin]	2	
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ANTIFUNGALS		
AMBISOME SUSR 50 MG [amphotericin b liposome]	4	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>amphotericin b solr 50 mg</i>	2	MB
CANCIDAS SOLR 50 MG [<i>casposfungin acetate</i>]	4	MB
CANCIDAS SOLR 70 MG [<i>casposfungin acetate</i>]	4	MB
<i>fluconazole in dextrose inj dex 200</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
SPORANOX SOLN 10 MG/ML [<i>itraconazole</i>]	2	
<i>terbinafine hcl tabs 250 mg</i>	1	
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIMYCOBACTERIALS		
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB
<i>isoniazid syrp 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<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)
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	2	
<i>mefloquine hcl tabs 250 mg</i>	1	
METRONIDAZOLE SOLN 500 MG/100ML [<i>metronidazole</i>]	1	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<i>abacavir sulfate 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	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	4	
BEYFORTUS SOSY 100 MG/ML [<i>nirsevimab-alip</i>]	2	MB
BEYFORTUS SOSY 50 MG/0.5ML [<i>nirsevimab-alip</i>]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	2	
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	2	
<i>cidofovir soln 75 mg/ml</i>	1	MB
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	2	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
<i>darunavir tabs 600 mg</i>	1	
<i>darunavir tabs 800 mg</i>	1	
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	1	PREV
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 PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	4	
EPCLUSA PACK 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	4	
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	4	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	2	
<i>etravirine tabs 100 mg</i>	1	
<i>etravirine tabs 200 mg</i>	1	

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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>]	4	QL - 30 day(s)
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	2	
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	2	
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 100 mg</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LIVTENCITY TABS 200 MG [<i>maribavir</i>]	4	QL - 30 day(s)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir tabs 100-25 mg</i>	1	
<i>lopinavir-ritonavir tabs 200-50 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>]	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [<i>nirmatrelvir-ritonavir</i>]	2	
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	4	QL - 30 day(s),MB

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PREVYMIS TABS 240 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir</i>]	2	
RELENZA DISKHALER AEPB 5 MG/ACT [<i>zanamivir</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
SOVALDI PACK 150 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI PACK 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
<i>stavudine caps 30 mg</i>	1	
<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>]	2	
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	4	MB
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	4	MB
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	2	
<i>valacyclovir hcl tabs 1 gm</i>	1	
<i>valacyclovir hcl tabs 500 mg</i>	1	
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	4	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	1	
VEKLURY SOLN 100 MG/20ML [<i>remdesivir</i>]	4	

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VEKLURY SOLR 100 MG [<i>remdesivir</i>]	4	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	2	
<i>voriconazole solr 200 mg</i>	1	MB
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	4	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		
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	1	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [<i>nitrofurantoin macrocrystal</i>]	1	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tabs 100 mg</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
BANOPHEN CAPS 50 MG [<i>diphenhydramine hcl</i>]	1	
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	MB
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	1	OC
ADCETRIS SOLR 50 MG [<i>brentuximab vedotin</i>]	2	MB
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG [<i>melphalan</i>]	2	OC
ALUNBRIG TABS 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML [<i>calaspargase pegol-mknl</i>]	4	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	4	MB

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<i>bendamustine hcl solr 100 mg</i>	1	QL - 30 day(s),MB
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	4	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
<i>bleomycin sulfate solr 15 unit</i>	1	MB
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	4	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	2	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	2	MB
<i>capecitabine tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	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>]	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	4	QL - 30 day(s),MB
<i>dacarbazine solr 100 mg</i>	1	MB
<i>dacarbazine solr 200 mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB

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EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	4	MB
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	4	MB
ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	4	MB
ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	2	MB
<i>etoposide caps 50 mg</i>	1	OC
<i>everolimus tabs 10 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 2.5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 7.5 mg</i>	1	QL - 30 day(s),OC
<i>exemestane tabs 25 mg</i>	1	OC,PREV
<i>fludarabine phosphate solr 50 mg</i>	1	MB
<i>fluorouracil soln 500 mg/10ml</i>	1	MB
<i>flutamide caps 125 mg</i>	1	OC
<i>fulvestrant sosy 250 mg/5ml</i>	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	4	QL - 30 day(s),MB
<i>gemcitabine hcl solr 200 mg</i>	1	MB
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	2	OC
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	2	OC
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	2	OC
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	4	MB
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	4	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
<i>hydroxyurea caps 500 mg</i>	1	OC
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	2	MB
<i>imatinib mesylate tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>imatinib mesylate tabs 400 mg</i>	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC

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IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
IRESSA TABS 250 MG [<i>gefitinib</i>]	4	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	4	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	4	QL - 30 day(s),MB
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	4	MB
KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	4	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	4	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	4	MB
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KISQALI (400 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPK 200 MG [<i>ribociclib succinate</i>]	4	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [<i>lenvatinib mesylate</i>]	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	4	QL - 30 day(s),OC
<i>letrozole tabs 2.5 mg</i>	1	OC
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	4	QL - 30 day(s),OC

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LONSURF TABS 20-8.19 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LYNPARZA TABS 100 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYSODREN TABS 500 MG <i>[mitotane]</i>	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i>	4	QL - 30 day(s),OC
<i>megestrol acetate susp 40 mg/ml</i>	1	OC
<i>megestrol acetate susp 400 mg/10ml</i>	1	OC
<i>megestrol acetate tabs 20 mg</i>	1	OC
<i>megestrol acetate tabs 40 mg</i>	1	OC
MEKINIST SOLR 0.05 MG/ML <i>[trametinib dimethyl sulfoxide]</i>	2	OC
MEKINIST TABS 0.5 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
MEKINIST TABS 2 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
<i>mercaptopurine tabs 50 mg</i>	1	OC
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML <i>[methotrexate sodium]</i>	1	MB
<i>methotrexate sodium tabs 2.5 mg</i>	1	OC
<i>mitomycin solr 20 mg</i>	1	MB
<i>mitomycin solr 40 mg</i>	1	MB
<i>mitomycin solr 5 mg</i>	1	MB
MVASI SOLN 100 MG/4ML <i>[bevacizumab-awwb]</i>	4	MB

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

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SPRYCEL TABS 70 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
STIVARGA TABS 40 MG [<i>regorafenib</i>]	4	QL - 30 day(s),OC
<i>sunitinib malate caps 12.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 25 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 37.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 50 mg</i>	1	QL - 30 day(s),OC
SYLVANT SOLR 100 MG [<i>siltuximab</i>]	4	QL - 30 day(s),MB
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	4	QL - 30 day(s),MB
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	OC
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	4	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	4	QL - 30 day(s),OC
TAFINLAR TBSO 10 MG [<i>dabrafenib mesylate</i>]	4	QL - 30 day(s),OC
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
<i>tamoxifen citrate tabs 10 mg</i>	1	OC,PREV
<i>tamoxifen citrate tabs 20 mg</i>	1	OC,PREV
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	4	OC
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	4	QL - 30 day(s),OC
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	4	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	4	MB
TECENTRIQ SOLN 1200 MG/20ML [<i>atezolizumab</i>]	4	QL - 30 day(s),MB
<i>temozolomide caps 100 mg</i>	1	OC
<i>temozolomide caps 140 mg</i>	1	OC
<i>temozolomide caps 180 mg</i>	1	OC
<i>temozolomide caps 20 mg</i>	1	OC
<i>temozolomide caps 250 mg</i>	1	OC
<i>temozolomide caps 5 mg</i>	1	OC
<i>thiotepa solr 15 mg</i>	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
<i>topotecan hcl solr 4 mg</i>	1	MB
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	4	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	4	MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s),MB
TUKYSA TABS 150 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	4	MB
VENCLEXTA STARTING PACK TBP 10 & 50 & 100 MG [<i>venetoclax</i>]	4	QL - 30 day(s),OC

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VENCLEXTA TABS 10 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG <i>[venetoclax]</i>	4	QL - 30 day(s),OC
<i>vinblastine sulfate soln 1 mg/ml</i>	1	MB
<i>vincristine sulfate soln 1 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	MB
VOTRIENT TABS 200 MG <i>[pazopanib hcl]</i>	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG <i>[daunorubicin-cytarabine liposome]</i>	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG <i>[crizotinib]</i>	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG <i>[crizotinib]</i>	4	QL - 30 day(s),OC
XTANDI CAPS 40 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
XTANDI TABS 40 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
XTANDI TABS 80 MG <i>[enzalutamide]</i>	4	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML <i>[ipilimumab]</i>	4	MB
YERVOY SOLN 50 MG/10ML <i>[ipilimumab]</i>	4	MB
YONDELIS SOLR 1 MG <i>[trabectedin]</i>	4	QL - 30 day(s),MB
ZEJULA TABS 100 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZEJULA TABS 200 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZEJULA TABS 300 MG <i>[niraparib tosylate]</i>	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG <i>[vemurafenib]</i>	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG <i>[idelalisib]</i>	4	QL - 30 day(s),OC
ZYKADIA TABS 150 MG <i>[ceritinib]</i>	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG <i>[abiraterone acetate]</i>	4	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
BENTYL SOLN 10 MG/ML <i>[dicyclomine hcl]</i>	2	MB
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	1	
<i>dicyclomine hcl caps 10 mg</i>	1	
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
DONNATAL ELIX 16.2 MG/5ML <i>[phenobarbital-hyoscyamine-atropine-scopolamine]</i>	2	

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DONNATAL TABS 16.2 MG [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	2	
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE TABS 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	1	
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	1	
<i>ipratropium bromide soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate</i>]	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl</i>]	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	
<i>varenicline tartrate tabs 0.5 mg</i>	1	PREV
<i>varenicline tartrate tabs 1 mg</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
<i>donepezil hcl tabs 5 mg</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	

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

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SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR HFA AERO 115-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 230-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 45-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	1	
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	1	
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	1	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</i>	2	
<i>dobutamine hcl soln 250 mg/20ml</i>	1	MB
DOBUTAMINE 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
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML <i>[ephedrine sulfate (pressors)]</i>	1	MB
<i>epinephrine hcl inj 1mg/ml</i>	1	
EPINEPHRINE PF SOLN 1 MG/ML <i>[epinephrine]</i>	2	
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
<i>epinephrine soaj 0.3 mg/0.3ml</i>	1	MB
EPINEPHRINE SOSY 1 MG/10ML <i>[epinephrine]</i>	1	MB
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % <i>[racepinephrine hcl]</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT <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	

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[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	2	MB
ALBURX SOLN 5 % <i>[albumin, human]</i>	2	MB
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIEMORRHAGIC 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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</i>	2	
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 12 MG/0.4ML <i>[emicizumab-kxwh]</i>	2	
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	4	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG [ticagrelor]	2	
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	2	MB
cilostazol tabs 100 mg	1	
cilostazol tabs 50 mg	1	
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG [prasugrel hcl]	2	
EFFIENT TABS 5 MG [prasugrel hcl]	2	
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
heparin sodium (porcine) soln 1000 unit/ml	1	MB
heparin sodium (porcine) soln 10000 unit/ml	1	MB
heparin sodium (porcine) soln 20000 unit/ml	1	MB
heparin sodium (porcine) soln 5000 unit/ml	1	MB
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	4	MB
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	4	MB
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
PRADAXA CAPS 110 MG [dabigatran etexilate mesylate]	2	
PRADAXA CAPS 150 MG [dabigatran etexilate mesylate]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	2	
TNKASE KIT 50 MG [<i>tenecteplase</i>]	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	4	
ALVAIZ TABS 18 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 36 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 54 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
ALVAIZ TABS 9 MG [<i>eltrombopag choline</i>]	4	QL - 30 day(s)
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	4	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML [<i>filgrastim-aafi</i>]	4	
NIVESTYM SOSY 480 MCG/0.8ML [<i>filgrastim-aafi</i>]	4	
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline er tbcr 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% [<i>nicardipine hcl in dextrose</i>]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	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 [clevidipine]	2	MB
CLEVIPREX EMUL 50 MG/100ML [clevidipine]	2	MB
diltiazem hcl er coated beads cp24 180 mg	1	
diltiazem hcl er cp12 120 mg	1	
diltiazem hcl er cp12 60 mg	1	
diltiazem hcl er cp12 90 mg	1	
diltiazem hcl er cp24 120 mg	1	
diltiazem hcl er cp24 180 mg	1	
diltiazem hcl er cp24 240 mg	1	
diltiazem hcl tabs 120 mg	1	
diltiazem hcl tabs 30 mg	1	
diltiazem hcl tabs 60 mg	1	
diltiazem hcl tabs 90 mg	1	
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	1	MB
nifedipine caps 10 mg	1	
nifedipine caps 20 mg	1	
nifedipine er osmotic release tb24 30 mg	1	
nifedipine er osmotic release tb24 60 mg	1	
nifedipine er osmotic release tb24 90 mg	1	
nifedipine er tb24 30 mg	1	
nifedipine er tb24 60 mg	1	
nimodipine caps 30 mg	1	
verapamil hcl er tbc 120 mg	1	
verapamil hcl er tbc 180 mg	1	
verapamil hcl er tbc 240 mg	1	
verapamil hcl soln 2.5 mg/ml	1	MB
verapamil hcl tabs 120 mg	1	
verapamil hcl tabs 40 mg	1	
verapamil hcl tabs 80 mg	1	
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	1	MB
adenosine soln 6 mg/2ml	1	MB
amiodarone hcl soln 900 mg/18ml	1	MB
amiodarone hcl tabs 200 mg	1	
digoxin soln 0.05 mg/ml	1	
digoxin tabs 125 mcg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	4	
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
valsartan-hydrochlorothiazide tabs 320-25 mg	1	
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	2	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
alprostadil soln 500 mcg/ml	1	MB
ambrisentan tabs 10 mg	1	QL - 30 day(s),LD
ambrisentan tabs 5 mg	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
isosorbide dinitrate tabs 10 mg	1	
isosorbide dinitrate tabs 20 mg	1	
isosorbide dinitrate tabs 30 mg	1	
isosorbide dinitrate tabs 5 mg	1	
isosorbide mononitrate er tb24 120 mg	1	
isosorbide mononitrate er tb24 30 mg	1	
isosorbide mononitrate er tb24 60 mg	1	
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-TIME CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 9 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
nitroglycerin pt24 0.1 mg/hr	1	
nitroglycerin pt24 0.2 mg/hr	1	
nitroglycerin pt24 0.4 mg/hr	1	
nitroglycerin pt24 0.6 mg/hr	1	
nitroglycerin soln 5 mg/ml	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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>sildenafil citrate tabs 50 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil (pah) tabs 20 mg</i>	1	
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30 day(s)
TRACLEER TABS 125 MG <i>[bosentan]</i>	4	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG <i>[bosentan]</i>	4	QL - 30 day(s),LD
TYVASO REFILL SOLN 0.6 MG/ML <i>[treprostinil]</i>	4	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO STARTER SOLN 0.6 MG/ML <i>[treprostinil]</i>	4	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	4	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	4	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine tabs 300-60 mg</i>	1	
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl film 12-3 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 4-1 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl film 8-2 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 10 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 15 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 20 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 5 mcg/hr</i>	1	QL - 30 day(s)
<i>buprenorphine ptwk 7.5 mcg/hr</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
CODEINE SULFATE TABS 15 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 30 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 60 MG <i>[codeine sulfate]</i>	1	
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
<i>etodolac caps 200 mg</i>	1	

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etodolac caps 300 mg	1	
etodolac tabs 400 mg	1	
etodolac tabs 500 mg	1	
fentanyl citrate (pf) soct 100 mcg/2ml	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	1	MB
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate]	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	1	MB
fentanyl pt72 100 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 12 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 25 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 50 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 75 mcg/hr	1	QL - 30 day(s)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 10-325 mg	1	
hydrocodone-acetaminophen tabs 5-325 mg	1	
hydrocodone-acetaminophen tabs 7.5-325 mg	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl pf soln 50 mg/5ml	1	MB
hydromorphone hcl pf soln 500 mg/50ml	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	2	MB
HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	2	
hydromorphone hcl tabs 2 mg	1	
hydromorphone hcl tabs 4 mg	1	
hydromorphone hcl tabs 8 mg	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
ibuprofen susp 100 mg/5ml	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	QL - 30 day(s)
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG [indomethacin sodium]	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	2	MB
ketorolac tromethamine inj 15mg/ml	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	2	
meclofenamate sodium caps 100 mg	1	
meclofenamate sodium caps 50 mg	1	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
methadone hcl soln 10 mg/5ml	1	
METHADONE HCL SOLN 10 MG/ML [methadone hcl]	2	MB
methadone hcl soln 5 mg/5ml	1	
methadone hcl tabs 10 mg	1	
methadone hcl tabs 5 mg	1	
morphine sulfate (concentrate) soln 100 mg/5ml	1	
morphine sulfate (pf) soln 0.5 mg/ml	1	MB
morphine sulfate (pf) soln 1 mg/ml	1	MB
morphine sulfate er tbc 100 mg	1	
morphine sulfate er tbc 15 mg	1	
morphine sulfate er tbc 200 mg	1	
morphine sulfate er tbc 30 mg	1	
morphine sulfate er tbc 60 mg	1	
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	1	
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	2	MB
MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML [morphine sulfate]	1	
MORPHINE SULFATE SOLN 50 MG/ML [morphine sulfate]	2	MB
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	2	
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	2	
MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	2	
MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
MORPHINE SULFATE TABS 15 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 30 MG <i>[morphine sulfate]</i>	2	
<i>nabumetone tabs 500 mg</i>	1	
<i>nabumetone tabs 750 mg</i>	1	
<i>nalbuphine hcl soln 10 mg/ml</i>	1	MB
<i>nalbuphine hcl soln 20 mg/ml</i>	1	MB
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	1	
SALSALATE TABS 500 MG <i>[salsalate]</i>	1	
SALSALATE TABS 750 MG <i>[salsalate]</i>	1	
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)
APTENSIO XR CP24 10 MG <i>[methylphenidate hcl]</i>	2	
APTENSIO XR CP24 15 MG <i>[methylphenidate hcl]</i>	2	
APTENSIO XR CP24 20 MG <i>[methylphenidate hcl]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
APTENSIO XR CP24 30 MG <i>[methylphenidate hcl]</i>	2	
APTENSIO XR CP24 40 MG <i>[methylphenidate hcl]</i>	2	
APTENSIO XR CP24 50 MG <i>[methylphenidate hcl]</i>	2	
APTENSIO XR CP24 60 MG <i>[methylphenidate hcl]</i>	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcr 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 10 mg</i>	1	
<i>methylphenidate hcl er tbcr 20 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
<i>modafinil tabs 100 mg</i>	1	
<i>modafinil tabs 200 mg</i>	1	
<i>phentermine hcl caps 15 mg</i>	1	
<i>phentermine hcl caps 30 mg</i>	1	
<i>phentermine hcl caps 37.5 mg</i>	1	
<i>phentermine hcl tabs 37.5 mg</i>	1	
QSYMIA CP24 11.25-69 MG <i>[phentermine hcl-topiramate]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	2	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
ANTICONVULSANTS		
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium er tb24 250 mg</i>	1	
<i>divalproex sodium er tb24 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
<i>lacosamide soln 10 mg/ml</i>	1	
<i>lacosamide soln 200 mg/20ml</i>	1	
<i>lacosamide tabs 100 mg</i>	1	
<i>lacosamide tabs 150 mg</i>	1	
<i>lacosamide tabs 200 mg</i>	1	
<i>lacosamide tabs 50 mg</i>	1	
LAMICTAL STARTER KIT 35 x 25 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG <i>[lamotrigine]</i>	2	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
<i>levetiracetam soln 100 mg/ml</i>	1	
<i>levetiracetam soln 500 mg/5ml</i>	1	MB
<i>levetiracetam tabs 1000 mg</i>	1	
<i>levetiracetam tabs 250 mg</i>	1	
<i>levetiracetam tabs 500 mg</i>	1	
<i>levetiracetam tabs 750 mg</i>	1	
MAGNESIUM SULFATE SOLN 50 % <i>[magnesium sulfate]</i>	1	MB
<i>oxcarbazepine susp 300 mg/5ml</i>	1	
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	
<i>oxcarbazepine tabs 600 mg</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium soln 50 mg/ml</i>	1	MB
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin caps 100 mg</i>	1	
<i>pregabalin caps 150 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>pregabalin caps 200 mg</i>	1	
<i>pregabalin caps 225 mg</i>	1	
<i>pregabalin caps 25 mg</i>	1	
<i>pregabalin caps 300 mg</i>	1	
<i>pregabalin caps 50 mg</i>	1	
<i>pregabalin caps 75 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50mg</i>	1	
<i>primidone tabs 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tabs 200 mg</i>	1	
<i>rufinamide tabs 400 mg</i>	1	
SABRIL PACK 500 MG [<i>vigabatrin</i>]	4	QL - 30 day(s)
<i>topiramate cpsp 15 mg</i>	1	
<i>topiramate cpsp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
<i>zonisamide caps 100 mg</i>	1	
<i>zonisamide caps 25 mg</i>	1	
<i>zonisamide caps 50 mg</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate caps 600 mg</i>	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
ANTIMIGRAINE AGENTS		
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
sumatriptan soln 20 mg/act	1	
sumatriptan succinate refill soct 6 mg/0.5ml	1	
sumatriptan succinate soaj 6 mg/0.5ml	1	
sumatriptan succinate soln 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	4	QL - 30 day(s),LD
benztropine mesylate soln 1 mg/ml	1	MB
benztropine mesylate tabs 0.5 mg	1	
benztropine mesylate tabs 1 mg	1	
benztropine mesylate tabs 2 mg	1	
bromocriptine mesylate caps 5 mg	1	
bromocriptine mesylate tabs 2.5 mg	1	
cabergoline tabs 0.5 mg	1	
carbidopa tabs 25 mg	1	
carbidopa-levodopa er tbcr 25-100 mg	1	
carbidopa-levodopa er tbcr 50-200 mg	1	
carbidopa-levodopa tabs 10-100 mg	1	
carbidopa-levodopa tabs 25-100 mg	1	
carbidopa-levodopa tabs 25-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]	4	MB
ENTACAPONE TABS 200 MG [entacapone]	1	
pramipexole dihydrochloride tabs 0.125 mg	1	
pramipexole dihydrochloride tabs 0.25 mg	1	
pramipexole dihydrochloride tabs 0.5 mg	1	
pramipexole dihydrochloride tabs 0.75 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	
pramipexole dihydrochloride tabs 1.5 mg	1	
ropinirole hcl er tb24 12 mg	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrpr 10 mg/5ml</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>hydroxyzine hcl tabs 10 mg</i>	1	
<i>hydroxyzine hcl tabs 25 mg</i>	1	
<i>hydroxyzine hcl tabs 50 mg</i>	1	
<i>hydroxyzine pamoate caps 100 mg</i>	1	
<i>hydroxyzine pamoate caps 25 mg</i>	1	
<i>hydroxyzine pamoate caps 50 mg</i>	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam soln 2 mg/ml</i>	1	MB
LORAZEPAM SOLN 4 MG/ML [<i>lorazepam</i>]	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl syrp 2 mg/ml</i>	1	
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium tbec 333 mg</i>	1	
<i>atomoxetine hcl caps 10 mg</i>	1	
<i>atomoxetine hcl caps 100 mg</i>	1	
<i>atomoxetine hcl caps 18 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>atomoxetine hcl caps 25 mg</i>	1	
<i>atomoxetine hcl caps 40 mg</i>	1	
<i>atomoxetine hcl caps 60 mg</i>	1	
<i>atomoxetine hcl caps 80 mg</i>	1	
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	4	MB
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOL 10MG/5ML <i>[memantine hcl]</i>	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG <i>[memantine hcl]</i>	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
<i>naltrexone hcl tabs 50 mg</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	1	
<i>amoxapine tabs 25 mg</i>	1	
<i>amoxapine tabs 50 mg</i>	1	
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ARISTADA PRSY 1064 MG/3.9ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 441 MG/1.6ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 662 MG/2.4ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 882 MG/3.2ML <i>[aripiprazole lauroxil]</i>	4	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	
<i>bupropion hcl tabs 75 mg</i>	1	
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	MB
<i>chlorpromazine hcl tabs 10 mg</i>	1	
<i>chlorpromazine hcl tabs 100 mg</i>	1	
<i>chlorpromazine hcl tabs 200 mg</i>	1	
<i>chlorpromazine hcl tabs 25 mg</i>	1	
<i>chlorpromazine hcl tabs 50 mg</i>	1	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10 mg</i>	1	
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	
<i>clomipramine hcl caps 25 mg</i>	1	
<i>clomipramine hcl caps 50 mg</i>	1	
<i>clomipramine hcl caps 75 mg</i>	1	
<i>clozapine tabs 100 mg</i>	1	
<i>clozapine tabs 200 mg</i>	1	
<i>clozapine tabs 25 mg</i>	1	
<i>clozapine tabs 50 mg</i>	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
<i>desipramine hcl tabs 10 mg</i>	1	
<i>desipramine hcl tabs 100 mg</i>	1	
<i>desipramine hcl tabs 150 mg</i>	1	
<i>desipramine hcl tabs 25 mg</i>	1	
<i>desipramine hcl tabs 50 mg</i>	1	
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>duloxetine hcl cpep 20 mg</i>	1	
<i>duloxetine hcl cpep 30 mg</i>	1	
<i>duloxetine hcl cpep 60 mg</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	
<i>fluoxetine hcl caps 10 mg</i>	1	
<i>fluoxetine hcl caps 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	
<i>fluvoxamine maleate tabs 100 mg</i>	1	
<i>fluvoxamine maleate tabs 25 mg</i>	1	
<i>fluvoxamine maleate tabs 50 mg</i>	1	
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MB
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MB
<i>haloperidol lactate conc 2 mg/ml</i>	1	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	4	MB
<i>loxapine succinate caps 10 mg</i>	1	
<i>loxapine succinate caps 25 mg</i>	1	
<i>loxapine succinate caps 5 mg</i>	1	
<i>lurasidone hcl tabs 120 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>lurasidone hcl tabs 20 mg</i>	1	
<i>lurasidone hcl tabs 40 mg</i>	1	
<i>lurasidone hcl tabs 60 mg</i>	1	
<i>lurasidone hcl tabs 80 mg</i>	1	
<i>mirtazapine tabs 15 mg</i>	1	
<i>mirtazapine tabs 30 mg</i>	1	
<i>mirtazapine tabs 45 mg</i>	1	
<i>nefazodone hcl tabs 100 mg</i>	1	
<i>nefazodone hcl tabs 150 mg</i>	1	
<i>nefazodone hcl tabs 200 mg</i>	1	
<i>nefazodone hcl tabs 250 mg</i>	1	
<i>nefazodone hcl tabs 50 mg</i>	1	
<i>nortriptyline hcl caps 10 mg</i>	1	
<i>nortriptyline hcl caps 25 mg</i>	1	
<i>nortriptyline hcl caps 50 mg</i>	1	
<i>nortriptyline hcl caps 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>olanzapine solr 10 mg</i>	1	MB
<i>olanzapine tabs 10 mg</i>	1	
<i>olanzapine tabs 15 mg</i>	1	
<i>olanzapine tabs 2.5 mg</i>	1	
<i>olanzapine tabs 20 mg</i>	1	
<i>olanzapine tabs 5 mg</i>	1	
<i>olanzapine tabs 7.5 mg</i>	1	
<i>paliperidone er tb24 1.5 mg</i>	1	
<i>paliperidone er tb24 3 mg</i>	1	
<i>paliperidone er tb24 6 mg</i>	1	
<i>paliperidone er tb24 9 mg</i>	1	
<i>paroxetine hcl tabs 10 mg</i>	1	
<i>paroxetine hcl tabs 20 mg</i>	1	
<i>paroxetine hcl tabs 30 mg</i>	1	
<i>paroxetine hcl tabs 40 mg</i>	1	
<i>perphenazine tabs 16 mg</i>	1	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 1 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	4	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	4	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
<i>risperidone tabs 0.25 mg</i>	1	
<i>risperidone tabs 0.5 mg</i>	1	
<i>risperidone tabs 1 mg</i>	1	
<i>risperidone tabs 2 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	
<i>risperidone tabs 4 mg</i>	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
UZEDY SUSY 100 MG/0.28ML [<i>risperidone</i>]	4	MB
UZEDY SUSY 125 MG/0.35ML [<i>risperidone</i>]	4	MB
UZEDY SUSY 150 MG/0.42ML [<i>risperidone</i>]	4	MB
UZEDY SUSY 200 MG/0.56ML [<i>risperidone</i>]	4	MB
UZEDY SUSY 250 MG/0.7ML [<i>risperidone</i>]	4	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
UZEDY SUSY 50 MG/0.14ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 75 MG/0.21ML <i>[risperidone]</i>	4	MB
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
DEVICES		
DEVICES		
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1" MIS 25GX1" <i>[syringe/needle (disp) 3 ml]</i>	2	
3ML SYRINGE LUER-LOK MIS LUER-LOK <i>[syringe (disposable)]</i>	2	
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4" MIS 21GX1.25 [syringe/needle (disp) 3 ml]	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 [syringe/needle (disp) 3 ml]	2	
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2" MIS 28GX1/2" [tuberculin/allergy syringes]	2	
BD DISP NEEDLES MISC 18G X 1-1/2" [needle (disp) 18 g]	2	
BD DISP NEEDLES MISC 19G X 1" [needle (disp) 19 g]	2	
BD DISP NEEDLES MISC 20G X 1" [needle (disp) 20 g]	2	
BD DISP NEEDLES MISC 22G X 1-1/2" [needle (disp) 22 g]	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" [needle (disp) 18 g]	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" [needle (disp) 21 g]	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" [needle (disp) 22 g]	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
BD TB SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML [insulin syringe/needle u-100]	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	1	
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
HYPODERMIC NEEDLE MISC 19G X 1" [needle (disp) 19 g]	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
MICROLET NEXT LANCING DEVICE MISC [lancet devices]	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1" MIS 21GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2" MIS 21GX1.5" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1" MIS 22GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2" MIS 22GX1.5" [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1" MIS 23GX1" [syringe/needle (disp) 3 ml]	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	2	
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	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	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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 PEN NEEDLE MISC 30G X 8 MM [insulin pen needle]	2	
OMNITROPE SOLR 5.8 MG [somatropin]	2	
ONETOUCH DELICA PLUS LANCET33G MISC [lancets]	2	
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	2	
ONETOUCH ULTRA LIQD [blood glucose calibration]	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC [lancets]	2	
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	2	
ONETOUCH VERIO FLEX SYSTEM DEVI [blood glucose monitoring supplies]	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [blood glucose monitoring supplies]	2	
ONETOUCH VERIO LIQD 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 TB SYRINGE PERM NEEDLE 1ML 27GX1/2" MIS 27GX1/2" [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" 0.3 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
SYRINGE MISC 20G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
SYRINGE MISC 21G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS [acetone (urine) test]	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	1	
BIO GLO STRP 1 MG [fluorescein sodium topical]	1	
CANDIN SOLN [candida albicans skin test antigen]	2	MB
[Gadoterate Meglumine] CLARISCAN SOLN 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 2.5 MMOL/5ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 7.5 MMOL/15ML	1	
CONRAY SOLN 60 % [iothalamate meglumine]	2	MB
D-XYLOSE POWD [d-xylose]	2	
DIASTIX STRP [glucose urine test-(glucose oxidase)]	2	
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	2	MB
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	2	MB
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	2	MB
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	2	MB
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	2	MB
KETO-DIASTIX STRP [urine glucose-ketones test]	2	
KETOSTIX STRP [acetone (urine) test]	2	
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	2	MB
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres]	2	MB
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	2	MB
ONETOUCH ULTRA STRP [glucose blood]	2	
THYROGEN SOLR 0.9 MG [thyrotropin alfa]	2	MB
TISSUEBLUE SOSY 0.025 % [brilliant blue g]	2	
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	1	
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [potassium citrate (alkalinizer)]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [potassium citrate (alkalinizer)]	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	2	MB
sodium bicarbonate soln 8.4 %	1	MB
THAM SOLN 30 MEQ/100ML [tromethamine]	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	4	QL - 30 day(s)
lactulose encephalopathy soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG [acetohydroxamic acid]	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d5w]	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	2	MB
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid infusion in d5w]	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	2	MB
DEXTROSE SOLN 10 % [dextrose]	1	MB
DEXTROSE SOLN 20 % [dextrose]	2	MB
DEXTROSE SOLN 40 % [dextrose]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based (soy)]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based (soy)]</i>	2	MB
PHENYLADE DRINK MIX POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PKU EXPRESS PACK <i>[nutritional supplements]</i>	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte infusion]</i>	2	MB
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	2	
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
FUROSEMIDE SOLN 10 MG/ML <i>[furosemide]</i>	1	MB
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG <i>[furosemide]</i>	1	
FUROSEMIDE TABS 40 MG <i>[furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	
<i>indapamide tabs 2.5 mg</i>	1	
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % <i>[mannitol]</i>	1	MB
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>toremide tabs 10 mg</i>	1	
<i>toremide tabs 100 mg</i>	1	
<i>toremide tabs 20 mg</i>	1	
<i>toremide tabs 5 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
TRIAMTERENE-HCTZ TABS 37.5-25 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % [<i>acetic acid</i>]	1	MB
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	2	MB
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	1	MB
STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>]	1	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
<i>calcium chloride soln 10 %</i>	1	MB
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN [<i>electrolyte-48 in dextrose</i>]	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % [<i>dextrose in lactated ringers</i>]	1	MB
DEXTROSE-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
<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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In 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 er tbc 10 meq	1	
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	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML <i>[potassium chloride]</i>	2	MB
<i>potassium chloride soln 2 meq/ml</i>	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML <i>[potassium chloride]</i>	1	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML <i>[potassium chloride]</i>	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) <i>[potassium chloride]</i>	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L <i>[potassium chloride in dextrose]</i>	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML <i>[potassium phosphates]</i>	1	MB
RINGERS SOLN <i>[ringer's]</i>	1	MB
SELENIUM SOLN 40 MCG/ML <i>[selenious acid]</i>	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % <i>[bacteriostatic sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 0.45 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 3 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 5 % <i>[sodium chloride]</i>	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML <i>[sodium phosphates (sodium phosphate dibasic & monobasic)]</i>	1	MB
ZINC SULFATE SOLN 1 MG/ML <i>[zinc sulfate]</i>	2	MB
URICOSURIC AGENTS		
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML <i>[laronidase]</i>	4	MB
ARALAST NP SOLR 1000 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML <i>[idursulfase]</i>	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT <i>[taliglucerase alfa]</i>	4	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML <i>[hyaluronidase human]</i>	2	MB
LUMIZYME SOLR 50 MG <i>[alglucosidase alfa]</i>	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML <i>[dornase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)

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STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	4	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	2	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	2	
<i>cyclosporine emul 0.05 %</i>	1	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	
OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	4	MB
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	2	
<i>prednisolone acetate susp 1 %</i>	1	

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<i>prednisolone sodium phosphate soln 1 %</i>	2	
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-dexamethasone</i>]	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>bimatoprost soln 0.03 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML [<i>ranibizumab-nuna</i>]	2	MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	4	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	4	
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB

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PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [<i>riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran</i>]	2	
VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % [<i>lidocaine hcl (ophth)</i>]	2	
[Proparacaine Hcl] ALCaine SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	
<i>proparacaine hcl soln 0.5 %</i>	1	
TETRACaine HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	1	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	1	
ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</i>]	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<i>cyclopentolate hcl soln 1 %</i>	1	
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
<i>naphazoline hcl soln</i>	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine supp 1000 mg</i>	1	
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPCR 250 MG [<i>mesalamine</i>]	2	
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	

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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>granisetron hcl tabs 1 mg</i>	1	
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>famotidine (pf) soln 20 mg/2ml</i>	1	MB
<i>famotidine inj 10mg/ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium solr 40 mg</i>	1	MB
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
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-C SOLR 240 GM	1	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>]	1	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol tabs 250 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>ursodiol tabs 500 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000-19000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 3000-10000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG [<i>succimer</i>]	4	
<i>deferasirox tabs 360 mg</i>	1	
<i>deferasirox tabs 90 mg</i>	1	
<i>deferoxamine mesylate inj 2gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
EXJADE TBSO 125 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
EXJADE TBSO 250 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
EXJADE TBSO 500 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	4	QL - 30 day(s)

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
JADENU TABS 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
<i>penicillamine caps 250 mg</i>	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	QL - 30 day(s)
<i>budesonide susp 0.5 mg/2ml</i>	1	QL - 30 day(s)
<i>cortisone acetate tabs 25 mg</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 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>fluticasone propionate hfa aero 44 mcg/act</i>	2	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	2	MB

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MEDROL TABS 2 MG [<i>methylprednisolone</i>]	2	
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
[Prednisone] PREDNISONO INTENSOL CONC 5 MG/ML	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	2	
SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate</i>]	2	MB
SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ</i>]	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR [<i>testosterone</i>]	2	
ANDRODERM PT24 4 MG/24HR [<i>testosterone</i>]	2	
<i>danazol caps 100 mg</i>	1	
<i>danazol caps 200 mg</i>	1	
<i>danazol caps 50 mg</i>	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>methyltestosterone tabs 10 mg</i>	1	
<i>methyltestosterone caps 10 mg</i>	1	
<i>oxandrolone tabs 10 mg</i>	1	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone gel 1.62 %</i>	1	
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
<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	
INSULIN GLARGINE SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [insulin glargine-yfgn]	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [insulin glargine-yfgn]	2	
JARDIANCE TABS 10 MG [empagliflozin]	2	
JARDIANCE TABS 25 MG [empagliflozin]	2	
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [semaglutide]	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	QL - 30 day(s)
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	2	QL - 30 day(s)
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
TRADJENTA TABS 5 MG [linagliptin]	2	
VICTOZA SOPN 18 MG/3ML [liraglutide]	2	QL - 30 day(s)
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	2	MB
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	2	MB
glucagon emergency kit 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.02 mg	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.03 mg	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG [ulipristal acetate]	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV

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[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/DAY [<i>levonorgestrel (iud)</i>]	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11-28 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG [<i>etonogestrel</i>]	2	MB
<i>norethindrone tabs 0.35 mg</i>	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR [<i>estradiol</i>]	2	
CLIMARA PTWK 0.0375 MG/24HR [<i>estradiol</i>]	2	
CLIMARA PTWK 0.05 MG/24HR [<i>estradiol</i>]	2	
CLIMARA PTWK 0.06 MG/24HR [<i>estradiol</i>]	2	
CLIMARA PTWK 0.075 MG/24HR [<i>estradiol</i>]	2	
CLIMARA PTWK 0.1 MG/24HR [<i>estradiol</i>]	2	
<i>clomiphene citrate tabs 50 mg</i>	1	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	
EEMT HS TABS 0.625-1.25 MG [<i>esterified estrogens & methyltestosterone</i>]	1	
EEMT TABS 1.25-2.5 MG [<i>esterified estrogens & methyltestosterone</i>]	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	

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<i>estradiol pttw 0.1 mg/24hr</i>	1	
<i>estradiol ptwk 0.05 mg/24hr</i>	1	
<i>estradiol ptwk 0.075 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 10 mcg</i>	1	
<i>estradiol tabs 2 mg</i>	1	
<i>estradiol valerate oil 10 mg/ml</i>	1	
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	
ESTRING RING 2 MG [<i>estradiol vaginal</i>]	2	
PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	2	MB
<i>raloxifene hcl tabs 60 mg</i>	1	OC,PREV
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT [<i>chorionic gonadotropin</i>]	2	MB
ELIGARD KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	2	
ELIGARD KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	2	
ELIGARD KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	2	
ELIGARD KIT 7.5 MG [<i>leuprolide acetate</i>]	2	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML [<i>follitropin alfa</i>]	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML [<i>follitropin alfa</i>]	2	
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML [<i>follitropin alfa</i>]	2	
GONAL-F RFF SOLR 75 UNIT [<i>follitropin alfa</i>]	2	
GONAL-F SOLR 1050 UNIT [<i>follitropin alfa</i>]	2	MB
GONAL-F SOLR 450 UNIT [<i>follitropin alfa</i>]	2	MB
MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	2	
OVIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	2	
SYNAREL SOLN 2 MG/ML [<i>nafarelin acetate</i>]	4	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML [<i>teriparatide (recombinant)</i>]	4	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML [<i>corticotropin</i>]	4	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % [<i>desmopressin acetate refrigerated</i>]	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	

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PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	2	
OMNITROPE SOCT 5 MG/1.5ML <i>[somatropin]</i>	2	
SEROSTIM SOLR 4 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)
SEROSTIM SOLR 5 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)
SEROSTIM SOLR 6 MG <i>[somatropin (non-refrigerated)]</i>	4	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG <i>[levothyroxine sodium]</i>	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML <i>[potassium iodide (expectorant)]</i>	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		

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<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>chlorprocaine 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>chlorprocaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chlorprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	1	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	4	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
AMJEVITA SOAJ 40 MG/0.4ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOAJ 40 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOAJ 80 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOSY 40 MG/0.4ML [<i>adalimumab-atto</i>]	2	
AMJEVITA SOSY 40 MG/0.8ML [<i>adalimumab-atto</i>]	2	
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML [<i>adalimumab-atto</i>]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML [adalimumab-atto]	2	
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.4ML [adalimumab-atto]	2	
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	2	MB
AVONEX KIT 30MCG [interferon beta-1a]	4	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	4	QL - 30 day(s),MB
azathioprine tabs 50 mg	1	
BETASERON KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
BOTOX SOLR 200 UNIT [onabotulinumtoxina]	2	MB
BREYANZI SUSP 70000000 CELLS/ML [lisocabtagene maraleucel]	4	MB
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	2	MB
CERDELGA CAPS 84 MG [eliglustat tartrate]	4	QL - 30 day(s)
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s),MB
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	4	QL - 30 day(s)
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	2	QL - 30 day(s)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [etanercept]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	4	QL - 30 day(s)
EXTAVIA KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
fingolimod hcl caps 0.5 mg	1	QL - 30 day(s)
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s)

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HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	4	QL - 30 day(s)
<i>icatibant acetate sosy 30 mg/3ml</i>	1	QL - 30 day(s)
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	4	MB
KINERET INJ [<i>anakinra</i>]	4	QL - 30 day(s)
<i>leflunomide tabs 10 mg</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	
<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	
<i>mycophenolate sodium tbec 180 mg</i>	1	
<i>mycophenolate sodium tbec 360 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
<i>octreotide acetate sosy 50 mcg/ml</i>	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [<i>abatacept</i>]	4	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	4	
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	4	QL - 30 day(s)
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
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
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	2	
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>]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	1	
<i>sirolimus soln 1 mg/ml</i>	1	
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	1	
SODIUM FLUORIDE CHEW 2.2 (1 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	1	PREV
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	4	MB
<i>tacrolimus caps 0.5 mg</i>	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
tacrolimus caps 1 mg	1	
tacrolimus caps 5 mg	1	
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	4	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML [lanadelumab-flyo]	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML [lanadelumab-flyo]	4	QL - 30 day(s)
THALOMID CAPS 100 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 150 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 200 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 50 MG [thalidomide]	4	QL - 30 day(s)
THIOLA TABS 100 MG [tiopronin]	2	
TRI-CHLOR LIQD 80 % [trichloroacetic acid]	2	
TYSABRI CONC 300 MG/15ML [natalizumab]	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	4	
ULTOMIRIS SOLN 300 MG/30ML [ravulizumab-cwvz]	4	
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	4	
VYVGART SOLN 400 MG/20ML [efgartigimod alfa-fcab]	4	QL - 30 day(s),MB
XELJANZ TABS 10 MG [tofacitinib citrate]	4	QL - 30 day(s)
XELJANZ TABS 5 MG [tofacitinib citrate]	4	QL - 30 day(s)
XELJANZ XR TB24 11 MG [tofacitinib citrate]	4	QL - 30 day(s)
YESCARTA SUSP 200000000 CELLS [axicabtagene ciloleucel]	4	MB
zoledronic acid conc 4 mg/5ml	1	MB
zoledronic acid soln 5 mg/100ml	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG [dinoprostone]	2	
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	2	MB
methylergonovine maleate soln 0.2 mg/ml	1	MB
methylergonovine maleate tabs 0.2 mg	1	
MIFEPREX TABS 200 MG [mifepristone]	2	PREV
PROSTIN E2 SUPP 20 MG [dinoprostone]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD [alprostadil (bulk)]	2	
BACLOFEN POWD [baclofen]	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	2	MB
BIOTIN-D POWD [biotin (bulk)]	2	
BORIC ACID POWD [boric acid (bulk)]	2	
CHLOROFORM SOL [chloroform]	2	
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	2	
CLONIDINE HCL POWD [clonidine hcl]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
CLOTRIMAZOLE CRYST <i>[clotrimazole (topical)]</i>	2	
COAL TAR EXTRACT SOLN 20 % <i>[coal tar (crude)]</i>	2	
COLLODION FLEXIBLE LIQD <i>[collodion flexible]</i>	2	
DILTIAZEM HCL POWD <i>[diltiazem hcl (bulk)]</i>	2	
GABAPENTIN POWD <i>[gabapentin (bulk)]</i>	2	
GLYCERIN LIQD <i>[glycerin (bulk)]</i>	2	
GLYCOPYRROLATE POWD <i>[glycopyrrolate (bulk)]</i>	2	
HYDROCORTISONE POWD <i>[hydrocortisone (topical)]</i>	2	
HYDROPHILIC OINT <i>[hydrophilic ointment]</i>	2	
HYDROXYPROGESTERONE CAPROATE POWD <i>[hydroxyprogesterone caproate (bulk)]</i>	2	
ISOSORBIDE POWD <i>[isosorbide (bulk)]</i>	2	
KETAMINE HCL POWD <i>[ketamine hcl (bulk)]</i>	2	
KETOPROFEN POWD <i>[ketoprofen (bulk)]</i>	2	
L-CITRULLINE POWD <i>[citrulline (bulk)]</i>	2	
L-ISOLEUCINE POWD <i>[isoleucine]</i>	2	
L-PROLINE POWD <i>[proline]</i>	2	
LIDOCAINE HCL POWD <i>[lidocaine hcl (bulk)]</i>	2	
METRONIDAZOLE POWD <i>[metronidazole (bulk)]</i>	2	
PAPAVERINE HCL POWD <i>[papaverine hcl]</i>	2	
PHENTOLAMINE MESYLATE POWD <i>[phentolamine mesylate (bulk)]</i>	2	
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 heptahydrate]</i>	2	
ZINC SULFATE MONOHYDRATE POWD <i>[zinc sulfate monohydrate]</i>	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT <i>[ciclesonide]</i>	2	
ALVESCO AERS 80 MCG/ACT <i>[ciclesonide]</i>	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
<i>cromolyn sodium conc 100 mg/5ml</i>	1	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML <i>[guaifenesin-codeine]</i>	1	
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	1	
PHENYLHISTINE DH LIQ DH <i>[pseudoeph- chlorphen w/ cod]</i>	2	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML <i>[pseudoephedrine w/ codeine-gg]</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 3 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 7 % <i>[sodium chloride (inhalant)]</i>	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML <i>[poractant alfa]</i>	2	MB
CUROSURF SUSP 240 MG/3ML <i>[poractant alfa]</i>	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% <i>[beractant in nacl]</i>	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
KALYDECO PACK 13.4 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO PACK 25 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO PACK 5.8 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO PACK 50 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO PACK 75 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO TABS 150 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI PACK 100-125 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI PACK 150-188 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI PACK 75-94 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI TABS 100-125 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI TABS 200-125 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG <i>[tezacaftor- ivacaftor]</i>	4	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG <i>[tezacaftor- ivacaftor]</i>	4	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
TRIKAFTA TBP 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA TBP 50-25-37.5 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA THP 100-50-75 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA THP 80-40-60 & 59.5 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
XOLAIR SOLR 150 MG [<i>omalizumab</i>]	4	QL - 30 day(s)
XOLAIR SOSY 150 MG/ML [<i>omalizumab</i>]	4	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML [<i>omalizumab</i>]	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR [<i>crotalidae immune f(ab)'2 (equine)</i>]	2	
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	2	MB
CYTOGAM INJ 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	2	MB
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
GAMASTAN INJ [<i>immune globulin (human) im</i>]	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM [<i>immune globulin (human) iv</i>]	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM [<i>immune globulin (human) iv</i>]	2	MB
GAMMAGARD SOLN 30 GM/300ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	MB
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB
GAMMAPLEX SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
IMOGAM RABIES-HT SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 1500 UNIT/10ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
NABI-HB SOLN 312 UNIT/ML <i>[hepatitis b immune globulin (human)]</i>	2	MB
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 10 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	2	MB
DIPHThERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML <i>[diphtheria-tetanus toxoids (dt)]</i>	2	
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (300 MG TITRATION) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
TDVAX SUSP 2-2 LF/0.5ML <i>[tetanus-diphtheria toxoids (td)]</i>	2	MB
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML <i>[rsv pre-fusion f a&b protein vaccine recombinant]</i>	2	MB
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	2	MB
AFLURIA QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
AREXVY SUSR 120 MCG/0.5ML <i>[rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]</i>	2	MB
BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	2	MB
ENGERIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML <i>[influenza virus vac split high-dose quad preservative free]</i>	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
FLUZONE QUADRIVALENT SUSP [<i>influenza virus vaccine split quadrivalent</i>]	2	MB
FLUZONE QUADRIVALENT SUSP 0.5 ML [<i>influenza virus vaccine split quadrivalent</i>]	2	MB
GARDASIL 9 SUSP [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	2	MB
GARDASIL 9 SUSY [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	2	MB
GARDASIL INJ [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	2	MB
HAVRIX SUSP 1440 EL U/ML [<i>hepatitis a vaccine</i>]	2	MB
HAVRIX SUSP 720 EL U/0.5ML [<i>hepatitis a vaccine</i>]	2	MB
HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>]	2	MB
IXIARO SUSP [<i>japanese encephalitis vaccine inactivated adsorbed</i>]	2	MB
KINRIX SUSP [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	2	MB
KINRIX SUSY 0.5 ML [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	2	MB
M-M-R II SOLR [<i>measles, mumps & rubella virus vaccines</i>]	2	MB
MENVEO SOLN [<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>]	2	MB
MENVEO SOLR [<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>]	2	MB
PEDIARIX SUSY [<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>]	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML [<i>pneumococcal vac polyvalent</i>]	2	MB
PREVNAR 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	2	MB
PREVNAR 20 SUSY 0.5 ML [<i>pneumococcal 20-valent conjugate vaccine</i>]	2	
PRIORIX SUSR [<i>measles, mumps & rubella virus vaccines</i>]	2	MB
PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	2	MB
ROTARIX SUSP [<i>rotavirus vaccine, live oral</i>]	2	MB
ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	2	MB
SHINGRIX SUSR 50 MCG/0.5ML [<i>zoster vaccine recombinant adjuvanted</i>]	2	MB
TICE BCG SUSR 50 MG [<i>bcg live intravesical</i>]	2	MB
TICOVAC SUSY 1.2 MCG/0.25ML [<i>tick-borne encephalitis virus vaccine, inactivated</i>]	2	MB
TICOVAC SUSY 2.4 MCG/0.5ML [<i>tick-borne encephalitis virus vaccine, inactivated</i>]	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB
VAQTA SUSP 25 UNIT/0.5ML [<i>hepatitis a vaccine</i>]	2	MB
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	1	
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	1	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
<i>clotrimazole troc 10 mg</i>	1	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
<i>nystatin crea 100000 unit/gm</i>	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
<i>permethrin crea 5 %</i>	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	1	
SULFAMYLON CREA 85 MG/GM [<i>mafenide acetate</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	

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

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
[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 % [hydrocortisone acetate w/ pramoxine]	1	
hydrocortisone ace-pramoxine crea 1-1 %	1	
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine ptch 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % [camphor & menthol]	2	
ASTRINGENTS		
DRYSOL SOLN 20 % [aluminum chloride]	2	
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % [tretinoin]	1	
KEPIVANCE SOLR 6.25 MG [palifermin]	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % [tretinoin]	2	
RETIN-A CREA 0.05 % [tretinoin]	2	
RETIN-A CREA 0.1 % [tretinoin]	2	
RETIN-A GEL 0.01 % [tretinoin]	2	
RETIN-A GEL 0.025 % [tretinoin]	2	
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	2	
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	2	
DEPIGMENTING AND PIGMENTING AGENTS		
methoxsalen rapid caps 10 mg	1	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % [salicylic acid]	2	
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [sulfacetamide sodium w/ sulfur]	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
adapalene gel 0.1 %	1	
adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
BENZOIN TINC [benzoin]	2	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
bexarotene gel 1 %	1	
calcipotriene crea 0.005 %	1	
calcipotriene oint 0.005 %	1	
calcipotriene soln 0.005 %	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [podofilox]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	4	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	4	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	4	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML [secukinumab]	4	QL - 30 day(s)
diclofenac sodium gel 1 %	1	
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % [adapalene]	2	
DIFFERIN GEL 0.3 % [adapalene]	2	
DRITHO-CREME HP CREA 1 % [anthralin]	2	
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	2	
fluocinonide gel 0.05 %	1	
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	2	
fluorouracil crea 5 %	1	
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % [aminolevulinic acid hcl]	2	
pimecrolimus crea 1 %	1	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM [collagenase]	2	
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	4	
SKYRIZI SOCT 180 MG/1.2ML [risankizumab-rzaa (crohn's)]	4	
SKYRIZI SOCT 360 MG/2.4ML [risankizumab-rzaa (crohn's)]	4	
SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	4	
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	1	
STELARA SOLN 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 90 MG/ML [ustekinumab]	4	
tacrolimus oint 0.03 %	1	
tacrolimus oint 0.1 %	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % [tazarotene]	2	
TAZORAC GEL 0.05 % [tazarotene]	2	
TAZORAC GEL 0.1 % [tazarotene]	2	
TREMFYA SOPN 100 MG/ML [guselkumab]	4	
TREMFYA SOSY 100 MG/ML [guselkumab]	4	
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ SRER 8 MG/ML [mirabegron]	2	
MYRBETRIQ TB24 25 MG [mirabegron]	2	
MYRBETRIQ TB24 50 MG [mirabegron]	2	
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	
oxybutynin chloride soln 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
solifenacin succinate tabs 10 mg	1	
solifenacin succinate tabs 5 mg	1	
tropium chloride er cp24 60 mg	1	
tropium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
theophylline er tb24 400 mg	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ [multiple vitamin]	2	MB
INFUVITE PEDIATRIC SOLN [pediatric multiple vitamins]	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	1	

Nombre del medicamento recetado	Nivel del medicamento	Requisitos/límites de cobertura
[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	1	
POLY-VI-SOL SOLN <i>[pediatric multiple vitamins]</i>	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric multiple vitamins w/ iron]</i>	2	
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 <i>[pediatric vitamins adc]</i>	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 50000 UNIT/ML <i>[vitamin a]</i>	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER CPR 250 MG <i>[niacin]</i>	1	
NIACIN ER CPR 500 MG <i>[niacin]</i>	1	
NIACIN ER TBCR 250 MG <i>[niacin]</i>	1	
NIACIN TABS 100 MG <i>[niacin]</i>	1	
NIACIN TABS 250 MG <i>[niacin]</i>	1	
NIACIN TABS 50 MG <i>[niacin]</i>	1	
NIACIN TABS 500 MG <i>[niacin]</i>	1	
POTABA CAPS 500 MG <i>[potassium aminobenzoate]</i>	2	
<i>pyridoxine hcl soln 100 mg/ml</i>	1	MB
SLO-NIACIN TBCR 500 MG <i>[niacin]</i>	2	
SLO-NIACIN TBCR 750 MG <i>[niacin]</i>	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	MB
VITAMIN C		
ASCORBIC ACID SOLN 500 MG/ML <i>[ascorbic acid]</i>	1	MB
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG <i>[phytonadione]</i>	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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alclometasone dipropionate crea 0.05 %	95	aminocaproic acid soln 250 mg/ml	34
alclometasone dipropionate oint 0.05 %	95	aminophylline soln 25 mg/ml	99
ALDURAZYME SOLN 2.9 MG/5ML [laronidase]	71	amiodarone hcl soln 900 mg/18ml	41
ALECENSA CAPS 150 MG [alectinib hcl]	23	amiodarone hcl tabs 200 mg	41
alendronate sodium tabs 10 mg	84	amitriptyline hcl tabs 10 mg	56
alendronate sodium tabs 35 mg	84	amitriptyline hcl tabs 100 mg	56
alendronate sodium tabs 70 mg	84	amitriptyline hcl tabs 150 mg	56
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alprazolam tabs 0.5 mg	54	AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML [adalimumab-atto]	84
alprazolam tabs 1 mg	54	AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML [adalimumab-atto]	85
alprazolam tabs 2 mg	54	AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.4ML [adalimumab-atto]	85
ALPROSTADIL POWD [alprostadil (bulk)]	88	amlodipine besylate tabs 10 mg	40
alprostadil soln 500 mcg/ml	44	amlodipine besylate tabs 2.5 mg	40
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	66	amlodipine besylate tabs 5 mg	40
		amoxapine tabs 100 mg	56
		amoxapine tabs 150 mg	56
		amoxapine tabs 25 mg	56

amoxapine tabs 50 mg	56
amoxicillin caps 250 mg	13
amoxicillin caps 500 mg	13
amoxicillin chew 125 mg	13
amoxicillin chew 250 mg	13
amoxicillin susr 125 mg/5ml	13
amoxicillin susr 200 mg/5ml	13
amoxicillin susr 250 mg/5ml	13
amoxicillin susr 400 mg/5ml	13
amoxicillin-pot clavulanate chew 200-28.5 mg	13
amoxicillin-pot clavulanate chew 400-57 mg	13
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amphotericin b solr 50 mg	18
ampicillin cap 250mg	13
ampicillin caps 500 mg	13
ampicillin sodium solr 1 gm	13
ampicillin sodium solr 125 mg	13
ampicillin sodium solr 2 gm	13
ampicillin sodium solr 250 mg	13
ampicillin sodium solr 500 mg	13
ampicillin sus 125/5ml	13
ampicillin sus 250/5ml	13
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	13
ampicillin-sulbactam sodium solr 3 (2-1) gm	13
amp-sulbacta inj 1.5gm	13
anagrelide hcl caps 0.5 mg	37
anagrelide hcl caps 1 mg	37
anastrozole tabs 1 mg	23
ANAVIP SOLR [crotalidae immune f(ab)2 (equine)]	91
ANDRODERM PT24 2 MG/24HR [testosterone]	78
ANDRODERM PT24 4 MG/24HR [testosterone]	78
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	37
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [alum & mag hydrox-simethicone]	74
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [alum & mag hydrox-simethicone]	74
ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	95
APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	53
apraclonidine hcl soln 0.5 %	73
APTENSIO XR CP24 10 MG [methylphenidate hcl]	48
APTENSIO XR CP24 15 MG [methylphenidate hcl]	48
APTENSIO XR CP24 20 MG [methylphenidate hcl]	48
APTENSIO XR CP24 30 MG [methylphenidate hcl]	49
APTENSIO XR CP24 40 MG [methylphenidate hcl]	49
APTENSIO XR CP24 50 MG [methylphenidate hcl]	49
APTENSIO XR CP24 60 MG [methylphenidate hcl]	49
APTIVUS CAPS 250 MG [tipranavir]	19
AQUASOL A SOLN 50000 UNIT/ML [vitamin a]	100
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	71
ARALAST NP SOLR 500 MG [alpha1-	

proteinase inhibitor (human)]	90	atomoxetine hcl caps 100 mg	55
AREXVY SUSR 120 MCG/0.5ML [rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]	93	atomoxetine hcl caps 18 mg	55
aripiprazole tabs 10 mg	56	atomoxetine hcl caps 25 mg	56
aripiprazole tabs 15 mg	56	atomoxetine hcl caps 40 mg	56
aripiprazole tabs 2 mg	56	atomoxetine hcl caps 60 mg	56
aripiprazole tabs 20 mg	56	atomoxetine hcl caps 80 mg	56
aripiprazole tabs 30 mg	56	atorvastatin calcium tabs 10 mg	39
aripiprazole tabs 5 mg	56	atorvastatin calcium tabs 20 mg	39
ARISTADA PRSY 1064 MG/3.9ML [aripiprazole lauroxil].....	57	atorvastatin calcium tabs 40 mg	10, 39
ARISTADA PRSY 441 MG/1.6ML [aripiprazole lauroxil].....	57	atorvastatin calcium tabs 80 mg	39
ARISTADA PRSY 662 MG/2.4ML [aripiprazole lauroxil].....	57	atovaquone susp 750 mg/5ml	19
ARISTADA PRSY 882 MG/3.2ML [aripiprazole lauroxil].....	57	atovaquone-proguanil hcl tabs 250-100 mg	19
ASCORBIC ACID SOLN 500 MG/ML [ascorbic acid].....	100	atovaquone-proguanil hcl tabs 62.5-25 mg	19
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)].....	77	atracurium besylate soln 100 mg/10ml	32
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [mometasone furoate (inhalation)].....	77	atropine sulfate inj 1mg/ml	30
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)].....	77	ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)].....	74
ASMANEX HFA AERO 100 MCG/ACT [mometasone furoate (inhalation)].....	77	ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)].....	74
ASMANEX HFA AERO 200 MCG/ACT [mometasone furoate (inhalation)].....	77	ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate].....	30
ASPARLAS SOLN 3750 UNIT/5ML [calaspargase pegol-mknl].....	23	ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate].....	30
aspirin-dipyridamole er cp12 25-200 mg	37	ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa].....	30
ASSESS FULL RANGE PEAK METER DEVI [peak flow meter].....	61	AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate].....	13
atazanavir sulfate caps 150 mg	19	AVASTIN SOLN 100 MG/4ML [bevacizumab]23	
atazanavir sulfate caps 200 mg	19	AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride].....	13
atazanavir sulfate caps 300 mg	19	AVITA CREA 0.025 % [tretinoin].....	97
atenolol tabs 100 mg	39	AVONEX KIT 30MCG [interferon beta-1a]..	85
atenolol tabs 25 mg	39	AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a].....	85
atenolol tabs 50 mg	39	azathioprine tabs 50 mg	85
atenolol-chlorthalidone tabs 100-25 mg	39	azelastine hcl soln 0.1 %	73
atenolol-chlorthalidone tabs 50-25 mg	39	azithromycin solr 500 mg	13
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)].....	85	azithromycin susr 100 mg/5ml	14
atomoxetine hcl caps 10 mg	55	azithromycin susr 200 mg/5ml	14
		azithromycin tabs 250 mg	14
		azithromycin tabs 500 mg	14
		azithromycin tabs 600 mg	14
		aztreonam solr 1 gm	14
		aztreonam solr 2 gm	14
		B	
		bacitracin oint 500 unit/gm	72
		BACITRACIN OINT 500 UNIT/GM [bacitracin (topical)].....	95
		BACITRACIN ZINC OINT 500 UNIT/GM	

[bacitracin zinc]	95	BD LUER-LOK SYRINGE MISC 25G X 1	63
bacitracin-polymyxin b oint 500-10000 unit/gm	72	BD LUER-LOK SYRINGE MISC 25G X 1-1/2 ..	63
BACLOFEN POWD [baclofen]	88	BD LUER-LOK SYRINGE MISC 25G X 5/8	63
baclofen tabs 10 mg	32	BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	63
baclofen tabs 20 mg	32	BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	63
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	88	BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	63
balsalazide disodium caps 750 mg	74	BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	63
BANOPHEN CAPS 50 MG [diphenhydramine hcl]	23	BD PLASTIPAK SYRINGE MISC 21G X 1	63
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	80	BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2	63
BARACLUDGE SOLN 0.05 MG/ML [entecavir] ..	19	BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	63
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4....	62	BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)]	63
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4....	62	BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)]	63
BD ALLERGY SYRINGE MISC 28G X 1/2	62	BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	63
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2	62	BD SYRINGE SLIP TIP MISC 25G X 5/8	63
BD DISP NEEDLES MISC 18G X 1-1/2	62	BD SYRINGE/NEEDLE MISC 22G X 1-1/2	63
BD DISP NEEDLES MISC 19G X 1	62	BD SYRINGE/NEEDLE MISC 23G X 1	63
BD DISP NEEDLES MISC 20G X 1	62	BD SYRINGE/NEEDLE MISC 25G X 5/8	63
BD DISP NEEDLES MISC 22G X 1-1/2	62	BD TB SYRINGE MISC 27G X 1/2	64
BD HYPODERMIC NEEDLE MISC 18G X 1 ...	62	BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64	64
BD HYPODERMIC NEEDLE MISC 21G X 1 ...	62	BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64	64
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2	62	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG [belladonna alkaloids & opium]	30
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2	62	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG [belladonna alkaloids & opium]	30
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8	62	benazepril hcl tabs 10 mg	43
BD INSULIN SYRINGE MISC 25G X 1	62	benazepril hcl tabs 20 mg	43
BD INSULIN SYRINGE MISC 27G X 1/2	62	benazepril hcl tabs 40 mg	43
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	62	benazepril hcl tabs 5 mg	43
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16	62	bendamustine hcl solr 100 mg	24
BD INSULIN SYRINGE U/F MISC 30G X 1/2..	62	BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	24
BD INSULIN SYRINGE U/F MISC 31G X 5/16	62	BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	34
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	62	BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	34
BD INTEGRA SYRINGE MISC 25G X 5/8	63	BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	34
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	63	BENTYL SOLN 10 MG/ML [dicyclomine hcl] ..	30
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	63	BENZOIN TINC [benzoin]	97
BD LUER-LOK SYRINGE MISC 20G X 1	63		
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	63		
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	63		
BD LUER-LOK SYRINGE MISC 22G X 1	63		

benzonatate caps 100 mg	90	bisoprolol fumarate tabs 10 mg	39
benzoyl peroxide-erythromycin gel 5-3 % ...	95	bisoprolol fumarate tabs 5 mg	40
benztropine mesylate soln 1 mg/ml	53	bisoprolol-hydrochlorothiazide tabs 10-6.25	
benztropine mesylate tabs 0.5 mg	53	mg	40
benztropine mesylate tabs 1 mg	53	bisoprolol-hydrochlorothiazide tabs 2.5-6.25	
benztropine mesylate tabs 2 mg	53	mg	40
betamethasone dipropionate aug crea 0.05 %		bisoprolol-hydrochlorothiazide tabs 5-6.25	
.....	95	mg	40
betamethasone dipropionate aug gel 0.05 %		bleomycin sulfate solr 15 unit	24
.....	95	BORIC ACID POWD [boric acid (bulk)]	88
betamethasone dipropionate aug oint 0.05 %		BOTOX SOLR 200 UNIT [onabotulinumtoxinA]	
.....	96	.....	85
betamethasone sod phos & acet susp 6 (3-3)		BREYANZI SUSP 70000000 CELLS/ML	
mg/ml	77	[lisocabtagene maraleucel]	85
BETAMETHASONE VALERATE CREA 0.1 %		BRIDION SOLN 200 MG/2ML [sugammadex	
[betamethasone valerate]	96	sodium]	85
betamethasone valerate foam 0.12 %	96	BRILINTA TABS 90 MG [ticagrelor]	37
BETAMETHASONE VALERATE OINT 0.1 %		brimonidine tartrate soln 0.2 %	73
[betamethasone valerate]	96	bromocriptine mesylate caps 5 mg	53
BETASERON KIT 0.3 MG [interferon beta-1b]		bromocriptine mesylate tabs 2.5 mg	53
.....	85	BRUKINSA CAPS 80 MG [zanubrutinib]	24
betaxolol hcl soln 0.5 %	73	BSS SOLN [ophthalmic irrigation solution -	
bethanechol chloride tabs 10 mg	31	intraocular]	73
bethanechol chloride tabs 25 mg	31	budesonide cpep 3 mg	77
bethanechol chloride tabs 5 mg	31	budesonide susp 0.25 mg/2ml	77
bethanechol chloride tabs 50 mg	31	budesonide susp 0.5 mg/2ml	77
bexarotene gel 1 %	98	BUPHENYL TABS 500 MG [sodium	
BEXSERO SUSY [meningococcal vac group		phenylbutyrate]	67
b (recombant omv adjuvanted)]	93	bupivacaine hcl (pf) soln 0.5 %	84
BEYFORTUS SOSY 100 MG/ML [nirsevimab-		bupivacaine hcl (pf) soln 0.75 %	84
alip]	19	bupivacaine hcl soln 0.25 %	84
BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab-		bupivacaine hcl soln 0.5 %	84
alip]	19	bupivacaine in dextrose soln 0.75-8.25 %	84
bicalutamide tabs 50 mg	24	buprenorphine hcl soln 0.3 mg/ml	45
BICILLIN L-A SUSY 1200000 UNIT/2ML		buprenorphine hcl-naloxone hcl film 12-3 mg	
[penicillin g benzathine]	14	.....	45
BICILLIN L-A SUSY 2400000 UNIT/4ML		buprenorphine hcl-naloxone hcl film 2-0.5 mg	
[penicillin g benzathine]	14	.....	45
BICILLIN L-A SUSY 600000 UNIT/ML [penicillin		buprenorphine hcl-naloxone hcl film 4-1 mg	
g benzathine]	14	.....	45
BIKTARVY TABS 30-120-15 MG [bictegravir-		buprenorphine hcl-naloxone hcl film 8-2 mg	
emtricitabine-tenofovir alafenamide		.....	45
fumarate]	20	buprenorphine hcl-naloxone hcl subl 2-0.5	
BIKTARVY TABS 50-200-25 MG [bictegravir-		mg	45
emtricitabine-tenofovir alafenamide		buprenorphine hcl-naloxone hcl subl 8-2 mg	
fumarate]	20	.....	45
bimatoprost soln 0.03 %	73	buprenorphine ptwk 10 mcg/hr	45
BIO GLO STRP 1 MG [fluorescein sodium		buprenorphine ptwk 15 mcg/hr	45
topical]	66	buprenorphine ptwk 20 mcg/hr	45
BIOTIN-D POWD [biotin (bulk)]	88	buprenorphine ptwk 5 mcg/hr	45

buprenorphine ptwk 7.5 mcg/hr	45
bupropion hcl er (sr) tb12 100 mg	57
bupropion hcl er (sr) tb12 150 mg	57
bupropion hcl er (sr) tb12 200 mg	57
bupropion hcl er (xl) tb24 150 mg	57
bupropion hcl er (xl) tb24 300 mg	57
bupropion hcl tabs 100 mg	57
bupropion hcl tabs 75 mg	57
bupirone hcl tabs 10 mg	54
bupirone hcl tabs 15 mg	54
bupirone hcl tabs 30 mg	54
bupirone hcl tabs 5 mg	54
butorphanol tartrate soln 1 mg/ml	45
butorphanol tartrate soln 2 mg/ml	45
BYOOVIZ SOLN 0.5 MG/0.05ML [ranibizumab-nuna]	73

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CABENUVA SUER 400 & 600 MG/2ML [cabotegravir & rilpivirine]	20
CABENUVA SUER 600 & 900 MG/3ML [cabotegravir & rilpivirine]	20
cabergoline tabs 0.5 mg	53
CABOMETRYX TABS 20 MG [cabozantinib s-malate]	24
CABOMETRYX TABS 40 MG [cabozantinib s-malate]	24
CABOMETRYX TABS 60 MG [cabozantinib s-malate]	24
caffeine citrate soln 60 mg/3ml	49
calcipotriene crea 0.005 %	98
calcipotriene oint 0.005 %	98
calcipotriene soln 0.005 %	98
calcitonin (salmon) soln 200 unit/act	82
calcitriol caps 0.25 mcg	100
calcitriol caps 0.5 mcg	100
calcium acetate (phos binder) caps 667 mg	69
calcium acetate tabs 667 mg	69
calcium chloride soln 10 %	69
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	69
CALQUENCE TABS 100 MG [acalabrutinib maleate]	24
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	24
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	24
CANCIDAS SOLR 50 MG [caspofungin acetate]	18
CANCIDAS SOLR 70 MG [caspofungin	

acetate]	18
CANDIN SOLN [candida albicans skin test antigen]	66
capecitabine tabs 150 mg	24
capecitabine tabs 500 mg	24
CAPRELSA TABS 100 MG [vandetanib]	24
CAPRELSA TABS 300 MG [vandetanib]	24
CARAFATE SUSP 1 GM/10ML [sucralfate] ...	75
carbamazepine chew 100 mg	50
carbamazepine er cp12 100 mg	50
carbamazepine er cp12 200 mg	50
carbamazepine er cp12 300 mg	50
carbamazepine er tb12 100 mg	50
carbamazepine er tb12 200 mg	50
carbamazepine er tb12 400 mg	50
carbamazepine susp 100 mg/5ml	50
carbamazepine tabs 200 mg	50
carbidopa tabs 25 mg	53
carbidopa-levodopa er tbc 25-100 mg	53
carbidopa-levodopa er tbc 50-200 mg	53
carbidopa-levodopa tabs 10-100 mg	53
carbidopa-levodopa tabs 25-100 mg	53
carbidopa-levodopa tabs 25-250 mg	53
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	53
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	53
carbidopa-levodopa-entacapone tabs 25-100-200 mg	53
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	53
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	53
carbidopa-levodopa-entacapone tabs 50-200-200 mg	53
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	40
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	40
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	41
carmustine solr 100 mg	24
carvedilol tabs 12.5 mg	40
carvedilol tabs 25 mg	40
carvedilol tabs 3.125 mg	40
carvedilol tabs 6.25 mg	40
CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	75
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	37

CAVERJECT IMPULSE KIT 10 MCG <i>[alprostadil (vasodilator)]</i>	44	CEFTRIAXONE SODIUM-DEXTROSE SOLR 2- 2.22 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	15
CAVERJECT IMPULSE KIT 20 MCG <i>[alprostadil (vasodilator)]</i>	44	<i>cefuroxime axetil tabs 250 mg</i>	15
CAVERJECT SOLR 20 MCG <i>[alprostadil (vasodilator)]</i>	44	<i>cefuroxime axetil tabs 500 mg</i>	15
CAVERJECT SOLR 40 MCG <i>[alprostadil (vasodilator)]</i>	44	<i>cefuroxime sodium solr 1.5 gm</i>	15
<i>cefaclor caps 250 mg</i>	14	<i>cefuroxime sodium solr 750 mg</i>	15
<i>cefaclor caps 500 mg</i>	14	CELONTIN CAPS 300 MG <i>[methsuximide]</i> ...50	
<i>cefadroxil caps 500 mg</i>	14	<i>cephalexin caps 250 mg</i>	15
<i>cefazolin sodium solr 1 gm</i>	14	<i>cephalexin caps 500 mg</i>	15
<i>cefazolin sodium solr 500 mg</i>	14	<i>cephalexin susr 125 mg/5ml</i>	15
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% <i>[cefazolin sodium-dextrose]</i>	14	<i>cephalexin susr 250 mg/5ml</i>	15
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) <i>[cefazolin sodium-dextrose]</i>	14	CEQUA SOLN 0.09 % <i>[cyclosporine (ophth)]</i>	72
<i>cefdinir susr 125 mg/5ml</i>	14	CERDELGA CAPS 84 MG <i>[eliglustat tartrate]</i>	85
<i>cefdinir susr 250 mg/5ml</i>	14	CERVIDIL INST 10 MG <i>[dinoprostone]</i>	88
<i>cefepime hcl solr 1 gm</i>	14	CHEMET CAPS 100 MG <i>[succimer]</i>	76
<i>cefepime hcl solr 2 gm</i>	14	<i>chloramphenicol sod succinate solr 1 gm</i> ...15	
CEFEPIME-DEXTROSE SOLR 1-5 GM- %(50ML) <i>[cefepime hcl-dextrose]</i>	14	<i>chlordiazepoxide hcl caps 10 mg</i>	54
CEFEPIME-DEXTROSE SOLR 2-5 GM- %(50ML) <i>[cefepime hcl-dextrose]</i>	14	<i>chlordiazepoxide hcl caps 25 mg</i>	54
<i>cefixime caps 400 mg</i>	14	<i>chlordiazepoxide hcl caps 5 mg</i>	54
<i>cefixime susr 100 mg/5ml</i>	14	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i> ...30	
<i>cefotaxime sodium inj 10gm</i>	14	<i>chlorhexidine gluconate soln 0.12 %</i>	72
<i>cefotetan disodium solr 1 gm</i>	14	CHLOROFORM SOL <i>[chloroform]</i>	88
CEFOTETAN DISODIUM-DEXTROSE SOLR 2- 2.08 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	14	<i>chloroprocaine hcl (pf) soln 2 %</i>	84
<i>cefoxitin sodium inj 1gm</i>	14	<i>chloroquine phosphate tabs 250 mg</i>	19
<i>cefoxitin sodium solr 10 gm</i>	14	<i>chloroquine phosphate tabs 500 mg</i>	19
<i>cefoxitin sodium solr 2 gm</i>	14	<i>chlorpromazine hcl soln 25 mg/ml</i>	57
<i>cefpodoxime proxetil tabs 100 mg</i>	14	<i>chlorpromazine hcl tabs 10 mg</i>	57
<i>cefpodoxime proxetil tabs 200 mg</i>	14	<i>chlorpromazine hcl tabs 100 mg</i>	57
<i>ceftazidime solr 6 gm</i>	14	<i>chlorpromazine hcl tabs 200 mg</i>	57
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	14	<i>chlorpromazine hcl tabs 25 mg</i>	57
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	14	<i>chlorpromazine hcl tabs 50 mg</i>	57
<i>ceftriaxone sodium solr 1 gm</i>	14	<i>chlorthalidone tabs 25 mg</i>	68
<i>ceftriaxone sodium solr 10 gm</i>	14	<i>chlorthalidone tabs 50 mg</i>	68
<i>ceftriaxone sodium solr 2 gm</i>	15	<i>cholestyramine light pack 4 gm</i>	39
<i>ceftriaxone sodium solr 250 mg</i>	15	<i>cholestyramine light powd 4 gm/dose</i>	39
<i>ceftriaxone sodium solr 500 mg</i>	15	<i>cholestyramine pack 4 gm</i>	39
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1- 3.74 GM-%(50ML) <i>[ceftriaxone sodium and dextrose]</i>	15	<i>cholestyramine powd 4 gm/dose</i>	39
		CHORIONIC GONADOTROPIN SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	82
		CHROMIC CHLORIDE SOLN 40 MCG/10ML <i>[chromic chloride]</i>	69
		<i>cidofovir soln 75 mg/ml</i>	20
		<i>cilostazol tabs 100 mg</i>	37
		<i>cilostazol tabs 50 mg</i>	37
		CIMDUO TABS 300-300 MG <i>[lamivudine- tenofovir disoproxil fumarate]</i>	20
		<i>cimetidine hcl soln 300 mg/5ml</i>	75

cinacalcet hcl tabs 30 mg	85	clindamycin phosphate crea 2 %	95
cinacalcet hcl tabs 60 mg	85	clindamycin phosphate gel 1 %	95
cinacalcet hcl tabs 90 mg	85	clindamycin phosphate in d5w soln 900	
CINRYZE SOLR 500 UNIT [c1 esterase		mg/50ml	15
inhibitor (human)]	85	clindamycin phosphate lotn 1 %	95
CIPRO SUSR 250 MG/5ML (5%)		clindamycin phosphate soln 1 %	95
[ciprofloxacin]	15	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
CIPRO SUSR 500 MG/5ML (10%)		[amino acid electrolyte w/ calcium infusion	
[ciprofloxacin]	15	in d5w]	67
ciprofloxacin hcl soln 0.3 %	72	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
ciprofloxacin hcl tabs 250 mg	15	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin hcl tabs 500 mg	15	in d10w]	67
ciprofloxacin hcl tabs 750 mg	15	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
ciprofloxacin in d5w soln 400 mg/200ml	15	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin-dexamethasone susp 0.3-0.1 %		in d5w]	67
.....	72	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cisatracurium besylate (pf) soln 10 mg/5ml	32	[amino acid electrolyte w/ calcium infusion	
cisatracurium besylate (pf) soln 200 mg/20ml		in d15w]	67
.....	32	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
cisatracurium besylate soln 20 mg/10ml	32	[amino acid electrolyte w/ calcium infusion	
cisplatin soln 100 mg/100ml	24	in d20w]	67
citalopram hydrobromide soln 10 mg/5ml	57	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
citalopram hydrobromide tabs 10 mg	57	[amino acid infusion in d10w]	67
citalopram hydrobromide tabs 20 mg	57	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
citalopram hydrobromide tabs 40 mg	57	[amino acid infusion in d5w]	67
cladribine soln 10 mg/10ml	24	CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino	
clarithromycin susr 125 mg/5ml	15	acid infusion in d15w]	67
clarithromycin susr 250 mg/5ml	15	CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino	
clarithromycin tabs 250 mg	15	acid infusion in d20w]	67
clarithromycin tabs 500 mg	15	clobetasol propionate crea 0.05 %	96
CLEOCIN PHOSPHATE SOLN 300 MG/2ML		clobetasol propionate gel 0.05 %	96
[clindamycin phosphate]	15	clobetasol propionate lotn 0.05 %	96
CLEOCIN PHOSPHATE SOLN 600 MG/4ML		clobetasol propionate oint 0.05 %	96
[clindamycin phosphate]	15	CLOBETASOL PROPIONATE POW PROPIONA	
CLEVIPREX EMUL 25 MG/50ML [clevidipine]		[clobetasol propionate]	88
.....	41	clobetasol propionate soln 0.05 %	96
CLEVIPREX EMUL 50 MG/100ML [clevidipine]		CLOBEX SPRAY LIQD 0.05 % [clobetasol	
.....	41	propionate]	95
CLICKFINE PEN NEEDLES MISC 31G X 6 MM		clomiphene citrate tabs 50 mg	81
[insulin pen needle]	64	clomipramine hcl caps 25 mg	57
CLIMARA PTWK 0.025 MG/24HR [estradiol]	81	clomipramine hcl caps 50 mg	57
CLIMARA PTWK 0.0375 MG/24HR [estradiol]		clomipramine hcl caps 75 mg	57
.....	81	clonazepam tabs 0.5 mg	50
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	81	clonazepam tabs 1 mg	50
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	81	clonazepam tabs 2 mg	50
CLIMARA PTWK 0.075 MG/24HR [estradiol]	81	CLONIDINE HCL POWD [clonidine hcl]	88
CLIMARA PTWK 0.1 MG/24HR [estradiol]	81	clonidine hcl tabs 0.1 mg	42
clindamycin hcl caps 150 mg	15	clonidine hcl tabs 0.2 mg	42
clindamycin hcl caps 300 mg	15	clonidine hcl tabs 0.3 mg	42
clindamycin palmitate hcl solr 75 mg/5ml ...	15	clonidine ptwk 0.1 mg/24hr	42

<i>clonidine ptwk 0.2 mg/24hr</i>	42	CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML <i>[neomycin-colistin-hc-thonzonium]</i>	72
<i>clonidine ptwk 0.3 mg/24hr</i>	42	COSENTYX (300 MG DOSE) SOSY 150 MG/ML <i>[secukinumab]</i>	98
<i>clopidogrel bisulfate tabs 75 mg</i>	37	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <i>[secukinumab]</i>	98
<i>clorazepate dipotassium tabs 15 mg</i>	54	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML <i>[secukinumab]</i>	98
<i>clorazepate dipotassium tabs 3.75 mg</i>	54	COSENTYX SOSY 150 MG/ML <i>[secukinumab]</i>	98
<i>clorazepate dipotassium tabs 7.5 mg</i>	54	COTELLIC TABS 20 MG <i>[cobimetinib</i> <i>fumarate]</i>	24
CLOTRIMAZOLE CRYST <i>[clotrimazole</i> <i>(topical)]</i>	89	CREON CPEP 12000-38000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	76
<i>clotrimazole troc 10 mg</i>	95	CREON CPEP 24000-76000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	76
<i>clozapine tabs 100 mg</i>	57	CREON CPEP 3000-9500 UNIT <i>[pancrelipase</i> <i>(lipase-protease-amylase)]</i>	76
<i>clozapine tabs 200 mg</i>	57	CREON CPEP 36000-114000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	76
<i>clozapine tabs 25 mg</i>	57	CREON CPEP 6000-19000 UNIT <i>[pancrelipase</i> <i>(lipase-protease-amylase)]</i>	76
<i>clozapine tabs 50 mg</i>	57	CROFAB SOLR <i>[crotalidae polyvalent</i> <i>immune fab (ovine)]</i>	91
COAL TAR EXTRACT SOLN 20 % <i>[coal tar</i> <i>(crude)]</i>	89	<i>cromolyn sodium conc 100 mg/5ml</i>	90
COARTEM TABS 20-120 MG <i>[artemether-</i> <i>lumefantrine]</i>	19	<i>cromolyn sodium nebu 20 mg/2ml</i>	90
CODEINE SULFATE TABS 15 MG <i>[codeine</i> <i>sulfate]</i>	45	<i>cromolyn sodium soln 4 %</i>	73
CODEINE SULFATE TABS 30 MG <i>[codeine</i> <i>sulfate]</i>	45	C-TOPICAL SOLN 4 % <i>[cocaine hcl]</i>	74
CODEINE SULFATE TABS 60 MG <i>[codeine</i> <i>sulfate]</i>	45	CUPRIC CHLORIDE SOLN 0.4 MG/ML <i>[cupric</i> <i>chloride]</i>	69
<i>colchicine tabs 0.6 mg</i>	85	CUROSURF SUSP 120 MG/1.5ML <i>[poractant</i> <i>alfa]</i>	90
<i>colestipol hcl gran 5 gm</i>	39	CUROSURF SUSP 240 MG/3ML <i>[poractant</i> <i>alfa]</i>	90
<i>colestipol hcl pack 5 gm</i>	39	<i>cyanocobalamin soln 1000 mcg/ml</i>	100
<i>colestipol hcl tabs 1 gm</i>	39	<i>cyclobenzaprine hcl tabs 10 mg</i>	32
COLLODION FLEXIBLE LIQD <i>[collodion</i> <i>flexible]</i>	89	<i>cyclobenzaprine hcl tabs 5 mg</i>	32
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</i>	33	<i>cyclopentolate hcl soln 1 %</i>	74
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG <i>[cabozantinib s-malate]</i>	24	CYCLOPHOSPHAMIDE CAPS 25 MG <i>[cyclophosphamide]</i>	24
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG <i>[cabozantinib s-malate]</i>	24	CYCLOPHOSPHAMIDE CAPS 50 MG <i>[cyclophosphamide]</i>	24
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG <i>[cabozantinib s-malate]</i>	24	<i>cyclophosphamide solr 1 gm</i>	24
COMPLERA TABS 200-25-300 MG <i>[emtricitabine-riplivirine-tenofovir</i> <i>disoproxil fumarate]</i>	20	<i>cyclophosphamide solr 2 gm</i>	24
CONDYLOX GEL 0.5 % <i>[podofilox]</i>	98	<i>cyclophosphamide solr 500 mg</i>	24
CONRAY SOLN 60 % <i>[iothalamate</i> <i>meglumine]</i>	66	<i>cycloserine caps 250 mg</i>	18
CONTOUR NEXT CONTROL SOLN NORMAL <i>[blood glucose calibration]</i>	64	<i>cyclosporine emul 0.05 %</i>	72
COPIKTRA CAPS 15 MG <i>[duvelisib]</i>	24	<i>cyproheptadine hcl syrp 2 mg/5ml</i>	23
COPIKTRA CAPS 25 MG <i>[duvelisib]</i>	24	<i>cyproheptadine hcl tabs 4 mg</i>	23
CORDRAN TAPE 4 MCG/SQCM <i>[flurandrenolide]</i>	96	CYRAMZA SOLN 100 MG/10ML <i>[ramucirumab]</i>	
<i>cortisone acetate tabs 25 mg</i>	77		

.....	24
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	24
.....	24
CYSTADANE POWD [<i>betaine</i>]	85
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	85
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	85
CYTOGAM INJ 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	91
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	67
CYTRA-K SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	67

D

<i>dacarbazine solr 100 mg</i>	24
<i>dacarbazine solr 200 mg</i>	24
<i>danazol caps 100 mg</i>	78
<i>danazol caps 200 mg</i>	78
<i>danazol caps 50 mg</i>	78
<i>dantrolene sodium caps 100 mg</i>	32
<i>dantrolene sodium caps 25 mg</i>	32
<i>dantrolene sodium caps 50 mg</i>	32
<i>dapsone tabs 100 mg</i>	18
<i>dapsone tabs 25 mg</i>	18
<i>daptomycin solr 500 mg</i>	15
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	19
<i>darunavir tabs 600 mg</i>	20
<i>darunavir tabs 800 mg</i>	20
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	24
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	24
<i>daunorubicin hcl soln 20 mg/4ml</i>	24
DDAVP RHINAL TUBE SOLN 0.01 % [<i>desmopressin acetate refrigerated</i>]	82
<i>deferasirox tabs 360 mg</i>	76
<i>deferasirox tabs 90 mg</i>	76
<i>deferoxamine mesylate inj 2gm</i>	76
<i>deferoxamine mesylate solr 500 mg</i>	76
DEPO-PROVERA SUSP 400 MG/ML [<i>medroxyprogesterone acetate (antineoplastic)</i>]	83
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	20
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	20
<i>desipramine hcl tabs 10 mg</i>	57
<i>desipramine hcl tabs 100 mg</i>	57

<i>desipramine hcl tabs 150 mg</i>	57
<i>desipramine hcl tabs 25 mg</i>	57
<i>desipramine hcl tabs 50 mg</i>	57
<i>desipramine hcl tabs 75 mg</i>	57
<i>desmopressin ace spray refrig soln 0.01 %</i>	82
<i>desmopressin acetate soln 4 mcg/ml</i>	82
<i>desmopressin acetate spray soln 0.01 %</i>	82
<i>desmopressin acetate tabs 0.1 mg</i>	82
<i>desmopressin acetate tabs 0.2 mg</i>	82
<i>desonide oint 0.05 %</i>	96
<i>desoximetasone crea 0.25 %</i>	96
<i>dexamethasone elix 0.5 mg/5ml</i>	77
<i>dexamethasone sodium phosphate soln 0.1 %</i>	72
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	77
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	77
<i>dexamethasone soln 0.5 mg/5ml</i>	77
<i>dexamethasone tabs 0.5 mg</i>	77
<i>dexamethasone tabs 0.75 mg</i>	77
<i>dexamethasone tabs 1 mg</i>	77
<i>dexamethasone tabs 1.5 mg</i>	77
<i>dexamethasone tabs 2 mg</i>	77
<i>dexamethasone tabs 4 mg</i>	77
<i>dexamethasone tabs 6 mg</i>	77
<i>dexmethylphenidate hcl er cp24 10 mg</i>	49
<i>dexmethylphenidate hcl er cp24 15 mg</i>	49
<i>dexmethylphenidate hcl er cp24 20 mg</i>	49
<i>dexmethylphenidate hcl er cp24 25 mg</i>	49
<i>dexmethylphenidate hcl er cp24 30 mg</i>	49
<i>dexmethylphenidate hcl er cp24 35 mg</i>	49
<i>dexmethylphenidate hcl er cp24 40 mg</i>	49
<i>dexmethylphenidate hcl er cp24 5 mg</i>	49
<i>dexmethylphenidate hcl tabs 10 mg</i>	49
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	49
<i>dexmethylphenidate hcl tabs 5 mg</i>	49
<i>dextroamphetamine sulfate er cp24 10 mg</i>	49
<i>dextroamphetamine sulfate er cp24 15 mg</i>	49
<i>dextroamphetamine sulfate er cp24 5 mg</i>	49
<i>dextroamphetamine sulfate tabs 10 mg</i>	49
<i>dextroamphetamine sulfate tabs 5 mg</i>	49
DEXTROSE 5%/ELECTROLYTE #48 SOLN [<i>electrolyte-48 in dextrose</i>]	69
DEXTROSE IN LACTATED RINGERS SOLN 5 % [<i>dextrose in lactated ringers</i>]	69
DEXTROSE SOLN 10 % [<i>dextrose</i>]	67
DEXTROSE SOLN 20 % [<i>dextrose</i>]	67
DEXTROSE SOLN 40 % [<i>dextrose</i>]	67
DEXTROSE SOLN 5 % [<i>dextrose</i>]	68

DEXTROSE SOLN 50 % [dextrose].....	68	<i>diltiazem hcl er cp24 120 mg</i>	41
DEXTROSE SOLN 70 % [dextrose].....	68	<i>diltiazem hcl er cp24 180 mg</i>	41
DEXTROSE-NACL SOLN 10-0.45 % [dextrose w/ sodium chloride].....	69	<i>diltiazem hcl er cp24 240 mg</i>	41
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride].....	69	DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]	89
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride].....	69	<i>diltiazem hcl tabs 120 mg</i>	41
DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride].....	69	<i>diltiazem hcl tabs 30 mg</i>	41
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride].....	69	<i>diltiazem hcl tabs 60 mg</i>	41
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride].....	69	<i>diltiazem hcl tabs 90 mg</i>	41
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam</i> (<i>anticonvulsant</i>)].....	54	<i>diphenhydramine hcl soln 50 mg/ml</i>	23
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam</i> (<i>anticonvulsant</i>)].....	54	<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	74
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam</i> (<i>anticonvulsant</i>)].....	54	<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i> ...	74
DIASTIX STRP [<i>glucose urine test-(glucose</i> <i>oxidase)</i>].....	66	DIPHThERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids</i> (<i>dt</i>)].....	92
<i>diazepam soln 5 mg/5ml</i>	54	<i>dipyridamole tabs 25 mg</i>	44
<i>diazepam soln 5 mg/ml</i>	54	<i>dipyridamole tabs 50 mg</i>	44
<i>diazepam tabs 10 mg</i>	54	<i>dipyridamole tabs 75 mg</i>	44
<i>diazepam tabs 2 mg</i>	54	<i>disopyramide phosphate caps 100 mg</i>	42
<i>diazepam tabs 5 mg</i>	54	<i>disopyramide phosphate caps 150 mg</i>	42
<i>diclofenac sodium gel 1 %</i>	98	<i>disulfiram tabs 250 mg</i>	85
<i>diclofenac sodium soln 0.1 %</i>	72	<i>disulfiram tabs 500 mg</i>	85
<i>diclofenac sodium soln 1.5 %</i>	98	<i>divalproex sodium csdr 125 mg</i>	50
<i>dicloxacillin sodium caps 250 mg</i>	15	<i>divalproex sodium er tb24 250 mg</i>	50
<i>dicloxacillin sodium caps 500 mg</i>	15	<i>divalproex sodium er tb24 500 mg</i>	50
<i>dicyclomine hcl caps 10 mg</i>	30	<i>divalproex sodium tbec 125 mg</i>	50
<i>dicyclomine hcl soln 10 mg/5ml</i>	30	<i>divalproex sodium tbec 250 mg</i>	50
<i>dicyclomine hcl tabs 20 mg</i>	30	<i>divalproex sodium tbec 500 mg</i>	50
<i>didanosine cap 125mg</i>	20	<i>dobutamine hcl soln 250 mg/20ml</i>	33
<i>didanosine cpdr 250 mg</i>	20	DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w</i>].....	33
<i>didanosine cpdr 400 mg</i>	20	DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w</i>].....	33
DIFFERIN CREA 0.1 % [<i>adapalene</i>].....	98	<i>docetaxel conc 80 mg/4ml</i>	24
DIFFERIN GEL 0.3 % [<i>adapalene</i>].....	98	DOCUSATE SODIUM LIQD 50 MG/5ML [<i>docusate sodium</i>].....	75
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]91		<i>dofetilide caps 125 mcg</i>	42
<i>digoxin soln 0.05 mg/ml</i>	41	<i>dofetilide caps 250 mcg</i>	42
<i>digoxin tabs 125 mcg</i>	41	<i>dofetilide caps 500 mcg</i>	42
<i>digoxin tabs 250 mcg</i>	42	<i>donepezil hcl tabs 10 mg</i>	31
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	32	<i>donepezil hcl tabs 5 mg</i>	31
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	32	<i>donepezil hcl tbdp 10 mg</i>	31
<i>diltiazem hcl er coated beads cp24 180 mg</i>	41	<i>donepezil hcl tbdp 5 mg</i>	31
<i>diltiazem hcl er cp12 120 mg</i>	41	DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine</i>].....	30
<i>diltiazem hcl er cp12 60 mg</i>	41	DONNATAL TABS 16.2 MG [<i>phenobarbital-</i> <i>hyoscyamine-atropine-scopolamine</i>].....	31
<i>diltiazem hcl er cp12 90 mg</i>	41	DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [<i>dopamine in d5w</i>].....	33

DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% <i>[dopamine in d5w]</i>	33	<i>estrogens & methyltestosterone]</i>	81
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% <i>[dopamine in d5w]</i>	33	EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	81
<i>dorzolamide hcl soln 2 %</i>	73	<i>efavirenz caps 200 mg</i>	20
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	73	<i>efavirenz caps 50 mg</i>	20
DOVATO TABS 50-300 MG <i>[dolutegravir sodium-lamivudine]</i>	20	<i>efavirenz tabs 600 mg</i>	20
<i>doxazosin mesylate tabs 1 mg</i>	38	<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	20
<i>doxazosin mesylate tabs 2 mg</i>	38	EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	37
<i>doxazosin mesylate tabs 4 mg</i>	38	EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	37
<i>doxazosin mesylate tabs 8 mg</i>	38	ELAPRASE SOLN 6 MG/3ML <i>[idursulfase]</i> ...	71
<i>doxepin hcl caps 10 mg</i>	57	ELELYSO SOLR 200 UNIT <i>[taliglucerase alfa]</i>	71
<i>doxepin hcl caps 100 mg</i>	57	<i>eletriptan hydrobromide tabs 20 mg</i>	52
<i>doxepin hcl caps 150 mg</i>	57	<i>eletriptan hydrobromide tabs 40 mg</i>	52
<i>doxepin hcl caps 25 mg</i>	57	ELIGARD KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	82
<i>doxepin hcl caps 50 mg</i>	57	ELIGARD KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	82
<i>doxepin hcl caps 75 mg</i>	57	ELIGARD KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	82
<i>doxepin hcl conc 10 mg/ml</i>	58	ELIGARD KIT 7.5 MG <i>[leuprolide acetate]</i> ...	82
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	24	ELLA TABS 30 MG <i>[ulipristal acetate]</i>	80
<i>doxorubicin hcl soln 2 mg/ml</i>	24	ELMIRON CAPS 100 MG <i>[pentosan polysulfate sodium]</i>	85
<i>doxycycline hyclate tabs 20 mg</i>	15	ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	34
<i>doxycycline monohydrate susr 25 mg/5ml</i> ..	15	ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	34
<i>doxycycline monohydrate tabs 100 mg</i>	15	ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
<i>doxycycline monohydrate tabs 50 mg</i>	15	ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
DRITHO-CREME HP CREA 1 % <i>[anthralin]</i> ..	98	ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
<i>droperidol soln 2.5 mg/ml</i>	54	ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	80	ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	80	ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
DRYSOL SOLN 20 % <i>[aluminum chloride]</i> ...	97	ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	35
<i>duloxetine hcl cpep 20 mg</i>	58		
<i>duloxetine hcl cpep 30 mg</i>	58		
<i>duloxetine hcl cpep 60 mg</i>	58		
DUOPA SUSP 4.63-20 MG/ML <i>[carbidopa-levodopa]</i>	53		
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	45		
D-XYLOSE POWD <i>[d-xylose]</i>	66		
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	68		
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	68		
E			
EASY TOUCH SAFETY SYRINGE MISC 20G X 1	64		
EDEX KIT 40 MCG <i>[alprostadil (vasodilator)]</i>	44		
EDURANT TABS 25 MG <i>[rilpivirine hcl]</i>	20		
EEMT HS TABS 0.625-1.25 MG <i>[esterified</i>			

factor (rcmb) fc fusion protein(bdd-rfviiiifc)] 35	benzoyl peroxide] 98
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)] 35	epinephrine hcl inj 1mg/ml 33
EMCYT CAPS 140 MG [estramustine phosphate sodium] 25	EPINEPHRINE PF SOLN 1 MG/ML [epinephrine] 33
emtricitabine caps 200 mg 20	epinephrine soaj 0.15 mg/0.15ml 33
emtricitabine-tenofovir df tabs 100-150 mg 20	epinephrine soaj 0.3 mg/0.3ml 33
emtricitabine-tenofovir df tabs 133-200 mg 20	EPINEPHRINE SOSY 1 MG/10ML [epinephrine] 33
emtricitabine-tenofovir df tabs 167-250 mg 20	EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)] 20
emtricitabine-tenofovir df tabs 200-300 mg 20	ERBITUX SOLN 100 MG/50ML [cetuximab] .. 25
EMTRIVA SOLN 10 MG/ML [emtricitabine] ... 20	ERBITUX SOLN 200 MG/100ML [cetuximab] 25
ENBREL SOLR 25 MG [etanercept] 85	ergotamine-caffeine tabs 1-100 mg 52
ENBREL SOSY 25 MG/0.5ML [etanercept] ... 85	ERIVEDGE CAPS 150 MG [vismodegib] 25
ENBREL SOSY 50 MG/ML [etanercept] 85	erlotinib hcl tabs 100 mg 25
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept] 85	erlotinib hcl tabs 150 mg 25
ENDOMETRIN INST 100 MG [progesterone (vaginal)] 83	erlotinib hcl tabs 25 mg 25
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)] 93	ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi] 25
ENGERIX-B SUSY 10 MCG/0.5ML [hepatitis b vaccine (recomb)] 93	erythromycin oint 5 mg/gm 72
ENGERIX-B SUSY 20 MCG/ML [hepatitis b vaccine (recomb)] 93	erythromycin soln 2 % 95
ENHERTU SOLR 100 MG [fam-trastuzumab deruxtecan-nxki] 25	escitalopram oxalate soln 5 mg/5ml 58
ENTACAPONE TABS 200 MG [entacapone] 53	escitalopram oxalate tabs 10 mg 56
entecavir tabs 0.5 mg 20	escitalopram oxalate tabs 20 mg 58
entecavir tabs 1 mg 20	escitalopram oxalate tabs 5 mg 58
ENTRESTO TABS 24-26 MG [sacubitril- valsartan] 43	ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl] 40
ENTRESTO TABS 49-51 MG [sacubitril- valsartan] 43	estradiol pttw 0.025 mg/24hr 81
ENTRESTO TABS 97-103 MG [sacubitril- valsartan] 43	estradiol pttw 0.0375 mg/24hr 81
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium] 66	estradiol pttw 0.05 mg/24hr 81
EPCLUSA PACK 150-37.5 MG [sofosbuvir- velpatasvir] 20	estradiol pttw 0.075 mg/24hr 81
EPCLUSA PACK 200-50 MG [sofosbuvir- velpatasvir] 20	estradiol pttw 0.1 mg/24hr 82
EPCLUSA TABS 200-50 MG [sofosbuvir- velpatasvir] 20	estradiol ptwk 0.05 mg/24hr 82
EPCLUSA TABS 400-100 MG [sofosbuvir- velpatasvir] 20	estradiol ptwk 0.075 mg/24hr 82
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [ephedrine sulfate (pressors)] 33	estradiol tabs 0.5 mg 82
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-	estradiol tabs 1 mg 82
	estradiol tabs 10 mcg 82
	estradiol tabs 2 mg 82
	estradiol valerate oil 10 mg/ml 82
	estradiol valerate oil 20 mg/ml 82
	estradiol valerate oil 40 mg/ml 82
	ESTRING RING 2 MG [estradiol vaginal] 82
	ethacrynic acid tabs 25 mg 68
	ethambutol hcl tabs 100 mg 18
	ethambutol hcl tabs 400 mg 18
	ETHAMOLIN SOLN 5 % [ethanolamine oleate] 44
	ethosuximide caps 250 mg 50
	ethosuximide soln 250 mg/5ml 50
	etodolac caps 200 mg 45

etodolac caps 300 mg	46
etodolac tabs 400 mg	46
etodolac tabs 500 mg	46
etoposide caps 50 mg	25
etravirine tabs 100 mg	20
etravirine tabs 200 mg	20
everolimus tabs 10 mg	25
everolimus tabs 2.5 mg	25
everolimus tabs 5 mg	25
everolimus tabs 7.5 mg	25
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	21
exemestane tabs 25 mg	25
EXJADE TBSO 125 MG [deferasirox]	76
EXJADE TBSO 250 MG [deferasirox]	76
EXJADE TBSO 500 MG [deferasirox]	76
EXTAVIA KIT 0.3 MG [interferon beta-1b]	85
EYLEA SOLN 2 MG/0.05ML [aflibercept]	73
EYLEA SOSY 2 MG/0.05ML [aflibercept]	73
ezetimibe tabs 10 mg	39

F

FABRAZYME SOLR 35 MG [agalsidase beta]	71
FABRAZYME SOLR 5 MG [agalsidase beta]	71
famotidine (pf) soln 20 mg/2ml	75
famotidine inj 10mg/ml	75
famotidine premixed soln 20-0.9 mg/50ml-%	75
famotidine soln 40 mg/4ml	75
famotidine susr 40 mg/5ml	75
famotidine tabs 20 mg	75
famotidine tabs 40 mg	75
fenofibrate tabs 160 mg	39
fenofibrate tabs 54 mg	39
fentanyl citrate (pf) soct 100 mcg/2ml	46
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	46
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate]	46
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	46
fentanyl pt72 100 mcg/hr	46
fentanyl pt72 12 mcg/hr	46
fentanyl pt72 25 mcg/hr	46
fentanyl pt72 50 mcg/hr	46
fentanyl pt72 75 mcg/hr	46
finasteride tabs 5 mg	85
 fingolimod hcl caps 0.5 mg	85
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	15

FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	15
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	91
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	91
flecainide acetate tabs 100 mg	42
flecainide acetate tabs 150 mg	42
flecainide acetate tabs 50 mg	42
FLOVENT HFA AERO 44 MCG/ACT [fluticasone propionate hfa]	77
fluconazole in dextrose inj dex 200	18
fluconazole in nacl inj nacl 200	18
fluconazole in nacl inj nacl 400	18
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	18
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	18
fluconazole susr 10 mg/ml	18
fluconazole susr 40 mg/ml	18
fluconazole tabs 100 mg	18
fluconazole tabs 150 mg	18
fluconazole tabs 200 mg	18
fluconazole tabs 50 mg	18
flucytosine caps 250 mg	18
flucytosine caps 500 mg	18
fludarabine phosphate solr 50 mg	25
fludrocortisone acetate tabs 0.1 mg	77
flunisolide soln 25 mcg/act (0.025%)	72
fluocinolone acetonide body oil 0.01 %	96
fluocinolone acetonide scalp oil 0.01 %	96
fluocinolone acetonide soln 0.01 %	96
fluocinonide gel 0.05 %	98
fluocinonide oint 0.05 %	96
fluocinonide soln 0.05 %	96
fluorometholone susp 0.1 %	72
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	98
fluorouracil crea 5 %	98
fluorouracil soln 2 %	98
fluorouracil soln 5 %	98
fluorouracil soln 500 mg/10ml	25
fluoxetine hcl caps 10 mg	58
fluoxetine hcl caps 20 mg	58
fluoxetine hcl caps 40 mg	58
fluoxetine hcl soln 20 mg/5ml	58
fluphenazine decanoate soln 25 mg/ml	58
fluphenazine hcl conc 5 mg/ml	58
fluphenazine hcl tabs 1 mg	58

fluphenazine hcl tabs 10 mg	58
fluphenazine hcl tabs 2.5 mg	58
fluphenazine hcl tabs 5 mg	58
flurbiprofen sodium soln 0.03 %	72
flutamide caps 125 mg	25
fluticasone propionate crea 0.05 %	96
fluticasone propionate hfa aero 44 mcg/act 77	
fluticasone propionate oint 0.005 %	96
fluticasone propionate susp 50 mcg/act	72
fluvoxamine maleate tabs 100 mg	58
fluvoxamine maleate tabs 25 mg	58
fluvoxamine maleate tabs 50 mg	58
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML [influenza virus vac split high-dose quad preservative free]	93
FLUZONE QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	94
FLUZONE QUADRIVALENT SUSP 0.5 ML [influenza virus vaccine split quadrivalent]	94
folic acid soln 5 mg/ml	100
FORTAZ SOLR 500 MG [ceftazidime]	16
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	82
fosamprenavir calcium tabs 700 mg	21
fosaprepitant dimeglumine solr 150 mg	75
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	21
fulvestrant sosy 250 mg/5ml	25
furosemide soln 10 mg/ml	68
FUROSEMIDE SOLN 10 MG/ML [furosemide]	68
furosemide soln 8 mg/ml	68
FUROSEMIDE TABS 20 MG [furosemide]	68
FUROSEMIDE TABS 40 MG [furosemide]	68
furosemide tabs 80 mg	68

G

gabapentin caps 100 mg	50
gabapentin caps 300 mg	50
gabapentin caps 400 mg	50
GABAPENTIN POWD [gabapentin (bulk)] ...	89
gabapentin soln 250 mg/5ml	51
gabapentin tabs 600 mg	51
gabapentin tabs 800 mg	51
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	32
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	32
GABLOFEN SOLN 40000 MCG/20ML	

[baclofen]	32
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 50 MCG/ML [baclofen] ...	32
GADAVIST SOLN 1 MMOL/ML [gadobutrol] ..	66
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	66
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	66
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	66
galantamine hydrobromide er cp24 16 mg ..	31
galantamine hydrobromide er cp24 24 mg ..	31
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	32
galantamine hydrobromide tabs 12 mg	32
galantamine hydrobromide tabs 4 mg	32
galantamine hydrobromide tabs 8 mg	32
GAMASTAN INJ [immune globulin (human) im]	91
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	91
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	91
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	91
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	91
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	91
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	91
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	91
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	91
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	91
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	91
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	91
ganciclovir sodium solr 500 mg	21
GARDASIL 9 SUSP [human papillomavirus (hvp) 9-valent recombinant vaccine]	94
GARDASIL 9 SUSY [human papillomavirus	

haloperidol tabs 5 mg	58	lock flush]	37
HARVONI TABS 45-200 MG [ledipasvir-sofosbuvir]	21	heparin sodium (porcine) soln 1000 unit/ml 37	
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	21	heparin sodium (porcine) soln 10000 unit/ml	37
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	94	heparin sodium (porcine) soln 20000 unit/ml	37
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	94	heparin sodium (porcine) soln 5000 unit/ml 37	
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	88	HERCEPTIN SOLR 150 MG [trastuzumab] ...	25
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh]	35	hetastarch-nacl soln 6-0.9 %	69
HEMLIBRA SOLN 12 MG/0.4ML [emicizumab-kxwh]	35	HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	69
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh]	35	HIBERIX SOLR 10 MCG [haemophilus b polysac conj vac]	94
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh]	35	HIZENTRA SOLN 1 GM/5ML [immune globulin (human) subcutaneous]	92
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh]	35	HIZENTRA SOLN 10 GM/50ML [immune globulin (human) subcutaneous]	92
HEMOPIL M INJ 220-400 [antihemophilic factor (human)]	35	HIZENTRA SOLN 2 GM/10ML [immune globulin (human) subcutaneous]	92
HEMOPIL M SOLR 1000 UNIT [antihemophilic factor (human)]	35	HIZENTRA SOLN 4 GM/20ML [immune globulin (human) subcutaneous]	92
HEMOPIL M SOLR 1700 UNIT [antihemophilic factor (human)]	35	HIZENTRA SOSY 1 GM/5ML [immune globulin (human) subcutaneous]	92
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	37	HIZENTRA SOSY 2 GM/10ML [immune globulin (human) subcutaneous]	92
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	37	HIZENTRA SOSY 4 GM/20ML [immune globulin (human) subcutaneous]	92
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	37	HOMATROPAIRE SOLN 5 % [homatropine hbr]	74
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	37	HUMALOG SOLN 100 UNIT/ML [insulin lispro]	79
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	37	HUMATE-P SOLR 1000-2400 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	37	HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	37	HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	37	HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	79
		HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	79
		HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	79
		HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	79
		HUMULIN R SOLN 100 UNIT/ML [insulin	

ibuprofen susp 100 mg/5ml	46	INSULIN GLARGINE-YFGN SOPN 100	
ibutilide fumarate soln 1 mg/10ml	42	UNIT/ML [insulin glargine-yfgn]	80
icatibant acetate sosy 30 mg/3ml	86	INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin		.....	37
hcl]	25	INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	
IDELVION SOLR 1000 UNIT [coagulation		.....	37
factor ix recomb albumin fusion protein		INTELENCE TABS 25 MG [etravirine]	21
(rix-fp)]	35	INTRALIPID EMUL 20 % [fat emulsion plant	
IDELVION SOLR 2000 UNIT [coagulation		based (soy)]	68
factor ix recomb albumin fusion protein		INTRALIPID EMUL 30 % [fat emulsion plant	
(rix-fp)]	35	based (soy)]	68
IDELVION SOLR 250 UNIT [coagulation factor		INTRON A SOLN 10000000 UNIT/ML	
ix recomb albumin fusion protein (rix-fp)]	35	[interferon alfa-2b].....	26
IDELVION SOLR 500 UNIT [coagulation factor		INTRON A SOLN 6000000 UNIT/ML [interferon	
ix recomb albumin fusion protein (rix-fp)]	35	alfa-2b]	26
imatinib mesylate tabs 100 mg	25	INTRON A SOLR 10000000 UNIT [interferon	
imatinib mesylate tabs 400 mg	25	alfa-2b]	26
IMBRUVICA CAPS 140 MG [ibrutinib].....	25	INTRON A SOLR 18000000 UNIT [interferon	
IMBRUVICA CAPS 70 MG [ibrutinib].....	25	alfa-2b]	26
IMBRUVICA TABS 140 MG [ibrutinib].....	25	INTRON A SOLR 50000000 UNIT [interferon	
IMBRUVICA TABS 280 MG [ibrutinib].....	25	alfa-2b]	26
IMBRUVICA TABS 420 MG [ibrutinib].....	26	INVANZ SOLR 1 GM [ertapenem sodium]	16
IMBRUVICA TABS 560 MG [ibrutinib].....	26	INVEGA SUSTENNA SUSY 117 MG/0.75ML	
imipramine hcl tabs 10 mg	58	[paliperidone palmitate].....	58
imipramine hcl tabs 25 mg	58	INVEGA SUSTENNA SUSY 156 MG/ML	
imipramine hcl tabs 50 mg	58	[paliperidone palmitate].....	58
imiquimod crea 5 %	98	INVEGA SUSTENNA SUSY 234 MG/1.5ML	
IMOOGAM RABIES-HT SOLN 300 UNIT/2ML		[paliperidone palmitate].....	58
[rabies immune globulin (human)]	92	INVEGA SUSTENNA SUSY 39 MG/0.25ML	
indapamide tabs 1.25 mg	68	[paliperidone palmitate].....	56
indapamide tabs 2.5 mg	68	INVEGA SUSTENNA SUSY 78 MG/0.5ML	
indomethacin caps 25 mg	46	[paliperidone palmitate].....	58
indomethacin caps 50 mg	46	INVIRASE TABS 500 MG [saquinavir	
indomethacin er cpcr 75 mg	46	mesylate].....	21
INDOMETHACIN SODIUM SOLR 1 MG		ipratropium bromide soln 0.02 %	31
[indomethacin sodium]	46	ipratropium bromide soln 0.03 %	31
INFANRIX SUSP 25-58-10 [diphtheria,		ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	
acellular pertussis & tetanus toxoids]	92	.....	33
INFED SOLN 50 MG/ML [iron dextran]	34	IRESSA TABS 250 MG [gefitinib].....	26
INFLECTRA SOLR 100 MG [infliximab-dyyb]	86	ISENTRESS CHEW 100 MG [raltegravir	
INFUMORPH 200 SOLN 200 MG/20ML (10		potassium].....	21
MG/ML) [morphine sulfate for continuous		ISENTRESS CHEW 25 MG [raltegravir	
microinfusion].....	46	potassium].....	21
INFUVITE ADULT INJ [multiple vitamin].....	99	ISENTRESS HD TABS 600 MG [raltegravir	
INFUVITE PEDIATRIC SOLN [pediatric		potassium].....	21
multiple vitamins]	99	ISENTRESS TABS 400 MG [raltegravir	
INSULIN GLARGINE SOLN 100 UNIT/ML		potassium].....	21
[insulin glargine].....	79	isoniazid soln 100 mg/ml	18
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML		isoniazid syrp 50 mg/5ml	18
[insulin glargine-yfgn]	80	isoniazid tabs 100 mg	18

isoniazid tabs 300 mg	18
isoproterenol hcl soln 0.2 mg/ml	33
isosorbide dinitrate tabs 10 mg	44
isosorbide dinitrate tabs 20 mg	44
isosorbide dinitrate tabs 30 mg	44
isosorbide dinitrate tabs 5 mg	44
isosorbide mononitrate er tb24 120 mg	44
isosorbide mononitrate er tb24 30 mg	44
isosorbide mononitrate er tb24 60 mg	44
ISOSORBIDE POWD [isosorbide (bulk)]	89
itraconazole caps 100 mg	18
ivermectin tabs 3 mg	13
IXEMPRA KIT SOLR 15 MG [ixabepilone].....	26
IXEMPRA KIT SOLR 45 MG [ixabepilone].....	26
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed].....	94

J

JADENU SPRINKLE PACK 180 MG [deferasirox].....	76
JADENU SPRINKLE PACK 360 MG [deferasirox].....	76
JADENU SPRINKLE PACK 90 MG [deferasirox].....	76
JADENU TABS 180 MG [deferasirox].....	77
JAKAFI TABS 10 MG [ruxolitinib phosphate]26	
JAKAFI TABS 15 MG [ruxolitinib phosphate]26	
JAKAFI TABS 20 MG [ruxolitinib phosphate]26	
JAKAFI TABS 25 MG [ruxolitinib phosphate]26	
JAKAFI TABS 5 MG [ruxolitinib phosphate] .	26
JARDIANCE TABS 10 MG [empagliflozin]	80
JARDIANCE TABS 25 MG [empagliflozin]	80
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel] .	26
JULUCA TABS 50-25 MG [dolutegravir sodium-rlpivirine hcl]	21

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine].....	26
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine].....	26
KALYDECO PACK 13.4 MG [ivacaftor]	90
KALYDECO PACK 25 MG [ivacaftor]	90
KALYDECO PACK 5.8 MG [ivacaftor]	90
KALYDECO PACK 50 MG [ivacaftor]	90
KALYDECO PACK 75 MG [ivacaftor]	90
KALYDECO TABS 150 MG [ivacaftor].....	90
KANJINTI SOLR 420 MG [trastuzumab-anns]	26

KCENTRA KIT 500 UNIT [prothrombin complex concentrate human].....	35
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	70
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers].....	70
KEDRAB SOLN 1500 UNIT/10ML [rabies immune globulin (human)]	92
KEDRAB SOLN 300 UNIT/2ML [rabies immune globulin (human)].....	92
KENALOG SUSP 10 MG/ML [triamcinolone acetonide]	77
KENALOG SUSP 40 MG/ML [triamcinolone acetonide]	77
KEPIVANCE SOLR 6.25 MG [palifermin].....	97
KERALYT GEL 6 % [salicylic acid].....	97
KETAMINE HCL POWD [ketamine hcl (bulk)]	89
ketamine hcl soln 10 mg/ml	56
ketamine hcl soln 50 mg/ml	56
ketoconazole crea 2 %	95
ketoconazole sham 2 %	95
ketoconazole tabs 200 mg	18
KETO-DIASTIX STRP [urine glucose-ketones test]	66
KETOPROFEN POWD [ketoprofen (bulk)]...	89
ketorolac tromethamine inj 15mg/ml	46
ketorolac tromethamine soln 0.5 %	72
ketorolac tromethamine soln 15 mg/ml	47
ketorolac tromethamine soln 30 mg/ml	47

ketorolac tromethamine soln 60 mg/2ml	47
KETOSTIX STRP [acetone (urine) test]	66
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	26
KINERET INJ [anakinra]	86
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	94
KINRIX SUSY 0.5 ML [diph-tetanus tox ad- acell pertussis & polio virus, ipv vac]	94
KISQALI (200 MG DOSE) TBP 200 MG [ribociclib succinate]	26
KISQALI (400 MG DOSE) TBP 200 MG [ribociclib succinate]	26
KISQALI (600 MG DOSE) TBP 200 MG [ribociclib succinate]	26
KLOR-CON TBCR 8 MEQ [potassium chloride]	70
KOGENATE FS KIT 1000 UNIT [antihemophilic factor (recombinant) (rfviii)]	35
KOGENATE FS KIT 2000 UNIT [antihemophilic factor (recombinant) (rfviii)]	36
KOGENATE FS KIT 250 UNIT [antihemophilic factor (recombinant) (rfviii)]	36
KOGENATE FS KIT 500 UNIT [antihemophilic factor (recombinant) (rfviii)]	36
KOVALTRY SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	36
KOVALTRY SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	36
KOVALTRY SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	36
KOVALTRY SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	36
KOVALTRY SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]	36
KRINTAFEL TABS 150 MG [tafenoquine succinate]	19
KYPROLIS SOLR 10 MG [carfilzomib]	26
KYPROLIS SOLR 30 MG [carfilzomib]	26
KYPROLIS SOLR 60 MG [carfilzomib]	26

L

labetalol hcl soln 5 mg/ml	40
labetalol hcl tabs 100 mg	40
labetalol hcl tabs 200 mg	40

labetalol hcl tabs 300 mg	40
lacosamide soln 10 mg/ml	51
lacosamide soln 200 mg/20ml	51
lacosamide tabs 100 mg	51
lacosamide tabs 150 mg	51
lacosamide tabs 200 mg	51
lacosamide tabs 50 mg	51
LACRISERT INST 5 MG [artificial tear insert]	73
LACTATED RINGERS SOLN [lactated ringer's (irrigation)]	69
LACTATED RINGERS SOLN [lactated ringer's]	70
lactulose encephalopathy soln 10 gm/15ml	67
lactulose soln 10 gm/15ml	67
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	51
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	51
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	51
lamivudine soln 10 mg/ml	21
lamivudine tabs 100 mg	21
lamivudine tabs 150 mg	21
lamivudine tabs 300 mg	21
lamivudine-zidovudine tabs 150-300 mg	21
lamotrigine chew 25 mg	51
lamotrigine chew 5 mg	51
lamotrigine tabs 100 mg	51
lamotrigine tabs 150 mg	51
lamotrigine tabs 200 mg	51
lamotrigine tabs 25 mg	51
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [digoxin]	42
latanoprost soln 0.005 %	73
L-CITRULLINE POWD [citrulline (bulk)]	89
leflunomide tabs 10 mg	86
leflunomide tabs 20 mg	86
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	26
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [lenvatinib mesylate]	26
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [lenvatinib mesylate]	26
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [lenvatinib mesylate]	26
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [lenvatinib mesylate]	26
letrozole tabs 2.5 mg	26
leucovorin calcium solr 100 mg	86

leucovorin calcium tabs 25 mg	86	LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	66
leucovorin calcium tabs 5 mg	86	lidocaine hcl (cardiac) pf sosy 50 mg/5ml ...	84
LEUKERAN TABS 2 MG [chlorambucil].....	26	lidocaine hcl (pf) soln 0.5 %	84
LEUKINE SOLR 250 MCG [sargramostim] ...	38	lidocaine hcl (pf) soln 1 %	84
leuprolide acetate kit 1 mg/0.2ml	26	LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	89
levetiracetam er tb24 500 mg	51	lidocaine hcl soln 0.5 %	84
levetiracetam er tb24 750 mg	51	lidocaine hcl soln 1 %	84
LEVETIRACETAM IN NAACL SOLN 1000		lidocaine hcl soln 4 %	97
MG/100ML [levetiracetam in sodium		lidocaine hcl urethral/mucosal gel 2 %	97
chloride]	51	lidocaine hcl urethral/mucosal prsy 2 %	97
LEVETIRACETAM IN NAACL SOLN 1500		LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
MG/100ML [levetiracetam in sodium		[lidocaine in d5w]	42
chloride]	51	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
LEVETIRACETAM IN NAACL SOLN 500		[lidocaine in d5w]	42
MG/100ML [levetiracetam in sodium		lidocaine oint 5 %	97
chloride]	51	lidocaine ptch 5 %	97
levetiracetam soln 100 mg/ml	51	lidocaine viscous hcl soln 2 %	74
levetiracetam soln 500 mg/5ml	51	lidocaine-epinephrine soln 0.5 %-1	
levetiracetam tabs 1000 mg	51	200000	84
levetiracetam tabs 250 mg	51	lidocaine-epinephrine soln 1 %-1	
levetiracetam tabs 500 mg	51	100000	84
levetiracetam tabs 750 mg	51	lidocaine-epinephrine soln 2 %-1	
levobunolol hcl soln 0.5 %	73	100000	84
levocarnitine inj 200mg/ml	86	200000	84
LEVOCARNITINE SOLN 1 GM/10ML		lidocaine-prilocaine crea 2.5-2.5 %	97
[levocarnitine (metabolic modifiers)]	86	lidocaine-prilocaine kit 2.5-2.5 %	97
LEVOCARNITINE TABS 330 MG [levocarnitine	86	linezolid soln 600 mg/300ml	16
(metabolic modifiers)]	86	linezolid susr 100 mg/5ml	16
levofloxacin in d5w soln 250 mg/50ml	16	linezolid tabs 600 mg	16
levofloxacin in d5w soln 500 mg/100ml	16	liothyronine sodium tabs 25 mcg	83
levofloxacin in d5w soln 750 mg/150ml	16	liothyronine sodium tabs 5 mcg	83
levofloxacin soln 25 mg/ml	16	liothyronine sodium tabs 50 mcg	83
levofloxacin tabs 250 mg	16	lisinopril tabs 10 mg	43
levofloxacin tabs 500 mg	16	lisinopril tabs 2.5 mg	43
levofloxacin tabs 750 mg	16	lisinopril tabs 20 mg	43
levothyroxine sodium tabs 100 mcg	83	lisinopril tabs 30 mg	43
levothyroxine sodium tabs 112 mcg	83	lisinopril tabs 40 mg	43
levothyroxine sodium tabs 125 mcg	83	lisinopril tabs 5 mg	43
levothyroxine sodium tabs 150 mcg	83	lisinopril-hydrochlorothiazide tabs 10-12.5	
levothyroxine sodium tabs 175 mcg	83	mg	43
levothyroxine sodium tabs 200 mcg	83	lisinopril-hydrochlorothiazide tabs 20-12.5	
levothyroxine sodium tabs 25 mcg	83	mg	43
levothyroxine sodium tabs 300 mcg	83	lisinopril-hydrochlorothiazide tabs 20-25 mg	
levothyroxine sodium tabs 50 mcg	83	.....	43
levothyroxine sodium tabs 75 mcg	83	L-ISOLEUCINE POWD [isoleucine].....	89
levothyroxine sodium tabs 88 mcg	83	lithium carbonate caps 150 mg	52
LEVOXYL TABS 137 MCG [levothyroxine		LITHIUM CARBONATE CAPS 300 MG [lithium	
sodium].....	83	carbonate].....	52
LEVULAN KERASTICK SOLR 20 %			
[aminolevulinic acid hcl]	98		

MAGNESIUM SULFATE SOLN 50 %	
[magnesium sulfate]	51
malathion lotn 0.5 %	95
MANGANESE CHLORIDE SOLN 0.1 MG/ML	
[manganese chloride]	70
MATULANE CAPS 50 MG [procarbazine hcl]	27
meclofenamate sodium caps 100 mg	47
meclofenamate sodium caps 50 mg	47
MEDROL TABS 2 MG [methylprednisolone]	78
medroxyprogesterone acetate susp 150	
mg/ml	83
medroxyprogesterone acetate susy 150	
mg/ml	83
medroxyprogesterone acetate tabs 10 mg ..	83
medroxyprogesterone acetate tabs 2.5 mg ..	83
medroxyprogesterone acetate tabs 5 mg	83
mefenamic acid caps 250 mg	47
mefloquine hcl tabs 250 mg	19
megestrol acetate susp 40 mg/ml	27
megestrol acetate susp 400 mg/10ml	27
megestrol acetate tabs 20 mg	27
megestrol acetate tabs 40 mg	27
MEKINIST SOLR 0.05 MG/ML [trametinib	
dimethyl sulfoxide]	27
MEKINIST TABS 0.5 MG [trametinib dimethyl	
sulfoxide]	27
MEKINIST TABS 2 MG [trametinib dimethyl	
sulfoxide]	27
meloxicam tabs 15 mg	47
meloxicam tabs 7.5 mg	47
memantine hcl tabs 10 mg	56
memantine hcl tabs 5 mg	56
MENOPUR SOLR 75 UNIT [menotropins] ...	82
MENVEO SOLN [meningococcal (a,c,y&w-	
135) oligosaccharide conjugate vac]	94
MENVEO SOLR [meningococcal (a,c,y&w-	
135) oligosaccharide conjugate vac]	94
meperidine hcl soln 100 mg/ml	47
meperidine hcl soln 25 mg/ml	47
meperidine hcl soln 50 mg/ml	47
MEPHYTON TABS 5 MG [phytonadione]	100
mercaptopurine tabs 50 mg	27
meropenem solr 1 gm	16
meropenem solr 500 mg	16
mesalamine enem 4 gm	74
mesalamine supp 1000 mg	74
mesalamine tbec 1.2 gm	74
mesna soln 100 mg/ml	86
MESNEX TABS 400 MG [mesna]	86
MESTINON SOLN 60 MG/5ML [pyridostigmine	
bromide]	32
metformin hcl er tb24 500 mg	80
metformin hcl er tb24 750 mg	80
metformin hcl tabs 1000 mg	80
metformin hcl tabs 500 mg	80
metformin hcl tabs 850 mg	80
methadone hcl soln 10 mg/5ml	47
METHADONE HCL SOLN 10 MG/ML	
[methadone hcl]	47
methadone hcl soln 5 mg/5ml	47
methadone hcl tabs 10 mg	47
methadone hcl tabs 5 mg	47
methazolamide tabs 25 mg	73
methazolamide tabs 50 mg	73
methenamine hippurate tabs 1 gm	23
methimazole tabs 10 mg	83
methimazole tabs 5 mg	83
methocarbamol tabs 500 mg	32
methocarbamol tabs 750 mg	32
methotrexate sodium (pf) soln 50 mg/2ml ...	27
METHOTREXATE SODIUM SOLN 50 MG/2ML	
[methotrexate sodium]	27
methotrexate sodium tabs 2.5 mg	27
methoxsalen rapid caps 10 mg	97
methyl dopa tabs 250 mg	43
methyl dopa tabs 500 mg	43
METHYLENE BLUE SOLN 1 % [methylene	
blue (antidote)]	66
methylergonovine maleate soln 0.2 mg/ml ..	88
methylergonovine maleate tabs 0.2 mg	88
methylphenidate hcl er (cd) cpcr 10 mg	49
methylphenidate hcl er (cd) cpcr 20 mg	49
methylphenidate hcl er (cd) cpcr 30 mg	49
methylphenidate hcl er (cd) cpcr 40 mg	49
methylphenidate hcl er (cd) cpcr 50 mg	49
methylphenidate hcl er (cd) cpcr 60 mg	49
methylphenidate hcl er (osm) tbcr 18 mg	49
methylphenidate hcl er (osm) tbcr 27 mg ...	49
methylphenidate hcl er (osm) tbcr 36 mg	49
methylphenidate hcl er (osm) tbcr 54 mg	49
methylphenidate hcl er tbcr 10 mg	49
methylphenidate hcl er tbcr 20 mg	49
methylphenidate hcl tabs 10 mg	49
methylphenidate hcl tabs 20 mg	49
methylphenidate hcl tabs 5 mg	49
methylprednisolone acetate susp 40 mg/ml	78
methylprednisolone acetate susp 80 mg/ml	78
methylprednisolone sodium succ solr 1000	
mg	78
methylprednisolone sodium succ solr 125 mg	

.....	78	<i>milrinone lactate inj 1mg/ml</i>	42
<i>methylprednisolone sodium succ solr 40 mg</i>	78	<i>milrinone lactate soln 10 mg/10ml</i>	42
.....	78	MINOCIN SOLR 100 MG [<i>minocycline hcl</i>]... 16	
<i>methylprednisolone tabs 16 mg</i>	78	<i>minocycline hcl caps 100 mg</i>	16
<i>methylprednisolone tabs 32 mg</i>	78	<i>minocycline hcl caps 50 mg</i>	16
<i>methylprednisolone tabs 4 mg</i>	78	<i>minocycline hcl caps 75 mg</i>	16
<i>methylprednisolone tabs 8 mg</i>	78	<i>minoxidil tabs 10 mg</i>	43
<i>methylprednisolone tbpk 4 mg</i>	78	<i>minoxidil tabs 2.5 mg</i>	43
<i>methyltestosterone caps 10 mg</i>	79	MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>].....	73
<i>methyltestosterone tabs 10 mg</i>	79	MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>].....	73
<i>metoclopramide hcl soln 10 mg/10ml</i>	76	MIRENA (52 MG) IUD 20 MCG/DAY	
<i>metoclopramide hcl soln 5 mg/ml</i>	76	[<i>levonorgestrel (iud)</i>].....	81
<i>metoclopramide hcl tabs 10 mg</i>	76	<i>mirtazapine tabs 15 mg</i>	59
<i>metoclopramide hcl tabs 5 mg</i>	76	<i>mirtazapine tabs 30 mg</i>	59
<i>metolazone tabs 10 mg</i>	68	<i>mirtazapine tabs 45 mg</i>	59
<i>metolazone tabs 2.5 mg</i>	68	<i>misoprostol tabs 100 mcg</i>	75
<i>metolazone tabs 5 mg</i>	68	<i>misoprostol tabs 200 mcg</i>	75
<i>metoprolol succinate er tb24 100 mg</i>	40	<i>mitomycin solr 20 mg</i>	27
<i>metoprolol succinate er tb24 200 mg</i>	40	<i>mitomycin solr 40 mg</i>	27
<i>metoprolol succinate er tb24 25 mg</i>	40	<i>mitomycin solr 5 mg</i>	27
<i>metoprolol succinate er tb24 50 mg</i>	40	MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>].....	72
<i>metoprolol tartrate tabs 100 mg</i>	40	M-M-R II SOLR [<i>measles, mumps & rubella virus vaccines</i>].....	94
<i>metoprolol tartrate tabs 25 mg</i>	40	<i>modafinil tabs 100 mg</i>	49
<i>metoprolol tartrate tabs 50 mg</i>	40	<i>modafinil tabs 200 mg</i>	49
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	40	<i>mometasone furoate crea 0.1 %</i>	96
<i>metronidazole crea 0.75 %</i>	95	<i>mometasone furoate oint 0.1 %</i>	96
<i>metronidazole gel 0.75 %</i>	95	<i>mometasone furoate soln 0.1 %</i>	96
METRONIDAZOLE POWD [<i>metronidazole (bulk)</i>].....	89	MONOJECT INSULIN SYRINGE MISC 25G X 5/8.....	64
METRONIDAZOLE SOLN 500 MG/100ML [<i>metronidazole</i>].....	19	MONOJECT INSULIN SYRINGE MISC 27G X 1/2.....	64
<i>metronidazole tabs 250 mg</i>	19	MONOJECT INSULIN SYRINGE MISC 29G X 1/2.....	64
<i>metronidazole tabs 500 mg</i>	19	MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1..	64
<i>mexiletine hcl caps 150 mg</i>	42	MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2.....	64
<i>mexiletine hcl caps 200 mg</i>	42	MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1..	64
<i>mexiletine hcl caps 250 mg</i>	42	MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2.....	64
MICROLET NEXT LANCING DEVICE MISC [<i>lancet devices</i>].....	64	MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1..	64
<i>midazolam hcl syrps 2 mg/ml</i>	55	MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [<i>syringe (disposable)</i>].....	64
<i>midodrine hcl tabs 10 mg</i>	33		
<i>midodrine hcl tabs 2.5 mg</i>	33		
<i>midodrine hcl tabs 5 mg</i>	33		
MIFEPREX TABS 200 MG [<i>mifepristone</i>].....	88		
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>].....	75		
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	42		
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	42		

MONOJECT TB SYRINGE MISC 1 ML [<i>syringe (disposable)</i>]	64
MONOJECT TB SYRINGE MISC 28G X 1/2	64
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2	64
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16	65
<i>montelukast sodium chew 4 mg</i>	90
<i>montelukast sodium chew 5 mg</i>	90
<i>montelukast sodium pack 4 mg</i>	90
<i>montelukast sodium tabs 10 mg</i>	90
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	47
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	47
<i>morphine sulfate (pf) soln 1 mg/ml</i>	47
<i>morphine sulfate er tbc 100 mg</i>	47
<i>morphine sulfate er tbc 15 mg</i>	47
<i>morphine sulfate er tbc 200 mg</i>	47
<i>morphine sulfate er tbc 30 mg</i>	47
<i>morphine sulfate er tbc 60 mg</i>	47
MORPHINE SULFATE SOLN 1 MG/ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SOLN 10 MG/5ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SOLN 2 MG/ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SOLN 20 MG/5ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SOLN 50 MG/ML [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>]	47
MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>]	47
MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>]	48
MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>]	48
<i>moxifloxacin hcl soln 0.5 %</i>	72
<i>moxifloxacin hcl tabs 400 mg</i>	16
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</i>]	66
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [<i>ped multivitamins w/fl & iron</i>]	99

MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [<i>pediatric multivitamins w/fl</i>]	99
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [<i>pediatric multivitamins w/fl</i>]	99
MULTIVITAMIN/FLUORIDE CHEW 1 MG [<i>pediatric multivitamins w/fl</i>]	99
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [<i>pediatric multivitamins w/fl</i>]	99
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric multivitamins w/fl</i>]	99
<i>mupirocin oint 2 %</i>	95
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	27
<i>mycophenolate mofetil caps 250 mg</i>	86
<i>mycophenolate mofetil susr 200 mg/ml</i>	86
<i>mycophenolate mofetil tabs 500 mg</i>	86
<i>mycophenolate sodium tbec 180 mg</i>	86
<i>mycophenolate sodium tbec 360 mg</i>	86
MYLERAN TABS 2 MG [<i>busulfan</i>]	28
MYOBLOC SOLN 10000 UNIT/2ML [<i>rimabotulinumtoxinb</i>]	86
MYOBLOC SOLN 2500 UNIT/0.5ML [<i>rimabotulinumtoxinb</i>]	86
MYOBLOC SOLN 5000 UNIT/ML [<i>rimabotulinumtoxinb</i>]	86
MYRBETRIQ SRER 8 MG/ML [<i>mirabegron</i>]	99
MYRBETRIQ TB24 25 MG [<i>mirabegron</i>]	99
MYRBETRIQ TB24 50 MG [<i>mirabegron</i>]	99

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NABI-HB SOLN 312 UNIT/ML [<i>hepatitis b immune globulin (human)</i>]	92
<i>nabumetone tabs 500 mg</i>	48
<i>nabumetone tabs 750 mg</i>	48
<i>nadolol tabs 20 mg</i>	40
<i>nadolol tabs 40 mg</i>	40
<i>nadolol tabs 80 mg</i>	40
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>nafcillin sodium in dextrose</i>]	16
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [<i>nafcillin sodium in dextrose</i>]	16
<i>nalbuphine hcl soln 10 mg/ml</i>	48
<i>nalbuphine hcl soln 20 mg/ml</i>	48
<i>naloxone hcl liqd 4 mg/0.1ml</i>	56
<i>naloxone hcl soln 0.4 mg/ml</i>	56
<i>naloxone hcl sosy 2 mg/2ml</i>	56
<i>naltrexone hcl tabs 50 mg</i>	56
NAMENDA SOL 10MG/5ML [<i>memantine hcl</i>]	56
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	56

<i>naphazoline hcl soln</i>	74	<i>nicotine polacrilex gum 4 mg</i>	31
<i>naproxen susp 125 mg/5ml</i>	48	<i>nicotine polacrilex loz 2 mg</i>	31
<i>naproxen tabs 250 mg</i>	48	<i>nicotine polacrilex loz 4 mg</i>	31
<i>naproxen tabs 375 mg</i>	48	<i>nicotine pt24 14 mg/24hr</i>	31
<i>naproxen tabs 500 mg</i>	48	<i>nicotine pt24 21 mg/24hr</i>	31
<i>naproxen tbec 375 mg</i>	48	<i>nicotine pt24 7 mg/24hr</i>	31
<i>naratriptan hcl tabs 1 mg</i>	52	<i>nifedipine caps 10 mg</i>	41
<i>naratriptan hcl tabs 2.5 mg</i>	52	<i>nifedipine caps 20 mg</i>	41
NAROPIN INJ 10MG/ML [<i>ropivacaine hcl</i>] ..	84	<i>nifedipine er osmotic release tb24 30 mg</i> ...	41
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>] ..	84	<i>nifedipine er osmotic release tb24 60 mg</i>	41
NAROPIN SOLN 5 MG/ML [<i>ropivacaine hcl</i>] ..	84	<i>nifedipine er osmotic release tb24 90 mg</i>	41
NATACYN SUSP 5 % [<i>natamycin</i>].....	72	<i>nifedipine er tb24 30 mg</i>	41
NEBUPENT SOLR 300 MG [<i>pentamidine</i> <i>isethionate</i>].....	19	<i>nifedipine er tb24 60 mg</i>	41
<i>nefazodone hcl tabs 100 mg</i>	59	<i>nimodipine caps 30 mg</i>	41
<i>nefazodone hcl tabs 150 mg</i>	59	NINLARO CAPS 2.3 MG [<i>ixazomib citrate</i>] ..	28
<i>nefazodone hcl tabs 200 mg</i>	59	NINLARO CAPS 3 MG [<i>ixazomib citrate</i>]	28
<i>nefazodone hcl tabs 250 mg</i>	59	NINLARO CAPS 4 MG [<i>ixazomib citrate</i>]	28
<i>nefazodone hcl tabs 50 mg</i>	59	NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]44	
<i>neomycin sulfate tabs 500 mg</i>	16	NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]44	
<i>neomycin-bacitracin zn-polymyx oint 5-400- 10000</i>	72	NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>].....	23
<i>neomycin-polymyxin b gu soln 40-200000</i> ..	95	<i>nitrofurantoin macrocrystal caps 25 mg</i>	23
<i>neomycin-polymyxin-dexameth oint 3.5- 10000-0.1</i>	72	NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [<i>nitrofurantoin macrocrystal</i>].....	23
<i>neomycin-polymyxin-dexameth susp 3.5- 10000-0.1</i>	72	<i>nitrofurantoin monohyd macro caps 100 mg</i>	23
<i>neomycin-polymyxin-gramicidin soln 1.75- 10000-.025</i>	72	<i>nitrofurantoin susp 25 mg/5ml</i>	23
<i>neomycin-polymyxin-hc soln 1 %</i>	72	NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>].....	44
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i> ..	72	NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>].....	44
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen</i> <i>lysine</i>]	48	NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [<i>nitroglycerin in d5w</i>].....	44
NEORAL SOLN 100 MG/ML [<i>cyclosporine</i> <i>modified (for microemulsion)</i>]	86	<i>nitroglycerin pt24 0.1 mg/hr</i>	44
NESACAINE SOLN 1 % [<i>chlorprocaine hcl</i>]84		<i>nitroglycerin pt24 0.2 mg/hr</i>	44
NESACAINE SOLN 2 % [<i>chlorprocaine hcl</i>]84		<i>nitroglycerin pt24 0.4 mg/hr</i>	44
<i>nevirapine susp 50 mg/5ml</i>	21	<i>nitroglycerin pt24 0.6 mg/hr</i>	44
<i>nevirapine tabs 200 mg</i>	21	<i>nitroglycerin soln 5 mg/ml</i>	44
NEXPLANON IMPL 68 MG [<i>etonogestrel</i>].....	81	NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>].....	45
NIACIN ER CPR 250 MG [<i>niacin</i>]	100	NITROSTAT SUBL 0.4 MG [<i>nitroglycerin</i>].....	45
NIACIN ER CPR 500 MG [<i>niacin</i>]	100	NITROSTAT SUBL 0.6 MG [<i>nitroglycerin</i>].....	45
NIACIN ER TBCR 250 MG [<i>niacin</i>]	100	NITRO-TIME CPR 2.5 MG [<i>nitroglycerin</i>] ..	44
NIACIN TABS 100 MG [<i>niacin</i>].....	100	NITRO-TIME CPR 6.5 MG [<i>nitroglycerin</i>] ..	44
NIACIN TABS 250 MG [<i>niacin</i>].....	100	NITRO-TIME CPR 9 MG [<i>nitroglycerin</i>]	44
NIACIN TABS 50 MG [<i>niacin</i>].....	100	NIVESTYM SOLN 300 MCG/ML [<i>filgrastim- aafi</i>].....	38
NIACIN TABS 500 MG [<i>niacin</i>].....	100	NIVESTYM SOLN 480 MCG/1.6ML [<i>filgrastim- aafi</i>].....	38
NICARDIPINE HCL SOLN 2.5 MG/ML [<i>nicardipine hcl</i>]	41	NIVESTYM SOSY 300 MCG/0.5ML [<i>filgrastim- aafi</i>].....	38
<i>nicotine polacrilex gum 2 mg</i>	31		

NIVESTYM SOSY 480 MCG/0.8ML [<i>filgrastim-aafi</i>]	38
<i>norethindrone acetate tabs 5 mg</i>	83
<i>norethindrone tabs 0.35 mg</i>	81
NORMAL SALINE FLUSH SOLN 0.9 % [<i>sodium chloride flush</i>]	70
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	42
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	42
<i>nortriptyline hcl caps 10 mg</i>	59
<i>nortriptyline hcl caps 25 mg</i>	59
<i>nortriptyline hcl caps 50 mg</i>	59
<i>nortriptyline hcl caps 75 mg</i>	59
<i>nortriptyline hcl soln 10 mg/5ml</i>	59
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	21
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM [<i>insulin pen needle</i>]	65
NOVOSEVEN RT SOLR 1 MG [<i>coagulation factor viia (recombinant)</i>]	36
NOVOSEVEN RT SOLR 2 MG [<i>coagulation factor viia (recombinant)</i>]	36
NOVOSEVEN RT SOLR 5 MG [<i>coagulation factor viia (recombinant)</i>]	36
NOVOSEVEN RT SOLR 8 MG [<i>coagulation factor viia (recombinant)</i>]	36
<i>nystatin crea 100000 unit/gm</i>	95
<i>nystatin susp 100000 unit/ml</i>	18
<i>nystatin tabs 500000 unit</i>	18

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OCTAGAM SOLN 1 GM/20ML [<i>immune globulin (human) iv</i>]	92
OCTAGAM SOLN 2.5 GM/50ML [<i>immune globulin (human) iv</i>]	92
OCTAGAM SOLN 25 GM/500ML [<i>immune globulin (human) iv</i>]	92
<i>octreotide acetate soln 100 mcg/ml</i>	86
<i>octreotide acetate soln 1000 mcg/ml</i>	86
<i>octreotide acetate soln 200 mcg/ml</i>	86
<i>octreotide acetate soln 50 mcg/ml</i>	86
<i>octreotide acetate soln 500 mcg/ml</i>	86
<i>octreotide acetate sosy 50 mcg/ml</i>	86
ODACTRA SUBL 12 SQ-HDM [<i>dust mite mixed allergen extract</i>]	92
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine- rilpivirine-tenofovir alafenamide fumarate</i>]	21
ODOMZO CAPS 200 MG [<i>sonidegib phosphate</i>]	28

OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	48
<i>ofloxacin soln 0.3 %</i>	72
<i>olanzapine solr 10 mg</i>	59
<i>olanzapine tabs 10 mg</i>	59
<i>olanzapine tabs 15 mg</i>	59
<i>olanzapine tabs 2.5 mg</i>	59
<i>olanzapine tabs 20 mg</i>	59
<i>olanzapine tabs 5 mg</i>	59
<i>olanzapine tabs 7.5 mg</i>	59
<i>omeprazole cpdr 10 mg</i>	75
<i>omeprazole cpdr 20 mg</i>	75
<i>omeprazole cpdr 40 mg</i>	75
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	83
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	83
OMNITROPE SOLR 5.8 MG [<i>somatropin</i>]	65
ONCASPARG SOLN 750 UNIT/ML [<i>pegaspargase</i>]	28
<i>ondansetron hcl soln 4 mg/2ml</i>	75
<i>ondansetron hcl soln 40 mg/20ml</i>	75
<i>ondansetron hcl tabs 4 mg</i>	75
<i>ondansetron hcl tabs 8 mg</i>	75
<i>ondansetron tbdp 4 mg</i>	75
<i>ondansetron tbdp 8 mg</i>	75
ONETOUCH DELICA PLUS LANCET33G MISC [<i>lancets</i>]	65
ONETOUCH SURESOFT LANCING DEV MISC [<i>lancets misc.</i>]	65
ONETOUCH ULTRA LIQD [<i>blood glucose calibration</i>]	65
ONETOUCH ULTRA STRP [<i>glucose blood</i>]	66
ONETOUCH ULTRASOFT 2 LANCETS MISC [<i>lancets</i>]	65
ONETOUCH ULTRASOFT LANCETS MISC [<i>lancets</i>]	65
ONETOUCH VERIO FLEX SYSTEM DEVI [<i>blood glucose monitoring supplies</i>]	65
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [<i>blood glucose monitoring supplies</i>]	65
ONETOUCH VERIO LIQD HIGH [<i>blood glucose calibration</i>]	65
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>]	28
OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	28
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	86
ORENCIA SOLR 250 MG [<i>abatacept</i>]	86
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	86

ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	86
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	86
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	90
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	90
ORKAMBI PACK 75-94 MG [<i>lumacaftor-ivacaftor</i>]	90
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	90
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	90
<i>oseltamivir phosphate caps 30 mg</i>	21
<i>oseltamivir phosphate caps 45 mg</i>	21
<i>oseltamivir phosphate caps 75 mg</i>	21
<i>oseltamivir phosphate susr 6 mg/ml</i>	21
OSMITROL SOLN 20 % [<i>mannitol</i>]	68
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	86
OTEZLA TABS 30 MG [<i>apremilast</i>]	86
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	86
VIDREL INJ 250 MCG/0.5ML [<i>choriogonadotropin alfa</i>]	82
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [<i>oxacillin sodium in dextrose</i>]	16
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	16
<i>oxacillin sodium solr 1 gm</i>	16
<i>oxacillin sodium solr 2 gm</i>	16
<i>oxaliplatin soln 100 mg/20ml</i>	28
<i>oxaliplatin soln 50 mg/10ml</i>	28
<i>oxandrolone tabs 10 mg</i>	79
<i>oxandrolone tabs 2.5 mg</i>	79
<i>oxazepam caps 10 mg</i>	55
<i>oxazepam caps 15 mg</i>	55
<i>oxazepam caps 30 mg</i>	55
<i>oxcarbazepine susp 300 mg/5ml</i>	51
<i>oxcarbazepine tabs 150 mg</i>	51
<i>oxcarbazepine tabs 300 mg</i>	51
<i>oxcarbazepine tabs 600 mg</i>	51
<i>oxybutynin chloride er tb24 10 mg</i>	99
<i>oxybutynin chloride er tb24 15 mg</i>	99
<i>oxybutynin chloride er tb24 5 mg</i>	99
<i>oxybutynin chloride soln 5 mg/5ml</i>	99
<i>oxybutynin chloride tabs 5 mg</i>	99
<i>oxycodone hcl soln 5 mg/5ml</i>	48
<i>oxycodone hcl tabs 5 mg</i>	48
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	48
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	48
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	48

OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [<i>semaglutide</i>]	80
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [<i>semaglutide</i>]	80
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [<i>semaglutide</i>]	80
OZURDEX IMPL 0.7 MG [<i>dexamethasone (ophth)</i>]	72

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<i>paclitaxel conc 300 mg/50ml</i>	28
PADCEV SOLR 20 MG [<i>enfortumab vedotin-ejfv</i>]	28
PADCEV SOLR 30 MG [<i>enfortumab vedotin-ejfv</i>]	28
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	92
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (300 MG TITRATION) PACK 300 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [<i>peanut (arachis hypogaea) allergen powder-dnfp</i>]	93

powder-dnfp]	93	penicillin v potassium tabs 500 mg	17
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93	PENLET II BLOOD SAMPLER KIT [lancets misc.].....	65
paliperidone er tb24 1.5 mg	59	PENTAM SOLR 300 MG [pentamidine isethionate].....	19
paliperidone er tb24 3 mg	59	PENTASA CPR 250 MG [mesalamine].....	74
paliperidone er tb24 6 mg	59	PENTASA CPR 500 MG [mesalamine].....	74
paliperidone er tb24 9 mg	59	pentazocine-naloxone hcl tabs 50-0.5 mg	48
pamidronate disodium solr 30 mg	86	pentoxifylline er tbc 400 mg	38
pamidronate disodium solr 90 mg	86	PERJETA SOLN 420 MG/14ML [pertuzumab]	28
pantoprazole sodium solr 40 mg	75	permethrin crea 5 %	95
pantoprazole sodium tbec 20 mg	75	perphenazine tabs 16 mg	59
pantoprazole sodium tbec 40 mg	75	perphenazine tabs 2 mg	59
PAPAVERINE HCL POWD [papaverine hcl] 89		perphenazine tabs 4 mg	59
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	45	perphenazine tabs 8 mg	59
paroxetine hcl tabs 10 mg	59	phenelzine sulfate tabs 15 mg	59
paroxetine hcl tabs 20 mg	59	PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	55
paroxetine hcl tabs 30 mg	59	PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	55
paroxetine hcl tabs 40 mg	59	PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	55
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir].....	21	PHENOBARBITAL TABS 100 MG [phenobarbital]	55
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir].....	21	PHENOBARBITAL TABS 15 MG [phenobarbital]	55
PEDIARIX SUSY [diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]	94	PHENOBARBITAL TABS 16.2 MG [phenobarbital]	55
peg 3350-kcl-na bicarb-nacl solr 420 gm	75	PHENOBARBITAL TABS 30 MG [phenobarbital]	55
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a].....	21	PHENOBARBITAL TABS 32.4 MG [phenobarbital]	55
PEGASYS SOSY 180 MCG/0.5ML [peginterferon alfa-2a]	21	PHENOBARBITAL TABS 60 MG [phenobarbital]	55
PEMETREXED DISODIUM SOLN 100 MG/4ML [pemetrexed disodium]	28	PHENOBARBITAL TABS 64.8 MG [phenobarbital]	55
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	28	PHENOBARBITAL TABS 97.2 MG [phenobarbital]	55
penicillamine caps 250 mg	77	phentermine hcl caps 15 mg	49
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	16	phentermine hcl caps 30 mg	49
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	16	phentermine hcl caps 37.5 mg	49
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	16	phentermine hcl tabs 37.5 mg	49
penicillin g potassium solr 2000000 unit ...	16	PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)].....	89
penicillin g procaine susp 600000 unit/ml ...	16	phentolamine mesylate solr 5 mg	32
penicillin v potassium solr 125 mg/5ml	16	PHENYLADE DRINK MIX POWD [nutritional supplements].....	68
penicillin v potassium solr 250 mg/5ml	17	PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	74
penicillin v potassium tabs 250 mg	17		

PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)].....	74	POMALYST CAPS 3 MG [pomalidomide].....	28
PHENYLHISTINE DH LIQ DH [pseudoeph- chlorphen w/ cod].....	90	POMALYST CAPS 4 MG [pomalidomide].....	28
phenytoin sodium extended caps 100 mg...	51	PORTAGEN POW [nutritional supplements].....	68
phenytoin sodium soln 50 mg/ml.....	51	POTABA CAPS 500 MG [potassium aminobenzoate].....	100
phenytoin susp 125 mg/5ml.....	51	POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate].....	70
PHLEXY-10 PACK [nutritional supplements]	68	potassium chloride crys er tbc 10 meq.....	70
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)].....	70	potassium chloride crys er tbc 20 meq.....	70
PHOSPHOLINE IODIDE SOLR 0.125 % [echthiophate iodide].....	73	potassium chloride er cpcr 10 meq.....	70
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]..	74	potassium chloride er cpcr 8 meq.....	70
phytonadione soln 1 mg/0.5ml.....	100	potassium chloride er tbc 10 meq.....	70
pilocarpine hcl soln 1 %.....	73	POTASSIUM CHLORIDE IN NA CL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	70
pilocarpine hcl soln 2 %.....	73	POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride].....	70
pilocarpine hcl soln 4 %.....	73	potassium chloride sol 10% sf.....	70
pilocarpine hcl tabs 5 mg.....	32	potassium chloride soln 10 meq/100ml.....	70
pimecrolimus crea 1 %.....	98	POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride].....	71
pimozide tabs 1 mg.....	59	potassium chloride soln 2 meq/ml.....	71
pimozide tabs 2 mg.....	59	POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride].....	71
pioglitazone hcl tabs 15 mg.....	80	POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [potassium chloride].....	71
pioglitazone hcl tabs 30 mg.....	80	POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride].....	71
pioglitazone hcl tabs 45 mg.....	80	POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [potassium citrate (alkalinizer)]	67
piperacillin sod-tazobactam so solr 2.25 (2- 0.25) gm.....	17	POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [potassium citrate (alkalinizer)].....	67
piperacillin sod-tazobactam so solr 3.375 (3- 0.375) gm.....	17	POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [potassium citrate-citric acid].....	67
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm.....	17	POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [potassium chloride in dextrose]..	71
PKU EXPRESS PACK [nutritional supplements].....	68	POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [potassium phosphates]	71
PLASMA-LYTE A SOLN [electrolyte-a].....	70	PRADAXA CAPS 110 MG [dabigatran etexilate mesylate].....	37
PNEUMOVAX 23 INJ 25 MCG/0.5ML [pneumococcal vac polyvalent].....	94	PRADAXA CAPS 150 MG [dabigatran etexilate mesylate].....	37
podofilox soln 0.5 %.....	98	PRADAXA CAPS 75 MG [dabigatran etexilate mesylate].....	38
POLY HUB NEEDLE MISC 18G X 1.....	65	pramipexole dihydrochloride tabs 0.125 mg	53
POLYETHYLENE GLYCOL 8000 POWD [polyethylene glycol 8000].....	89	pramipexole dihydrochloride tabs 0.25 mg	53
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%.....	72	pramipexole dihydrochloride tabs 0.5 mg	53
POLY-VI-SOL SOLN [pediatric multiple vitamins].....	100		
POLY-VI-SOL/IRON SOLN 11 MG/ML [pediatric multiple vitamins w/ iron].....	100		
POMALYST CAPS 1 MG [pomalidomide].....	28		
POMALYST CAPS 2 MG [pomalidomide].....	28		

pramipexole dihydrochloride tabs 0.75 mg .. 53	PREVYMIS SOLN 240 MG/12ML [letermovir] ²¹
pramipexole dihydrochloride tabs 1 mg 53	PREVYMIS SOLN 480 MG/24ML [letermovir] ²¹
pramipexole dihydrochloride tabs 1.5 mg ... 53	PREVYMIS TABS 240 MG [letermovir].....22
PRAMOSONE OINT 1-1 % [pramoxine-hc]... 96	PREVYMIS TABS 480 MG [letermovir].....22
PRAMOSONE OINT 1-2.5 % [pramoxine-hc] 96	PREZCOBIX TABS 800-150 MG [darunavir-
pravastatin sodium tabs 10 mg 39	cobicistat] 22
pravastatin sodium tabs 20 mg 39	PREZISTA TABS 75 MG [darunavir].....22
pravastatin sodium tabs 40 mg 39	PRIFTIN TABS 150 MG [rifapentine] 18
pravastatin sodium tabs 80 mg 39	PRIMAQUINE PHOSPHATE TABS 26.3 (15
PRAXBIND SOLN 2.5 GM/50ML	Base) MG [primaquine phosphate]..... 19
[idarucizumab] 36	primidone tab 50mg 52
prazosin hcl caps 1 mg 38	primidone tabs 250 mg 52
prazosin hcl caps 2 mg 38	PRIMSOL SOLN 50 MG/5ML [trimethoprim
prazosin hcl caps 5 mg 38	hcl]..... 17
PRED MILD SUSP 0.12 % [prednisolone	PRIORIX SUSR [measles, mumps & rubella
acetate (ophth)] 72	virus vaccines] 94
prednisolone acetate susp 1 % 72	PRIVIGEN SOLN 10 GM/100ML [immune
prednisolone sodium phosphate soln 1 % .. 73	globulin (human) iv] 92
prednisolone sodium phosphate soln 15	PRIVIGEN SOLN 20 GM/200ML [immune
mg/5ml 78	globulin (human) iv] 92
prednisolone sodium phosphate soln 6.7 (5	PRIVIGEN SOLN 5 GM/50ML [immune
base) mg/5ml 78	globulin (human) iv] 92
prednisone soln 5 mg/5ml 78	probenecid tabs 500 mg 71
prednisone tabs 1 mg 78	procainamide hcl soln 100 mg/ml.....42
prednisone tabs 10 mg 78	procainamide hcl soln 500 mg/ml.....42
prednisone tabs 2.5 mg 78	PROCALAMINE SOLN 3 % [amino acid
prednisone tabs 20 mg 78	electrolyte infusion] 68
prednisone tabs 5 mg 78	prochlorperazine edisylate soln 10 mg/2ml 59
prednisone tabs 50 mg 78	prochlorperazine maleate tabs 10 mg 59
prednisone tbpk 5 mg (21) 78	prochlorperazine maleate tabs 5 mg 59
pregabalin caps 100 mg 51	PROCRIT SOLN 10000 UNIT/ML [epoetin alfa]
pregabalin caps 150 mg 51	..... 38
pregabalin caps 200 mg 52	PROCRIT SOLN 2000 UNIT/ML [epoetin alfa]
pregabalin caps 225 mg 52	..... 38
pregabalin caps 25 mg 52	PROCRIT SOLN 20000 UNIT/ML [epoetin alfa]
pregabalin caps 300 mg 52	..... 38
pregabalin caps 50 mg 52	PROCRIT SOLN 3000 UNIT/ML [epoetin alfa]
pregabalin caps 75 mg 52	..... 38
pregabalin soln 20 mg/ml 52	PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]
PREMARIN SOLR 25 MG [estrogens,	..... 38
conjugated] 82	PROCRIT SOLN 40000 UNIT/ML [epoetin alfa]
PRETOMANID TABS 200 MG [pretomanid].. 18	..... 38
PREVIDENT GEL 1.1 % [sodium fluoride	PROFILNINE SOLR 1000 UNIT [factor ix
(dental)] 87	complex] 36
PREVIDENT SOLN 0.2 % [sodium fluoride	PROFILNINE SOLR 1500 UNIT [factor ix
(dental)] 87	complex] 36
PREVNAR 13 SUSP [pneumococcal 13-valent	PROFILNINE SOLR 500 UNIT [factor ix
conjugate vaccine]..... 94	complex] 36
PREVNAR 20 SUSY 0.5 ML [pneumococcal	progesterone caps 100 mg 83
20-valent conjugate vaccine] 94	progesterone caps 200 mg 83

RECOMBINATE SOLR 401-800 UNIT [antihemophilic factor (recombinant) (rfviii)]	36	RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	60
RECOMBINATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant) (rfviii)]	36	RISPERIDONE SOLN 1 MG/ML [risperidone]	60
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	22	risperidone tabs 0.25 mg	60
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	100	risperidone tabs 0.5 mg	60
reserpine tab 0.1mg	43	risperidone tabs 1 mg	60
reserpine tab 0.25mg	43	risperidone tabs 2 mg	60
RETIN-A CREA 0.025 % [tretinoin]	97	risperidone tabs 3 mg	60
RETIN-A CREA 0.05 % [tretinoin]	97	risperidone tabs 4 mg	60
RETIN-A CREA 0.1 % [tretinoin]	97	ritonavir tabs 100 mg	22
RETIN-A GEL 0.01 % [tretinoin]	97	RITUXAN SOLN 100 MG/10ML [rituximab]	28
RETIN-A GEL 0.025 % [tretinoin]	97	RITUXAN SOLN 500 MG/50ML [rituximab]	28
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	97	rizatriptan benzoate tabs 10 mg	52
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	97	rizatriptan benzoate tabs 5 mg	52
RETROVIR SOLN 10 MG/ML [zidovudine]	22	rizatriptan benzoate tbdp 10 mg	52
REVLIMID CAPS 10 MG [lenalidomide]	28	rizatriptan benzoate tbdp 5 mg	52
REVLIMID CAPS 15 MG [lenalidomide]	28	rocuronium bromide soln 50 mg/5ml	32
REVLIMID CAPS 2.5 MG [lenalidomide]	28	ropinirole hcl er tb24 12 mg	53
REVLIMID CAPS 20 MG [lenalidomide]	28	ropinirole hcl er tb24 2 mg	54
REVLIMID CAPS 25 MG [lenalidomide]	28	ropinirole hcl er tb24 4 mg	54
REVLIMID CAPS 5 MG [lenalidomide]	28	ropinirole hcl er tb24 6 mg	54
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	92	ropinirole hcl er tb24 8 mg	54
RIABNI SOLN 100 MG/10ML [rituximab-arrx]	28	ropinirole hcl tabs 0.25 mg	54
RIABNI SOLN 500 MG/50ML [rituximab-arrx]	28	ropinirole hcl tabs 0.5 mg	54
RIASTAP SOLR [fibrinogen concentrate (human)]	36	ropinirole hcl tabs 1 mg	54
ribavirin caps 200 mg	22	ropinirole hcl tabs 2 mg	54
RIDAURA CAPS 3 MG [auranofin]	76	ropinirole hcl tabs 3 mg	54
rifabutin caps 150 mg	18	ropinirole hcl tabs 4 mg	54
rifampin caps 150 mg	19	ropinirole hcl tabs 5 mg	54
rifampin caps 300 mg	19	rosuvastatin calcium tabs 10 mg	39
rifampin solr 600 mg	19	rosuvastatin calcium tabs 20 mg	39
riluzole tabs 50 mg	56	rosuvastatin calcium tabs 40 mg	39
rimantadine hcl tabs 100 mg	22	rosuvastatin calcium tabs 5 mg	39
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	87	ROTARIX SUSP [rotavirus vaccine, live oral]	94
RINGERS SOLN [ringer's]	71	ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	94
RISPERDAL CONSTA SRER 12.5 MG [risperidone microspheres]	60	ROZLYTREK CAPS 100 MG [entrectinib]	28
RISPERDAL CONSTA SRER 25 MG [risperidone microspheres]	60	ROZLYTREK CAPS 200 MG [entrectinib]	28
RISPERDAL CONSTA SRER 37.5 MG [risperidone microspheres]	60	rufinamide susp 40 mg/ml	52
		rufinamide tabs 200 mg	52
		rufinamide tabs 400 mg	52
		RYANODEX SUSR 250 MG [dantrolene sodium]	32
		RYDAPT CAPS 25 MG [midostaurin]	28
		S	
		S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	33
		SABRIL PACK 500 MG [vigabatrin]	52

SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2.....	65	(<i>dental</i>).....	87
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	89	SHINGRIX SUSR 50 MCG/0.5ML [<i>zoster vaccine recombinant adjuvanted</i>].....	94
SALSALATE TABS 500 MG [<i>salsalate</i>].....	48	<i>sildenafil citrate tabs 100 mg</i>	45
SALSALATE TABS 750 MG [<i>salsalate</i>].....	48	<i>sildenafil citrate tabs 20 mg</i>	45
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	87	<i>sildenafil citrate tabs 50 mg</i>	45
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	87	SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>].....	95
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>].....	87	<i>simvastatin tabs 10 mg</i>	39
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>].....	87	<i>simvastatin tabs 20 mg</i>	39
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>].....	87	<i>simvastatin tabs 40 mg</i>	39
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>].....	87	<i>simvastatin tabs 5 mg</i>	39
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>].....	87	<i>simvastatin tabs 80 mg</i>	39
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>] ..	98	<i>sirolimus soln 1 mg/ml</i>	87
SARCLISA SOLN 100 MG/5ML [<i>isatuximab- irfc</i>].....	28	<i>sirolimus tabs 0.5 mg</i>	87
SARCLISA SOLN 500 MG/25ML [<i>isatuximab- irfc</i>].....	28	<i>sirolimus tabs 1 mg</i>	87
SARNA LOTN 0.5-0.5 % [<i>camphor & menthol</i>]	97	<i>sirolimus tabs 2 mg</i>	87
<i>scopolamine pt72 1 mg/3days</i>	75	SKYRIZI PEN SOAJ 150 MG/ML [<i>risankizumab-rzaa</i>].....	98
<i>selegiline hcl caps 5 mg</i>	56	SKYRIZI SOCT 180 MG/1.2ML [<i>risankizumab- rzaa (crohn's)</i>].....	98
<i>selegiline hcl tabs 5 mg</i>	54	SKYRIZI SOCT 360 MG/2.4ML [<i>risankizumab- rzaa (crohn's)</i>].....	98
SELENIUM SOLN 40 MCG/ML [<i>selenious acid</i>]	71	SKYRIZI SOSY 150 MG/ML [<i>risankizumab- rzaa</i>].....	98
<i>selenium sulfide lotn 2.5 %</i>	95	SLO-NIACIN TBCR 500 MG [<i>niacin</i>].....	100
SELZENTRY TABS 150 MG [<i>maraviroc</i>].....	22	SLO-NIACIN TBCR 750 MG [<i>niacin</i>].....	100
SELZENTRY TABS 25 MG [<i>maraviroc</i>].....	22	SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>].....	67
SELZENTRY TABS 300 MG [<i>maraviroc</i>].....	22	SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>].....	67
SELZENTRY TABS 75 MG [<i>maraviroc</i>].....	22	<i>sodium bicarbonate soln 8.4 %</i>	67
SEREVENT DISKUS AEPB 50 MCG/ACT [<i>salmeterol xinafoate</i>].....	33	SODIUM CHLORIDE (PF) SOLN 0.9 % [<i>sodium chloride</i>].....	71
SEROSTIM SOLR 4 MG [<i>somatropin (non- refrigerated)</i>].....	83	SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [<i>bacteriostatic sodium chloride</i>].....	71
SEROSTIM SOLR 5 MG [<i>somatropin (non- refrigerated)</i>].....	83	SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>].....	90
SEROSTIM SOLR 6 MG [<i>somatropin (non- refrigerated)</i>].....	83	SODIUM CHLORIDE NEBU 3 % [<i>sodium chloride (inhalant)</i>].....	90
<i>sertraline hcl tabs 100 mg</i>	60	SODIUM CHLORIDE NEBU 7 % [<i>sodium chloride (inhalant)</i>].....	90
<i>sertraline hcl tabs 25 mg</i>	60	<i>sodium chloride soln</i>	18, 70
<i>sertraline hcl tabs 50 mg</i>	60	SODIUM CHLORIDE SOLN 0.45 % [<i>sodium chloride</i>].....	71
<i>sevelamer carbonate pack 2.4 gm</i>	69	SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>].....	69
<i>sevelamer carbonate tabs 800 mg</i>	69	SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride</i>].....	71
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride</i>]		SODIUM CHLORIDE SOLN 3 % [<i>sodium</i>	

<i>chloride]</i>	71	<i>[tiotropium bromide monohydrate]</i>	31
SODIUM CHLORIDE SOLN 4 MEQ/ML [<i>sodium chloride]</i>	71	<i>spironolactone tabs 100 mg</i>	43
SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride]</i>	71	<i>spironolactone tabs 25 mg</i>	43
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride]</i>	98	<i>spironolactone tabs 50 mg</i>	43
SODIUM EDECIN SOLR 50 MG [<i>ethacrynate sodium]</i>	68	<i>spironolactone-hctz tabs 25-25 mg</i>	43
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [<i>sodium fluoride]</i>	87	SPORANOX SOLN 10 MG/ML [<i>itraconazole]</i> 18	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride]</i>	87	SPRYCEL TABS 100 MG [<i>dasatinib]</i>	28
SODIUM FLUORIDE CHEW 2.2 (1 F) MG [<i>sodium fluoride]</i>	87	SPRYCEL TABS 140 MG [<i>dasatinib]</i>	28
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride]</i>	87	SPRYCEL TABS 20 MG [<i>dasatinib]</i>	28
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	67	SPRYCEL TABS 50 MG [<i>dasatinib]</i>	28
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>].....	71	SPRYCEL TABS 70 MG [<i>dasatinib]</i>	29
<i>sodium polystyrene sulfonate powd</i>	69	SPRYCEL TABS 80 MG [<i>dasatinib]</i>	29
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	69	SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	83
<i>solifenacin succinate tabs 10 mg</i>	99	<i>stavudine caps 30 mg</i>	22
<i>solifenacin succinate tabs 5 mg</i>	99	<i>stavudine caps 40 mg</i>	22
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab]</i> .	87	STELARA SOLN 45 MG/0.5ML [<i>ustekinumab]</i>	98
SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate]</i>	78	STELARA SOSY 45 MG/0.5ML [<i>ustekinumab]</i>	98
SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate]</i>	78	STELARA SOSY 90 MG/ML [<i>ustekinumab]</i> ...98	
SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate]</i>	78	STERILE WATER FOR INJECTION SOLN [<i>water for injection, sterile</i>].....	89
SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate]</i>	78	STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>].....	69
SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ]</i>	78	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl</i>].....	31
<i>sorafenib tosylate tabs 200 mg</i>	28	STIVARGA TABS 40 MG [<i>regorafenib</i>].....	29
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]..	75	STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>].....	71
SORBITOL SOLN 70 % [<i>sorbitol</i>]	89	STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	71
<i>sotalol hcl (af) tabs 80 mg</i>	40	STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>] .71	
<i>sotalol hcl tabs 120 mg</i>	40	STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	72
<i>sotalol hcl tabs 160 mg</i>	40	<i>streptomycin sulfate solr 1 gm</i>	17
<i>sotalol hcl tabs 240 mg</i>	40	STRIBILD TABS 150-150-200-300 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>]	22
<i>sotalol hcl tabs 80 mg</i>	40	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [<i>olodaterol hcl</i>]	33
SOVALDI PACK 150 MG [<i>sofosbuvir</i>]	22	<i>sucralfate tabs 1 gm</i>	75
SOVALDI PACK 200 MG [<i>sofosbuvir</i>]	22	<i>sulfacetamide sodium soln 10 %</i>	72
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	22	SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>].....	97
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	22	SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>].....	97
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT		SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [<i>sulfacetamide sodium w/ sulfur</i>].....	97
		<i>sulfacetamide-prednisolone soln 10-0.23 %</i> 73	

sulfadiazine tabs 500 mg	17
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	17
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	17
sulfamethoxazole-trimethoprim tabs 400-80 mg	17
sulfamethoxazole-trimethoprim tabs 800-160 mg	17
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	95
sulfasalazine tabs 500 mg	17
sulfasalazine tbec 500 mg	17
SULFUR PRECIPITATED POWD [sulfur (bulk)]	89
sulindac tabs 150 mg	48
sulindac tabs 200 mg	48
sumatriptan soln 20 mg/act	53
sumatriptan succinate refill soct 6 mg/0.5ml	53
sumatriptan succinate soaj 6 mg/0.5ml	53
sumatriptan succinate soln 6 mg/0.5ml	53
sumatriptan succinate tabs 100 mg	53
sumatriptan succinate tabs 25 mg	53
sumatriptan succinate tabs 50 mg	53
sunitinib malate caps 12.5 mg	29
sunitinib malate caps 25 mg	29
sunitinib malate caps 37.5 mg	29
sunitinib malate caps 50 mg	29
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	65
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	65
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	65
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	65
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	65
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	90
SYLVANT SOLR 100 MG [siltuximab]	29
SYLVANT SOLR 400 MG [siltuximab]	29
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	90
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-ivacaftor]	90
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	22

SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	22
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	22
SYNAGIS SOLN 100 MG/ML [palivizumab]	22
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	22
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	82
SYRINGE MISC 20G X 1-1/2	65
SYRINGE MISC 21G X 1-1/2	65

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TABLOID TABS 40 MG [thioguanine]	29
tacrolimus caps 0.5 mg	87
tacrolimus caps 1 mg	88
tacrolimus caps 5 mg	88
tacrolimus oint 0.03 %	98
tacrolimus oint 0.1 %	98
tadalafil (pah) tabs 20 mg	45
tadalafil tabs 10 mg	45
tadalafil tabs 2.5 mg	45
tadalafil tabs 20 mg	45
tadalafil tabs 5 mg	45
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	29
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	29
TAFINLAR TBSO 10 MG [dabrafenib mesylate]	29
TAGRISSE TABS 40 MG [osimertinib mesylate]	29
TAGRISSE TABS 80 MG [osimertinib mesylate]	29
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	88
TAKHZYRO SOSY 150 MG/ML [lanadelumab-flyo]	88
TAKHZYRO SOSY 300 MG/2ML [lanadelumab-flyo]	88
tamoxifen citrate tabs 10 mg	29
tamoxifen citrate tabs 20 mg	29
tamsulosin hcl caps 0.4 mg	39
TARGRETIN CAPS 75 MG [bexarotene]	29
TASIGNA CAPS 150 MG [nilotinib hcl]	29
TASIGNA CAPS 200 MG [nilotinib hcl]	29
TAXOTERE INJ 80MG/2ML [docetaxel]	29
tazarotene crea 0.1 %	99
TAZORAC CREA 0.05 % [tazarotene]	99

TAZORAC GEL 0.05 % [tazarotene]	99	THIOLA TABS 100 MG [tiopronin]	88
TAZORAC GEL 0.1 % [tazarotene]	99	thioridazine hcl tabs 10 mg	60
TDVAX SUSP 2-2 LF/0.5ML [tetanus-		thioridazine hcl tabs 100 mg	60
diphtheria toxoids (td)]	93	thioridazine hcl tabs 25 mg	60
TECENTRIQ SOLN 1200 MG/20ML		thioridazine hcl tabs 50 mg	60
[atezolizumab]	29	thiotepa solr 15 mg	29
temazepam caps 15 mg	55	thiothixene caps 1 mg	60
temazepam caps 30 mg	55	thiothixene caps 10 mg	60
temozolomide caps 100 mg	29	thiothixene caps 2 mg	60
temozolomide caps 140 mg	29	thiothixene caps 5 mg	60
temozolomide caps 180 mg	29	THROMBIN-JMI KIT 20000 UNIT [thrombin]	36
temozolomide caps 20 mg	29	THROMBIN-JMI SOLR 20000 UNIT [thrombin]	
temozolomide caps 250 mg	29	.....	36
temozolomide caps 5 mg	29	THROMBIN-JMI SOLR 5000 UNIT [thrombin]	36
tenofovir disoproxil fumarate tabs 300 mg ..	22	THYMOL CRYST [thymol]	89
terazosin hcl caps 1 mg	39	THYROGEN SOLR 0.9 MG [thyrotropin alfa]	66
terazosin hcl caps 10 mg	39	TICE BCG SUSR 50 MG [bcg live intravesical]	
terazosin hcl caps 2 mg	39	.....	94
terazosin hcl caps 5 mg	39	TICOVAC SUSY 1.2 MCG/0.25ML [tick-borne	
terbinafine hcl tabs 250 mg	18	encephalitis virus vaccine, inactivated]	94
terbutaline sulfate soln 1 mg/ml	33	TICOVAC SUSY 2.4 MCG/0.5ML [tick-borne	
terbutaline sulfate tabs 2.5 mg	33	encephalitis virus vaccine, inactivated]	94
terbutaline sulfate tabs 5 mg	33	timolol maleate soln 0.25 %	73
testosterone cypionate soln 200 mg/ml	79	timolol maleate soln 0.5 %	73
testosterone enanthate inj 200mg/ml	79	TISSUEBLUE SOSY 0.025 % [brilliant blue g]	
testosterone gel 1.62 %	79	.....	66
testosterone gel 12.5 mg/act (1%)	79	TIVICAY PD TBSO 5 MG [dolutegravir	
testosterone gel 25 mg/2.5gm (1%)	79	sodium]	22
testosterone gel 50 mg/5gm (1%)	79	TIVICAY TABS 10 MG [dolutegravir sodium]	22
TESTOSTERONE PROPIONATE POWD		TIVICAY TABS 25 MG [dolutegravir sodium]	22
[testosterone propionate (bulk)]	89	TIVICAY TABS 50 MG [dolutegravir sodium]	22
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		tizanidine hcl tabs 2 mg	32
(ophth)]	74	tizanidine hcl tabs 4 mg	32
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		TNKASE KIT 50 MG [tenecteplase]	38
.....	84	TOBI PODHALER CAPS 28 MG [tobramycin]	
TETRACYCLINE HCL CAPS 250 MG		.....	17
[tetracycline hcl]	17	TOBRADEX OINT 0.3-0.1 % [tobramycin-	
TETRACYCLINE HCL CAPS 500 MG		dexamethasone]	73
[tetracycline hcl]	17	tobramycin nebu 300 mg/5ml	17
THALOMID CAPS 100 MG [thalidomide]	88	tobramycin sulfate soln 10 mg/ml	17
THALOMID CAPS 150 MG [thalidomide]	88	tobramycin sulfate soln 80 mg/2ml	17
THALOMID CAPS 200 MG [thalidomide]	88	topiramate csp 15 mg	52
THALOMID CAPS 50 MG [thalidomide]	88	topiramate csp 25 mg	52
THAM SOLN 30 MEQ/100ML [tromethamine]	67	topiramate tabs 100 mg	52
theophylline er tb12 100 mg	99	topiramate tabs 200 mg	52
theophylline er tb12 200 mg	99	topiramate tabs 25 mg	52
theophylline er tb12 300 mg	99	topiramate tabs 50 mg	52
theophylline er tb12 450 mg	99	topotecan hcl solr 4 mg	29
theophylline er tb24 400 mg	99	TORISEL SOLN 25 MG/ML [temsirolimus]	29
thiamine hcl soln 100 mg/ml	100	torseamide tabs 10 mg	68

torsemide tabs 100 mg	68	[elexacaftor-tezacaftor-ivacaftor]	91
torsemide tabs 20 mg	68	TRIKAFTA TBPk 50-25-37.5 & 75 MG	
torsemide tabs 5 mg	68	[elexacaftor-tezacaftor-ivacaftor]	91
TRACLEER TABS 125 MG [bosentan]	45	TRIKAFTA THPK 100-50-75 & 75 MG	
TRACLEER TABS 62.5 MG [bosentan]	45	[elexacaftor-tezacaftor-ivacaftor]	91
TRACLEER TBSO 32 MG [bosentan]	91	TRIKAFTA THPK 80-40-60 & 59.5 MG	
TRADJENTA TABS 5 MG [linagliptin]	80	[elexacaftor-tezacaftor-ivacaftor]	91
tramadol hcl tabs 50 mg	48	trimethoprim tabs 100 mg	23
tramadol-acetaminophen tabs 37.5-325 mg	48	TRISENOX SOLN 12 MG/6ML [arsenic	
tranexamic acid soln 1000 mg/10ml	36	trioxide]	29
tranexamic acid tabs 650 mg	36	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-	
tranylcypromine sulfate tabs 10 mg	60	dolutegravir-lamivudine]	22
TRAVASOL SOLN 10 % [amino acid infusion]		TRIUMEQ TABS 600-50-300 MG [abacavir-	
.....	68	dolutegravir-lamivudine]	22
trazodone hcl tabs 100 mg	60	TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric	
trazodone hcl tabs 150 mg	60	vitamins adc]	100
trazodone hcl tabs 50 mg	60	TRI-VITE/FLUORIDE SOLN 0.5 MG/ML	
TREANDA SOLR 100 MG [bendamustine hcl]		[pediatric vitamins acd w/ fluoride]	100
.....	29	TRIZIVIR TABS 300-150-300 MG [abacavir	
TRECATOR TABS 250 MG [ethionamide]	19	sulfate-lamivudine-zidovudine]	22
TREMFYA SOPN 100 MG/ML [guselkumab]	99	TROPHAMINE SOLN 10 % [amino acid	
TREMFYA SOSY 100 MG/ML [guselkumab]	99	infusion]	68
tretinoin caps 10 mg	29	tropicamide soln 1 %	74
triamcinolone acetonide crea 0.025 %	96	trospium chloride er cp24 60 mg	99
triamcinolone acetonide crea 0.1 %	96	trospium chloride tabs 20 mg	99
triamcinolone acetonide crea 0.5 %	96	TRUXIMA SOLN 100 MG/10ML [rituximab-	
triamcinolone acetonide oint 0.025 %	96	abbs]	29
triamcinolone acetonide oint 0.1 %	96	TRUXIMA SOLN 500 MG/50ML [rituximab-	
triamcinolone acetonide oint 0.5 %	96	abbs]	29
TRIAMCINOLONE ACETONIDE POWD		TRUZONE PEAK FLOW METER DEVI [peak	
[triamcinolone acetonide (topical)]	89	flow meter]	65
triamcinolone acetonide pste 0.1 %	96	TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin	
triamterene-hctz caps 37.5-25 mg	68	ppd]	66
TRIAMTERENE-HCTZ TABS 37.5-25 MG		TUKYSA TABS 150 MG [tucatinib]	29
[triamterene & hydrochlorothiazide]	69	TUKYSA TABS 50 MG [tucatinib]	29
TRIAMTERENE-HCTZ TABS 75-50 MG		TYKERB TABS 250 MG [lapatinib ditosylate]	
[triamterene & hydrochlorothiazide]	69	.....	29
TRI-CHLOR LIQD 80 % [trichloroacetic acid]		TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi	
.....	88	polysaccharide vaccine]	94
TRICITRATES SOLN 550-500-334 MG/5ML [pot		TYPHIM VI SOSY 25 MCG/0.5ML [typhoid vi	
& sod citrates w/citric ac]	67	polysaccharide vaccine]	95
trifluoperazine hcl tabs 1 mg	60	TYSABRI CONC 300 MG/15ML [natalizumab]	
trifluoperazine hcl tabs 10 mg	60	.....	88
trifluoperazine hcl tabs 2 mg	60	TYVASO REFILL SOLN 0.6 MG/ML	
trifluoperazine hcl tabs 5 mg	60	[treprostinil]	45
trifluridine soln 1 %	72	TYVASO SOLN 0.6 MG/ML [treprostinil]	45
trihexyphenidyl hcl soln 0.4 mg/ml	54	TYVASO STARTER SOLN 0.6 MG/ML	
trihexyphenidyl hcl tabs 2 mg	54	[treprostinil]	45
trihexyphenidyl hcl tabs 5 mg	54		
TRIKAFTA TBPk 100-50-75 & 150 MG			

U

ULTICARE TUBERCULIN SAFETY SYR MISC
25G X 5/8 66

ULTOMIRIS SOLN 1100 MG/11ML
[ravulizumab-cwvz]..... 88

ULTOMIRIS SOLN 300 MG/30ML
[ravulizumab-cwvz]..... 88

ULTOMIRIS SOLN 300 MG/3ML *[ravulizumab-cwvz]*..... 88

UNITUXIN SOLN 17.5 MG/5ML *[dinutuximab]*
..... 29

ursodiol tabs 250 mg..... 75

ursodiol tabs 500 mg..... 76

UZEDY SUSY 100 MG/0.28ML *[risperidone]* 60

UZEDY SUSY 125 MG/0.35ML *[risperidone]* 60

UZEDY SUSY 150 MG/0.42ML *[risperidone]* 60

UZEDY SUSY 200 MG/0.56ML *[risperidone]* 60

UZEDY SUSY 250 MG/0.7ML *[risperidone]* .. 60

UZEDY SUSY 50 MG/0.14ML *[risperidone]* .. 61

UZEDY SUSY 75 MG/0.21ML *[risperidone]* .. 61

V

valacyclovir hcl tabs 1 gm 22

valacyclovir hcl tabs 500 mg 22

VALCYTE SOLR 50 MG/ML *[valganciclovir hcl]* 22

valganciclovir hcl tabs 450 mg 22

valproic acid caps 250 mg 52

valproic acid soln 250 mg/5ml..... 52

valsartan tabs 160 mg 43

valsartan tabs 320 mg 43

valsartan tabs 40 mg 43

valsartan tabs 80 mg 43

valsartan-hydrochlorothiazide tabs 160-12.5 mg 43

valsartan-hydrochlorothiazide tabs 160-25 mg
..... 43

valsartan-hydrochlorothiazide tabs 320-12.5 mg
..... 43

valsartan-hydrochlorothiazide tabs 320-25 mg
..... 44

valsartan-hydrochlorothiazide tabs 80-12.5 mg
..... 44

VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML
[diazepam (anticonvulsant)]..... 55

VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML
[diazepam (anticonvulsant)]..... 55

VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML
[diazepam (anticonvulsant)]..... 55

VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML
[diazepam (anticonvulsant)]..... 55

vancomycin hcl caps 125 mg..... 17

vancomycin hcl caps 250 mg..... 17

VANCOMYCIN HCL IN DEXTROSE SOLN 1-5
GM/200ML-% *[vancomycin hcl-dextrose]* . 17

VANCOMYCIN HCL IN DEXTROSE SOLN 500-
5 MG/100ML-% *[vancomycin hcl-dextrose]*
..... 17

vancomycin hcl solr 1 gm 17

vancomycin hcl solr 10 gm 17

vancomycin hcl solr 5 gm 17

vancomycin hcl solr 500 mg 17

VANISHPOINT TUBERCULIN SYRINGE MISC
27G X 1/2 66

VAQTA SUSP 25 UNIT/0.5ML *[hepatitis a vaccine]*..... 95

VAQTA SUSP 50 UNIT/ML *[hepatitis a vaccine]*..... 95

varenicline tartrate tabs 0.5 mg 31

varenicline tartrate tabs 1 mg 31

VARITHENA FOAM 180 MG/18ML *[polidocanol (laureth-9)]* 44

VAXCHORA SUSR *[cholera vaccine live attenuated]*..... 95

VECTICAL OINT 3 MCG/GM *[calcitriol (topical)]*..... 99

vecuronium bromide solr 10 mg..... 32

vecuronium bromide solr 20 mg..... 32

VEKLURY SOLN 100 MG/20ML *[remdesivir]* . 22

VEKLURY SOLR 100 MG *[remdesivir]* 23

VELCADE SOLR 3.5 MG *[bortezomib]* 29

VENCLEXTA STARTING PACK TBPK 10 & 50
& 100 MG *[venetoclax]* 29

VENCLEXTA TABS 10 MG *[venetoclax]*..... 30

VENCLEXTA TABS 100 MG *[venetoclax]*..... 30

VENCLEXTA TABS 50 MG *[venetoclax]*..... 30

venlafaxine hcl er cp24 150 mg..... 61

venlafaxine hcl er cp24 37.5 mg..... 61

venlafaxine hcl er cp24 75 mg..... 61

venlafaxine hcl tabs 100 mg..... 61

venlafaxine hcl tabs 25 mg..... 61

venlafaxine hcl tabs 37.5 mg..... 61

venlafaxine hcl tabs 50 mg..... 61

venlafaxine hcl tabs 75 mg..... 61

VENOFER SOLN 20 MG/ML *[iron sucrose]*... 34

VENTAVIS SOLN 10 MCG/ML *[iloprost]*..... 45

VENTAVIS SOLN 20 MCG/ML *[iloprost]*..... 45

verapamil hcl er tbc 120 mg..... 41

verapamil hcl er tbc 180 mg..... 41

Y

YERVOY SOLN 200 MG/40ML [*ipilimumab*] . 30
 YERVOY SOLN 50 MG/10ML [*ipilimumab*] ... 30
 YESCARTA SUSP 200000000 CELLS
 [*axicabtagene ciloleucel*] 88
 YONDELIS SOLR 1 MG [*trabectedin*] 30

Z

ZEJULA TABS 100 MG [*niraparib tosylate*] .. 30
 ZEJULA TABS 200 MG [*niraparib tosylate*] .. 30
 ZEJULA TABS 300 MG [*niraparib tosylate*] .. 30
 ZELBORAF TABS 240 MG [*vemurafenib*] 30
 ZENPEP CPEP 10000-32000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 15000-47000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 20000-63000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 25000-79000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 3000-10000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 40000-126000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZENPEP CPEP 5000-24000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 76
 ZIAGEN SOLN 20 MG/ML [*abacavir sulfate*] . 23

zidovudine caps 100 mg 23
zidovudine syrp 50 mg/5ml 23
zidovudine tabs 300 mg 23
 ZINC SULFATE HEPTAHYDRATE POWD [*zinc sulfate heptahydrate*] 89
 ZINC SULFATE MONOHYDRATE POWD [*zinc sulfate monohydrate*] 89
 ZINC SULFATE SOLN 1 MG/ML [*zinc sulfate*] 71
ziprasidone hcl caps 20 mg 61
ziprasidone hcl caps 40 mg 61
ziprasidone hcl caps 60 mg 61
ziprasidone hcl caps 80 mg 61
 ZITHROMAX PACK 1 GM [*azithromycin*] 17
zoledronic acid conc 4 mg/5ml 88
zoledronic acid soln 5 mg/100ml 88
zolpidem tartrate tabs 5 mg 55
zonisamide caps 100 mg 52
zonisamide caps 25 mg 52
zonisamide caps 50 mg 52
 ZOSYN SOLN 2-0.25 GM/50ML [*piperacillin sodium-tazobactam sodium in dextrose*] . 17
 ZOSYN SOLN 3-0.375 GM/50ML [*piperacillin sodium-tazobactam sodium in dextrose*] . 17
 ZYDELIG TABS 100 MG [*idelalisib*] 30
 ZYDELIG TABS 150 MG [*idelalisib*] 30
 ZYKADIA TABS 150 MG [*ceritinib*] 30
 ZYTIGA TABS 500 MG [*abiraterone acetate*] 30

Language Assistance Services

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

Arabic

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

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

Farsi

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

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

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

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

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

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

Navajo: Nih7 ata' halne'4 1k1'adoolwo[7g77 nihei h0l= t'11 j77k'4, t'11 naadiin d99' ah44'iilkeedgo, tsosts'id yisk32j8', nd1'anishgo ooki[biyi' g0n4. Ata' halne'4 nik1'adoolwo[na'7dikid nee h0l==go d77 ats'77s baa 1h1y32 bik'4st'7g77 bin1'7di[kidgo. !1d00 a[d0' naaltsoos l1 t'11 n7 nizaad k'ehji 1ln4ehgo t'11 j77k'4 1dooln77[. Nih7ch'i' hod77lnih koj8' **1-800-464-4000** j98go d00 t[4e' nidi, tsosts'id yisk32j8' dimoo na'adleejh8' (Holidaysgo 47 da'deelkaal) doo da'diits'a'7g77 chodayoo[9n7g77 koj8' hod77lnih **711**

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

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

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

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

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

Thai: เรามีบริการสามฟรีสำหรับคุณตลอด 24 ชั่วโมง

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

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

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

7天, 每天24小時均歡迎您打電話

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

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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


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

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

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



Servicio a los Miembros para California
Las 24 horas del día, los 7 días de la semana
(cerrado los días festivos), 1-800-464-4000 (inglés)
1-800-788-0616 (español)
1-800-757-7585 Dialectos chinos
TTY 711 para personas con deficiencias auditivas o del habla

Favor de reciclar. 
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