

ATTACHMENT 6

RETAIL PHARMACY REIMBURSEMENT LEVELS

Attachment 6: RETAIL PHARMACY REIMBURSEMENT LEVELS

Pharmacy Reimbursement - Ingredient Costs and Dispensing Fees

For Network Pharmacies, required Ingredient Cost and Dispensing Fee shall be as set forth below. All Generic Drugs dispensed to Enrollees shall be Bioequivalent, and reported in the Orange Book as AB rated.

Independent Pharmacies and Local Pharmacy Chains

Up to ninety (90) Days' supply:

Ingredient Cost:

Brand Drug Name Average Wholesale Price (AWP) minus (-) 14%
Bioequivalent Generic Drug: ASES' MAC List
Non-MAC Generic Drug: AWP minus (-) 25%
Specialty Drug List (Attachment 5-A)

Dispensing Fee:

Brand Drug Name: \$2.50
Bioequivalent Generic Drug: \$2.50
Non-MAC Generic Drug: \$2.50
Specialty Drug List: \$2.50

National Pharmacy Chains

Up to eighty-three (83) Days' supply:

Ingredient Cost:

Brand Drug Name: AWP minus (-) 18%
Bioequivalent Generic Drug: ASES' MAC List
Non-MAC Generic Drug: AWP minus (-) 25%
Specialty Drug List (Attachment 5-B)

Dispensing Fee:

Brand Drug Name: \$1.75
Bioequivalent Generic Drug: \$1.75
Non-MAC Generic Drug: \$1.75
Specialty Drug List: \$1.75

**Diagnostic and Treatment Centers; and
Hospitals (OPD):**

Ingredient Cost:

Brand Drug Name: AWP minus (-) 15%
Bioequivalent Generic Drug: ASES' MAC List
Non-MAC Generic Drug: AWP minus (-) 25%
Specialty Drug List (Attachment 5-C)

Dispensing Fee:

Brand Drug Name: \$2.50
Bioequivalent Generic Drug: \$2.50
Non-MAC Generic Drug: \$2.50
Specialty Drug List: \$2.50

Eighty-four (84) Days' supply or more:

Ingredient Cost:

Brand Drug Name: AWP minus (-) 21%
Bioequivalent Generic Drug: ASES' MAC List
Non-MAC Generic Drug: AWP minus (-) 25%
Specialty Drug List (Attachment 5-B)

Dispensing Fee:

Brand Drug Name: \$1.75
Bioequivalent Generic Drug: \$1.75
Non-MAC Generic Drug: \$1.75
Specialty Drug List: \$1.75

**ADMINISTRACION DE
SEGUROS DE SALUD**

Nº 23 - 0044

Contrato Número

PK

EMR

PLAN VITAL
 High Cost List - Local Pharmacies
 Effective XX/XX/XXXX

GPI	GPI Name	Discount
07000070000120	Tobramycin Inhal Cap 28 MG	17.50%
07000070002520	Tobramycin Nebu Soln 300 MG/5ML	41.75%
07000070002530	Tobramycin Nebu Soln 300 MG/4ML	16.00%
09000015100320	Bedaquiline Fumarate Tab 100 MG (Base Equiv)	16.75%
11000010002105	Amphotericin B For Inj 50 MG	16.00%
11000010301820	Amphotericin B Lipid Inj Susp (For IV Infusion) 5 MG/ML	16.75%
11000010401920	Amphotericin B Liposome IV For Susp 50 MG	16.75%
11407080002120	Voriconazole For Inj 200 MG	16.75%
11500010002120	Anidulafungin For IV Soln 50 MG	16.75%
11500010002130	Anidulafungin For IV Soln 100 MG	16.75%
11500025102120	Caspofungin Acetate For IV Soln 50 MG	16.00%
11500025102130	Caspofungin Acetate For IV Soln 70 MG	16.00%
11500050102120	Micafungin Sodium For IV Soln 50 MG	16.75%
11500050102130	Micafungin Sodium For IV Soln 100 MG	16.75%
12102240302020	Ibalizumab-uiky IV Soln 200 MG/1.33ML (150 MG/ML)	16.75%
12102530002120	Entrevirtide For Inj 90 MG	16.75%
12200020102030	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	16.00%
12200030002030	Ganciclovir IV Soln 500 MG/250ML	17.50%
12200030102030	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	17.50%
12200030102110	Ganciclovir Sodium For Inj 500 MG	60.00%
12200045000320	Letermovir Tab 240 MG	16.00%
12200045000340	Letermovir Tab 480 MG	16.00%
12200045002020	Letermovir IV Soln 240 MG/12ML	16.00%
12200045002040	Letermovir IV Soln 480 MG/24ML	16.00%
12200066100320	Valganciclovir HCl Tab 450 MG	50.00%
12200066102120	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	50.00%
12352015100320	Adefovir Dipivoxil Tab 10 MG	17.00%
12352030000320	Entecavir Tab 0.5 MG	17.50%

ADMINISTRACION DE
 SEGUROS DE SALUD,

Nº 23 - 0044

Contrato Número

EMR

12352030000330	Entecavir Tab 1 MG	17.50%
12352030002020	Entecavir Oral Soln 0.05 MG/ML	16.00%
12352050000315	Lamivudine Tab 100 MG (HBV)	30.00%
12352050002010	Lamivudine Oral Soln 5 MG/ML (HBV)	17.50%
12352083200320	Tenofovir Alafenamide Fumarate Tab 25 MG	17.50%
12353025100320	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	17.50%
12353025100330	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	17.50%
12353025100340	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	17.50%
12353060052020	Peginterferon alfa-2a Inj 180 MCG/ML	18.25%
12353060052030	Peginterferon alfa-2a Inj 135 MCG/0.5ML	17.50%
12353060052040	Peginterferon alfa-2a Inj 180 MCG/0.5ML	17.50%
12353060106410	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	16.75%
12353070000120	Ribavirin Cap 200 MG	70.00%
12353070000320	Ribavirin Tab 200 MG	16.75%
12353070000340	Ribavirin Tab 400 MG	71.25%
12353070000360	Ribavirin Tab 600 MG	60.00%
12353070002020	Ribavirin Soln 40 MG/ML	17.50%
123530700008715	Ribavirin Tab 200 MG & Ribavirin 400 MG Tab Therapy Pack	71.25%
123530700008720	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	71.25%
123530700008725	Ribavirin Tab Therapy Pack 600 MG (1200 MG Daily Dose)	15.50%
12353077100120	Simeprevir Sodium Cap 150 MG (Base Equivalent)	16.00%
12353080000310	Sofosbuvir Tab 200 MG	16.75%
12353080000320	Sofosbuvir Tab 400 MG	16.75%
123530800003015	Sofosbuvir Pellet Pack 150 MG	15.50%
123530800003020	Sofosbuvir Pellet Pack 200 MG	15.50%
12359902300320	Elbasvir-Grazoprevir Tab 50-100 MG	17.50%
12359902350320	Glecaprevir-Pibrentasvir Tab 100-40 MG	17.50%
12359902400310	Ledipasvir-Sofosbuvir Tab 45-200 MG	17.00%
12359902400320	Ledipasvir-Sofosbuvir Tab 90-400 MG	17.00%
12359902403006	Ledipasvir-Sofosbuvir Pellet Pack 33.75-150 MG	15.50%
12359902403010	Ledipasvir-Sofosbuvir Pellet Pack 45-200 MG	15.50%
12359902650330	Sofosbuvir-Velpatasvir Tab 400-100 MG	17.50%
12359903600320	Ombitasvir-Paritaprevir-Ritonavir Tab 12.5-75-50 MG	16.00%
12359903800330	Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0044

Contrato Número

EMR

12359904607530	Dasab-Ombit-Paritap-Riton Tab SR 24HR 200-8-33-50-33-33 MG	17.50%
12359904608720	Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG	17.50%
12504065002020	Peramivir Inj 200 MG/20ML (10 MG/ML)	16.00%
12604075002120	Ribavirin For Inhal Soln 6 GM	62.00%
13000040000310	Pyrimethamine Tab 25 MG	16.15%
16000036000120	Miltefosine Cap 50 MG	16.00%
16140010402120	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	16.00%
19100005002200	Cytomegalovirus Immune Globulin (Human) IV Inj	18.00%
19100010002000	Hepatitis B Immune Globulin (Human) IM Inj Soln	16.00%
19100010002050	Hepatitis B Immune Globulin (Human) Inj Soln	16.00%
19100020002200	Immune Globulin (Human) Inj	23.75%
19100020102020	Immune Globulin (Human) IV Soln 0.5 GM/10ML	25.00%
19100020102030	Immune Globulin (Human) IV Soln 1 GM/20ML	24.25%
19100020102034	Immune Globulin (Human) IV Soln 2.5 GM/50ML	25.00%
19100020102038	Immune Globulin (Human) IV Soln 5 GM/100ML	25.00%
19100020102042	Immune Globulin (Human) IV Soln 10 GM/200ML	25.00%
19100020102044	Immune Globulin (Human) IV Soln 20 GM/400ML	25.00%
19100020102046	Immune Globulin (Human) IV Soln 25 GM/500ML	24.25%
19100020102063	Immune Globulin (Human) IV Soln 2 GM/20ML	24.25%
19100020102068	Immune Globulin (Human) IV Soln 5 GM/50ML	25.00%
19100020102072	Immune Globulin (Human) IV Soln 10 GM/100ML	25.00%
19100020102076	Immune Globulin (Human) IV Soln 20 GM/200ML	25.00%
19100020102080	Immune Globulin (Human) IV Soln 30 GM/300ML	24.25%
19100020102090	Immune Globulin (Human) IV Soln 40 GM/400ML	19.75%
19100020102120	Immune Globulin (Human) IV For Soln 5 GM	35.00%
19100020102125	Immune Globulin (Human) IV For Soln 6 GM	25.00%
19100020102130	Immune Globulin (Human) IV For Soln 10 GM	35.00%
19100020102135	Immune Globulin (Human) IV For Soln 12 GM	25.00%
19100020202050	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	24.50%
19100020202054	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	24.50%
19100020202058	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	24.50%
19100020202062	Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	16.00%
19100020202065	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	24.50%
1910002020E520	Immune Globulin (Human) Subcutaneous Soln Pref Syr 1 GM/5ML	15.50%

ADMINISTRACION DE
SEGUROS DE SALUD,

№ 23 - 0044

Contrato Número

EMR

1910002020E530	Immune Globulin (Human) Subcutaneous Soln Pref Syr 2 GM/10ML	15.50%
1910002020E540	Immune Globulin (Human) Subcutaneous Soln Pref Syr 4 GM/20ML	15.50%
19100020302060	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	35.00%
19100020302064	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	35.00%
19100020302068	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	35.00%
19100020302072	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	35.00%
19100020302076	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	35.00%
19100020302080	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	35.00%
19100020302084	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	26.00%
19100020572021	Immune Globulin (Human)-hipp Subcutaneous Inj 1 GM/6ML	15.50%
19100020572025	Immune Globulin (Human)-hipp Subcutaneous Inj 1.65 GM/10ML	15.50%
19100020572030	Immune Globulin (Human)-hipp Subcutaneous Inj 2 GM/12ML	15.50%
19100020572035	Immune Globulin (Human)-hipp Subcutaneous Inj 3.3 GM/20ML	15.50%
19100020572040	Immune Globulin (Human)-hipp Subcutaneous Inj 4 GM/24ML	15.50%
19100020572055	Immune Globulin (Human)-hipp Subcutaneous Inj 8 GM/48ML	15.50%
19100020602020	Immune Globulin (Human)-ifas IV Soln 1 GM/10ML	16.00%
19100020602025	Immune Globulin (Human)-ifas IV Soln 2.5 GM/25ML	16.00%
19100020602030	Immune Globulin (Human)-ifas IV Soln 5 GM/50ML	16.00%
19100020602035	Immune Globulin (Human)-ifas IV Soln 10 GM/100ML	16.00%
19100020602040	Immune Globulin (Human)-ifas IV Soln 20 GM/200ML	16.00%
19100020602045	Immune Globulin (Human)-ifas IV Soln 30 GM/300ML	16.00%
19100020642020	Immune Globulin (Human)-klhw Subcutaneous Inj 1 GM/5ML	15.50%
19100020642025	Immune Globulin (Human)-klhw Subcutaneous Inj 2 GM/10ML	15.50%
19100020642030	Immune Globulin (Human)-klhw Subcutaneous Inj 4 GM/20ML	15.50%
19100020642040	Immune Globulin (Human)-klhw Subcutaneous Inj 10 GM/50ML	15.50%
19100020802030	Immune Globulin (Human)-sira IV Soln 5 GM/50ML	15.50%
19100045002010	Rabies Immune Globulin (Human) Inj 300 Unit/2ML	17.50%
19100045002020	Rabies Immune Globulin (Human) Inj 1500 Unit/10ML	17.50%
19100045002030	Rabies Immune Globulin (Human) Inj 300 Unit/ML	16.00%
19100045002035	Rabies Immune Globulin (Human) Inj 900 Unt/3ML (300 Unt/ML)	15.50%
19100045002040	Rabies Immune Globulin (Human) Inj 1500 Unt/5ML (300 Unt/ML)	16.00%
19100060002205	Tetanus Immune Globulin (Human) Inj 250 Unit/ML	16.00%
19100070002015	Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	17.50%
19200021002120	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

19200022002120	Crotalidae Immune F(ab)'2 (Equine) For IV Infusion	17.15%
19200030006410	Antivenin Latrodectus Mactans Inj Kit	16.00%
19200040002100	Antivenin Micrurus Fulvius For IV Soln	16.00%
19200072102120	Centuroides (Scorpion) Imm F(ab)'2 (Equine) For IV Infusion	16.00%
19502060002015	Palivizumab IM Soln 50 MG/0.5ML	16.00%
19502060002020	Palivizumab IM Soln 100 MG/ML	16.00%
19503015002020	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	17.50%
19990002356420	Immum Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	30.00%
19990002356425	Immum Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	30.00%
19990002356430	Immum Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	30.00%
19990002356440	Immum Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	30.00%
19990002356450	Immum Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	30.00%
20000050002025	Pegademase Bovine Inj 250 Unit/ML	16.00%
21100005000110	Altretamine Cap 50 MG	16.00%
211000091022005	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	17.50%
211000091022110	Bendamustine HCl For IV Soln 25 MG	17.50%
211000091022120	Bendamustine HCl For IV Soln 100 MG	17.50%
21100010002020	Busulfan Inj 6 MG/ML	60.00%
21100015002030	Carboplatin IV Soln 50 MG/5ML	17.00%
21100015002035	Carboplatin IV Soln 150 MG/15ML	17.00%
21100015002040	Carboplatin IV Soln 450 MG/45ML	17.00%
21100015002045	Carboplatin IV Soln 600 MG/60ML	17.00%
21100020002020	Cisplatin Inj 50 MG/50ML (1 MG/ML)	30.00%
21100020002025	Cisplatin Inj 100 MG/100ML (1 MG/ML)	30.00%
21100020002030	Cisplatin Inj 200 MG/200ML (1 MG/ML)	30.00%
21100020002110	Cisplatin IV For Inj 50 MG	30.00%
21100024002120	Lurbinectedin For IV Soln 4 MG	15.50%
21100028002025	Oxaliplatin IV Soln 50 MG/10ML	45.00%
21100028002030	Oxaliplatin IV Soln 100 MG/20ML	45.00%
21100028002120	Oxaliplatin For IV Inj 50 MG	30.00%
21100028002130	Oxaliplatin For IV Inj 100 MG	30.00%
21100040002105	Thiotepa For Inj 15 MG	16.00%
21100040002150	Thiotepa For Inj 100 MG	16.00%
21101010000305	Chlorambucil Tab 2 MG	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

21101020002120	Cyclophosphamide For Inj 500 MG	42.30%
21101020002125	Cyclophosphamide For Inj 1 GM	42.30%
21101020002130	Cyclophosphamide For Inj 2 GM	42.30%
21101025002025	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	16.00%
21101025002030	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	16.00%
21101025002110	Ifosfamide For Inj 1 GM	16.75%
21101025002130	Ifosfamide For Inj 3 GM	16.75%
21101030102105	Mechlorethamine HCl For Inj 10 MG	16.00%
21101040000305	Melphalan Tab 2 MG	16.00%
21101040102110	Melphalan HCl For Inj 50 MG (Base Equiv)	16.00%
21101040102115	Melphalan HCl For Inj 50 MG (Propylene Glycol (PG) Free)	16.00%
21102010002105	Carmustine For Inj 100 MG	16.25%
21102010203120	Carmustine in Polifeprosan Intracranial Implant Wafer 7.7 MG	16.00%
21102020000105	Lomustine Cap 5 MG	16.00%
21102020000110	Lomustine Cap 10 MG	16.15%
21102020000115	Lomustine Cap 40 MG	16.15%
21102020000120	Lomustine Cap 100 MG	16.15%
21102030002105	Streptozocin For Inj 1 GM	16.00%
21104070000110	Temozolomide Cap 5 MG	45.00%
21104070000120	Temozolomide Cap 20 MG	45.00%
21104070000140	Temozolomide Cap 100 MG	45.00%
21104070000143	Temozolomide Cap 140 MG	45.00%
21104070000147	Temozolomide Cap 180 MG	45.00%
21104070000150	Temozolomide Cap 250 MG	45.00%
21104070002120	Temozolomide For IV Soln 100 MG	45.00%
21107075002140	Trabectedin For Inj 1 MG	16.50%
21200010102105	Bleomycin Sulfate For Inj 15 Unit	16.00%
21200010102115	Bleomycin Sulfate For Inj 30 Unit	16.00%
21200010102150	Bleomycin Sulf For Inj 15 USP Unit(15000 International Unit)	16.00%
21200020002105	Dactinomycin For Inj 0.5 MG	16.00%
21200030102025	Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	16.75%
21200030102035	Daunorubicin HCl IV Soln 50 MG/10ML (Base Equiv)	16.75%
21200040102010	Doxorubicin HCl Inj 2 MG/ML	16.75%
21200040102105	Doxorubicin HCl For Inj 10 MG	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD,

№ 23 - 0044

.Contrato Número

EMR

21200040102115	Doxorubicin HCl For Inj 50 MG	16.75%
21200040402210	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	16.75%
21200042102030	Epirubicin HCl Inj 50 MG/25ML (2 MG/ML)	16.00%
21200042102045	Epirubicin HCl Inj 200 MG/100ML (2 MG/ML)	16.00%
21200045102025	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	16.75%
21200045102030	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	16.75%
21200045102035	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	16.75%
21200050002105	Mitomycin For Inj 5 MG	25.00%
21200050002110	Mitomycin For Inj 20 MG	25.00%
21200050002120	Mitomycin For Inj 40 MG	25.00%
21200050002160	Mitomycin For Pelocalyceal Soln 40 MG	15.50%
2120005000E540	Mitomycin Soln For Intravesical Instillation 20 MG/40ML	25.00%
21200055001320	Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)	16.50%
21200055001325	Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)	16.50%
21200055001330	Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)	16.50%
21200080002020	Valrubicin Soln For Intravesical Instillation 40 MG/ML	17.50%
21250010402125	Asparaginase Erwinia Chrysanthemii For Inj 10000 Unit	16.00%
21250030502020	Calaspargase Pegol-mknl IV Soln 3750 Unit/5ML (750 Unit/ML)	15.50%
21250060002020	Pegaspargase Inj 750 Unit/ML	17.50%
21300003001920	Azacitidine For Inj 100 MG	25.00%
21300005000320	Capecitabine Tab 150 MG	50.00%
21300005000350	Capecitabine Tab 500 MG	50.00%
21300007002015	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	16.75%
21300008002020	Clofarabine IV Soln 1 MG/ML	16.00%
21300010002010	Cytarabine Inj 20 MG/ML	16.75%
21300010002011	Cytarabine Inj PF 20 MG/ML	16.75%
21300010002040	Cytarabine Inj 100 MG/ML	16.75%
21300015002120	Decitabine For Inj 50 MG	35.00%
21300020002105	Floxuridine For Inj 0.5 GM	25.00%
21300025102020	Fludarabine Phosphate Inj 25 MG/ML	16.75%
21300025102120	Fludarabine Phosphate For Inj 50 MG	16.75%
21300030002020	Fluorouracil Inj 500 MG/10ML (50 MG/ML)	17.50%
21300030002025	Fluorouracil Inj 1 GM/20ML (50 MG/ML)	17.50%
21300030002030	Fluorouracil Inj 2.5 GM/50ML (50 MG/ML)	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21300030002035	Fluorouracil Inj 5 GM/100ML (50 MG/ML)	17.50%
21300034102020	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	40.00%
21300034102040	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	40.00%
21300034102060	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	40.00%
21300034102073	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	30.00%
21300034102077	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	30.00%
21300034102080	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	30.00%
21300034102083	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	30.00%
21300034102110	Gemcitabine HCl For Inj 200 MG	40.00%
21300034102140	Gemcitabine HCl For Inj 1 GM	40.00%
21300034102160	Gemcitabine HCl For Inj 2 GM	40.00%
21300034112020	Gemcitabine HCl-NaCl IV Soln 1200 MG/120ML-0.9%	17.15%
21300034112024	Gemcitabine HCl-NaCl IV Soln 1300 MG/130ML-0.9%	17.15%
21300034112028	Gemcitabine HCl-NaCl IV Soln 1400 MG/140ML-0.9%	17.15%
21300034112032	Gemcitabine HCl-NaCl IV Soln 1500 MG/150ML-0.9%	17.15%
21300034112036	Gemcitabine HCl-NaCl IV Soln 1600 MG/160ML-0.9%	17.15%
21300034112040	Gemcitabine HCl-NaCl IV Soln 1700 MG/170ML-0.9%	17.15%
21300034112044	Gemcitabine HCl-NaCl IV Soln 1800 MG/180ML-0.9%	17.15%
21300034112048	Gemcitabine HCl-NaCl IV Soln 1900 MG/190ML-0.9%	17.15%
21300034112052	Gemcitabine HCl-NaCl IV Soln 2000 MG/200ML-0.9%	17.15%
21300034112056	Gemcitabine HCl-NaCl IV Soln 2200 MG/220ML-0.9%	17.15%
21300040001830	Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)	16.00%
21300050002080	Methotrexate Oral Soln 2.5 MG/ML	25.00%
21300050100320	Methotrexate Sodium Tab 5 MG (Base Equiv)	17.50%
21300050100330	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	17.50%
21300050100340	Methotrexate Sodium Tab 10 MG (Base Equiv)	17.50%
21300050100350	Methotrexate Sodium Tab 15 MG (Base Equiv)	17.50%
21300050102075	Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	16.00%
21300050102150	Methotrexate Sodium For Inj 1 GM	25.00%
21300052002020	Nelarabine IV Soln 5 MG/ML	16.75%
21300053102110	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	17.00%
21300053102120	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	17.00%
21300054002020	Pralatrexate IV Inj 20 MG/ML	16.00%
21300054002025	Pralatrexate IV Inj 40 MG/2ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21300060000305	Thioguanine Tab 40 MG	16.75%
21335010102020	Ziv-Aflibercept IV Soln 100 MG/4ML (For Infusion)	16.75%
21335010102030	Ziv-Aflibercept IV Soln 200 MG/8ML (For Infusion)	16.75%
21335020002025	Bevacizumab IV Soln 100 MG/4ML (For Infusion)	16.15%
21335020002030	Bevacizumab IV Soln 400 MG/16ML (For Infusion)	16.15%
21335020202025	Bevacizumab-awwb IV Soln 100 MG/4ML (For Infusion)	15.50%
21335020202030	Bevacizumab-awwb IV Soln 400 MG/16ML (For Infusion)	15.50%
21335020302025	Bevacizumab-bvzr IV Soln 100 MG/4ML (For Infusion)	15.50%
21335020302030	Bevacizumab-bvzr IV Soln 400 MG/16ML (For Infusion)	15.50%
21335070002020	Ramucirumab IV Soln 100 MG/10ML (For Infusion)	16.75%
21335070002040	Ramucirumab IV Soln 500 MG/50ML (For Infusion)	16.75%
21352020002120	Binatutumomab For IV Infusion 35 MCG	16.75%
21353010002040	Alemtuzumab IV Inj 30 MG/ML (For Infusion)	16.00%
21353015002015	Atezolizumab IV Soln 840 MG/14ML	17.50%
21353015002020	Atezolizumab IV Soln 1200 MG/20ML	17.50%
21353020002020	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)	16.00%
21353023402030	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)	16.00%
21353025002020	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	17.00%
21353025002025	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	17.00%
21353027002020	Daratumumab IV Soln 100 MG/5ML	16.50%
21353027002030	Daratumumab IV Soln 400 MG/20ML	16.50%
21353028002020	Dinutuximab IV Soln 17.5 MG/5ML (3.5 MG/ML)	16.00%
21353029002020	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)	16.00%
21353029002030	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)	16.00%
21353030002120	Elotuzumab For IV Soln 300 MG	16.00%
21353030002130	Elotuzumab For IV Soln 400 MG	16.00%
21353032002020	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	17.50%
21353032002040	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	17.50%
21353033202020	Isatuximab-irfc IV Soln 100 MG/5ML	15.50%
21353033202030	Isatuximab-irfc IV Soln 500 MG/25ML	15.50%
21353035202020	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)	16.00%
21353036502120	Moxetumomab Pasudotox-tdfk For IV Soln 1 MG	16.00%
21353038002020	Nectinumab IV Soln 800 MG/50ML (16 MG/ML)	17.50%
21353041002020	Nivolumab IV Soln 40 MG/4ML	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21353041002030	Nivolumab IV Soln 100 MG/10ML	16.75%
21353041002050	Nivolumab IV Soln 240 MG/24ML	16.75%
21353043002025	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	16.00%
21353045001320	Ofatumumab Conc For IV Infusion 100 MG/5ML	17.50%
21353045001360	Ofatumumab Conc For IV Infusion 1000 MG/50ML	17.50%
21353047002010	QIaratumab Soln for IV Infusion 190 MG/19ML (10 MG/ML)	17.50%
21353047002020	QIaratumab Soln for IV Infusion 500 MG/50ML (10 MG/ML)	17.50%
21353050002025	Panitumumab IV Soln 100 MG/5ML	17.50%
21353050002035	Panitumumab IV Soln 400 MG/20ML	17.50%
21353053002030	Pembroliuzumab IV Soln 100 MG/4ML (25 MG/ML)	17.00%
21353054002020	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	16.25%
21353060002020	Rituximab IV Soln 100 MG/10ML	16.15%
21353060002040	Rituximab IV Soln 500 MG/50ML	16.15%
21353060102020	Rituximab-abbs IV Soln 100 MG/10ML (10 MG/ML)	15.50%
21353060102040	Rituximab-abbs IV Soln 500 MG/50ML (10 MG/ML)	15.50%
21353060602020	Rituximab-pvr IV Soln 100 MG/10ML (10 MG/ML)	15.50%
21353060602040	Rituximab-pvr IV Soln 500 MG/50ML (10 MG/ML)	15.50%
21353070002110	Trastuzumab For IV Soln 150 MG	16.15%
21353070002120	Trastuzumab For IV Soln 440 MG	16.15%
21353070142110	Trastuzumab-anns For IV Soln 150 MG	15.50%
21353070142121	Trastuzumab-anns For IV Soln 420 MG	15.50%
21353070302108	Trastuzumab-dkst For IV Soln 150 MG	15.50%
21353070302120	Trastuzumab-dkst For IV Soln 420 MG	15.50%
21353070342120	Trastuzumab-dttb For IV Soln 150 MG	15.50%
21353070342140	Trastuzumab-dttb For IV Soln 420 MG	15.50%
21353070602110	Trastuzumab-pkrb For IV Soln 150 MG	15.50%
21353070602120	Trastuzumab-pkrb For IV Soln 420 MG	15.50%
21353070652120	Trastuzumab-qyyp For IV Soln 420 MG	15.50%
21355020202120	Brentuximab Vedotin For IV Soln 50 MG	16.00%
21355026202120	Enfortumab Vedotin-efiv For IV Soln 20 MG	15.50%
21355026202130	Enfortumab Vedotin-efiv For IV Soln 30 MG	15.50%
21355030202117	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	17.50%
21355040202130	Inotuzumab Ozogamicin For IV Soln 0.9 MG	17.50%
21355060302120	Polatuzumab Vedotin-piiq For IV Solution 140 MG	15.50%

ADMINISTRACION DE SEGUROS DE SALUD ,

Nº 23 - 0044

Contrato Número

EMR

21355065402120	Sacituzumab Govitecan-hzyi For IV Soln 180 MG	15.50%
21355070302120	Ado-Trastuzumab Emtansine For IV Soln 100 MG	16.00%
21355070302130	Ado-Trastuzumab Emtansine For IV Soln 160 MG	16.00%
21355070552120	Fam-Trastuzumab Deruxtecan-nxki For IV Soln 100 MG	15.50%
21358035406420	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	16.00%
21370030300320	Glasdegib Maleate Tab 25 MG (Base Equivalent)	17.15%
21370030300335	Glasdegib Maleate Tab 100 MG (Base Equivalent)	17.15%
21370060200120	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	16.00%
21370070000120	Vismodegib Cap 150 MG	16.00%
21402250000320	Mitotane Tab 500 MG	16.75%
21402410000320	Apalutamide Tab 60 MG	16.15%
21402425000320	Darolutamide Tab 300 MG	15.50%
21402430000120	Enzalutamide Cap 40 MG	16.00%
21402460000330	Nilutamide Tab 150 MG	16.00%
21403020100105	Estramustine Phosphate Sodium Cap 140 MG	16.75%
21403530002024	Fulvestrant Inj 250 MG/5ML	16.75%
21404007202020	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML	17.50%
21404010101840	Medroxyprogesterone Acetate IM Susp 400 MG/ML	16.00%
21405005102310	Goserelin Acetate Implant 3.6 MG	17.00%
21405005102330	Goserelin Acetate Implant 10.8 MG	17.00%
21405007106450	Histrelin Acetate Implant Kit 50 MG	16.00%
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML	52.25%
21405010106410	Leuprolide Acetate For Inj Kit 7.5 MG	17.00%
21405010106415	Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	16.00%
21405010156430	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	17.00%
21405010156432	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	16.00%
21405010206430	Leuprolide Acetate (4 Month) For Inj Kit 30 MG	17.00%
21405010206435	Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	16.00%
21405010256445	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	16.00%
21405010256450	Leuprolide Acetate (6 Month) For Inj Kit 45 MG	17.00%
21405050201920	Triptorelin Pamotate For IM Susp 3.75 MG	32.50%
21405050201930	Triptorelin Pamotate For IM Susp 11.25 MG	32.50%
21405050201940	Triptorelin Pamotate For IM Susp 22.5 MG	32.50%
21405525102120	Degarelix Acetate For Inj 80 MG (Base Equiv)	17.40%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21405525102130	Degarelix Acetate For Inj 120 MG (Base Equiv)	17.40%
21405525102131	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	15.50%
21406010200310	Abiraterone Acetate Tab 125 MG	16.00%
21406010200320	Abiraterone Acetate Tab 250 MG	17.00%
21406010200330	Abiraterone Acetate Tab 500 MG	17.00%
21450080000110	Pomalidomide Cap 1 MG	18.25%
21450080000115	Pomalidomide Cap 2 MG	18.25%
21450080000120	Pomalidomide Cap 3 MG	18.25%
21450080000125	Pomalidomide Cap 4 MG	18.25%
21470080000320	Venetoclax Tab 10 MG	16.50%
21470080000340	Venetoclax Tab 50 MG	16.50%
21470080000360	Venetoclax Tab 100 MG	16.50%
214700800008720	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	16.00%
21500003002020	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	17.50%
21500005001310	Docetaxel For Inj Conc 20 MG/ML	35.00%
21500005001315	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	35.00%
21500005001317	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	35.00%
21500005001318	Docetaxel For Inj Conc 200 MG/10ML (20 MG/ML)	35.00%
21500005001320	Docetaxel For Inj Conc 20 MG/0.5ML (40 MG/ML)	35.00%
21500005001325	Docetaxel For Inj Conc 80 MG/2ML (40 MG/ML)	35.00%
21500005002030	Docetaxel Soln for IV Infusion 20 MG/2ML	35.00%
21500005002040	Docetaxel Soln for IV Infusion 80 MG/8ML	35.00%
21500005002050	Docetaxel Soln for IV Infusion 160 MG/16ML	35.00%
21500005002070	Docetaxel (Non-Alcohol Formula) IV Soln 20 MG/ML	35.00%
21500005002075	Docetaxel (Non-Alcohol Formula) IV Soln 80 MG/4ML	35.00%
21500005002080	Docetaxel (Non-Alcohol Formula) IV Soln 160 MG/8ML	35.00%
21500009202020	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	16.75%
21500010000120	Etoposide Cap 50 MG	27.55%
215000100002025	Etoposide Inj 100MG/5ML (20 MG/ML)	27.55%
215000100002030	Etoposide Inj 500MG/25ML (20 MG/ML)	27.55%
215000100002040	Etoposide Inj 1 GM/50ML (20 MG/ML)	27.55%
21500010602120	Etoposide Phosphate IV For Inj 100 MG	16.75%
21500011002120	Ixabepilone For IV Infusion 15 MG	17.50%
21500011002140	Ixabepilone For IV Infusion 45 MG	17.50%

ADMINISTRACION DE SEGUROS DE SALUD,

№ 23 - 0044

Contrato Número

EMR

21500012001325	Pacitaxel IV Conc 30 MG/5ML (6 MG/ML)	16.75%
21500012001335	Pacitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	16.75%
21500012001340	Pacitaxel IV Conc 150 MG/25ML (6 MG/ML)	16.75%
21500012001350	Pacitaxel IV Conc 300 MG/50ML (6 MG/ML)	16.00%
21500012201920	Pacitaxel Protein-Bound Particles For IV Susp 100 MG	16.15%
21500015002020	Teniposide IV Soln 10 MG/ML	16.00%
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML	16.00%
21500020201820	Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	16.00%
21500030102020	Vinblastine Sulfate Inj 1 MG/ML	16.75%
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML	16.75%
21500050802025	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML)	16.75%
215310100000305	Abemaciclib Tab 50 MG	17.50%
215310100000310	Abemaciclib Tab 100 MG	17.50%
215310100000315	Abemaciclib Tab 150 MG	17.50%
215310100000320	Abemaciclib Tab 200 MG	17.50%
21531060000120	Palbociclib Cap 75 MG	17.00%
21531060000130	Palbociclib Cap 100 MG	17.00%
21531060000140	Palbociclib Cap 125 MG	17.00%
21531060000320	Palbociclib Tab 75 MG	15.50%
21531060000330	Palbociclib Tab 100 MG	15.50%
21531060000340	Palbociclib Tab 125 MG	15.50%
21531070508720	Ribociclib Succinate Tab Pack 200 MG Daily Dose	17.15%
21531070508740	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	17.15%
21531070508760	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	17.15%
21531520002120	Belinostat For IV Inj 500 MG	16.00%
21531550100120	Panobinostat Lactate Cap 10 MG (Base Equivalent)	16.00%
21531550100130	Panobinostat Lactate Cap 15 MG (Base Equivalent)	16.00%
21531550100140	Panobinostat Lactate Cap 20 MG (Base Equivalent)	16.00%
21531560002030	Romidepsin IV Soln 27.5 MG/5.5ML (5 MG/ML)	15.50%
21531560002120	Romidepsin For IV Inj 10 MG	16.75%
21531575000420	Vorinostat Cap 100 MG	16.75%
21532025100120	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	16.75%
21532025100130	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	16.75%
21532040000120	Encorafenib Cap 50 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21532040000130	Encorafenib Cap 75 MG	16.00%
21532080000320	Vemurafenib Tab 240 MG (Base Equivalent)	16.00%
21532225000320	Erdafitinib Tab 3 MG	15.50%
21532225000325	Erdafitinib Tab 4 MG	15.50%
21532225000330	Erdafitinib Tab 5 MG	15.50%
21532260000320	Pemigatinib Tab 4.5 MG	15.50%
21532260000330	Pemigatinib Tab 9 MG	15.50%
21532260000340	Pemigatinib Tab 13.5 MG	15.50%
21532530000310	Everolimus Tab 2.5 MG	16.00%
21532530000320	Everolimus Tab 5 MG	16.00%
21532530000325	Everolimus Tab 7.5 MG	16.00%
21532530000330	Everolimus Tab 10 MG	16.00%
21532530007310	Everolimus Tab for Oral Susp 2 MG	16.00%
21532530007320	Everolimus Tab for Oral Susp 3 MG	16.00%
21532530007340	Everolimus Tab for Oral Susp 5 MG	16.00%
21532570002020	Temsirolimus Soln For IV Infusion 25 MG/ML	17.50%
21533030000130	Midostaurin Cap 25 MG	17.50%
21533050000320	Regorafenib Tab 40 MG	16.00%
21533060400320	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	16.00%
21533070300120	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	16.75%
21533070300130	Sunitinib Malate Cap 25 MG (Base Equivalent)	16.75%
21533070300135	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	16.75%
21533070300140	Sunitinib Malate Cap 50 MG (Base Equivalent)	16.75%
21533520000320	Bimimetinib Tab 15 MG	16.00%
21533530200320	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	16.00%
21533565500110	Selumetinib Sulfate Cap 10 MG	15.50%
21533565500125	Selumetinib Sulfate Cap 25 MG	15.50%
21533570100310	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	17.50%
21533570100330	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	17.50%
21533675200320	Tazemetostat HBr Tab 200 MG	15.50%
21533820000120	Entrectinib Cap 100 MG	15.50%
21533820000130	Entrectinib Cap 200 MG	15.50%
21533835200120	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	17.15%
21533835200150	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	17.15%

ADMINISTRACION DB
SEGUROS DE SALUD,

№ 23 - 0044

Contrato Número

EMR

21533835202020	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	17.15%
21534003000120	Acalabrutinib Cap 100 MG	16.00%
21534006100320	Afatinib Dimaleate Tab 20 MG (Base Equivalent)	17.00%
21534006100330	Afatinib Dimaleate Tab 30 MG (Base Equivalent)	17.00%
21534006100340	Afatinib Dimaleate Tab 40 MG (Base Equivalent)	17.00%
21534007100120	Alectinib HCl Cap 150 MG (Base Equivalent)	15.50%
21534008000320	Axitinib Tab 1 MG	17.00%
21534008000340	Axitinib Tab 5 MG	17.00%
21534009000320	Avapritinib Tab 100 MG	15.50%
21534009000330	Avapritinib Tab 200 MG	15.50%
21534009000340	Avapritinib Tab 300 MG	15.50%
21534010000330	Brigatinib Tab 30 MG	16.00%
21534010000350	Brigatinib Tab 90 MG	16.00%
21534010000365	Brigatinib Tab 180 MG	16.00%
2153401000B720	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	16.00%
21534012000320	Bosutinib Tab 100 MG	17.00%
21534012000327	Bosutinib Tab 400 MG	17.00%
21534012000340	Bosutinib Tab 500 MG	17.00%
21534013100320	Cabozantinib S-Malate Tab 20 MG (Base Equivalent)	16.15%
21534013100330	Cabozantinib S-Malate Tab 40 MG (Base Equivalent)	16.15%
21534013100340	Cabozantinib S-Malate Tab 60 MG (Base Equivalent)	16.15%
21534013106460	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	16.00%
21534013106470	Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	16.00%
21534013106480	Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	16.00%
21534014000130	Ceritinib Cap 150 MG	16.00%
21534014000330	Ceritinib Tab 150 MG	16.00%
21534015000120	Crizotinib Cap 200 MG	17.00%
21534015000125	Crizotinib Cap 250 MG	17.00%
21534016200320	Capmatinib HCl Tab 150 MG	15.50%
21534016200330	Capmatinib HCl Tab 200 MG	15.50%
21534019000320	Dacomitinib Tab 15 MG	16.75%
21534019000330	Dacomitinib Tab 30 MG	16.75%
21534019000340	Dacomitinib Tab 45 MG	16.75%
21534020000320	Dasatinib Tab 20 MG	17.00%

ADMINISTRACION DE SEGUROS DE SALUD .

№ 23 - 0044

Contrato Número

EMR

21534020000340	Dasatinib Tab 50 MG	17.00%
21534020000350	Dasatinib Tab 70 MG	17.00%
21534020000354	Dasatinib Tab 80 MG	17.00%
21534020000360	Dasatinib Tab 100 MG	17.00%
21534020000380	Dasatinib Tab 140 MG	17.00%
21534025100320	Erlotinib HCl Tab 25 MG (Base Equivalent)	16.75%
21534025100330	Erlotinib HCl Tab 100 MG (Base Equivalent)	16.75%
21534025100360	Erlotinib HCl Tab 150 MG (Base Equivalent)	16.75%
21534030000320	Gefitinib Tab 250 MG	16.00%
21534031200320	Gilteftritinib Fumarate Tablet 40 MG (Base Equivalent)	17.15%
21534033000110	Ibrutinib Cap 70 MG	16.00%
21534033000120	Ibrutinib Cap 140 MG	16.00%
21534033000320	Ibrutinib Tab 140 MG	16.00%
21534033000330	Ibrutinib Tab 280 MG	16.00%
21534033000340	Ibrutinib Tab 420 MG	16.00%
21534033000350	Ibrutinib Tab 560 MG	16.00%
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)	50.00%
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)	50.00%
21534050100320	Lapatinib Ditosylate Tab 250 MG (Base Equiv)	16.75%
2153405420B210	Lenvatinib Cap Therapy Pack 4 MG (4 MG Daily Dose)	16.00%
2153405420B215	Lenvatinib Cap Therapy Pack 4 (2) MG (8 MG Daily Dose)	16.00%
2153405420B220	Lenvatinib Cap Therapy Pak 10 MG (10 MG Daily Dose)	16.00%
2153405420B223	Lenvatinib Cap Therapy Pack 4 (3) MG (12 MG Daily Dose)	16.00%
2153405420B230	Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)	16.00%
2153405420B240	Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	16.00%
2153405420B244	Lenvatinib Cap Therapy Pack 10 & 4 (2) MG (18 MG Daily Dose)	16.00%
2153405420B250	Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)	16.00%
21534056000320	Lorlatinib Tab 25 MG	17.15%
21534056000330	Lorlatinib Tab 100 MG	17.15%
21534058100320	Neratinib Maleate Tab 40 MG (Base Equivalent)	16.00%
21534060200110	Nilotinib HCl Cap 50 MG (Base Equivalent)	16.00%
21534060200115	Nilotinib HCl Cap 150 MG (Base Equivalent)	16.00%
21534060200125	Nilotinib HCl Cap 200 MG (Base Equivalent)	16.00%
21534065200320	Osimertinib Mesylate Tab 40 MG (Base Equivalent)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

21534065200330	Osimetinib Mesylate Tab 80 MG (Base Equivalent)	16.00%
21534070100320	Pazopanib HCl Tab 200 MG (Base Equiv)	16.00%
21534073010120	Pexidartinib HCl Cap 200 MG (Base Equivalent)	15.50%
21534075100320	Ponatinib HCl Tab 15 MG (Base Equiv)	22.75%
21534075100340	Ponatinib HCl Tab 45 MG (Base Equiv)	22.75%
21534077000320	Ripretinib Tab 50 MG	15.50%
21534079000120	Selpercatinib Cap 40 MG	15.50%
21534079000140	Selpercatinib Cap 80 MG	15.50%
21534080000320	Tucatinib Tab 50 MG	15.50%
21534080000340	Tucatinib Tab 150 MG	15.50%
21534085000320	Vandetanib Tab 100 MG	16.00%
21534085000340	Vandetanib Tab 300 MG	16.00%
21534095000120	Zanubrutinib Cap 80 MG	15.50%
21534940000320	Ivosidenib Tab 250 MG	16.00%
21535030200320	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	16.00%
21535030200340	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	16.00%
21535550200120	Niraparib Tosylate Cap 100 MG (Base Equivalent)	16.00%
21535560000120	Olaparib Cap 50 MG	16.15%
21535560000330	Olaparib Tab 100 MG	16.15%
21535560000340	Olaparib Tab 150 MG	16.15%
21535570200320	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	17.50%
21535570200325	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	17.50%
21535570200330	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	17.50%
21535580400110	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	17.50%
21535580400120	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	17.50%
21536015002120	Bortezomib For Inj 3.5 MG	17.50%
21536015002122	Bortezomib For IV Inj 3.5 MG	30.00%
21536025002105	Carfilzomib For Inj 10 MG	16.00%
21536025002110	Carfilzomib For Inj 30 MG	16.00%
21536025002120	Carfilzomib For Inj 60 MG	16.00%
21536045100120	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	16.15%
21536045100130	Ixazomib Citrate Cap 3 MG (Base Equivalent)	16.15%
21536045100140	Ixazomib Citrate Cap 4 MG (Base Equivalent)	16.15%
21537520200120	Fedratinib HCl Cap 100 MG	15.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21537560200310	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	16.50%
21537560200320	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	16.50%
21537560200325	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	16.50%
21537560200330	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	16.50%
21537560200335	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	16.50%
2153801000B720	Alpelisib Tab Therapy Pack 200 MG Daily Dose	15.50%
2153801000B725	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	15.50%
2153801000B730	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	15.50%
21538020102120	Copanlisib HCl For IV Soln 60 MG (Base Equivalent)	16.00%
21538030000120	Duvellisib Cap 15 MG	16.00%
21538030000130	Duvellisib Cap 25 MG	16.00%
21538040000320	Idelalisib Tab 100 MG	16.00%
21538040000330	Idelalisib Tab 150 MG	16.00%
21550040102025	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	40.00%
21550040102030	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	40.00%
21550040102030	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	40.00%
21550040102035	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	30.00%
21550040202220	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	16.00%
21550080100120	Topotecan HCl Cap 0.25 MG (Base Equiv)	17.00%
21550080100140	Topotecan HCl Cap 1 MG (Base Equiv)	17.00%
21550080102020	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	17.75%
21550080102120	Topotecan HCl For Inj 4 MG	17.00%
2156006000B712	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)	15.50%
2156006000B715	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)	15.50%
2156006000B720	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	15.50%
2156006000B730	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)	15.50%
2156006000B740	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)	15.50%
2156006000B750	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)	15.50%
2156006000B755	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	15.50%
21574070401820	Talimogene Laherparepvec Intralesional Inj 1000000 Unit/ML	16.00%
21574070401840	Talimogene Laherparepvec Intralesional Inj 10000000 Unit/ML	16.00%
21600035202020	lobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	16.00%
21600055002025	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)	16.00%
21600065002020	Samarium Sm 153 Lexidronam Inj 1850 MBq/ML (50 mCi/ML)	16.00%

ADMINISTRACION DB
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21600070002010	Strontium-89 Chloride Inj 1 mCi/ML	16.00%
21651070001800	Sipuleucel-T Suspension for IV Infusion	16.00%
21651075001800	Tisagenlecleucel-T Suspension for IV Infusion	16.00%
21700008102020	Arsenic Trioxide Inj 10 MG/10ML (1 MG/ML)	16.75%
21700008102030	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	16.75%
21700013001930	BCG Live Intravesical For Susp 50 MG	17.50%
21700020002105	Dacarbazine For Inj 100 MG	16.75%
21700020002110	Dacarbazine For Inj 200 MG	16.75%
21700040102120	Omacetaxine Mepesuccinate For Inj 3.5 MG	16.75%
21700045002120	Pentostatin For Inj 10 MG	16.00%
21700050100105	Procabazine HCl Cap 50 MG	16.00%
21700060202022	Interferon Alfa-2B Inj 6000000 Unit/ML	17.00%
21700060202030	Interferon Alfa-2B Inj 10000000 Unit/ML	17.00%
21700060202130	Interferon Alfa-2B For Inj 10000000 Unit	16.75%
21700060202135	Interferon Alfa-2B For Inj 18000000 Unit	16.75%
21700060202160	Interferon Alfa-2B For Inj 50000000 Unit	16.75%
21700060302020	Interferon Alfa-n3 Inj 50000000 Unit/ML	16.00%
21700060702020	Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)	16.75%
21700075206410	Peginterferon alfa-2b For Inj Kit 296 MCG	17.50%
21700075206420	Peginterferon alfa-2b For Inj Kit 444 MCG	17.50%
21700075206430	Peginterferon alfa-2b For Inj Kit 888 MCG	17.50%
21703020002120	Aldesleukin For IV Soln 22000000 Unit	17.50%
21703080302020	Tagraxofusp-erzs IV Soln 1000 MCG/ML	17.15%
21707070102140	Porfimer Sodium For Inj 75 MG	16.00%
21708080000110	Tretinoin Cap 10 MG	40.00%
21708220000120	Bexarotene Cap 75 MG	50.00%
21754040102120	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	17.15%
21754040102140	Dexrazoxane HCl For Inj 500 MG (Base Equivalent)	17.15%
21755040102040	Leucovorin Calcium Inj 100 MG/10ML (10 MG/ML)	17.15%
21755040102056	Leucovorin Calcium Inj 500 MG/50ML (10 MG/ML)	17.15%
21755040102120	Leucovorin Calcium For Inj 50 MG	17.15%
21755040102130	Leucovorin Calcium For Inj 100 MG	17.15%
21755040102150	Leucovorin Calcium For Inj 200 MG	17.15%
21755040102160	Leucovorin Calcium For Inj 350 MG	17.15%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21755040102170	Leucovorin Calcium For Inj 500 MG	17.15%
21755050002120	Levoleucovorin For IV Soln 175 MG	17.15%
21755050002130	Levoleucovorin For IV Soln 300 MG	17.15%
21755050102020	Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	16.00%
21755050102021	Levoleucovorin Calcium Inj PF 175 MG/17.5ML	15.50%
21755050102030	Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	16.00%
21755050102120	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	60.00%
21755050102150	Levoleucovorin Calcium For IV Inj 175 MG (Base Equiv)	16.00%
21756030002120	Glucarpidase For IV Inj 1000 UNIT	17.50%
21758010002120	Amifostine For Inj 500 MG	16.00%
21758050000320	Mesna Tab 400 MG	16.75%
21758050002010	Mesna Inj 100 MG/ML	16.75%
21764065002120	Rasburicase For IV Soln 1.5 MG	16.00%
21764065002140	Rasburicase For IV Soln 7.5 MG	16.00%
21765060002120	Palifermin For IV Inj 6.25 MG	16.00%
21990002152020	Daratumumab-Hyaluronidase-fihj Inj 1800-30000 MG-Unit/15ML	15.50%
21990002201930	Daunorubicin-Cytarabine Liposome For IV Inj 44-100 MG	16.00%
21990002608730	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
21990002608740	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
21990002608760	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
21990002642020	Rituximab-Hyaluronidase Human Inj 1400-23400 MG-Unit/11.7ML	16.00%
21990002642040	Rituximab-Hyaluronidase Human Inj 1600-26800 MG-Unit/13.4ML	16.00%
21990002722020	Trastuzumab-Hyaluronidase-oysk Inj 600-10000 MG-Unit/5ML	17.15%
21990002750320	Trifluridine-Tipiracil Tab 15-6.14 MG	17.50%
21990002750330	Trifluridine-Tipiracil Tab 20-8.19 MG	17.50%
21990003552020	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 60 MG-60 MG-2000 UNT/ML	15.50%
21990003552030	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 80 MG-40 MG-2000 UNT/ML	15.50%
22100017000340	Deflazacort Tab 6 MG	16.00%
22100017000350	Deflazacort Tab 18 MG	16.00%
22100017000360	Deflazacort Tab 30 MG	16.00%
22100017000365	Deflazacort Tab 36 MG	16.00%
22100017001830	Deflazacort Susp 22.75 MG/ML	16.00%
23100030802030	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	16.00%
27304050000330	Mifepristone Tab 300 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

30022060600320	Osliodrostat Phosphate Tab 1 MG	15.50%
30022060600330	Osliodrostat Phosphate Tab 5 MG	15.50%
30022060600340	Osliodrostat Phosphate Tab 10 MG	15.50%
30042048102030	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	16.75%
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML	16.75%
30042060102009	Pamidronate Disodium IV Soln 6 MG/ML	16.75%
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML	16.75%
30042060102120	Pamidronate Disodium For Inj 30 MG	16.00%
30042060102140	Pamidronate Disodium For Inj 90 MG	16.00%
30042090001320	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	45.00%
30042090002016	Zoledronic Acid IV Soln 4 MG/100ML	45.00%
30042090002020	Zoledronic Acid IV Soln 5 MG/100ML	45.00%
3004400500D230	Abaloparatide Subcutaneous Soln Pen-injector 3120 MCG/1.56ML	17.50%
3004405510E110	Parathyroid Hormone (Recombinant) For Inj Cartridge 25 MCG	16.00%
3004405510E120	Parathyroid Hormone (Recombinant) For Inj Cartridge 50 MCG	16.00%
3004405510E130	Parathyroid Hormone (Recombinant) For Inj Cartridge 75 MCG	16.00%
3004405510E140	Parathyroid Hormone (Recombinant) For Inj Cartridge 100 MCG	16.00%
3004407000D2020	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	17.00%
3004407000D220	Teriparatide (Recombinant) Soln Pen-inj 600 MCG/2.4ML	15.50%
3004407000D221	Teriparatide (Recombinant) Soln Pen-inj 620 MCG/2.48ML	15.50%
30044530002030	Denosumab Inj 120 MG/1.7ML	17.00%
3004453000E520	Denosumab Inj Soln Prefilled Syringe 60 MG/ML	17.15%
3004486010E520	Romosozumab-aqqg Inj Soln Prefilled Syringe 105 MG/1.17ML	15.50%
30062020002130	Chorionic Gonadotropin For IM Inj 5000 Unit	16.00%
30062020002135	Chorionic Gonadotropin For Inj 6000 Unit	17.15%
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit	16.00%
30062020002144	Chorionic Gonadotropin For Inj 12000 Unit	17.15%
30062020002175	Chorionic Gonadotropin For Inj 50000 Unit	17.15%
30062022052220	Choriongonadotropin Alfa Inj 250 MCG/0.5ML	17.50%
30080045106450	Histrelin Acetate (CPP) Implant Kit 50 MG	16.00%
30080055102020	Nafarelin Acetate Nasal Soln 2 MG/ML	16.00%
3008007040G240	Triptorelin Pamoate For IM ER Susp 22.5 MG (Base Equiv)	16.00%
30090025106420	Cetorelix Acetate For Inj Kit 0.25 MG	16.00%
3009004010E520	Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML	15.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

30100020002015	Somatropin Inj 5 MG/2ML	16.75%
30100020002020	Somatropin Inj 10 MG/2ML	16.75%
30100020002050	Somatropin Inj 5 MG/1.5ML	17.50%
30100020002056	Somatropin Inj 10 MG/1.5ML	17.50%
30100020002062	Somatropin Inj 15 MG/1.5ML	17.50%
30100020002064	Somatropin Inj 20 MG/2ML	16.75%
30100020002066	Somatropin Inj 30 MG/3ML	17.50%
30100020002120	Somatropin For Inj 5 MG	17.50%
30100020002121	Somatropin For Subcutaneous Inj 5 MG	17.50%
30100020002123	Somatropin For Inj 5.8 MG	17.00%
30100020002125	Somatropin For Inj 6 MG (18 Unit)	17.50%
30100020002132	Somatropin For Inj 12 MG (36 Unit)	17.50%
30100020002134	Somatropin For Inj 12 MG (13.8 MG Overfill)	17.50%
30100020002140	Somatropin For Inj 10 MG	17.50%
30100020002150	Somatropin For Inj 24 MG	17.50%
30100020002166	Somatropin For Inj 0.2 MG	17.50%
30100020002168	Somatropin For Inj 0.4 MG	17.50%
30100020002170	Somatropin For Inj 0.6 MG	17.50%
30100020002172	Somatropin For Inj 0.8 MG	17.50%
30100020002174	Somatropin For Inj 1 MG	17.50%
30100020002176	Somatropin For Inj 1.2 MG	17.50%
30100020002178	Somatropin For Inj 1.4 MG	17.50%
30100020002180	Somatropin For Inj 1.6 MG	17.50%
30100020002182	Somatropin For Inj 1.8 MG	17.50%
30100020002184	Somatropin For Inj 2 MG	17.50%
30100020102118	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG	17.00%
30100020102120	Somatropin (Non-Refrigerated) For Inj 5 MG	16.25%
30100020102121	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	17.00%
30100020102125	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG	17.00%
30100020102130	Somatropin (Non-Refrigerated) For Inj 8.8 MG	16.25%
30100020102132	Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG	17.00%
30150040102120	Iпамorelin Acetate For Inj 6 MG	17.15%
30150040102130	Iпамorelin Acetate For Inj 15 MG	17.15%
30150085102120	Tesamorelin Acetate For Inj 1 MG (Base Equiv)	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

30150085102130	Tesamorelin Acetate For Inj 2 MG (Base Equiv)	16.75%
30159902302120	GHRP2-Sermorelin Acetate For Inj 1.8-3 MG	17.15%
30159902302130	GHRP2-Sermorelin Acetate For Inj 3-3 MG	17.15%
30159902302140	GHRP2-Sermorelin Acetate For Inj 4.5-4.5 MG	17.15%
30159902302160	GHRP2-Sermorelin Acetate For Inj 15-9 MG	17.15%
30159903302130	GHRP2-GHRP6-Sermorelin Acetate For Inj 3-3-3 MG	17.15%
30159903302140	GHRP2-GHRP6-Sermorelin Acetate For Inj 15-3-6 MG	17.15%
30159903302150	GHRP2-GHRP6-Sermorelin Acetate For Inj 20-6-15 MG	17.15%
30160045002020	Mecasermin Inj 40 MG/4ML (10 MG/ML)	16.00%
30170050102025	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	16.75%
30170050102030	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	16.75%
30170050102040	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	16.75%
30170070102005	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	62.25%
30170070102010	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)	62.25%
30170070102015	Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	62.25%
30170070102020	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	62.25%
30170070102030	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	62.25%
30170070106410	Octreotide Acetate For IM Inj Kit 10 MG	17.25%
30170070106420	Octreotide Acetate For IM Inj Kit 20 MG	17.25%
30170070106430	Octreotide Acetate For IM Inj Kit 30 MG	17.25%
3017007010D220	Octreotide Acetate Soln Pen-Injector 2500 MCG/ML (2.8 ML)	15.50%
30170075202020	Pasireotide Diaspartate Inj 0.3 MG/ML (Base Equiv)	16.00%
30170075202030	Pasireotide Diaspartate Inj 0.6 MG/ML (Base Equiv)	16.00%
30170075202040	Pasireotide Diaspartate Inj 0.9 MG/ML (Base Equiv)	16.00%
3017007540G210	Pasireotide Pamotate For IM ER Susp 10 MG (Base Equiv)	16.00%
3017007540G220	Pasireotide Pamotate For IM ER Susp 20 MG (Base Equiv)	16.00%
3017007540G225	Pasireotide Pamotate For IM ER Susp 30 MG (Base Equiv)	16.00%
3017007540G230	Pasireotide Pamotate For IM ER Susp 40 MG (Base Equiv)	16.00%
3017007540G240	Pasireotide Pamotate For IM ER Susp 60 MG (Base Equiv)	16.00%
30180060002120	Pegvisomant For Inj 10 MG (As Protein)	16.00%
30180060002130	Pegvisomant For Inj 15 MG (As Protein)	16.00%
30180060002140	Pegvisomant For Inj 20 MG (As Protein)	16.00%
30180060002150	Pegvisomant For Inj 25 MG (As Protein)	16.00%
30180060002160	Pegvisomant For Inj 30 MG (As Protein)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

Re

30192070402120	Teprotimumab-trbw For IV Soln 500 MG	15.50%
30201010102015	Desmopressin Acetate Nasal Soln 1.5 MG/ML	16.50%
30300010004010	Corticotropin Inj Gel 80 Unit/ML	16.00%
3045201522020	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	16.00%
30454060000320	Tolvaptan Tab 15 MG	16.75%
30454060000330	Tolvaptan Tab 30 MG	16.75%
304540600008710	Tolvaptan Tab Therapy Pack 15 MG	15.50%
304540600008720	Tolvaptan Tab Therapy Pack 30 & 15 MG	15.50%
304540600008725	Tolvaptan Tab Therapy Pack 45 & 15 MG	16.00%
304540600008735	Tolvaptan Tab Therapy Pack 60 & 30 MG	16.00%
304540600008745	Tolvaptan Tab Therapy Pack 90 & 30 MG	16.00%
30902030202020	Elapegademase-ivlr IM Soln 2.4 MG/1.5ML (1.6 MG/ML)	17.15%
30903610102110	Agalsidase beta For IV Soln 5 MG	16.00%
30903610102120	Agalsidase beta For IV Soln 35 MG	16.00%
30903650100120	Migalastat HCl Cap 123 MG (Base Equivalent)	16.00%
30903875203020	Uridine Triacetate Oral Granules Packet 2 GM	16.00%
30904045000110	Nitisinone Cap 2 MG	16.00%
30904045000120	Nitisinone Cap 5 MG	16.00%
30904045000130	Nitisinone Cap 10 MG	16.00%
30904045000140	Nitisinone Cap 20 MG	16.00%
30904045000310	Nitisinone Tab 2 MG	16.00%
30904045000320	Nitisinone Tab 5 MG	16.00%
30904045000330	Nitisinone Tab 10 MG	16.00%
30904045001820	Nitisinone Susp 4 MG/ML	16.00%
30904520002920	* Betaine Powder For Oral Solution***	16.00%
30905230102010	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	17.50%
30905230102020	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	17.50%
30905230102030	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	17.50%
30905610002020	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	16.00%
30905610002030	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	16.00%
30905610002040	Asfotase Alfa Subcutaneous Inj 40 MG/ML	16.00%
30905610002050	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	16.00%
30906050002120	Metreleptin For Subcutaneous Inj 11.3 MG	16.00%
30906360002020	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

30906550002020	Laronidase Soln For IV Infusion 2.9 MG/5ML	16.50%
30906850002020	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	16.00%
30907030052020	Elosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	16.15%
30907535002020	Galsulfase Soln For IV Infusion 1 MG/ML	16.00%
30907680202020	Vestronidase alfa-vjvk IV Soln 10 MG/5ML (2 MG/ML)	16.00%
30907715002120	Alglucosidase Alfa For IV Soln 50 MG	16.00%
30908030000920	Glycerol Phenylbutyrate Liquid 1.1 GM/ML	16.00%
30908050102060	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	24.00%
30908060000320	Sodium Phenylbutyrate Tab 500 MG	24.00%
30908060002950	*Sodium Phenylbutyrate Oral Powder***	24.00%
30908230000320	Carglumic Acid Tab 200 MG	16.00%
3090855040E510	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 2.5 MG/0.5ML	16.00%
3090855040E520	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 10 MG/0.5ML	16.00%
3090855040E530	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 20 MG/ML	16.00%
30908565103020	Sapropterin Dihydrochloride Powder Packet 100 MG	17.50%
30908565103040	Sapropterin Dihydrochloride Powder Packet 500 MG	17.50%
30908565107320	Sapropterin Dihydrochloride Soluble Tab 100 MG	17.50%
30909020106420	Cerliponase Alfa Intraventricular 2 x 150 MG/5ML Kit	16.00%
30909510602010	Burosumab-twza Inj 10 MG/ML	16.00%
30909510602020	Burosumab-twza Inj 20 MG/ML	16.00%
30909510602030	Burosumab-twza Inj 30 MG/ML	16.00%
37100020000305	Dichlorphenamide Tab 50 MG	16.00%
38700030000130	Droxidopa Cap 100 MG	16.00%
38700030000140	Droxidopa Cap 200 MG	16.00%
38700030000150	Droxidopa Cap 300 MG	16.00%
39480050200120	Lomitapide Mesylate Cap 5 MG (Base Equiv)	16.00%
39480050200130	Lomitapide Mesylate Cap 10 MG (Base Equiv)	16.00%
39480050200140	Lomitapide Mesylate Cap 20 MG (Base Equiv)	16.00%
39480050200150	Lomitapide Mesylate Cap 30 MG (Base Equiv)	16.00%
39480050200160	Lomitapide Mesylate Cap 40 MG (Base Equiv)	16.00%
39480050200170	Lomitapide Mesylate Cap 60 MG (Base Equiv)	16.00%
3950004010E520	Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	16.00%
40120070000310	Selexipag Tab 200 MCG	16.00%
40120070000315	Selexipag Tab 400 MCG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

40120070000320	Selexipag Tab 600 MCG	16.00%
40120070000325	Selexipag Tab 800 MCG	16.00%
40120070000330	Selexipag Tab 1000 MCG	16.00%
40120070000335	Selexipag Tab 1200 MCG	16.00%
40120070000340	Selexipag Tab 1400 MCG	16.00%
40120070000345	Selexipag Tab 1600 MCG	16.00%
40120070008720	Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	16.00%
40134050000310	Riociguat Tab 0.5 MG	16.00%
40134050000320	Riociguat Tab 1 MG	16.00%
40134050000330	Riociguat Tab 1.5 MG	16.00%
40134050000340	Riociguat Tab 2 MG	16.00%
40134050000350	Riociguat Tab 2.5 MG	16.00%
40143060100320	Sildenafil Citrate Tab 20 MG	50.00%
40143060101920	Sildenafil Citrate For Suspension 10 MG/ML	50.00%
40143060102020	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	50.00%
40143080000320	Tadalafil Tab 20 MG (PAH)	17.40%
40160007000310	Ambrisentan Tab 5 MG	16.15%
40160007000320	Ambrisentan Tab 10 MG	16.15%
40160015000320	Bosentan Tab 62.5 MG	16.15%
40160015000330	Bosentan Tab 125 MG	16.15%
40160015007320	Bosentan Tab For Oral Susp 32 MG	16.15%
40160050000320	Macitentan Tab 10 MG	16.15%
40170040102110	Epoprostenol Sodium For Inj 0.5 MG	16.00%
40170040102130	Epoprostenol Sodium For Inj 1.5 MG	16.00%
40170060002020	Iloprost Inhalation Solution 10 MCG/ML	16.00%
40170060002040	Iloprost Inhalation Solution 20 MCG/ML	16.00%
40170080002020	Treprostini Inhalation Solution 0.6 MG/ML	16.00%
40170080002050	Treprostini Inj Soln 20 MG/20ML (1 MG/ML)	17.15%
40170080002060	Treprostini Inj Soln 50 MG/20ML (2.5 MG/ML)	17.15%
40170080002070	Treprostini Inj Soln 100 MG/20ML (5 MG/ML)	17.15%
40170080002080	Treprostini Inj Soln 200 MG/20ML (10 MG/ML)	17.15%
40170080050410	Treprostini Diolamine Tab CR 0.125 MG (Base Equiv)	16.00%
40170080050415	Treprostini Diolamine Tab CR 0.25 MG (Base Equiv)	16.00%
40170080050420	Treprostini Diolamine Tab CR 1 MG (Base Equiv)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

40170080050425	Treprostini Diolamine Tab CR 2.5 MG (Base Equiv)	16.00%
40170080050435	Treprostini Diolamine Tab CR 5 MG (Base Equiv)	16.00%
40180050002120	Nesiritide For Inj 1.5 MG	16.00%
40550080000120	Tafamidis Cap 61 MG	15.50%
40550080200120	Tafamidis Meglumine (Cardiac) Cap 20 MG	15.50%
44603060002120	Omalizumab For Inj 150 MG	15.00%
4460306000E510	Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	15.00%
4460306000E520	Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	15.00%
4460352000E530	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	17.50%
4460402000D520	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML	15.50%
4460402000E520	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	16.15%
44604055002120	Mepolizumab For Inj 100 MG	17.50%
4460405500D530	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	17.50%
4460405500E530	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	17.50%
44604460002020	Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	16.00%
45100010102015	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	16.00%
45100010102020	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/50ML	16.00%
45100010102110	Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	16.00%
45100010102120	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	16.00%
45302030000320	Ivacator Tab 150 MG	16.00%
45302030003010	Ivacator Packet 25 MG	16.00%
45302030003020	Ivacator Packet 50 MG	16.00%
45302030003030	Ivacator Packet 75 MG	16.00%
45304020002010	Dornase Alfa Inhal Soln 1 MG/ML	16.15%
45309902300310	Lumacator-Ivacator Tab 100-125 MG	16.15%
45309902300320	Lumacator-Ivacator Tab 200-125 MG	16.15%
45309902303010	Lumacator-Ivacator Granules Packet 100-125 MG	16.15%
45309902303020	Lumacator-Ivacator Granules Packet 150-188 MG	16.15%
4530990280B710	Tezacafor-Ivacator 50-75 MG & Ivacator 75 MG Tab TBPK	16.00%
4530990280B720	Tezacafor-Ivacator 100-150 MG & Ivacator 150 MG Tab TBPK	16.00%
4530990340B740	Elexacaf-Tezacaf-Ivacaf 100-50-75 MG & Ivacator 150 MG TBPK	15.50%
45550060000120	Pirfenidone Cap 267 MG	16.15%
45550060000325	Pirfenidone Tab 267 MG	16.15%
45550060000345	Pirfenidone Tab 801 MG	16.15%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

45554050200120	Nintedanib Esylate Cap 100 MG (Base Equivalent)	16.00%
45554050200130	Nintedanib Esylate Cap 150 MG (Base Equivalent)	16.00%
47250025000620	Crofelemer Tab Delayed Release 125 MG	16.00%
50250035000E420	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	16.00%
50250035102001	Granisetron HCl Inj 0.1 MG/ML	50.00%
50250035102010	Granisetron HCl Inj 1 MG/ML	50.00%
50250035102015	Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	50.00%
50250065052024	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	60.00%
50250065052030	Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	60.00%
50250065202003	Ondansetron HCl and Sodium Chloride 0.9% Inj 8 MG/50ML	16.00%
50250065202005	Ondansetron HCl and Sodium Chloride 0.9% Inj 12 MG/50ML	16.00%
50250065202006	Ondansetron HCl and Sodium Chloride 0.9% Inj 16 MG/50ML	16.00%
50250070102020	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	26.75%
50250070102030	Palonosetron HCl IV Soln 0.25 MG/2ML (Base Equivalent)	16.00%
5025007010E520	Palonosetron HCl IV Soln Pref Syr 0.25 MG/5ML (Base Equiv)	16.00%
50280020001620	Aprepitant IV Emulsion 130 MG/18ML	16.00%
50280035102130	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	16.75%
50280050201620	Rolapitant HCl IV Emul 166.5 MG/92.5ML (1.8 MG/ML) (Base Eq)	16.00%
5028005020B720	Rolapitant HCl Tab Therapy Pack 2 x 90 MG (Base Equiv)	15.50%
50309902222120	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	16.00%
51200060002030	Sacrosidase Soln 8500 Unit/ML	16.00%
52503080002120	Vedolizumab For IV Solution 300 MG	16.00%
52504070002020	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	17.00%
52505020106420	Certolizumab Pegol For Inj Kit 2 X 200 MG	16.25%
52505020106440	Certolizumab Pegol Inj Kit 2 X 200 MG/ML	16.25%
52505020106460	Certolizumab Pegol Inj Kit 6 X 200 MG/ML	16.25%
52505040002120	Infliximab For IV Inj 100 MG	17.00%
52505040102120	Infliximab-abda For IV Inj 100 MG	17.50%
52505040132120	Infliximab-axxq For IV Inj 100 MG	15.50%
52505040202120	Infliximab-dyyb For IV Inj 100 MG	25.00%
52533070006420	Teduglutide (rDNA) For Inj Kit 5 MG	16.00%
52570075100330	Telotristat Etiprate Tab 250 MG (Telotristat Ethyl Equiv)	16.00%
52700025000120	Cholic Acid Cap 50 MG	16.00%
52700025000140	Cholic Acid Cap 250 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

52750060000320	Obeticholic Acid Tab 5 MG	16.00%
52750060000330	Obeticholic Acid Tab 10 MG	16.00%
56400030100120	Cysteamine Bitartrate Cap 50 MG	16.00%
56400030100140	Cysteamine Bitartrate Cap 150 MG	16.00%
56400030103020	Cysteamine Bitartrate Delayed Release Granules Packet 75 MG	15.50%
56400030103040	Cysteamine Bitartrate Delayed Release Granules Packet 300 MG	15.50%
56400030106520	Cysteamine Bitartrate Cap Delayed Release 25 MG (Base Equiv)	16.00%
56400030106530	Cysteamine Bitartrate Cap Delayed Release 75 MG (Base Equiv)	16.00%
58060015002020	Brexanolone IV Soln 100 MG/20ML (5 MG/ML)	15.50%
5907005010E626	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	17.15%
5907005010E629	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	17.15%
5907005010E632	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	17.15%
5907005010E635	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	17.15%
5907005010E638	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	17.15%
5907005010E643	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.875ML	17.15%
5907005010E647	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.315ML	17.15%
5907005010E651	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	17.15%
5907005010E655	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.625ML	17.15%
5907007010G210	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	15.50%
5907007010G220	Risperidone Microspheres For IM Extended Rel Susp 25 MG	15.50%
5907007010G230	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	15.50%
5907007010G240	Risperidone Microspheres For IM Extended Rel Susp 50 MG	15.50%
59157060101950	Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq)	16.00%
59157060101960	Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq)	16.00%
59157060101970	Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq)	16.00%
5925001500E430	Aripiprazole IM For ER Susp Prefilled Syringe 300 MG	17.50%
5925001500E440	Aripiprazole IM For ER Susp Prefilled Syringe 400 MG	17.50%
5925001500G230	Aripiprazole IM For Extended Release Susp 300 MG	17.50%
5925001500G240	Aripiprazole IM For Extended Release Susp 400 MG	17.50%
5925001520E420	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	16.00%
5925001520E430	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	16.00%
5925001520E435	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	16.00%
5925001520E440	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	16.00%
5925001520E450	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	16.00%

ADMINISTRACION DB
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

60250070000130	Tasimetleon Capsule 20 MG	16.00%
62380030000310	Deutetrabenazine Tab 6 MG	17.50%
62380030000320	Deutetrabenazine Tab 9 MG	17.50%
62380030000330	Deutetrabenazine Tab 12 MG	17.50%
62380070000310	Tetrabenazine Tab 12.5 MG	60.00%
62380070000320	Tetrabenazine Tab 25 MG	60.00%
62380080200120	Valbenazine Tosylate Cap 40 MG (Base Equiv)	16.00%
62380080200140	Valbenazine Tosylate Cap 80 MG (Base Equiv)	16.00%
6238008020B220	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	16.00%
6240003010E520	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	18.25%
6240003010E540	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	18.25%
6240101500B718	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	17.15%
6240101500B722	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	17.15%
6240101500B726	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	17.15%
6240101500B732	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	17.15%
6240101500B736	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	17.15%
6240101500B740	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	17.15%
6240101500B744	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	17.15%
6240306045E520	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)	17.00%
6240306045E540	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	16.50%
6240306045E560	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	16.50%
6240306045E520	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	17.00%
6240306045E540	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	17.00%
6240306045E560	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	16.25%
6240306045F530	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	17.50%
6240306045F830	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	17.50%
62403060506420	Interferon Beta-1b For Inj Kit 0.3 MG	17.50%
6240307530D220	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	16.15%
6240307530D250	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	16.00%
6240307530E520	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	16.15%
6240307530E550	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	16.00%
62404070000320	Teriflunomide Tab 7 MG	16.00%
62404070000330	Teriflunomide Tab 14 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

✓

62405010002020	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	15.00%
6240502500E520	Daclizumab Soln Prefilled Syringe 150 MG/ML	16.00%
62405050001320	Natalizumab for IV Inj Conc 300 MG/15ML	18.00%
62405060002020	Ocrelizumab Soln For IV Infusion 300 MG/10ML	16.15%
62405525006320	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	16.15%
62405525006520	Dimethyl Fumarate Capsule Delayed Release 120 MG	16.15%
62405525006540	Dimethyl Fumarate Capsule Delayed Release 240 MG	16.15%
62405530006520	Diroximel Fumarate Capsule DR Starter Bottle 231 MG	15.50%
62405530006540	Diroximel Fumarate Capsule Delayed Release 231 MG	15.50%
62406030007420	Dalfampridine Tab SR 12HR 10 MG	16.15%
62407025100110	Fingolimod HCl Cap 0.25 MG (Base Equiv)	17.50%
62407025100120	Fingolimod HCl Cap 0.5 MG (Base Equiv)	17.50%
62407050200120	Ozanimod HCl Cap 0.92 MG	15.50%
6240705020B210	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG	15.50%
6240705020B220	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG & 30 x 0.92 MG	15.50%
62407070200320	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	16.00%
62407070200340	Siponimod Fumarate Tab 2 MG (Base Equiv)	16.00%
6240707020B720	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	17.15%
62450060202020	Sodium Oxybate Oral Solution 500 MG/ML	16.00%
62609902300120	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	17.50%
6270104010E520	Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	16.00%
62706060102020	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	16.00%
64154090102010	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	16.75%
64154090102020	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	16.75%
64154090102030	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	16.75%
65100090100740	Sufentanil Citrate SL Tab 30 MCG (Base Equiv)	17.15%
6520001000E520	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	16.00%
6520001000E530	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	16.00%
65200010102320	Buprenorphine HCl Subdermal Implant 74.2 MG (Base Equiv)	16.00%
6626001000E520	Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	16.75%
6627001500F420	Adalimumab Pen-injector Kit 40 MG/0.8ML	17.50%
6627001500F430	Adalimumab Pen-injector Kit 40 MG/0.4ML	17.50%
6627001500F440	Adalimumab Pen-injector Kit 80 MG/0.8ML	17.50%
6627001500F450	Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

6627001500F804	Adalimumab Prefilled Syringe Kit 10 MG/0.1ML	17.50%
6627001500F805	Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	17.50%
6627001500F809	Adalimumab Prefilled Syringe Kit 20 MG/0.2ML	17.50%
6627001500F810	Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	17.50%
6627001500F820	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	17.50%
6627001500F830	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	17.50%
6627001500F840	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML	17.50%
6627001500F880	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML	17.50%
66270040002015	Golimumab IV Soln 50 MG/4ML	17.50%
6627004000D520	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	17.50%
6627004000D540	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	17.50%
6627004000E520	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	17.50%
6627004000E540	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	17.50%
66290030002120	Etanercept For Subcutaneous Inj 25 MG	17.50%
6629003000D530	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	17.50%
6629003000E230	Etanercept Subcutaneous Solution Cartridge 50 MG/ML	17.50%
6629003000E525	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	17.50%
6629003000E530	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	17.50%
66400010002120	Abatacept For IV Soln 250 MG	17.50%
6640001000D520	Abatacept Subcutaneous Soln Auto-injector 125 MG/ML	17.50%
6640001000E510	Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	17.50%
6640001000E515	Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	17.50%
6640001000E520	Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	17.50%
66450060002120	Rilonacept For Inj 220 MG	16.75%
66460020002015	Canakinumab Subcutaneous Inj 150 MG/ML	17.50%
66460020002115	Canakinumab For Inj 150 MG	17.50%
6650006000D520	Sarilumab Subcutaneous Solution Auto-injector 150 MG/1.14ML	17.50%
6650006000D530	Sarilumab Subcutaneous Solution Auto-injector 200 MG/1.14ML	17.50%
6650006000E520	Sarilumab Subcutaneous Soln Prefilled Syringe 150 MG/1.14ML	17.50%
6650006000E530	Sarilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	17.50%
66500070002030	Tocilizumab IV Inj 80 MG/4ML	16.15%
66500070002035	Tocilizumab IV Inj 200 MG/10ML	16.15%
66500070002040	Tocilizumab IV Inj 400 MG/20ML	16.15%
6650007000D520	Tocilizumab Subcutaneous Soln Auto-injector 162 MG/0.9ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

Handwritten mark

6650007000E520	Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	16.15%
66603010000310	Baricitinib Tab 1 MG	17.50%
66603010000320	Baricitinib Tab 2 MG	17.50%
66603065100320	Tofacitinib Citrate Tab 5 MG (Base Equivalent)	17.00%
66603065100330	Tofacitinib Citrate Tab 10 MG (Base Equivalent)	17.00%
66603065107530	Tofacitinib Citrate Tab SR 24HR 11 MG (Base Equivalent)	17.00%
66603065107550	Tofacitinib Citrate Tab ER 24HR 22 MG (Base Equivalent)	17.00%
66603072007520	Upadacitinib Tab ER 24HR 15 MG	15.50%
66700015000330	Apremilast Tab 30 MG	17.00%
6670001500B720	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	17.00%
68000040000320	Lesinurad Tab 200 MG	16.00%
68000050002020	Pegloticase Inj 8 MG/ML (For IV Infusion)	17.50%
72170085000320	Vigabatrin Tab 500 MG	16.15%
72170085003020	Vigabatrin Powd Pack 500 MG	16.15%
7320301010E220	Apomorphine HCl Soln Cartridge 30 MG/3ML	16.00%
73209902101820	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	16.00%
74400020032115	AbobotulinumtoxinA For Inj 300 Unit	16.75%
74400020032120	AbobotulinumtoxinA For Inj 500 Unit	16.75%
74400020052120	OnabotulinumtoxinA For Inj 100 Unit	17.50%
74400020052140	OnabotulinumtoxinA For Inj 200 Unit	17.50%
74400020102018	RimabotulinumtoxinB Inj 2500 Unit/0.5ML	16.25%
74400020102020	RimabotulinumtoxinB Inj 5000 Unit/ML	16.25%
74400020102022	RimabotulinumtoxinB Inj 10000 Unit/2ML	16.25%
74400020202120	IncobotulinumtoxinA For Inj 50 Unit	16.25%
74400020202130	IncobotulinumtoxinA For Inj 100 Unit	16.25%
74400020202140	IncobotulinumtoxinA For IM Inj 200 Unit	16.25%
74503070000320	Riluzole Tab 50 MG	16.75%
74503070001820	Riluzole Susp 50 MG/10ML	16.00%
74509030002010	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	16.15%
74600035002020	Eteplirsen IV Soln 100 MG/2ML (50 MG/ML)	16.00%
74600035002040	Eteplirsen IV Soln 500 MG/10ML (50 MG/ML)	16.00%
74600042002020	Golodirsen IV Soln 100 MG/2ML (50 MG/ML)	15.50%
74701050002020	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)	17.15%
74704050106410	Onasemnogene Apeparovect-xioi 2x8.3 ML Susp Kit	15.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

74704050106412	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 1x8.3 ML Susp Kit	15.50%
74704050106414	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 2x8.3 ML Susp Kit	15.50%
74704050106416	Onasemnogene Apeparovvec-xioi 3x8.3 ML Susp Kit	15.50%
74704050106418	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 2x8.3 ML Susp Kit	15.50%
74704050106420	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 3x8.3 ML Susp Kit	15.50%
74704050106422	Onasemnogene Apeparovvec-xioi 4x8.3 ML Susp Kit	15.50%
74704050106424	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 3x8.3 ML Susp Kit	15.50%
74704050106426	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 4x8.3 ML Susp Kit	15.50%
74704050106428	Onasemnogene Apeparovvec-xioi 5x8.3 ML Susp Kit	15.50%
74704050106430	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 4x8.3 ML Susp Kit	15.50%
74704050106432	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 5x8.3 ML Susp Kit	15.50%
74704050106434	Onasemnogene Apeparovvec-xioi 6x8.3 ML Susp Kit	15.50%
74704050106436	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 5x8.3 ML Susp Kit	15.50%
74704050106438	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 6x8.3 ML Susp Kit	15.50%
74704050106440	Onasemnogene Apeparovvec-xioi 7x8.3 ML Susp Kit	15.50%
74704050106442	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 6x8.3 ML Susp Kit	15.50%
74704050106444	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 7x8.3 ML Susp Kit	15.50%
74704050106446	Onasemnogene Apeparovvec-xioi 8x8.3 ML Susp Kit	15.50%
74704050106448	Onasemnogene Apeparovvec-xioi 2x5.5 ML & 7x8.3 ML Susp Kit	15.50%
74704050106450	Onasemnogene Apeparovvec-xioi 1x5.5 ML & 8x8.3 ML Susp Kit	15.50%
74704050106452	Onasemnogene Apeparovvec-xioi 9x8.3 ML Susp Kit	15.50%
75200010101920	Dantrolene Sodium For IV Susp 250 MG	16.00%
75200010102105	Dantrolene Sodium For IV Soln 20 MG	16.00%
7580002000E420	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	16.00%
7580004000E530	Hylan Intra-articular Solution Prefilled Syringe 16 MG/2ML	17.50%
7580004000E560	Hylan Intra-articular Solution Prefilled Syringe 48 MG/6ML	17.50%
7580006000E515	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	16.00%
7580006000E520	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	17.50%
7580006000E530	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	16.00%
75800070102024	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	16.75%
7580007010E420	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	16.00%
7580007010E517	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	16.00%
7580007010E520	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	17.50%
7580007010E525	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	16.25%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

(Handwritten mark)

75840015002300	* Autologous Cultured Chondrocytes for Implantation**	16.00%
75840015209100	* Autologous Cultured Chondrocyte on Collagen Membrane Sheet*	16.00%
76000012000320	Amifampridine Tab 10 MG	15.50%
76000012100320	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	15.50%
82400540102120	Luspatercept-aamt For Subcutaneous Inj 25 MG	15.50%
82400540102140	Luspatercept-aamt For Subcutaneous Inj 75 MG	15.50%
82401015102010	Darbeipoetin Alfa Soln Inj 25 MCG/ML	17.00%
82401015102020	Darbeipoetin Alfa Soln Inj 40 MCG/ML	17.00%
82401015102030	Darbeipoetin Alfa Soln Inj 60 MCG/ML	17.00%
82401015102040	Darbeipoetin Alfa Soln Inj 100 MCG/ML	17.00%
82401015102060	Darbeipoetin Alfa Soln Inj 200 MCG/ML	17.00%
82401015102070	Darbeipoetin Alfa Soln Inj 300 MCG/ML	17.00%
8240101510E510	Darbeipoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	16.75%
8240101510E528	Darbeipoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML	17.00%
8240101510E543	Darbeipoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML	17.00%
8240101510E552	Darbeipoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	17.00%
8240101510E560	Darbeipoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML	17.00%
8240101510E575	Darbeipoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML	17.00%
8240101510E582	Darbeipoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML	17.00%
8240101510E588	Darbeipoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML	17.00%
8240101510E590	Darbeipoetin Alfa Soln Prefilled Syringe 500 MCG/ML	17.00%
82401020002010	Epoetin Alfa Inj 2000 Unit/ML	17.00%
82401020002015	Epoetin Alfa Inj 3000 Unit/ML	17.00%
82401020002020	Epoetin Alfa Inj 4000 Unit/ML	16.00%
82401020002040	Epoetin Alfa Inj 10000 Unit/ML	16.00%
82401020002050	Epoetin Alfa Inj 20000 Unit/ML	17.00%
82401020002060	Epoetin Alfa Inj 40000 Unit/ML	16.00%
824010200042010	Epoetin Alfa-epbx Inj 2000 Unit/ML	20.00%
824010200042015	Epoetin Alfa-epbx Inj 3000 Unit/ML	20.00%
824010200042020	Epoetin Alfa-epbx Inj 4000 Unit/ML	20.00%
824010200042040	Epoetin Alfa-epbx Inj 10000 Unit/ML	20.00%
824010200042060	Epoetin Alfa-epbx Inj 40000 Unit/ML	20.00%
8240104010E510	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 30 MCG/0.3ML	16.00%
8240104010E515	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 50 MCG/0.3ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

8240104010E520	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 75 MCG/0.3ML	16.00%
8240104010E525	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 100 MCG/0.3ML	16.00%
8240104010E535	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 150 MCG/0.3ML	16.00%
8240104010E545	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 200 MCG/0.3ML	16.00%
82401520002010	Filgrastim Inj 300 MCG/ML	17.00%
82401520002012	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	17.00%
8240152000E545	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	17.00%
8240152000E550	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)	17.00%
82401520102020	Filgrastim-aafi Inj 300 MCG/ML	17.50%
82401520102030	Filgrastim-aafi Inj 480 MCG/1.6ML (300 MCG/ML)	17.50%
8240152010E520	Filgrastim-aafi Soln Prefilled Syringe 300 MCG/0.5ML	17.50%
8240152010E530	Filgrastim-aafi Soln Prefilled Syringe 480 MCG/0.8ML	17.50%
8240152060E530	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	16.00%
8240152060E540	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	16.00%
82401520702020	Tbo-Filgrastim Subcutaneous Inj 300 MCG/ML	17.15%
82401520702030	Tbo-Filgrastim Subcutaneous Inj 480 MCG/1.6ML (300 MCG/ML)	17.15%
8240152070E530	Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	17.15%
8240152070E540	Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	17.15%
8240157000E520	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	17.00%
8240157000F820	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	17.00%
8240157005E520	Pegfilgrastim-bmez Soln Prefilled Syringe 6 MG/0.6ML	15.50%
8240157010E520	Pegfilgrastim-cbqv Soln Prefilled Syringe 6 MG/0.6ML	17.15%
8240157020E520	Pegfilgrastim-jimdb Soln Prefilled Syringe 6 MG/0.6ML	17.50%
82402050002120	Sargramostim Lyophilized For Inj 250 MCG	17.50%
82405010200320	Avatrombopag Maleate Tab 20 MG (Base Equiv)	16.00%
82405030100310	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	17.15%
82405030100320	Eltrombopag Olamine Tab 25 MG (Base Equiv)	17.15%
82405030100330	Eltrombopag Olamine Tab 50 MG (Base Equiv)	17.15%
82405030100340	Eltrombopag Olamine Tab 75 MG (Base Equiv)	17.15%
82405030103020	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	15.50%
82405030103030	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	17.15%
82405045000320	Lusutrombopag Tab 3 MG	16.00%
82405060002110	Romiplostim For Inj 125 MCG	15.00%
82405060002120	Romiplostim For Inj 250 MCG	15.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

R

82405060002130	Romiplostim For Inj 500 MCG	15.00%
82502060002020	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	17.50%
82700040600120	Eliglustat Tartrate Cap 84 MG (Base Equivalent)	16.00%
82700050002120	Imiglucerase For Inj 400 Unit	16.00%
82700070000120	Miglustat Cap 100 MG	16.00%
82700080102120	Taliglucerase Alfa For Inj 200 Unit	16.00%
82700085102120	Velaglucerase Alfa For Inj 400 Unit	16.00%
82801020003020	Glutamine (Sickle Cell) Powd Pack 5 GM	16.00%
82805080000320	Voxelotor Tab 500 MG	15.50%
82807020702020	Crizanlizumab-tmca IV Soln 100 MG/10ML	15.50%
83334030002120	Desirudin For Inj 15 MG	16.00%
83350030102020	Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	16.00%
84100040002025	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	16.75%
84100040202030	Tranexamic Acid-Sodium Chloride IV Soln 1000 MG/100ML-0.7%	15.50%
84209902702920	Fibrinogen-Thrombin Powder 79-699 MG-Unit/GM	16.00%
85080025002020	Givosiran Subcutaneous Soln 189 MG/ML	15.50%
85080025202020	Givosiran Sodium Subcutaneous Soln 189 MG/ML	15.50%
85100010002110	Anthemophilic Factor (Human) For Inj 250 Unit	42.00%
85100010002130	Anthemophilic Factor (Human) For Inj 500 Unit	42.00%
85100010002140	Anthemophilic Factor (Human) For Inj 1000 Unit	42.00%
85100010002146	Anthemophilic Factor (Human) For Inj 1700 Unit	42.00%
85100010006460	Anthemophilic Factor (Human) For Inj Kit 1000 Unit	30.00%
85100010006475	Anthemophilic Factor (Human) For Inj Kit 1500 Unit	30.00%
85100010202115	Anthemophilic Factor (Recombinant) For Inj 220-400 Unit	40.00%
85100010202120	Anthemophilic Factor (Recombinant) For Inj 250 Unit	20.00%
85100010202125	Anthemophilic Factor (Recombinant) For Inj 401-800 Unit	40.00%
85100010202130	Anthemophilic Factor (Recombinant) For Inj 500 Unit	20.00%
85100010202135	Anthemophilic Factor (Recombinant) For Inj 801-1240 Unit	40.00%
85100010202140	Anthemophilic Factor (Recombinant) For Inj 1000 Unit	20.00%
85100010202145	Anthemophilic Factor (Recombinant) For Inj 1241-1800 Unit	40.00%
85100010202150	Anthemophilic Factor (Recombinant) For Inj 1500 Unit	20.00%
85100010202155	Anthemophilic Factor (Recombinant) For Inj 1801-2400 Unit	40.00%
85100010202160	Anthemophilic Factor (Recombinant) For Inj 2000 Unit	20.00%
85100010202170	Anthemophilic Factor (Recombinant) For Inj 3000 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

R

EMR

85100010206420	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	41.75%
85100010206430	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	41.75%
85100010206440	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	41.75%
85100010206450	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	41.75%
85100010206460	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	41.75%
85100010222120	Antihemophilic Factor (BDD-rFVIII) For Inj 250 Unit	16.00%
85100010222130	Antihemophilic Factor (BDD-rFVIII) For Inj 500 Unit	16.00%
85100010222140	Antihemophilic Factor (BDD-rFVIII) For Inj 1000 Unit	16.00%
85100010222160	Antihemophilic Factor (BDD-rFVIII) For Inj 2000 Unit	16.00%
85100010222165	Antihemophilic Factor (BDD-rFVIII) For Inj 2500 Unit	16.00%
85100010222170	Antihemophilic Factor (BDD-rFVIII) For Inj 3000 Unit	16.00%
85100010222180	Antihemophilic Factor (BDD-rFVIII) For Inj 4000 Unit	16.00%
851000102226420	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 250 Unit	16.00%
851000102226430	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 500 Unit	16.00%
851000102226440	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 1000 Unit	16.00%
851000102226460	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2000 Unit	16.00%
851000102226465	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2500 Unit	16.00%
851000102226470	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 3000 Unit	16.00%
851000102226480	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 4000 Unit	16.00%
85100010252120	Antihemophilic Factor rAHF-PFM For Inj 250 Unit	37.75%
85100010252130	Antihemophilic Factor rAHF-PFM For Inj 500 Unit	37.75%
85100010252140	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	37.75%
85100010252150	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	37.75%
85100010252170	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	37.75%
85100010252180	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	37.75%
85100010252185	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit	37.75%
85100010266420	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	38.00%
85100010266430	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	38.00%
85100010266440	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	38.00%
85100010266460	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	38.00%
85100010266470	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	38.00%
85100010302120	Antihemophilic Factor (Recomb) rFVIIIc For Inj 250 Unit	20.00%
85100010302125	Antihemophilic Factor (Recomb) rFVIIIc For Inj 500 Unit	20.00%
85100010302130	Antihemophilic Factor (Recomb) rFVIIIc For Inj 750 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

85100010302135	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1000 Unit	20.00%
85100010302145	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1500 Unit	20.00%
85100010302155	Antihemophilic Factor (Recomb) rFVIIIc For Inj 2000 Unit	20.00%
85100010302165	Antihemophilic Factor (Recomb) rFVIIIc For Inj 3000 Unit	20.00%
85100010302170	Antihemophilic Factor (Recomb) rFVIIIc For Inj 4000 Unit	20.00%
85100010302175	Antihemophilic Factor (Recomb) rFVIIIc For Inj 5000 Unit	20.00%
85100010302180	Antihemophilic Factor (Recomb) rFVIIIc For Inj 6000 Unit	20.00%
85100010332120	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit	15.50%
85100010332130	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit	15.50%
85100010332140	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit	15.50%
85100010332150	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit	15.50%
85100010332160	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit	15.50%
85100010332170	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit	15.50%
85100010352130	Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	15.50%
85100010352140	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	15.50%
85100010352145	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	15.50%
85100010352150	Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	15.50%
85100010352160	Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	15.50%
85100010402120	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	16.15%
85100010402130	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	16.15%
85100010402135	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	16.15%
85100010402140	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	16.15%
85100010402145	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	16.15%
85100010402150	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	16.15%
85100010402160	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	16.00%
85100010412130	Antihemophilic Factor Recomb Pegylated-aucl For Inj 500 Unit	16.00%
85100010412140	Antihemophilic Factor Recomb Pegylated-aucl For Inj 1000 Unit	16.00%
85100010412150	Antihemophilic Factor Recomb Pegylated-aucl For Inj 2000 Unit	16.00%
85100010412160	Antihemophilic Factor Recomb Pegylated-aucl For Inj 3000 Unit	16.00%
85100010502130	Antihemophilic Factor (Recomb Porc) rpfVIII For Inj 500 Unit	20.00%
85100010556420	Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	16.00%
85100010556430	Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	16.00%
85100010556440	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	16.00%
85100010556445	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

85100010556450	Antihemophilic Fact Rcomb Single Chain For Inj Kit 2000 Unit	16.00%
85100010556455	Antihemophilic Fact Rcomb Single Chain For Inj Kit 2500 Unit	16.00%
85100010556460	Antihemophilic Fact Rcomb Single Chain For Inj Kit 3000 Unit	16.00%
85100015102122	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	37.00%
85100015102132	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	37.00%
85100015102144	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	37.00%
85100015102160	Antihemophilic Factor/VWF (Human) For Inj 250 Unit	40.00%
85100015102170	Antihemophilic Factor/VWF (Human) For Inj 500 Unit	40.00%
85100015102180	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	40.00%
85100015102190	Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	40.00%
85100015102193	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	40.00%
85100015106430	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	40.00%
85100015106440	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002120	Antihhhibitor Coagulant Complex For IV Soln 500 Unit	17.15%
85100020002130	Antihhhibitor Coagulant Complex For IV Soln 1000 Unit	17.15%
85100020002150	Antihhhibitor Coagulant Complex For IV Soln 2500 Unit	17.15%
85100026202117	Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)	31.75%
85100026202126	Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)	31.75%
85100026202145	Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)	31.75%
85100026202160	Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)	31.75%
85100028002170	Coagulation Factor IX For Inj 500 Unit	40.00%
85100028002180	Coagulation Factor IX For Inj 1000 Unit	40.00%
85100028002185	Coagulation Factor IX For Inj 1500 Unit	40.00%
85100028202120	Coagulation Factor IX (Recombinant) For Inj 250 Unit	21.00%
85100028202130	Coagulation Factor IX (Recombinant) For Inj 500 Unit	21.00%
85100028202140	Coagulation Factor IX (Recombinant) For Inj 1000 Unit	21.00%
85100028202145	Coagulation Factor IX (Recombinant) For Inj 1500 Unit	16.00%
85100028202150	Coagulation Factor IX (Recombinant) For Inj 2000 Unit	21.00%
85100028202160	Coagulation Factor IX (Recombinant) For Inj 3000 Unit	21.00%
85100028206420	Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	21.00%
85100028206430	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	21.00%
85100028206440	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	21.00%
85100028206450	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	21.00%
85100028206460	Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	21.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

Be

85100028352110	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	16.00%
85100028352120	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	16.00%
85100028352130	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	16.00%
85100028352140	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	16.00%
85100028352150	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	16.00%
85100028402105	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	22.00%
85100028402110	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	22.00%
85100028402120	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	22.00%
85100028402130	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	22.00%
85100028402140	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	22.00%
85100028402150	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	22.00%
85100028452120	Coagulation Factor IX Recomb Glycopeglylated For Inj 500 Unit	16.00%
85100028452130	Coagulation Factor IX Recomb Glycopeglylated For Inj 1000 Unit	16.00%
85100028452140	Coagulation Factor IX Recomb Glycopeglylated For Inj 2000 Unit	16.00%
85100030002105	Factor IX Complex For Inj 500 Unit	19.75%
85100030002110	Factor IX Complex For Inj 1000 Unit	19.75%
85100030002115	Factor IX Complex For Inj 1500 Unit	19.75%
85100030002150	Factor IX Complex For Inj 200-1200 Unit	20.00%
85100031002120	Coagulation Factor X (Human) For Inj 250 Unit	16.00%
85100031002140	Coagulation Factor X (Human) For Inj 500 Unit	16.00%
85100032102130	Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit	16.00%
85100033006440	Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	21.00%
85100035002120	Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	21.00%
85100060106420	Prothrombin Complex Conc Human For Inj Kit 500 Unit	20.00%
85100060106430	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	20.00%
85100070202120	Von Willebrand Factor (Recombinant) For Inj 650 Unit	16.00%
85100070202130	Von Willebrand Factor (Recombinant) For Inj 1300 Unit	16.00%
85105030202010	Emicizumab-kxwh Subcutaneous Soln 30 MG/ML	16.00%
85105030202020	Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)	16.00%
85105030202030	Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)	16.00%
85105030202040	Emicizumab-kxwh Subcutaneous Soln 150 MG/ML	16.00%
85151020806420	Caplacizumab-yhdp for Inj Kit 11 MG	15.50%
85250010002105	Hemin For Inj 313 MG	16.00%
85250010002120	Hemin For Inj 350 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

85550060102120	Protein C Concentrate (Human) For IV Soln 500 Unit	16.00%
85550060102140	Protein C Concentrate (Human) For IV Soln 1000 Unit	16.00%
85756040100310	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	16.00%
85756040100320	Fostamatinib Disodium Tab 150 MG (Base Equivalent)	16.00%
85800050002020	Eculizumab IV Soln 10 MG/ML (For Infusion)	16.00%
85800080202020	Ravulizumab-cwvz IV Soln 300 MG/30ML (10 MG/ML)	17.15%
85802022002120	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	16.00%
85802022002130	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	16.00%
85802022002140	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	16.00%
85802022006420	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	16.25%
85802022102130	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	16.15%
85820040102020	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	16.00%
85840030002020	Ecallantide Inj 10 MG/ML	16.00%
85842040202020	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	16.00%
86109902292020	Moxifloxacin HCl in BSS Intravitreal Soln 1 MG/ML	20.00%
86300010002320	Dexamethasone Intravitreal Implant 0.7 MG	17.50%
86300010009940	Dexamethasone (Ophth) Insert 0.4 MG	17.15%
86300017102305	Fluocinolone Acetonide Intravitreal Implant 0.19 MG	16.00%
86300017102320	Fluocinolone Acetonide Intravitreal Implant 0.59 MG	16.00%
86300080101820	Triamcinolone Acetonide Ophth Inj 40 MG/ML	17.50%
86330015002320	Bimatoprost Intracameral Implant 10 MCG	15.50%
86370070601810	Voretigene Neparovec-rzyl Intraocular Susp	16.00%
86655010002020	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	16.75%
8665501000E520	Aflibercept Intravitreal Soln Pref Syr 2 MG/0.05ML	16.75%
8665502000E515	Bevacizumab Intravitreal Soln Pref Syr 2.5 MG/0.1ML	16.00%
8665502000E520	Bevacizumab Inj Soln Pref Syr 2.75 MG/0.11ML (2.5 MG/0.1ML)	16.00%
8665502000E525	Bevacizumab Intravitreal Soln Pref Syr 3.25 MG/0.13ML	16.00%
8665502000E530	Bevacizumab Inj Soln Pref Syr 3.75 MG/0.15ML (2.5 MG/0.1ML)	16.00%
8665502000E532	Bevacizumab Intravitreal Soln Pref Syr 3.75 MG/0.15ML	16.00%
86655025202020	Brolicizumab-dbll Intravitreal Soln 6 MG/0.05ML	15.50%
86655050302020	Pegaptanib Sodium Intravitreal Inj 0.3 MG/90 Microliter	16.25%
86655060002012	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	17.50%
86655060002020	Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	17.50%
8665506000E510	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

8665506000E520	Ranibizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	17.50%
86700065002120	Verteporfin For IV Soln 15 MG (2 MG/ML)	16.25%
86770020202020	Cenegermin-bkby Ophth Soln 0.002% (20 MCG/ML)	17.15%
8679990230E520	Riboflavin 5-Phos Sod-Dextran Ophth Soln Pref Syr 0.146-20%	16.00%
8679990240E530	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	16.00%
86801060002015	Ocriplasmin Intravitreal Inj 0.375 MG/0.3ML (1.25 MG/ML)	16.00%
87100012001830	Ciprofloxacin Intratympanic Susp 6% (60 MG/ML)	16.00%
88452050106320	Minocycline HCl Subgingival Powder Cartridge 1 MG	16.00%
9025052000E520	Brodalumab Subcutaneous Soln Prefilled Syringe 210 MG/1.5ML	16.00%
9025054200D220	Guselkumab Soln Pen-Injector 100 MG/ML	17.50%
9025054200E520	Guselkumab Soln Prefilled Syringe 100 MG/ML	17.50%
9025055400D520	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	16.75%
9025055400E520	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	16.75%
9025057070F820	Risankizumab-rzaa Sol Prefilled Syringe 2 x 75 MG/0.83ML Kit	15.50%
9025057500D520	Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	17.00%
9025057500D530	Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	15.50%
9025057500E520	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	17.00%
9025057500E530	Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	15.50%
9025058010E520	Tildrakizumab-asmn Subcutaneous Soln Pref Syringe 100 MG/ML	16.00%
90250585002020	Ustekinumab Inj 45 MG/0.5ML	17.00%
9025058500E520	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	17.00%
9025058500E540	Ustekinumab Soln Prefilled Syringe 90 MG/ML	17.00%
9027302000D220	Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML	15.50%
9027302000E515	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	15.50%
9027302000E520	Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	17.50%
90371050204030	Mechlorethamine HCl Gel 0.016% (Base Equivalent)	16.00%
90376015004020	Alitretinoin Gel 0.1%	16.00%
90376220004020	Bexarotene Gel 1%	50.00%
90850025306420	Capsaicin Patch 8% & Cleansing Gel Kit	16.00%
90945020004020	Becaplermin Gel 0.01%	16.00%
93000014402120	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 100 MG	17.15%
93000014402130	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 200 MG	17.15%
93000020102110	Deferoxamine Mesylate For Inj 500 MG	25.00%
93000020102130	Deferoxamine Mesylate For Inj 2 GM	25.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

93000084203040	Uridine Triacetate Oral Granules Packet 10 GM	16.00%
93100025000320	Deferasirox Tab 90 MG	16.75%
93100025000330	Deferasirox Tab 180 MG	16.75%
93100025000340	Deferasirox Tab 360 MG	16.75%
93100025003020	Deferasirox Granules Packet 90 MG	16.75%
93100025003030	Deferasirox Granules Packet 180 MG	16.75%
93100025003040	Deferasirox Granules Packet 360 MG	16.75%
93100025007320	Deferasirox Tab For Oral Susp 125 MG	16.15%
93100025007330	Deferasirox Tab For Oral Susp 250 MG	16.15%
93100025007340	Deferasirox Tab For Oral Susp 500 MG	16.15%
93100028000320	Deferiprone Tab 500 MG	16.00%
93100028000340	Deferiprone Tab 1000 MG	16.00%
93100028000345	Deferiprone (Twice Daily) Tab 1000 MG	15.50%
93100028002020	Deferiprone Oral Soln 100 MG/ML	16.00%
93400030001920	Naltrexone For IM Extended Release Susp 380 MG	16.00%
94200090102120	Thyrotropin Alfa For Inj 1.1 MG	16.75%
99200030000110	Penicillamine Cap 250 MG	17.50%
99350035002120	Collagenase Clostridium Histolyticum For Inj 0.9 MG	16.75%
99350040102020	Hyaluronidase Human Inj 150 Unit/ML	16.00%
99392070000120	Thalidomide Cap 50 MG	16.75%
99392070000130	Thalidomide Cap 100 MG	16.75%
99392070000135	Thalidomide Cap 150 MG	16.75%
99392070000140	Thalidomide Cap 200 MG	16.75%
99394050000110	Lenalidomide Caps 2.5 MG	17.50%
99394050000120	Lenalidomide Cap 5 MG	17.50%
99394050000130	Lenalidomide Cap 10 MG	17.50%
99394050000140	Lenalidomide Cap 15 MG	17.50%
99394050000145	Lenalidomide Cap 20 MG	17.50%
99394050000150	Lenalidomide Cap 25 MG	17.50%
99402020002005	Cyclosporine IV Soln 50 MG/ML	17.50%
99402540102220	Lymphocyte Immune Globulin Anti-Thymocyte G Inj 50 MG/ML(Eq)	16.00%
99402540302120	Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte Ig)	17.50%
99403030202120	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	16.00%
99404080002010	Tacrolimus Inj 5 MG/ML	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

B

99405015002110	Basiliximab For IV Soln 10 MG	16.75%
99405015002120	Basiliximab For IV Soln 20 MG	16.75%
99405035402020	Emapalumab-lzsg IV Soln 10 MG/2ML	17.15%
99405035402040	Emapalumab-lzsg IV Soln 50 MG/10ML	17.15%
99405040202020	Inebilizumab-cdon IV Soln 100 MG/10ML (10 MG/ML)	15.50%
99408020002120	Belatacept For IV Infusion 250 MG	16.75%
99422015002120	Belimumab For IV Soln 120 MG	17.50%
99422015002140	Belimumab For IV Soln 400 MG	17.50%
9942201500D520	Belimumab Subcutaneous Solution Auto-injector 200 MG/ML	17.50%
9942201500E520	Belimumab Subcutaneous Solution Prefilled Syringe 200 MG/ML	17.50%
99450060203020	Patromer Sorbites Calcium For Susp Packet 8.4 GM (Base Eq)	16.15%
99450060203030	Patromer Sorbites Calcium For Susp Packet 16.8 GM (Base Eq)	16.15%
99450060203040	Patromer Sorbites Calcium For Susp Packet 25.2 GM (Base Eq)	16.15%
99473080002120	Siltuximab For IV Infusion 100 MG	16.75%
99473080002140	Siltuximab For IV Infusion 400 MG	16.75%
09000015100310	Bedaquiline Fumarate Tab 20 MG (Base Equiv)	16.75%
12102330407420	Fostemsavir Tromethamine Tab ER 12HR 600 MG	15.50%
1235307000B718	Ribavirin Tab 400 MG	71.25%
21100015002060	Carboplatin IV Soln 1000 MG/100ML	17.00%
21100028002035	Oxaliplatin IV Soln 200 MG/40ML	45.00%
21300003000320	Azacitidine Tab 200 MG	25.00%
21300003000330	Azacitidine Tab 300 MG	25.00%
21300010301825	Cytarabine Liposome Inj 50 MG/5ML	15.50%
21353067202120	Tafastamab-cxix For IV Soln 200 MG	15.50%
21355015202120	Belantamab Mafodotin-blmf For IV Soln 100 MG	15.50%
21355060302110	Polatuzumab Vedotin-piiq For IV Solution 30 MG	15.50%
21500012001334	Paclitaxel IV Conc 100 MG/16.67ML (6 MG/ML)	16.75%
215340760000120	Pralsetinib Cap 100 MG	15.50%
21700013001940	BCG Live Intravesical For Susp 81 MG/VIAL	17.50%
21990002250320	Decitabine-Cedazuridine Tab 35-100 MG	15.50%
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML	15.50%
30170070106520	Octreotide Acetate Cap Delayed Release 20 MG	15.50%
59070070101910	Risperidone Microspheres For Inj 12.5 MG	15.50%
59070070101920	Risperidone Microspheres For Inj 25 MG	15.50%

ADMINISTRACION DE SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

59070070101930	Risperidone Microspheres For Inj 37.5 MG	15.50%	*
59070070101940	Risperidone Microspheres For Inj 50 MG	15.50%	*
6240506500D520	Ofatumumab Soln Auto-Injector 20 MG/0.4ML	15.50%	*
62405550006520	Monomethyl Fumarate Capsule Delayed Release 95 MG	15.50%	*
62459904202020	Calcium, Mag, Potassium, & Sod Oxybates Oral Soln 500 MG/ML	15.50%	*
662990030002015	Etanercept Subcutaneous Inj 25 MG/0.5ML	17.50%	*
74600080002020	Vitrolarsen IV Soln 250 MG/5ML (50 MG/ML)	15.50%	*
85100026402117	Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG)	15.50%	*
85100026402145	Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG)	15.50%	*
99200020100110	Trientine HCl Cap 250 MG	15.50%	*
99200030000302	Penicillamine Tab 125 MG	17.50%	*
99200030000305	Penicillamine Tab 250 MG	17.50%	*
9940507040E520	Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	15.50%	*
85840010200120	Berotrastat HCl Cap 110 MG	15.50%	*
21534075100315	Ponatinib HCl Tab 10 MG (Base Equiv)	22.75%	*
21756570202120	Triaciclib Dihydrochloride For IV Soln 300 MG	15.50%	*
214024300000340	Enzalutamide Tab 80 MG	16.00%	*
85800080202045	Ravulizumab-cwvz IV Soln 300 MG/3ML (100 MG/ML)	17.15%	*
21353037302020	Naxitamab-gqgk IV Soln 40 MG/10ML (4 MG/ML)	15.50%	*
12109990225G120	Cabotegravir 400 MG/2ML & Rilpivirine 600 MG/2ML IM Susp ER	15.50%	*
39392030202040	Evinacumab-dgnb IV Soln 1200 MG/8ML (150 MG/ML)	15.50%	*
60250070001820	Tasimelteon Oral Susp 4 MG/ML	16.00%	*
19502035002040	Imdevimab IV Soln 1332 MG/11.1ML	15.50%	*
85840010200130	Berotrastat HCl Cap 150 MG	15.50%	*
99402080000120	Voclosporin Cap 7.9 MG	15.50%	*
39392030202020	Evinacumab-dgnb IV Soln 345 MG/2.3ML (150 MG/ML)	15.50%	*
6240307530E521	Peginterferon Beta-1a IM Soln Prefilled Syr 125 MCG/0.5ML	16.15%	*
85800080202060	Ravulizumab-cwvz IV Soln 1100 MG/11ML (100 MG/ML)	17.15%	*
1210990225G130	Cabotegravir 600 MG/3ML & Rilpivirine 900 MG/3ML IM Susp ER	15.50%	*
19502030002020	Etesevimab IV Soln 700 MG/20ML (35 MG/ML)	15.50%	*
30906430202120	Fosdenopterin Hydrobromide For IV Soln 9.5 MG	15.50%	*
2156006000B765	Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	15.50%	*
9025057070E540	Risankizumab-rzaa Soln Prefilled Syringe 150 MG/ML	15.50%	*
4530990340B720	Eluxacaf-Tezacaf-lvacaf 50-25-37.5 MG & lvacaf 75 MG TBPK	15.50%	*

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0044

Contrato Número

EMR

R

21170070342140	Trastuzumab-dttb For IV Soln 420 MG	15.50%	*
21421020000320	Belzutifan Tab 40 MG	15.50%	*
12359902353020	Glecaprevir-pibrentasvir Pellet Pack 50-20 MG	17.50%	*
19502020002020	Bamlanivimab IV Soln 700 MG/20ML	15.50%	*
75809902606420	Sod Hyaluronate 1% Pref Syr & Lidocaine HCl 2% Inj Kit	15.50%	*
21533073100320	Tepotinib HCl Tab 225 MG	15.50%	*
21353034202020	Margetuximab-cmkb IV Soln 250 MG/10ML (25 MG/ML)	15.50%	*
215600600008780	Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	15.50%	*
2153223540B225	Infigratinib Phos Cap Ther Pack 3 x 25 MG (75 MG Daily Dose)	15.50%	*
523500600006810	Odevixibat Pellets Cap Sprinkle 200 MCG	15.50%	*
21360050600120	Mobocertinib Succinate Cap 40 MG	15.50%	*
215600600008775	Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	15.50%	*
85800065002020	Pegcetacoplan Subcutaneous Soln 1080 MG/20ML (54 MG/ML)	15.50%	*
214900090000315	Avapritinib Tab 50 MG	15.50%	*
99427010252020	Anifrolumab-fnia IV Soln 300 MG/2ML	15.50%	*
5907005010E670	Paliperidone Palmitate ER Susp Pref Syr 1,092 MG/3.5ML	17.15%	*
86300080101830	Triamcinolone Acetonide Suprachoroidal Inj 40 MG/ML	17.50%	*
215600600008770	Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	15.50%	*
74503070008220	Riluzole Oral Film 50 MG	16.75%	*
214900090000310	Avapritinib Tab 25 MG	15.50%	*
99407510500320	Belumosudil Mesylate Tab 200 MG	15.50%	*
21357941002033	Nivolumab IV Soln 120 MG/12ML	15.50%	*
2170007750E520	Ropeginterferon alfa-2b-nift Soln Prefilled Syr 500 MCG/ML	15.50%	*
21533076250120	Tivozanib HCl Cap 890 MCG (Base Equivalent)	15.50%	*
62380080200130	Valbenazine Tosylate Cap 60 MG (Base Equiv)	16.00%	*
21532480000320	Sotorasib Tab 120 MG	15.50%	*
21250010602020	Asparaginase Erwinia Chrys (Recomb)-rwn IM Soln 10 MG/0.5ML	15.50%	*
523500600006830	Odevixibat Pellets Cap Sprinkle 600 MCG	15.50%	*
52350050102020	Maralixibat Chloride Oral Soln 9.5 MG/ML	15.50%	*
82401020042050	Epoetin Alfa-epbx Inj 20000 Unit/ML	20.00%	*
99463045000120	Lonafarnib Cap 50 MG	15.50%	*
21533080400320	Umbralesib Tosylate Tab 200 MG	15.50%	*
74600025002020	Casimersen IV Soln 100 MG/2ML (50 MG/ML)	15.50%	*
13000080002130	Artesunate For IV Soln 110 MG	15.50%	*

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

Re

21351640502120	Loncastuximab Tesirine-lyyl For IV Soln 10 MG	15.50%*
62050510102030	Aducanumab-awwa IV Soln 300 MG/3ML (100 MG/ML)	15.50%*
90273020000D215	Dupilumab Subcutaneous Soln Pen-injector 200 MG/1.14ML	17.50%*
52350060000120	Odevixibat Cap 400 MCG	15.50%*
902720605037720	Ruxolitinib Phosphate Cream 1.5%	15.50%*
8240157002E520	Pegfilgrastim-apgf Soln Prefilled Syringe 6 MG/0.6ML	15.50%*
99463045000130	Lonafarnib Cap 75 MG	15.50%*
66603065102020	Tofacitinib Citrate Oral Soln 1 MG/ML (Base Equivalent)	17.00%*
214024300000320	Enzalutamide Tab 40 MG	16.00%*
2156006000B760	Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	15.50%*
9025057070D520	Risankizumab-rzaa Soln Auto-injector 150 MG/ML	15.50%*
62050510102020	Aducanumab-awwa IV Soln 170 MG/1.7ML (100 MG/ML)	15.50%*
21170070342120	Trastuzumab-dttb For IV Soln 150 MG	15.50%*
30907722552120	Avalglucosidase Alfa-ngpt For IV Soln 100 MG	15.50%*
85800010000120	Avacopan Cap 10 MG	15.50%*
12359902650320	Sofosbuvir-Velpatasvir Tab 200-50 MG	17.50%*
45307060000140	Mannitol Inhal Cap 40 MG	15.50%*
21101040052120	Melphalan Flufenamide HCl For IV Soln 20 MG	15.50%*
21533076250130	Tivozanib HCl Cap 1340 MCG (Base Equivalent)	15.50%*
21357928302020	Dostarlimab-gxly IV Soln 500 MG/10ML (50 MG/ML)	15.50%*
21359710802020	Amivantamab-vmjw IV Soln 350 MG/7ML	15.50%*
8665502000E522	Bevacizumab Intravit Pref Syr 3 MG/0.12ML (1.25 MG/0.05ML)	16.00%*
52350060000140	Odevixibat Cap 1200 MCG	15.50%*
21359280802120	Tisotumab Vedotin-fttv For IV Solution 40 MG	15.50%*

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

PR

PLAN VITAL
 High Cost List - National Chains
 Effective XX/XX/XXXX

GPI	GPI Name	Discount
07000070000120	Tobramycin Inhal Cap 28 MG	18.00%
07000070002520	Tobramycin Nebu Soln 300 MG/5ML	41.75%
07000070002530	Tobramycin Nebu Soln 300 MG/4ML	18.00%
09000015100320	Bedaquiline Fumarate Tab 100 MG (Base Equiv)	18.00%
11000010002105	Amphotericin B For Inj 50 MG	18.00%
11000010301820	Amphotericin B Lipid Inj Susp (For IV Infusion) 5 MG/ML	18.00%
11000010401920	Amphotericin B Liposome IV For Susp 50 MG	18.00%
11407080002120	Voriconazole For Inj 200 MG	18.00%
11500010002120	Anidulafungin For IV Soln 50 MG	18.00%
11500010002130	Anidulafungin For IV Soln 100 MG	18.00%
11500025102120	Caspofungin Acetate For IV Soln 50 MG	18.00%
11500025102130	Caspofungin Acetate For IV Soln 70 MG	18.00%
11500050102120	Micafungin Sodium For IV Soln 50 MG	18.00%
11500050102130	Micafungin Sodium For IV Soln 100 MG	18.00%
12102240302020	Ibalizumab-uyk IV Soln 200 MG/1.33ML (150 MG/ML)	18.00%
12102530002120	Enfuvirtide For Inj 90 MG	18.00%
12200020102030	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	18.00%
12200030002030	Ganciclovir IV Soln 500 MG/250ML	18.00%
12200030102030	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	18.00%
12200030102110	Ganciclovir Sodium For Inj 500 MG	60.00%
122000450000320	Letermovir Tab 240 MG	18.00%
122000450000340	Letermovir Tab 480 MG	18.00%
12200045002020	Letermovir IV Soln 240 MG/12ML	18.00%
12200045002040	Letermovir IV Soln 480 MG/24ML	18.00%
12200066100320	Valganciclovir HCl Tab 450 MG	50.00%
12200066102120	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	50.00%
12352015100320	Adefovir Dipivoxil Tab 10 MG	18.00%
12352030000320	Entecavir Tab 0.5 MG	18.00%

ADMINISTRACION DE
 SEGUROS DE SALUD

№ 23 - 0044

.Contrato Número

EMR

12352030000330	Entecavir Tab 1 MG	18.00%
12352030002020	Entecavir Oral Soln 0.05 MG/ML	18.00%
12352050000315	Lamivudine Tab 100 MG (HBV)	30.00%
12352050002010	Lamivudine Oral Soln 5 MG/ML (HBV)	18.00%
12352083200320	Tenofovir Alafenamide Fumarate Tab 25 MG	18.00%
12353025100320	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	18.00%
12353025100330	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	18.00%
12353025100340	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	18.00%
12353060052020	Peginterferon alfa-2a Inj 180 MCG/ML	18.25%
12353060052030	Peginterferon alfa-2a Inj 135 MCG/0.5ML	18.00%
12353060052040	Peginterferon alfa-2a Inj 180 MCG/0.5ML	18.00%
12353060106410	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	18.00%
12353070000120	Ribavirin Cap 200 MG	70.00%
12353070000320	Ribavirin Tab 200 MG	18.00%
12353070000340	Ribavirin Tab 400 MG	71.25%
12353070000360	Ribavirin Tab 600 MG	60.00%
12353070002020	Ribavirin Soln 40 MG/ML	18.00%
123530700008715	Ribavirin Tab 200 MG & Ribavirin 400 MG Tab Therapy Pack	71.25%
123530700008720	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	71.25%
123530700008725	Ribavirin Tab Therapy Pack 600 MG (1200 MG Daily Dose)	18.00%
12353077100120	Simeprevir Sodium Cap 150 MG (Base Equivalent)	18.00%
12353080000310	Sofosbuvir Tab 200 MG	18.00%
12353080000320	Sofosbuvir Tab 400 MG	18.00%
12353080003015	Sofosbuvir Pellet Pack 150 MG	18.00%
12353080003020	Sofosbuvir Pellet Pack 200 MG	18.00%
12359902300320	Elbasvir-Grazoprevir Tab 50-100 MG	18.00%
12359902350320	Glecaprevir-Pibrentasvir Tab 100-40 MG	18.00%
12359902400310	Ledipasvir-Sofosbuvir Tab 45-200 MG	18.00%
12359902400320	Ledipasvir-Sofosbuvir Tab 90-400 MG	18.00%
12359902403006	Ledipasvir-Sofosbuvir Pellet Pack 33.75-150 MG	18.00%
12359902403010	Ledipasvir-Sofosbuvir Pellet Pack 45-200 MG	18.00%
12359902650330	Sofosbuvir-Velpatasvir Tab 400-100 MG	18.00%
12359903600320	Ombitasvir-Paritaprevir-Ritonavir Tab 12.5-75-50 MG	18.00%
12359903800330	Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

12359904607530	Dasab-Ombic-Paritap-Riton Tab SR 24HR 200-8:33-50-33:33 MG	18.00%
12359904608720	Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG	18.00%
12504065002020	Peramivir Inj 200 MG/20ML (10 MG/ML)	18.00%
12604075002120	Ribavirin For Inhal Soln 6 GM	62.00%
13000040000310	Pyrimethamine Tab 25 MG	18.00%
16000036000120	Miltefosine Cap 50 MG	18.00%
16140010402120	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	18.00%
19100005002200	Cytomegalovirus Immune Globulin (Human) IV Inj	18.00%
19100010002000	Hepatitis B Immune Globulin (Human) IM Inj Soln	18.00%
19100010002050	Hepatitis B Immune Globulin (Human) Inj Soln	18.00%
19100020002200	Immune Globulin (Human) Inj	23.75%
19100020102020	Immune Globulin (Human) IV Soln 0.5 GM/10ML	25.00%
19100020102030	Immune Globulin (Human) IV Soln 1 GM/20ML	24.25%
19100020102034	Immune Globulin (Human) IV Soln 2.5 GM/50ML	25.00%
19100020102038	Immune Globulin (Human) IV Soln 5 GM/100ML	25.00%
19100020102042	Immune Globulin (Human) IV Soln 10 GM/200ML	25.00%
19100020102044	Immune Globulin (Human) IV Soln 20 GM/400ML	25.00%
19100020102046	Immune Globulin (Human) IV Soln 25 GM/500ML	24.25%
19100020102063	Immune Globulin (Human) IV Soln 2 GM/20ML	24.25%
19100020102068	Immune Globulin (Human) IV Soln 5 GM/50ML	25.00%
19100020102072	Immune Globulin (Human) IV Soln 10 GM/100ML	25.00%
19100020102076	Immune Globulin (Human) IV Soln 20 GM/200ML	25.00%
19100020102080	Immune Globulin (Human) IV Soln 30 GM/300ML	24.25%
19100020102090	Immune Globulin (Human) IV Soln 40 GM/400ML	19.75%
19100020102120	Immune Globulin (Human) IV For Soln 5 GM	35.00%
19100020102125	Immune Globulin (Human) IV For Soln 6 GM	25.00%
19100020102130	Immune Globulin (Human) IV For Soln 10 GM	35.00%
19100020102135	Immune Globulin (Human) IV For Soln 12 GM	25.00%
19100020202050	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	24.50%
19100020202054	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	24.50%
19100020202058	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	24.50%
19100020202062	Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	18.00%
19100020202065	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	24.50%
1910002020E520	Immune Globulin (Human) Subcutaneous Soln Pref Syr 1 GM/5ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

.Contrato Número

1910002020E530	Immune Globulin (Human) Subcutaneous Soln Pref Syr 2 GM/10ML	18.00%
1910002020E540	Immune Globulin (Human) Subcutaneous Soln Pref Syr 4 GM/20ML	18.00%
19100020302060	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	35.00%
19100020302064	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	35.00%
19100020302068	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	35.00%
19100020302072	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	35.00%
19100020302076	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	35.00%
19100020302080	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	35.00%
19100020302084	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	26.00%
19100020572021	Immune Globulin (Human)-hipp Subcutaneous Inj 1 GM/6ML	18.00%
19100020572025	Immune Globulin (Human)-hipp Subcutaneous Inj 1.65 GM/10ML	18.00%
19100020572030	Immune Globulin (Human)-hipp Subcutaneous Inj 2 GM/12ML	18.00%
19100020572035	Immune Globulin (Human)-hipp Subcutaneous Inj 3.3 GM/20ML	18.00%
19100020572040	Immune Globulin (Human)-hipp Subcutaneous Inj 4 GM/24ML	18.00%
19100020572055	Immune Globulin (Human)-hipp Subcutaneous Inj 8 GM/48ML	18.00%
19100020602020	Immune Globulin (Human)-ifas IV Soln 1 GM/10ML	18.00%
19100020602025	Immune Globulin (Human)-ifas IV Soln 2.5 GM/25ML	18.00%
19100020602030	Immune Globulin (Human)-ifas IV Soln 5 GM/50ML	18.00%
19100020602035	Immune Globulin (Human)-ifas IV Soln 10 GM/100ML	18.00%
19100020602040	Immune Globulin (Human)-ifas IV Soln 20 GM/200ML	18.00%
19100020602045	Immune Globulin (Human)-ifas IV Soln 30 GM/300ML	18.00%
19100020642020	Immune Globulin (Human)-klhw Subcutaneous Inj 1 GM/5ML	18.00%
19100020642025	Immune Globulin (Human)-klhw Subcutaneous Inj 2 GM/10ML	18.00%
19100020642030	Immune Globulin (Human)-klhw Subcutaneous Inj 4 GM/20ML	18.00%
19100020642040	Immune Globulin (Human)-klhw Subcutaneous Inj 10 GM/50ML	18.00%
19100020802030	Immune Globulin (Human)-sira IV Soln 5 GM/50ML	18.00%
19100045002010	Rabies Immune Globulin (Human) Inj 300 Unit/2ML	18.00%
19100045002020	Rabies Immune Globulin (Human) Inj 1500 Unit/10ML	18.00%
19100045002030	Rabies Immune Globulin (Human) Inj 300 Unit/ML	18.00%
19100045002035	Rabies Immune Globulin (Human) Inj 900 Unt/3ML (300 Unt/ML)	18.00%
19100045002040	Rabies Immune Globulin (Human) Inj 1500 Unt/5ML (300 Unt/ML)	18.00%
19100060002205	Tetanus Immune Globulin (Human) Inj 250 Unit/ML	18.00%
19100070002015	Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	18.00%
19200021002120	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

R

EMR

19200022002120	Crotalidae Immune F(ab)'2 (Equine) For IV Infusion	18.00%
19200030006410	Antivenin Latrodectus Mactans Inj Kit	18.00%
19200040002100	Antivenin Micrurus Fulvius For IV Soln	18.00%
19200072102120	Centruroides (Scorpion) Imm F(ab)'2 (Equine) For IV Infusion	18.00%
19502060002015	Palivizumab IM Soln 50 MG/0.5ML	18.00%
19502060002020	Palivizumab IM Soln 100 MG/ML	18.00%
19503015002020	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	18.00%
199900023556420	Immune Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	30.00%
199900023556425	Immune Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	30.00%
199900023556430	Immune Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	30.00%
199900023556440	Immune Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	30.00%
199900023556450	Immune Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	30.00%
20000050002025	Pegademase Bovine Inj 250 Unt/ML	18.00%
21100005000110	Altretamine Cap 50 MG	18.00%
21100009102005	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	18.00%
21100009102110	Bendamustine HCl For IV Soln 25 MG	18.00%
21100009102120	Bendamustine HCl For IV Soln 100 MG	18.00%
21100010002020	Busulfan Inj 6 MG/ML	60.00%
21100015002030	Carboplatin IV Soln 50 MG/5ML	18.00%
21100015002035	Carboplatin IV Soln 150 MG/15ML	18.00%
21100015002040	Carboplatin IV Soln 450 MG/45ML	18.00%
21100015002045	Carboplatin IV Soln 600 MG/60ML	18.00%
21100020002020	Cisplatin Inj 50 MG/50ML (1 MG/ML)	30.00%
21100020002025	Cisplatin Inj 100 MG/100ML (1 MG/ML)	30.00%
21100020002030	Cisplatin Inj 200 MG/200ML (1 MG/ML)	30.00%
21100020002110	Cisplatin IV For Inj 50 MG	30.00%
21100024002120	Lurbinectedin For IV Soln 4 MG	18.00%
21100028002025	Oxaliplatin IV Soln 50 MG/10ML	45.00%
21100028002030	Oxaliplatin IV Soln 100 MG/20ML	45.00%
21100028002120	Oxaliplatin For IV Inj 50 MG	30.00%
21100028002130	Oxaliplatin For IV Inj 100 MG	30.00%
21100040002105	Thiotepa For Inj 15 MG	18.00%
21100040002150	Thiotepa For Inj 100 MG	18.00%
21101010000305	Chlorambucil Tab 2 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21101020002120	Cyclophosphamide For Inj 500 MG	42.30%
21101020002125	Cyclophosphamide For Inj 1 GM	42.30%
21101020002130	Cyclophosphamide For Inj 2 GM	42.30%
21101025002025	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	18.00%
21101025002030	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	18.00%
21101025002110	Ifosfamide For Inj 1 GM	18.00%
21101025002130	Ifosfamide For Inj 3 GM	18.00%
21101030102105	Mechlorethamine HCl For Inj 10 MG	18.00%
21101040000305	Melphalan Tab 2 MG	18.00%
21101040102110	Melphalan HCl For Inj 50 MG (Base Equiv)	18.00%
21101040102115	Melphalan HCl For Inj 50 MG (Propylene Glycol (PG) Free)	18.00%
21102010002105	Carmustine For Inj 100 MG	18.00%
21102010203120	Carmustine in Polifeprosan Intracranial Implant Wafer 7.7 MG	18.00%
21102020000105	Lomustine Cap 5 MG	18.00%
21102020000110	Lomustine Cap 10 MG	18.00%
21102020000115	Lomustine Cap 40 MG	18.00%
21102020000120	Lomustine Cap 100 MG	18.00%
21102030002105	Streptozocin For Inj 1 GM	18.00%
21104070000110	Temozolomide Cap 5 MG	45.00%
21104070000120	Temozolomide Cap 20 MG	45.00%
21104070000140	Temozolomide Cap 100 MG	45.00%
21104070000143	Temozolomide Cap 140 MG	45.00%
21104070000147	Temozolomide Cap 180 MG	45.00%
21104070000150	Temozolomide Cap 250 MG	45.00%
211040700002120	Temozolomide For IV Soln 100 MG	45.00%
21107075002140	Trabectedin For Inj 1 MG	18.00%
21200010102105	Bleomycin Sulfate For Inj 15 Unit	18.00%
21200010102115	Bleomycin Sulfate For Inj 30 Unit	18.00%
21200010102150	Bleomycin Sulf For Inj 15 USP Unit(15000 International Unit)	18.00%
21200020002105	Dactinomycin For Inj 0.5 MG	18.00%
21200030102025	Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	18.00%
21200030102035	Daunorubicin HCl IV Soln 50 MG/10ML (Base Equiv)	18.00%
21200040102010	Doxorubicin HCl Inj 2 MG/ML	18.00%
21200040102105	Doxorubicin HCl For Inj 10 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

B

21200040102115	Doxorubicin HCl For Inj 50 MG	18.00%
21200040402210	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	18.00%
21200042102030	Epirubicin HCl Inj 50 MG/25ML (2 MG/ML)	18.00%
21200042102045	Epirubicin HCl Inj 200 MG/100ML (2 MG/ML)	18.00%
21200045102025	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	18.00%
21200045102030	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	18.00%
21200045102035	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	18.00%
21200050002105	Mitomycin For Inj 5 MG	25.00%
21200050002110	Mitomycin For Inj 20 MG	25.00%
21200050002120	Mitomycin For Inj 40 MG	25.00%
21200050002160	Mitomycin For Pyelocalyceal Soln 40 MG	18.00%
2120005000E540	Mitomycin Soln For Intravesical Instillation 20 MG/40ML	25.00%
21200055001320	Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)	18.00%
21200055001325	Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)	18.00%
21200055001330	Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)	18.00%
21200080002020	Valrubicin Soln For Intravesical Instillation 40 MG/ML	18.00%
21250010402125	Asparaginase Erwinia Chrysanthemii For Inj 10000 Unit	18.00%
21250030502020	Calaspargase Pegol-mknl IV Soln 3750 Unit/5ML (750 Unit/ML)	18.00%
21250060002020	Pegaspargase Inj 750 Unit/ML	18.00%
21300003001920	Azacitidine For Inj 100 MG	25.00%
21300005000320	Capecitabine Tab 150 MG	50.00%
21300005000350	Capecitabine Tab 500 MG	50.00%
21300007002015	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	18.00%
21300008002020	Clofarabine IV Soln 1 MG/ML	18.00%
21300010002010	Cytarabine Inj 20 MG/ML	18.00%
21300010002011	Cytarabine Inj PF 20 MG/ML	18.00%
21300010002040	Cytarabine Inj 100 MG/ML	18.00%
21300015002120	Decitabine For Inj 50 MG	35.00%
21300020002105	Floxuridine For Inj 0.5 GM	25.00%
21300025102020	Fludarabine Phosphate Inj 25 MG/ML	18.00%
21300025102120	Fludarabine Phosphate For Inj 50 MG	18.00%
21300030002020	Fluorouracil Inj 500 MG/10ML (50 MG/ML)	18.00%
21300030002025	Fluorouracil Inj 1 GM/20ML (50 MG/ML)	18.00%
21300030002030	Fluorouracil Inj 2.5 GM/50ML (50 MG/ML)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

AR

21300030002035	Fluorouracil Inj 5 GM/100ML (50 MG/ML)	18.00%
21300034102020	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	40.00%
21300034102040	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	40.00%
21300034102060	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	40.00%
21300034102073	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	30.00%
21300034102077	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	30.00%
21300034102080	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	30.00%
21300034102083	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	30.00%
21300034102110	Gemcitabine HCl For Inj 200 MG	40.00%
21300034102140	Gemcitabine HCl For Inj 1 GM	40.00%
21300034102160	Gemcitabine HCl For Inj 2 GM	40.00%
21300034112020	Gemcitabine HCl-NaCl IV Soln 1200 MG/120ML-0.9%	18.00%
21300034112024	Gemcitabine HCl-NaCl IV Soln 1300 MG/130ML-0.9%	18.00%
21300034112028	Gemcitabine HCl-NaCl IV Soln 1400 MG/140ML-0.9%	18.00%
21300034112032	Gemcitabine HCl-NaCl IV Soln 1500 MG/150ML-0.9%	18.00%
21300034112036	Gemcitabine HCl-NaCl IV Soln 1600 MG/160ML-0.9%	18.00%
21300034112040	Gemcitabine HCl-NaCl IV Soln 1700 MG/170ML-0.9%	18.00%
21300034112044	Gemcitabine HCl-NaCl IV Soln 1800 MG/180ML-0.9%	18.00%
21300034112048	Gemcitabine HCl-NaCl IV Soln 1900 MG/190ML-0.9%	18.00%
21300034112052	Gemcitabine HCl-NaCl IV Soln 2000 MG/200ML-0.9%	18.00%
21300034112056	Gemcitabine HCl-NaCl IV Soln 2200 MG/220ML-0.9%	18.00%
21300040001830	Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)	18.00%
21300050002080	Methotrexate Oral Soln 2.5 MG/ML	25.00%
21300050100320	Methotrexate Sodium Tab 5 MG (Base Equiv)	18.00%
21300050100330	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	18.00%
21300050100340	Methotrexate Sodium Tab 10 MG (Base Equiv)	18.00%
21300050100350	Methotrexate Sodium Tab 15 MG (Base Equiv)	18.00%
21300050102075	Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	18.00%
21300050102150	Methotrexate Sodium For Inj 1 GM	25.00%
21300052002020	Nelarabine IV Soln 5 MG/ML	18.00%
21300053102110	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	18.00%
21300053102120	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	18.00%
21300054002020	Pralatrexate IV Inj 20 MG/ML	18.00%
21300054002025	Pralatrexate IV Inj 40 MG/2ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

21300060000305	Thioguanine Tab 40 MG	18.00%
21335010102020	Ziv-Aflibercept IV Soln 100 MG/4ML (For Infusion)	18.00%
21335010102030	Ziv-Aflibercept IV Soln 200 MG/8ML (For Infusion)	18.00%
21335020002025	Bevacizumab IV Soln 100 MG/4ML (For Infusion)	18.00%
21335020002030	Bevacizumab IV Soln 400 MG/16ML (For Infusion)	18.00%
21335020202025	Bevacizumab-awwb IV Soln 100 MG/4ML (For Infusion)	18.00%
21335020202030	Bevacizumab-awwb IV Soln 400 MG/16ML (For Infusion)	18.00%
21335020302025	Bevacizumab-bvzr IV Soln 100 MG/4ML (For Infusion)	18.00%
21335020302030	Bevacizumab-bvzr IV Soln 400 MG/16ML (For Infusion)	18.00%
21335070002020	Ramucirumab IV Soln 100 MG/10ML (For Infusion)	18.00%
21335070002040	Ramucirumab IV Soln 500 MG/50ML (For Infusion)	18.00%
21352020002120	Blinatumomab For IV Infusion 35 MCG	18.00%
21353010002040	Alemtuzumab IV Inj 30 MG/ML (For Infusion)	18.00%
21353015002015	Atezolizumab IV Soln 840 MG/14ML	18.00%
21353015002020	Atezolizumab IV Soln 1200 MG/20ML	18.00%
21353020002020	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)	18.00%
21353023402030	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)	18.00%
21353025002020	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	18.00%
21353025002025	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	18.00%
21353027002020	Daratumumab IV Soln 100 MG/5ML	18.00%
21353027002030	Daratumumab IV Soln 400 MG/20ML	18.00%
21353028002020	Dinutuximab IV Soln 17.5 MG/5ML (3.5 MG/ML)	18.00%
21353029002020	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)	18.00%
21353029002030	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)	18.00%
21353030002120	Elotuzumab For IV Soln 300 MG	18.00%
21353030002130	Elotuzumab For IV Soln 400 MG	18.00%
21353032002020	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	18.00%
21353032002040	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	18.00%
21353033202020	Isatuximab-irfc IV Soln 100 MG/5ML	18.00%
21353033202030	Isatuximab-irfc IV Soln 500 MG/25ML	18.00%
21353035202020	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)	18.00%
21353036502120	Moxetumomab Pasudotox-tftk For IV Soln 1 MG	18.00%
21353038002020	Necitumumab IV Soln 800 MG/50ML (16 MG/ML)	18.00%
21353041002020	Nivolumab IV Soln 40 MG/4ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21353041002030	Nivolumab IV Soln 100 MG/10ML	18.00%
21353041002050	Nivolumab IV Soln 240 MG/24ML	18.00%
21353043002025	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	18.00%
21353045001320	Ofatumumab Conc For IV Infusion 100 MG/5ML	18.00%
21353045001360	Ofatumumab Conc For IV Infusion 1000 MG/50ML	18.00%
21353047002010	Olaratumab Soln for IV Infusion 190 MG/19ML (10 MG/ML)	18.00%
21353047002020	Olaratumab Soln for IV Infusion 500 MG/50ML (10 MG/ML)	18.00%
21353050002025	Panitumumab IV Soln 100 MG/5ML	18.00%
21353050002035	Panitumumab IV Soln 400 MG/20ML	18.00%
21353053002030	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)	18.00%
21353054002020	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	18.00%
21353060002020	Rituximab IV Soln 100 MG/10ML	18.00%
21353060002040	Rituximab IV Soln 500 MG/50ML	18.00%
21353060102020	Rituximab-abbs IV Soln 100 MG/10ML (10 MG/ML)	18.00%
21353060102040	Rituximab-abbs IV Soln 500 MG/50ML (10 MG/ML)	18.00%
21353060602020	Rituximab-pivr IV Soln 100 MG/10ML (10 MG/ML)	18.00%
21353060602040	Rituximab-pivr IV Soln 500 MG/50ML (10 MG/ML)	18.00%
21353070002110	Trastuzumab For IV Soln 150 MG	18.00%
21353070002120	Trastuzumab For IV Soln 440 MG	18.00%
21353070142110	Trastuzumab-anns For IV Soln 150 MG	18.00%
21353070142121	Trastuzumab-anns For IV Soln 420 MG	18.00%
21353070302108	Trastuzumab-dkst For IV Soln 150 MG	18.00%
21353070302120	Trastuzumab-dkst For IV Soln 420 MG	18.00%
21353070342120	Trastuzumab-dttb For IV Soln 150 MG	18.00%
21353070342140	Trastuzumab-dttb For IV Soln 420 MG	18.00%
21353070602110	Trastuzumab-pkrb For IV Soln 150 MG	18.00%
21353070602120	Trastuzumab-pkrb For IV Soln 420 MG	18.00%
21353070652120	Trastuzumab-qyyp For IV Soln 420 MG	18.00%
21355020202120	Brentuximab Vedotin For IV Soln 50 MG	18.00%
21355026202120	Enfortumab Vedotin-eflv For IV Soln 20 MG	18.00%
21355026202130	Enfortumab Vedotin-eflv For IV Soln 30 MG	18.00%
21355030202117	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	18.00%
21355040202130	Inotuzumab Ozogamicin For IV Soln 0.9 MG	18.00%
21355060302120	Polatuzumab Vedotin-piig For IV Solution 140 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

21355065402120	Sacituzumab Govitecan-hziy For IV Soln 180 MG	18.00%
21355070302120	Ado-Trastuzumab Emtansine For IV Soln 100 MG	18.00%
21355070302130	Ado-Trastuzumab Emtansine For IV Soln 160 MG	18.00%
21355070552120	Fam-Trastuzumab Deruxtecan-nxki For IV Soln 100 MG	18.00%
21358035406420	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	18.00%
21370030300320	Glasdegib Maleate Tab 25 MG (Base Equivalent)	18.00%
21370030300335	Glasdegib Maleate Tab 100 MG (Base Equivalent)	18.00%
21370060200120	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	18.00%
21370070000120	Vismodegib Cap 150 MG	18.00%
21402250000320	Mitotane Tab 500 MG	18.00%
21402410000320	Apalutamide Tab 60 MG	18.00%
21402425000320	Darolutamide Tab 300 MG	18.00%
21402430000120	Enzalutamide Cap 40 MG	18.00%
21402460000330	Nilutamide Tab 150 MG	18.00%
21403020100105	Estramustine Phosphate Sodium Cap 140 MG	18.00%
21403530000204	Fulvestrant Inj 250 MG/5ML	18.00%
21404007202020	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML	18.00%
21404010101840	Medroxyprogesterone Acetate IM Susp 400 MG/ML	18.00%
21405005102310	Goserelin Acetate Implant 3.6 MG	18.00%
21405005102330	Goserelin Acetate Implant 10.8 MG	18.00%
21405007106450	Histrelin Acetate Implant Kit 50 MG	18.00%
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML	52.25%
21405010106410	Leuprolide Acetate For Inj Kit 7.5 MG	18.00%
21405010106415	Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	25.00%
21405010156430	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	18.00%
21405010156432	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	25.00%
21405010206430	Leuprolide Acetate (4 Month) For Inj Kit 30 MG	18.00%
21405010206435	Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	25.00%
21405010256445	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	25.00%
21405010256450	Leuprolide Acetate (6 Month) For Inj Kit 45 MG	18.00%
21405050201920	Triptorelin Pamotate For IM Susp 3.75 MG	32.50%
21405050201930	Triptorelin Pamotate For IM Susp 11.25 MG	32.50%
21405050201940	Triptorelin Pamotate For IM Susp 22.5 MG	32.50%
21405525102120	Degarelix Acetate For Inj 80 MG (Base Equiv)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR



21405525102130	Degarelix Acetate For Inj 120 MG (Base Equiv)	18.00%
21405525102131	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	18.00%
21406010200310	Abiraterone Acetate Tab 125 MG	18.00%
21406010200320	Abiraterone Acetate Tab 250 MG	18.00%
21406010200330	Abiraterone Acetate Tab 500 MG	18.00%
21450080000110	Pomalidomide Cap 1 MG	18.25%
21450080000115	Pomalidomide Cap 2 MG	18.25%
21450080000120	Pomalidomide Cap 3 MG	18.25%
21450080000125	Pomalidomide Cap 4 MG	18.25%
21470080000320	Venetoclax Tab 10 MG	18.00%
21470080000340	Venetoclax Tab 50 MG	18.00%
21470080000360	Venetoclax Tab 100 MG	18.00%
214700800008720	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	18.00%
21500003002020	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	18.00%
21500005001310	Docetaxel For Inj Conc 20 MG/ML	35.00%
21500005001315	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	35.00%
21500005001317	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	35.00%
21500005001318	Docetaxel For Inj Conc 200 MG/10ML (20 MG/ML)	35.00%
21500005001320	Docetaxel For Inj Conc 20 MG/0.5ML (40 MG/ML)	35.00%
21500005001325	Docetaxel For Inj Conc 80 MG/2ML (40 MG/ML)	35.00%
21500005002030	Docetaxel Soln for IV Infusion 20 MG/2ML	35.00%
21500005002040	Docetaxel Soln for IV Infusion 80 MG/8ML	35.00%
21500005002050	Docetaxel Soln for IV Infusion 160 MG/16ML	35.00%
21500005002070	Docetaxel (Non-Alcohol Formula) IV Soln 20 MG/ML	35.00%
21500005002075	Docetaxel (Non-Alcohol Formula) IV Soln 80 MG/4ML	35.00%
21500005002080	Docetaxel (Non-Alcohol Formula) IV Soln 160 MG/8ML	35.00%
21500009202020	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	18.00%
21500010000120	Etoposide Cap 50 MG	27.55%
215000100002025	Etoposide Inj 100MG/5ML (20 MG/ML)	27.55%
215000100002030	Etoposide Inj 500MG/25ML (20 MG/ML)	27.55%
215000100002040	Etoposide Inj 1 GM/50ML (20 MG/ML)	27.55%
21500010602120	Etoposide Phosphate IV For Inj 100 MG	18.00%
21500011002120	Ixabepilone For IV Infusion 15 MG	18.00%
21500011002140	Ixabepilone For IV Infusion 45 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21500012001325	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	18.00%
21500012001335	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	18.00%
21500012001340	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	18.00%
21500012001350	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	18.00%
21500012201920	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	18.00%
21500015002020	Teniposide IV Soln 10 MG/ML	18.00%
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML	18.00%
21500020201820	Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	18.00%
21500030102020	Vinblastine Sulfate Inj 1 MG/ML	18.00%
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML	18.00%
21500050802025	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML)	18.00%
21531010000305	Abemaciclib Tab 50 MG	18.00%
21531010000310	Abemaciclib Tab 100 MG	18.00%
21531010000315	Abemaciclib Tab 150 MG	18.00%
21531010000320	Abemaciclib Tab 200 MG	18.00%
21531060000120	Palbociclib Cap 75 MG	18.00%
21531060000130	Palbociclib Cap 100 MG	18.00%
21531060000140	Palbociclib Cap 125 MG	18.00%
21531060000320	Palbociclib Tab 75 MG	18.00%
21531060000330	Palbociclib Tab 100 MG	18.00%
21531060000340	Palbociclib Tab 125 MG	18.00%
21531070508720	Ribociclib Succinate Tab Pack 200 MG Daily Dose	18.00%
21531070508740	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	18.00%
21531070508760	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	18.00%
21531520002120	Belinostat For IV Inj 500 MG	18.00%
21531550100120	Panobinostat Lactate Cap 10 MG (Base Equivalent)	18.00%
21531550100130	Panobinostat Lactate Cap 15 MG (Base Equivalent)	18.00%
21531550100140	Panobinostat Lactate Cap 20 MG (Base Equivalent)	18.00%
21531560002030	Romidepsin IV Soln 27.5 MG/5.5ML (5 MG/ML)	18.00%
21531560002120	Romidepsin For IV Inj 10 MG	18.00%
21531575000120	Vorinostat Cap 100 MG	18.00%
21532025100120	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	18.00%
21532025100130	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	18.00%
21532040000120	Encorafenib Cap 50 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21532040000130	Encorafenib Cap 75 MG	18.00%
21532080000320	Vemurafenib Tab 240 MG (Base Equivalent)	18.00%
21532225000320	Erdafitinib Tab 3 MG	18.00%
21532225000325	Erdafitinib Tab 4 MG	18.00%
21532225000330	Erdafitinib Tab 5 MG	18.00%
21532260000320	Pemigatinib Tab 4.5 MG	18.00%
21532260000330	Pemigatinib Tab 9 MG	18.00%
21532260000340	Pemigatinib Tab 13.5 MG	18.00%
21532530000310	Everolimus Tab 2.5 MG	18.00%
21532530000320	Everolimus Tab 5 MG	18.00%
21532530000325	Everolimus Tab 7.5 MG	18.00%
21532530000330	Everolimus Tab 10 MG	18.00%
21532530007310	Everolimus Tab for Oral Susp 2 MG	18.00%
21532530007320	Everolimus Tab for Oral Susp 3 MG	18.00%
21532530007340	Everolimus Tab for Oral Susp 5 MG	18.00%
21532570002020	Temsirolimus Soln For IV Infusion 25 MG/ML	18.00%
21533030000130	Midostaurin Cap 25 MG	18.00%
21533050000320	Regorafenib Tab 40 MG	18.00%
21533060400320	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	18.00%
21533070300120	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	18.00%
21533070300130	Sunitinib Malate Cap 25 MG (Base Equivalent)	18.00%
21533070300135	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	18.00%
21533070300140	Sunitinib Malate Cap 50 MG (Base Equivalent)	18.00%
21533520000320	Binimetinib Tab 15 MG	18.00%
21533530200320	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	18.00%
21533565500110	Selumetinib Sulfate Cap 10 MG	18.00%
21533565500125	Selumetinib Sulfate Cap 25 MG	18.00%
21533570100310	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	18.00%
21533570100330	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	18.00%
21533675200320	Tazemetostat HBr Tab 200 MG	18.00%
21533820000120	Entrectinib Cap 100 MG	18.00%
21533820000130	Entrectinib Cap 200 MG	18.00%
21533835200120	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	18.00%
21533835200150	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21533835202020	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	18.00%
21534003000120	Acalabrutinib Cap 100 MG	18.00%
21534006100320	Afatinib Dimaleate Tab 20 MG (Base Equivalent)	18.00%
21534006100330	Afatinib Dimaleate Tab 30 MG (Base Equivalent)	18.00%
21534006100340	Afatinib Dimaleate Tab 40 MG (Base Equivalent)	18.00%
21534007100120	Alectinib HCl Cap 150 MG (Base Equivalent)	18.00%
21534008000320	Axitinib Tab 1 MG	18.00%
21534008000340	Axitinib Tab 5 MG	18.00%
21534009000320	Avapritinib Tab 100 MG	18.00%
21534009000330	Avapritinib Tab 200 MG	18.00%
21534009000340	Avapritinib Tab 300 MG	18.00%
21534010000330	Brigatinib Tab 30 MG	18.00%
21534010000350	Brigatinib Tab 90 MG	18.00%
21534010000365	Brigatinib Tab 180 MG	18.00%
21534010008720	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	18.00%
21534012000320	Bosutinib Tab 100 MG	18.00%
21534012000327	Bosutinib Tab 400 MG	18.00%
21534012000340	Bosutinib Tab 500 MG	18.00%
21534013100320	Cabozantinib S-Malate Tab 20 MG (Base Equivalent)	18.00%
21534013100330	Cabozantinib S-Malate Tab 40 MG (Base Equivalent)	18.00%
21534013100340	Cabozantinib S-Malate Tab 60 MG (Base Equivalent)	18.00%
21534013106460	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	18.00%
21534013106470	Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	18.00%
21534013106480	Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	18.00%
21534014000130	Ceritinib Cap 150 MG	18.00%
21534014000330	Ceritinib Tab 150 MG	18.00%
21534015000120	Crizotinib Cap 200 MG	18.00%
21534015000125	Crizotinib Cap 250 MG	18.00%
21534016200320	Capmatinib HCl Tab 150 MG	18.00%
21534016200330	Capmatinib HCl Tab 200 MG	18.00%
21534019000320	Dacomitinib Tab 15 MG	18.00%
21534019000330	Dacomitinib Tab 30 MG	18.00%
21534019000340	Dacomitinib Tab 45 MG	18.00%
21534020000320	Dasatinib Tab 20 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

Handwritten mark

21534020000340	Dasatinib Tab 50 MG	18.00%
21534020000350	Dasatinib Tab 70 MG	18.00%
21534020000354	Dasatinib Tab 80 MG	18.00%
21534020000360	Dasatinib Tab 100 MG	18.00%
21534020000380	Dasatinib Tab 140 MG	18.00%
21534025100320	Erlotinib HCl Tab 25 MG (Base Equivalent)	18.00%
21534025100330	Erlotinib HCl Tab 100 MG (Base Equivalent)	18.00%
21534025100360	Erlotinib HCl Tab 150 MG (Base Equivalent)	18.00%
21534030000320	Gefitinib Tab 250 MG	18.00%
21534031200320	Gilteritinib Fumarate Tablet 40 MG (Base Equivalent)	18.00%
21534033000110	Ibrutinib Cap 70 MG	18.00%
21534033000120	Ibrutinib Cap 140 MG	18.00%
21534033000320	Ibrutinib Tab 140 MG	18.00%
21534033000330	Ibrutinib Tab 280 MG	18.00%
21534033000340	Ibrutinib Tab 420 MG	18.00%
21534033000350	Ibrutinib Tab 560 MG	18.00%
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)	50.00%
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)	50.00%
21534050100320	Lapatinib Ditosylate Tab 250 MG (Base Equiv)	18.00%
2153405420B210	Lenvatinib Cap Therapy Pack 4 MG (4 MG Daily Dose)	18.00%
2153405420B215	Lenvatinib Cap Therapy Pack 4 (2) MG (8 MG Daily Dose)	18.00%
2153405420B220	Lenvatinib Cap Therapy Pak 10 MG (10 MG Daily Dose)	18.00%
2153405420B223	Lenvatinib Cap Therapy Pack 4 (3) MG (12 MG Daily Dose)	18.00%
2153405420B230	Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)	18.00%
2153405420B240	Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	18.00%
2153405420B244	Lenvatinib Cap Therapy Pack 10 & 4 (2) MG (18 MG Daily Dose)	18.00%
2153405420B250	Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)	18.00%
21534056000320	Lorlatinib Tab 25 MG	18.00%
21534056000330	Lorlatinib Tab 100 MG	18.00%
21534058100320	Neratinib Maleate Tab 40 MG (Base Equivalent)	18.00%
21534060200110	Nilotinib HCl Cap 50 MG (Base Equivalent)	18.00%
21534060200115	Nilotinib HCl Cap 150 MG (Base Equivalent)	18.00%
21534060200125	Nilotinib HCl Cap 200 MG (Base Equivalent)	18.00%
21534065200320	Osimertinib Mesylate Tab 40 MG (Base Equivalent)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

21534065200330	Osimertinib Mesylate Tab 80 MG (Base Equivalent)	18.00%
21534070100320	Pazopanib HCl Tab 200 MG (Base Equiv)	18.00%
21534073010120	Pexidartinib HCl Cap 200 MG (Base Equivalent)	18.00%
21534075100320	Ponatinib HCl Tab 15 MG (Base Equiv)	22.75%
21534075100340	Ponatinib HCl Tab 45 MG (Base Equiv)	22.75%
21534077000320	Ripretinib Tab 50 MG	18.00%
21534079000120	Selpercatinib Cap 40 MG	18.00%
21534079000140	Selpercatinib Cap 80 MG	18.00%
21534080000320	Tucatinib Tab 50 MG	18.00%
21534080000340	Tucatinib Tab 150 MG	18.00%
21534085000320	Vandetanib Tab 100 MG	18.00%
21534085000340	Vandetanib Tab 300 MG	18.00%
21534095000120	Zanubrutinib Cap 80 MG	18.00%
21534940000320	Ivosidenib Tab 250 MG	18.00%
21535030200320	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	18.00%
21535030200340	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	18.00%
21535550200120	Niraparib Tosylate Cap 100 MG (Base Equivalent)	18.00%
21535560000120	Olaparib Cap 50 MG	18.00%
21535560000330	Olaparib Tab 100 MG	18.00%
21535560000340	Olaparib Tab 150 MG	18.00%
21535570200320	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	18.00%
21535570200325	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	18.00%
21535570200330	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	18.00%
21535580400110	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	18.00%
21535580400120	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	18.00%
21536015002120	Bortezomib For Inj 3.5 MG	18.00%
21536015002122	Bortezomib For IV Inj 3.5 MG	30.00%
21536025002105	Carfilzomib For Inj 10 MG	18.00%
21536025002110	Carfilzomib For Inj 30 MG	18.00%
21536025002120	Carfilzomib For Inj 60 MG	18.00%
21536045100120	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	18.00%
21536045100130	Ixazomib Citrate Cap 3 MG (Base Equivalent)	18.00%
21536045100140	Ixazomib Citrate Cap 4 MG (Base Equivalent)	18.00%
21537520200120	Fedratinib HCl Cap 100 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21537560200310	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	18.00%
21537560200320	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	18.00%
21537560200325	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	18.00%
21537560200330	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	18.00%
21537560200335	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	18.00%
21538010008720	Alpelisib Tab Therapy Pack 200 MG Daily Dose	18.00%
21538010008725	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	18.00%
21538010008730	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	18.00%
21538020102120	Copalisib HCl For IV Soln 60 MG (Base Equivalent)	18.00%
21538030000120	Duvelisib Cap 15 MG	18.00%
21538030000130	Duvelisib Cap 25 MG	18.00%
21538040000320	Idelalisib Tab 100 MG	18.00%
21538040000330	Idelalisib Tab 150 MG	18.00%
21550040102025	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	40.00%
21550040102030	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	40.00%
21550040102035	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	40.00%
21550040102040	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	30.00%
21550040202220	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	18.00%
21550080100120	Topotecan HCl Cap 0.25 MG (Base Equiv)	18.00%
21550080100140	Topotecan HCl Cap 1 MG (Base Equiv)	18.00%
21550080102020	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	18.00%
21550080102120	Topotecan HCl For Inj 4 MG	18.00%
21560060008712	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)	18.00%
21560060008715	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)	18.00%
21560060008720	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	18.00%
21560060008730	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)	18.00%
21560060008740	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)	18.00%
21560060008750	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)	18.00%
21560060008755	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	18.00%
21574070401820	Talimogene Laherparepvec Intralesional Inj 1000000 Unit/ML	18.00%
21574070401840	Talimogene Laherparepvec Intralesional Inj 100000000 Unit/ML	18.00%
21600035202020	lobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	18.00%
21600055002025	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)	18.00%
21600065002020	Samarium Sm 153 Lexidronam Inj 1850 MBq/ML (50 mCi/ML)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21600070002010	Strontium-89 Chloride Inj 1 mCi/ML	18.00%
21651070001800	Sipuleucel-T Suspension for IV Infusion	18.00%
21651075001800	Tisagenlecleucel-T Suspension for IV Infusion	18.00%
21700008102020	Arsenic Trioxide Inj 10 MG/10ML (1 MG/ML)	18.00%
21700008102030	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	18.00%
21700013001930	BCG Live Intravesical For Susp 50 MG	18.00%
21700020002105	Dacarbazine For Inj 100 MG	18.00%
21700020002110	Dacarbazine For Inj 200 MG	18.00%
21700040102120	Omacetaxine Mepesuccinate For Inj 3.5 MG	18.00%
21700045002120	Pentostatin For Inj 10 MG	18.00%
21700050100105	Procarbazine HCl Cap 50 MG	18.00%
21700060202022	Interferon Alfa-2B Inj 6000000 Unit/ML	18.00%
21700060202030	Interferon Alfa-2B Inj 10000000 Unit/ML	18.00%
21700060202130	Interferon Alfa-2B For Inj 10000000 Unit	18.00%
21700060202135	Interferon Alfa-2B For Inj 18000000 Unit	18.00%
21700060202160	Interferon Alfa-2B For Inj 50000000 Unit	18.00%
21700060302020	Interferon Alfa-n3 Inj 5000000 Unit/ML	18.00%
21700060702020	Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)	18.00%
21700075206410	Peginterferon alfa-2b For Inj Kit 296 MCG	18.00%
21700075206420	Peginterferon alfa-2b For Inj Kit 444 MCG	18.00%
21700075206430	Peginterferon alfa-2b For Inj Kit 888 MCG	18.00%
21703020002120	Aldesleukin For IV Soln 22000000 Unit	18.00%
21703080302020	Tagraxofusp-erzs IV Soln 1000 MCG/ML	18.00%
21707070102140	Porfimer Sodium For Inj 75 MG	18.00%
21708080000110	Tretinoin Cap 10 MG	40.00%
21708220000120	Bexarotene Cap 75 MG	50.00%
21754040102120	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	18.00%
21754040102140	Dexrazoxane HCl For Inj 500 MG (Base Equivalent)	18.00%
21755040102040	Leucovorin Calcium Inj 100 MG/10ML (10 MG/ML)	18.00%
21755040102056	Leucovorin Calcium Inj 500 MG/50ML (10 MG/ML)	18.00%
21755040102120	Leucovorin Calcium For Inj 50 MG	18.00%
21755040102130	Leucovorin Calcium For Inj 100 MG	18.00%
21755040102150	Leucovorin Calcium For Inj 200 MG	18.00%
21755040102160	Leucovorin Calcium For Inj 350 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21755040102170	Leucovorin Calcium For Inj 500 MG	18.00%
21755050002120	Levoleucovorin For IV Soln 175 MG	18.00%
21755050002130	Levoleucovorin For IV Soln 300 MG	18.00%
21755050102020	Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	18.00%
21755050102021	Levoleucovorin Calcium Inj PF 175 MG/17.5ML	18.00%
21755050102030	Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	18.00%
21755050102120	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	60.00%
21755050102150	Levoleucovorin Calcium For IV Inj 175 MG (Base Equiv)	18.00%
21756030002120	Glucarpidase For IV Inj 1000 UNIT	18.00%
21758010002120	Amifostine For Inj 500 MG	18.00%
21758050000320	Mesna Tab 400 MG	18.00%
21758050002010	Mesna Inj 100 MG/ML	18.00%
21764065002120	Rasburicase For IV Soln 1.5 MG	18.00%
21764065002140	Rasburicase For IV Soln 7.5 MG	18.00%
21765060002120	Palifermin For IV Inj 6.25 MG	18.00%
21990002152020	Daratumumab-Hyaluronidase-flh Inj 1800-30000 MG-Unit/15ML	18.00%
21990002201930	Daurorubicin-Cytarabine Liposome For IV Inj 44-100 MG	18.00%
2199000260B730	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	18.00%
2199000260B740	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	18.00%
2199000260B760	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	18.00%
21990002642020	Rituximab-Hyaluronidase Human Inj 1400-23400 MG-Unit/11.7ML	18.00%
21990002642040	Rituximab-Hyaluronidase Human Inj 1600-26800 MG-Unit/13.4ML	18.00%
21990002722020	Trastuzumab-Hyaluronidase-oysk Inj 600-10000 MG-Unit/5ML	18.00%
21990002750320	Trifluridine-Tipiracil Tab 15-6.14 MG	18.00%
21990002750330	Trifluridine-Tipiracil Tab 20-8.19 MG	18.00%
21990003552020	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 60 MG-60 MG-2000 UNT/ML	18.00%
21990003552030	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 80 MG-40 MG-2000 UNT/ML	18.00%
22100017000340	Deflazacort Tab 6 MG	18.00%
22100017000350	Deflazacort Tab 18 MG	18.00%
22100017000360	Deflazacort Tab 30 MG	18.00%
22100017000365	Deflazacort Tab 36 MG	18.00%
22100017001830	Deflazacort Susp 22.75 MG/ML	18.00%
23100030802030	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	18.00%
27304050000330	Mifepristone Tab 300 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

30022060600320	Osilodrostat Phosphate Tab 1 MG	18.00%
30022060600330	Osilodrostat Phosphate Tab 5 MG	18.00%
30022060600340	Osilodrostat Phosphate Tab 10 MG	18.00%
30042048102030	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	18.00%
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML	18.00%
30042060102009	Pamidronate Disodium IV Soln 6 MG/ML	18.00%
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML	18.00%
30042060102120	Pamidronate Disodium For Inj 30 MG	18.00%
30042060102140	Pamidronate Disodium For Inj 90 MG	18.00%
30042090001320	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	45.00%
30042090002016	Zoledronic Acid IV Soln 4 MG/100ML	45.00%
30042090002020	Zoledronic Acid IV Soln 5 MG/100ML	45.00%
30044005000230	Abaloparatide Subcutaneous Soln Pen-injector 3120 MCG/1.56ML	18.00%
3004405510E110	Parathyroid Hormone (Recombinant) For Inj Cartridge 25 MCG	18.00%
3004405510E120	Parathyroid Hormone (Recombinant) For Inj Cartridge 50 MCG	18.00%
3004405510E130	Parathyroid Hormone (Recombinant) For Inj Cartridge 75 MCG	18.00%
3004405510E140	Parathyroid Hormone (Recombinant) For Inj Cartridge 100 MCG	18.00%
30044070002020	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	18.00%
3004407000D220	Teriparatide (Recombinant) Soln Pen-inj 600 MCG/2.4ML	18.00%
3004407000D221	Teriparatide (Recombinant) Soln Pen-inj 620 MCG/2.48ML	18.00%
30044530002030	Denosumab Inj 120 MG/1.7ML	18.00%
3004453000E520	Denosumab Inj Soln Prefilled Syringe 60 MG/ML	18.00%
3004486010E520	Romosozumab-aqqg Inj Soln Prefilled Syringe 105 MG/1.17ML	18.00%
30062020002130	Chorionic Gonadotropin For IM Inj 5000 Unit	18.00%
30062020002135	Chorionic Gonadotropin For Inj 6000 Unit	18.00%
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit	18.00%
30062020002144	Chorionic Gonadotropin For Inj 12000 Unit	18.00%
30062020002175	Chorionic Gonadotropin For Inj 50000 Unit	18.00%
30062022052220	Choriongonadotropin Alfa Inj 250 MCG/0.5ML	18.00%
30080045106450	Histrelin Acetate (CPP) Implant Kit 50 MG	18.00%
30080055102020	Nafarelin Acetate Nasal Soln 2 MG/ML	18.00%
3008007040G240	Triptorelin Pamotate For IM ER Susp 22.5 MG (Base Equiv)	18.00%
30090025106420	Cetorelix Acetate For Inj Kit 0.25 MG	18.00%
3009004010E520	Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR



30100020002015	Somatropin Inj 5 MG/2ML	18.00%
30100020002020	Somatropin Inj 10 MG/2ML	18.00%
30100020002050	Somatropin Inj 5 MG/1.5ML	18.00%
30100020002056	Somatropin Inj 10 MG/1.5ML	18.00%
30100020002062	Somatropin Inj 15 MG/1.5ML	18.00%
30100020002064	Somatropin Inj 20 MG/2ML	18.00%
30100020002066	Somatropin Inj 30 MG/3ML	18.00%
30100020002120	Somatropin For Inj 5 MG	18.00%
30100020002121	Somatropin For Subcutaneous Inj 5 MG	18.00%
30100020002123	Somatropin For Inj 5.8 MG	18.00%
30100020002125	Somatropin For Inj 6 MG (18 Unit)	18.00%
30100020002132	Somatropin For Inj 12 MG (36 Unit)	18.00%
30100020002134	Somatropin For Inj 12 MG (13.8 MG Overfill)	18.00%
30100020002140	Somatropin For Inj 10 MG	18.00%
30100020002150	Somatropin For Inj 24 MG	18.00%
30100020002166	Somatropin For Inj 0.2 MG	18.00%
30100020002168	Somatropin For Inj 0.4 MG	18.00%
30100020002170	Somatropin For Inj 0.6 MG	18.00%
30100020002172	Somatropin For Inj 0.8 MG	18.00%
30100020002174	Somatropin For Inj 1 MG	18.00%
30100020002176	Somatropin For Inj 1.2 MG	18.00%
30100020002178	Somatropin For Inj 1.4 MG	18.00%
30100020002180	Somatropin For Inj 1.6 MG	18.00%
30100020002182	Somatropin For Inj 1.8 MG	18.00%
30100020002184	Somatropin For Inj 2 MG	18.00%
30100020102118	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG	18.00%
30100020102120	Somatropin (Non-Refrigerated) For Inj 5 MG	18.00%
30100020102121	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	18.00%
30100020102125	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG	18.00%
30100020102130	Somatropin (Non-Refrigerated) For Inj 8.8 MG	18.00%
30100020102132	Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG	18.00%
30150040102120	Ipamorelin Acetate For Inj 6 MG	18.00%
30150040102130	Ipamorelin Acetate For Inj 15 MG	18.00%
30150085102120	Tesamorelin Acetate For Inj 1 MG (Base Equiv)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

30150085102130	Tesamorelin Acetate For Inj 2 MG (Base Equiv)	18.00%
30159902302120	GHRP2-Sermorelin Acetate For Inj 1.8-3 MG	18.00%
30159902302130	GHRP2-Sermorelin Acetate For Inj 3-3 MG	18.00%
30159902302140	GHRP2-Sermorelin Acetate For Inj 4.5-4.5 MG	18.00%
30159902302160	GHRP2-Sermorelin Acetate For Inj 15-9 MG	18.00%
30159903302130	GHRP2-GHRP6-Sermorelin Acetate For Inj 3-3-3 MG	18.00%
30159903302140	GHRP2-GHRP6-Sermorelin Acetate For Inj 15-3-6 MG	18.00%
30159903302150	GHRP2-GHRP6-Sermorelin Acetate For Inj 20-6-15 MG	18.00%
30160045002020	Mecasermin Inj 40 MG/4ML (10 MG/ML)	18.00%
30170050102025	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	18.00%
30170050102030	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	18.00%
30170050102040	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	18.00%
30170070102005	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	62.25%
30170070102010	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)	62.25%
30170070102015	Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	62.25%
30170070102020	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	62.25%
30170070102030	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	62.25%
30170070106410	Octreotide Acetate For IM Inj Kit 10 MG	18.00%
30170070106420	Octreotide Acetate For IM Inj Kit 20 MG	18.00%
30170070106430	Octreotide Acetate For IM Inj Kit 30 MG	18.00%
3017007010D220	Octreotide Acetate Soln Pen-Injector 2500 MCG/ML (2.8 ML)	18.00%
30170075202020	Pasireotide Diaspartate Inj 0.3 MG/ML (Base Equiv)	18.00%
30170075202030	Pasireotide Diaspartate Inj 0.6 MG/ML (Base Equiv)	18.00%
30170075202040	Pasireotide Diaspartate Inj 0.9 MG/ML (Base Equiv)	18.00%
3017007540G210	Pasireotide Pamotate For IM ER Susp 10 MG (Base Equiv)	18.00%
3017007540G220	Pasireotide Pamotate For IM ER Susp 20 MG (Base Equiv)	18.00%
3017007540G225	Pasireotide Pamotate For IM ER Susp 30 MG (Base Equiv)	18.00%
3017007540G230	Pasireotide Pamotate For IM ER Susp 40 MG (Base Equiv)	18.00%
3017007540G240	Pasireotide Pamotate For IM ER Susp 60 MG (Base Equiv)	18.00%
30180060002120	Pegvisomant For Inj 10 MG (As Protein)	18.00%
30180060002130	Pegvisomant For Inj 15 MG (As Protein)	18.00%
30180060002140	Pegvisomant For Inj 20 MG (As Protein)	18.00%
30180060002150	Pegvisomant For Inj 25 MG (As Protein)	18.00%
30180060002160	Pegvisomant For Inj 30 MG (As Protein)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

30192070402120	Teprotrummab-trbw For IV Soln 500 MG	18.00%
30201010102015	Desmopressin Acetate Nasal Soln 1.5 MG/ML	18.00%
30300010004010	Corticotropin Inj Gel 80 Unit/ML	18.00%
30452015222020	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	18.00%
30454060000320	Tolvaptan Tab 15 MG	18.00%
30454060000330	Tolvaptan Tab 30 MG	18.00%
304540600008710	Tolvaptan Tab Therapy Pack 15 MG	18.00%
304540600008720	Tolvaptan Tab Therapy Pack 30 & 15 MG	18.00%
304540600008725	Tolvaptan Tab Therapy Pack 45 & 15 MG	18.00%
304540600008735	Tolvaptan Tab Therapy Pack 60 & 30 MG	18.00%
304540600008745	Tolvaptan Tab Therapy Pack 90 & 30 MG	18.00%
30902030202020	Elapegademase-lvir IM Soln 2.4 MG/1.5ML (1.6 MG/ML)	18.00%
30903610102110	Agalsidase beta For IV Soln 5 MG	18.00%
30903610102120	Agalsidase beta For IV Soln 35 MG	18.00%
30903650100120	Migalastat HCl Cap 123 MG (Base Equivalent)	18.00%
30903875203020	Uridine Triacetate Oral Granules Packet 2 GM	18.00%
30904045000110	Nitisinone Cap 2 MG	18.00%
30904045000120	Nitisinone Cap 5 MG	18.00%
30904045000130	Nitisinone Cap 10 MG	18.00%
30904045000140	Nitisinone Cap 20 MG	18.00%
30904045000310	Nitisinone Tab 2 MG	18.00%
30904045000320	Nitisinone Tab 5 MG	18.00%
30904045000330	Nitisinone Tab 10 MG	18.00%
30904045001820	Nitisinone Susp 4 MG/ML	18.00%
30904520002920	*Betaine Powder For Oral Solution***	18.00%
30905230102010	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	18.00%
30905230102020	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	18.00%
30905230102030	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	18.00%
30905610002020	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	18.00%
30905610002030	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	18.00%
30905610002040	Asfotase Alfa Subcutaneous Inj 40 MG/ML	18.00%
30905610002050	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	18.00%
30906050002120	Metreleptin For Subcutaneous Inj 11.3 MG	18.00%
30906360002020	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

30906550002020	Laronidase Soln For IV Infusion 2.9 MG/5ML	18.00%
30906850002020	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	18.00%
309070300052020	Eliosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	18.00%
30907535002020	Galsulfase Soln For IV Infusion 1 MG/ML	18.00%
30907680202020	Vestronidase alfa-v/bk IV Soln 10 MG/5ML (2 MG/ML)	18.00%
30907715002120	Alglucosidase Alfa For IV Soln 50 MG	18.00%
309080300000920	Glycerol Phenylbutyrate Liquid 1.1 GM/ML	18.00%
30908050102060	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	24.00%
309080600000320	Sodium Phenylbutyrate Tab 500 MG	24.00%
30908060002950	*Sodium Phenylbutyrate Oral Powder***	24.00%
309082300000320	Carglumic Acid Tab 200 MG	18.00%
3090855040E510	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 2.5 MG/0.5ML	18.00%
3090855040E520	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 10 MG/0.5ML	18.00%
3090855040E530	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 20 MG/ML	18.00%
30908565103020	Sapropterin Dihydrochloride Powder Packet 100 MG	18.00%
30908565103040	Sapropterin Dihydrochloride Powder Packet 500 MG	18.00%
30908565107320	Sapropterin Dihydrochloride Soluble Tab 100 MG	18.00%
30909020106420	Cerliponase Alfa Intravenous Kit 2 x 150 MG/5ML Kit	18.00%
30909510602010	Burosumab-twza Inj 10 MG/ML	18.00%
30909510602020	Burosumab-twza Inj 20 MG/ML	18.00%
30909510602030	Burosumab-twza Inj 30 MG/ML	18.00%
37100020000305	Dichlorphenamide Tab 50 MG	18.00%
38700030000130	Droxidopa Cap 100 MG	18.00%
38700030000140	Droxidopa Cap 200 MG	18.00%
38700030000150	Droxidopa Cap 300 MG	18.00%
39480050200120	Lomitapide Mesylate Cap 5 MG (Base Equiv)	18.00%
39480050200130	Lomitapide Mesylate Cap 10 MG (Base Equiv)	18.00%
39480050200140	Lomitapide Mesylate Cap 20 MG (Base Equiv)	18.00%
39480050200150	Lomitapide Mesylate Cap 30 MG (Base Equiv)	18.00%
39480050200160	Lomitapide Mesylate Cap 40 MG (Base Equiv)	18.00%
39480050200170	Lomitapide Mesylate Cap 60 MG (Base Equiv)	18.00%
39500004010E520	Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	18.00%
40120070000310	Selexiapag Tab 200 MCG	18.00%
40120070000315	Selexiapag Tab 400 MCG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

40120070000320	Selezipag Tab 600 MCG	18.00%
40120070000325	Selezipag Tab 800 MCG	18.00%
40120070000330	Selezipag Tab 1000 MCG	18.00%
40120070000335	Selezipag Tab 1200 MCG	18.00%
40120070000340	Selezipag Tab 1400 MCG	18.00%
40120070000345	Selezipag Tab 1600 MCG	18.00%
4012007000B720	Selezipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	18.00%
40134050000310	Riociguat Tab 0.5 MG	18.00%
40134050000320	Riociguat Tab 1 MG	18.00%
40134050000330	Riociguat Tab 1.5 MG	18.00%
40134050000340	Riociguat Tab 2 MG	18.00%
40134050000350	Riociguat Tab 2.5 MG	18.00%
40143060100320	Sildenafil Citrate Tab 20 MG	50.00%
40143060101920	Sildenafil Citrate For Suspension 10 MG/ML	50.00%
40143060102020	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	50.00%
40143080000320	Tadalafil Tab 20 MG (PAH)	18.00%
40160007000310	Ambrisentan Tab 5 MG	18.00%
40160007000320	Ambrisentan Tab 10 MG	18.00%
40160015000320	Bosentan Tab 62.5 MG	18.00%
40160015000330	Bosentan Tab 125 MG	18.00%
40160015007320	Bosentan Tab For Oral Susp 32 MG	18.00%
40160050000320	Macitentan Tab 10 MG	18.00%
40170040102110	Epoprostenol Sodium For Inj 0.5 MG	18.00%
40170040102130	Epoprostenol Sodium For Inj 1.5 MG	18.00%
40170060002020	Iloprost Inhalation Solution 10 MCG/ML	18.00%
40170060002040	Iloprost Inhalation Solution 20 MCG/ML	18.00%
40170080002020	Treprostiniil Inhalation Solution 0.6 MG/ML	18.00%
40170080002050	Treprostiniil Inj Soln 20 MG/20ML (1 MG/ML)	18.00%
40170080002060	Treprostiniil Inj Soln 50 MG/20ML (2.5 MG/ML)	18.00%
40170080002070	Treprostiniil Inj Soln 100 MG/20ML (5 MG/ML)	18.00%
40170080002080	Treprostiniil Inj Soln 200 MG/20ML (10 MG/ML)	18.00%
401700800050410	Treprostiniil Diolamine Tab CR 0.125 MG (Base Equiv)	18.00%
401700800050415	Treprostiniil Diolamine Tab CR 0.25 MG (Base Equiv)	18.00%
401700800050420	Treprostiniil Diolamine Tab CR 1 MG (Base Equiv)	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

40170080050425	Treprostiniil Diolamine Tab CR 2.5 MG (Base Equiv)	18.00%
40170080050435	Treprostiniil Diolamine Tab CR 5 MG (Base Equiv)	18.00%
40180050002120	Nesiritide For Inj 1.5 MG	18.00%
40550080000120	Tafamidis Cap 61 MG	18.00%
40550080200120	Tafamidis Meglumine (Cardiac) Cap 20 MG	18.00%
44603060002120	Omalizumab For Inj 150 MG	18.00%
4460306000E510	Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	18.00%
4460306000E520	Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	18.00%
4460352000E530	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	18.00%
4460402000D520	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML	18.00%
4460402000E520	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	18.00%
44604055002120	Mepolizumab For Inj 100 MG	18.00%
4460405500D530	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	18.00%
4460405500E530	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	18.00%
44604460002020	Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	18.00%
45100010102015	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	18.00%
45100010102020	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/50ML	18.00%
45100010102110	Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	18.00%
45100010102120	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	18.00%
45302030000320	Ivacaftor Tab 150 MG	18.00%
453020300003010	Ivacaftor Packet 25 MG	18.00%
453020300003020	Ivacaftor Packet 50 MG	18.00%
453020300003030	Ivacaftor Packet 75 MG	18.00%
45304020002010	Dornase Alfa Inhal Soln 1 MG/ML	18.00%
45309902300310	Lumacaftor-Ivacaftor Tab 100-125 MG	18.00%
45309902300320	Lumacaftor-Ivacaftor Tab 200-125 MG	18.00%
45309902303010	Lumacaftor-Ivacaftor Granules Packet 100-125 MG	18.00%
45309902303020	Lumacaftor-Ivacaftor Granules Packet 150-188 MG	18.00%
45309902808710	Tezacaftor-Ivacaftor 50-75 MG & Ivacaftor 75 MG Tab TBPk	18.00%
45309902808720	Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPk	18.00%
45309903408740	Elexacaf-Tezacaftor-Ivacaftor 100-50-75 MG & Ivacaftor 150 MG TBPk	18.00%
45550060000120	Pirfenidone Cap 267 MG	18.00%
45550060000325	Pirfenidone Tab 267 MG	18.00%
45550060000345	Pirfenidone Tab 801 MG	18.00%

ADMINISTRACION DE SEGUROS DE SALUD

23 - 0044

Contrato Número

EMR

(Handwritten mark)

45554050200120	Nintedanib Esylate Cap 100 MG (Base Equivalent)	18.00%
45554050200130	Nintedanib Esylate Cap 150 MG (Base Equivalent)	18.00%
47250025000620	Crofelemer Tab Delayed Release 125 MG	18.00%
5025003500E420	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	18.00%
50250035102001	Granisetron HCl Inj 0.1 MG/ML	50.00%
50250035102010	Granisetron HCl Inj 1 MG/ML	50.00%
50250035102015	Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	50.00%
50250065052024	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	60.00%
50250065052030	Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	60.00%
50250065202003	Ondansetron HCl and Sodium Chloride 0.9% Inj 8 MG/50ML	18.00%
50250065202005	Ondansetron HCl and Sodium Chloride 0.9% Inj 12 MG/50ML	18.00%
50250065202006	Ondansetron HCl and Sodium Chloride 0.9% Inj 16 MG/50ML	18.00%
50250070102020	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	26.75%
50250070102030	Palonosetron HCl IV Soln 0.25 MG/2ML (Base Equivalent)	18.00%
5025007010E520	Palonosetron HCl IV Soln Pref Syr 0.25 MG/5ML (Base Equiv)	18.00%
50280020001620	Aprepitant IV Emulsion 130 MG/18ML	18.00%
50280035102130	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	18.00%
50280050201620	Rolapitant HCl IV Emul 166.5 MG/92.5ML (1.8 MG/ML) (Base Eq)	18.00%
5028005020B720	Rolapitant HCl Tab Therapy Pack 2 x 90 MG (Base Equiv)	18.00%
50309902222120	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	18.00%
51200060002030	Sacrosidase Soln 8500 Unit/ML	18.00%
52503080002120	Vedolizumab For IV Solution 300 MG	18.00%
52504070002020	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	18.00%
52505020106420	Certolizumab Pegol For Inj Kit 2 X 200 MG	18.00%
52505020106440	Certolizumab Pegol Inj Kit 2 X 200 MG/ML	18.00%
52505020106460	Certolizumab Pegol Inj Kit 6 X 200 MG/ML	18.00%
52505040002120	Infliximab For IV Inj 100 MG	18.00%
52505040102120	Infliximab-abda For IV Inj 100 MG	18.00%
52505040132120	Infliximab-axxq For IV Inj 100 MG	18.00%
52505040202120	Infliximab-dyyb For IV Inj 100 MG	25.00%
52533070006420	Teduglutide (rDNA) For Inj Kit 5 MG	18.00%
52570075100330	Telotristat Etiprate Tab 250 MG (Telotristat Ethyl Equiv)	18.00%
52700025000120	Cholic Acid Cap 50 MG	18.00%
52700025000140	Cholic Acid Cap 250 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

R

EMR

52750060000320	Obeticholic Acid Tab 5 MG	18.00%
52750060000330	Obeticholic Acid Tab 10 MG	18.00%
56400030100120	Cysteamine Bitartrate Cap 50 MG	18.00%
56400030100140	Cysteamine Bitartrate Cap 150 MG	18.00%
56400030103020	Cysteamine Bitartrate Delayed Release Granules Packet 75 MG	18.00%
56400030103040	Cysteamine Bitartrate Delayed Release Granules Packet 300 MG	18.00%
56400030106520	Cysteamine Bitartrate Cap Delayed Release 25 MG (Base Equiv)	18.00%
56400030106530	Cysteamine Bitartrate Cap Delayed Release 75 MG (Base Equiv)	18.00%
580600015002020	Brexanolone IV Soln 100 MG/20ML (5 MG/ML)	18.00%
5907005010E626	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	18.00%
5907005010E629	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	18.00%
5907005010E632	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	18.00%
5907005010E635	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	18.00%
5907005010E638	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	18.00%
5907005010E643	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.875ML	18.00%
5907005010E647	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.315ML	18.00%
5907005010E651	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	18.00%
5907005010E655	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.625ML	18.00%
5907007010G210	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	18.00%
5907007010G220	Risperidone Microspheres For IM Extended Rel Susp 25 MG	18.00%
5907007010G230	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	18.00%
5907007010G240	Risperidone Microspheres For IM Extended Rel Susp 50 MG	18.00%
59157060101950	Olanzapine Pamotate For Extended Rel IM Susp 210 MG (Base Eq)	18.00%
59157060101960	Olanzapine Pamotate For Extended Rel IM Susp 300 MG (Base Eq)	18.00%
59157060101970	Olanzapine Pamotate For Extended Rel IM Susp 405 MG (Base Eq)	18.00%
5925001500E430	Aripiprazole IM For ER Susp Prefilled Syringe 300 MG	18.00%
5925001500E440	Aripiprazole IM For ER Susp Prefilled Syringe 400 MG	18.00%
5925001500G230	Aripiprazole IM For Extended Release Susp 300 MG	18.00%
5925001500G240	Aripiprazole IM For Extended Release Susp 400 MG	18.00%
5925001520E420	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	18.00%
5925001520E430	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	18.00%
5925001520E435	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	18.00%
5925001520E440	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	18.00%
5925001520E450	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

60250070000130	Tasimelteon Capsule 20 MG	18.00%
62380030000310	Deutetrabenzazine Tab 6 MG	18.00%
62380030000320	Deutetrabenzazine Tab 9 MG	18.00%
62380030000330	Deutetrabenzazine Tab 12 MG	18.00%
62380070000310	Tetrabenzazine Tab 12.5 MG	60.00%
62380070000320	Tetrabenzazine Tab 25 MG	60.00%
62380080200120	Valbenazine Tosylate Cap 40 MG (Base Equiv)	18.00%
62380080200140	Valbenazine Tosylate Cap 80 MG (Base Equiv)	18.00%
6238008020B220	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	18.00%
6240003010E520	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	18.25%
6240003010E540	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	18.25%
6240101500B718	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	18.00%
6240101500B722	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	18.00%
6240101500B726	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	18.00%
6240101500B732	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	18.00%
6240101500B736	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	18.00%
6240101500B740	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	18.00%
6240101500B744	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	18.00%
62403060456420	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)	18.00%
6240306045D520	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	18.00%
6240306045D540	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	18.00%
6240306045D560	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	18.00%
6240306045E520	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	18.00%
6240306045E540	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	18.00%
6240306045E560	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	18.00%
6240306045F530	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	18.00%
6240306045F830	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	18.00%
62403060506420	Interferon Beta-1b For Inj Kit 0.3 MG	18.00%
6240307530D220	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	18.00%
6240307530D250	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	18.00%
6240307530E520	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	18.00%
6240307530E550	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	18.00%
62404070000320	Teriflunomide Tab 7 MG	23.75%
62404070000330	Teriflunomide Tab 14 MG	23.75%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

62405010002020	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	18.00%
6240502500E520	Daclizumab Soln Prefilled Syringe 150 MG/ML	18.00%
62405050001320	Natalizumab for IV Inj Conc 300 MG/15ML	18.00%
62405060002020	Ocrelizumab Soln For IV Infusion 300 MG/10ML	18.00%
62405525006320	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	18.00%
62405525006520	Dimethyl Fumarate Capsule Delayed Release 120 MG	18.00%
62405525006540	Dimethyl Fumarate Capsule Delayed Release 240 MG	18.00%
62405530006520	Diroximel Fumarate Capsule DR Starter Bottle 231 MG	18.00%
62405530006540	Diroximel Fumarate Capsule Delayed Release 231 MG	18.00%
62406030007420	Dalfampridine Tab SR 12HR 10 MG	18.00%
62407025100110	Fingolimod HCl Cap 0.25 MG (Base Equiv)	18.00%
62407025100120	Fingolimod HCl Cap 0.5 MG (Base Equiv)	18.00%
62407050200120	Ozanimod HCl Cap 0.92 MG	18.00%
6240705020B210	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG	18.00%
6240705020B220	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG & 30 x 0.92 MG	18.00%
62407070200320	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	18.00%
62407070200340	Siponimod Fumarate Tab 2 MG (Base Equiv)	18.00%
6240707020B720	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	18.00%
62450060202020	Sodium Oxybate Oral Solution 500 MG/ML	18.00%
62609902300120	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	18.00%
6270104010E520	Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	18.00%
62706060102020	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	18.00%
64154090102010	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	18.00%
64154090102020	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	18.00%
64154090102030	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	18.00%
65100090100740	Sufentanil Citrate SL Tab 30 MCG (Base Equiv)	18.00%
6520001000E520	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	18.00%
6520001000E530	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	18.00%
65200010102320	Buprenorphine HCl Subdermal Implant 74.2 MG (Base Equiv)	18.00%
6626001000E520	Anakina Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	18.00%
6627001500F420	Adalimumab Pen-injector Kit 40 MG/0.8ML	18.00%
6627001500F430	Adalimumab Pen-injector Kit 40 MG/0.4ML	18.00%
6627001500F440	Adalimumab Pen-injector Kit 80 MG/0.8ML	18.00%
6627001500F450	Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

6627001500F804	Adalimumab Prefilled Syringe Kit 10 MG/0.1ML	18.00%
6627001500F805	Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	18.00%
6627001500F809	Adalimumab Prefilled Syringe Kit 20 MG/0.2ML	18.00%
6627001500F810	Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	18.00%
6627001500F820	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	18.00%
6627001500F830	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	18.00%
6627001500F840	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML	18.00%
6627001500F880	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML	18.00%
66270040002015	Golimumab IV Soln 50 MG/4ML	18.00%
6627004000D520	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	18.00%
6627004000D540	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	18.00%
6627004000E520	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	18.00%
6627004000E540	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	18.00%
66290030002120	Etanercept For Subcutaneous Inj 25 MG	18.00%
6629003000D530	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	18.00%
6629003000E230	Etanercept Subcutaneous Solution Cartridge 50 MG/ML	18.00%
6629003000E525	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	18.00%
6629003000E530	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	18.00%
66400010002120	Abatacept For IV Soln 250 MG	18.00%
6640001000D520	Abatacept Subcutaneous Soln Auto-injector 125 MG/ML	18.00%
6640001000E510	Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	18.00%
6640001000E515	Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	18.00%
6640001000E520	Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	18.00%
66450060002120	Rilonacept For Inj 220 MG	18.00%
66460020002015	Canakinumab Subcutaneous Inj 150 MG/ML	18.00%
66460020002115	Canakinumab For Inj 150 MG	18.00%
6650006000D520	Sarilumab Subcutaneous Solution Auto-injector 150 MG/1.14ML	18.00%
6650006000D530	Sarilumab Subcutaneous Solution Auto-injector 200 MG/1.14ML	18.00%
6650006000E520	Sarilumab Subcutaneous Soln Prefilled Syringe 150 MG/1.14ML	18.00%
6650006000E530	Sarilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	18.00%
66500070002030	Tocilizumab IV Inj 80 MG/4ML	18.00%
66500070002035	Tocilizumab IV Inj 200 MG/10ML	18.00%
66500070002040	Tocilizumab IV Inj 400 MG/20ML	18.00%
6650007000D520	Tocilizumab Subcutaneous Soln Auto-injector 162 MG/0.9ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

6650007000E520	Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	18.00%
66603010000310	Baricitinib Tab 1 MG	18.00%
66603010000320	Baricitinib Tab 2 MG	18.00%
66603065100320	Tofacitinib Citrate Tab 5 MG (Base Equivalent)	18.00%
66603065100330	Tofacitinib Citrate Tab 10 MG (Base Equivalent)	18.00%
66603065107530	Tofacitinib Citrate Tab SR 24HR 11 MG (Base Equivalent)	18.00%
66603065107550	Tofacitinib Citrate Tab ER 24HR 22 MG (Base Equivalent)	18.00%
66603072007520	Upadacitinib Tab ER 24HR 15 MG	18.00%
66700015000330	Aprenilast Tab 30 MG	18.00%
6670001500B720	Aprenilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	18.00%
68000040000320	Lesinurad Tab 200 MG	18.00%
68000050002020	Pegloticase Inj 8 MG/ML (For IV Infusion)	18.00%
72170085000320	Vigabatrin Tab 500 MG	18.00%
72170085003020	Vigabatrin Powd Pack 500 MG	18.00%
7320301010E220	Apomorphine HCl Soln Cartridge 30 MG/3ML	18.00%
73209902101820	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	18.00%
74400020032115	AbobotulinumtoxinA For Inj 300 Unit	18.00%
74400020032120	AbobotulinumtoxinA For Inj 500 Unit	18.00%
74400020052120	OnabotulinumtoxinA For Inj 100 Unit	18.00%
74400020052140	OnabotulinumtoxinA For Inj 200 Unit	18.00%
74400020102018	RimabotulinumtoxinB Inj 2500 Unit/0.5ML	18.00%
74400020102020	RimabotulinumtoxinB Inj 5000 Unit/ML	18.00%
74400020102022	RimabotulinumtoxinB Inj 10000 Unit/2ML	18.00%
74400020202120	IncobotulinumtoxinA For Inj 50 Unit	18.00%
74400020202130	IncobotulinumtoxinA For Inj 100 Unit	18.00%
74400020202140	IncobotulinumtoxinA For IM Inj 200 Unit	18.00%
74503070000320	Riluzole Tab 50 MG	18.00%
74503070001820	Riluzole Susp 50 MG/10ML	18.00%
74509030002010	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	18.00%
74600035002020	Eteplirsen IV Soln 100 MG/2ML (50 MG/ML)	18.00%
74600035002040	Eteplirsen IV Soln 500 MG/10ML (50 MG/ML)	18.00%
74600042002020	Golodirsen IV Soln 100 MG/2ML (50 MG/ML)	18.00%
74701050002020	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)	18.00%
74704050106410	Onasemnogene Apeparovect-xioi 2x8.3 ML Susp Kit	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

74704050106412	Onasemnogene Apeparovect-xioi 2x5.5 ML & 1x8.3 ML Susp Kit	18.00%
74704050106414	Onasemnogene Apeparovect-xioi 1x5.5 ML & 2x8.3 ML Susp Kit	18.00%
74704050106416	Onasemnogene Apeparovect-xioi 3x8.3 ML Susp Kit	18.00%
74704050106418	Onasemnogene Apeparovect-xioi 2x5.5 ML & 2x8.3 ML Susp Kit	18.00%
74704050106420	Onasemnogene Apeparovect-xioi 1x5.5 ML & 3x8.3 ML Susp Kit	18.00%
74704050106422	Onasemnogene Apeparovect-xioi 4x8.3 ML Susp Kit	18.00%
74704050106424	Onasemnogene Apeparovect-xioi 2x5.5 ML & 3x8.3 ML Susp Kit	18.00%
74704050106426	Onasemnogene Apeparovect-xioi 1x5.5 ML & 4x8.3 ML Susp Kit	18.00%
74704050106428	Onasemnogene Apeparovect-xioi 5x8.3 ML Susp Kit	18.00%
74704050106430	Onasemnogene Apeparovect-xioi 2x5.5 ML & 4x8.3 ML Susp Kit	18.00%
74704050106432	Onasemnogene Apeparovect-xioi 1x5.5 ML & 5x8.3 ML Susp Kit	18.00%
74704050106434	Onasemnogene Apeparovect-xioi 6x8.3 ML Susp Kit	18.00%
74704050106436	Onasemnogene Apeparovect-xioi 2x5.5 ML & 5x8.3 ML Susp Kit	18.00%
74704050106438	Onasemnogene Apeparovect-xioi 1x5.5 ML & 6x8.3 ML Susp Kit	18.00%
74704050106440	Onasemnogene Apeparovect-xioi 7x8.3 ML Susp Kit	18.00%
74704050106442	Onasemnogene Apeparovect-xioi 2x5.5 ML & 6x8.3 ML Susp Kit	18.00%
74704050106444	Onasemnogene Apeparovect-xioi 1x5.5 ML & 7x8.3 ML Susp Kit	18.00%
74704050106446	Onasemnogene Apeparovect-xioi 8x8.3 ML Susp Kit	18.00%
74704050106448	Onasemnogene Apeparovect-xioi 2x5.5 ML & 7x8.3 ML Susp Kit	18.00%
74704050106450	Onasemnogene Apeparovect-xioi 1x5.5 ML & 8x8.3 ML Susp Kit	18.00%
74704050106452	Onasemnogene Apeparovect-xioi 9x8.3 ML Susp Kit	18.00%
75200010101920	Dantrolene Sodium For IV Susp 250 MG	18.00%
75200010102105	Dantrolene Sodium For IV Soln 20 MG	18.00%
7580002000E420	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	18.00%
7580004000E530	Hylan Intra-articular Solution Prefilled Syringe 16 MG/2ML	18.00%
7580004000E560	Hylan Intra-articular Solution Prefilled Syringe 48 MG/6ML	18.00%
7580006000E515	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	18.00%
7580006000E520	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	18.00%
7580006000E530	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	18.00%
75800070102024	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	18.00%
7580007010E420	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	18.00%
7580007010E517	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	18.00%
7580007010E520	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	18.00%
7580007010E525	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML.	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

75840015002300	* Autologous Cultured Chondrocytes for Implantation **	18.00%
75840015209100	* Autologous Cultured Chondrocyte on Collagen Membrane Sheet *	18.00%
76000012000320	Amifampridine Tab 10 MG	18.00%
76000012100320	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	18.00%
82400540102120	Luspatercept-aamt For Subcutaneous Inj 25 MG	18.00%
82400540102140	Luspatercept-aamt For Subcutaneous Inj 75 MG	18.00%
82401015102010	Darbepoetin Alfa Soln Inj 25 MCG/ML	18.00%
82401015102020	Darbepoetin Alfa Soln Inj 40 MCG/ML	18.00%
82401015102030	Darbepoetin Alfa Soln Inj 60 MCG/ML	18.00%
82401015102040	Darbepoetin Alfa Soln Inj 100 MCG/ML	18.00%
82401015102060	Darbepoetin Alfa Soln Inj 200 MCG/ML	18.00%
82401015102070	Darbepoetin Alfa Soln Inj 300 MCG/ML	18.00%
8240101510E510	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	18.00%
8240101510E528	Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML	18.00%
8240101510E543	Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML	18.00%
8240101510E552	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	18.00%
8240101510E560	Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML	18.00%
8240101510E575	Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML	18.00%
8240101510E582	Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML	18.00%
8240101510E588	Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML	18.00%
8240101510E590	Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML	18.00%
82401020002010	Epoetin Alfa Inj 2000 Unit/ML	18.00%
82401020002015	Epoetin Alfa Inj 3000 Unit/ML	18.00%
82401020002020	Epoetin Alfa Inj 4000 Unit/ML	18.00%
82401020002040	Epoetin Alfa Inj 10000 Unit/ML	18.00%
82401020002050	Epoetin Alfa Inj 20000 Unit/ML	18.00%
82401020002060	Epoetin Alfa Inj 40000 Unit/ML	18.00%
824010200042010	Epoetin Alfa-epbx Inj 2000 Unit/ML	20.00%
824010200042015	Epoetin Alfa-epbx Inj 3000 Unit/ML	20.00%
824010200042020	Epoetin Alfa-epbx Inj 4000 Unit/ML	20.00%
824010200042040	Epoetin Alfa-epbx Inj 10000 Unit/ML	20.00%
824010200042060	Epoetin Alfa-epbx Inj 40000 Unit/ML	20.00%
8240104010E510	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 30 MCG/0.3ML	18.00%
8240104010E515	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 50 MCG/0.3ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

8240104010E520	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 75 MCG/0.3ML	18.00%
8240104010E525	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 100 MCG/0.3ML	18.00%
8240104010E535	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 150 MCG/0.3ML	18.00%
8240104010E545	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 200 MCG/0.3ML	18.00%
82401520002010	Filgrastim Inj 300 MCG/ML	18.00%
82401520002012	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	18.00%
8240152000E545	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	18.00%
8240152000E550	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)	18.00%
82401520102020	Filgrastim-aafi Inj 300 MCG/ML	18.00%
82401520102030	Filgrastim-aafi Inj 480 MCG/1.6ML (300 MCG/ML)	18.00%
8240152010E520	Filgrastim-aafi Soln Prefilled Syringe 300 MCG/0.5ML	18.00%
8240152010E530	Filgrastim-aafi Soln Prefilled Syringe 480 MCG/0.8ML	18.00%
8240152060E530	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	18.00%
8240152060E540	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	18.00%
82401520702020	Tbo-Filgrastim Subcutaneous Inj 300 MCG/ML	18.00%
82401520702030	Tbo-Filgrastim Subcutaneous Inj 480 MCG/1.6ML (300 MCG/ML)	18.00%
8240152070E530	Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	18.00%
8240152070E540	Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	18.00%
8240157000E520	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	18.00%
8240157000F820	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	18.00%
8240157005E520	Pegfilgrastim-bmez Soln Prefilled Syringe 6 MG/0.6ML	18.00%
8240157010E520	Pegfilgrastim-cbqv Soln Prefilled Syringe 6 MG/0.6ML	18.00%
8240157020E520	Pegfilgrastim-jimdb Soln Prefilled Syringe 6 MG/0.6ML	18.00%
82402050002120	Sargramostim Lyophilized For Inj 250 MCG	18.00%
82405010200320	Avatrombopag Maleate Tab 20 MG (Base Equiv)	18.00%
82405030100310	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	18.00%
82405030100320	Eltrombopag Olamine Tab 25 MG (Base Equiv)	18.00%
82405030100330	Eltrombopag Olamine Tab 50 MG (Base Equiv)	18.00%
82405030100340	Eltrombopag Olamine Tab 75 MG (Base Equiv)	18.00%
82405030103020	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	18.00%
82405030103030	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	18.00%
82405045000320	Lusutrombopag Tab 3 MG	18.00%
82405060002110	Romiplostim For Inj 125 MCG	18.00%
82405060002120	Romiplostim For Inj 250 MCG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

82405060002130	Romiplostin For Inj 500 MCG	18.00%
82502060002020	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	18.00%
82700040600120	Eliglustat Tartarate Cap 84 MG (Base Equivalent)	18.00%
82700050002120	Imiglucerase For Inj 400 Unit	18.00%
82700070000120	Miglustat Cap 100 MG	18.00%
82700080102120	Taliglucerase Alfa For Inj 200 Unit	18.00%
82700085102120	Velaglucerase Alfa For Inj 400 Unit	18.00%
82801020003020	Glutamine (Sickle Cell) Powd Pack 5 GM	18.00%
82805080000320	Voxelotor Tab 500 MG	18.00%
82807020702020	Crizanlizumab-tmca IV Soln 100 MG/10ML	18.00%
83334030002120	Desirudin For Inj 15 MG	18.00%
83350030102020	Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	18.00%
84100040002025	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	18.00%
84100040202030	Tranexamic Acid-Sodium Chloride IV Soln 1000 MG/100ML-0.7%	18.00%
84209902702920	Fibrinogen-Thrombin Powder 79-699 MG-Unit/GM	18.00%
85080025002020	Givosiran Subcutaneous Soln 189 MG/ML	18.00%
85080025202020	Givosiran Sodium Subcutaneous Soln 189 MG/ML	18.00%
85100010002110	Antihemophilic Factor (Human) For Inj 250 Unit	42.00%
85100010002130	Antihemophilic Factor (Human) For Inj 500 Unit	42.00%
85100010002140	Antihemophilic Factor (Human) For Inj 1000 Unit	42.00%
85100010002146	Antihemophilic Factor (Human) For Inj 1700 Unit	42.00%
85100010006460	Antihemophilic Factor (Human) For Inj Kit 1000 Unit	30.00%
85100010006475	Antihemophilic Factor (Human) For Inj Kit 1500 Unit	30.00%
85100010202115	Antihemophilic Factor (Recombinant) For Inj 220-400 Unit	40.00%
85100010202120	Antihemophilic Factor (Recombinant) For Inj 250 Unit	20.00%
85100010202125	Antihemophilic Factor (Recombinant) For Inj 401-800 Unit	40.00%
85100010202130	Antihemophilic Factor (Recombinant) For Inj 500 Unit	20.00%
85100010202135	Antihemophilic Factor (Recombinant) For Inj 801-1240 Unit	40.00%
85100010202140	Antihemophilic Factor (Recombinant) For Inj 1000 Unit	20.00%
85100010202145	Antihemophilic Factor (Recombinant) For Inj 1241-1800 Unit	40.00%
85100010202150	Antihemophilic Factor (Recombinant) For Inj 1500 Unit	20.00%
85100010202155	Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit	40.00%
85100010202160	Antihemophilic Factor (Recombinant) For Inj 2000 Unit	20.00%
85100010202170	Antihemophilic Factor (Recombinant) For Inj 3000 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

85100010206420	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	41.75%
85100010206430	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	41.75%
85100010206440	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	41.75%
85100010206450	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	41.75%
85100010206460	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	41.75%
85100010222120	Antihemophilic Factor (BDD-rFVIII) For Inj 250 Unit	18.00%
85100010222130	Antihemophilic Factor (BDD-rFVIII) For Inj 500 Unit	18.00%
85100010222140	Antihemophilic Factor (BDD-rFVIII) For Inj 1000 Unit	18.00%
85100010222160	Antihemophilic Factor (BDD-rFVIII) For Inj 2000 Unit	18.00%
85100010222165	Antihemophilic Factor (BDD-rFVIII) For Inj 2500 Unit	18.00%
85100010222170	Antihemophilic Factor (BDD-rFVIII) For Inj 3000 Unit	18.00%
85100010222180	Antihemophilic Factor (BDD-rFVIII) For Inj 4000 Unit	18.00%
85100010226420	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 250 Unit	18.00%
85100010226430	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 500 Unit	18.00%
85100010226440	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 1000 Unit	18.00%
85100010226460	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2000 Unit	18.00%
85100010226465	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2500 Unit	18.00%
85100010226470	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 3000 Unit	18.00%
85100010226480	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 4000 Unit	18.00%
85100010252120	Antihemophilic Factor rAHF-PFM For Inj 250 Unit	37.75%
85100010252130	Antihemophilic Factor rAHF-PFM For Inj 500 Unit	37.75%
85100010252140	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	37.75%
85100010252150	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	37.75%
85100010252170	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	37.75%
85100010252180	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	37.75%
85100010252185	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit	37.75%
85100010266420	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	38.00%
85100010266430	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	38.00%
85100010266440	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	38.00%
85100010266460	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	38.00%
85100010266470	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	38.00%
85100010302120	Antihemophilic Factor (Recomb) rFVIIIc For Inj 250 Unit	20.00%
85100010302125	Antihemophilic Factor (Recomb) rFVIIIc For Inj 500 Unit	20.00%
85100010302130	Antihemophilic Factor (Recomb) rFVIIIc For Inj 750 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

85100010302135	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1000 Unit	20.00%
85100010302145	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1500 Unit	20.00%
85100010302155	Antihemophilic Factor (Recomb) rFVIIIc For Inj 2000 Unit	20.00%
85100010302165	Antihemophilic Factor (Recomb) rFVIIIc For Inj 3000 Unit	20.00%
85100010302170	Antihemophilic Factor (Recomb) rFVIIIc For Inj 4000 Unit	20.00%
85100010302175	Antihemophilic Factor (Recomb) rFVIIIc For Inj 5000 Unit	20.00%
85100010302180	Antihemophilic Factor (Recomb) rFVIIIc For Inj 6000 Unit	20.00%
85100010332120	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit	18.00%
85100010332130	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit	18.00%
85100010332140	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit	18.00%
85100010332150	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit	18.00%
85100010332160	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit	18.00%
85100010332170	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit	18.00%
85100010352130	Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	18.00%
85100010352140	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	18.00%
85100010352145	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	18.00%
85100010352150	Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	18.00%
85100010352160	Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	18.00%
85100010402120	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	18.00%
85100010402130	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	18.00%
85100010402135	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	18.00%
85100010402140	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	18.00%
85100010402145	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	18.00%
85100010402150	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	18.00%
85100010402160	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	18.00%
85100010412130	Antihemophilic Factor Recomb Pegylated-aucl For Inj 500 Unit	18.00%
85100010412140	Antihemophilic Factor Recomb Pegylated-aucl For Inj 1000 Unit	18.00%
85100010412150	Antihemophilic Factor Recomb Pegylated-aucl For Inj 2000 Unit	18.00%
85100010412160	Antihemophilic Factor Recomb Pegylated-aucl For Inj 3000 Unit	18.00%
85100010502130	Antihemophilic Factor (Recomb Porc) rFVIII For Inj 500 Unit	20.00%
85100010556420	Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	18.00%
85100010556430	Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	18.00%
85100010556440	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	18.00%
85100010556445	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

PK

85100010556450	Antihemophilic Fact Rcomb Single Chain For Inj Kit 2000 Unit	18.00%
85100010556455	Antihemophilic Fact Rcomb Single Chain For Inj Kit 2500 Unit	18.00%
85100010556460	Antihemophilic Fact Rcomb Single Chain For Inj Kit 3000 Unit	18.00%
85100015102122	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	37.00%
85100015102132	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	37.00%
85100015102144	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	37.00%
85100015102160	Antihemophilic Factor/VWF (Human) For Inj 250 Unit	40.00%
85100015102170	Antihemophilic Factor/VWF (Human) For Inj 500 Unit	40.00%
85100015102180	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	40.00%
85100015102190	Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	40.00%
85100015102193	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	40.00%
85100015106430	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	40.00%
85100015106440	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002120	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002130	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002150	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002150	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100026202117	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100026202126	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100026202145	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100026202160	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100026202170	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028002180	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028002185	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202120	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202130	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202140	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202145	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202150	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028202160	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028206420	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028206430	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028206440	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028206450	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100028206460	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

85100028352110	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	18.00%
85100028352120	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	18.00%
85100028352130	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	18.00%
85100028352140	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	18.00%
85100028352150	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	18.00%
85100028402105	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	22.00%
85100028402110	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	22.00%
85100028402120	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	22.00%
85100028402130	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	22.00%
85100028402140	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	22.00%
85100028402150	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	22.00%
85100028452120	Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt	18.00%
85100028452130	Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt	18.00%
85100028452140	Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt	18.00%
85100030002105	Factor IX Complex For Inj 500 Unit	19.75%
85100030002110	Factor IX Complex For Inj 1000 Unit	19.75%
85100030002115	Factor IX Complex For Inj 1500 Unit	19.75%
85100030002150	Factor IX Complex For Inj 200-1200 Unit	20.00%
85100031002120	Coagulation Factor X (Human) For Inj 250 Unit	18.00%
85100031002140	Coagulation Factor X (Human) For Inj 500 Unit	18.00%
85100032102130	Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit	18.00%
85100033006440	Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	21.00%
85100035002120	Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	21.00%
85100060106420	Prothrombin Complex Conc Human For Inj Kit 500 Unit	20.00%
85100060106430	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	20.00%
85100070202120	Von Willebrand Factor (Recombinant) For Inj 650 Unit	18.00%
85100070202130	Von Willebrand Factor (Recombinant) For Inj 1300 Unit	18.00%
85105030202010	Emicizumab-kxwh Subcutaneous Soln 30 MG/ML	18.00%
85105030202020	Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)	18.00%
85105030202030	Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)	18.00%
85105030202040	Emicizumab-kxwh Subcutaneous Soln 150 MG/ML	18.00%
85151020806420	Caplacizumab-yhdp for Inj Kit 11 MG	18.00%
85250010002105	Hemin For Inj 313 MG	18.00%
85250010002120	Hemin For Inj 350 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

85550060102120	Protein C Concentrate (Human) For IV Soln 500 Unit	18.00%
85550060102140	Protein C Concentrate (Human) For IV Soln 1000 Unit	18.00%
85756040100310	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	18.00%
85756040100320	Fostamatinib Disodium Tab 150 MG (Base Equivalent)	18.00%
85800050002020	Ecilizumab IV Soln 10 MG/ML (For Infusion)	18.00%
85800080202020	Ravulizumab-cwvz IV Soln 300 MG/30ML (10 MG/ML)	18.00%
85802022002120	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	18.00%
85802022002130	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	18.00%
85802022002140	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	18.00%
85802022006420	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	18.00%
85802022102130	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	18.00%
85820040102020	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	18.00%
85840030002020	Ecallantide Inj 10 MG/ML	18.00%
85842040202020	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	18.00%
86109902292020	Moxifloxacin HCl in BSS Intravitreal Soln 1 MG/ML	20.00%
86300010002320	Dexamethasone Intravitreal Implant 0.7 MG	18.00%
86300010009940	Dexamethasone (Ophth) Insert 0.4 MG	18.00%
86300017102305	Fluocinolone Acetonide Intravitreal Implant 0.19 MG	18.00%
86300017102320	Fluocinolone Acetonide Intravitreal Implant 0.59 MG	18.00%
86300080101820	Triamcinolone Acetonide Ophth Inj 40 MG/ML	18.00%
86330015002320	Bimatoprost Intracameral Implant 10 MCG	18.00%
86370070601810	Voretigene Neparovoc-rzyl Intraocular Susp	18.00%
86655010002020	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	18.00%
8665501000E520	Aflibercept Intravitreal Soln Pref Syr 2 MG/0.05ML	18.00%
8665502000E515	Bevacizumab Intravitreal Soln Pref Syr 2.5 MG/0.1ML	18.00%
8665502000E520	Bevacizumab Inj Soln Pref Syr 2.75 MG/0.11ML (2.5 MG/0.1ML)	18.00%
8665502000E525	Bevacizumab Intravitreal Soln Pref Syr 3.25 MG/0.13ML	18.00%
8665502000E530	Bevacizumab Inj Soln Pref Syr 3.75 MG/0.15ML (2.5 MG/0.1ML)	18.00%
8665502000E532	Bevacizumab Intravitreal Soln Pref Syr 3.75 MG/0.15ML	18.00%
86655025202020	Brolucizumab-dbil Intravitreal Soln 6 MG/0.05ML	18.00%
86655050302020	Pegaptanib Sodium Intravitreal Inj 0.3 MG/90 Microliter	18.00%
86655060002012	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	18.00%
86655060002020	Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	18.00%
8665506000E510	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

8665506000E520	Ranbizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	18.00%
86700065002120	Verteporfin For IV Soln 15 MG (2 MG/ML)	18.00%
86770020202020	Cenegeermin-bkbi Opth Soln 0.002% (20 MCG/ML)	18.00%
86799990230E520	Riboflavin 5-Phos Sod-Dextran Opth Soln Pref Syr 0.146-20%	18.00%
86799990240E530	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	18.00%
86801060002015	Ocriplasmin Intravitreal Inj 0.375 MG/0.3ML (1.25 MG/ML)	18.00%
87100012001830	Ciprofloxacin Intratympanic Susp 6% (60 MG/ML)	18.00%
88452050106320	Minocycline HCl Subgingival Powder Cartridge 1 MG	18.00%
9025052000E520	Brodalumab Subcutaneous Soln Prefilled Syringe 210 MG/1.5ML	18.00%
9025054200D220	Guselkumab Soln Pen-Injector 100 MG/ML	18.00%
9025054200E520	Guselkumab Soln Prefilled Syringe 100 MG/ML	18.00%
9025055400D520	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	18.00%
9025055400E520	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	18.00%
9025057070F820	Risankizumab-rzaa Sol Prefilled Syringe 2 x 75 MG/0.83ML Kit	18.00%
9025057500D520	Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	18.00%
9025057500D530	Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	18.00%
9025057500E520	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	18.00%
9025057500E530	Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	18.00%
9025058010E520	Tildrakizumab-asnm Subcutaneous Soln Pref Syringe 100 MG/ML	18.00%
90250585002020	Ustekinumab Inj 45 MG/0.5ML	18.00%
9025058500E520	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	18.00%
9025058500E540	Ustekinumab Soln Prefilled Syringe 90 MG/ML	18.00%
9027302000D220	Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML	18.00%
9027302000E515	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	18.00%
9027302000E520	Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	18.00%
90371050204030	Mechlorethamine HCl Gel 0.016% (Base Equivalent)	18.00%
90376015004020	Alitretinoin Gel 0.1%	18.00%
90376220004020	Bexarotene Gel 1%	50.00%
90850025306420	Capsaicin Patch 8% & Cleansing Gel Kit	18.00%
90945020004020	Becaplermin Gel 0.01%	18.00%
93000014402120	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 100 MG	18.00%
93000014402130	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 200 MG	18.00%
93000020102110	Deferoxamine Mesylate For Inj 500 MG	25.00%
93000020102130	Deferoxamine Mesylate For Inj 2 GM	25.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

(Handwritten mark)

93000084203040	Uridine Triacetate Oral Granules Packet 10 GM	18.00%
93100025000320	Deferasirox Tab 90 MG	18.00%
93100025000330	Deferasirox Tab 180 MG	18.00%
93100025000340	Deferasirox Tab 360 MG	18.00%
93100025003020	Deferasirox Granules Packet 90 MG	18.00%
93100025003030	Deferasirox Granules Packet 180 MG	18.00%
93100025003040	Deferasirox Granules Packet 360 MG	18.00%
93100025007320	Deferasirox Tab For Oral Susp 125 MG	18.00%
93100025007330	Deferasirox Tab For Oral Susp 250 MG	18.00%
93100025007340	Deferasirox Tab For Oral Susp 500 MG	18.00%
93100028000320	Deferiprone Tab 500 MG	18.00%
93100028000340	Deferiprone Tab 1000 MG	18.00%
93100028000345	Deferiprone (Twice Daily) Tab 1000 MG	18.00%
93100028002020	Deferiprone Oral Soln 100 MG/ML	18.00%
93400030001920	Naltrexone For IM Extended Release Susp 380 MG	18.00%
94200090102120	Thyrotropin Alfa For Inj 1.1 MG	18.00%
99200030000110	Penicillamine Cap 250 MG	18.00%
993500035002120	Collagenase Clostridium Histolyticum For Inj 0.9 MG	18.00%
99350040102020	Hyaluronidase Human Inj 150 Unit/ML	18.00%
99392070000120	Thalidomide Cap 50 MG	18.00%
99392070000130	Thalidomide Cap 100 MG	18.00%
99392070000135	Thalidomide Cap 150 MG	18.00%
99392070000140	Thalidomide Cap 200 MG	18.00%
99394050000110	Lenalidomide Caps 2.5 MG	18.00%
99394050000120	Lenalidomide Cap 5 MG	18.00%
99394050000130	Lenalidomide Cap 10 MG	18.00%
99394050000140	Lenalidomide Cap 15 MG	18.00%
99394050000145	Lenalidomide Cap 20 MG	18.00%
99394050000150	Lenalidomide Cap 25 MG	18.00%
99402020002005	Cyclosporine IV Soln 50 MG/ML	18.00%
99402540102220	Lymphocyte Immune Globulin Anti-Thymocyte G Inj 50 MG/ML(Eq)	18.00%
99402540302120	Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte IG)	18.00%
99403030202120	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	18.00%
99404080002010	Tacrolimus Inj 5 MG/ML	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

99405015002110	Basiliximab For IV Soln 10 MG	18.00%
99405015002120	Basiliximab For IV Soln 20 MG	18.00%
99405035402020	Emapalumab-lzsg IV Soln 10 MG/2ML	18.00%
99405035402040	Emapalumab-lzsg IV Soln 50 MG/10ML	18.00%
99405040202020	Inebilizumab-cdon IV Soln 100 MG/10ML (10 MG/ML)	18.00%
99408020002120	Belatacept For IV Infusion 250 MG	18.00%
99422015002120	Belimumab For IV Soln 120 MG	18.00%
99422015002140	Belimumab For IV Soln 400 MG	18.00%
9942201500D520	Belimumab Subcutaneous Solution Auto-injector 200 MG/ML	18.00%
9942201500E520	Belimumab Subcutaneous Solution Prefilled Syringe 200 MG/ML	18.00%
99450060203020	Patiromer Sorbites Calcium For Susp Packet 8.4 GM (Base Eq)	18.00%
99450060203030	Patiromer Sorbites Calcium For Susp Packet 16.8 GM (Base Eq)	18.00%
99450060203040	Patiromer Sorbites Calcium For Susp Packet 25.2 GM (Base Eq)	18.00%
99473080002120	Siltuximab For IV Infusion 100 MG	18.00%
99473080002140	Siltuximab For IV Infusion 400 MG	18.00%
09000015100310	Bedaquiline Fumarate Tab 20 MG (Base Equiv)	18.00%
12102330407420	Fostemsavir Tromethamine Tab ER 12HR 600 MG	18.00%
1235307000B718	Ribavirin Tab 400 MG	71.25%
21100015002060	Carboplatin IV Soln 1000 MG/100ML	18.00%
21100028002035	Oxaliplatin IV Soln 200 MG/40ML	45.00%
21300003000320	Azacitidine Tab 200 MG	18.00%
21300003000330	Azacitidine Tab 300 MG	18.00%
21300010301825	Cytarabine Liposome Inj 50 MG/5ML	18.00%
21353067202120	Tafasitamab-cxix For IV Soln 200 MG	18.00%
21355015202120	Belantamab Mafodotin-blmf For IV Soln 100 MG	18.00%
21355060302110	Polatuzumab Vedotin-piig For IV Solution 30 MG	18.00%
21500012001334	Paclitaxel IV Conc 100 MG/16.67ML (6 MG/ML)	18.00%
21534076000120	Pralsetinib Cap 100 MG	18.00%
21700013001940	BCG Live Intravesical For Susp 81 MG/VIAL	18.00%
21990002250320	Decitabine-Cedazuridine Tab 35-100 MG	18.00%
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML	18.00%
30170070106520	Octreotide Acetate Cap Delayed Release 20 MG	18.00%
59070070101910	Risperidone Microspheres For Inj 12.5 MG	18.00%
59070070101920	Risperidone Microspheres For Inj 25 MG	18.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

B

59070070101930	Risperidone Microspheres For Inj 37.5 MG	18.00%
59070070101940	Risperidone Microspheres For Inj 50 MG	18.00%
62405065000D520	Ofatumumab Soln Auto-Injector 20 MG/0.4ML	18.00%
62405550006520	Monomethyl Fumarate Capsule Delayed Release 95 MG	18.00%
62459904202020	Calcium, Mag, Potassium, & Sod Oxybates Oral Soln 500 MG/ML	18.00%
66290030002015	Etanercept Subcutaneous Inj 25 MG/0.5ML	18.00%
74600080002020	Vitkolarsen IV Soln 250 MG/5ML (50 MG/ML)	18.00%
85100026402117	Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG)	18.00%
85100026402145	Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG)	18.00%
99200020100110	Trientine HCl Cap 250 MG	18.00%
99200030000302	Penicillamine Tab 125 MG	18.00%
99200030000305	Penicillamine Tab 250 MG	18.00%
9940507040E520	Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	18.00%
85840010200120	Berotrastat HCl Cap 110 MG	18.00%
21534075100315	Ponatinib HCl Tab 10 MG (Base Equiv)	22.75%
21756570202120	Trilaciclib Dihydrochloride For IV Soln 300 MG	18.00%
21402430000340	Enzalutamide Tab 80 MG	18.00%
85800080202045	Ravulizumab-cwvz IV Soln 300 MG/3ML (100 MG/ML)	18.00%
21353037302020	Naxitamab-ggqk IV Soln 40 MG/10ML (4 MG/ML)	18.00%
1210990225G120	Cabotegravir 400 MG/2ML & Rilpivirine 600 MG/2ML IM Susp ER	18.00%
39392030202040	Evinacumab-dgnb IV Soln 1200 MG/8ML (150 MG/ML)	18.00%
60250070001820	Tasimeleone Oral Susp 4 MG/ML	18.00%
195020350002040	Imdevimab IV Soln 1332 MG/11.1ML	18.00%
85840010200130	Berotrastat HCl Cap 150 MG	18.00%
99402080000120	Voclosporin Cap 7.9 MG	18.00%
39392030202020	Evinacumab-dgnb IV Soln 345 MG/2.3ML (150 MG/ML)	18.00%
6240307530E521	Peginterferon Beta-1a IM Soln Prefilled Syr 125 MCG/0.5ML	18.00%
85800080202060	Ravulizumab-cwvz IV Soln 1100 MG/11ML (100 MG/ML)	18.00%
1210990225G130	Cabotegravir 600 MG/3ML & Rilpivirine 900 MG/3ML IM Susp ER	18.00%
195020300002020	Etesevimab IV Soln 700 MG/20ML (35 MG/ML)	18.00%
30906430202120	Fosdenopterin Hydrobromide For IV Soln 9.5 MG	18.00%
21560060000B765	Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	18.00%
9025057070E540	Risankizumab-rzaa Soln Prefilled Syringe 150 MG/ML	18.00%
4530990340B720	Eluxacaf-Tezacaf-lvacaf 50-25-37.5 MG & lvacaf 75 MG TBPK	18.00%

ADMINISTRACION DE SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

21170070342140	Trastuzumab-dttb For IV Soln 420 MG	18.00%	*
21421020000320	Belzutifan Tab 40 MG	18.00%	*
12359902353020	Glecaprevir-Pibrentasvir Pellet Pack 50-20 MG	18.00%	*
19502020002020	Bamlanivimab IV Soln 700 MG/20ML	18.00%	*
75809902606420	Sod Hyaluronate 1% Pref Syr & Lidocaine HCl 2% Inj Kit	18.00%	*
21533073100320	Tepotinb HCl Tab 225 MG	18.00%	*
21353034202020	Margetuximab-cmkb IV Soln 250 MG/10ML (25 MG/ML)	18.00%	*
215600600008780	Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	18.00%	*
21532235408225	Infigratinib Phos Cap Ther Pack 3 x 25 MG (75 MG Daily Dose)	18.00%	*
52350060006810	Odevixibat Pellets Cap Sprinkle 200 MCG	18.00%	*
21360050600120	Mobocertinib Succinate Cap 40 MG	18.00%	*
21560060008775	Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	18.00%	*
85800065002020	Pegcetacoplan Subcutaneous Soln 1080 MG/20ML (54 MG/ML)	18.00%	*
21490009000315	Avapritinib Tab 50 MG	18.00%	*
99427010252020	Anifrolumab-fria IV Soln 300 MG/2ML	18.00%	*
5907005010E670	Paliperidone Palmitate ER Susp Pref Syr 1,092 MG/3.5ML	18.00%	*
86300080101830	Triamcinolone Acetonide Suprachoroidal Inj 40 MG/ML	18.00%	*
21560060008770	Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	18.00%	*
74503070008220	Riluzole Oral Film 50 MG	18.00%	*
21490009000310	Avapritinib Tab 25 MG	18.00%	*
99407510500320	Belumosudil Mesylate Tab 200 MG	18.00%	*
21357941002033	Nivolumab IV Soln 120 MG/12ML	18.00%	*
2170007750E520	Ropeginterferon alfa-2b-njft Soln Prefilled Syr 500 MCG/ML	18.00%	*
21533076250120	Tivozanib HCl Cap 890 MCG (Base Equivalent)	18.00%	*
62380080200130	Valbenazine Tosylate Cap 60 MG (Base Equiv)	18.00%	*
21532480000320	Sotorasib Tab 120 MG	18.00%	*
21250010602020	Asparaginase Erwinia Chrys (Recomb)-rywn IM Soln 10 MG/0.5ML	18.00%	*
52350060006830	Odevixibat Pellets Cap Sprinkle 600 MCG	18.00%	*
52350050102020	Maralixibat Chloride Oral Soln 9.5 MG/ML	18.00%	*
82401020042050	Epoetin Alfa-epbx Inj 20000 Unit/ML	20.00%	*
99463045000120	Lonafarnib Cap 50 MG	18.00%	*
21533080400320	Umbralisib Tosylate Tab 200 MG	18.00%	*
74600025002020	Casimersen IV Soln 100 MG/2ML (50 MG/ML)	18.00%	*
13000080002130	Artesunate For IV Soln 110 MG	18.00%	*

ADMINISTRACION DE SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21351640502120	Loncastuximab Tesirine-lpyl For IV Soln 10 MG	18.00%	*
62050510102030	Aducanumab-avwa IV Soln 300 MG/3ML (100 MG/ML)	18.00%	*
9027302000D215	Dupilumab Subcutaneous Soln Pen-injector 200 MG/1.14ML	18.00%	*
52350060000120	Odevixibat Cap 400 MCG	18.00%	*
90272060503720	Ruxolitinib Phosphate Cream 1.5%	18.00%	*
8240157002E520	Pegfilgrastim-apegf Soln Prefilled Syringe 6 MG/0.6ML	18.00%	*
99463045000130	Lonafarnib Cap 75 MG	18.00%	*
66603065102020	Tofacitinib Citrate Oral Soln 1 MG/ML (Base Equivalent)	18.00%	*
214024300000320	Enzalutamide Tab 40 MG	18.00%	*
2156006000B760	Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	18.00%	*
9025057070D520	Risankizumab-rzaa Soln Auto-injector 150 MG/ML	18.00%	*
62050510102020	Aducanumab-avwa IV Soln 170 MG/1.7ML (100 MG/ML)	18.00%	*
21170070342120	Trastuzumab-dttb For IV Soln 150 MG	18.00%	*
30907722552120	Avalglucosidase Alfa-ngpt For IV Soln 100 MG	18.00%	*
858000100000120	Avacopan Cap 10 MG	18.00%	*
12359902650320	Sofosbuvir-Velpatasvir Tab 200-50 MG	18.00%	*
453070600000140	Mannitol Inhal Cap 40 MG	18.00%	*
211010400052120	Melphalan Flufenamide HCl For IV Soln 20 MG	18.00%	*
21533076250130	Tivozanib HCl Cap 1340 MCG (Base Equivalent)	18.00%	*
21357928302020	Dostarlimab-gxly IV Soln 500 MG/10ML (50 MG/ML)	18.00%	*
21359710802020	Amivantamab-vmjw IV Soln 350 MG/7ML	18.00%	*
8665502000E522	Bevacizumab Intravit Pref Syr 3 MG/0.12ML (1.25 MG/0.05ML)	18.00%	*
52350060000140	Odevixibat Cap 1200 MCG	18.00%	*
21359280802120	Tisotumab Vedotin-tftv For IV Solution 40 MG	18.00%	*

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

PLAN VITAL
 High Cost List - Hospitals and CDT's
 Effective XX/XX/XXXX

GPI	GPI Name	Discount
07000070000120	Tobramycin Inhal Cap 28 MG	17.50%
07000070002520	Tobramycin Nebu Soln 300 MG/5ML	41.75%
07000070002530	Tobramycin Nebu Soln 300 MG/4ML	16.00%
09000015100320	Bedaquiline Fumarate Tab 100 MG (Base Equiv)	16.75%
11000010002105	Amphotericin B For Inj 50 MG	16.00%
11000010301820	Amphotericin B Lipid Inj Susp (For IV Infusion) 5 MG/ML	16.75%
11000010401920	Amphotericin B Liposome IV For Susp 50 MG	16.75%
11407080002120	Voriconazole For Inj 200 MG	16.75%
11500010002120	Anidulafungin For IV Soln 50 MG	16.75%
11500010002130	Anidulafungin For IV Soln 100 MG	16.75%
11500025102120	Caspofungin Acetate For IV Soln 50 MG	16.00%
11500025102130	Caspofungin Acetate For IV Soln 70 MG	16.00%
11500050102120	Micafungin Sodium For IV Soln 50 MG	16.75%
11500050102130	Micafungin Sodium For IV Soln 100 MG	16.75%
12102240302020	Ibalizumab-iyik IV Soln 200 MG/1.33ML (150 MG/ML)	16.75%
12102530002120	Entuvirtide For Inj 90 MG	16.75%
12200020102030	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	16.00%
12200030002030	Ganciclovir IV Soln 500 MG/250ML	17.50%
12200030102030	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	17.50%
12200030102110	Ganciclovir Sodium For Inj 500 MG	60.00%
12200045000320	Letermovir Tab 240 MG	16.00%
12200045000340	Letermovir Tab 480 MG	16.00%
12200045002020	Letermovir IV Soln 240 MG/12ML	16.00%
12200045002040	Letermovir IV Soln 480 MG/24ML	16.00%
12200066100320	Valganciclovir HCl Tab 450 MG	50.00%
12200066102120	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	50.00%
12352015100320	Adefovir Dipivoxil Tab 10 MG	17.00%
12352030000320	Entecavir Tab 0.5 MG	17.50%

ADMINISTRACION DE
 SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

12352030000330	Entecavir Tab 1 MG	17.50%
12352030002020	Entecavir Oral Soln 0.05 MG/ML	16.00%
12352050000315	Lamivudine Tab 100 MG (HBV)	30.00%
12352050002010	Lamivudine Oral Soln 5 MG/ML (HBV)	17.50%
12352083200320	Tenofovir Alafenamide Fumarate Tab 25 MG	17.50%
12353025100320	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	17.50%
12353025100330	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	17.50%
12353025100340	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	17.50%
12353060052020	Peginterferon alfa-2a Inj 180 MCG/ML	18.25%
12353060052030	Peginterferon alfa-2a Inj 135 MCG/0.5ML	17.50%
12353060052040	Peginterferon alfa-2a Inj 180 MCG/0.5ML	17.50%
12353060106410	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	16.75%
12353070000120	Ribavirin Cap 200 MG	70.00%
12353070000320	Ribavirin Tab 200 MG	16.75%
12353070000340	Ribavirin Tab 400 MG	71.25%
12353070000360	Ribavirin Tab 600 MG	60.00%
12353070002020	Ribavirin Soln 40 MG/ML	17.50%
12353070008715	Ribavirin Tab 200 MG & Ribavirin 400 MG Tab Therapy Pack	71.25%
12353070008720	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	71.25%
12353070008725	Ribavirin Tab Therapy Pack 600 MG (1200 MG Daily Dose)	16.00%
12353077100120	Simeprevir Sodium Cap 150 MG (Base Equivalent)	16.00%
12353080000310	Sofosbuvir Tab 200 MG	16.75%
12353080000320	Sofosbuvir Tab 400 MG	16.75%
12353080003015	Sofosbuvir Pellet Pack 150 MG	16.00%
12353080003020	Sofosbuvir Pellet Pack 200 MG	16.00%
12359902300320	Elbasvir-Grazoprevir Tab 50-100 MG	17.50%
12359902350320	Glecaprevir-Pibrentasvir Tab 100-40 MG	17.50%
12359902400310	Ledipasvir-Sofosbuvir Tab 45-200 MG	17.00%
12359902400320	Ledipasvir-Sofosbuvir Tab 90-400 MG	17.00%
12359902403006	Ledipasvir-Sofosbuvir Pellet Pack 33.75-150 MG	16.00%
12359902403010	Ledipasvir-Sofosbuvir Pellet Pack 45-200 MG	16.00%
12359902650330	Sofosbuvir-Velpatasvir Tab 400-100 MG	17.50%
12359903600320	Ombitasvir-Paritaprevir-Ritonavir Tab 12.5-75-50 MG	16.00%
12359903800330	Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

12359904607530	Dasab-Ombit-Paritap-Riton Tab SR 24HR 200-8.33-50-33.33 MG	17.50%
1235990460B720	Ombias-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG	17.50%
12504065002020	Peramivir Inj 200 MG/20ML (10 MG/ML)	16.00%
12604075002120	Ribavirin For Inhal Soln 6 GM	62.00%
13000040000310	Pyrimethamine Tab 25 MG	16.15%
16000036000120	Mitefosine Cap 50 MG	16.00%
16140010402120	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	16.00%
19100005002200	Cytomegalovirus Immune Globulin (Human) IV Inj	18.00%
19100010002000	Hepatitis B Immune Globulin (Human) IM Inj Soln	16.00%
19100010002050	Hepatitis B Immune Globulin (Human) Inj Soln	16.00%
19100020002200	Immune Globulin (Human) Inj	23.75%
19100020102020	Immune Globulin (Human) IV Soln 0.5 GM/10ML	25.00%
19100020102030	Immune Globulin (Human) IV Soln 1 GM/20ML	24.25%
19100020102034	Immune Globulin (Human) IV Soln 2.5 GM/50ML	25.00%
19100020102038	Immune Globulin (Human) IV Soln 5 GM/100ML	25.00%
19100020102042	Immune Globulin (Human) IV Soln 10 GM/200ML	25.00%
19100020102044	Immune Globulin (Human) IV Soln 20 GM/400ML	25.00%
19100020102046	Immune Globulin (Human) IV Soln 25 GM/500ML	24.25%
19100020102063	Immune Globulin (Human) IV Soln 2 GM/20ML	24.25%
19100020102068	Immune Globulin (Human) IV Soln 5 GM/50ML	25.00%
19100020102072	Immune Globulin (Human) IV Soln 10 GM/100ML	25.00%
19100020102076	Immune Globulin (Human) IV Soln 20 GM/200ML	25.00%
19100020102080	Immune Globulin (Human) IV Soln 30 GM/300ML	24.25%
19100020102090	Immune Globulin (Human) IV Soln 40 GM/400ML	19.75%
19100020102120	Immune Globulin (Human) IV For Soln 5 GM	35.00%
19100020102125	Immune Globulin (Human) IV For Soln 6 GM	25.00%
19100020102130	Immune Globulin (Human) IV For Soln 10 GM	35.00%
19100020102135	Immune Globulin (Human) IV For Soln 12 GM	25.00%
19100020202050	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	24.50%
19100020202054	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	24.50%
19100020202058	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	24.50%
19100020202062	Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	16.00%
19100020202065	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	24.50%
1910002020E520	Immune Globulin (Human) Subcutaneous Soln Pref Syr 1 GM/5ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

, Contrato Número

B

1910002020E530	Immune Globulin (Human) Subcutaneous Soln Pref Syr 2 GM/10ML	16.00%
1910002020E540	Immune Globulin (Human) Subcutaneous Soln Pref Syr 4 GM/20ML	16.00%
19100020302060	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	35.00%
19100020302064	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	35.00%
19100020302068	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	35.00%
19100020302072	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	35.00%
19100020302076	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	35.00%
19100020302080	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	35.00%
19100020302084	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	26.00%
19100020572021	Immune Globulin (Human)-hipp Subcutaneous Inj 1 GM/6ML	16.00%
19100020572025	Immune Globulin (Human)-hipp Subcutaneous Inj 1.65 GM/10ML	16.00%
19100020572030	Immune Globulin (Human)-hipp Subcutaneous Inj 2 GM/12ML	16.00%
19100020572035	Immune Globulin (Human)-hipp Subcutaneous Inj 3.3 GM/20ML	16.00%
19100020572040	Immune Globulin (Human)-hipp Subcutaneous Inj 4 GM/24ML	16.00%
19100020572055	Immune Globulin (Human)-hipp Subcutaneous Inj 8 GM/48ML	16.00%
19100020602020	Immune Globulin (Human)-ifas IV Soln 1 GM/10ML	16.00%
19100020602025	Immune Globulin (Human)-ifas IV Soln 2.5 GM/25ML	16.00%
19100020602030	Immune Globulin (Human)-ifas IV Soln 5 GM/50ML	16.00%
19100020602035	Immune Globulin (Human)-ifas IV Soln 10 GM/100ML	16.00%
19100020602040	Immune Globulin (Human)-ifas IV Soln 20 GM/200ML	16.00%
19100020602045	Immune Globulin (Human)-ifas IV Soln 30 GM/300ML	16.00%
19100020642020	Immune Globulin (Human)-klhw Subcutaneous Inj 1 GM/5ML	16.00%
19100020642025	Immune Globulin (Human)-klhw Subcutaneous Inj 2 GM/10ML	16.00%
19100020642030	Immune Globulin (Human)-klhw Subcutaneous Inj 4 GM/20ML	16.00%
19100020642040	Immune Globulin (Human)-klhw Subcutaneous Inj 10 GM/50ML	16.00%
19100020802030	Immune Globulin (Human)-sira IV Soln 5 GM/50ML	16.00%
19100045002010	Rabies Immune Globulin (Human) Inj 300 Unit/2ML	17.50%
19100045002020	Rabies Immune Globulin (Human) Inj 1500 Unit/10ML	17.50%
19100045002030	Rabies Immune Globulin (Human) Inj 300 Unit/ML	16.00%
19100045002035	Rabies Immune Globulin (Human) Inj 900 Unt/3ML (300 Unt/ML)	16.00%
19100045002040	Rabies Immune Globulin (Human) Inj 1500 Unt/5ML (300 Unt/ML)	16.00%
19100060002205	Tetanus Immune Globulin (Human) Inj 250 Unit/ML	16.00%
19100070002015	Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	17.50%
19200021002120	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

19200022002120	Crotalidae Immune (Fab)'2 (Equine) For IV Infusion	17.15%
19200030006410	Antivenin Latrodectus Mactans Inj Kit	16.00%
19200040002100	Antivenin Micrurus Fulvius For IV Soln	16.00%
19200072102120	Centruroides (Scorpion) Imm (Fab)'2 (Equine) For IV Infusion	16.00%
19502060002015	Palivizumab IM Soln 50 MG/0.5ML	16.00%
19502060002020	Palivizumab IM Soln 100 MG/ML	16.00%
19503015002020	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	17.50%
199900023556420	Immuno Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	30.00%
199900023556425	Immuno Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	30.00%
199900023556430	Immuno Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	30.00%
199900023556440	Immuno Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	30.00%
199900023556450	Immuno Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	30.00%
20000050002025	Pegademase Bovine Inj 250 Unit/ML	16.00%
21100005000110	Altretamine Cap 50 MG	16.00%
21100009102005	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	17.50%
21100009102110	Bendamustine HCl For IV Soln 25 MG	17.50%
21100009102120	Bendamustine HCl For IV Soln 100 MG	17.50%
21100010002020	Busulfan Inj 6 MG/ML	60.00%
21100015002030	Carboplatin IV Soln 50 MG/5ML	17.00%
21100015002035	Carboplatin IV Soln 150 MG/15ML	17.00%
21100015002040	Carboplatin IV Soln 450 MG/45ML	17.00%
21100015002045	Carboplatin IV Soln 600 MG/60ML	17.00%
21100020002020	Cisplatin Inj 50 MG/50ML (1 MG/ML)	30.00%
21100020002025	Cisplatin Inj 100 MG/100ML (1 MG/ML)	30.00%
21100020002030	Cisplatin Inj 200 MG/200ML (1 MG/ML)	30.00%
21100020002110	Cisplatin IV For Inj 50 MG	30.00%
21100024002120	Lurbinectedin For IV Soln 4 MG	16.00%
21100028002025	Oxaliplatin IV Soln 50 MG/10ML	45.00%
21100028002030	Oxaliplatin IV Soln 100 MG/20ML	45.00%
21100028002120	Oxaliplatin For IV Inj 50 MG	30.00%
21100028002130	Oxaliplatin For IV Inj 100 MG	30.00%
21100040002105	Thiotepa For Inj 15 MG	16.00%
21100040002150	Thiotepa For Inj 100 MG	16.00%
21101010000305	Chlorambucil Tab 2 MG	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

ER

21101020002120	Cyclophosphamide For Inj 500 MG	42.30%
21101020002125	Cyclophosphamide For Inj 1 GM	42.30%
21101020002130	Cyclophosphamide For Inj 2 GM	42.30%
21101025002025	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	16.00%
21101025002030	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	16.00%
21101025002110	Ifosfamide For Inj 1 GM	16.75%
21101025002130	Ifosfamide For Inj 3 GM	16.75%
21101030102105	Mechlorethamine HCl For Inj 10 MG	16.00%
21101040000305	Melphalan Tab 2 MG	16.00%
21101040102110	Melphalan HCl For Inj 50 MG (Base Equiv)	16.00%
21101040102115	Melphalan HCl For Inj 50 MG (Propylene Glycol (Pg) Free)	16.00%
21102010002105	Carmustine For Inj 100 MG	16.25%
21102010203120	Carmustine in Polifeprosan Intracranial Implant Wafer 7.7 MG	16.00%
21102020000105	Lomustine Cap 5 MG	16.00%
21102020000110	Lomustine Cap 10 MG	16.15%
21102020000115	Lomustine Cap 40 MG	16.15%
21102020000120	Lomustine Cap 100 MG	16.15%
21102030002105	Streptozocin For Inj 1 GM	16.00%
21104070000110	Temozolomide Cap 5 MG	45.00%
21104070000120	Temozolomide Cap 20 MG	45.00%
21104070000140	Temozolomide Cap 100 MG	45.00%
21104070000143	Temozolomide Cap 140 MG	45.00%
21104070000147	Temozolomide Cap 180 MG	45.00%
21104070000150	Temozolomide Cap 250 MG	45.00%
21104070002120	Temozolomide For IV Soln 100 MG	45.00%
21107075002140	Trabectedin For Inj 1 MG	16.50%
21200010102105	Bleomycin Sulfate For Inj 15 Unit	16.00%
21200010102115	Bleomycin Sulfate For Inj 30 Unit	16.00%
21200010102150	Bleomycin Sulf For Inj 15 USP Unit(15000 International Unit)	16.00%
21200020002105	Dactinomycin For Inj 0.5 MG	16.00%
21200030102025	Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	16.75%
21200030102035	Daunorubicin HCl IV Soln 50 MG/10ML (Base Equiv)	16.75%
21200040102010	Doxorubicin HCl Inj 2 MG/ML	16.75%
21200040102105	Doxorubicin HCl For Inj 10 MG	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

EMR

Contrato Número

21200040102115	Doxorubicin HCl For Inj 50 MG	16.75%
21200040402210	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	16.75%
21200042102030	Epirubicin HCl Inj 50 MG/25ML (2 MG/ML)	16.00%
21200042102045	Epirubicin HCl Inj 200 MG/100ML (2 MG/ML)	16.00%
21200045102025	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	16.75%
21200045102030	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	16.75%
21200045102035	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	16.75%
21200050002105	Mitomycin For Inj 5 MG	25.00%
21200050002110	Mitomycin For Inj 20 MG	25.00%
21200050002120	Mitomycin For Inj 40 MG	25.00%
21200050002160	Mitomycin For Pyelocalyceal Soln 40 MG	16.00%
2120005000E540	Mitomycin Soln For Intravesical Instillation 20 MG/40ML	25.00%
21200055001320	Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)	16.50%
21200055001325	Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)	16.50%
21200055001330	Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)	16.50%
21200080002020	Valrubicin Soln For Intravesical Instillation 40 MG/ML	17.50%
21250010402125	Asparaginase Erwinia Chrysanthemii For Inj 10000 Unit	16.00%
21250030502020	Calaspargase Pegol-mknl IV Soln 3750 Unit/5ML (750 Unit/ML)	16.00%
21250060002020	Pegaspargase Inj 750 Unit/ML	17.50%
21300003001920	Azacitidine For Inj 100 MG	25.00%
21300005000320	Capecitabine Tab 150 MG	50.00%
21300005000350	Capecitabine Tab 500 MG	50.00%
21300007002015	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	16.75%
21300008002020	Clofarabine IV Soln 1 MG/ML	16.00%
21300010002010	Cytarabine Inj 20 MG/ML	16.75%
21300010002011	Cytarabine Inj PF 20 MG/ML	16.75%
21300010002040	Cytarabine Inj 100 MG/ML	16.75%
21300015002120	Decitabine For Inj 50 MG	35.00%
21300020002105	Floxuridine For Inj 0.5 GM	25.00%
21300025102020	Fludarabine Phosphate Inj 25 MG/ML	16.75%
21300025102120	Fludarabine Phosphate For Inj 50 MG	16.75%
213000030002020	Fluorouracil Inj 500 MG/10ML (50 MG/ML)	17.50%
213000030002025	Fluorouracil Inj 1 GM/20ML (50 MG/ML)	17.50%
213000030002030	Fluorouracil Inj 2.5 GM/50ML (50 MG/ML)	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

R

21300030002035	Fluorouracil Inj 5 GM/100ML (50 MG/ML)	17.50%
21300034102020	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	40.00%
21300034102040	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	40.00%
21300034102060	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	40.00%
21300034102073	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	30.00%
21300034102077	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	30.00%
21300034102080	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	30.00%
21300034102083	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	30.00%
21300034102110	Gemcitabine HCl For Inj 200 MG	40.00%
21300034102140	Gemcitabine HCl For Inj 1 GM	40.00%
21300034102160	Gemcitabine HCl For Inj 2 GM	40.00%
21300034112020	Gemcitabine HCl-NaCl IV Soln 1200 MG/120ML-0.9%	17.15%
21300034112024	Gemcitabine HCl-NaCl IV Soln 1300 MG/130ML-0.9%	17.15%
21300034112028	Gemcitabine HCl-NaCl IV Soln 1400 MG/140ML-0.9%	17.15%
21300034112032	Gemcitabine HCl-NaCl IV Soln 1500 MG/150ML-0.9%	17.15%
21300034112036	Gemcitabine HCl-NaCl IV Soln 1600 MG/160ML-0.9%	17.15%
21300034112040	Gemcitabine HCl-NaCl IV Soln 1700 MG/170ML-0.9%	17.15%
21300034112044	Gemcitabine HCl-NaCl IV Soln 1800 MG/180ML-0.9%	17.15%
21300034112048	Gemcitabine HCl-NaCl IV Soln 1900 MG/190ML-0.9%	17.15%
21300034112052	Gemcitabine HCl-NaCl IV Soln 2000 MG/200ML-0.9%	17.15%
21300034112056	Gemcitabine HCl-NaCl IV Soln 2200 MG/220ML-0.9%	17.15%
21300040001830	Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)	16.00%
21300050002080	Methotrexate Oral Soln 2.5 MG/ML	25.00%
21300050100320	Methotrexate Sodium Tab 5 MG (Base Equiv)	17.50%
21300050100330	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	17.50%
21300050100340	Methotrexate Sodium Tab 10 MG (Base Equiv)	17.50%
21300050100350	Methotrexate Sodium Tab 15 MG (Base Equiv)	17.50%
21300050102075	Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	16.00%
21300050102150	Methotrexate Sodium For Inj 1 GM	25.00%
21300052002020	Nelarabine IV Soln 5 MG/ML	16.75%
21300053102110	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	17.00%
21300053102120	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	17.00%
21300054002020	Pralatrexate IV Inj 20 MG/ML	16.00%
21300054002025	Pralatrexate IV Inj 40 MG/2ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

213300060000305	Thioganine Tab 40 MG		16.75%
21335010102020	Ziv-Afiberecept IV Soln 100 MG/4ML (For Infusion)		16.75%
21335010102030	Ziv-Afiberecept IV Soln 200 MG/8ML (For Infusion)		16.75%
21335020002025	Bevacizumab IV Soln 100 MG/4ML (For Infusion)		16.15%
21335020002030	Bevacizumab IV Soln 400 MG/16ML (For Infusion)		16.15%
21335020202025	Bevacizumab-awwb IV Soln 100 MG/4ML (For Infusion)		16.00%
21335020202030	Bevacizumab-awwb IV Soln 400 MG/16ML (For Infusion)		16.00%
21335020302025	Bevacizumab-bvzr IV Soln 100 MG/4ML (For Infusion)		16.00%
21335020302030	Bevacizumab-bvzr IV Soln 400 MG/16ML (For Infusion)		16.00%
21335070002020	Ramucirumab IV Soln 100 MG/10ML (For Infusion)		16.75%
21335070002040	Ramucirumab IV Soln 500 MG/50ML (For Infusion)		16.75%
21352020002120	Blinatumomab For IV Infusion 35 MCG		16.75%
21353010002040	Alemtuzumab IV Inj 30 MG/ML (For Infusion)		16.00%
21353015002015	Atezolizumab IV Soln 840 MG/14ML		17.50%
21353015002020	Atezolizumab IV Soln 1200 MG/20ML		17.50%
21353020002020	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)		16.00%
21353023402030	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)		16.00%
21353025002020	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)		17.00%
21353025002025	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)		17.00%
21353027002020	Daratumumab IV Soln 100 MG/5ML		16.50%
21353027002030	Daratumumab IV Soln 400 MG/20ML		16.50%
21353028002020	Dinutuximab IV Soln 17.5 MG/5ML (3.5 MG/ML)		16.00%
21353029002020	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)		16.00%
21353029002030	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)		16.00%
21353030002120	Elotuzumab For IV Soln 300 MG		16.00%
21353030002130	Elotuzumab For IV Soln 400 MG		16.00%
21353032002020	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)		17.50%
21353032002040	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)		17.50%
21353033202020	Isatuximab-irfc IV Soln 100 MG/5ML		16.00%
21353033202030	Isatuximab-irfc IV Soln 500 MG/25ML		16.00%
21353035202020	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)		16.00%
21353036502120	Moxetumomab Pasudotox-tdfk For IV Soln 1 MG		16.00%
21353038002020	Necitumumab IV Soln 800 MG/50ML (16 MG/ML)		17.50%
21353041002020	Nivolumab IV Soln 40 MG/4ML		16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21353041002030	Nivolumab IV Soln 100 MG/10ML	16.75%
21353041002050	Nivolumab IV Soln 240 MG/24ML	16.75%
21353043002025	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	16.00%
21353045001320	Ofatumumab Conc For IV Infusion 100 MG/5ML	17.50%
21353045001360	Ofatumumab Conc For IV Infusion 1000 MG/50ML	17.50%
21353047002010	Olaratumab Soln for IV Infusion 190 MG/19ML (10 MG/ML)	17.50%
21353047002020	Olaratumab Soln for IV Infusion 500 MG/50ML (10 MG/ML)	17.50%
21353050002025	Panitumumab IV Soln 100 MG/5ML	17.50%
21353050002035	Panitumumab IV Soln 400 MG/20ML	17.50%
21353053002030	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)	17.00%
21353054002020	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	16.25%
21353060002020	Rituximab IV Soln 100 MG/10ML	16.15%
21353060002040	Rituximab IV Soln 500 MG/50ML	16.15%
21353060102020	Rituximab-abbs IV Soln 100 MG/10ML (10 MG/ML)	16.00%
21353060102040	Rituximab-abbs IV Soln 500 MG/50ML (10 MG/ML)	16.00%
21353060602020	Rituximab-pvr IV Soln 100 MG/10ML (10 MG/ML)	16.00%
21353060602040	Rituximab-pvr IV Soln 500 MG/50ML (10 MG/ML)	16.00%
21353070002110	Trastuzumab For IV Soln 150 MG	16.15%
21353070002120	Trastuzumab For IV Soln 440 MG	16.15%
21353070142110	Trastuzumab-anns For IV Soln 150 MG	16.00%
21353070142121	Trastuzumab-anns For IV Soln 420 MG	16.00%
21353070302108	Trastuzumab-dkst For IV Soln 150 MG	16.00%
21353070302120	Trastuzumab-dkst For IV Soln 420 MG	16.00%
21353070342120	Trastuzumab-dttb For IV Soln 150 MG	16.00%
21353070342140	Trastuzumab-dttb For IV Soln 420 MG	16.00%
21353070602110	Trastuzumab-pkrb For IV Soln 150 MG	16.00%
21353070602120	Trastuzumab-pkrb For IV Soln 420 MG	16.00%
21353070652120	Trastuzumab-qyyp For IV Soln 420 MG	16.00%
21355020202120	Brentuximab Vedotin For IV Soln 50 MG	16.00%
21355020202120	Enfortumab Vedotin-eflv For IV Soln 20 MG	16.00%
21355026202130	Enfortumab Vedotin-eflv For IV Soln 30 MG	16.00%
21355030202117	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	17.50%
21355040202130	Inotuzumab Ozogamicin For IV Soln 0.9 MG	17.50%
21355060302120	Polatuzumab Vedotin-pitq For IV Solution 140 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21355065402120	Sacituzumab Govitecan-hziy For IV Soln 180 MG	16.00%
21355070302120	Ado-Trastuzumab Emtansine For IV Soln 100 MG	16.00%
21355070302130	Ado-Trastuzumab Emtansine For IV Soln 160 MG	16.00%
21355070552120	Fam-Trastuzumab Deruxtecan-nxki For IV Soln 100 MG	16.00%
21358035406420	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	16.00%
21370030300320	Glasdegib Maleate Tab 25 MG (Base Equivalent)	17.15%
21370030300335	Glasdegib Maleate Tab 100 MG (Base Equivalent)	17.15%
21370060200120	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	16.00%
21370070000120	Vismodegib Cap 150 MG	16.00%
21402250000320	Mitotane Tab 500 MG	16.75%
21402410000320	Apalutamide Tab 60 MG	16.15%
21402425000320	Darolutamide Tab 300 MG	16.00%
21402430000120	Enzalutamide Cap 40 MG	16.00%
21402460000330	Nilutamide Tab 150 MG	16.00%
21403020100105	Estramustine Phosphate Sodium Cap 140 MG	16.75%
21403530002024	Fulvestrant Inj 250 MG/5ML	16.75%
21404007202020	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML	17.50%
21404010101840	Medroxyprogesterone Acetate IM Susp 400 MG/ML	16.00%
21405005102310	Goserelein Acetate Implant 3.6 MG	17.00%
21405005102330	Goserelein Acetate Implant 10.8 MG	17.00%
21405007106450	Histrelin Acetate Implant Kit 50 MG	16.00%
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML	52.25%
21405010106410	Leuprolide Acetate For Inj Kit 7.5 MG	17.00%
21405010106415	Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	25.00%
21405010156430	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	17.00%
21405010156432	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	25.00%
21405010206430	Leuprolide Acetate (4 Month) For Inj Kit 30 MG	17.00%
21405010206435	Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	25.00%
21405010256445	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	25.00%
21405010256450	Leuprolide Acetate (6 Month) For Inj Kit 45 MG	17.00%
21405050201920	Triptorelin Pamotate For IM Susp 3.75 MG	32.50%
21405050201930	Triptorelin Pamotate For IM Susp 11.25 MG	32.50%
21405050201940	Triptorelin Pamotate For IM Susp 22.5 MG	32.50%
21405525102120	Degarelix Acetate For Inj 80 MG (Base Equiv)	17.40%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR



21405525102130	Degarelix Acetate For Inj 120 MG (Base Equiv)	17.40%
21405525102131	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	16.00%
21406010200310	Abiraterone Acetate Tab 125 MG	16.00%
21406010200320	Abiraterone Acetate Tab 250 MG	17.00%
21406010200330	Abiraterone Acetate Tab 500 MG	17.00%
21450080000110	Pomalidomide Cap 1 MG	18.25%
21450080000115	Pomalidomide Cap 2 MG	18.25%
21450080000120	Pomalidomide Cap 3 MG	18.25%
21450080000125	Pomalidomide Cap 4 MG	18.25%
21470080000320	Venetoclax Tab 10 MG	16.50%
21470080000340	Venetoclax Tab 50 MG	16.50%
21470080000360	Venetoclax Tab 100 MG	16.50%
21470080000370	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	16.00%
21500003002020	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	17.50%
21500005001310	Docetaxel For Inj Conc 20 MG/ML	35.00%
21500005001315	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	35.00%
21500005001317	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	35.00%
21500005001318	Docetaxel For Inj Conc 200 MG/10ML (20 MG/ML)	35.00%
21500005001320	Docetaxel For Inj Conc 20 MG/0.5ML (40 MG/ML)	35.00%
21500005001325	Docetaxel For Inj Conc 80 MG/2ML (40 MG/ML)	35.00%
21500005002030	Docetaxel Soln for IV Infusion 20 MG/2ML	35.00%
21500005002040	Docetaxel Soln for IV Infusion 80 MG/8ML	35.00%
21500005002050	Docetaxel Soln for IV Infusion 160 MG/16ML	35.00%
21500005002070	Docetaxel (Non-Alcohol Formula) IV Soln 20 MG/ML	35.00%
21500005002075	Docetaxel (Non-Alcohol Formula) IV Soln 80 MG/4ML	35.00%
21500005002080	Docetaxel (Non-Alcohol Formula) IV Soln 160 MG/8ML	35.00%
21500009202020	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	16.75%
215000100000120	Etoposide Cap 50 MG	27.55%
215000100002025	Etoposide Inj 100MG/5ML (20 MG/ML)	27.55%
215000100002030	Etoposide Inj 500MG/25ML (20 MG/ML)	27.55%
215000100002040	Etoposide Inj 1 GM/50ML (20 MG/ML)	27.55%
21500010602120	Etoposide Phosphate IV For Inj 100 MG	16.75%
21500011002120	Ixabepilone For IV Infusion 15 MG	17.50%
21500011002140	Ixabepilone For IV Infusion 45 MG	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

21500012001325	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	16.75%
21500012001335	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	16.75%
21500012001340	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	16.75%
21500012001350	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	16.00%
21500012201920	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	16.15%
21500015002020	Teniposide IV Soln 10 MG/ML	16.00%
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML	16.00%
21500020201820	Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	16.00%
21500030102020	Vinblastine Sulfate Inj 1 MG/ML	16.75%
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML	16.75%
21500050802025	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML)	16.75%
21531010000305	Abemaciclib Tab 50 MG	17.50%
21531010000310	Abemaciclib Tab 100 MG	17.50%
21531010000315	Abemaciclib Tab 150 MG	17.50%
21531010000320	Abemaciclib Tab 200 MG	17.50%
21531060000120	Palbociclib Cap 75 MG	17.00%
21531060000130	Palbociclib Cap 100 MG	17.00%
21531060000140	Palbociclib Cap 125 MG	17.00%
21531060000320	Palbociclib Tab 75 MG	16.00%
21531060000330	Palbociclib Tab 100 MG	16.00%
21531060000340	Palbociclib Tab 125 MG	16.00%
21531070508720	Ribociclib Succinate Tab Pack 200 MG Daily Dose	17.15%
21531070508740	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	17.15%
21531070508760	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	17.15%
21531520002120	Belinostat For IV Inj 500 MG	16.00%
21531550100120	Panobinostat Lactate Cap 10 MG (Base Equivalent)	16.00%
21531550100130	Panobinostat Lactate Cap 15 MG (Base Equivalent)	16.00%
21531550100140	Panobinostat Lactate Cap 20 MG (Base Equivalent)	16.00%
21531560002030	Romidepsin IV Soln 27.5 MG/5.5ML (5 MG/ML)	16.00%
21531560002120	Romidepsin For IV Inj 10 MG	16.75%
21531575000120	Vorinostat Cap 100 MG	16.75%
21532025100120	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	16.75%
21532025100130	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	16.75%
21532040000120	Encorafenib Cap 50 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21532040000130	Encorafenib Cap 75 MG	16.00%
21532080000320	Vemurafenib Tab 240 MG (Base Equivalent)	16.00%
21532225000320	Erdafitinib Tab 3 MG	16.00%
21532225000325	Erdafitinib Tab 4 MG	16.00%
21532225000330	Erdafitinib Tab 5 MG	16.00%
215322260000320	Pemigatinib Tab 4.5 MG	16.00%
215322260000330	Pemigatinib Tab 9 MG	16.00%
215322260000340	Pemigatinib Tab 13.5 MG	16.00%
21532530000310	Everolimus Tab 2.5 MG	16.00%
21532530000320	Everolimus Tab 5 MG	16.00%
21532530000325	Everolimus Tab 7.5 MG	16.00%
21532530000330	Everolimus Tab 10 MG	16.00%
21532530007310	Everolimus Tab for Oral Susp 2 MG	16.00%
21532530007320	Everolimus Tab for Oral Susp 3 MG	16.00%
21532530007340	Everolimus Tab for Oral Susp 5 MG	16.00%
21532570002020	Temsirolimus Soln For IV Infusion 25 MG/ML	17.50%
21533030000130	Midostaurin Cap 25 MG	17.50%
21533050000320	Regorafenib Tab 40 MG	16.00%
21533060400320	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	16.00%
21533070300120	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	16.75%
21533070300130	Sunitinib Malate Cap 25 MG (Base Equivalent)	16.75%
21533070300135	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	16.75%
21533070300140	Sunitinib Malate Cap 50 MG (Base Equivalent)	16.75%
21533520000320	Binimetinib Tab 15 MG	16.00%
21533530200320	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	16.00%
21533565500110	Selumetinib Sulfate Cap 10 MG	16.00%
21533565500125	Selumetinib Sulfate Cap 25 MG	16.00%
21533570100310	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	17.50%
21533570100330	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	17.50%
21533675200320	Tazemetostat HBr Tab 200 MG	16.00%
21533820000120	Entrectinib Cap 100 MG	16.00%
21533820000130	Entrectinib Cap 200 MG	16.00%
21533835200120	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	17.15%
21533835200150	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	17.15%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

21533835202020	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	17.15%
21534003000120	Acalabrutinib Cap 100 MG	16.00%
21534006100320	Afatinib Dimaleate Tab 20 MG (Base Equivalent)	17.00%
21534006100330	Afatinib Dimaleate Tab 30 MG (Base Equivalent)	17.00%
21534006100340	Afatinib Dimaleate Tab 40 MG (Base Equivalent)	17.00%
21534007100120	Alectinib HCl Cap 150 MG (Base Equivalent)	16.15%
21534008000320	Axitinib Tab 1 MG	17.00%
21534008000340	Axitinib Tab 5 MG	17.00%
21534009000320	Avapritinib Tab 100 MG	16.00%
21534009000330	Avapritinib Tab 200 MG	16.00%
21534009000340	Avapritinib Tab 300 MG	16.00%
21534010000330	Brigatinib Tab 30 MG	16.00%
21534010000350	Brigatinib Tab 90 MG	16.00%
21534010000365	Brigatinib Tab 180 MG	16.00%
2153401000B720	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	16.00%
21534012000320	Bosutinib Tab 100 MG	17.00%
21534012000327	Bosutinib Tab 400 MG	17.00%
21534012000340	Bosutinib Tab 500 MG	17.00%
21534013100320	Cabozantinib S-Malate Tab 20 MG (Base Equivalent)	16.15%
21534013100330	Cabozantinib S-Malate Tab 40 MG (Base Equivalent)	16.15%
21534013100340	Cabozantinib S-Malate Tab 60 MG (Base Equivalent)	16.15%
21534013106460	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	16.00%
21534013106470	Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	16.00%
21534013106480	Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	16.00%
21534014000130	Certinib Cap 150 MG	16.00%
21534014000330	Certinib Tab 150 MG	16.00%
21534015000120	Crizotinib Cap 200 MG	17.00%
21534015000125	Crizotinib Cap 250 MG	17.00%
21534016200320	Capmatinib HCl Tab 150 MG	16.00%
21534016200330	Capmatinib HCl Tab 200 MG	16.00%
21534019000320	Dacomitinib Tab 15 MG	16.75%
21534019000330	Dacomitinib Tab 30 MG	16.75%
21534019000340	Dacomitinib Tab 45 MG	16.75%
21534020000320	Dasatinib Tab 20 MG	17.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

R

21534020000340	Dasatinib Tab 50 MG	17.00%
21534020000350	Dasatinib Tab 70 MG	17.00%
21534020000354	Dasatinib Tab 80 MG	17.00%
21534020000360	Dasatinib Tab 100 MG	17.00%
21534020000380	Dasatinib Tab 140 MG	17.00%
21534025100320	Erlotinib HCl Tab 25 MG (Base Equivalent)	16.75%
21534025100330	Erlotinib HCl Tab 100 MG (Base Equivalent)	16.75%
21534025100360	Erlotinib HCl Tab 150 MG (Base Equivalent)	16.75%
21534030000320	Gefitinib Tab 250 MG	16.00%
21534031200320	Gilteritinib Fumarate Tablet 40 MG (Base Equivalent)	17.15%
21534033000110	Ibrutinib Cap 70 MG	16.00%
21534033000120	Ibrutinib Cap 140 MG	16.00%
21534033000320	Ibrutinib Tab 140 MG	16.00%
21534033000330	Ibrutinib Tab 280 MG	16.00%
21534033000340	Ibrutinib Tab 420 MG	16.00%
21534033000350	Ibrutinib Tab 560 MG	16.00%
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)	50.00%
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)	50.00%
21534050100320	Lapatinib Ditosylate Tab 250 MG (Base Equiv)	16.75%
2153405420B210	Lenvatinib Cap Therapy Pack 4 MG (4 MG Daily Dose)	16.00%
2153405420B215	Lenvatinib Cap Therapy Pack 4 (2) MG (8 MG Daily Dose)	16.00%
2153405420B220	Lenvatinib Cap Therapy Pak 10 MG (10 MG Daily Dose)	16.00%
2153405420B223	Lenvatinib Cap Therapy Pack 4 (3) MG (12 MG Daily Dose)	16.00%
2153405420B230	Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)	16.00%
2153405420B240	Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	16.00%
2153405420B244	Lenvatinib Cap Therapy Pack 10 & 4 (2) MG (18 MG Daily Dose)	16.00%
2153405420B250	Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)	16.00%
21534056000320	Lorlatinib Tab 25 MG	17.15%
21534056000330	Lorlatinib Tab 100 MG	17.15%
21534058100320	Neratinib Maleate Tab 40 MG (Base Equivalent)	16.00%
21534060200110	Nilotinib HCl Cap 50 MG (Base Equivalent)	16.00%
21534060200115	Nilotinib HCl Cap 150 MG (Base Equivalent)	16.00%
21534060200125	Nilotinib HCl Cap 200 MG (Base Equivalent)	16.00%
21534065200320	Osimertinib Mesylate Tab 40 MG (Base Equivalent)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

AR

21534065200330	Osimertinib Mesylate Tab 80 MG (Base Equivalent)	16.00%
21534070100320	Pazopanib HCl Tab 200 MG (Base Equiv)	16.00%
21534073010120	Pexidartinib HCl Cap 200 MG (Base Equivalent)	16.00%
21534075100320	Ponatinib HCl Tab 15 MG (Base Equiv)	22.75%
21534075100340	Ponatinib HCl Tab 45 MG (Base Equiv)	22.75%
21534077000320	Ripretinib Tab 50 MG	16.00%
21534079000120	Selpercatinib Cap 40 MG	16.00%
21534079000140	Selpercatinib Cap 80 MG	16.00%
21534080000320	Tucatinib Tab 50 MG	16.00%
21534080000340	Tucatinib Tab 150 MG	16.00%
21534085000320	Vandetanib Tab 100 MG	16.00%
21534085000340	Vandetanib Tab 300 MG	16.00%
21534095000120	Zanubrutinib Cap 80 MG	16.00%
21534940000320	Ivosidenib Tab 250 MG	16.00%
21535030200320	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	16.00%
21535030200340	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	16.00%
21535550200120	Niraparib Tosylate Cap 100 MG (Base Equivalent)	16.00%
21535560000120	Olaparib Cap 50 MG	16.15%
21535560000330	Olaparib Tab 100 MG	16.15%
21535560000340	Olaparib Tab 150 MG	16.15%
21535570200320	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	17.50%
21535570200325	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	17.50%
21535570200330	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	17.50%
21535580400110	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	17.50%
21535580400120	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	17.50%
21536015002120	Bortezomib For Inj 3.5 MG	17.50%
21536015002122	Bortezomib For IV Inj 3.5 MG	30.00%
21536025002105	Carfilzomib For Inj 10 MG	16.00%
21536025002110	Carfilzomib For Inj 30 MG	16.00%
21536025002120	Carfilzomib For Inj 60 MG	16.00%
21536045100120	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	16.15%
21536045100130	Ixazomib Citrate Cap 3 MG (Base Equivalent)	16.15%
21536045100140	Ixazomib Citrate Cap 4 MG (Base Equivalent)	16.15%
21537520200120	Fedratinib HCl Cap 100 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0044

Contrato Número

EMR

BR

21537560200310	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	16.50%
21537560200320	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	16.50%
21537560200325	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	16.50%
21537560200330	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	16.50%
21537560200335	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	16.50%
21538010008720	Alpelisib Tab Therapy Pack 200 MG Daily Dose	16.00%
21538010008725	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	16.00%
21538010008730	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	16.00%
21538020102120	Copanlisib HCl For IV Soln 60 MG (Base Equivalent)	16.00%
21538030000120	Duvellisib Cap 15 MG	16.00%
21538030000130	Duvellisib Cap 25 MG	16.00%
21538040000320	Idelalisib Tab 100 MG	16.00%
21538040000330	Idelalisib Tab 150 MG	16.00%
21550040102025	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	40.00%
21550040102030	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	40.00%
21550040102035	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	40.00%
21550040102040	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	30.00%
21550040202220	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	16.00%
21550080100120	Topotecan HCl Cap 0.25 MG (Base Equiv)	17.00%
21550080100140	Topotecan HCl Cap 1 MG (Base Equiv)	17.00%
21550080102020	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	17.75%
21550080102120	Topotecan HCl For Inj 4 MG	17.00%
21560060008712	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)	16.00%
21560060008715	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)	16.00%
21560060008720	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	16.00%
21560060008730	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)	16.00%
21560060008740	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)	16.00%
21560060008750	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)	16.00%
21560060008755	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	16.00%
21574070401820	Talimogene Laherparepvec Intralesional Inj 1000000 Unit/ML	16.00%
21574070401840	Talimogene Laherparepvec Intralesional Inj 100000000 Unit/ML	16.00%
21600035202020	lobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	16.00%
21600055002025	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)	16.00%
21600065002020	Samarium Sm 153 Lexidronam Inj 1850 MBq/ML (50 mCi/ML)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

Be

21600070002010	Strontium-89 Chloride Inj 1 mCi/ML	16.00%
21651070001800	Sipuleucel-T Suspension for IV Infusion	16.00%
21651075001800	Tisagenlecleucel-T Suspension for IV Infusion	16.00%
21700008102020	Arsenic Trioxide Inj 10 MG/10ML (1 MG/ML)	16.75%
21700008102030	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	16.75%
21700013001930	BCG Live Intravesical For Susp 50 MG	17.50%
21700020002105	Dacarbazine For Inj 100 MG	16.75%
21700020002110	Dacarbazine For Inj 200 MG	16.75%
21700040102120	Omacetaxine Mepesuccinate For Inj 3.5 MG	16.75%
21700045002120	Pentostatin For Inj 10 MG	16.00%
21700050100105	Procabazine HCl Cap 50 MG	16.00%
21700060202022	Interferon Alfa-2B Inj 6000000 Unit/ML	17.00%
21700060202030	Interferon Alfa-2B Inj 10000000 Unit/ML	17.00%
21700060202130	Interferon Alfa-2B For Inj 10000000 Unit	16.75%
21700060202135	Interferon Alfa-2B For Inj 18000000 Unit	16.75%
21700060202160	Interferon Alfa-2B For Inj 50000000 Unit	16.75%
21700060302020	Interferon Alfa-n3 Inj 5000000 Unit/ML	16.00%
21700060702020	Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)	16.75%
21700075206410	Peginterferon alfa-2b For Inj Kit 296 MCG	17.50%
21700075206420	Peginterferon alfa-2b For Inj Kit 444 MCG	17.50%
21700075206430	Peginterferon alfa-2b For Inj Kit 888 MCG	17.50%
21703020002120	Aldesleukin For IV Soln 22000000 Unit	17.50%
21703080302020	Tagraxofusp-erzs IV Soln 1000 MCG/ML	17.15%
21707070102140	Porfimer Sodium For Inj 75 MG	16.00%
21708080000110	Tretinoin Cap 10 MG	40.00%
21708220000120	Bexarotene Cap 75 MG	50.00%
21754040102120	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	17.15%
21754040102140	Dexrazoxane HCl For Inj 500 MG (Base Equivalent)	17.15%
21755040102040	Leucovorin Calcium Inj 100 MG/10ML (10 MG/ML)	17.15%
21755040102056	Leucovorin Calcium Inj 500 MG/50ML (10 MG/ML)	17.15%
21755040102120	Leucovorin Calcium For Inj 50 MG	17.15%
21755040102130	Leucovorin Calcium For Inj 100 MG	17.15%
21755040102150	Leucovorin Calcium For Inj 200 MG	17.15%
21755040102160	Leucovorin Calcium For Inj 350 MG	17.15%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

B

21755040102170	Leucovorin Calcium For Inj 500 MG	17.15%
21755050002120	Levoleucovorin For IV Soln 175 MG	17.15%
21755050002130	Levoleucovorin For IV Soln 300 MG	17.15%
21755050102020	Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	16.00%
21755050102021	Levoleucovorin Calcium Inj PF 175 MG/17.5ML	16.00%
21755050102030	Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	16.00%
21755050102120	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	60.00%
21755050102150	Levoleucovorin Calcium For IV Inj 175 MG (Base Equiv)	16.00%
21756030002120	Glucarpidase For IV Inj 1000 UNIT	17.50%
21758010002120	Amifostine For Inj 500 MG	16.00%
21758050000320	Mesna Tab 400 MG	16.75%
21758050002010	Mesna Inj 100 MG/ML	16.75%
21764065002120	Rasburicase For IV Soln 1.5 MG	16.00%
21764065002140	Rasburicase For IV Soln 7.5 MG	16.00%
21765060002120	Palifermin For IV Inj 6.25 MG	16.00%
21990002152020	Daratumumab-Hyaluronidase-fihj Inj 1800-30000 MG-Unit/15ML	16.00%
21990002201930	Danorubicin-Cytarabine Liposome For IV Inj 44-100 MG	16.00%
2199000260B730	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
2199000260B740	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
2199000260B760	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	17.15%
21990002642020	Rituximab-Hyaluronidase Human Inj 1400-23400 MG-Unit/11.7ML	16.00%
21990002642040	Rituximab-Hyaluronidase Human Inj 1600-26800 MG-Unit/13.4ML	16.00%
21990002722020	Trastuzumab-Hyaluronidase-oysk Inj 600-10000 MG-Unit/5ML	17.15%
21990002750320	Trifluridine-Tipiracil Tab 15-6-14 MG	17.50%
21990002750330	Trifluridine-Tipiracil Tab 20-8-19 MG	17.50%
21990003552020	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 60 MG-60 MG-2000 UNT/ML	16.00%
21990003552030	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 80 MG-40 MG-2000 UNT/ML	16.00%
22100017000340	Deflazacort Tab 6 MG	16.00%
22100017000350	Deflazacort Tab 18 MG	16.00%
22100017000360	Deflazacort Tab 30 MG	16.00%
22100017000365	Deflazacort Tab 36 MG	16.00%
22100017001830	Deflazacort Susp 22.75 MG/ML	16.00%
23100030802030	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	16.00%
27304050000330	Mifepristone Tab 300 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

BR

30022060600320	Osiodrostat Phosphate Tab 1 MG	16.00%
30022060600330	Osiodrostat Phosphate Tab 5 MG	16.00%
30022060600340	Osiodrostat Phosphate Tab 10 MG	16.00%
30042048102030	lbandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	16.75%
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML	16.75%
30042060102009	Pamidronate Disodium IV Soln 6 MG/ML	16.75%
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML	16.75%
30042060102120	Pamidronate Disodium For Inj 30 MG	16.00%
30042060102140	Pamidronate Disodium For Inj 90 MG	16.00%
30042090001320	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	45.00%
30042090002016	Zoledronic Acid IV Soln 4 MG/100ML	45.00%
30042090002020	Zoledronic Acid IV Soln 5 MG/100ML	45.00%
30044005000D230	Abaloparatide Subcutaneous Soln Pen-injector 3120 MCG/1.56ML	17.50%
3004405510E110	Parathyroid Hormone (Recombinant) For Inj Cartridge 25 MCG	16.00%
3004405510E120	Parathyroid Hormone (Recombinant) For Inj Cartridge 50 MCG	16.00%
3004405510E130	Parathyroid Hormone (Recombinant) For Inj Cartridge 75 MCG	16.00%
3004405510E140	Parathyroid Hormone (Recombinant) For Inj Cartridge 100 MCG	16.00%
30044070002020	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	17.00%
3004407000D220	Teriparatide (Recombinant) Soln Pen-inj 600 MCG/2.4ML	16.00%
3004407000D221	Teriparatide (Recombinant) Soln Pen-inj 620 MCG/2.48ML	16.00%
30044530002030	Denosumab Inj 120 MG/1.7ML	17.00%
3004453000E520	Denosumab Inj Soln Prefilled Syringe 60 MG/ML	17.15%
3004486010E520	Romozosumab-aqcg Inj Soln Prefilled Syringe 105 MG/1.17ML	16.00%
30062020002130	Chorionic Gonadotropin For IM Inj 5000 Unit	16.00%
30062020002135	Chorionic Gonadotropin For Inj 6000 Unit	17.15%
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit	16.00%
30062020002144	Chorionic Gonadotropin For Inj 12000 Unit	17.15%
30062020002175	Chorionic Gonadotropin For Inj 50000 Unit	17.15%
30062022052220	Choriogonadotropin Alfa Inj 250 MCG/0.5ML	17.50%
30080045106450	Histrelin Acetate (CPP) Implant Kit 50 MG	16.00%
30080055102020	Nafarelin Acetate Nasal Soln 2 MG/ML	16.00%
3008007040G240	Triptorelin Pamoteate For IM ER Susp 22.5 MG (Base Equiv)	16.00%
30090025106420	Cetorelix Acetate For Inj Kit 0.25 MG	16.00%
3009004010E520	Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML	16.00%

ADMINISTRACION DB
SEGUROS DE SALUD ,

Nº 23 - 0044

Contrato Número

EMR

23

30100020002015	Somatropin Inj 5 MG/2ML	16.75%
30100020002020	Somatropin Inj 10 MG/2ML	16.75%
30100020002050	Somatropin Inj 5 MG/1.5ML	17.50%
30100020002056	Somatropin Inj 10 MG/1.5ML	17.50%
30100020002062	Somatropin Inj 15 MG/1.5ML	17.50%
30100020002064	Somatropin Inj 20 MG/2ML	16.75%
30100020002066	Somatropin Inj 30 MG/3ML	17.50%
30100020002120	Somatropin For Inj 5 MG	17.50%
30100020002121	Somatropin For Subcutaneous Inj 5 MG	17.50%
30100020002123	Somatropin For Inj 5.8 MG	17.00%
30100020002125	Somatropin For Inj 6 MG (18 Unit)	17.50%
30100020002132	Somatropin For Inj 12 MG (36 Unit)	17.50%
30100020002134	Somatropin For Inj 12 MG (13.8 MG Overfill)	17.50%
30100020002140	Somatropin For Inj 10 MG	17.50%
30100020002150	Somatropin For Inj 24 MG	17.50%
30100020002166	Somatropin For Inj 0.2 MG	17.50%
30100020002168	Somatropin For Inj 0.4 MG	17.50%
30100020002170	Somatropin For Inj 0.6 MG	17.50%
30100020002172	Somatropin For Inj 0.8 MG	17.50%
30100020002174	Somatropin For Inj 1 MG	17.50%
30100020002176	Somatropin For Inj 1.2 MG	17.50%
30100020002178	Somatropin For Inj 1.4 MG	17.50%
30100020002180	Somatropin For Inj 1.6 MG	17.50%
30100020002182	Somatropin For Inj 1.8 MG	17.50%
30100020002184	Somatropin For Inj 2 MG	17.50%
30100020102118	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG	17.00%
30100020102120	Somatropin (Non-Refrigerated) For Inj 5 MG	16.25%
30100020102121	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	17.00%
30100020102125	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG	17.00%
30100020102130	Somatropin (Non-Refrigerated) For Inj 8.8 MG	16.25%
30100020102132	Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG	17.00%
30150040102120	Ipamorelin Acetate For Inj 6 MG	17.15%
30150040102130	Ipamorelin Acetate For Inj 15 MG	17.15%
30150085102120	Tesamorelin Acetate For Inj 1 MG (Base Equiv)	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

Re

30150085102130	Tesamorelin Acetate For Inj 2 MG (Base Equiv)	16.75%
30159902302120	GHRP2-Sermorelin Acetate For Inj 1.8-3 MG	17.15%
30159902302130	GHRP2-Sermorelin Acetate For Inj 3-3 MG	17.15%
30159902302140	GHRP2-Sermorelin Acetate For Inj 4.5-4.5 MG	17.15%
30159902302160	GHRP2-Sermorelin Acetate For Inj 15-9 MG	17.15%
30159903302130	GHRP2-GHRP6-Sermorelin Acetate For Inj 3-3-3 MG	17.15%
30159903302140	GHRP2-GHRP6-Sermorelin Acetate For Inj 15-3-6 MG	17.15%
30159903302150	GHRP2-GHRP6-Sermorelin Acetate For Inj 20-6-15 MG	17.15%
30160045002020	Mecasermin Inj 40 MG/4ML (10 MG/ML)	16.00%
30170050102025	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	16.75%
30170050102030	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	16.75%
30170050102040	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	16.75%
30170070102005	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	62.25%
30170070102010	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)	62.25%
30170070102015	Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	62.25%
30170070102020	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	62.25%
30170070102030	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	62.25%
30170070106410	Octreotide Acetate For IM Inj Kit 10 MG	17.25%
30170070106420	Octreotide Acetate For IM Inj Kit 20 MG	17.25%
30170070106430	Octreotide Acetate For IM Inj Kit 30 MG	17.25%
3017007010DD220	Octreotide Acetate Soln Pen-Injector 2500 MCG/ML (2.8 ML)	16.00%
30170075202020	Pasireotide Diaspartate Inj 0.3 MG/ML (Base Equiv)	16.00%
30170075202030	Pasireotide Diaspartate Inj 0.6 MG/ML (Base Equiv)	16.00%
30170075202040	Pasireotide Diaspartate Inj 0.9 MG/ML (Base Equiv)	16.00%
3017007540G210	Pasireotide Pamotate For IM ER Susp 10 MG (Base Equiv)	16.00%
3017007540G220	Pasireotide Pamotate For IM ER Susp 20 MG (Base Equiv)	16.00%
3017007540G225	Pasireotide Pamotate For IM ER Susp 30 MG (Base Equiv)	16.00%
3017007540G230	Pasireotide Pamotate For IM ER Susp 40 MG (Base Equiv)	16.00%
3017007540G240	Pasireotide Pamotate For IM ER Susp 60 MG (Base Equiv)	16.00%
30180060002120	Pegvisomant For Inj 10 MG (As Protein)	16.00%
30180060002130	Pegvisomant For Inj 15 MG (As Protein)	16.00%
30180060002140	Pegvisomant For Inj 20 MG (As Protein)	16.00%
30180060002150	Pegvisomant For Inj 25 MG (As Protein)	16.00%
30180060002160	Pegvisomant For Inj 30 MG (As Protein)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

R

30192070402120	Teprotumumab-trbw For IV Soln 500 MG	16.00%
30201010102015	Desmopressin Acetate Nasal Soln 1.5 MG/ML	16.50%
30300010004010	Corticotropin Inj Gel 80 Unit/ML	17.50%
30452015222020	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	16.00%
30454060000320	Tolvaptan Tab 15 MG	16.75%
30454060000330	Tolvaptan Tab 30 MG	16.75%
304540600008710	Tolvaptan Tab Therapy Pack 15 MG	16.00%
304540600008720	Tolvaptan Tab Therapy Pack 30 & 15 MG	16.00%
304540600008725	Tolvaptan Tab Therapy Pack 45 & 15 MG	16.00%
304540600008735	Tolvaptan Tab Therapy Pack 60 & 30 MG	16.00%
304540600008745	Tolvaptan Tab Therapy Pack 90 & 30 MG	16.00%
30902030202020	Elapegademase-IVr IM Soln 2.4 MG/1.5ML (1.6 MG/ML)	17.15%
30903610102110	Agalsidase beta For IV Soln 5 MG	16.00%
30903610102120	Agalsidase beta For IV Soln 35 MG	16.00%
30903650100120	Migalastat HCl Cap 123 MG (Base Equivalent)	16.00%
30903875203020	Uridine Triacetate Oral Granules Packet 2 GM	16.00%
30904045000110	Nitisinone Cap 2 MG	16.00%
30904045000120	Nitisinone Cap 5 MG	16.00%
30904045000130	Nitisinone Cap 10 MG	16.00%
30904045000140	Nitisinone Cap 20 MG	16.00%
30904045000310	Nitisinone Tab 2 MG	16.00%
30904045000320	Nitisinone Tab 5 MG	16.00%
30904045000330	Nitisinone Tab 10 MG	16.00%
30904045001820	Nitisinone Susp 4 MG/ML	16.00%
30904520002920.	* Betaine Powder For Oral Solution***	16.00%
30905230102010	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	17.50%
30905230102020	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	17.50%
30905230102030	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	17.50%
30905610002020	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	16.00%
30905610002030	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	16.00%
30905610002040	Asfotase Alfa Subcutaneous Inj 40 MG/ML	16.00%
30905610002050	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	16.00%
30906050002120	Metreleptin For Subcutaneous Inj 11.3 MG	16.00%
30906360002020	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

30906550002020	Laronidase Soln For IV Infusion 2.9 MG/5ML	16.50%
30906850002020	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	16.00%
30907030052020	Eliosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	16.15%
30907535002020	Galsulfase Soln For IV Infusion 1 MG/ML	16.00%
30907680202020	Vestronidase alfa-yjbc IV Soln 10 MG/5ML (2 MG/ML)	16.00%
30907715002120	Alglucosidase Alfa For IV Soln 50 MG	16.00%
30908030000920	Glycerol Phenylbutyrate Liquid 1.1 GM/ML	16.00%
30908050102060	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	24.00%
30908060000320	Sodium Phenylbutyrate Tab 500 MG	24.00%
30908060002950	*Sodium Phenylbutyrate Oral Powder***	24.00%
30908230000320	Carglumic Acid Tab 200 MG	16.00%
3090855040E510	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 2.5 MG/0.5ML	16.00%
3090855040E520	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 10 MG/0.5ML	16.00%
3090855040E530	Pegvaliase-pqgz Subcutaneous Soln Pref Syringe 20 MG/ML	16.00%
30908565103020	Sapropterin Dihydrochloride Powder Packet 100 MG	17.50%
30908565103040	Sapropterin Dihydrochloride Powder Packet 500 MG	17.50%
30908565107320	Sapropterin Dihydrochloride Soluble Tab 100 MG	17.50%
30909020106420	Ceriponase Alfa Intravenous Kit 2 x 150 MG/5ML Kit	16.00%
30909510602010	Burosumab-twza Inj 10 MG/ML	16.00%
30909510602020	Burosumab-twza Inj 20 MG/ML	16.00%
30909510602030	Burosumab-twza Inj 30 MG/ML	16.00%
37100020000305	Dichlorphenamide Tab 50 MG	16.00%
38700030000130	Droxidopa Cap 100 MG	16.00%
38700030000140	Droxidopa Cap 200 MG	16.00%
38700030000150	Droxidopa Cap 300 MG	16.00%
39480050200120	Lomitapide Mesylate Cap 5 MG (Base Equiv)	16.00%
39480050200130	Lomitapide Mesylate Cap 10 MG (Base Equiv)	16.00%
39480050200140	Lomitapide Mesylate Cap 20 MG (Base Equiv)	16.00%
39480050200150	Lomitapide Mesylate Cap 30 MG (Base Equiv)	16.00%
39480050200160	Lomitapide Mesylate Cap 40 MG (Base Equiv)	16.00%
39480050200170	Lomitapide Mesylate Cap 60 MG (Base Equiv)	16.00%
3950004010E520	Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	16.00%
40120070000310	Selexipag Tab 200 MCG	16.00%
40120070000315	Selexipag Tab 400 MCG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

40120070000320	Selezipag Tab 600 MCG	16.00%
40120070000325	Selezipag Tab 800 MCG	16.00%
40120070000330	Selezipag Tab 1000 MCG	16.00%
40120070000335	Selezipag Tab 1200 MCG	16.00%
40120070000340	Selezipag Tab 1400 MCG	16.00%
40120070000345	Selezipag Tab 1600 MCG	16.00%
4012007000B720	Selezipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	16.00%
40134050000310	Riociguat Tab 0.5 MG	16.00%
40134050000320	Riociguat Tab 1 MG	16.00%
40134050000330	Riociguat Tab 1.5 MG	16.00%
40134050000340	Riociguat Tab 2 MG	16.00%
40134050000350	Riociguat Tab 2.5 MG	16.00%
40143060100320	Sildenafil Citrate Tab 20 MG	50.00%
40143060101920	Sildenafil Citrate For Suspension 10 MG/ML	50.00%
40143060102020	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	50.00%
40143080000320	Tadalafil Tab 20 MG (PAH)	17.40%
40160007000310	Ambrisentan Tab 5 MG	16.15%
40160007000320	Ambrisentan Tab 10 MG	16.15%
40160015000320	Bosentan Tab 62.5 MG	16.15%
40160015000330	Bosentan Tab 125 MG	16.15%
40160015007320	Bosentan Tab For Oral Susp 32 MG	16.15%
40160050000320	Macitentan Tab 10 MG	16.15%
40170040102110	Epoprostenol Sodium For Inj 0.5 MG	16.00%
40170040102130	Epoprostenol Sodium For Inj 1.5 MG	16.00%
40170060002020	Iloprost Inhalation Solution 10 MCG/ML	16.00%
40170060002040	Iloprost Inhalation Solution 20 MCG/ML	16.00%
40170080002020	Treprostiniil Inhalation Solution 0.6 MG/ML	16.00%
40170080002050	Treprostiniil Inj Soln 20 MG/20ML (1 MG/ML)	17.15%
40170080002060	Treprostiniil Inj Soln 50 MG/20ML (2.5 MG/ML)	17.15%
40170080002070	Treprostiniil Inj Soln 100 MG/20ML (5 MG/ML)	17.15%
40170080002080	Treprostiniil Inj Soln 200 MG/20ML (10 MG/ML)	17.15%
40170080050410	Treprostiniil Diolamine Tab CR 0.125 MG (Base Equiv)	16.00%
40170080050415	Treprostiniil Diolamine Tab CR 0.25 MG (Base Equiv)	16.00%
40170080050420	Treprostiniil Diolamine Tab CR 1 MG (Base Equiv)	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

40170080050425	Treprostiniil Diolamine Tab CR 2.5 MG (Base Equiv)	16.00%
40170080050435	Treprostiniil Diolamine Tab CR 5 MG (Base Equiv)	16.00%
40180050002120	Nesiritide For Inj 1.5 MG	16.00%
40550080000120	Tafamidis Cap 61 MG	16.00%
40550080200120	Tafamidis Meglumine (Cardiac) Cap 20 MG	16.00%
44603060002120	Omalizumab For Inj 150 MG	17.15%
4460306000E510	Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	17.15%
4460306000E520	Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	17.15%
4460352000E530	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	17.50%
4460402000D520	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML	16.00%
4460402000E520	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	16.15%
44604055002120	Mepolizumab For Inj 100 MG	17.50%
4460405500D530	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	17.50%
4460405500E530	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	17.50%
44604460002020	Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	16.00%
45100010102015	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	16.00%
45100010102020	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/50ML	16.00%
45100010102110	Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	16.00%
45100010102120	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	16.00%
45302030000320	Ivacaftor Tab 150 MG	16.00%
45302030003010	Ivacaftor Packet 25 MG	16.00%
45302030003020	Ivacaftor Packet 50 MG	16.00%
45302030003030	Ivacaftor Packet 75 MG	16.00%
45304020002010	Dornase Alfa Inhal Soln 1 MG/ML	16.15%
45309902300310	Lumacaftor-Ivacaftor Tab 100-125 MG	16.15%
45309902300320	Lumacaftor-Ivacaftor Tab 200-125 MG	16.15%
45309902303010	Lumacaftor-Ivacaftor Granules Packet 100-125 MG	16.15%
45309902303020	Lumacaftor-Ivacaftor Granules Packet 150-188 MG	16.15%
4530990280B710	Tezacaftor-Ivacaftor 50-75 MG & Ivacaftor 75 MG Tab TBPK	16.00%
4530990280B720	Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK	16.00%
4530990340B740	Elexacaf-Tezacaftor-Ivacaftor 100-50-75 MG & Ivacaftor 150 MG TBPK	16.00%
455500600000120	Pirfenidone Cap 267 MG	16.15%
455500600000325	Pirfenidone Tab 267 MG	16.15%
455500600000345	Pirfenidone Tab 801 MG	16.15%

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0044

Contrato Número

EMR

(Handwritten mark)

45554050200120	Nintedanib Esylate Cap 100 MG (Base Equivalent)	16.00%
45554050200130	Nintedanib Esylate Cap 150 MG (Base Equivalent)	16.00%
47250025000620	Crofelemer Tab Delayed Release 125 MG	16.00%
5025003500E420	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	16.00%
50250035102001	Granisetron HCl Inj 0.1 MG/ML	50.00%
50250035102010	Granisetron HCl Inj 1 MG/ML	50.00%
50250035102015	Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	50.00%
50250065052024	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	60.00%
50250065052030	Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	60.00%
50250065202003	Ondansetron HCl and Sodium Chloride 0.9% Inj 8 MG/50ML	16.00%
50250065202005	Ondansetron HCl and Sodium Chloride 0.9% Inj 12 MG/50ML	16.00%
50250065202006	Ondansetron HCl and Sodium Chloride 0.9% Inj 16 MG/50ML	16.00%
50250070102020	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	26.75%
50250070102030	Palonosetron HCl IV Soln 0.25 MG/2ML (Base Equivalent)	16.00%
5025007010E520	Palonosetron HCl IV Soln Pref Syr 0.25 MG/5ML (Base Equiv)	16.00%
50280020001620	Aprepitant IV Emulsion 130 MG/18ML	16.00%
50280035102130	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	16.75%
50280050201620	Rolapitant HCl IV Emul 166.5 MG/92.5ML (1.8 MG/ML) (Base Eq)	16.00%
5028005020B720	Rolapitant HCl Tab Therapy Pack 2 x 90 MG (Base Equiv)	16.00%
50309902222120	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	16.00%
51200060002030	Sacrosidase Soln 8500 Unit/ML	16.00%
52503080002120	Vedolizumab For IV Solution 300 MG	16.00%
52504070002020	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	17.00%
52505020106420	Certolizumab Pegol For Inj Kit 2 X 200 MG	17.50%
52505020106440	Certolizumab Pegol Inj Kit 2 X 200 MG/ML	17.50%
52505020106460	Certolizumab Pegol Inj Kit 6 X 200 MG/ML	17.50%
52505040002120	Infliximab For IV Inj 100 MG	17.00%
52505040102120	Infliximab-abda For IV Inj 100 MG	17.50%
52505040132120	Infliximab-axxq For IV Inj 100 MG	16.00%
52505040202120	Infliximab-dyyb For IV Inj 100 MG	25.00%
52533070006420	Teduglutide (rDNA) For Inj Kit 5 MG	16.00%
52570075100330	Telotristat Etiprate Tab 250 MG (Telotristat Ethyl Equiv)	16.00%
52700025000120	Cholic Acid Cap 50 MG	16.00%
52700025000140	Cholic Acid Cap 250 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

52750060000320	Obeticholic Acid Tab 5 MG	16.00%
52750060000330	Obeticholic Acid Tab 10 MG	16.00%
56400030100120	Cysteamine Bitartrate Cap 50 MG	16.00%
56400030100140	Cysteamine Bitartrate Cap 150 MG	16.00%
56400030103020	Cysteamine Bitartrate Delayed Release Granules Packet 75 MG	16.00%
56400030103040	Cysteamine Bitartrate Delayed Release Granules Packet 300 MG	16.00%
56400030106520	Cysteamine Bitartrate Cap Delayed Release 25 MG (Base Equiv)	16.00%
56400030106530	Cysteamine Bitartrate Cap Delayed Release 75 MG (Base Equiv)	16.00%
58060015002020	Brexanolone IV Soln 100 MG/20ML (5 MG/ML)	16.00%
5907005010E626	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	17.15%
5907005010E629	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	17.15%
5907005010E632	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	17.15%
5907005010E635	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	17.15%
5907005010E638	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	17.15%
5907005010E643	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.875ML	17.15%
5907005010E647	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.315ML	17.15%
5907005010E651	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	17.15%
5907005010E655	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.625ML	17.15%
5907007010G210	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	16.00%
5907007010G220	Risperidone Microspheres For IM Extended Rel Susp 25 MG	16.00%
5907007010G230	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	16.00%
5907007010G240	Risperidone Microspheres For IM Extended Rel Susp 50 MG	16.00%
59157060101950	Olanzapine Pamotate For Extended Rel IM Susp 210 MG (Base Eq)	16.00%
59157060101960	Olanzapine Pamotate For Extended Rel IM Susp 300 MG (Base Eq)	16.00%
59157060101970	Olanzapine Pamotate For Extended Rel IM Susp 405 MG (Base Eq)	16.00%
5925001500E430	Aripiprazole IM For ER Susp Prefilled Syringe 300 MG	17.50%
5925001500E440	Aripiprazole IM For ER Susp Prefilled Syringe 400 MG	17.50%
5925001500G230	Aripiprazole IM For Extended Release Susp 300 MG	17.50%
5925001500G240	Aripiprazole IM For Extended Release Susp 400 MG	17.50%
5925001520E420	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	16.00%
5925001520E430	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	16.00%
5925001520E435	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	16.00%
5925001520E440	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	16.00%
5925001520E450	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

AR

60250070000130	Tasimelteon Capsule 20 MG	16.00%
62380030000310	Deutetrabenazine Tab 6 MG	17.50%
62380030000320	Deutetrabenazine Tab 9 MG	17.50%
62380030000330	Deutetrabenazine Tab 12 MG	17.50%
62380070000310	Tetrabenazine Tab 12.5 MG	60.00%
62380070000320	Tetrabenazine Tab 25 MG	60.00%
62380080200120	Valbenazine Tosylate Cap 40 MG (Base Equiv)	16.00%
62380080200140	Valbenazine Tosylate Cap 80 MG (Base Equiv)	16.00%
6238008020B220	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	16.00%
6240003010E520	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	18.25%
6240003010E540	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	18.25%
6240101500B718	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	17.15%
6240101500B722	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	17.15%
6240101500B726	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	17.15%
6240101500B732	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	17.15%
6240101500B736	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	17.15%
6240101500B740	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	17.15%
6240101500B744	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	17.15%
62403060456420	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG/6.6 MU)/Vial	17.00%
6240306045D520	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	16.50%
6240306045D540	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	16.50%
6240306045D560	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	16.50%
6240306045E520	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	17.00%
6240306045E540	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	17.00%
6240306045E560	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	16.25%
6240306045F530	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	17.50%
6240306045F830	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	17.50%
62403060506420	Interferon Beta-1b For Inj Kit 0.3 MG	17.50%
6240307530D220	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	16.15%
6240307530D250	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	16.00%
6240307530E520	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	16.15%
6240307530E550	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	16.00%
62404070000320	Teriflunomide Tab 7 MG	23.75%
62404070000330	Teriflunomide Tab 14 MG	23.75%

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0044

Contrato Número

B

EMR

62405010002020	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	16.00%
6240502500E520	Daclizumab Soln Prefilled Syringe 150 MG/ML	16.00%
62405050001320	Natalizumab for IV Inj Conc 300 MG/15ML	18.00%
62405060002020	Ocrelizumab Soln For IV Infusion 300 MG/10ML	16.15%
62405525006320	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	16.15%
62405525006520	Dimethyl Fumarate Capsule Delayed Release 120 MG	16.15%
62405525006540	Dimethyl Fumarate Capsule Delayed Release 240 MG	16.15%
62405530006520	Diroximel Fumarate Capsule DR Starter Bottle 231 MG	16.00%
62405530006540	Diroximel Fumarate Capsule Delayed Release 231 MG	16.00%
62406030007420	Dalfampridine Tab SR 12HR 10 MG	16.15%
62407025100110	Fingolimod HCl Cap 0.25 MG (Base Equiv)	17.50%
62407025100120	Fingolimod HCl Cap 0.5 MG (Base Equiv)	17.50%
62407050200120	Ozanimod HCl Cap 0.92 MG	16.00%
6240705020B210	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG	16.00%
6240705020B220	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG & 30 x 0.92 MG	16.00%
62407070200320	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	17.15%
62407070200340	Siponimod Fumarate Tab 2 MG (Base Equiv)	17.15%
6240707020B720	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	17.15%
62450060202020	Sodium Oxybate Oral Solution 500 MG/ML	16.00%
62609902300120	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	17.50%
6270104010E520	Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	16.00%
62706060102020	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	16.00%
64154090102010	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	16.75%
64154090102020	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	16.75%
64154090102030	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	16.75%
65100090100740	Sufentanil Citrate SL Tab 30 MCG (Base Equiv)	17.15%
6520001000E520	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	16.00%
6520001000E530	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	16.00%
65200010102320	Buprenorphine HCl Subdermal Implant 74.2 MG (Base Equiv)	16.00%
6626001000E520	Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	16.75%
6627001500F420	Adalimumab Pen-injector Kit 40 MG/0.8ML	17.50%
6627001500F430	Adalimumab Pen-injector Kit 40 MG/0.4ML	17.50%
6627001500F440	Adalimumab Pen-injector Kit 80 MG/0.8ML	17.50%
6627001500F450	Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

6627001500F804	Adalimumab Prefilled Syringe Kit 10 MG/0.1ML	17.50%
6627001500F805	Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	17.50%
6627001500F809	Adalimumab Prefilled Syringe Kit 20 MG/0.2ML	17.50%
6627001500F810	Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	17.50%
6627001500F820	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	17.50%
6627001500F830	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	17.50%
6627001500F840	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML	17.50%
6627001500F880	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML	17.50%
66270040002015	Golimumab IV Soln 50 MG/4ML	17.50%
6627004000D520	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	17.50%
6627004000D540	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	17.50%
6627004000E520	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	17.50%
6627004000E540	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	17.50%
66290030002120	Etanercept For Subcutaneous Inj 25 MG	17.50%
6629003000D530	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	17.50%
6629003000E230	Etanercept Subcutaneous Solution Cartridge 50 MG/ML	17.50%
6629003000E525	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	17.50%
6629003000E530	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	17.50%
66400010002120	Abatacept For IV Soln 250 MG	17.50%
6640001000D520	Abatacept Subcutaneous Soln Auto-injector 125 MG/ML	17.50%
6640001000E510	Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	17.50%
6640001000E515	Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	17.50%
6640001000E520	Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	17.50%
66450060002120	Rilonacept For Inj 220 MG	16.75%
66460020002015	Canakinumab Subcutaneous Inj 150 MG/ML	17.50%
66460020002115	Canakinumab For Inj 150 MG	17.50%
6650006000D520	Sarilumab Subcutaneous Solution Auto-injector 150 MG/1.14ML	17.50%
6650006000D530	Sarilumab Subcutaneous Solution Auto-injector 200 MG/1.14ML	17.50%
6650006000E520	Sarilumab Subcutaneous Soln Prefilled Syringe 150 MG/1.14ML	17.50%
6650006000E530	Sarilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	17.50%
66500070002030	Tocilizumab IV Inj 80 MG/4ML	16.15%
66500070002035	Tocilizumab IV Inj 200 MG/10ML	16.15%
66500070002040	Tocilizumab IV Inj 400 MG/20ML	16.15%
6650007000D520	Tocilizumab Subcutaneous Soln Auto-injector 162 MG/0.9ML	17.15%

ADMINISTRACION DE
SEGUROS DE SALUD .

№ 23 - 0044

Contrato Número

R

EMR

6650007000E520	Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	16.15%
66603010000310	Baricitinib Tab 1 MG	17.50%
66603010000320	Baricitinib Tab 2 MG	17.50%
66603065100320	Tofacitinib Citrate Tab 5 MG (Base Equivalent)	17.00%
66603065100330	Tofacitinib Citrate Tab 10 MG (Base Equivalent)	17.00%
66603065107530	Tofacitinib Citrate Tab SR 24HR 11 MG (Base Equivalent)	17.00%
66603065107550	Tofacitinib Citrate Tab ER 24HR 22 MG (Base Equivalent)	17.00%
66603072007520	Upadacitinib Tab ER 24HR 15 MG	16.00%
66700015000330	Apremilast Tab 30 MG	17.00%
6670001500B720	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	17.00%
68000040000320	Lesinurad Tab 200 MG	16.00%
68000050002020	Pegloticase Inj 8 MG/ML (For IV Infusion)	17.50%
72170085000320	Vigabatrin Tab 500 MG	16.15%
72170085003020	Vigabatrin Powd Pack 500 MG	16.15%
7320301010E220	Apomorphine HCl Soln Cartridge 30 MG/3ML	16.00%
73209902101820	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	16.00%
74400020032115	AbobotulinumtoxinA For Inj 300 Unit	16.75%
74400020032120	AbobotulinumtoxinA For Inj 500 Unit	16.75%
74400020052120	OnabotulinumtoxinA For Inj 100 Unit	17.50%
74400020052140	OnabotulinumtoxinA For Inj 200 Unit	17.50%
74400020102018	RimabotulinumtoxinB Inj 2500 Unit/0.5ML	16.25%
74400020102020	RimabotulinumtoxinB Inj 5000 Unit/ML	16.25%
74400020102022	RimabotulinumtoxinB Inj 10000 Unit/2ML	16.25%
74400020202120	IncobotulinumtoxinA For Inj 50 Unit	16.25%
74400020202130	IncobotulinumtoxinA For Inj 100 Unit	16.25%
74400020202140	IncobotulinumtoxinA For IM Inj 200 Unit	16.25%
74503070000320	Riluzole Tab 50 MG	16.75%
74503070001820	Riluzole Susp 50 MG/10ML	16.00%
74509030002010	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	16.15%
74600035002020	Eteplirsen IV Soln 100 MG/2ML (50 MG/ML)	16.00%
74600035002040	Eteplirsen IV Soln 500 MG/10ML (50 MG/ML)	16.00%
74600042002020	Golodirsen IV Soln 100 MG/2ML (50 MG/ML)	16.00%
74701050002020	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)	17.15%
74704050106410	Onasemnogene Apeparovvec-xioi 2x8.3 ML Susp Kit	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

R

EMR

74704050106412	Onasemnogene Abepravovec-xioi 2x5.5 ML & 1x8.3 ML Susp Kit	16.00%
74704050106414	Onasemnogene Abepravovec-xioi 1x5.5 ML & 2x8.3 ML Susp Kit	16.00%
74704050106416	Onasemnogene Abepravovec-xioi 3x8.3 ML Susp Kit	16.00%
74704050106418	Onasemnogene Abepravovec-xioi 2x5.5 ML & 2x8.3 ML Susp Kit	16.00%
74704050106420	Onasemnogene Abepravovec-xioi 1x5.5 ML & 3x8.3 ML Susp Kit	16.00%
74704050106422	Onasemnogene Abepravovec-xioi 4x8.3 ML Susp Kit	16.00%
74704050106424	Onasemnogene Abepravovec-xioi 2x5.5 ML & 3x8.3 ML Susp Kit	16.00%
74704050106426	Onasemnogene Abepravovec-xioi 1x5.5 ML & 4x8.3 ML Susp Kit	16.00%
74704050106428	Onasemnogene Abepravovec-xioi 5x8.3 ML Susp Kit	16.00%
74704050106430	Onasemnogene Abepravovec-xioi 2x5.5 ML & 4x8.3 ML Susp Kit	16.00%
74704050106432	Onasemnogene Abepravovec-xioi 1x5.5 ML & 5x8.3 ML Susp Kit	16.00%
74704050106434	Onasemnogene Abepravovec-xioi 6x8.3 ML Susp Kit	16.00%
74704050106436	Onasemnogene Abepravovec-xioi 2x5.5 ML & 5x8.3 ML Susp Kit	16.00%
74704050106438	Onasemnogene Abepravovec-xioi 1x5.5 ML & 6x8.3 ML Susp Kit	16.00%
74704050106440	Onasemnogene Abepravovec-xioi 7x8.3 ML Susp Kit	16.00%
74704050106442	Onasemnogene Abepravovec-xioi 2x5.5 ML & 6x8.3 ML Susp Kit	16.00%
74704050106444	Onasemnogene Abepravovec-xioi 1x5.5 ML & 7x8.3 ML Susp Kit	16.00%
74704050106446	Onasemnogene Abepravovec-xioi 8x8.3 ML Susp Kit	16.00%
74704050106448	Onasemnogene Abepravovec-xioi 2x5.5 ML & 7x8.3 ML Susp Kit	16.00%
74704050106450	Onasemnogene Abepravovec-xioi 1x5.5 ML & 8x8.3 ML Susp Kit	16.00%
74704050106452	Onasemnogene Abepravovec-xioi 9x8.3 ML Susp Kit	16.00%
75200010101920	Dantrolene Sodium For IV Susp 250 MG	16.00%
75200010102105	Dantrolene Sodium For IV Soln 20 MG	16.00%
7580002000E420	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	16.00%
7580004000E530	Hylan Intra-articular Solution Prefilled Syringe 16 MG/2ML	17.50%
7580004000E560	Hylan Intra-articular Solution Prefilled Syringe 48 MG/6ML	17.50%
7580004000E515	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	16.00%
7580006000E520	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	17.50%
7580006000E530	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	16.00%
75800070102024	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	16.75%
7580007010E420	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	16.00%
7580007010E517	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	16.00%
7580007010E520	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	17.50%
7580007010E525	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	16.25%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

75840015002300	* Autologous Cultured Chondrocytes for Implantation**	16.00%
75840015209100	* Autologous Cultured Chondrocyte on Collagen Membrane Sheet*	16.00%
76000012000320	Amifampridine Tab 10 MG	16.00%
76000012100320	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	16.00%
82400540102120	Luspatercept-aamt For Subcutaneous Inj 25 MG	16.00%
82400540102140	Luspatercept-aamt For Subcutaneous Inj 75 MG	16.00%
82401015102010	Darbeпоetin Alfa Soln Inj 25 MCG/ML	17.00%
82401015102020	Darbeпоetin Alfa Soln Inj 40 MCG/ML	17.00%
82401015102030	Darbeпоetin Alfa Soln Inj 60 MCG/ML	17.00%
82401015102040	Darbeпоetin Alfa Soln Inj 100 MCG/ML	17.00%
82401015102060	Darbeпоetin Alfa Soln Inj 200 MCG/ML	17.00%
82401015102070	Darbeпоetin Alfa Soln Inj 300 MCG/ML	17.00%
8240101510E510	Darbeпоetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	16.75%
8240101510E528	Darbeпоetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML	17.00%
8240101510E543	Darbeпоetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML	17.00%
8240101510E552	Darbeпоetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	17.00%
8240101510E560	Darbeпоetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML	17.00%
8240101510E575	Darbeпоetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML	17.00%
8240101510E582	Darbeпоetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML	17.00%
8240101510E588	Darbeпоetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML	17.00%
8240101510E590	Darbeпоetin Alfa Soln Prefilled Syringe 500 MCG/ML	17.00%
82401020002010	Epoetin Alfa Inj 2000 Unit/ML	17.00%
82401020002015	Epoetin Alfa Inj 3000 Unit/ML	17.00%
82401020002020	Epoetin Alfa Inj 4000 Unit/ML	17.00%
82401020002040	Epoetin Alfa Inj 10000 Unit/ML	17.00%
82401020002050	Epoetin Alfa Inj 20000 Unit/ML	17.00%
82401020002060	Epoetin Alfa Inj 40000 Unit/ML	17.00%
824010200042010	Epoetin Alfa-epbx Inj 2000 Unit/ML	20.00%
824010200042015	Epoetin Alfa-epbx Inj 3000 Unit/ML	20.00%
824010200042020	Epoetin Alfa-epbx Inj 4000 Unit/ML	20.00%
824010200042040	Epoetin Alfa-epbx Inj 10000 Unit/ML	20.00%
824010200042060	Epoetin Alfa-epbx Inj 40000 Unit/ML	20.00%
8240104010E510	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 30 MCG/0.3ML	16.00%
8240104010E515	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 50 MCG/0.3ML	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

R

EMR

8240104010E520	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 75 MCG/0.3ML	16.00%
8240104010E525	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 100 MCG/0.3ML	16.00%
8240104010E535	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 150 MCG/0.3ML	16.00%
8240104010E545	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 200 MCG/0.3ML	16.00%
82401520002010	Filgrastim Inj 300 MCG/ML	17.00%
82401520002012	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	17.00%
8240152000E545	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	17.00%
8240152000E550	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)	17.00%
82401520102020	Filgrastim-aafi Inj 300 MCG/ML	17.50%
82401520102030	Filgrastim-aafi Inj 480 MCG/1.6ML (300 MCG/ML)	17.50%
8240152010E520	Filgrastim-aafi Soln Prefilled Syringe 300 MCG/0.5ML	17.50%
8240152010E530	Filgrastim-aafi Soln Prefilled Syringe 480 MCG/0.8ML	17.50%
8240152060E530	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	16.00%
8240152060E540	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	16.00%
82401520702020	Tbo-Filgrastim Subcutaneous Inj 300 MCG/ML	17.15%
82401520702030	Tbo-Filgrastim Subcutaneous Inj 480 MCG/1.6ML (300 MCG/ML)	17.15%
8240152070E530	Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	17.15%
8240152070E540	Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	17.15%
8240157000E520	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	17.00%
8240157000F820	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	17.00%
8240157005E520	Pegfilgrastim-bmez Soln Prefilled Syringe 6 MG/0.6ML	16.00%
8240157010E520	Pegfilgrastim-cbqv Soln Prefilled Syringe 6 MG/0.6ML	17.15%
8240157020E520	Pegfilgrastim-jimdb Soln Prefilled Syringe 6 MG/0.6ML	17.50%
82402050002120	Sargramostim Lyophilized For Inj 250 MCG	17.50%
82405010200320	Avatrombopag Maleate Tab 20 MG (Base Equiv)	16.00%
82405030100310	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	17.15%
82405030100320	Eltrombopag Olamine Tab 25 MG (Base Equiv)	17.15%
82405030100330	Eltrombopag Olamine Tab 50 MG (Base Equiv)	17.15%
82405030100340	Eltrombopag Olamine Tab 75 MG (Base Equiv)	17.15%
82405030103020	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	16.00%
82405030103030	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	17.15%
82405045000320	Lusutrombopag Tab 3 MG	16.00%
82405060002110	Romiplostim For Inj 125 MCG	17.50%
82405060002120	Romiplostim For Inj 250 MCG	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

82405060002130	Romiplostin For Inj 500 MCG	17.50%
82502060002020	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	17.50%
82700040600120	Eliuglstat Tartrate Cap 84 MG (Base Equivalent)	16.00%
82700050002120	Imiglucerase For Inj 400 Unit	16.00%
82700070000120	Miglustat Cap 100 MG	16.00%
82700080102120	Taliglucerase Alfa For Inj 200 Unit	16.00%
82700085102120	Velaglucerase Alfa For Inj 400 Unit	16.00%
82801020003020	Glutamine (Sickle Cell) Powd Pack 5 GM	16.00%
82805080000320	Voxelotor Tab 500 MG	16.00%
82807020702020	Crizanlizumab-tmca IV Soln 100 MG/10ML	16.00%
83334030002120	Desirudin For Inj 15 MG	16.00%
83350030102020	Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	16.00%
84100040002025	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	16.75%
84100040202030	Tranexamic Acid-Sodium Chloride IV Soln 1000 MG/100ML-0.7%	16.00%
84209902702920	Fibrinogen-Thrombin Powder 79-699 MG-Unit/GM	16.00%
85080025002020	Givosiran Subcutaneous Soln 189 MG/ML	16.00%
85080025202020	Givosiran Sodium Subcutaneous Soln 189 MG/ML	16.00%
85100010002110	Anthemophilic Factor (Human) For Inj 250 Unit	42.00%
85100010002130	Anthemophilic Factor (Human) For Inj 500 Unit	42.00%
85100010002140	Anthemophilic Factor (Human) For Inj 1000 Unit	42.00%
85100010002146	Anthemophilic Factor (Human) For Inj 1700 Unit	42.00%
85100010006460	Anthemophilic Factor (Human) For Inj Kit 1000 Unit	30.00%
85100010006475	Anthemophilic Factor (Human) For Inj Kit 1500 Unit	30.00%
85100010202115	Anthemophilic Factor (Recombinant) For Inj 220-400 Unit	40.00%
85100010202120	Anthemophilic Factor (Recombinant) For Inj 250 Unit	20.00%
85100010202125	Anthemophilic Factor (Recombinant) For Inj 401-800 Unit	40.00%
85100010202130	Anthemophilic Factor (Recombinant) For Inj 500 Unit	20.00%
85100010202135	Anthemophilic Factor (Recombinant) For Inj 801-1240 Unit	40.00%
85100010202140	Anthemophilic Factor (Recombinant) For Inj 1000 Unit	20.00%
85100010202145	Anthemophilic Factor (Recombinant) For Inj 1241-1800 Unit	40.00%
85100010202150	Anthemophilic Factor (Recombinant) For Inj 1500 Unit	20.00%
85100010202155	Anthemophilic Factor (Recombinant) For Inj 1801-2400 Unit	40.00%
85100010202160	Anthemophilic Factor (Recombinant) For Inj 2000 Unit	20.00%
85100010202170	Anthemophilic Factor (Recombinant) For Inj 3000 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

B

85100010206420	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	41.75%
85100010206430	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	41.75%
85100010206440	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	41.75%
85100010206450	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	41.75%
85100010206460	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	41.75%
85100010222120	Antihemophilic Factor (BDD-rFVIII) For Inj 250 Unit	16.00%
85100010222130	Antihemophilic Factor (BDD-rFVIII) For Inj 500 Unit	16.00%
85100010222140	Antihemophilic Factor (BDD-rFVIII) For Inj 1000 Unit	16.00%
85100010222160	Antihemophilic Factor (BDD-rFVIII) For Inj 2000 Unit	16.00%
85100010222165	Antihemophilic Factor (BDD-rFVIII) For Inj 2500 Unit	16.00%
85100010222170	Antihemophilic Factor (BDD-rFVIII) For Inj 3000 Unit	16.00%
85100010222180	Antihemophilic Factor (BDD-rFVIII) For Inj 4000 Unit	16.00%
85100010226420	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 250 Unit	16.00%
85100010226430	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 500 Unit	16.00%
85100010226440	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 1000 Unit	16.00%
85100010226460	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2000 Unit	16.00%
85100010226465	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2500 Unit	16.00%
85100010226470	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 3000 Unit	16.00%
85100010226480	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 4000 Unit	16.00%
85100010252120	Antihemophilic Factor rAHF-PFM For Inj 250 Unit	37.75%
85100010252130	Antihemophilic Factor rAHF-PFM For Inj 500 Unit	37.75%
85100010252140	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	37.75%
85100010252150	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	37.75%
85100010252170	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	37.75%
85100010252180	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	37.75%
85100010252185	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit	37.75%
85100010266420	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	38.00%
85100010266430	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	38.00%
85100010266440	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	38.00%
85100010266460	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	38.00%
85100010266470	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	38.00%
85100010302120	Antihemophilic Factor (Recomb) rFVIIIc For Inj 250 Unit	20.00%
85100010302125	Antihemophilic Factor (Recomb) rFVIIIc For Inj 500 Unit	20.00%
85100010302130	Antihemophilic Factor (Recomb) rFVIIIc For Inj 750 Unit	20.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR



85100010302135	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1000 Unit	20.00%
85100010302145	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1500 Unit	20.00%
85100010302155	Antihemophilic Factor (Recomb) rFVIIIc For Inj 2000 Unit	20.00%
85100010302165	Antihemophilic Factor (Recomb) rFVIIIc For Inj 3000 Unit	20.00%
85100010302170	Antihemophilic Factor (Recomb) rFVIIIc For Inj 4000 Unit	20.00%
85100010302175	Antihemophilic Factor (Recomb) rFVIIIc For Inj 5000 Unit	20.00%
85100010302180	Antihemophilic Factor (Recomb) rFVIIIc For Inj 6000 Unit	20.00%
85100010332120	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit	16.00%
85100010332130	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit	16.00%
85100010332140	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit	16.00%
85100010332150	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit	16.00%
85100010332160	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit	16.00%
85100010332170	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit	16.00%
85100010352130	Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	16.00%
85100010352140	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	16.00%
85100010352145	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	16.00%
85100010352150	Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	16.00%
85100010352160	Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	16.00%
85100010402120	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	16.15%
85100010402130	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	16.15%
85100010402135	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	16.15%
85100010402140	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	16.15%
85100010402145	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	16.15%
85100010402150	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	16.15%
85100010402160	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	16.00%
85100010412130	Antihemophilic Factor Recomb Pegylated-aucI For Inj 500 Unit	16.00%
85100010412140	Antihemophilic Factor Recomb Pegylated-aucI For Inj 1000 Unit	16.00%
85100010412150	Antihemophilic Factor Recomb Pegylated-aucI For Inj 2000 Unit	16.00%
85100010412160	Antihemophilic Factor Recomb Pegylated-aucI For Inj 3000 Unit	16.00%
85100010502130	Antihemophilic Factor (Recomb Porc) rPFVIII For Inj 500 Unit	20.00%
851000105556420	Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	16.00%
851000105556430	Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	16.00%
851000105556440	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	16.00%
851000105556445	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

BR

85100010556450	Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit	16.00%
85100010556455	Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit	16.00%
85100010556460	Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit	16.00%
85100015102122	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	37.00%
85100015102132	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	37.00%
85100015102144	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	37.00%
85100015102160	Antihemophilic Factor/VWF (Human) For Inj 250 Unit	40.00%
85100015102170	Antihemophilic Factor/VWF (Human) For Inj 500 Unit	40.00%
85100015102180	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	40.00%
85100015102190	Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	40.00%
85100015102193	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	40.00%
85100015106430	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	40.00%
85100015106440	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	40.00%
85100020002120	Antihemophilic Factor/VWF (Human) For Inj 500 Unit	17.15%
85100020002130	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	17.15%
85100020002150	Antihemophilic Factor/VWF (Human) For Inj 2500 Unit	17.15%
85100026202117	Coagulation Factor VIII (Recomb) For Inj 1 MG (1000 MCG)	31.75%
85100026202126	Coagulation Factor VIII (Recomb) For Inj 2 MG (2000 MCG)	31.75%
85100026202145	Coagulation Factor VIII (Recomb) For Inj 5 MG (5000 MCG)	31.75%
85100026202160	Coagulation Factor VIII (Recomb) For Inj 8 MG (8000 MCG)	31.75%
85100028002170	Coagulation Factor IX For Inj 500 Unit	40.00%
85100028002180	Coagulation Factor IX For Inj 1000 Unit	40.00%
85100028002185	Coagulation Factor IX For Inj 1500 Unit	40.00%
85100028202120	Coagulation Factor IX (Recombinant) For Inj 250 Unit	21.00%
85100028202130	Coagulation Factor IX (Recombinant) For Inj 500 Unit	21.00%
85100028202140	Coagulation Factor IX (Recombinant) For Inj 1000 Unit	21.00%
85100028202145	Coagulation Factor IX (Recombinant) For Inj 1500 Unit	16.00%
85100028202150	Coagulation Factor IX (Recombinant) For Inj 2000 Unit	21.00%
85100028202160	Coagulation Factor IX (Recombinant) For Inj 3000 Unit	21.00%
85100028206420	Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	21.00%
85100028206430	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	21.00%
85100028206440	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	21.00%
85100028206450	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	21.00%
85100028206460	Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	21.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR

BR

85100028352110	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	16.00%
85100028352120	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	16.00%
85100028352130	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	16.00%
85100028352140	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	16.00%
85100028352150	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	16.00%
85100028402105	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	22.00%
85100028402110	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	22.00%
85100028402120	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	22.00%
85100028402130	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	22.00%
85100028402140	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	22.00%
85100028402150	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	22.00%
85100028452120	Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt	16.00%
85100028452130	Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unit	16.00%
85100028452140	Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt	16.00%
85100030002105	Factor IX Complex For Inj 500 Unit	19.75%
85100030002110	Factor IX Complex For Inj 1000 Unit	19.75%
85100030002115	Factor IX Complex For Inj 1500 Unit	19.75%
85100030002150	Factor IX Complex For Inj 200-1200 Unit	20.00%
85100031002120	Coagulation Factor X (Human) For Inj 250 Unit	16.00%
85100031002140	Coagulation Factor X (Human) For Inj 500 Unit	16.00%
85100032102130	Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit	16.00%
85100033006440	Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	21.00%
85100035002120	Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	21.00%
85100060106420	Prothrombin Complex Conc Human For Inj Kit 500 Unit	20.00%
85100060106430	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	20.00%
85100070202120	Von Willebrand Factor (Recombinant) For Inj 650 Unit	16.00%
85100070202130	Von Willebrand Factor (Recombinant) For Inj 1300 Unit	16.00%
85105030202010	Emicizumab-kxwh Subcutaneous Soln 30 MG/ML	16.00%
85105030202020	Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)	16.00%
85105030202030	Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)	16.00%
85105030202040	Emicizumab-kxwh Subcutaneous Soln 150 MG/ML	16.00%
85151020806420	Caplacizumab-yhdp for Inj Kit 11 MG	16.00%
85250010002105	Hemin For Inj 313 MG	16.00%
85250010002120	Hemin For Inj 350 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR



85550060102120	Protein C Concentrate (Human) For IV Soln 500 Unit	16.00%
85550060102140	Protein C Concentrate (Human) For IV Soln 1000 Unit	16.00%
85756040100310	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	16.00%
85756040100320	Fostamatinib Disodium Tab 150 MG (Base Equivalent)	16.00%
85800050002020	Eculizumab IV Soln 10 MG/ML (For Infusion)	16.00%
85800080202020	Ravulizumab-cwvz IV Soln 300 MG/30ML (10 MG/ML)	17.15%
85802022002120	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	16.00%
85802022002130	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	16.00%
85802022002140	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	16.00%
85802022006420	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	16.25%
85802022102130	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	16.15%
85820040102020	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	16.00%
85840030002020	Ecallantide Inj 10 MG/ML	16.00%
85842040202020	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	16.00%
86109902292020	Moxifloxacin HCl in BSS Intravitreal Soln 1 MG/ML	20.00%
86300010002320	Dexamethasone Intravitreal Implant 0.7 MG	17.50%
86300010009940	Dexamethasone (Ophth) Inset 0.4 MG	17.15%
86300017102305	Fluocinolone Acetonide Intravitreal Implant 0.19 MG	16.00%
86300017102320	Fluocinolone Acetonide Intravitreal Implant 0.59 MG	16.00%
86300080101820	Triamcinolone Acetonide Ophth Inj 40 MG/ML	17.50%
86330015002320	Bimatoprost Intracamerall Implant 10 MCG	16.00%
86370070601810	Voretigene Neparovectryl Intracocular Susp	16.00%
86655010002020	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	16.75%
8665501000E520	Aflibercept Intravitreal Soln Pref Syr 2 MG/0.05ML	16.75%
8665502000E515	Bevacizumab Intravitreal Soln Pref Syr 2.5 MG/0.1ML	16.00%
8665502000E520	Bevacizumab Inj Soln Pref Syr 2.75 MG/0.11ML (2.5 MG/0.1ML)	16.00%
8665502000E525	Bevacizumab Intravitreal Soln Pref Syr 3.25 MG/0.13ML	16.00%
8665502000E530	Bevacizumab Inj Soln Pref Syr 3.75 MG/0.15ML (2.5 MG/0.1ML)	16.00%
8665502000E532	Bevacizumab Intravitreal Soln Pref Syr 3.75 MG/0.15ML	16.00%
86655025202020	Brolucizumab-dbll Intravitreal Soln 6 MG/0.05ML	16.00%
86655050302020	Pegaptanib Sodium Intravitreal Inj 0.3 MG/90 Microliter	16.25%
86655060002012	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	17.50%
86655060002020	Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	17.50%
8665506000E510	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	17.50%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR



8665506000E520	Ranibizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	17.50%
86700065002120	Verteporfin For IV Soln 15 MG (2 MG/ML)	16.25%
86770020202020	Cenegermin-bkbi Ophth Soln 0.002% (20 MCG/ML)	17.15%
8679990230E520	Riboflavin 5-Phos Sod-Dextran Ophth Soln Pref Syr 0.146-20%	16.00%
8679990240E530	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	16.00%
86801060002015	Ocriplasmnin Intravitreal Inj 0.375 MG/0.3ML (1.25 MG/ML)	16.00%
87100012001830	Ciprofloxacin Intratympanic Susp 6% (60 MG/ML)	16.00%
88452050106320	Minocycline HCl Subgingival Powder Cartridge 1 MG	16.00%
9025052000E520	Brodalumab Subcutaneous Soln Prefilled Syringe 210 MG/1.5ML	16.00%
9025054200D220	Guselkumab Soln Pen-Injector 100 MG/ML	17.50%
9025054200E520	Guselkumab Soln Prefilled Syringe 100 MG/ML	17.50%
9025054400D520	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	16.75%
9025054400E520	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	16.75%
9025057070F820	Risankizumab-rzaa Sol Prefilled Syringe 2 x 75 MG/0.83ML Kit	16.00%
9025057500D520	Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	17.00%
9025057500D530	Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	16.00%
9025057500E520	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	17.00%
9025057500E530	Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	16.00%
9025058010E520	Tildrakizumab-asnm Subcutaneous Soln Pref Syringe 100 MG/ML	16.00%
90250585002020	Ustekinumab Inj 45 MG/0.5ML	17.00%
9025058500E520	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	17.00%
9025058500E540	Ustekinumab Soln Prefilled Syringe 90 MG/ML	17.00%
9027302000D220	Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML	16.00%
9027302000E515	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	16.00%
9027302000E520	Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	17.50%
90371050204030	Mechlorethamine HCl Gel 0.016% (Base Equivalent)	16.00%
90376015004020	Alitretinoin Gel 0.1%	16.00%
90376220004020	Bexarotene Gel 1%	50.00%
90850025306420	Capsaicin Patch 8% & Cleansing Gel Kit	16.00%
90945020004020	Becaplermin Gel 0.01%	16.00%
93000014402120	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 100 MG	17.15%
93000014402130	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 200 MG	17.15%
93000020102110	Deferoxamine Mesylate For Inj 500 MG	25.00%
93000020102130	Deferoxamine Mesylate For Inj 2 GM	25.00%

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0044

Contrato Número

EMR



93000084203040	Uridine Triacetate Oral Granules Packet 10 GM	16.00%
93100025000320	Deferasirox Tab 90 MG	16.75%
93100025000330	Deferasirox Tab 180 MG	16.75%
93100025000340	Deferasirox Tab 360 MG	16.75%
93100025003020	Deferasirox Granules Packet 90 MG	16.75%
93100025003030	Deferasirox Granules Packet 180 MG	16.75%
93100025003040	Deferasirox Granules Packet 360 MG	16.75%
93100025007320	Deferasirox Tab For Oral Susp 125 MG	16.15%
93100025007330	Deferasirox Tab For Oral Susp 250 MG	16.15%
93100025007340	Deferasirox Tab For Oral Susp 500 MG	16.15%
93100028000320	Deferiprone Tab 500 MG	16.00%
93100028000340	Deferiprone Tab 1000 MG	16.00%
93100028000345	Deferiprone (Twice Daily) Tab 1000 MG	16.00%
93100028002020	Deferiprone Oral Soln 100 MG/ML	16.00%
93400030001920	Naltrexone For IM Extended Release Susp 380 MG	16.00%
94200090102120	Thyrotropin Alfa For Inj 1.1 MG	16.75%
99200030000110	Penicillamine Cap 250 MG	17.50%
99350035002120	Collagenase Clostridium Histolyticum For Inj 0.9 MG	16.75%
99350040102020	Hyaluronidase Human Inj 150 Unit/ML	16.00%
99392070000120	Thalidomide Cap 50 MG	16.75%
99392070000130	Thalidomide Cap 100 MG	16.75%
99392070000135	Thalidomide Cap 150 MG	16.75%
99392070000140	Thalidomide Cap 200 MG	16.75%
99394050000110	Lenalidomide Caps 2.5 MG	17.50%
99394050000120	Lenalidomide Cap 5 MG	17.50%
99394050000130	Lenalidomide Cap 10 MG	17.50%
99394050000140	Lenalidomide Cap 15 MG	17.50%
99394050000145	Lenalidomide Cap 20 MG	17.50%
99394050000150	Lenalidomide Cap 25 MG	17.50%
99402020002005	Cyclosporine IV Soln 50 MG/ML	17.50%
99402540102220	Lymphocyte Immune Globulin Anti-Thymocyte G Inj 50 MG/ML(Eq)	16.00%
99402540302120	Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte Ig)	17.50%
99403030202120	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	16.00%
99404080002010	Tacrolimus Inj 5 MG/ML	16.75%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

99405015002110	Basiliximab For IV Soln 10 MG	16.75%
99405015002120	Basiliximab For IV Soln 20 MG	16.75%
99405035402020	Emapalumab-lzsg IV Soln 10 MG/2ML	17.15%
99405035402040	Emapalumab-lzsg IV Soln 50 MG/10ML	17.15%
99405040202020	Inebilizumab-cdon IV Soln 100 MG/10ML (10 MG/ML)	16.00%
99408020002120	Belatacept For IV Infusion 250 MG	16.75%
99422015002120	Belimumab For IV Soln 120 MG	17.50%
99422015002140	Belimumab For IV Soln 400 MG	17.50%
9942201500D520	Belimumab Subcutaneous Solution Auto-injector 200 MG/ML	17.50%
9942201500E520	Belimumab Subcutaneous Solution Prefilled Syringe 200 MG/ML	17.50%
99450060203020	Patiromer Sorbites Calcium For Susp Packet 8.4 GM (Base Eq)	16.15%
99450060203030	Patiromer Sorbites Calcium For Susp Packet 16.8 GM (Base Eq)	16.15%
99450060203040	Patiromer Sorbites Calcium For Susp Packet 25.2 GM (Base Eq)	16.15%
99473080002120	Siltuximab For IV Infusion 100 MG	16.75%
99473080002140	Siltuximab For IV Infusion 400 MG	16.75%
09000015100310	Bedaquiline Fumarate Tab 20 MG (Base Equiv)	16.00%
12102330407420	Fostemsavir Tromethamine Tab ER 12HR 600 MG	16.00%
1235307000B718	Ribavirin Tab 400 MG	71.25%
21100015002060	Carboplatin IV Soln 1000 MG/100ML	16.00%
21100028002035	Oxaliplatin IV Soln 200 MG/40ML	45.00%
21300003000320	Azacitidine Tab 200 MG	16.00%
21300003000330	Azacitidine Tab 300 MG	16.00%
21300010301825	Cytarabine Liposome Inj 50 MG/5ML	16.00%
21353067202120	Tafastamab-cxix For IV Soln 200 MG	16.00%
21355015202120	Belantamab Mafodotin-blmf For IV Soln 100 MG	16.00%
21355060302110	Polatuzumab Vedotin-piig For IV Solution 30 MG	16.00%
21500012001334	Paclitaxel IV Conc 100 MG/16.67ML (6 MG/ML)	16.75%
21534076000120	Pralsetinib Cap 100 MG	16.00%
21700013001940	BCG Live Intravesical For Susp 81 MG/VIAL	16.00%
21990002250320	Decitabine-Cedazuridine Tab 35-100 MG	16.00%
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML	16.00%
30170070106520	Octreotide Acetate Cap Delayed Release 20 MG	16.00%
59070070101910	Risperidone Microspheres For Inj 12.5 MG	16.00%
59070070101920	Risperidone Microspheres For Inj 25 MG	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

BR

59070070101930	Risperidone Microspheres For Inj 37.5 MG	16.00%
59070070101940	Risperidone Microspheres For Inj 50 MG	16.00%
6240506500D520	Ofatumumab Soln Auto-Injector 20 MG/0.4ML	16.00%
62405550006520	Monomethyl Fumarate Capsule Delayed Release 95 MG	16.00%
62459904202020	Calcium, Mag, Potassium, & Sod Oxybates Oral Soln 500 MG/ML	16.00%
66290030002015	Etanercept Subcutaneous Inj 25 MG/0.5ML	16.00%
74600080002020	Vitrolarsen IV Soln 250 MG/5ML (50 MG/ML)	16.00%
85100026402117	Coagulation Factor Villa (Recom)-jncw For Inj 1 MG (1000 MCG)	16.00%
85100026402145	Coagulation Factor Villa (Recom)-jncw For Inj 5 MG (5000 MCG)	16.00%
99200020100110	Trientine HCl Cap 250 MG	16.00%
99200030000302	Penicillamine Tab 125 MG	16.00%
99200030000305	Penicillamine Tab 250 MG	16.00%
9940507040E520	Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	16.00%
85840010200120	Berotrastat HCl Cap 110 MG	16.00%
21534075100315	Ponatinib HCl Tab 10 MG (Base Equiv)	22.75%
21756570202120	Trilaciclib Dihydrochloride For IV Soln 300 MG	16.00%
21402430000340	Enzalutamide Tab 80 MG	16.00%
85800080202045	Ravulizumab-cwvz IV Soln 300 MG/3ML (100 MG/ML)	17.15%
21353037302020	Naxitamab-ggqk IV Soln 40 MG/10ML (4 MG/ML)	16.00%
1210990225G120	Cabotegravir 400 MG/2ML & Rilpivirine 600 MG/2ML IM Susp ER	16.00%
39392030202040	Evinacumab-dgnb IV Soln 1200 MG/8ML (150 MG/ML)	16.00%
60250070001820	Tasimeleone Oral Susp 4 MG/ML	16.00%
19502035002040	Imdevimab IV Soln 1332 MG/11.1ML	16.00%
85840010200130	Berotrastat HCl Cap 150 MG	16.00%
99402080000120	Voclosporin Cap 7.9 MG	16.00%
39392030202020	Evinacumab-dgnb IV Soln 345 MG/2.3ML (150 MG/ML)	16.00%
6240307530E521	Peginterferon Beta-1a IM Soln Prefilled Syr 125 MCG/0.5ML	16.15%
85800080202060	Ravulizumab-cwvz IV Soln 1100 MG/11ML (100 MG/ML)	17.15%
1210990225G130	Cabotegravir 600 MG/3ML & Rilpivirine 900 MG/3ML IM Susp ER	16.00%
19502030002020	Etesevimab IV Soln 700 MG/20ML (35 MG/ML)	16.00%
30906430202120	Fosdenopterin Hydrobromide For IV Soln 9.5 MG	16.00%
2156006000B765	Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	16.00%
9025057070E540	Risankizumab-rzaa Soln Prefilled Syringe 150 MG/ML	16.00%
4530990340B720	Elxacaf-Tezacaf-Ivacaf 50-25-37.5 MG & Ivacaf 75 MG TBPK	16.00%

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

21170070342140	Trastuzumab-dttb For IV Soln 420 MG	16.00%	*
21421020000320	Belzutifan Tab 40 MG	16.00%	*
12359902353020	Glecaprevir-Pibrentasvir Pellet Pack 50-20 MG	17.50%	*
19502020002020	Bamlanivimab IV Soln 700 MG/20ML	16.00%	*
75809902606420	Sod Hyaluronate 1% Pref Syr & Lidocaine HCl 2% Inj Kit	16.00%	*
21533073100320	Tepotinib HCl Tab 225 MG	16.00%	*
21353034202020	Margetuximab-cmkb IV Soln 250 MG/10ML (25 MG/ML)	16.00%	*
215600600008780	Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	16.00%	*
21532235408225	Infigratinib Phos Cap Ther Pack 3 x 25 MG (75 MG Daily Dose)	16.00%	*
523500600006810	Odevixibat Pellets Cap Sprinkle 200 MCG	16.00%	*
21360050600120	Mobocertinib Succinate Cap 40 MG	16.00%	*
215600600008775	Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	16.00%	*
85800065002020	Pegcetacoplan Subcutaneous Soln 1080 MG/20ML (54 MG/ML)	16.00%	*
21490009000315	Avapritinib Tab 50 MG	16.00%	*
99427010252020	Anifrolumab-fnia IV Soln 300 MG/2ML	16.00%	*
5907005010E670	Paliperidone Palmitate ER Susp Pref Syr 1,092 MG/3.5ML	17.15%	*
86300080101830	Triamcinolone Acetonide Suprachoroidal Inj 40 MG/ML	17.50%	*
215600600008770	Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	16.00%	*
74503070008220	Riluzole Oral Film 50 MG	16.75%	*
21490009000310	Avapritinib Tab 25 MG	16.00%	*
99407510500320	Belumosudil Mesylate Tab 200 MG	16.00%	*
21357941002033	Nivolumab IV Soln 120 MG/12ML	16.00%	*
2170007750E520	Ropeginterferon alfa-2b-njft Soln Prefilled Syr 500 MCG/ML	16.00%	*
21533076250120	Tivozanib HCl Cap 890 MCG (Base Equivalent)	16.00%	*
62380080200130	Valbenazine Tosylate Cap 60 MG (Base Equiv)	16.00%	*
21532480000320	Sotorasib Tab 120 MG	16.00%	*
21250010602020	Asparaginase Erwinia Chrys (Recomb)-rywn IM Soln 10 MG/0.5ML	16.00%	*
52350060006830	Odevixibat Pellets Cap Sprinkle 600 MCG	16.00%	*
52350050102020	Maralixibat Chloride Oral Soln 9.5 MG/ML	16.00%	*
82401020042050	Epoetin Alfa-epbx Inj 20000 Unit/ML	20.00%	*
99463045000120	Lonafarnib Cap 50 MG	16.00%	*
21533080400320	Umbralisib Tosylate Tab 200 MG	16.00%	*
74600025002020	Casimersen IV Soln 100 MG/2ML (50 MG/ML)	16.00%	*
13000080002130	Artesunate For IV Soln 110 MG	16.00%	*

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

Contrato Número

EMR

R

21351640502120	Loncastuximab Tesirine-lpyl For IV Soln 10 MG	16.00%	*
62050510102030	Aducanumab-awwa IV Soln 300 MG/3ML (100 MG/ML)	16.00%	*
9027302000D215	Dupilumab Subcutaneous Soln Pen-injector 200 MG/1.14ML	17.50%	*
52350060000120	Odevixibat Cap 400 MCG	16.00%	*
90272060503720	Ruxolitinib Phosphate Cream 1.5%	16.00%	*
8240157002E520	Pegfilgrastim-apgf Soln Prefilled Syringe 6 MG/0.6ML	16.00%	*
99463045000130	Lonafarnib Cap 75 MG	16.00%	*
66603065102020	Tofacitinib Citrate Oral Soln 1 MG/ML (Base Equivalent)	17.00%	*
21402430000320	Enzalutamide Tab 40 MG	16.00%	*
215600600008760	Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	16.00%	*
9025057070D520	Risankizumab-rzaa Soln Auto-injector 150 MG/ML	16.00%	*
62050510102020	Aducanumab-awwa IV Soln 170 MG/1.7ML (100 MG/ML)	16.00%	*
21170070342120	Trastuzumab-dttb For IV Soln 150 MG	16.00%	*
30907722552120	Avalglucosidase Alfa-ngpt For IV Soln 100 MG	16.00%	*
85800010000120	Avacopan Cap 10 MG	16.00%	*
12359902650320	Sofosbuvir-Velpatasvir Tab 200-50 MG	17.50%	*
45307060000140	Mannitol Inhal Cap 40 MG	16.00%	*
21101040052120	Melphalan Flufenamide HCl For IV Soln 20 MG	16.00%	*
21533076250130	Tivozanib HCl Cap 1340 MCG (Base Equivalent)	16.00%	*
21357928302020	Dostarlimab-gxly IV Soln 500 MG/10ML (50 MG/ML)	16.00%	*
21359710802020	Amivantamab-vmjw IV Soln 350 MG/7ML	16.00%	*
8665502000E522	Bevacizumab Intravit Pref Syr 3 MG/0.12ML (1.25 MG/0.05ML)	16.00%	*
52350060000140	Odevixibat Cap 1200 MCG	16.00%	*
21359280802120	Tisotumab Vedotin-tftv For IV Solution 40 MG	16.00%	*

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044

EMR

Contrato Número

AR