

2022 ID FIDE “Formulario Wrap de Medicaid”

Medicare Parte D es el pagador principal del plan Idaho FIDE y debe proporcionar acceso a todos los medicamentos médicamente apropiados a través del formulario de la Parte D, la determinación de cobertura o el proceso de apelación. Se espera que el beneficio de medicamentos “wrap-around” (envolvente) de Medicaid se utilice además del formulario de Medicare para los medicamentos que se enumeran a continuación, los cuales pueden estar excluidos de la cobertura de Medicare Parte D, por ejemplo: algunos medicamentos sin receta, medicamentos de venta libre (cuando se obtiene una receta médica), algunas vitaminas con receta médica y otros medicamentos excluidos de la Parte D.

Código NDC	NOMBRE DE LA ETIQUETA	TAMAÑO DEL PAQUETE	CONCENTRACIÓN
46122006271	8 HOUR ACETAMINOPHEN ER 650 MG	50	650 MG
46122006278	8 HOUR ACETAMINOPHEN ER 650 MG	100	650 MG
46122062978	8 HR ARTHRITIS PAIN ER 650 MG	100	650 MG
70000018001	8 HR ARTHRITIS PAIN ER 650 MG	250	650 MG
70000018002	8 HR ARTHRITIS PAIN ER 650 MG	50	650 MG
70000018003	8 HR ARTHRITIS PAIN ER 650 MG	100	650 MG
70000030601	8 HR MUSCLE ACHE-PAIN ER 650 MG	100	650 MG
00713011801	ACEPHEN 120 MG SUPPOSITORY	100	120 MG
00713011806	ACEPHEN 120 MG SUPPOSITORY	12	120 MG
00713011811	ACEPHEN 120 MG SUPPOSITORY	12	120 MG
00713011812	ACEPHEN 120 MG SUPPOSITORY	12	120 MG
00713011850	ACEPHEN 120 MG SUPPOSITORY	50	120 MG
00713011866	ACEPHEN 120 MG SUPPOSITORY	6	120 MG
00713016401	ACEPHEN 325 MG SUPPOSITORY	100	325 MG
00713016406	ACEPHEN 325 MG SUPPOSITORY	12	325 MG
00713016411	ACEPHEN 325 MG SUPPOSITORY	12	325 MG
00713016412	ACEPHEN 325 MG SUPPOSITORY	12	325 MG
00713016450	ACEPHEN 325 MG SUPPOSITORY	50	325 MG
00713016466	ACEPHEN 325 MG SUPPOSITORY	6	325 MG
00713016501	ACEPHEN 650 MG SUPPOSITORY	100	650 MG
00713016505	ACEPHEN 650 MG SUPPOSITORY	500	650 MG
00713016506	ACEPHEN 650 MG SUPPOSITORY	1	650 MG
00713016512	ACEPHEN 650 MG SUPPOSITORY	12	650 MG
00713016550	ACEPHEN 650 MG SUPPOSITORY	50	650 MG
00536125512	ACETAMINOPHEN 120 MG SUPPOS	12	120 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

24385002253	ACETAMINOPHEN 120 MG SUPPOS	12	120 MG
45802073200	ACETAMINOPHEN 120 MG SUPPOS	1	120 MG
45802073230	ACETAMINOPHEN 120 MG SUPPOS	12	120 MG
45802073233	ACETAMINOPHEN 120 MG SUPPOS	100	120 MG
00113044962	ACETAMINOPHEN 160 MG TAB CHEW	24	160 MG
49348019834	ACETAMINOPHEN 160 MG/5 ML ELX	120	160 MG/5 ML
54859080916	ACETAMINOPHEN 160 MG/5 ML LIQ	473	160 MG/5 ML
58657052016	ACETAMINOPHEN 160 MG/5 ML LIQ	473	160 MG/5 ML
69367032304	ACETAMINOPHEN 160 MG/5 ML LIQ	118	160 MG/5 ML
69367032316	ACETAMINOPHEN 160 MG/5 ML LIQ	473	160 MG/5 ML
68094059358	ACETAMINOPHEN 160 MG/5 ML ORAL	5	160 MG/5 ML
00121065700	ACETAMINOPHEN 160 MG/5 ML SOL	5	160 MG/5 ML
00121065705	ACETAMINOPHEN 160 MG/5 ML SOL	5	160 MG/5 ML
00904673870	ACETAMINOPHEN 160 MG/5 ML SOL	5	160 MG/5 ML
66689005401	ACETAMINOPHEN 160 MG/5 ML SOL	5	160 MG/5 ML
66689005499	ACETAMINOPHEN 160 MG/5 ML SOL	5	160 MG/5 ML
00121478105	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094023159	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094023161	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094023162	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094059359	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094059361	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094059362	ACETAMINOPHEN 160 MG/5 ML SUSP	5	160 MG/5 ML
68094059459	ACETAMINOPHEN 320 MG/10 ML SUS	10	320 MG/10 M L
68094059462	ACETAMINOPHEN 320 MG/10 ML SUS	10	320 MG/10 M L
46122043078	ACETAMINOPHEN 325 MG GELCAP	100	325 MG
00536132012	ACETAMINOPHEN 325 MG SUPPOS	12	325 MG
00536116401	ACETAMINOPHEN 325 MG TABLET	100	325 MG
00536132701	ACETAMINOPHEN 325 MG TABLET	100	325 MG
00536132706	ACETAMINOPHEN 325 MG TABLET	50	325 MG
00536132710	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
00904671950	ACETAMINOPHEN 325 MG TABLET	50	325 MG
00904671960	ACETAMINOPHEN 325 MG TABLET	100	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00904671980	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
00904677361	ACETAMINOPHEN 325 MG TABLET	100	325 MG
10267002201	ACETAMINOPHEN 325 MG TABLET	100	325 MG
10267002204	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
10267002205	ACETAMINOPHEN 325 MG TABLET	500	325 MG
10267022001	ACETAMINOPHEN 325 MG TABLET	100	325 MG
10267022004	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
10267022005	ACETAMINOPHEN 325 MG TABLET	500	325 MG
49483034001	ACETAMINOPHEN 325 MG TABLET	100	325 MG
49483034010	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
51079000201	ACETAMINOPHEN 325 MG TABLET	100	325 MG
51079000202	ACETAMINOPHEN 325 MG TABLET	200	325 MG
51079000217	ACETAMINOPHEN 325 MG TABLET	25	325 MG
51079000219	ACETAMINOPHEN 325 MG TABLET	25	325 MG
51079000220	ACETAMINOPHEN 325 MG TABLET	100	325 MG
51079000222	ACETAMINOPHEN 325 MG TABLET	200	325 MG
51645070301	ACETAMINOPHEN 325 MG TABLET	100	325 MG
51645070310	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
51645070399	ACETAMINOPHEN 325 MG TABLET	100	325 MG
63739000201	ACETAMINOPHEN 325 MG TABLET	750	325 MG
63739000203	ACETAMINOPHEN 325 MG TABLET	750	325 MG
63739000210	ACETAMINOPHEN 325 MG TABLET	100	325 MG
63739000211	ACETAMINOPHEN 325 MG TABLET	1500	325 MG
63739000213	ACETAMINOPHEN 325 MG TABLET	1500	325 MG
63739000215	ACETAMINOPHEN 325 MG TABLET	150	325 MG
63739044001	ACETAMINOPHEN 325 MG TABLET	750	325 MG
63739044003	ACETAMINOPHEN 325 MG TABLET	750	325 MG
63739044004	ACETAMINOPHEN 325 MG TABLET	300	325 MG
65162035005	ACETAMINOPHEN 325 MG TABLET	50	325 MG
65162035010	ACETAMINOPHEN 325 MG TABLET	100	325 MG
65162035011	ACETAMINOPHEN 325 MG TABLET	1000	325 MG
70000015201	ACETAMINOPHEN 325 MG TABLET	24	325 MG
70000015202	ACETAMINOPHEN 325 MG TABLET	100	325 MG
70000015203	ACETAMINOPHEN 325 MG TABLET	225	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000015204	ACETAMINOPHEN 325 MG TABLET	500	325 MG
70000037401	ACETAMINOPHEN 325 MG TABLET	100	325 MG
00121478111	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
68094033059	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
68094033061	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
68094033062	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
68094061459	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
68094061462	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
00121065711	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
00121131400	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
00121131411	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
00904673971	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
66689005501	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
66689005599	ACETAMINOPHEN 325 MG/10.15 ML	10.15	325/10.15
00904672024	ACETAMINOPHEN 500 MG CAPLET	24	500 MG
00904672040	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
00904672051	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
00904672059	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
00904672060	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
00904672080	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
10267011901	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
10267011904	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
10267011905	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
10267011906	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
10267119001	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
10267119004	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
10267119005	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
10267119006	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
45802048478	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
45802048490	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
50844017514	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
50844017515	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
50844017516	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
51079039601	ACETAMINOPHEN 500 MG CAPLET	100	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

51079039617	ACETAMINOPHEN 500 MG CAPLET	25	500 MG
51079039619	ACETAMINOPHEN 500 MG CAPLET	25	500 MG
51079039620	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
51645070501	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
51645070510	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
63739000101	ACETAMINOPHEN 500 MG CAPLET	750	500 MG
63739000103	ACETAMINOPHEN 500 MG CAPLET	750	500 MG
63739000110	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
63739000115	ACETAMINOPHEN 500 MG CAPLET	150	500 MG
63739043901	ACETAMINOPHEN 500 MG CAPLET	750	500 MG
65162060710	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
65162060711	ACETAMINOPHEN 500 MG CAPLET	1000	500 MG
70000015101	ACETAMINOPHEN 500 MG CAPLET	24	500 MG
70000015102	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
70000015103	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
70000015104	ACETAMINOPHEN 500 MG CAPLET	225	500 MG
70000015105	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
70000037301	ACETAMINOPHEN 500 MG CAPLET	24	500 MG
70000037302	ACETAMINOPHEN 500 MG CAPLET	50	500 MG
70000037303	ACETAMINOPHEN 500 MG CAPLET	100	500 MG
70000037304	ACETAMINOPHEN 500 MG CAPLET	225	500 MG
70000037305	ACETAMINOPHEN 500 MG CAPLET	500	500 MG
00536129229	ACETAMINOPHEN 500 MG GELCAP	100	500 MG
00904674959	ACETAMINOPHEN 500 MG GELCAP	100	500 MG
70000031201	ACETAMINOPHEN 500 MG GELCAP	50	500 MG
70000031202	ACETAMINOPHEN 500 MG GELCAP	100	500 MG
70000031203	ACETAMINOPHEN 500 MG GELCAP	225	500 MG
70000044601	ACETAMINOPHEN 500 MG GELCAP	50	500 MG
70000044602	ACETAMINOPHEN 500 MG GELCAP	100	500 MG
70000044603	ACETAMINOPHEN 500 MG GELCAP	225	500 MG
00113018762	ACETAMINOPHEN 500 MG GELTAB	24	500 MG
00113018771	ACETAMINOPHEN 500 MG GELTAB	50	500 MG
00113018778	ACETAMINOPHEN 500 MG GELTAB	100	500 MG
70000013701	ACETAMINOPHEN 500 MG SOFTGEL	24	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000050901	ACETAMINOPHEN 500 MG SOFTGEL	41	500 MG
00536117201	ACETAMINOPHEN 500 MG TABLET	100	500 MG
00536117210	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
00904673059	ACETAMINOPHEN 500 MG TABLET	100	500 MG
00904673060	ACETAMINOPHEN 500 MG TABLET	100	500 MG
00904673061	ACETAMINOPHEN 500 MG TABLET	100	500 MG
00904673080	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
49483034101	ACETAMINOPHEN 500 MG TABLET	100	500 MG
49483034110	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
49483034150	ACETAMINOPHEN 500 MG TABLET	500	500 MG
51645070601	ACETAMINOPHEN 500 MG TABLET	100	500 MG
51645070610	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
51645070699	ACETAMINOPHEN 500 MG TABLET	100	500 MG
64125010701	ACETAMINOPHEN 500 MG TABLET	100	500 MG
64125010710	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
65162060210	ACETAMINOPHEN 500 MG TABLET	100	500 MG
65162060211	ACETAMINOPHEN 500 MG TABLET	1000	500 MG
70000003601	ACETAMINOPHEN 500 MG TABLET	100	500 MG
70000015001	ACETAMINOPHEN 500 MG TABLET	60	500 MG
70000015002	ACETAMINOPHEN 500 MG TABLET	100	500 MG
70000015003	ACETAMINOPHEN 500 MG TABLET	225	500 MG
70000015301	ACETAMINOPHEN 500 MG TABLET	225	500 MG
70000041001	ACETAMINOPHEN 500 MG TABLET	60	500 MG
70000041002	ACETAMINOPHEN 500 MG TABLET	100	500 MG
60258005008	ACETAMINOPHEN 500 MG/5 ML LIQ	237	500 MG/5 ML
68094060559	ACETAMINOPHEN 640 MG/20 ML SUS	20	640 MG/20 ML
68094060562	ACETAMINOPHEN 640 MG/20 ML SUS	20	640 MG/20 ML
00536126012	ACETAMINOPHEN 650 MG SUPPOS	12	650 MG
45802073000	ACETAMINOPHEN 650 MG SUPPOS	1	650 MG
45802073030	ACETAMINOPHEN 650 MG SUPPOS	12	650 MG
45802073032	ACETAMINOPHEN 650 MG SUPPOS	50	650 MG
45802073033	ACETAMINOPHEN 650 MG SUPPOS	100	650 MG
00121478121	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
68094003059	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3

2021 ID FIDE “Formulario Wrap de Medicaid”

68094003062	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
68094065059	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
68094065062	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
00121065721	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
00121197100	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
00121197121	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
00904682076	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
66689005601	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
66689005699	ACETAMINOPHEN 650 MG/20.3 ML	20.3	650 MG/20.3
00472141799	ACETAMINOPHEN 80 MG/0.8 ML DRP	15	80 MG/0.8 ML
00904688365	ACETAMINOPHEN ER 650 MG CAPLET	400	650 MG
68001049500	ACETAMINOPHEN ER 650 MG TABLET	100	650 MG
68084077725	ACETAMINOPHEN ER 650 MG TABLET	30	650 MG
68084077795	ACETAMINOPHEN ER 650 MG TABLET	1	650 MG
70000004901	ACID REDUCER 20 MG TABLET	25	20 MG
70000050301	ACID REDUCER 20 MG TABLET	25	20 MG
70000010501	ADULT ASPIRIN EC 81 MG TABLET	120	81 MG
70000017801	ADULT ASPIRIN REGIMEN EC 81 MG	32	81 MG
70000020202	ADULT ASPIRIN REGIMEN EC 81 MG	120	81 MG
70000020203	ADULT ASPIRIN REGIMEN EC 81 MG	300	81 MG
70000020301	ADULT ASPIRIN REGIMEN EC 81 MG	120	81 MG
70000021801	ADULT ASPIRIN REGIMEN EC 81 MG	37	81 MG
29978091860	ALEVAZOL 1 % OINTMENT	56.7	1 %
00113949062	ALL DAY PAIN RELIEF 220 MG TAB	24	220 MG
00113949071	ALL DAY PAIN RELIEF 220 MG TAB	50	220 MG
00113949078	ALL DAY PAIN RELIEF 220 MG TAB	100	220 MG
37205026278	ALL DAY PAIN RELIEF 220 MG TAB	100	220 MG
69230014111	ALL DAY PAIN RELIEF 220 MG TAB	1000	220 MG
69230031301	ALL DAY PAIN RELIEF 220 MG TAB	100	220 MG
69230031305	ALL DAY PAIN RELIEF 220 MG TAB	500	220 MG
69230031350	ALL DAY PAIN RELIEF 220 MG TAB	50	220 MG
70000017101	ALL DAY PAIN RELIEF 220 MG TAB	100	220 MG
70000017102	ALL DAY PAIN RELIEF 220 MG TAB	200	220 MG
70000017103	ALL DAY PAIN RELIEF 220 MG TAB	50	220 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000017104	ALL DAY PAIN RELIEF 220 MG TAB	120	220 MG
00113049078	ALL DAY PAIN RELIEF TABLET	100	220 MG
00113036862	ALL DAY PAIN RLF 220 MG CAPLET	24	220 MG
00113036871	ALL DAY PAIN RLF 220 MG CAPLET	50	220 MG
00113036878	ALL DAY PAIN RLF 220 MG CAPLET	100	220 MG
24385036881	ALL DAY PAIN RLF 220 MG CAPLET	200	220 MG
37205026152	ALL DAY PAIN RLF 220 MG CAPLET	10	220 MG
37205074471	ALL DAY PAIN RLF 220 MG CAPLET	50	220 MG
37205074478	ALL DAY PAIN RLF 220 MG CAPLET	100	220 MG
70000020101	ALL DAY PAIN RLF 220 MG CAPLET	200	220 MG
70000020102	ALL DAY PAIN RLF 220 MG CAPLET	50	220 MG
70000020103	ALL DAY PAIN RLF 220 MG CAPLET	100	220 MG
70000020104	ALL DAY PAIN RLF 220 MG CAPLET	120	220 MG
00536102201	ALL DAY RELIEF 220 MG CAPLET	100	220 MG
00536102206	ALL DAY RELIEF 220 MG CAPLET	50	220 MG
00536109301	ALL DAY RELIEF 220 MG CAPLET	100	220 MG
00536109306	ALL DAY RELIEF 220 MG CAPLET	50	220 MG
00536102301	ALL DAY RELIEF 220 MG TABLET	100	220 MG
00536102306	ALL DAY RELIEF 220 MG TABLET	50	220 MG
00536109401	ALL DAY RELIEF 220 MG TABLET	100	220 MG
00536109406	ALL DAY RELIEF 220 MG TABLET	50	220 MG
24385062982	ARTHRITIS PAIN ER 650 MG CAPLT	225	650 MG
37205003471	ARTHRITIS PAIN ER 650 MG CAPLT	50	650 MG
37205003478	ARTHRITIS PAIN ER 650 MG CAPLT	100	650 MG
46122017081	ARTHRITIS PAIN ER 650 MG CAPLT	200	650 MG
51660033301	ARTHRITIS PAIN ER 650 MG CAPLT	100	650 MG
51660033350	ARTHRITIS PAIN ER 650 MG CAPLT	50	650 MG
63868008950	ARTHRITIS PAIN ER 650 MG CAPLT	50	650 MG
50268005211	ARTHRITIS PAIN ER 650 MG TAB	1	650 MG
50268005215	ARTHRITIS PAIN ER 650 MG TAB	50	650 MG
24385062978	ARTHRITIS PAIN RELF ER 650 MG	100	650 MG
24385062947	ARTHRITIS PAIN RLF ER 650 MG	150	650 MG
24385062981	ARTHRITIS PAIN RLF ER 650 MG	200	650 MG
62107002726	ASPIR EC 81 MG TABLET	120	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

62107002732	ASPIR EC 81 MG TABLET	1000	81 MG
00113041687	ASPIRIN 325 MG TABLET	300	325 MG
00536105301	ASPIRIN 325 MG TABLET	100	325 MG
00536105305	ASPIRIN 325 MG TABLET	500	325 MG
00536105405	ASPIRIN 325 MG TABLET	500	325 MG
00536105429	ASPIRIN 325 MG TABLET	100	325 MG
00536128401	ASPIRIN 325 MG TABLET	100	325 MG
00536330501	ASPIRIN 325 MG TABLET	100	325 MG
00536330510	ASPIRIN 325 MG TABLET	1000	325 MG
00904200940	ASPIRIN 325 MG TABLET	500	325 MG
00904200960	ASPIRIN 325 MG TABLET	100	325 MG
00904200970	ASPIRIN 325 MG TABLET	250	325 MG
00904200980	ASPIRIN 325 MG TABLET	1000	325 MG
00904201959	ASPIRIN 325 MG TABLET	100	325 MG
00904201980	ASPIRIN 325 MG TABLET	1000	325 MG
00904674460	ASPIRIN 325 MG TABLET	100	325 MG
00904680940	ASPIRIN 325 MG TABLET	500	325 MG
00904681180	ASPIRIN 325 MG TABLET	1000	325 MG
24385041178	ASPIRIN 325 MG TABLET	100	325 MG
24385041687	ASPIRIN 325 MG TABLET	300	325 MG
37205014578	ASPIRIN 325 MG TABLET	100	325 MG
37205014587	ASPIRIN 325 MG TABLET	300	325 MG
37205066887	ASPIRIN 325 MG TABLET	300	325 MG
46122029278	ASPIRIN 325 MG TABLET	100	325 MG
49483001101	ASPIRIN 325 MG TABLET	100	325 MG
49483001110	ASPIRIN 325 MG TABLET	1000	325 MG
50844015713	ASPIRIN 325 MG TABLET	250	325 MG
50844015714	ASPIRIN 325 MG TABLET	500	325 MG
50844015716	ASPIRIN 325 MG TABLET	1000	325 MG
50844015717	ASPIRIN 325 MG TABLET	300	325 MG
50844015729	ASPIRIN 325 MG TABLET	150	325 MG
51645071601	ASPIRIN 325 MG TABLET	100	325 MG
51645071610	ASPIRIN 325 MG TABLET	1000	325 MG
63739002401	ASPIRIN 325 MG TABLET	750	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

63739002403	ASPIRIN 325 MG TABLET	750	325 MG
63739002410	ASPIRIN 325 MG TABLET	100	325 MG
63739002415	ASPIRIN 325 MG TABLET	150	325 MG
63739043301	ASPIRIN 325 MG TABLET	750	325 MG
63739043303	ASPIRIN 325 MG TABLET	750	325 MG
63739043310	ASPIRIN 325 MG TABLET	100	325 MG
70000025301	ASPIRIN 325 MG TABLET	50	325 MG
70000025302	ASPIRIN 325 MG TABLET	100	325 MG
70000025303	ASPIRIN 325 MG TABLET	300	325 MG
70000050701	ASPIRIN 325 MG TABLET	100	325 MG
70000050702	ASPIRIN 325 MG TABLET	300	325 MG
00536331810	ASPIRIN 325 MG TABLET EC	1000	325 MG
24385042993	ASPIRIN 325 MG TABLET EC	1000	325 MG
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
00536100862	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
00536329736	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
00603002436	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
00904404061	ASPIRIN 81 MG CHEWABLE TABLET	100	81 MG
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
00904628880	ASPIRIN 81 MG CHEWABLE TABLET	1000	81 MG
00904628889	ASPIRIN 81 MG CHEWABLE TABLET	90	81 MG
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1000	81 MG
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	90	81 MG
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
24385027868	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
24385036468	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
37205070868	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
49483033463	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
63739043401	ASPIRIN 81 MG CHEWABLE TABLET	750	81 MG
63739043403	ASPIRIN 81 MG CHEWABLE TABLET	750	81 MG
70000010201	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
70000010301	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
70000010303	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
70000017001	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000041901	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
70000042001	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
70000042002	ASPIRIN 81 MG CHEWABLE TABLET	37	81 MG
63739002501	ASPIRIN 81 MG TABLET CHEW	750	81 MG
63739002503	ASPIRIN 81 MG TABLET CHEW	750	81 MG
00603002522	ASPIRIN 81 MG TABLET EC	120	81 MG
00603002532	ASPIRIN 81 MG TABLET EC	1000	81 MG
24385053590	ASPIRIN 81 MG TABLET EC	500	81 MG
37205051090	ASPIRIN 81 MG TABLET EC	500	81 MG
49483002510	ASPIRIN 81 MG TABLET EC	1000	81 MG
49483002512	ASPIRIN 81 MG TABLET EC	120	81 MG
50844025506	ASPIRIN 81 MG TABLET EC	200	81 MG
50844025512	ASPIRIN 81 MG TABLET EC	100	81 MG
50844025513	ASPIRIN 81 MG TABLET EC	250	81 MG
50844025516	ASPIRIN 81 MG TABLET EC	1000	81 MG
50844025532	ASPIRIN 81 MG TABLET EC	120	81 MG
51079084519	ASPIRIN 81 MG TABLET EC	25	81 MG
62584017901	ASPIRIN 81 MG TABLET EC	100	81 MG
62584021201	ASPIRIN 81 MG TABLET EC	100	81 MG
63739027215	ASPIRIN 81 MG TABLET EC	150	81 MG
37205036968	ASPIRIN ADULT 81 MG CHEW TAB	37	81 MG
00904517518	ASPIRIN ADULT 81 MG TAB EC	120	81 MG
50844022212	ASPIRIN ADULT 81 MG TAB EC	100	81 MG
50844022216	ASPIRIN ADULT 81 MG TAB EC	1000	81 MG
65162024111	ASPIRIN ADULT 81 MG TAB EC	1000	81 MG
65162024116	ASPIRIN ADULT 81 MG TAB EC	120	81 MG
51079084520	ASPIRIN E.C. 81 MG TABLET EC	100	81 MG
00113042902	ASPIRIN EC 325 MG TABLET	125	325 MG
00536114801	ASPIRIN EC 325 MG TABLET	100	325 MG
00536123201	ASPIRIN EC 325 MG TABLET	100	325 MG
00536331301	ASPIRIN EC 325 MG TABLET	100	325 MG
00536331310	ASPIRIN EC 325 MG TABLET	1000	325 MG
00603016821	ASPIRIN EC 325 MG TABLET	100	325 MG
00603016902	ASPIRIN EC 325 MG TABLET	90	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00603016921	ASPIRIN EC 325 MG TABLET	100	325 MG
00603016932	ASPIRIN EC 325 MG TABLET	1000	325 MG
00904201159	ASPIRIN EC 325 MG TABLET	100	325 MG
00904201360	ASPIRIN EC 325 MG TABLET	100	325 MG
00904201372	ASPIRIN EC 325 MG TABLET	300	325 MG
00904201380	ASPIRIN EC 325 MG TABLET	1000	325 MG
00904671260	ASPIRIN EC 325 MG TABLET	100	325 MG
00904678480	ASPIRIN EC 325 MG TABLET	1000	325 MG
24385042902	ASPIRIN EC 325 MG TABLET	125	325 MG
24385042990	ASPIRIN EC 325 MG TABLET	500	325 MG
37205042990	ASPIRIN EC 325 MG TABLET	500	325 MG
37205042996	ASPIRIN EC 325 MG TABLET	125	325 MG
46122059602	ASPIRIN EC 325 MG TABLET	125	325 MG
49483005201	ASPIRIN EC 325 MG TABLET	100	325 MG
49483005210	ASPIRIN EC 325 MG TABLET	1000	325 MG
49483033101	ASPIRIN EC 325 MG TABLET	100	325 MG
49483033110	ASPIRIN EC 325 MG TABLET	1000	325 MG
51645071401	ASPIRIN EC 325 MG TABLET	100	325 MG
51645071410	ASPIRIN EC 325 MG TABLET	1000	325 MG
63739002301	ASPIRIN EC 325 MG TABLET	750	325 MG
63739002303	ASPIRIN EC 325 MG TABLET	750	325 MG
63739052301	ASPIRIN EC 325 MG TABLET	750	325 MG
68084084825	ASPIRIN EC 325 MG TABLET	30	325 MG
68084084895	ASPIRIN EC 325 MG TABLET	1	325 MG
70000001401	ASPIRIN EC 325 MG TABLET	300	325 MG
70000003501	ASPIRIN EC 325 MG TABLET	125	325 MG
70000023701	ASPIRIN EC 325 MG TABLET	125	325 MG
70000023702	ASPIRIN EC 325 MG TABLET	300	325 MG
70000035901	ASPIRIN EC 325 MG TABLET	125	325 MG
00113027748	ASPIRIN EC 81 MG TABLET	180	81 MG
00113053576	ASPIRIN EC 81 MG TABLET	120	81 MG
00536100410	ASPIRIN EC 81 MG TABLET	1000	81 MG
00536100441	ASPIRIN EC 81 MG TABLET	120	81 MG
00536114941	ASPIRIN EC 81 MG TABLET	120	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00536123441	ASPIRIN EC 81 MG TABLET	120	81 MG
00536308610	ASPIRIN EC 81 MG TABLET	1000	81 MG
00536308641	ASPIRIN EC 81 MG TABLET	120	81 MG
00603002622	ASPIRIN EC 81 MG TABLET	120	81 MG
00603002632	ASPIRIN EC 81 MG TABLET	1000	81 MG
00904671318	ASPIRIN EC 81 MG TABLET	120	81 MG
00904675180	ASPIRIN EC 81 MG TABLET	1000	81 MG
00904678370	ASPIRIN EC 81 MG TABLET	250	81 MG
10267024041	ASPIRIN EC 81 MG TABLET	100	81 MG
10267240401	ASPIRIN EC 81 MG TABLET	100	81 MG
24385053548	ASPIRIN EC 81 MG TABLET	180	81 MG
24385053576	ASPIRIN EC 81 MG TABLET	120	81 MG
24385053587	ASPIRIN EC 81 MG TABLET	300	81 MG
24385054148	ASPIRIN EC 81 MG TABLET	180	81 MG
24385054187	ASPIRIN EC 81 MG TABLET	300	81 MG
37205051076	ASPIRIN EC 81 MG TABLET	120	81 MG
37205051087	ASPIRIN EC 81 MG TABLET	300	81 MG
37205075776	ASPIRIN EC 81 MG TABLET	120	81 MG
46122018076	ASPIRIN EC 81 MG TABLET	120	81 MG
46122018087	ASPIRIN EC 81 MG TABLET	300	81 MG
46122018248	ASPIRIN EC 81 MG TABLET	180	81 MG
46122026248	ASPIRIN EC 81 MG TABLET	180	81 MG
46122026287	ASPIRIN EC 81 MG TABLET	300	81 MG
46122061587	ASPIRIN EC 81 MG TABLET	300	81 MG
49348075623	ASPIRIN EC 81 MG TABLET	300	81 MG
49483005410	ASPIRIN EC 81 MG TABLET	1000	81 MG
49483005412	ASPIRIN EC 81 MG TABLET	120	81 MG
49483038710	ASPIRIN EC 81 MG TABLET	1000	81 MG
49483038712	ASPIRIN EC 81 MG TABLET	120	81 MG
49483048110	ASPIRIN EC 81 MG TABLET	1000	81 MG
49483048112	ASPIRIN EC 81 MG TABLET	120	81 MG
50844056314	ASPIRIN EC 81 MG TABLET	500	81 MG
51645071708	ASPIRIN EC 81 MG TABLET	120	81 MG
63739021201	ASPIRIN EC 81 MG TABLET	750	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

63739021202	ASPIRIN EC 81 MG TABLET	300	81 MG
63739021210	ASPIRIN EC 81 MG TABLET	100	81 MG
63739027201	ASPIRIN EC 81 MG TABLET	750	81 MG
63739027203	ASPIRIN EC 81 MG TABLET	750	81 MG
63739027210	ASPIRIN EC 81 MG TABLET	100	81 MG
63739052201	ASPIRIN EC 81 MG TABLET	750	81 MG
63739052210	ASPIRIN EC 81 MG TABLET	100	81 MG
70000017802	ASPIRIN EC 81 MG TABLET	300	81 MG
70000017803	ASPIRIN EC 81 MG TABLET	120	81 MG
70000021802	ASPIRIN EC 81 MG TABLET	120	81 MG
70000042801	ASPIRIN EC 81 MG TABLET	120	81 MG
00904770460	ASPIR-LOW 81 MG TABLET EC	100	81 MG
00904770418	ASPIR-LOW EC 81 MG TABLET	120	81 MG
00904770470	ASPIR-LOW EC 81 MG TABLET	250	81 MG
00904770480	ASPIR-LOW EC 81 MG TABLET	1000	81 MG
46017008730	BIFERA 28 MG TABLET	30	28 MG
68220008730	BIFERA 28 MG TABLET	30	28 MG
00074811031	CALCIJEX 1 MCG/ML AMPUL	1	1 MCG/ML
00054000713	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
00054000725	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
00093065701	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
00093735201	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
23155011801	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
23155011803	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
23155066201	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
23155066203	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
60687034501	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
60687034511	CALCITRIOL 0.25 MCG CAPSULE	1	0.25 MCG
62756096783	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
62756096788	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
63304023901	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
63304023930	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
64380072304	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
64380072306	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG

2021 ID FIDE “Formulario Wrap de Medicaid”

68084047501	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
68084047511	CALCITRIOL 0.25 MCG CAPSULE	1	0.25 MCG
69452020713	CALCITRIOL 0.25 MCG CAPSULE	30	0.25 MCG
69452020720	CALCITRIOL 0.25 MCG CAPSULE	100	0.25 MCG
00093065801	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
00093735301	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
23155011901	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
23155066301	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
62756096888	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
63304024001	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
64380072406	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
69452020820	CALCITRIOL 0.5 MCG CAPSULE	100	0.5 MCG
00143972805	CALCITRIOL 1 MCG/ML AMPUL	1	1 MCG/ML
00517013225	CALCITRIOL 1 MCG/ML AMPUL	1	1 MCG/ML
17478083101	CALCITRIOL 1 MCG/ML AMPUL	1	1 MCG/ML
17478093101	CALCITRIOL 1 MCG/ML AMPUL	1	1 MCG/ML
63323073101	CALCITRIOL 1 MCG/ML AMPUL	1	1 MCG/ML
00054312041	CALCITRIOL 1 MCG/ML SOLUTION	15	1 MCG/ML
63304024159	CALCITRIOL 1 MCG/ML SOLUTION	15	1 MCG/ML
64980044715	CALCITRIOL 1 MCG/ML SOLUTION	15	1 MCG/ML
00703731104	CALCITRIOL 1 MCG/ML VIAL	1	1 MCG/ML
70000030901	CHILD ACETAMINOPHEN 160 MG	24	160 MG
70000031001	CHILD ACETAMINOPHEN 160 MG	24	160 MG
68094058358	CHILD ACETAMINOPHEN 80 MG/2.5	2.5	80 MG/2.5 ML
68094058658	CHILD ACETAMINOPHEN 80 MG/2.5	2.5	80 MG/2.5 ML
37205046768	CHILD ASPIRIN 81 MG CHEW TAB	37	81 MG
51645071236	CHILD ASPIRIN 81 MG CHEW TAB	37	81 MG
62107002636	CHILD ASPIRIN 81 MG CHEW TAB	37	81 MG
63824017765	CHILD DELSYM COUGH 30 MG/5 ML	148	30 MG/5 ML
50383062750	CHILD FERROUS SULFATE 15 MG/ML	50	15 MG/ML
37205028226	CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00121182800	CHILD IBUPROFEN 200 MG/10 ML	10	100 MG/5 ML
00121182810	CHILD IBUPROFEN 200 MG/10 ML	10	100 MG/5 ML
46122055060	CHILD LORATADINE 5 MG TAB CHEW	20	5 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

51660011231	CHILD LORATADINE 5 MG TAB CHEW	30	5 MG
51660075331	CHILD LORATADINE 5 MG TAB CHEW	30	5 MG
51660075431	CHILD LORATADINE 5 MG TAB CHEW	30	5 MG
00113009165	CHILD PAIN RELIEVER TAB CHW	30	80 MG
00113010526	CHILD PAIN RLF 160 MG/5 ML SUS	118	160 MG/5 ML
00113013026	CHILD PAIN RLF 160 MG/5 ML SUS	118	160 MG/5 ML
00113017526	CHILD PAIN RLF 160 MG/5 ML SUS	120	160 MG/5 ML
46122001926	CHILD PAIN RLF 160 MG/5 ML SUS	118	160 MG/5 ML
46122010626	CHILD PAIN RLF 160 MG/5 ML SUS	118	160 MG/5 ML
00536012285	CHILD PAIN-FEVER 160 MG/5 ML	473	160 MG/5 ML
00536012297	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
00536360696	CHILD PAIN-FEVER 160 MG/5 ML	60	160 MG/5 ML
37205050826	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
37205051826	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
37205067626	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
37205071726	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122010526	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122020926	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122021026	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122021126	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122021226	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122021426	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
46122032226	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000002801	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000017301	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000020501	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000030501	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000048101	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
70000049601	CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
00536101407	CHILD PAIN-FEVER 80 MG TAB CHW	30	80 MG
00536323307	CHILD PAIN-FEVER 80 MG TAB CHW	30	80 MG
00113062326	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00121091400	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
00121091405	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

00121091700	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
00121091705	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
00121183605	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
00472176094	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00472176098	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
00472176194	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00472176394	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00472176494	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00536108159	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
00536108197	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00536108297	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
00904530909	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
00904530920	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00904546420	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00904557720	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385000926	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385000934	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
24385002734	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
24385036126	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385036134	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
24385037226	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385054934	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
24385062326	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385090526	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
24385090534	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
37205028326	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
37205064326	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
37205066026	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
37205084826	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
45802013326	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
45802014026	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
45802089726	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
45802089734	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
46122011026	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

49348087634	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
51672213001	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
51672213008	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
61269076194	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
61269076394	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
68001043592	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
68001043594	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
68094060059	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
68094060061	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
68094060062	CHILDREN IBUPROFEN 100 MG/5 ML	5	100 MG/5 ML
69230030811	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
69230030812	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
69230030911	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
69230030912	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
69230031011	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
69230031012	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
69230031111	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
69230031112	CHILDREN IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
70000018101	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
70000018102	CHILDREN IBUPROFEN 100 MG/5 ML	150	100 MG/5 ML
70000025901	CHILDREN IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
70000026201	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
70000026301	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
70000026302	CHILDREN IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
70000026303	CHILDREN IBUPROFEN 100 MG/5 ML	150	100 MG/5 ML
70000026401	CHILDREN IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
70000026402	CHILDREN IBUPROFEN 100 MG/5 ML	150	100 MG/5 ML
00008080001	CHILDREN'S ADVIL SUSPENSION	119	100 MG/5 ML
00008080003	CHILDREN'S ADVIL SUSPENSION	473	100 MG/5 ML
00904575146	CHILDREN'S MAPAP 80 MG RAPID	30	80 MG
00904525646	CHILDREN'S MAPAP 80 MG TAB CHW	30	80 MG
00904579146	CHILDREN'S MAPAP 80 MG TAB CHW	30	80 MG
00603084154	CHILDREN'S Q-PAP 160 MG/5 ML	118	160 MG/5 ML
00603084254	CHILDREN'S Q-PAP 160 MG/5 ML	118	160 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

00603084354	CHILDREN'S Q-PAP 160 MG/5 ML	118	160 MG/5 ML
00904664524	CHILD'S MAPAP 160 MG TAB CHEW	24	160 MG
37205051665	CHILD'S PAIN RELIEVER RAPID TB	30	80 MG
24385010526	CHILD'S PAIN RELIEVER SUSP	118	160 MG/5 ML
24385013026	CHILD'S PAIN RELIEVER SUSP	118	160 MG/5 ML
24385014626	CHILD'S PAIN RELIEVER SUSP	118	160 MG/5 ML
24385009165	CHILD'S PAIN RELIEVER TAB	30	80 MG
68094058859	CHL ACETAMINOPHEN 325 MG/10.15	10.15	325/10.15
68094058862	CHL ACETAMINOPHEN 325 MG/10.15	10.15	325/10.15
00904701416	CHLD ACETAMINOPHEN 160 MG/5 ML	473	160 MG/5 ML
00904701420	CHLD ACETAMINOPHEN 160 MG/5 ML	118	160 MG/5 ML
00536132197	CHLD ACETAMINOPHEN 160 MG/5 ML	118	160 MG/5 ML
00904676620	CHLD ACETAMINOPHEN 160 MG/5 ML	118	160 MG/5 ML
45802020126	CHLD ACETAMINOPHEN 160 MG/5 ML	118	160 MG/5 ML
45802020326	CHLD ACETAMINOPHEN 160 MG/5 ML	118	160 MG/5 ML
00121093900	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
00121093905	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
00121178100	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
00121178105	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094001559	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094001561	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094001562	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094058759	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094058761	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094058762	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
68094058758	CHLD ACETAMINOPHEN 160 MG/5 ML	5	160 MG/5 ML
42192050416	CONCENTRATED ACETAMINOPHEN DRP	473	80 MG/0.8 ML
00143962101	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
00143962125	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
00517003101	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
00517003125	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L

2021 ID FIDE “Formulario Wrap de Medicaid”

00517013005	CYANOCOBALAMIN 1,000 MCG/ML	30	1000 MCG/M L
55150036401	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
55150036425	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
63323004400	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
63323004401	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
63323004441	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
63323004444	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
63739047605	CYANOCOBALAMIN 1,000 MCG/ML	30	1000 MCG/M L
63739047621	CYANOCOBALAMIN 1,000 MCG/ML	30	1000 MCG/M L
69680011201	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
69680011210	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
69680011225	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
70069000501	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	1	1000 MCG/M L
70069017201	CYANOCOBALAMIN 1,000 MCG/ML	10	1000 MCG/M L
70069017210	CYANOCOBALAMIN 1,000 MCG/ML	10	1000 MCG/M L
00143962001	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
00143962010	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
00517003201	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M

2021 ID FIDE “Formulario Wrap de Medicaid”

			L
00517003225	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
67457039910	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
67457039925	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
69680011399	CYANOCOBALAMIN 10,000 MCG/10	10	1000 MCG/M L
00143961901	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
00143961910	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
00517013001	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
67457040005	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
67457040031	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
69680012105	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
69680012130	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
70069017101	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
70069017110	CYANOCOBALAMIN 30,000 MCG/30	30	1000 MCG/M L
63824017163	DELSYM 30 MG/5 ML SUSPENSION	89	30 MG/5 ML
63824017263	DELSYM 30 MG/5 ML SUSPENSION	89	30 MG/5 ML
63824017265	DELSYM 30 MG/5 ML SUSPENSION	148	30 MG/5 ML
63824017663	DELSYM 30 MG/5 ML SUSPENSION	89	30 MG/5 ML
63824017665	DELSYM 30 MG/5 ML SUSPENSION	148	30 MG/5 ML
00517023410	DEXFERRUM 100 MG/2 ML VIAL	2	100 MG/2 ML
00517013410	DEXFERRUM 50 MG/ML VIAL	1	50 MG/ML(1)
30698049301	DRISDOL 1.25 MG (50,000 UNIT)	100	1250 MCG
00024039202	DRISDOL 50,000 UNITS CAPSULE	50	1250 MCG

2021 ID FIDE “Formulario Wrap de Medicaid”

00024039310	DRISDOL 50,000 UNITS CAPSULE	100	1250 MCG
00087086644	D-VI-SOL 400 UNIT/ML LIQUID	50	10 (400)/ML
00904627350	D-VITA 400 UNIT/ML LIQUID	50	10 (400)/ML
62107002801	ECPIRIN EC 325 MG TABLET	100	325 MG
62107002832	ECPIRIN EC 325 MG TABLET	1000	325 MG
00485005708	ED-APAP 160 MG/5 ML LIQUID	236	160 MG/5 ML
42806003710	EPIFLUR 0.25 MG TABLET CHEW	1000	0.25 (0.55)
42806003712	EPIFLUR 0.25 MG TABLET CHEW	120	0.25 (0.55)
42806006010	EPIFLUR 0.5 MG TABLET CHEWABLE	1000	0.5 (1.1) MG
42806006012	EPIFLUR 0.5 MG TABLET CHEWABLE	120	0.5 (1.1) MG
42806007310	EPIFLUR 1 MG TABLET CHEWABLE	1000	1 MG (2.2 MG)
42806007312	EPIFLUR 1 MG TABLET CHEWABLE	120	1 MG (2.2 MG)
00955025110	ERGOCALCIFEROL 1.25 MG CAPSULE	100	1250 MCG
24385000178	EXTENDED PAIN RLF 650 MG CPLT	100	650 MG
00536129801	FAMOTIDINE 20 MG TABLET	100	20 MG
55111039601	FAMOTIDINE 20 MG TABLET	100	20 MG
46017009440	FEOSOL 45 MG CAPLET	41	45 MG
46017009475	FEOSOL 45 MG CAPLET	75	45 MG
46017009660	FEOSOL 45 MG CAPLET	60	45 MG
46017009412	FEOSOL 65 MG TABLET	125	325 (65) MG
46017009712	FEOSOL 65 MG TABLET	120	325 (65) MG
46017009530	FEOSOL BIFERA 28 MG CAPLET	30	28 MG
00245005301	FERATAB 300 MG TABLET	100	300 (60) MG
00904547760	FERATE 28 MG TABLET	100	256 (28) MG
00024101550	FERGON 27 MG TABLET	500	240 (27) MG
00087074002	FER-IN-SOL 15 MG/ML DROPS	50	15 MG/ML
00904759060	FEROSUL 325 MG TABLET	100	325 (65) MG
00904759080	FEROSUL 325 MG TABLET	1000	325 (65) MG
00904759082	FEROSUL 325 MG TABLET	100	325 (65) MG
00904759160	FEROSUL 325 MG TABLET	100	325 (65) MG
00904759180	FEROSUL 325 MG TABLET	1000	325 (65) MG
00904759182	FEROSUL 325 MG TABLET	100	325 (65) MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00682010801	FERROMAR 275 MG CAPSULE SA	100	275 MG
49483006301	FERRO-TIME 325 MG TABLET	100	325 (65) MG
49483006401	FERRO-TIME 325 MG TABLET	100	325 (65) MG
60258018201	FERROUS FUMARATE 324 MG TAB	100	324 (106) MG
00178008501	FERROUS FUMARATE 90 MG TAB	100	90 (29.5) MG
00245006101	FERROUS GLUCONATE 300 MG TAB	100	300 (35) MG
00574050801	FERROUS GLUCONATE 324 MG TAB	100	324 (38) MG
00574050810	FERROUS GLUCONATE 324 MG TAB	1000	324 (38) MG
00574050811	FERROUS GLUCONATE 324 MG TAB	100	324 (38) MG
00904213761	FERROUS GLUCONATE 324 MG TAB	100	324 (37.5)
65162040410	FERROUS GLUCONATE 325 MG TAB	100	325 (36) MG
00536347807	FERROUS SUL 160 MG TAB SA	30	160 (50) MG
00536347808	FERROUS SUL 160 MG TAB SA	60	160 (50) MG
00603076247	FERROUS SULF 15 MG IRON/ML DRP	50	15 MG/ML
00904606050	FERROUS SULF 15 MG IRON/ML DRP	50	15 MG/ML
54838001150	FERROUS SULF 15 MG IRON/ML DRP	50	15 MG/ML
64376074151	FERROUS SULF 15 MG IRON/ML DRP	50	15 MG/ML
00536065085	FERROUS SULF 220 MG/5 ML LIQ	473	220 (44)/5
00121053005	FERROUS SULF 300 MG/5 ML LIQ	5	300 MG/5 ML
39328015705	FERROUS SULF 300 MG/5 ML LIQ	5	300 MG/5 ML
50268033611	FERROUS SULF 300 MG/5 ML LIQ	5	300 MG/5 ML
50268033624	FERROUS SULF 300 MG/5 ML LIQ	5	300 MG/5 ML
69339015401	FERROUS SULF 300 MG/6.8 ML SOLN	6.8	220 (44)/5
69339015419	FERROUS SULF 300 MG/6.8 ML SOLN	6.8	220 (44)/5
00536115516	FERROUS SULF 44 MG IRON/5 ML LQ	473	220 (44)/5
54859081016	FERROUS SULF 44 MG IRON/5 ML LQ	473	220 (44)/5
00904098950	FERROUS SULF 75 (15) MG/0.6 ML	50	15 MG/0.6 ML
54838000250	FERROUS SULF 75 (15) MG/0.6 ML	50	15 MG/0.6 ML
00574060801	FERROUS SULF EC 324 MG TABLET	100	324 (65) MG
00574060810	FERROUS SULF EC 324 MG TABLET	1000	324 (65) MG
00574060811	FERROUS SULF EC 324 MG TABLET	100	324 (65) MG
00245010810	FERROUS SULF EC 325 MG TABLET	1000	325 (65) MG
00245010811	FERROUS SULF EC 325 MG TABLET	100	325 (65) MG
49483000804	FERROUS SULFATE 325 MG TAB	100	325 (65) MG

2021 ID FIDE “Formulario Wrap de Medicaid”

65162040611	FERROUS SULFATE 325 MG TAB	1000	325 (65) MG
65162040660	FERROUS SULFATE 325 MG TAB	100	325 (65) MG
00536100901	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
00603017929	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
00603017932	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
00603017955	FERROUS SULFATE 325 MG TABLET	1	325 (65) MG
00904759161	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
10267095001	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
10267095004	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
49483006310	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
49483006410	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
51645076101	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
51645076110	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
57664007001	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
57664007010	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
57664007101	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
57664007110	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
63044016566	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
63044016567	FERROUS SULFATE 325 MG TABLET	1000	325 (65) MG
63044016666	FERROUS SULFATE 325 MG TABLET	100	325 (65) MG
00536348107	FERROUS SULFATE ER 140 MG TAB	30	140 (45) MG
00536348108	FERROUS SULFATE ER 140 MG TAB	60	140 (45) MG
62107004401	FERROUSUL 325 MG TABLET	100	325 (65) MG
00472120106	FEVERALL 120 MG SUPPOSITORY	6	120 MG
00472120112	FEVERALL 120 MG SUPPOSITORY	12	120 MG
00472120150	FEVERALL 120 MG SUPPOSITORY	50	120 MG
51672211500	FEVERALL 120 MG SUPPOSITORY	1	120 MG
51672211502	FEVERALL 120 MG SUPPOSITORY	6	120 MG
51672211504	FEVERALL 120 MG SUPPOSITORY	50	120 MG
00472120206	FEVERALL 325 MG SUPPOSITORY	6	325 MG
00472120212	FEVERALL 325 MG SUPPOSITORY	12	325 MG
00472120250	FEVERALL 325 MG SUPPOSITORY	50	325 MG
51672211600	FEVERALL 325 MG SUPPOSITORY	1	325 MG
51672211602	FEVERALL 325 MG SUPPOSITORY	6	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

51672211604	FEVERALL 325 MG SUPPOSITORY	50	325 MG
00472120305	FEVERALL 650 MG SUPPOSITORY	500	650 MG
00472120312	FEVERALL 650 MG SUPPOSITORY	12	650 MG
00472120350	FEVERALL 650 MG SUPPOSITORY	50	650 MG
51672211700	FEVERALL 650 MG SUPPOSITORY	1	650 MG
51672211704	FEVERALL 650 MG SUPPOSITORY	50	650 MG
00472120006	FEVERALL 80 MG SUPPOSITORY	6	80 MG
00472120050	FEVERALL 80 MG SUPPOSITORY	50	80 MG
51672211400	FEVERALL 80 MG SUPPOSITORY	1	80 MG
51672211402	FEVERALL 80 MG SUPPOSITORY	6	80 MG
51672211404	FEVERALL 80 MG SUPPOSITORY	50	80 MG
52796017790	FLORIVA 1 MG CHEWABLE TABLET	90	1 MG (2.2 MG)
24338060216	FLUOR-A-DAY 0.25 MG TAB CHEW	120	0.25 (0.55)
24338061116	FLUOR-A-DAY 0.5 MG TAB CHEW	120	0.5 (1.1) MG
24338062216	FLUOR-A-DAY 1 MG TABLET CHEW	120	1 MG (2.2 MG)
24338065661	FLUOR-A-DAY 2.5 MG/ML DROPS	30	2.5 MG/ML
59088010473	FLUORIDE 0.25 MG TABLET CHEW	120	0.25 (0.55)
60258014520	FLUORIDE 0.25 MG TABLET CHEW	120	0.25 (0.55)
51862017110	FLUORIDE 0.5 MG TABLET CHEW	1000	0.5 (1.1) MG
51862017112	FLUORIDE 0.5 MG TABLET CHEW	120	0.5 (1.1) MG
59088010564	FLUORIDE 0.5 MG TABLET CHEW	1000	0.5 (1.1) MG
59088010573	FLUORIDE 0.5 MG TABLET CHEW	120	0.5 (1.1) MG
60258014610	FLUORIDE 0.5 MG TABLET CHEW	1000	0.5 (1.1) MG
60258014620	FLUORIDE 0.5 MG TABLET CHEW	120	0.5 (1.1) MG
61269017112	FLUORIDE 0.5 MG TABLET CHEW	120	0.5 (1.1) MG
51862017212	FLUORIDE 1 MG TABLET CHEWABLE	120	1 MG (2.2 MG)
59088010664	FLUORIDE 1 MG TABLET CHEWABLE	1000	1 MG (2.2 MG)
59088010673	FLUORIDE 1 MG TABLET CHEWABLE	120	1 MG (2.2 MG)
60258014720	FLUORIDE 1 MG TABLET CHEWABLE	120	1 MG (2.2 MG)

2021 ID FIDE “Formulario Wrap de Medicaid”

61269017212	FLUORIDE 1 MG TABLET CHEWABLE	120	1 MG (2.2 MG)
00093050719	FOLIC ACID 1 MG TABLET	1	1 MG
00093050793	FOLIC ACID 1 MG TABLET	100	1 MG
00143971701	FOLIC ACID 1 MG TABLET	100	1 MG
00143971710	FOLIC ACID 1 MG TABLET	1000	1 MG
00591521601	FOLIC ACID 1 MG TABLET	100	1 MG
00591521610	FOLIC ACID 1 MG TABLET	1000	1 MG
00603316202	FOLIC ACID 1 MG TABLET	90	1 MG
00603316221	FOLIC ACID 1 MG TABLET	100	1 MG
00603316230	FOLIC ACID 1 MG TABLET	2500	1 MG
00603316232	FOLIC ACID 1 MG TABLET	1000	1 MG
00603371432	FOLIC ACID 1 MG TABLET	1000	1 MG
00904062580	FOLIC ACID 1 MG TABLET	1000	1 MG
00904620180	FOLIC ACID 1 MG TABLET	1000	1 MG
00904658261	FOLIC ACID 1 MG TABLET	100	1 MG
10267012001	FOLIC ACID 1 MG TABLET	100	1 MG
10267012004	FOLIC ACID 1 MG TABLET	1000	1 MG
11534016501	FOLIC ACID 1 MG TABLET	100	1 MG
11534016503	FOLIC ACID 1 MG TABLET	1000	1 MG
24658011001	FOLIC ACID 1 MG TABLET	100	1 MG
24658011010	FOLIC ACID 1 MG TABLET	1000	1 MG
50268034511	FOLIC ACID 1 MG TABLET	1	1 MG
50268034515	FOLIC ACID 1 MG TABLET	50	1 MG
51079004101	FOLIC ACID 1 MG TABLET	100	1 MG
51079004117	FOLIC ACID 1 MG TABLET	25	1 MG
51079004119	FOLIC ACID 1 MG TABLET	25	1 MG
51079004120	FOLIC ACID 1 MG TABLET	100	1 MG
51079010501	FOLIC ACID 1 MG TABLET	1	1 MG
51079010517	FOLIC ACID 1 MG TABLET	25	1 MG
51079010519	FOLIC ACID 1 MG TABLET	25	1 MG
51079010520	FOLIC ACID 1 MG TABLET	100	1 MG
51293084601	FOLIC ACID 1 MG TABLET	100	1 MG
51293084610	FOLIC ACID 1 MG TABLET	1000	1 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

51991020101	FOLIC ACID 1 MG TABLET	100	1 MG
51991020110	FOLIC ACID 1 MG TABLET	1000	1 MG
58657015001	FOLIC ACID 1 MG TABLET	100	1 MG
58657015010	FOLIC ACID 1 MG TABLET	1000	1 MG
58657015101	FOLIC ACID 1 MG TABLET	100	1 MG
58657015110	FOLIC ACID 1 MG TABLET	1000	1 MG
59746001206	FOLIC ACID 1 MG TABLET	100	1 MG
59746001210	FOLIC ACID 1 MG TABLET	1000	1 MG
62135021001	FOLIC ACID 1 MG TABLET	100	1 MG
62135021010	FOLIC ACID 1 MG TABLET	1000	1 MG
62584089701	FOLIC ACID 1 MG TABLET	100	1 MG
62584089711	FOLIC ACID 1 MG TABLET	1	1 MG
62584089780	FOLIC ACID 1 MG TABLET	30	1 MG
62584089785	FOLIC ACID 1 MG TABLET	30	1 MG
63739053701	FOLIC ACID 1 MG TABLET	750	1 MG
63739053710	FOLIC ACID 1 MG TABLET	100	1 MG
64125012701	FOLIC ACID 1 MG TABLET	100	1 MG
64125012710	FOLIC ACID 1 MG TABLET	1000	1 MG
65162036110	FOLIC ACID 1 MG TABLET	100	1 MG
65162036111	FOLIC ACID 1 MG TABLET	1000	1 MG
66993042505	FOLIC ACID 1 MG TABLET	1000	1 MG
69315012701	FOLIC ACID 1 MG TABLET	100	1 MG
69315012710	FOLIC ACID 1 MG TABLET	1000	1 MG
76282021001	FOLIC ACID 1 MG TABLET	100	1 MG
76282021010	FOLIC ACID 1 MG TABLET	1000	1 MG
63323018410	FOLIC ACID 5 MG/ML VIAL	10	5 MG/ML
63323018411	FOLIC ACID 5 MG/ML VIAL	10	5 MG/ML
39822110001	FOLIC ACID 50 MG/10 ML VIAL	10	5 MG/ML
46122063078	GNP 8 HOUR PAIN RELIEF 650 MG	100	650 MG
46122062981	GNP 8 HR ARTHRIT PAIN ER 650 MG	200	650 MG
46122064971	GNP ACETAMINOPHEN 500 MG TAB	50	500 MG
46122069178	GNP ASPIRIN 325 MG TABLET	100	325 MG
46122059848	GNP ASPIRIN EC 81 MG TABLET	180	81 MG
46122059887	GNP ASPIRIN EC 81 MG TABLET	300	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

46122061576	GNP ASPIRIN EC 81 MG TABLET	120	81 MG
46122042462	GNP CHILD PAIN RELIEF 160 MG	24	160 MG
46122061762	GNP IBUPROFEN 100 MG CHEW TAB	24	100 MG
46122063262	GNP IBUPROFEN 100 MG CHEW TAB	24	100 MG
46122059360	GNP IBUPROFEN 200 MG MINI SFGL	20	200 MG
46122054890	GNP IBUPROFEN 200 MG TABLET	500	200 MG
46122056471	GNP NAPROXEN SOD 220 MG CAPLET	50	220 MG
46122056478	GNP NAPROXEN SOD 220 MG CAPLET	100	220 MG
46122056481	GNP NAPROXEN SOD 220 MG CAPLET	200	220 MG
46122056271	GNP NAPROXEN SOD 220 MG TABLET	50	220 MG
46122017360	GNP NICOTINE 2 MG CHEWING GUM	20	2 MG
46122028460	GNP NICOTINE 2 MG CHEWING GUM	20	2 MG
46122044858	GNP NICOTINE 2 MG CHEWING GUM	41	2 MG
46122066478	GNP NICOTINE 2 MG CHEWING GUM	100	2 MG
46122066315	GNP NICOTINE 2 MG MINI LOZENGE	81	2 MG
46122056803	GNP NICOTINE 21 MG/24 HR PATCH	29	21 MG/24 H
46122056807	GNP NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H
46122017420	GNP NICOTINE 4 MG CHEWING GUM	170	4 MG
46122044958	GNP NICOTINE 4 MG CHEWING GUM	41	4 MG
46122066678	GNP NICOTINE 4 MG CHEWING GUM	100	4 MG
46122066515	GNP NICOTINE 4 MG MINI LOZENGE	81	4 MG
46122031278	GNP PAIN RELIEF 500 MG CAPLET	100	500 MG
46122054382	GNP PAIN RELIEF 500 MG CAPLET	225	500 MG
46122069662	GNP PAIN RELIEF 500 MG GELCAP	24	500 MG
24385040578	GNP PAIN RELIEVER 500 MG TAB	100	500 MG
00113054462	GS ARTHRITIS PAIN ER 650 MG	24	650 MG
00113054478	GS ARTHRITIS PAIN ER 650 MG	100	650 MG
00113041678	GS ASPIRIN 325 MG TABLET	100	325 MG
00113025968	GS ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
00113027408	GS ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
00113027468	GS ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
00113046708	GS ASPIRIN 81 MG CHEWABLE TAB	108	81 MG
00113046768	GS ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
00113060826	GS CHILD FEVER-PAIN 160 MG/5 ML	118	160 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

00113016626	GS CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00113016634	GS CHILD IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
00113066026	GS CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00113068526	GS CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00113089726	GS CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
00113089734	GS CHILD IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
00113021226	GS CHILD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
00113002026	GS CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
00113895926	GS CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
00113246162	GS IBUPROFEN 100 MG CHEW TAB	24	100 MG
00113051771	GS IBUPROFEN 200 MG CAPLET	50	200 MG
00113064762	GS IBUPROFEN 200 MG CAPLET	24	200 MG
00113064771	GS IBUPROFEN 200 MG CAPLET	50	200 MG
00113064778	GS IBUPROFEN 200 MG CAPLET	100	200 MG
00113029827	GS IBUPROFEN 200 MG LIQUID GEL	80	200 MG
00113007471	GS IBUPROFEN 200 MG TABLET	50	200 MG
00113007478	GS IBUPROFEN 200 MG TABLET	100	200 MG
00113060452	GS IBUPROFEN 200 MG TABLET	10	200 MG
00113060462	GS IBUPROFEN 200 MG TABLET	24	200 MG
00113060471	GS IBUPROFEN 200 MG TABLET	50	200 MG
00113060478	GS IBUPROFEN 200 MG TABLET	100	200 MG
00113060490	GS IBUPROFEN 200 MG TABLET	500	200 MG
00113005705	GS INF IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
00113016110	GS INFANT PAIN-FEVER 160 MG/5 ML	30	160 MG/5 ML
00113059010	GS INFANT PAIN-FEVER 160 MG/5 ML	30	160 MG/5 ML
00113094610	GS INFANT PAIN-FEVER 160 MG/5 ML	30	160 MG/5 ML
00113436862	GS NAPROXEN SOD 220 MG CAPLET	24	220 MG
00113436878	GS NAPROXEN SOD 220 MG CAPLET	100	220 MG
00113090162	GS NAPROXEN SOD 220 MG TABLET	24	220 MG
00113090178	GS NAPROXEN SODIUM 220 MG TAB	100	220 MG
00113002960	GS NICOTINE 2 MG CHEWING GUM	20	2 MG
00113002971	GS NICOTINE 2 MG CHEWING GUM	50	2 MG
00113020625	GS NICOTINE 2 MG CHEWING GUM	110	2 MG
00113045660	GS NICOTINE 2 MG CHEWING GUM	20	2 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00113034405	GS NICOTINE 2 MG LOZENGE	72	2 MG
00113073402	GS NICOTINE 2 MG MINI LOZENGE	81	2 MG
00113017060	GS NICOTINE 4 MG CHEWING GUM	20	4 MG
00113017071	GS NICOTINE 4 MG CHEWING GUM	50	4 MG
00113042225	GS NICOTINE 4 MG CHEWING GUM	110	4 MG
00113053260	GS NICOTINE 4 MG CHEWING GUM	20	4 MG
00113053278	GS NICOTINE 4 MG CHEWING GUM	100	4 MG
00113087305	GS NICOTINE 4 MG LOZENGE	72	4 MG
00113087306	GS NICOTINE 4 MG LOZENGE	96	4 MG
00113095702	GS NICOTINE 4 MG MINI LOZENGE	81	4 MG
00113095760	GS NICOTINE 4 MG MINI LOZENGE	20	4 MG
00113040378	GS PAIN RELIEF 325 MG TABLET	100	325 MG
00113002562	GS PAIN RELIEF 500 MG CAPLET	24	500 MG
00113002571	GS PAIN RELIEF 500 MG CAPLET	50	500 MG
00113048452	GS PAIN RELIEF 500 MG CAPLET	10	500 MG
00113048462	GS PAIN RELIEF 500 MG CAPLET	24	500 MG
00113048471	GS PAIN RELIEF 500 MG CAPLET	50	500 MG
00113048478	GS PAIN RELIEF 500 MG CAPLET	100	500 MG
00113048490	GS PAIN RELIEF 500 MG CAPLET	500	500 MG
00113022771	GS PAIN RELIEF 500 MG TABLET	50	500 MG
00113054471	GS PAIN RELIEF ER 650 MG CPLT	50	650 MG
62011033701	HM ARTHRIT PAIN RLF ER 650 MG	100	650 MG
62011002601	HM ARTHRITIS PAIN ER 650 MG	100	650 MG
62011002001	HM ASPIRIN 325 MG TABLET	100	325 MG
62011002002	HM ASPIRIN 325 MG TABLET	500	325 MG
62011002003	HM ASPIRIN 325 MG TABLET	300	325 MG
62011043201	HM ASPIRIN 325 MG TABLET	100	325 MG
62011043202	HM ASPIRIN 325 MG TABLET	300	325 MG
62011002101	HM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
62011002801	HM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
62011021201	HM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
62011040401	HM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
62011004001	HM ASPIRIN EC 325 MG TABLET	125	325 MG
62011040501	HM ASPIRIN EC 325 MG TABLET	125	325 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

62011000301	HM ASPIRIN EC 81 MG TABLET	180	81 MG
62011001901	HM ASPIRIN EC 81 MG TABLET	120	81 MG
62011001902	HM ASPIRIN EC 81 MG TABLET	300	81 MG
62011033901	HM CHILD ACETAMINOPHEN 160 MG	24	160 MG
62011037101	HM CHILD ALLERGY RLF 5 MG CHEW	30	5 MG
62011000801	HM CHILD IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
62011001001	HM CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
62011001101	HM CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
62011003001	HM CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
62011003002	HM CHILD IBUPROFEN 100 MG/5 ML	240	100 MG/5 ML
62011003003	HM CHILD IBUPROFEN 100 MG/5 ML	150	100 MG/5 ML
62011021401	HM CHILD IBUPROFEN 100 MG/5 ML	120	100 MG/5 ML
62011002901	HM CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
62011046001	HM CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
62011046101	HM CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
62011002201	HM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
62011018301	HM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
62011024601	HM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
62011024701	HM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
62011001501	HM IBUPROFEN 200 MG CAPLET	50	200 MG
62011001502	HM IBUPROFEN 200 MG CAPLET	100	200 MG
62011001503	HM IBUPROFEN 200 MG CAPLET	500	200 MG
62011001601	HM IBUPROFEN 200 MG CAPSULE	41	200 MG
62011036801	HM IBUPROFEN 200 MG SOFTGEL	41	200 MG
62011039901	HM IBUPROFEN 200 MG SOFTGEL	20	200 MG
62011001301	HM IBUPROFEN 200 MG TABLET	50	200 MG
62011001401	HM IBUPROFEN 200 MG TABLET	50	200 MG
62011001402	HM IBUPROFEN 200 MG TABLET	100	200 MG
62011001403	HM IBUPROFEN 200 MG TABLET	500	200 MG
62011001404	HM IBUPROFEN 200 MG TABLET	500	200 MG
62011001407	HM IBUPROFEN 200 MG TABLET	24	200 MG
62011036701	HM IBUPROFEN IB 100 MG CHEW TB	24	100 MG
62011040701	HM IBUPROFEN IB 100 MG CHEW TB	24	100 MG
62011021301	HM IBUPROFEN IB 200 MG CAPLET	100	200 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

62011022201	HM IBUPROFEN IB 200 MG TABLET	50	200 MG
62011022202	HM IBUPROFEN IB 200 MG TABLET	100	200 MG
62011033401	HM IBUPROFEN JR STR 100 MG CHW	24	100 MG
62011000401	HM INF IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
62011001201	HM INF IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
62011046201	HM INFANT PAIN RLF 160 MG/5 ML	59	160 MG/5 ML
62011000101	HM INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
62011000201	HM INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
62011025501	HM LICE TREATMENT 1 % CRM RINSE	59	1 %
62011011201	HM LICE TREATMENT 1 % LOTION	59	1 %
62011001701	HM NAPROXEN SOD 220 MG CAPLET	50	220 MG
62011001702	HM NAPROXEN SOD 220 MG CAPLET	100	220 MG
62011000701	HM NAPROXEN SODIUM 220 MG CAP	41	220 MG
62011024901	HM NAPROXEN SODIUM 220 MG CAP	41	220 MG
62011036901	HM NAPROXEN SODIUM 220 MG CAP	41	220 MG
62011017201	HM NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
62011035001	HM NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
62011004702	HM NICOTINE 2 MG CHEWING GUM	110	2 MG
62011042501	HM NICOTINE 2 MG CHEWING GUM	100	2 MG
62011004801	HM NICOTINE 2 MG LOZENGE	72	2 MG
62011004803	HM NICOTINE 2 MG LOZENGE	24	2 MG
62011042701	HM NICOTINE 2 MG LOZENGE	72	2 MG
62011019901	HM NICOTINE 2 MG MINI LOZENGE	81	2 MG
62011042901	HM NICOTINE 2 MG MINI LOZENGE	81	2 MG
62011017301	HM NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
62011035101	HM NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
62011017001	HM NICOTINE 4 MG CHEWING GUM	110	4 MG
62011042601	HM NICOTINE 4 MG CHEWING GUM	100	4 MG
62011017101	HM NICOTINE 4 MG LOZENGE	72	4 MG
62011017102	HM NICOTINE 4 MG LOZENGE	24	4 MG
62011042801	HM NICOTINE 4 MG LOZENGE	72	4 MG
62011020001	HM NICOTINE 4 MG MINI LOZENGE	81	4 MG
62011043001	HM NICOTINE 4 MG MINI LOZENGE	81	4 MG
62011005001	HM NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H

2021 ID FIDE “Formulario Wrap de Medicaid”

62011034901	HM NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
62011003202	HM PAIN RELIEF 325 MG TABLET	1000	325 MG
62011002301	HM PAIN RELIEF 500 MG CAPLET	100	500 MG
62011002302	HM PAIN RELIEF 500 MG CAPLET	50	500 MG
62011002303	HM PAIN RELIEF 500 MG CAPLET	500	500 MG
62011002304	HM PAIN RELIEF 500 MG CAPLET	500	500 MG
62011023801	HM PAIN RELIEF 500 MG GELCAP	100	500 MG
62011023802	HM PAIN RELIEF 500 MG GELCAP	24	500 MG
62011002701	HM PAIN RELIEF 500 MG TABLET	100	500 MG
62011043401	HM PAIN RELIEF 500 MG TABLET	100	500 MG
62011033601	HM PAIN RELIEF ER 650 MG CPLT	100	650 MG
62011003201	HM PAIN RELIEVER 325 MG TABLET	100	325 MG
62011004901	HM PAIN RELIEVER 500 MG TABLET	100	500 MG
49348094512	HM SLOW RELEASE IRON TABLET	60	143 (45) MG
00904174760	IBU-200 200 MG TABLET	100	200 MG
00904791451	IBU-200 200 MG TABLET	50	200 MG
00904791459	IBU-200 200 MG TABLET	100	200 MG
00904791480	IBU-200 200 MG TABLET	1000	200 MG
37205064605	IBU-DROPS 40 MG/ML SUSP DRPS	15	50 MG/1.25
00121091805	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
00121091840	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
00121477405	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
00121477440	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
00472125592	IBUPROFEN 100 MG/5 ML SUSP	60	100 MG/5 ML
00472125594	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
00472126194	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
00472126394	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
00472127008	IBUPROFEN 100 MG/5 ML SUSP	240	100 MG/5 ML
00472127016	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
00472127094	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
00472200216	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
00472200294	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
37205064426	IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
45802095226	IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

45802095243	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
50383058404	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
50383058405	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
50383058406	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
50383058407	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
50383058416	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
51079083206	IBUPROFEN 100 MG/5 ML SUSP	2.5	100 MG/5 ML
51079083306	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
51672138508	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
51672138509	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
59651003212	IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
59651003247	IBUPROFEN 100 MG/5 ML SUSP	473	100 MG/5 ML
63868089726	IBUPROFEN 100 MG/5 ML SUSP	118	100 MG/5 ML
66689000901	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
66689000950	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
66689033901	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
66689033950	IBUPROFEN 100 MG/5 ML SUSP	5	100 MG/5 ML
00536108901	IBUPROFEN 200 MG CAPLET	100	200 MG
00904532324	IBUPROFEN 200 MG CAPLET	24	200 MG
00904791251	IBUPROFEN 200 MG CAPLET	50	200 MG
00904791259	IBUPROFEN 200 MG CAPLET	100	200 MG
24385005878	IBUPROFEN 200 MG CAPLET	100	200 MG
24385005882	IBUPROFEN 200 MG CAPLET	225	200 MG
24385064771	IBUPROFEN 200 MG CAPLET	50	200 MG
24385064778	IBUPROFEN 200 MG CAPLET	100	200 MG
37205034171	IBUPROFEN 200 MG CAPLET	50	200 MG
37205034178	IBUPROFEN 200 MG CAPLET	100	200 MG
37205060571	IBUPROFEN 200 MG CAPLET	50	200 MG
70000000301	IBUPROFEN 200 MG CAPLET	50	200 MG
70000017601	IBUPROFEN 200 MG CAPLET	100	200 MG
70000017602	IBUPROFEN 200 MG CAPLET	200	200 MG
70000017603	IBUPROFEN 200 MG CAPLET	250	200 MG
70000017604	IBUPROFEN 200 MG CAPLET	50	200 MG
70000017605	IBUPROFEN 200 MG CAPLET	500	200 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000017606	IBUPROFEN 200 MG CAPLET	120	200 MG
70000028801	IBUPROFEN 200 MG CAPLET	50	200 MG
69230014620	IBUPROFEN 200 MG CAPSULE	20	200 MG
69230014640	IBUPROFEN 200 MG CAPSULE	41	200 MG
69230014652	IBUPROFEN 200 MG CAPSULE	160	200 MG
69230014680	IBUPROFEN 200 MG CAPSULE	80	200 MG
00536114730	IBUPROFEN 200 MG SOFTGEL	80	200 MG
00536360330	IBUPROFEN 200 MG SOFTGEL	80	200 MG
00904590339	IBUPROFEN 200 MG SOFTGEL	41	200 MG
00904590347	IBUPROFEN 200 MG SOFTGEL	80	200 MG
24385049941	IBUPROFEN 200 MG SOFTGEL	80	200 MG
24385049958	IBUPROFEN 200 MG SOFTGEL	41	200 MG
24385049960	IBUPROFEN 200 MG SOFTGEL	20	200 MG
37205073657	IBUPROFEN 200 MG SOFTGEL	80	200 MG
37205073658	IBUPROFEN 200 MG SOFTGEL	41	200 MG
46122058055	IBUPROFEN 200 MG SOFTGEL	120	200 MG
70000017201	IBUPROFEN 200 MG SOFTGEL	80	200 MG
70000019701	IBUPROFEN 200 MG SOFTGEL	20	200 MG
70000019702	IBUPROFEN 200 MG SOFTGEL	41	200 MG
70000036001	IBUPROFEN 200 MG SOFTGEL	20	200 MG
70000036002	IBUPROFEN 200 MG SOFTGEL	41	200 MG
70000036003	IBUPROFEN 200 MG SOFTGEL	80	200 MG
00113060485	IBUPROFEN 200 MG TABLET	250	200 MG
00113060493	IBUPROFEN 200 MG TABLET	1000	200 MG
00536108801	IBUPROFEN 200 MG TABLET	100	200 MG
00536108802	IBUPROFEN 200 MG TABLET	250	200 MG
00536108805	IBUPROFEN 200 MG TABLET	500	200 MG
00536108806	IBUPROFEN 200 MG TABLET	50	200 MG
00536310501	IBUPROFEN 200 MG TABLET	100	200 MG
00536310502	IBUPROFEN 200 MG TABLET	250	200 MG
00536310506	IBUPROFEN 200 MG TABLET	50	200 MG
00536310510	IBUPROFEN 200 MG TABLET	1000	200 MG
00536358701	IBUPROFEN 200 MG TABLET	100	200 MG
00536358702	IBUPROFEN 200 MG TABLET	250	200 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00536358706	IBUPROFEN 200 MG TABLET	50	200 MG
00536358710	IBUPROFEN 200 MG TABLET	1000	200 MG
00536393901	IBUPROFEN 200 MG TABLET	100	200 MG
00536393902	IBUPROFEN 200 MG TABLET	250	200 MG
00536393906	IBUPROFEN 200 MG TABLET	50	200 MG
00904674724	IBUPROFEN 200 MG TABLET	24	200 MG
00904674740	IBUPROFEN 200 MG TABLET	500	200 MG
00904674751	IBUPROFEN 200 MG TABLET	50	200 MG
00904674759	IBUPROFEN 200 MG TABLET	100	200 MG
00904674770	IBUPROFEN 200 MG TABLET	250	200 MG
00904674780	IBUPROFEN 200 MG TABLET	1000	200 MG
00904791224	IBUPROFEN 200 MG TABLET	24	200 MG
00904791402	IBUPROFEN 200 MG TABLET	24	200 MG
00904791461	IBUPROFEN 200 MG TABLET	100	200 MG
00904791524	IBUPROFEN 200 MG TABLET	24	200 MG
00904791540	IBUPROFEN 200 MG TABLET	500	200 MG
00904791551	IBUPROFEN 200 MG TABLET	50	200 MG
00904791559	IBUPROFEN 200 MG TABLET	100	200 MG
00904791570	IBUPROFEN 200 MG TABLET	250	200 MG
00904791580	IBUPROFEN 200 MG TABLET	1000	200 MG
24385005978	IBUPROFEN 200 MG TABLET	100	200 MG
24385060452	IBUPROFEN 200 MG TABLET	10	200 MG
24385060471	IBUPROFEN 200 MG TABLET	50	200 MG
24385060478	IBUPROFEN 200 MG TABLET	100	200 MG
24385060485	IBUPROFEN 200 MG TABLET	250	200 MG
24385060490	IBUPROFEN 200 MG TABLET	500	200 MG
37205034571	IBUPROFEN 200 MG TABLET	50	200 MG
37205034578	IBUPROFEN 200 MG TABLET	100	200 MG
37205035071	IBUPROFEN 200 MG TABLET	50	200 MG
37205035078	IBUPROFEN 200 MG TABLET	100	200 MG
37205035085	IBUPROFEN 200 MG TABLET	250	200 MG
37205035090	IBUPROFEN 200 MG TABLET	500	200 MG
37205067085	IBUPROFEN 200 MG TABLET	250	200 MG
37205067090	IBUPROFEN 200 MG TABLET	500	200 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

49483060101	IBUPROFEN 200 MG TABLET	100	200 MG
49483060110	IBUPROFEN 200 MG TABLET	1000	200 MG
51079073101	IBUPROFEN 200 MG TABLET	100	200 MG
51079073120	IBUPROFEN 200 MG TABLET	100	200 MG
51645077501	IBUPROFEN 200 MG TABLET	100	200 MG
51645077509	IBUPROFEN 200 MG TABLET	500	200 MG
51645077609	IBUPROFEN 200 MG TABLET	500	200 MG
51645077610	IBUPROFEN 200 MG TABLET	1000	200 MG
51645077701	IBUPROFEN 200 MG TABLET	100	200 MG
51645077710	IBUPROFEN 200 MG TABLET	1000	200 MG
53746013501	IBUPROFEN 200 MG TABLET	100	200 MG
53746013502	IBUPROFEN 200 MG TABLET	250	200 MG
53746013505	IBUPROFEN 200 MG TABLET	500	200 MG
53746013510	IBUPROFEN 200 MG TABLET	1000	200 MG
53746014001	IBUPROFEN 200 MG TABLET	100	200 MG
53746014005	IBUPROFEN 200 MG TABLET	500	200 MG
53746014010	IBUPROFEN 200 MG TABLET	1000	200 MG
63739013401	IBUPROFEN 200 MG TABLET	750	200 MG
63739013403	IBUPROFEN 200 MG TABLET	750	200 MG
63739013410	IBUPROFEN 200 MG TABLET	100	200 MG
63739013415	IBUPROFEN 200 MG TABLET	150	200 MG
63868098324	IBUPROFEN 200 MG TABLET	24	200 MG
63868098350	IBUPROFEN 200 MG TABLET	50	200 MG
65162014010	IBUPROFEN 200 MG TABLET	100	200 MG
65162014011	IBUPROFEN 200 MG TABLET	1000	200 MG
65162014050	IBUPROFEN 200 MG TABLET	500	200 MG
65162056510	IBUPROFEN 200 MG TABLET	100	200 MG
65162056511	IBUPROFEN 200 MG TABLET	1000	200 MG
65162056524	IBUPROFEN 200 MG TABLET	24	200 MG
65162056550	IBUPROFEN 200 MG TABLET	500	200 MG
70000017501	IBUPROFEN 200 MG TABLET	24	200 MG
70000017502	IBUPROFEN 200 MG TABLET	50	200 MG
70000017503	IBUPROFEN 200 MG TABLET	100	200 MG
70000017504	IBUPROFEN 200 MG TABLET	250	200 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000017505	IBUPROFEN 200 MG TABLET	500	200 MG
70000017507	IBUPROFEN 200 MG TABLET	120	200 MG
70000029101	IBUPROFEN 200 MG TABLET	100	200 MG
70000029201	IBUPROFEN 200 MG TABLET	100	200 MG
70000030801	IBUPROFEN 200 MG TABLET	50	200 MG
70000030802	IBUPROFEN 200 MG TABLET	100	200 MG
00121477410	IBUPROFEN 200 MG/10 ML SUSP	10	100 MG/5 ML
24385054662	IBUPROFEN JR STR 100 MG CHEW	24	100 MG
37205040262	IBUPROFEN JR STR 100 MG CHEW	24	100 MG
46122001062	IBUPROFEN JR STR 100 MG CHEW	24	100 MG
00904569124	IBUPROFEN JR STR 100 MG TAB	24	100 MG
00113046162	IBUPROFEN JR STR 100 MG TB CHW	24	100 MG
37205085262	IBUPROFEN JR STR 100 MG TB CHW	24	100 MG
70000023901	IBUPROFEN JR STR 100 MG TB CHW	24	100 MG
70000024001	IBUPROFEN JR STR 100 MG TB CHW	24	100 MG
63044020301	IFEREX 150 CAPSULE	100	150 MG
63044020361	IFEREX 150 CAPSULE	100	150 MG
00536121277	INF ACETAMINOPHEN 160 MG/5 ML	59	160 MG/5 ML
68094070358	INF ACETAMINOPHEN 200 MG/2 ML	2	200 MG/2 ML
68094069258	INF ACETAMINOPHEN 80 MG/0.8 ML	1	80 MG/0.8 ML
00904546330	INFANT IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
00904546335	INFANT IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
24385055010	INFANT IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
45802005705	INFANT IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
45963012523	INFANT IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
45963012524	INFANT IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
70000029801	INFANT IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
70000030701	INFANT IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
46122031346	INFANT PAIN RELIEF 160 MG/5 ML	59	160 MG/5 ML
46122034046	INFANT PAIN RELIEF 160 MG/5 ML	59	160 MG/5 ML
46122004246	INFANT PAIN RELIEF SUSP	59	160 MG/5 ML
46122005046	INFANT PAIN RELIEF SUSP	59	160 MG/5 ML
00113000805	INFANT PAIN RLF 80 MG/0.8 ML	15	80 MG/0.8 ML
00113000810	INFANT PAIN RLF 80 MG/0.8 ML	30	80 MG/0.8 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

46122003103	INFANT PAIN RLF 80 MG/0.8 ML	30	80 MG/0.8 ML
00536111196	INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
37205057516	INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
46122004203	INFANT PAIN-FEVER 160 MG/5 ML	30	160 MG/5 ML
46122005603	INFANT PAIN-FEVER 160 MG/5 ML	30	160 MG/5 ML
46122055246	INFANT PAIN-FEVER 160 MG/5 ML	60	160 MG/5 ML
70000047201	INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
37205043610	INFANTS IBU-DROPS SUSPENSION	30	50 MG/1.25
00904624403	INFANTS' MAPAP 160 MG/5 ML	59	160 MG/5 ML
00904630703	INFANTS' MAPAP 160 MG/5 ML	59	160 MG/5 ML
00113028905	INFANT'S PAIN RELIEF SUSP DROP	15	100 MG/ML
24385028905	INFANT'S PAIN RELIEF SUSP DROP	15	100 MG/ML
24385028910	INFANTS PAIN RELIEF W-O ASA	30	100 MG/ML
24385031305	INFANTS PAIN RELIEVER DROPS	15	100 MG/ML
37205057616	INFANTS PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
37205057716	INFANTS PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
70000014301	INFANTS PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
00023608201	INFED 100 MG/2 ML VIAL	2	100 MG/2 ML
00023608210	INFED 100 MG/2 ML VIAL	2	100 MG/2 ML
52544093102	INFED 100 MG/2 ML VIAL	2	100 MG/2 ML
52544093107	INFED 100 MG/2 ML VIAL	2	100 MG/2 ML
37205036865	IRON 160 MG TABLET	30	160 (50) MG
37205054778	IRON 27 MG TABLET	100	236 (27) MG
37205041396	IRON 325 MG TABLET	125	325 (65) MG
46122008365	IRON 45 MG TABLET	30	159 (45) MG
24385087578	IRON 65 MG TABLET	100	325 (65) MG
46122008402	IRON 65 MG TABLET	125	325 (65) MG
51991060501	IRON RELEASE 160 MG TAB SA	100	160 (50) MG
37205053262	JR. STR PAIN RELIEVER 160 MG	24	160 MG
00904575424	JUNIOR MAPAP 160 MG RAPID TAB	24	160 MG
37205020371	LDR NICOTINE 2 MG CHEWING GUM	50	2 MG
37205020377	LDR NICOTINE 2 MG CHEWING GUM	110	2 MG
37205020471	LDR NICOTINE 4 MG CHEWING GUM	50	4 MG
37205020477	LDR NICOTINE 4 MG CHEWING GUM	110	4 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

37205047778	LEADER 8 HR PAIN RELIEF 650 MG	100	650 MG
37205048878	LEADER PAIN RELIEV 500 MG CPLT	100	500 MG
46122010846	LICE TREATMENT 1 % CREME RINSE	59	1 %
70000004101	LICE TREATMENT 1 % CREME RINSE	59	1 %
24385041660	LITE COAT ASPIRIN 325 MG TAB	20	325 MG
24385041678	LITE COAT ASPIRIN 325 MG TAB	100	325 MG
24385041693	LITE COAT ASPIRIN 325 MG TAB	1000	325 MG
70000021701	LORATADINE 10 MG SOFTGEL	30	10 MG
00904790460	LOW DOSE ASA 81 MG TAB EC	100	81 MG
00904198500	MAPAP 160 MG/5 ML LIQUID	118	160 MG/5 ML
00904198516	MAPAP 160 MG/5 ML LIQUID	473	160 MG/5 ML
00904198520	MAPAP 160 MG/5 ML LIQUID	118	160 MG/5 ML
00904511620	MAPAP 160 MG/5 ML SUSPENSION	118	160 MG/5 ML
00904630820	MAPAP 160 MG/5 ML SUSPENSION	118	160 MG/5 ML
00904653620	MAPAP 160 MG/5 ML SUSPENSION	118	160 MG/5 ML
00904198202	MAPAP 325 MG TABLET	24	325 MG
00904198251	MAPAP 325 MG TABLET	50	325 MG
00904198259	MAPAP 325 MG TABLET	100	325 MG
00904198260	MAPAP 325 MG TABLET	100	325 MG
00904198261	MAPAP 325 MG TABLET	100	325 MG
00904198280	MAPAP 325 MG TABLET	1000	325 MG
00904198324	MAPAP 500 MG CAPLET	24	500 MG
00904198340	MAPAP 500 MG CAPLET	500	500 MG
00904198351	MAPAP 500 MG CAPLET	50	500 MG
00904198359	MAPAP 500 MG CAPLET	100	500 MG
00904198360	MAPAP 500 MG CAPLET	100	500 MG
00904198380	MAPAP 500 MG CAPLET	1000	500 MG
00904198394	MAPAP 500 MG CAPLET	175	500 MG
00904198759	MAPAP 500 MG CAPSULE	100	500 MG
00904198760	MAPAP 500 MG CAPSULE	100	500 MG
00904198780	MAPAP 500 MG CAPSULE	1000	500 MG
00904198959	MAPAP 500 MG GELCAP	100	500 MG
00904581651	MAPAP 500 MG GELCAP	50	500 MG
00904581660	MAPAP 500 MG GELCAP	100	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00904198859	MAPAP 500 MG TABLET	100	500 MG
00904198860	MAPAP 500 MG TABLET	100	500 MG
00904198861	MAPAP 500 MG TABLET	100	500 MG
00904198880	MAPAP 500 MG TABLET	1000	500 MG
00904584709	MAPAP 500 MG/15 ML LIQUID	237	500 MG/15 M L
00904197446	MAPAP 80 MG TABLET CHEW	30	80 MG
00904576960	MAPAP ARTHRITIS ER 650 MG CPLT	100	650 MG
00904525535	MAPAP INFANT 80 MG/0.8 ML DROP	15	80 MG/0.8 ML
00904590135	MAPAP INFANT 80 MG/0.8 ML DROP	15	80 MG/0.8 ML
00904615835	MAPAP INFANT 80 MG/0.8 ML DROP	15	80 MG/0.8 ML
00904525530	MAPAP INFANT SUSP DROPS	30	100 MG/ML
00006004368	MEPHYTON 5 MG TABLET	100	5 MG
00187170405	MEPHYTON 5 MG TABLET	100	5 MG
25010040515	MEPHYTON 5 MG TABLET	100	5 MG
49483033010	MINIPRIN EC 81 MG TABLET	1000	81 MG
49483033012	MINIPRIN EC 81 MG TABLET	120	81 MG
00085029702	MOL-IRON TABLET	100	195 MG
00009348111	MOTRIN IB 200 MG CAPLET	8	200 MG
58657052504	M-PAP 160 MG/5 ML LIQUID	120	160 MG/5 ML
58657052516	M-PAP 160 MG/5 ML LIQUID	473	160 MG/5 ML
00603145347	MULTIVIT-FL-IRON 0.5 MG DROP	50	0.5 MG/ML
51991067901	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
51862015101	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
61269015101	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
00603438121	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
00603438128	MULTIVIT-FLUOR 0.25 MG TAB CHW	500	0.25 MG
00603471321	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
58657016301	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
58657016390	MULTIVIT-FLUOR 0.25 MG TAB CHW	90	0.25 MG
59088010759	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
64376081301	MULTIVIT-FLUOR 0.25 MG TAB CHW	100	0.25 MG
00904602360	MULTIVIT-FLUOR 0.25 MG TB CHEW	100	0.25 MG
58657032550	MULTIVIT-FLUOR 0.25 MG/ML DROP	50	0.25 MG/ML

2021 ID FIDE “Formulario Wrap de Medicaid”

61269016150	MULTIVIT-FLUOR 0.25 MG/ML DROP	50	0.25 MG/ML
00603144947	MULTIVIT-FLUOR 0.25 MG/ML DROP	50	0.25 MG/ML
00904602460	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
51991068001	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
51862015201	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
61269015201	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
58657016401	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
58657016490	MULTIVIT-FLUOR 0.5 MG TAB CHEW	90	0.5 MG
59088010859	MULTIVIT-FLUOR 0.5 MG TAB CHEW	100	0.5 MG
64376081401	MULTIVIT-FLUOR 0.5 MG TAB CHW	100	0.5 MG
00603145047	MULTIVIT-FLUOR 0.5 MG/ML DROP	50	0.5 MG/ML
58657032650	MULTIVIT-FLUOR 0.5 MG/ML DROP	50	0.5 MG/ML
61269016250	MULTIVIT-FLUOR 0.5 MG/ML DROP	50	0.5 MG/ML
00904602260	MULTIVIT-FLUOR 1 MG TAB CHEW	100	1 MG
51991068101	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
51862015301	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
61269015301	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
00603438321	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
00603438328	MULTIVIT-FLUORIDE 1 MG TAB CHW	500	1 MG
58657016501	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
58657016590	MULTIVIT-FLUORIDE 1 MG TAB CHW	90	1 MG
59088010959	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
64376081501	MULTIVIT-FLUORIDE 1 MG TAB CHW	100	1 MG
00603471521	MULTIVIT-FLUORIDE 1 MG TABLET	100	1 MG
58657032750	MULTIVIT-FLUOR-IRON 0.25 MG/ML	50	0.25-10/ML
61269016350	MULTIVIT-IRON-FLUOR 0.25 MG/ML	50	0.25-10/ML
00603438221	MULT-VIT-FLUOR 0.5 MG TAB CHW	100	0.5 MG
00603438228	MULT-VIT-FLUOR 0.5 MG TAB CHW	500	0.5 MG
00603471421	MULT-VIT-FLUOR 0.5 MG TAB CHW	100	0.5 MG
00536411306	NAPROXEN SODIUM 220 MG CAPLET	50	220 MG
24385036878	NAPROXEN SODIUM 220 MG CAPLET	100	220 MG
37205026171	NAPROXEN SODIUM 220 MG CAPLET	50	220 MG
37205026178	NAPROXEN SODIUM 220 MG CAPLET	100	220 MG
46122030971	NAPROXEN SODIUM 220 MG CAPLET	50	220 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

62107009001	NAPROXEN SODIUM 220 MG CAPLET	100	220 MG
62107009050	NAPROXEN SODIUM 220 MG CAPLET	50	220 MG
37205085458	NAPROXEN SODIUM 220 MG CAPSULE	41	220 MG
37205085460	NAPROXEN SODIUM 220 MG CAPSULE	20	220 MG
46122003858	NAPROXEN SODIUM 220 MG CAPSULE	41	220 MG
46122003860	NAPROXEN SODIUM 220 MG CAPSULE	20	220 MG
46122003865	NAPROXEN SODIUM 220 MG CAPSULE	30	220 MG
46122003871	NAPROXEN SODIUM 220 MG CAPSULE	50	220 MG
46122053460	NAPROXEN SODIUM 220 MG CAPSULE	20	220 MG
69230030520	NAPROXEN SODIUM 220 MG CAPSULE	20	220 MG
69230030580	NAPROXEN SODIUM 220 MG CAPSULE	80	220 MG
00113049062	NAPROXEN SODIUM 220 MG TAB	24	220 MG
00113049071	NAPROXEN SODIUM 220 MG TAB	50	220 MG
00904522951	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
00904522959	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
00904523051	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
00904523059	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
24385036871	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
24385049071	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
24385049078	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
37205026271	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
45802049071	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
45802049078	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
46122056278	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
49348015210	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
49483060901	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
49483060905	NAPROXEN SODIUM 220 MG TABLET	50	220 MG
68084091401	NAPROXEN SODIUM 220 MG TABLET	100	220 MG
68084091411	NAPROXEN SODIUM 220 MG TABLET	1	220 MG
49483001801	NIACIN 500 MG CAPSULE SA	100	500 MG
50268058311	NIACIN ER 500 MG TABLET	1	500 MG
50268058315	NIACIN ER 500 MG TABLET	50	500 MG
00904434260	NIACIN TR 500 MG CAPLET	100	500 MG
00904434270	NIACIN TR 500 MG CAPLET	250	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00904063160	NIACIN TR 500 MG CAPSULE	100	500 MG
00904573411	NICORELIEF 2 MG GUM	110	2 MG
00904573451	NICORELIEF 2 MG GUM	50	2 MG
00904573611	NICORELIEF 2 MG GUM	110	2 MG
00904573651	NICORELIEF 2 MG GUM	50	2 MG
00904581962	NICORELIEF 2 MG GUM	72	2 MG
00904625762	NICORELIEF 2 MG LOZENGE	72	2 MG
00904573511	NICORELIEF 4 MG GUM	110	4 MG
00904573551	NICORELIEF 4 MG GUM	50	4 MG
00904573711	NICORELIEF 4 MG GUM	110	4 MG
00904573751	NICORELIEF 4 MG GUM	50	4 MG
00904582062	NICORELIEF 4 MG GUM	72	4 MG
00904625862	NICORELIEF 4 MG LOZENGE	72	4 MG
00068004755	NICORETTE DS 4 MG CHEW GUM	96	4 MG
00536110788	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
00536589533	NICOTINE 14 MG/24 HR PATCH	1	14 MG/24 H
00536589553	NICOTINE 14 MG/24 HR PATCH	7	14 MG/24 H
00536589571	NICOTINE 14 MG/24 HR PATCH	29	14 MG/24 H
00536589588	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
00591289330	NICOTINE 14 MG/24 HR PATCH	30	14 MG/24 H
00591289354	NICOTINE 14 MG/24 HR PATCH	30	14 MG/24 H
37205036174	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
43598044770	NICOTINE 14 MG/24 HR PATCH	7	14 MG/24 H
43598044771	NICOTINE 14 MG/24 HR PATCH	1	14 MG/24 H
43598044774	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
46122035274	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
60505706200	NICOTINE 14 MG/24 HR PATCH	1	14 MG/24 H
60505708900	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
68001043388	NICOTINE 14 MG/24 HR PATCH	7	14 MG/24 H
68001043390	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
70000011401	NICOTINE 14 MG/24 HR PATCH	7	14 MG/24 H
70000011402	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
70000051101	NICOTINE 14 MG/24 HR PATCH	7	14 MG/24 H
70000051102	NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H

2021 ID FIDE “Formulario Wrap de Medicaid”

00113020660	NICOTINE 2 MG CHEWING GUM	20	2 MG
00113045678	NICOTINE 2 MG CHEWING GUM	100	2 MG
00536136206	NICOTINE 2 MG CHEWING GUM	50	2 MG
00536136223	NICOTINE 2 MG CHEWING GUM	110	2 MG
00536136234	NICOTINE 2 MG CHEWING GUM	20	2 MG
00536302906	NICOTINE 2 MG CHEWING GUM	50	2 MG
00536302923	NICOTINE 2 MG CHEWING GUM	110	2 MG
00536302934	NICOTINE 2 MG CHEWING GUM	20	2 MG
00536310606	NICOTINE 2 MG CHEWING GUM	50	2 MG
00536310623	NICOTINE 2 MG CHEWING GUM	110	2 MG
00536310634	NICOTINE 2 MG CHEWING GUM	20	2 MG
00536311201	NICOTINE 2 MG CHEWING GUM	100	2 MG
00536311237	NICOTINE 2 MG CHEWING GUM	41	2 MG
00536338601	NICOTINE 2 MG CHEWING GUM	100	2 MG
00536338637	NICOTINE 2 MG CHEWING GUM	41	2 MG
00536340401	NICOTINE 2 MG CHEWING GUM	100	2 MG
00536340437	NICOTINE 2 MG CHEWING GUM	41	2 MG
24385017058	NICOTINE 2 MG CHEWING GUM	41	2 MG
24385059471	NICOTINE 2 MG CHEWING GUM	50	2 MG
24385059771	NICOTINE 2 MG CHEWING GUM	50	2 MG
37205096758	NICOTINE 2 MG CHEWING GUM	41	2 MG
37205096778	NICOTINE 2 MG CHEWING GUM	100	2 MG
45802020625	NICOTINE 2 MG CHEWING GUM	110	2 MG
46122017125	NICOTINE 2 MG CHEWING GUM	110	2 MG
46122017320	NICOTINE 2 MG CHEWING GUM	170	2 MG
63739037010	NICOTINE 2 MG CHEWING GUM	100	2 MG
63739037163	NICOTINE 2 MG CHEWING GUM	110	2 MG
70000011601	NICOTINE 2 MG CHEWING GUM	50	2 MG
70000012201	NICOTINE 2 MG CHEWING GUM	20	2 MG
70000012202	NICOTINE 2 MG CHEWING GUM	100	2 MG
70000034501	NICOTINE 2 MG CHEWING GUM	50	2 MG
70000034601	NICOTINE 2 MG CHEWING GUM	20	2 MG
70000034701	NICOTINE 2 MG CHEWING GUM	10	2 MG
70000034801	NICOTINE 2 MG CHEWING GUM	20	2 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000034802	NICOTINE 2 MG CHEWING GUM	100	2 MG
00113034403	NICOTINE 2 MG LOZENGE	24	2 MG
00113034423	NICOTINE 2 MG LOZENGE	72	2 MG
00536103881	NICOTINE 2 MG LOZENGE	81	2 MG
24385097567	NICOTINE 2 MG LOZENGE	49	2 MG
37205098769	NICOTINE 2 MG LOZENGE	72	2 MG
43598048610	NICOTINE 2 MG LOZENGE	108	2 MG
43598048624	NICOTINE 2 MG LOZENGE	24	2 MG
43598048627	NICOTINE 2 MG LOZENGE	27	2 MG
43598048672	NICOTINE 2 MG LOZENGE	72	2 MG
43598048681	NICOTINE 2 MG LOZENGE	81	2 MG
45802008901	NICOTINE 2 MG LOZENGE	27	2 MG
45802008902	NICOTINE 2 MG LOZENGE	81	2 MG
45802034403	NICOTINE 2 MG LOZENGE	24	2 MG
45802034405	NICOTINE 2 MG LOZENGE	72	2 MG
46122017608	NICOTINE 2 MG LOZENGE	72	2 MG
70000034901	NICOTINE 2 MG LOZENGE	72	2 MG
70000056201	NICOTINE 2 MG LOZENGE	72	2 MG
00536123927	NICOTINE 2 MG MINI LOZENGE	27	2 MG
00536123981	NICOTINE 2 MG MINI LOZENGE	81	2 MG
46122025415	NICOTINE 2 MG MINI LOZENGE	81	2 MG
46122025460	NICOTINE 2 MG MINI LOZENGE	20	2 MG
70000011701	NICOTINE 2 MG MINI LOZENGE	81	2 MG
70000056001	NICOTINE 2 MG MINI LOZENGE	81	2 MG
00536110888	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
00536589633	NICOTINE 21 MG/24 HR PATCH	1	21 MG/24 H
00536589653	NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H
00536589671	NICOTINE 21 MG/24 HR PATCH	29	21 MG/24 H
00536589688	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
00591290130	NICOTINE 21 MG/24 HR PATCH	30	21 MG/24 H
00591290154	NICOTINE 21 MG/24 HR PATCH	30	21 MG/24 H
37205035874	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
43598044828	NICOTINE 21 MG/24 HR PATCH	29	21 MG/24 H
43598044870	NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H

2021 ID FIDE “Formulario Wrap de Medicaid”

43598044871	NICOTINE 21 MG/24 HR PATCH	1	21 MG/24 H
43598044874	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
46122035374	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
60505706300	NICOTINE 21 MG/24 HR PATCH	1	21 MG/24 H
60505709000	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
68001043488	NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H
68001043490	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
68001043491	NICOTINE 21 MG/24 HR PATCH	29	21 MG/24 H
70000011501	NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H
70000011502	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
70000051201	NICOTINE 21 MG/24 HR PATCH	7	21 MG/24 H
70000051202	NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
00113042260	NICOTINE 4 MG CHEWING GUM	20	4 MG
00536137206	NICOTINE 4 MG CHEWING GUM	50	4 MG
00536137223	NICOTINE 4 MG CHEWING GUM	110	4 MG
00536137234	NICOTINE 4 MG CHEWING GUM	20	4 MG
00536303006	NICOTINE 4 MG CHEWING GUM	50	4 MG
00536303023	NICOTINE 4 MG CHEWING GUM	110	4 MG
00536310706	NICOTINE 4 MG CHEWING GUM	50	4 MG
00536310723	NICOTINE 4 MG CHEWING GUM	110	4 MG
00536311301	NICOTINE 4 MG CHEWING GUM	100	4 MG
00536311337	NICOTINE 4 MG CHEWING GUM	41	4 MG
00536338701	NICOTINE 4 MG CHEWING GUM	100	4 MG
00536338737	NICOTINE 4 MG CHEWING GUM	41	4 MG
00536340501	NICOTINE 4 MG CHEWING GUM	100	4 MG
00536340537	NICOTINE 4 MG CHEWING GUM	41	4 MG
24385017158	NICOTINE 4 MG CHEWING GUM	41	4 MG
24385059871	NICOTINE 4 MG CHEWING GUM	50	4 MG
24385059971	NICOTINE 4 MG CHEWING GUM	50	4 MG
37205096858	NICOTINE 4 MG CHEWING GUM	41	4 MG
37205096878	NICOTINE 4 MG CHEWING GUM	100	4 MG
45802000125	NICOTINE 4 MG CHEWING GUM	110	4 MG
45802011078	NICOTINE 4 MG CHEWING GUM	100	4 MG
46122017225	NICOTINE 4 MG CHEWING GUM	110	4 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

46122017460	NICOTINE 4 MG CHEWING GUM	20	4 MG
46122028660	NICOTINE 4 MG CHEWING GUM	20	4 MG
63739036810	NICOTINE 4 MG CHEWING GUM	100	4 MG
63739036910	NICOTINE 4 MG CHEWING GUM	100	4 MG
70000012001	NICOTINE 4 MG CHEWING GUM	50	4 MG
70000012301	NICOTINE 4 MG CHEWING GUM	20	4 MG
70000012302	NICOTINE 4 MG CHEWING GUM	100	4 MG
70000034101	NICOTINE 4 MG CHEWING GUM	50	4 MG
70000034201	NICOTINE 4 MG CHEWING GUM	20	4 MG
70000034301	NICOTINE 4 MG CHEWING GUM	10	4 MG
70000034401	NICOTINE 4 MG CHEWING GUM	20	4 MG
70000034402	NICOTINE 4 MG CHEWING GUM	100	4 MG
00113087303	NICOTINE 4 MG LOZENGE	24	4 MG
00113087323	NICOTINE 4 MG LOZENGE	72	4 MG
00536103981	NICOTINE 4 MG LOZENGE	81	4 MG
24385097667	NICOTINE 4 MG LOZENGE	49	4 MG
37205098869	NICOTINE 4 MG LOZENGE	72	4 MG
37205098969	NICOTINE 4 MG LOZENGE	72	4 MG
43598048710	NICOTINE 4 MG LOZENGE	108	4 MG
43598048724	NICOTINE 4 MG LOZENGE	24	4 MG
43598048727	NICOTINE 4 MG LOZENGE	27	4 MG
43598048772	NICOTINE 4 MG LOZENGE	72	4 MG
43598048781	NICOTINE 4 MG LOZENGE	81	4 MG
45802087303	NICOTINE 4 MG LOZENGE	24	4 MG
45802087305	NICOTINE 4 MG LOZENGE	72	4 MG
45802095701	NICOTINE 4 MG LOZENGE	27	4 MG
45802095702	NICOTINE 4 MG LOZENGE	81	4 MG
46122017708	NICOTINE 4 MG LOZENGE	72	4 MG
70000035001	NICOTINE 4 MG LOZENGE	72	4 MG
70000056101	NICOTINE 4 MG LOZENGE	72	4 MG
00536124127	NICOTINE 4 MG MINI LOZENGE	27	4 MG
00536124181	NICOTINE 4 MG MINI LOZENGE	81	4 MG
46122025515	NICOTINE 4 MG MINI LOZENGE	81	4 MG
46122025560	NICOTINE 4 MG MINI LOZENGE	20	4 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70000012100	NICOTINE 4 MG MINI LOZENGE	81	4 MG
00536110688	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
00536589433	NICOTINE 7 MG/24 HR PATCH	1	7 MG/24 H
00536589453	NICOTINE 7 MG/24 HR PATCH	7	7 MG/24 H
00536589488	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
00591289030	NICOTINE 7 MG/24 HR PATCH	30	7 MG/24 H
00591289054	NICOTINE 7 MG/24 HR PATCH	30	7 MG/24 H
37205036374	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
43598044670	NICOTINE 7 MG/24 HR PATCH	7	7 MG/24 H
43598044671	NICOTINE 7 MG/24 HR PATCH	1	7 MG/24 H
43598044674	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
46122035474	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
60505706100	NICOTINE 7 MG/24 HR PATCH	1	7 MG/24 H
60505708800	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
68001043288	NICOTINE 7 MG/24 HR PATCH	7	7 MG/24 H
68001043290	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
70000011301	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
70000011302	NICOTINE 7 MG/24 HR PATCH	7	7 MG/24 H
70000051001	NICOTINE 7 MG/24 HR PATCH	7	7 MG/24 H
70000051002	NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
00113045658	NICOTINE POLACRILEX 2 MG GUM	41	2 MG
00113053258	NICOTINE POLACRILEX 4 MG GUM	41	4 MG
00536310734	NICOTINE POLACRILEX 4 MG GUM	20	4 MG
00009527001	NICOTROL 10 MG/16 HR PATCH	14	10 MG/16 H
00071985308	NICOTROL 10 MG/16 HR PATCH	14	10 MG/16 H
00009519702	NICOTROL 15 MG/16 HR PATCH	7	15 MG/16 H
00009519707	NICOTROL 15 MG/16 HR PATCH	14	15 MG/16 H
00009519708	NICOTROL 15 MG/16 HR PATCH	7	15 MG/16 H
00071985408	NICOTROL 15 MG/16 HR PATCH	14	15 MG/16 H
00009526901	NICOTROL 5 MG/16 HR PATCH	14	5 MG/16 H
00071985208	NICOTROL 5 MG/16 HR PATCH	14	5 MG/16 H
64011016005	NIFEREX 100 MG/5 ML ELIXIR	236	100 MG/5 ML
64011013411	NIFEREX CAPSULE	100	60 MG
24385044962	NON-ASA JR STRNGTH 160 MG TB	24	160 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

49348015729	NON-ASPIRIN 100 MG/ML DROPS	15	100 MG/ML
63868083954	NON-ASPIRIN 160 MG/5 ML ELIX	118	160 MG/5 ML
63868084054	NON-ASPIRIN 160 MG/5 ML ELIX	118	160 MG/5 ML
24385040374	NON-ASPIRIN 500 MG CAPLET	10	500 MG
24385040572	NON-ASPIRIN 500 MG TABLET	60	500 MG
49348079829	NON-ASPIRIN INFANT SUSP DRP	15	100 MG/ML
00536322201	PAIN & FEVER 325 MG TABLET	100	325 MG
00536322210	PAIN & FEVER 325 MG TABLET	1000	325 MG
00536321801	PAIN & FEVER 500 MG CAPLET	100	500 MG
00536321810	PAIN & FEVER 500 MG CAPLET	1000	500 MG
00536323101	PAIN & FEVER 500 MG TABLET	100	500 MG
00536323110	PAIN & FEVER 500 MG TABLET	1000	500 MG
00536193672	PAIN & FEVER 80 MG/0.8 ML DROP	15	80 MG/0.8 ML
46122039078	PAIN RELIEF 325 MG TABLET	100	325 MG
00113001071	PAIN RELIEF 500 MG CAPLET	50	500 MG
24385048425	PAIN RELIEF 500 MG CAPLET	110	500 MG
24385048447	PAIN RELIEF 500 MG CAPLET	150	500 MG
46122000362	PAIN RELIEF 500 MG GELCAP	24	500 MG
46122000371	PAIN RELIEF 500 MG GELCAP	50	500 MG
46122000376	PAIN RELIEF 500 MG GELCAP	120	500 MG
46122000378	PAIN RELIEF 500 MG GELCAP	100	500 MG
00113022762	PAIN RELIEF 500 MG TABLET	24	500 MG
00113040572	PAIN RELIEF 500 MG TABLET	60	500 MG
00113040578	PAIN RELIEF 500 MG TABLET	100	500 MG
00113021771	PAIN RELIEF ER 650 MG CAPLET	50	650 MG
24385000162	PAIN RELIEF ER 650 MG CAPLET	24	650 MG
24385000171	PAIN RELIEF ER 650 MG CAPLET	50	650 MG
24385062971	PAIN RELIEF ER 650 MG CAPLET	50	650 MG
24385040371	PAIN RELIEF WITHOUT ASA TABLET	50	325 MG
37205031905	PAIN RELIEVER 100 MG/ML DRP	15	100 MG/ML
24385040378	PAIN RELIEVER 325 MG TABLET	100	325 MG
37205003178	PAIN RELIEVER 325 MG TABLET	100	325 MG
46122024778	PAIN RELIEVER 325 MG TABLET	100	325 MG
24385048452	PAIN RELIEVER 500 MG CAPLET	10	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

24385048471	PAIN RELIEVER 500 MG CAPLET	50	500 MG
24385048478	PAIN RELIEVER 500 MG CAPLET	100	500 MG
24385048490	PAIN RELIEVER 500 MG CAPLET	500	500 MG
24385048493	PAIN RELIEVER 500 MG CAPLET	1000	500 MG
24385061871	PAIN RELIEVER 500 MG CAPLET	50	500 MG
24385061878	PAIN RELIEVER 500 MG CAPLET	100	500 MG
37205002071	PAIN RELIEVER 500 MG CAPLET	50	500 MG
37205002078	PAIN RELIEVER 500 MG CAPLET	100	500 MG
37205002090	PAIN RELIEVER 500 MG CAPLET	500	500 MG
37205059471	PAIN RELIEVER 500 MG CAPLET	50	500 MG
37205059478	PAIN RELIEVER 500 MG CAPLET	100	500 MG
37205059490	PAIN RELIEVER 500 MG CAPLET	500	500 MG
37205098071	PAIN RELIEVER 500 MG GELCAP	50	500 MG
37205098078	PAIN RELIEVER 500 MG GELCAP	100	500 MG
37205018771	PAIN RELIEVER 500 MG GELTAB	50	500 MG
37205018778	PAIN RELIEVER 500 MG GELTAB	100	500 MG
24385008778	PAIN RELIEVER 500 MG TABLET	100	500 MG
24385014571	PAIN RELIEVER 500 MG TABLET	50	500 MG
24385040593	PAIN RELIEVER 500 MG TABLET	1000	500 MG
37205003572	PAIN RELIEVER 500 MG TABLET	60	500 MG
37205003578	PAIN RELIEVER 500 MG TABLET	100	500 MG
37205059371	PAIN RELIEVER 500 MG TABLET	50	500 MG
37205059378	PAIN RELIEVER 500 MG TABLET	100	500 MG
37205065972	PAIN RELIEVER 500 MG TABLET	60	500 MG
37205065978	PAIN RELIEVER 500 MG TABLET	100	500 MG
37205071171	PAIN RELIEVER 500 MG TABLET	50	500 MG
37205071178	PAIN RELIEVER 500 MG TABLET	100	500 MG
46122017872	PAIN RELIEVER 500 MG TABLET	60	500 MG
46122017878	PAIN RELIEVER 500 MG TABLET	100	500 MG
37205052765	PAIN RELIEVER 80 MG RAPID TAB	30	80 MG
37205000805	PAIN RELIEVER SUSP DROPS	15	100 MG/ML
24385040393	PAIN RELIEVER W-O ASA 325 MG	1000	325 MG
00009462501	PEDIACARE FEVER LIQUID	120	100 MG/5 ML
00472524267	PERMETHRIN 1 % LOTION	59	1 %

2021 ID FIDE “Formulario Wrap de Medicaid”

00472524269	PERMETHRIN 1 % LOTION	59	1 %
00813006510	PHARMAFLUR 0.5 MG (1.1 MG) TAB	1000	0.5 (1.1) MG
00813006512	PHARMAFLUR 0.5 MG (1.1 MG) TAB	120	0.5 (1.1) MG
00813006612	PHARMAFLUR 1 MG (2.2 MG) TAB CHEW	120	1 MG (2.2 MG)
00548114000	PHYTONADIONE 1 MG DISP SYRN	0.5	1 MG/0.5 ML
00548124000	PHYTONADIONE 1 MG DISP SYRN	0.5	1 MG/0.5 ML
76329124001	PHYTONADIONE 1 MG/0.5 ML SYR	0.5	1 MG/0.5 ML
76329124005	PHYTONADIONE 1 MG/0.5 ML SYR	0.5	1 MG/0.5 ML
43598040511	PHYTONADIONE 10 MG/ML AMPUL	1	10 MG/ML
43598040516	PHYTONADIONE 10 MG/ML AMPUL	1	10 MG/ML
00904688210	PHYTONADIONE 5 MG TABLET	20	5 MG
16714097301	PHYTONADIONE 5 MG TABLET	100	5 MG
50268066111	PHYTONADIONE 5 MG TABLET	1	5 MG
50268066113	PHYTONADIONE 5 MG TABLET	30	5 MG
60687038111	PHYTONADIONE 5 MG TABLET	1	5 MG
60687038194	PHYTONADIONE 5 MG TABLET	20	5 MG
68682017005	PHYTONADIONE 5 MG TABLET	100	5 MG
68682017030	PHYTONADIONE 5 MG TABLET	30	5 MG
69238105101	PHYTONADIONE 5 MG TABLET	100	5 MG
69238105103	PHYTONADIONE 5 MG TABLET	30	5 MG
70710101401	PHYTONADIONE 5 MG TABLET	100	5 MG
69367021001	POLYSACCHARIDE IRON 150 MG CAP	100	150 MG
69367021020	POLYSACCHARIDE IRON 150 MG CAP	100	150 MG
10267146501	POLYSACCHARIDE IRON CAPSULE	100	150 MG
23594005005	POLY-VI-FLOR 0.25 MG DROPS	50	0.25 MG/ML
23594002003	POLY-VI-FLOR 0.25 MG TAB CHEW	30	0.25 MG
23594003003	POLY-VI-FLOR 0.5 MG TAB CHEW	30	0.5 MG
23594030030	POLY-VI-FLOR 0.5 MG TAB CHEW	30	0.5 MG
23594004003	POLY-VI-FLOR 1 MG TAB CHEW	30	1 MG
23594040030	POLY-VI-FLOR 1 MG TAB CHEW	30	1 MG
23594006005	POLY-VI-FLOR WITH IRON 0.25 MG	50	0.25-7 MG/1
23594001003	POLY-VI-FLOR WITH IRON 0.5 MG	30	0.5 MG- 10 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00087040203	POLY-VI-SOL 250 MCG-50 MG/ML DRP	50	250-50/ML
00087040501	POLY-VI-SOL WITH IRON DROPS	50	11 MG/ML
54838051850	POLYVITAMIN-FLUOR 0.25 MG/ML	50	0.25 MG/ML
54838051950	POLYVITAMIN-FLUOR 0.5 MG/ML	50	0.5 MG/ML
50383064250	POLYVIT-FLUORIDE 0.25 MG DRP	50	0.25 MG/ML
50383064150	POLYVIT-FLUORIDE 0.5 MG DROP	50	0.5 MG/ML
50383063450	POLYVIT-IRON-FL 0.25 MG/ML	50	0.25 MG/ML
54838052050	POLYVIT-IRON-FL 0.25 MG/ML	50	0.25 MG/ML
50383063350	POLYVIT-IRON-FL 0.5 MG/ML	50	0.5 MG/ML
62107000201	PROVIL 200 MG TABLET	100	200 MG
62107000250	PROVIL 200 MG TABLET	50	200 MG
37205028516	PYRETHRIN LICE TREATMENT	59	Del 4 % al 0.33 %
37205028526	PYRETHRIN LICE TREATMENT	118	Del 4 % al 0.33 %
63868008910	QC ACETAMINOPHEN 8 HR 650 MG	100	650 MG
63868009150	QC ACETAMINOPHEN 8 HR 650 MG	50	650 MG
63868008901	QC ARTHRITIS PAIN ER 650 MG	100	650 MG
63868035203	QC ASPIRIN 325 MG TABLET	300	325 MG
63868035210	QC ASPIRIN 325 MG TABLET	100	325 MG
63868002936	QC ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
63868024036	QC ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
63868035310	QC ASPIRIN 81 MG TABLET EC	100	81 MG
63868089810	QC ASPIRIN EC 325 MG TABLET	100	325 MG
63868036320	QC ASPIRIN EC 81 MG TABLET	120	81 MG
63868036336	QC ASPIRIN EC 81 MG TABLET	365	81 MG
63868037305	QC ASPIRIN EC 81 MG TABLET	500	81 MG
63868024136	QC CHILD ASPIRIN 81 MG CHW TAB	37	81 MG
63868046768	QC CHILD ASPIRIN 81 MG CHW TAB	37	81 MG
63868074118	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
63868075618	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
63868075818	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
63868077404	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
63868077604	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML

2021 ID FIDE “Formulario Wrap de Medicaid”

63868077904	QC CHILD IBUPROFEN 100 MG/5 ML	118	100 MG/5 ML
63868077908	QC CHILD IBUPROFEN 100 MG/5 ML	237	100 MG/5 ML
63868017418	QC CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
63868017526	QC CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
63868017626	QC CHILD PAIN RLF 160 MG/5 ML	118	160 MG/5 ML
63868061701	QC FERROUS SULFATE 325 MG TAB	100	325 (65) MG
63868097910	QC IBUPROFEN 200 MG CAPLET	100	200 MG
63868029580	QC IBUPROFEN 200 MG SOFTGEL	80	200 MG
63868075940	QC IBUPROFEN 200 MG SOFTGEL	41	200 MG
63868077305	QC IBUPROFEN 200 MG TABLET	500	200 MG
63868098303	QC IBUPROFEN 200 MG TABLET	500	200 MG
63868098309	QC IBUPROFEN 200 MG TABLET	100	200 MG
63868079101	QC IBUPROFEN IB 200 MG CAPLET	100	200 MG
63868079150	QC IBUPROFEN IB 200 MG CAPLET	50	200 MG
63868079001	QC IBUPROFEN IB 200 MG TABLET	100	200 MG
63868079050	QC IBUPROFEN IB 200 MG TABLET	50	200 MG
63868079401	QC IBUPROFEN IB 200 MG TABLET	100	200 MG
63868007630	QC INF IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
63868083701	QC INFANT NON-ASA 80 MG/0.8 ML	30	80 MG/0.8 ML
63868083801	QC INFANT NON-ASA 80 MG/0.8 ML	30	80 MG/0.8 ML
63868083660	QC INFANT PAIN RLF 160 MG/5 ML	59	160 MG/5 ML
63868083560	QC INFNT PAIN RLF 160 MG/5 ML	59	160 MG/5 ML
63868015824	QC JR. NON-ASPIRIN 160 MG TAB	24	160 MG
63868036103	QC LO-DOSE ASPIRIN EC 81 MG TB	365	81 MG
63868036120	QC LO-DOSE ASPIRIN EC 81 MG TB	120	81 MG
63868036136	QC LO-DOSE ASPIRIN EC 81 MG TB	37	81 MG
63868036020	QC LO-DOSE ASPIRIN TAB EC	120	81 MG
63868046601	QC NAPROXEN SOD 220 MG CPLT	100	220 MG
63868046624	QC NAPROXEN SOD 220 MG CPLT	24	220 MG
63868046650	QC NAPROXEN SOD 220 MG CPLT	50	220 MG
63868046501	QC NAPROXEN SOD 220 MG TABLET	100	220 MG
63868046524	QC NAPROXEN SOD 220 MG TABLET	24	220 MG
63868046550	QC NAPROXEN SOD 220 MG TABLET	50	220 MG
63868073414	QC NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H

2021 ID FIDE “Formulario Wrap de Medicaid”

63868073514	QC NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
63868008801	QC NON-ASPIRIN 500 MG CAPLET	100	500 MG
63868008803	QC NON-ASPIRIN 500 MG CAPLET	500	500 MG
63868008824	QC NON-ASPIRIN 500 MG CAPLET	24	500 MG
63868008850	QC NON-ASPIRIN 500 MG CAPLET	50	500 MG
63868050350	QC NON-ASPIRIN 500 MG CAPLET	50	500 MG
63868098710	QC NON-ASPIRIN 500 MG GELCAP	100	500 MG
63868098750	QC NON-ASPIRIN 500 MG GELCAP	50	500 MG
63868050701	QC NON-ASPIRIN PAIN RELIEF TB	100	500 MG
63868008210	QC PAIN RELIEF 325 MG TABLET	100	325 MG
63868008405	QC PAIN RELIEF 500 MG CAPLET	500	500 MG
63868008410	QC PAIN RELIEF 500 MG CAPLET	100	500 MG
63868008424	QC PAIN RELIEF 500 MG CAPLET	24	500 MG
63868008450	QC PAIN RELIEF 500 MG CAPLET	50	500 MG
00603083954	Q-PAP 160 MG/5 ML LIQUID	120	160 MG/5 ML
00603083994	Q-PAP 160 MG/5 ML LIQUID	118	160 MG/5 ML
00603084054	Q-PAP 160 MG/5 ML LIQUID	120	160 MG/5 ML
00603084094	Q-PAP 160 MG/5 ML LIQUID	120	160 MG/5 ML
00603083958	Q-PAP 160 MG/5 ML SOLUTION	473	160 MG/5 ML
00603026321	Q-PAP 325 MG TABLET	100	325 MG
00603026329	Q-PAP 325 MG TABLET	100	325 MG
00603026332	Q-PAP 325 MG TABLET	1000	325 MG
00603083873	Q-PAP 80 MG/0.8 ML DROPS	15	80 MG/0.8 ML
00603026521	Q-PAP EX-STR 500 MG CAPLET	100	500 MG
00603026532	Q-PAP EX-STR 500 MG CAPLET	1000	500 MG
00603026821	Q-PAP EX-STR 500 MG TABLET	100	500 MG
00603026829	Q-PAP EX-STR 500 MG TABLET	100	500 MG
00603026832	Q-PAP EX-STR 500 MG TABLET	1000	500 MG
15370010430	QUFLORA PED 0.5 MG CHEW TAB	30	0.5 (1.1) MG
00004014301	ROCALTROL 0.25 MCG CAPSULE	100	0.25 MCG
00004014323	ROCALTROL 0.25 MCG CAPSULE	30	0.25 MCG
30698014301	ROCALTROL 0.25 MCG CAPSULE	100	0.25 MCG
30698014323	ROCALTROL 0.25 MCG CAPSULE	30	0.25 MCG
00004014401	ROCALTROL 0.5 MCG CAPSULE	100	0.5 MCG

2021 ID FIDE “Formulario Wrap de Medicaid”

30698014401	ROCALTROL 0.5 MCG CAPSULE	100	0.5 MCG
00004911500	ROCALTROL 1 MCG/ML ORAL SOLN	15	1 MCG/ML
30698091115	ROCALTROL 1 MCG/ML ORAL SOLN	15	1 MCG/ML
54838014440	SILAPAP 160 MG/5 ML LIQUID	118	160 MG/5 ML
54838014470	SILAPAP 160 MG/5 ML LIQUID	237	160 MG/5 ML
54838014480	SILAPAP 160 MG/5 ML LIQUID	473	160 MG/5 ML
54838014515	SILAPAP INFANT'S DROPS	15	80 MG/0.8 ML
54838014530	SILAPAP INFANT'S DROPS	30	80 MG/0.8 ML
49348092409	SM 8 HOUR PAIN RELIEF 650 MG	50	650 MG
49348092410	SM 8 HOUR PAIN RELIEF 650 MG	100	650 MG
49348081909	SM ALL DAY RELIEF 220 MG CAPLT	50	220 MG
49348081910	SM ALL DAY RELIEF 220 MG CAPLT	100	220 MG
70677001801	SM ARTHRIT PAIN RLF ER 650 MG	100	650 MG
70677001901	SM ARTHRIT PAIN RLF ER 650 MG	50	650 MG
49348092109	SM ARTHRITIS PAIN ER 650 MG	50	650 MG
49348092110	SM ARTHRITIS PAIN ER 650 MG	100	650 MG
49348070410	SM ARTHRITIS PAIN RELF 650 MG	100	650 MG
49348070409	SM ARTHRITIS PAIN RELF ER 650	50	650 MG
49348000110	SM ASPIRIN 325 MG TABLET	100	325 MG
49348000114	SM ASPIRIN 325 MG TABLET	500	325 MG
49348000123	SM ASPIRIN 325 MG TABLET	300	325 MG
70677009201	SM ASPIRIN 325 MG TABLET	300	325 MG
70677009202	SM ASPIRIN 325 MG TABLET	100	325 MG
49348049807	SM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
70677007001	SM ASPIRIN 81 MG CHEWABLE TAB	37	81 MG
49348003423	SM ASPIRIN EC 325 MG TABLET	300	325 MG
49348003482	SM ASPIRIN EC 325 MG TABLET	125	325 MG
49348028314	SM ASPIRIN EC 325 MG TABLET	500	325 MG
49348093714	SM ASPIRIN EC 325 MG TABLET	500	325 MG
49348093782	SM ASPIRIN EC 325 MG TABLET	125	325 MG
70677007101	SM ASPIRIN EC 325 MG TABLET	125	325 MG
49348028423	SM ASPIRIN EC 81 MG TABLET	300	81 MG
49348065315	SM ASPIRIN EC 81 MG TABLET	180	81 MG
49348075615	SM ASPIRIN EC 81 MG TABLET	180	81 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

49348075653	SM ASPIRIN EC 81 MG TABLET	120	81 MG
49348098015	SM ASPIRIN EC 81 MG TABLET	180	81 MG
49348098023	SM ASPIRIN EC 81 MG TABLET	300	81 MG
49348098053	SM ASPIRIN EC 81 MG TABLET	120	81 MG
49348098115	SM ASPIRIN EC 81 MG TABLET	180	81 MG
49348019107	SM CHILD ASPIRIN 81 MG CHW TAB	37	81 MG
49348075707	SM CHILD ASPIRIN 81 MG CHW TAB	37	81 MG
49348026634	SM CHILD'S PAIN RELIEVER SUSP	120	160 MG/5 ML
49348079734	SM CHILD'S PAIN RELIEVER SUSP	120	160 MG/5 ML
49348088834	SM CHILD'S PAIN RELIEVER SUSP	120	160 MG/5 ML
49348009334	SM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
49348011934	SM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
49348012334	SM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
49348032534	SM CHLD PAIN-FEVER 160 MG/5 ML	118	160 MG/5 ML
49348022834	SM IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
49348022934	SM IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
49348022937	SM IBUPROFEN 100 MG/5 ML SUSP	240	100 MG/5 ML
49348049934	SM IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
49348050034	SM IBUPROFEN 100 MG/5 ML SUSP	120	100 MG/5 ML
49348019609	SM IBUPROFEN 200 MG CAPLET	50	200 MG
49348019610	SM IBUPROFEN 200 MG CAPLET	100	200 MG
49348019619	SM IBUPROFEN 200 MG CAPLET	250	200 MG
49348019635	SM IBUPROFEN 200 MG CAPLET	500	200 MG
49348056859	SM IBUPROFEN 200 MG SOFTGEL	41	200 MG
70677004601	SM IBUPROFEN 200 MG SOFTGEL	41	200 MG
49348070604	SM IBUPROFEN 200 MG TABLET	24	200 MG
49348070609	SM IBUPROFEN 200 MG TABLET	50	200 MG
49348070610	SM IBUPROFEN 200 MG TABLET	100	200 MG
49348070614	SM IBUPROFEN 200 MG TABLET	500	200 MG
49348070616	SM IBUPROFEN 200 MG TABLET	1000	200 MG
49348070619	SM IBUPROFEN 200 MG TABLET	250	200 MG
49348070642	SM IBUPROFEN 200 MG TABLET	500	200 MG
49348063904	SM IBUPROFEN IB 100 MG CHEW TB	24	100 MG
70677007201	SM IBUPROFEN IB 100 MG CHEW TB	24	100 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

49348037104	SM IBUPROFEN IB 100 MG TABLET	24	100 MG
49348008709	SM IBUPROFEN IB 200 MG CAPLET	50	200 MG
49348072709	SM IBUPROFEN IB 200 MG CAPLET	50	200 MG
49348072710	SM IBUPROFEN IB 200 MG CAPLET	100	200 MG
49348008609	SM IBUPROFEN IB 200 MG TABLET	50	200 MG
49348072610	SM IBUPROFEN IB 200 MG TABLET	100	200 MG
49348092709	SM IBUPROFEN IB 200 MG TABLET	50	200 MG
49348092710	SM IBUPROFEN IB 200 MG TABLET	100	200 MG
49348037469	SM INF IBUPROFEN 50 MG/1.25 ML	15	50 MG/1.25
49348064227	SM INF IBUPROFEN 50 MG/1.25 ML	30	50 MG/1.25
49348026729	SM INF PAIN RELV 80 MG/0.8 ML	15	80 MG/0.8 ML
49348026827	SM INF PAIN RELV 80 MG/0.8 ML	30	80 MG/0.8 ML
49348026829	SM INF PAIN RELV 80 MG/0.8 ML	15	80 MG/0.8 ML
49348026830	SM INFANT PAIN RLF 160 MG/5 ML	60	160 MG/5 ML
49348008130	SM INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
49348043030	SM INFANT PAIN-FEVER 160 MG/5 ML	59	160 MG/5 ML
49348043437	SM LICE KILLING SHAMPOO	240	1 %
49348015078	SM LICE TREATMENT 1 % CRM RINSE	59	1 %
49348046030	SM LICE TREATMENT PERMETHRIN	59	1 %
49348046034	SM LICE TREATMENT PERMETHRIN	59	1 %
49348030609	SM NAPROXEN SOD 220 MG CAPLET	50	220 MG
49348030610	SM NAPROXEN SOD 220 MG CAPLET	100	220 MG
49348094059	SM NAPROXEN SODIUM 220 MG CAP	41	220 MG
49348014546	SM NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
70677003101	SM NICOTINE 14 MG/24 HR PATCH	14	14 MG/24 H
49348057308	SM NICOTINE 2 MG CHEWING GUM	50	2 MG
49348057336	SM NICOTINE 2 MG CHEWING GUM	110	2 MG
49348069109	SM NICOTINE 2 MG CHEWING GUM	50	2 MG
49348069136	SM NICOTINE 2 MG CHEWING GUM	110	2 MG
49348069164	SM NICOTINE 2 MG CHEWING GUM	170	2 MG
49348078710	SM NICOTINE 2 MG CHEWING GUM	100	2 MG
49348078759	SM NICOTINE 2 MG CHEWING GUM	41	2 MG
70677008501	SM NICOTINE 2 MG CHEWING GUM	100	2 MG
49348085216	SM NICOTINE 2 MG LOZENGE	72	2 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

70677008701	SM NICOTINE 2 MG LOZENGE	72	2 MG
70677008901	SM NICOTINE 2 MG LOZENGE	81	2 MG
49348014446	SM NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
70677003201	SM NICOTINE 21 MG/24 HR PATCH	14	21 MG/24 H
49348057208	SM NICOTINE 4 MG CHEWING GUM	50	4 MG
49348057236	SM NICOTINE 4 MG CHEWING GUM	110	4 MG
49348069209	SM NICOTINE 4 MG CHEWING GUM	50	4 MG
49348069236	SM NICOTINE 4 MG CHEWING GUM	110	4 MG
49348069264	SM NICOTINE 4 MG CHEWING GUM	170	4 MG
49348078810	SM NICOTINE 4 MG CHEWING GUM	100	4 MG
49348078859	SM NICOTINE 4 MG CHEWING GUM	41	4 MG
70677008601	SM NICOTINE 4 MG CHEWING GUM	100	4 MG
49348085316	SM NICOTINE 4 MG LOZENGE	72	4 MG
70677008801	SM NICOTINE 4 MG LOZENGE	72	4 MG
70677009001	SM NICOTINE 4 MG LOZENGE	81	4 MG
49348014646	SM NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
70677003001	SM NICOTINE 7 MG/24 HR PATCH	14	7 MG/24 H
49348079204	SM PAIN REL JR STR TAB CHEW	24	160 MG
49348089210	SM PAIN RELIEF 500 MG GELCAP	100	500 MG
49348000910	SM PAIN RELIEVER 325 MG TABLET	100	325 MG
49348097310	SM PAIN RELIEVER 325 MG TABLET	100	325 MG
49348097316	SM PAIN RELIEVER 325 MG TABLET	1000	325 MG
49348004209	SM PAIN RELIEVER 500 MG CAPLET	50	500 MG
49348004210	SM PAIN RELIEVER 500 MG CAPLET	100	500 MG
49348004214	SM PAIN RELIEVER 500 MG CAPLET	500	500 MG
49348004219	SM PAIN RELIEVER 500 MG CAPLET	250	500 MG
49348004242	SM PAIN RELIEVER 500 MG CAPLET	500	500 MG
49348011610	SM PAIN RELIEVER 500 MG GELCAP	100	500 MG
49348002310	SM PAIN RELIEVER 500 MG TABLET	100	500 MG
49348073009	SM PAIN RELIEVER 500 MG TABLET	50	500 MG
49348073010	SM PAIN RELIEVER 500 MG TABLET	100	500 MG
49348099810	SM PAIN RELIEVER 500 MG TABLET	100	500 MG
70677009302	SM PAIN RELIEVER 500 MG TABLET	100	500 MG
70677001701	SM PAIN RELIEVER ER 650 MG	100	650 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

00603362122	SOD FLUORID 0.25 MG (0.55 MG) TB	120	0.25 (0.55)
00536454810	SOD FLUORIDE 0.5 MG (1.1 MG) TAB	1000	0.5 (1.1) MG
00904112580	SOD FLUORIDE 0.5 MG (1.1 MG) TAB	1000	0.5 (1.1) MG
00603362232	SOD FLUORIDE 0.5 MG (1.1 MG) TB	1000	0.5 (1.1) MG
00904540080	SOD FLUORIDE 0.5 MG (1.1 MG) TB	1000	0.5 (1.1) MG
51991067636	SODIUM FLUORIDE 0.25 (0.55) MG	120	0.25 (0.55)
58657016012	SODIUM FLUORIDE 0.25 (0.55) MG	120	0.25 (0.55)
60258015520	SODIUM FLUORIDE 0.25 (0.55) MG	120	0.25 (0.55)
10267164001	SODIUM FLUORIDE 0.5 MG (1.1 MG)	100	0.5 (1.1) MG
10267164004	SODIUM FLUORIDE 0.5 MG (1.1 MG)	1000	0.5 (1.1) MG
51991067736	SODIUM FLUORIDE 0.5 MG (1.1 MG)	120	0.5 (1.1) MG
58657016110	SODIUM FLUORIDE 0.5 MG (1.1 MG)	1000	0.5 (1.1) MG
58657016112	SODIUM FLUORIDE 0.5 MG (1.1 MG)	120	0.5 (1.1) MG
60258015610	SODIUM FLUORIDE 0.5 MG (1.1 MG)	1000	0.5 (1.1) MG
60258015620	SODIUM FLUORIDE 0.5 MG (1.1 MG)	120	0.5 (1.1) MG
00093965457	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
00603124447	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
50383065650	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
51862016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
58657032250	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
61269016550	SODIUM FLUORIDE 0.5 MG/ML DROP	50	0.5 MG/ML
51991067836	SODIUM FLUORIDE 1 MG (2.2 MG)	120	1 MG (2.2 MG)
58657016212	SODIUM FLUORIDE 1 MG (2.2 MG)	120	1 MG (2.2 MG)
60258015720	SODIUM FLUORIDE 1 MG (2.2 MG)	120	1 MG (2.2 MG)
10267164101	SODIUM FLUORIDE 1 MG (2.2 MG)	100	1 MG (2.2 MG)
10267164104	SODIUM FLUORIDE 1 MG (2.2 MG)	1000	1 MG (2.2 MG)
62107005201	TACTINAL 325 MG TABLET	100	325 MG
62107005210	TACTINAL 325 MG TABLET	1000	325 MG
62107005101	TACTINAL 500 MG CAPLET	100	500 MG
62107005110	TACTINAL 500 MG CAPLET	1000	500 MG

2021 ID FIDE “Formulario Wrap de Medicaid”

62107005001	TACTINAL 500 MG TABLET	100	500 MG
62107005010	TACTINAL 500 MG TABLET	1000	500 MG
13925017050	TRIPLE-VIT W-FLUOR 0.25 MG/ML	50	0.25 MG/ML
64376082350	TRIPLE-VIT W-FLUOR 0.25 MG/ML	50	0.25 MG/ML
23594007005	TRI-VI-FLOR 0.25 MG DROPS	50	0.25 MG/ML
23594070050	TRI-VI-FLOR 0.25 MG DROPS	50	0.25 MG/ML
23594008005	TRI-VI-FLOR 0.5 MG DROPS	50	0.5 MG/ML
58657032350	TRI-VITE-FLUORIDE 0.25 MG/ML	50	0.25 MG/ML
58657032450	TRI-VITE-FLUORIDE 0.5 MG/ML	50	0.5 MG/ML
00603178547	TRI-VIT-FLUOR 0.25 MG/ML DROP	50	0.25 MG/ML
50383063750	TRI-VIT-FLUOR 0.25 MG/ML DROP	50	0.25 MG/ML
00603178647	TRI-VIT-FLUOR 0.5 MG/ML DROP	50	0.5 MG/ML
50383063650	TRI-VIT-FLUOR 0.5 MG/ML DROP	50	0.5 MG/ML
00603178747	TRI-VIT-FLUOR-IRON 0.25 MG/ML	50	0.25 MG/ML
50383062850	TRI-VIT-FLUOR-IRON 0.25 MG/ML	50	0.25 MG/ML
51862016450	VIT A,C,D-FLUORIDE 0.25 MG/ML	50	0.25 MG/ML
61269016450	VIT A,C,D-FLUORIDE 0.25 MG/ML	50	0.25 MG/ML
61269016750	VIT A,C,D-FLUORIDE 0.5 MG/ML	50	0.5 MG/ML
00574019401	VIT D2 1.25 MG (50,000 UNIT)	100	1250 MCG
00574019450	VIT D2 1.25 MG (50,000 UNIT)	50	1250 MCG
00574019451	VIT D2 1.25 MG (50,000 UNIT)	100	1250 MCG
00955025050	VIT D2 1.25 MG (50,000 UNIT)	50	1250 MCG
64980015701	VIT D2 1.25 MG (50,000 UNIT)	100	1250 MCG
37205003965	VIT SLOW RELEASE IRON TAB	30	160 (50) MG
42806054701	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
50111099001	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
50268029711	VITAMIN D2 1.25 MG (50,000 UNIT)	1	1250 MCG
50268029715	VITAMIN D2 1.25 MG (50,000 UNIT)	50	1250 MCG
51991060401	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
57664013688	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
60687050001	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
60687050011	VITAMIN D2 1.25 MG (50,000 UNIT)	1	1250 MCG
62332046431	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
64380073706	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG

2021 ID FIDE “Formulario Wrap de Medicaid”

68084046301	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
68084046311	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
69387010601	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
69452015120	VITAMIN D2 1.25 MG (50,000 UNIT)	100	1250 MCG
00536115680	VITAMIN D3 10 MCG (400 UNIT)/ML	50	10 (400)/ML
54838000650	VITAMIN D3 10 MCG/ML LIQUID	50	10 (400)/ML
00536840080	VITAMIN D3 400 UNIT/ML LIQUID	50	10 (400)/ML
50383091750	VITAMIN D3 400 UNIT/ML LIQUID	50	10 (400)/ML
00409915801	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915811	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915825	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915831	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915850	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915855	VITAMIN K-1 10 MG/ML AMPUL	1	10 MG/ML
00409915701	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.5	1 MG/0.5 ML
00409915725	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.5	1 MG/0.5 ML
00409915731	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.5	1 MG/0.5 ML
00409915750	VITAMIN K-1 1 MG/0.5 ML AMPUL	0.5	1 MG/0.5 ML
49348014330	V-R LICE CREAM RINSE	120	1 %