KAISER PERMANENTE: 2023 NORTHERN CALIFORNIA COMMERCIAL HMO 2-TIER FORMULARY

[THIS FORMULARY WAS UPDATED ON: 12/01/2023]

2023 Northern California Commercial HMO 2-Tier Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER WHEN YOU PARTICIPATE IN A [GROUP / INDIVIDUAL PLAN] OFFERED BY KAISER PERMANENTE.

This prescription drug formulary is effective as of 12/05/2023. This formulary document may vary depending on your health plan. This formulary is subject to change and all previous versions of the formulary no longer apply. All previously effective versions of the formulary no longer apply, and copies should be discarded to avoid misinterpretation.

For an electronic version of the formulary, or questions about which drug formulary applies to your plan, visit kp.org/formulary or call our Member Service Contact Center 24 hours a day, seven days a week (closed holidays). 1-800-464-4000 English (and over 150 languages), 1-800-788-0616 Spanish, 1-800-757-7585 Chinese dialects, and 711 TTY for the deaf or hard of hearing.

This is not an all-inclusive list and does not provide information regarding specific coverage, exclusions, copays, or coinsurances. That information can be found by referring to your *Evidence of Coverage* (EOC). To locate an EOC that includes cost sharing applicable to prescription drugs for health plan products which this formulary applies follow the instructions below:

Small Group: https://www.coveredca.com/forsmallbusiness/

Individual plans: https://www.coveredca.com/

For Large Group plans (covered through your employer, and employer has 101 or more employees): Contact Member Services at 844-554-9181 to request your *Evidence of Coverage* (EOC). Please have your employer's group number available, and if your group offers more than one plan, the name of the plan. (Your employer's group number can only be obtained from your employer.)

A drug benefit description for your outpatient prescription coverage for drugs, devices, and FDA approved products can be found in your EOC.

The presence of a drug on our drug formulary does not necessarily mean that your doctor will prescribe it for a medical condition. Your doctor will choose the appropriate therapy based upon medical necessity in their judgment.

If changes occur to the drug formulary or restrictions are added to a drug, and you are taking the drug affected by the change, you may be permitted to continue receiving that drug according to your drug benefit, if your doctor deems it medically necessary.

Formulary Changes
Kaiser Permanente updates the formulary on a monthly basis. Drugs are added or removed from the California Commercial Formulary during the year, these changes to the Formulary are based on new information or new drugs that become available.

These formulary changes may include:
Change in drug or dosage form - changes in tier placement of a drug that results in an increase in cost sharing; and any changes of utilization management restrictions, including any additions of these restrictions.

Brand to generic - when a generic version of a brand-name drug on our formulary becomes available and meets our standards, it usually replaces the brand-name drug on our formulary.

Therapeutic change - prescription is changed from one medication to another because we've decided the new drug is a better option based on standards of safety, effectiveness, or affordability.

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Informational

Definitions

Term
Brand name drug is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug Tier is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below
Exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug. Exigent circumstances are sometimes referred to as "urgent."
Formulary is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold*** and ***italicized*** lowercase letters.
Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior Authorization (PA) is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. Note: Kaiser Foundation Health Plan does not have a requirement for PA.
Step Therapy (ST) is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant

to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. Note: Kaiser Foundation Health Plan does not have a requirement for Step Therapy.
Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

What is the Kaiser Permanente California Commercial Formulary?
The California Commercial Formulary is a list of covered drugs chosen by a group of Kaiser Permanente doctors and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members. This Formulary meets the requirements outlined under state law, regulations, and guidance for commercial plans.

What drugs are covered?
Kaiser Permanente covers brand, generic, and specialty drugs listed on the California Commercial Formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other coverage rules are followed.

If you are prescribed a drug on the California Commercial Formulary, that drug will be covered under the terms of your drug benefit.

What drugs are covered under the Medical vs. the Outpatient Prescription Drug Benefit?
Administered drugs and products are medications and products that require administration or observation by medical personnel. These drugs and products are covered when prescribed by a Plan Provider, in accordance with our drug formulary guidelines, and they are administered to you in a Plan Facility or during home visits. Please refer to your *Evidence of Coverage* for further information.

Getting an exception to the formulary
Drugs not listed on the formulary are called non-formulary drugs. When a Kaiser Permanente doctor, or an authorized referral doctor, determines that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits (if you have a prescription drug benefit). If you do not have a prescription drug benefit, you will be charged the full retail price for the drug.

You may consult with your Plan provider if an exception to the formulary is needed. You and your Plan provider are best able to determine your medication needs.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-464-4000.

If the Plan grants a member's standard exception request, the Plan will provide coverage of the non-formulary drug for the duration of the prescription, including refills. If the Plan grants an exception based on exigent (urgent) circumstances the Plan will provide coverage of the non-formulary drug for the duration of the exigency.

How do I ask for a coverage determination?
You, your appointed representative, your Kaiser Permanente or affiliated doctor, or another prescriber can request a coverage determination.

A standard decision will be made within 72 hours. For urgent requests, an expedited (fast) decision will be made within 24 hours. For all exception requests, the timeframe begins when your doctor or other prescriber provides a supporting statement.

Are there any restrictions on the drugs covered on the Formulary?

Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. Additionally, current law limits the cost share (per prescription maximum) on oral anti-cancer drugs to no more than $200 per 30-day supply.

Drugs and Supplies Related to the Treatment of Diabetes

Kaiser Permanente covers medications, equipment, and supplies for the management and treatment of diabetes. The following items are included on the formulary and are covered under the terms of your drug benefit: insulin, ketone test strips and sugar or acetone test tablets or tapes for diabetes urine testing, pen delivery devices, disposable needles and syringes, and visual aids required to ensure proper dosage. Other equipment and supplies, such as insulin pumps, blood glucose monitors, blood glucose test strips, and lancets and lancet devices, are covered under the terms of your Durable Medical Equipment (DME) benefit. Please refer to your EOC for more information on coverage.

Preventive Drugs

Preventive health drugs are select drugs required by law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of "A" or "B". You can find preventive health drugs on the formulary by locating drugs with "PREV" listed in column 3. Please refer to your EOC for more information on coverage.

Contraceptives

Contraceptives are drugs or devices, such as diaphragms, sponges, or cervical caps, that help prevent pregnancy. Kaiser Permanente covers select FDA-approved contraceptive drugs, devices and other products, including prescribed over-the-counter items, at no charge to members in select plans.* Please refer to your EOC for more information on coverage.

*This does not apply to religious employers who have requested a health care service plan contract without coverage for FDA-approved contraceptive methods that are contrary to the religious employer's religious tenets.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at **kp.org/refill** or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Your prescription drug benefit may have a lower cost share if you use the mail order pharmacy. Please refer to your *Evidence of Coverage* for complete details of your prescription drug benefit.

How to locate a pharmacy and refill your prescriptions?

Please refer to your electronic member guidebook at **kp.org/eguidebook** for a complete listing of network pharmacies available to you or contact Member Services.

Refill online
Visit **kp.org/refill** to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting **kp.org/register**.

Refill by phone
Call the pharmacy refill number on your prescription label. Have your medical record number, prescription number, home phone number, and credit or debit card information ready when you call.

How do I use the formulary?
The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by: Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or searching the alphabetical index of drugs by the name of the drug.
Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

Medical condition
The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical listing
If you are not sure what category to look under, you should look for your drug in the index that begins on page 103. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Formulary Legend

Column 1:
A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of a brand name drug is included after the brand name in parenthesis and all bold and italicized lowercase letters.

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters.

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

Example	
Generic drug	***atorvastatin calcium***
Generic drug marketed with a brand name	[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR DISKUS AEPB 250-50 MCG/DOSE ***[fluticasone-salmeterol]***

All dosage **forms** and **strengths** for a particular drug listed **may not be on the Formulary**. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not.

Some of these drugs may be available only in a clinic setting and your applicable cost share may apply.

Column 2:
The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California Commercial Formulary are categorized:

Tier 1 – Generic Tier
Tier 2 – Brand Tier

The formulary is a list of covered drugs. The Plan considers drugs placed on Tier 1 (Generic) and Tier 2 (Brand) as preferred drugs.

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What are Specialty drugs

Specialty drugs are very high-cost drugs approved by the FDA that are on our formulary.

For information on cost sharing for each drug tier and any applicable dollar maximums in your health plan benefit package, refer to the "Cost Share Summary" of your EOC (*Evidence of Coverage*).

If Charges for Services are less than the Copayment described in your *EOC*, you will pay the lesser amount, subject to any applicable deductible or out-of-pocket maximum.

Note: The tier in which a generic or brand drug is classified under may change at any time during the year. Additionally, certain brand drugs may be covered at the cost share that applies for Tier 1 and certain generic drugs may be covered at the Tier 2 cost share. Specialty drugs are covered at a higher cost share.

Column 3:
The third column of the chart will indicate any requirements or limits for that drug.

Key to Formulary Abbreviations
QL = Quantity Limits for certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.
LD = Limited Distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, refer to your electronic member guidebook at **kp.org/eguidebook** (under the facility directory) or contact Member Services.
OC = There is a maximum limit on the copayment/ coinsurance amount for orally administered anti-cancer drugs of no more than $200 per 30-day supply. Please see your Summary of Benefits for more detailed information.
PREV = Preventive health drugs are select drugs required by federal law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of “A” or “B.”
MB = A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole tabs 200 mg	1	
BILTRICIDE TABS 600 MG ***[praziquantel]***	2	
ivermectin tabs 3 mg	1	
ANTIBACTERIALS		
amikacin sulfate soln 500 mg/2ml	1	MB
amoxicillin caps 250 mg	1	
amoxicillin caps 500 mg	1	
amoxicillin chew 125 mg	1	
amoxicillin chew 250 mg	1	
amoxicillin susr 125 mg/5ml	1	
amoxicillin susr 200 mg/5ml	1	
amoxicillin susr 250 mg/5ml	1	
amoxicillin susr 400 mg/5ml	1	
amoxicillin-pot clavulanate chew 200-28.5 mg	1	
amoxicillin-pot clavulanate chew 400-57 mg	1	
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	1	
amoxicillin-pot clavulanate susr 250-62.5 mg/5ml	1	
amoxicillin-pot clavulanate susr 400-57 mg/5ml	1	
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate tabs 250-125 mg	1	
amoxicillin-pot clavulanate tabs 500-125 mg	1	
amoxicillin-pot clavulanate tabs 875-125 mg	1	
amp-sulbacta inj 1.5gm	1	MB
ampicillin sodium solr 1 gm	1	MB
ampicillin sodium solr 10 gm	1	MB
ampicillin sodium solr 125 mg	1	MB
ampicillin sodium solr 2 gm	1	MB
ampicillin sodium solr 250 mg	1	MB
ampicillin sodium solr 500 mg	1	MB
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	1	MB
ampicillin-sulbactam sodium solr 15 (10-5) gm	1	MB
ampicillin-sulbactam sodium solr 3 (2-1) gm	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML ***[amoxicillin & pot clavulanate]***	2	
AVELOX SOLN 400 MG/250ML ***[moxifloxacin hcl in sodium chloride]***	2	MB
azithromycin solr 500 mg	1	MB
azithromycin susr 100 mg/5ml	1	
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
BICILLIN L-A SUSY 1200000 UNIT/2ML ***[penicillin g benzathine]***	2	MB
BICILLIN L-A SUSY 2400000 UNIT/4ML ***[penicillin g benzathine]***	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML ***[penicillin g benzathine]***	2	MB
CAYSTON SOLR 75 MG ***[aztreonam lysine]***	2	QL - 30 day(s)
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 10 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% ***[cefazolin sodium-dextrose]***	1	MB
cefdinir susr 125 mg/5ml	1	
cefdinir susr 250 mg/5ml	1	
cefepime hcl solr 1 gm	1	MB
cefepime hcl solr 2 gm	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) ***[cefepime hcl-dextrose]***	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) ***[cefepime hcl-dextrose]***	2	MB
cefixime caps 400 mg	1	
cefixime susr 100 mg/5ml	1	
cefotaxime sodium inj 10gm	1	MB
cefotaxime sodium solr 1 gm	1	MB
cefotetan disodium solr 1 gm	1	MB
cefotetan disodium solr 2 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) ***[cefotetan disodium and dextrose]***	2	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) ***[cefotetan disodium and dextrose]***	2	MB
cefoxitin sodium solr 1 gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) ***[cefoxitin sodium and dextrose]***	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) ***[cefoxitin sodium and dextrose]***	2	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil susr 50 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) ***[ceftriaxone sodium and dextrose]***	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) ***[ceftriaxone sodium and dextrose]***	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
cephalexin tabs 500 mg	1	
chloramphenicol sod succinate solr 1 gm	1	MB
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 200 mg/100ml	1	MB
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
clarithromycin tabs 500 mg	1	
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 300 MG/2ML	2	MB
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 900 MG/6ML	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate in d5w soln 600 mg/50ml	1	MB
clindamycin phosphate in d5w soln 900 mg/50ml	1	MB
CLINDAMYCIN PHOSPHATE SOLN 300 MG/2ML ***[clindamycin phosphate]***	1	MB
daptomycin solr 500 mg	1	MB
demeclocycline hcl tabs 150 mg	1	
demeclocycline hcl tabs 300 mg	1	
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
doxycycline hyclate caps 100 mg	1	
doxycycline hyclate caps 50 mg	1	
doxycycline hyclate tabs 100 mg	1	
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500 MG ***[erythromycin lactobionate]***	2	MB
FIRVANQ SOLR 25 MG/ML ***[vancomycin hcl]***	2	
FIRVANQ SOLR 50 MG/ML ***[vancomycin hcl]***	2	
fluconazole in sodium chloride soln 100-0.9 mg/50ml-%	1	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	1	MB
gentamicin sulfate soln 10 mg/ml	1	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM ***[ertapenem sodium]***	2	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[nafcillin sodium in dextrose]***	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML ***[nafcillin sodium in dextrose]***	2	MB
nafcillin sodium solr 1 gm	1	MB
nafcillin sodium solr 10 gm	1	MB
nafcillin sodium solr 2 gm	1	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[oxacillin sodium in dextrose]***	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[oxacillin sodium in dextrose]		
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
penicillin g potassium solr 20000000 unit	1	MB
penicillin g potassium solr 5000000 unit	1	MB
penicillin g procaine susp 600000 unit/ml	1	MB
penicillin g sodium solr 5000000 unit	1	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	1	MB
PRIMAXIN IV SOLR 500-500 MG ***[imipenem-cilastatin]***	2	MB
streptomycin sulfate solr 1 gm	1	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
SYNERCID SOLR 150-350 MG ***[quinupristin-dalfopristin]***	2	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG ***[tetracycline hcl]***	1	
TETRACYCLINE HCL CAPS 500 MG ***[tetracycline hcl]***	1	
TOBI PODHALER CAPS 28 MG ***[tobramycin]***	2	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
tobramycin sulfate solr 1.2 gm	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% ***[vancomycin hcl-dextrose]***	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% ***[vancomycin hcl-dextrose]***	2	MB
vancomycin hcl solr 1 gm	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB
XIFAXAN TABS 550 MG ***[rifaximin]***	2	QL - 30 day(s)
ZITHROMAX PACK 1 GM ***[azithromycin]***	2	
ZOSYN SOLN 2-0.25 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ZOSYN SOLN 3-0.375 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML ***[amphotericin b lipid]***	2	MB
amphotericin b solr 50 mg	1	MB
CANCIDAS SOLR 50 MG ***[caspofungin acetate]***	2	MB
CANCIDAS SOLR 70 MG ***[caspofungin acetate]***	2	MB
fluconazole in dextrose inj dex 200	1	MB
fluconazole in nacl inj nacl 200	1	MB
fluconazole in nacl inj nacl 400	1	MB
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	1	MB
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	1	MB
fluconazole susr 10 mg/ml	1	
fluconazole susr 40 mg/ml	1	
fluconazole tabs 100 mg	1	
fluconazole tabs 150 mg	1	
fluconazole tabs 200 mg	1	
fluconazole tabs 50 mg	1	
flucytosine caps 250 mg	1	
flucytosine caps 500 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs 125 mg	1	
griseofulvin ultramicrosize tabs 250 mg	1	
ketoconazole tabs 200 mg	1	
nystatin susp 100000 unit/ml	1	
nystatin tabs 500000 unit	1	
terbinafine hcl tabs 250 mg	1	
VFEND IV SOLR 200 MG ***[voriconazole]***	2	MB
voriconazole tabs 200 mg	1	
voriconazole tabs 50 mg	1	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR 1 GM ***[capreomycin sulfate]***	2	MB
cycloserine caps 250 mg	1	
dapsone tabs 100 mg	1	
dapsone tabs 25 mg	1	
ethambutol hcl tabs 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ethambutol hcl tabs 400 mg	1	
isoniazid soln 100 mg/ml	1	MB
isoniazid syrp 50 mg/5ml	1	
isoniazid tabs 100 mg	1	
isoniazid tabs 300 mg	1	
PRETOMANID TABS 200 MG ***[pretomanid]***	2	
PRIFTIN TABS 150 MG ***[rifapentine]***	2	
pyrazinamide tabs 500 mg	1	
rifabutin caps 150 mg	1	
rifampin caps 150 mg	1	
rifampin caps 300 mg	1	
rifampin solr 600 mg	1	MB
TRECATOR TABS 250 MG ***[ethionamide]***	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML ***[nitazoxanide]***	2	
ALINIA TABS 500 MG ***[nitazoxanide]***	2	
atovaquone susp 750 mg/5ml	1	
atovaquone-proguanil hcl tabs 250-100 mg	1	
atovaquone-proguanil hcl tabs 62.5-25 mg	1	
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG ***[artemether-lumefantrine]***	2	
DARAPRIM TABS 25 MG ***[pyrimethamine]***	2	QL - 30 day(s)
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG ***[tafenoquine succinate]***	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE SOLN 500 MG/100ML ***[metronidazole]***	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG ***[pentamidine isethionate]***	2	
paromomycin sulfate caps 250 mg	1	
PENTAM SOLR 300 MG ***[pentamidine isethionate]***	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG ***[primaquine phosphate]***	2	
ANTIVIRALS		
abacavir sulfate tabs 300 mg	1	
abacavir sulfate-lamivudine tabs 600-300 mg	1	
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	1	
acyclovir caps 200 mg	1	
acyclovir sodium inj 1000mg	1	MB
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG ***[tipranavir]***	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
BARACLUDE SOLN 0.05 MG/ML ***[entecavir]***	2	
BEYFORTUS SOSY 100 MG/ML ***[nirsevimab-alip]***	2	MB
BEYFORTUS SOSY 50 MG/0.5ML ***[nirsevimab-alip]***	2	MB
BIKTARVY TABS 30-120-15 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]***	2	
BIKTARVY TABS 50-200-25 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]***	2	
CABENUVA SUER 400 & 600 MG/2ML ***[cabotegravir & rilpivirine]***	2	
CABENUVA SUER 600 & 900 MG/3ML ***[cabotegravir & rilpivirine]***	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG ***[lamivudine-tenofovir disoproxil fumarate]***	2	
COMPLERA TABS 200-25-300 MG ***[emtricitabine-rilpivirine-tenofovir disoproxil fumarate]***	2	
CRIXIVAN CAPS 200 MG ***[indinavir sulfate]***	2	
CRIXIVAN CAPS 400 MG ***[indinavir sulfate]***	2	
darunavir tabs 600 mg	1	
darunavir tabs 800 mg	1	
DESCOVY TABS 120-15 MG ***[emtricitabine-tenofovir alafenamide fumarate]***	2	
DESCOVY TABS 200-25 MG ***[emtricitabine-tenofovir alafenamide fumarate]***	2	PREV
didanosine cap 125mg	1	
didanosine cpdr 250 mg	1	
didanosine cpdr 400 mg	1	
DOVATO TABS 50-300 MG ***[dolutegravir sodium-lamivudine]***	2	
EDURANT TABS 25 MG ***[rilpivirine hcl]***	2	
efavirenz caps 200 mg	1	
efavirenz caps 50 mg	1	
efavirenz tabs 600 mg	1	
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	1	
emtricitabine caps 200 mg	1	
emtricitabine-tenofovir df tabs 100-150 mg	1	
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
emtricitabine-tenofovir df tabs 200-300 mg	1	PREV
EMTRIVA SOLN 10 MG/ML ***[emtricitabine]***	2	
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA PACK 150-37.5 MG ***[sofosbuvir-***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
velpatasvir]		
EPCLUSA PACK 200-50 MG ***[sofosbuvir-velpatasvir]***	2	
EPCLUSA TABS 200-50 MG ***[sofosbuvir-velpatasvir]***	2	QL - 30 day(s)
EPCLUSA TABS 400-100 MG ***[sofosbuvir-velpatasvir]***	2	QL - 30 day(s)
etravirine tabs 100 mg	1	
etravirine tabs 200 mg	1	
EVOTAZ TABS 300-150 MG ***[atazanavir sulfate-cobicistat]***	2	
famciclovir tabs 500 mg	1	
fosamprenavir calcium tabs 700 mg	1	
FOSCAVIR SOLN 6000 MG/250ML ***[foscarnet sodium]***	2	MB
FUZEON SOLR 90 MG ***[enfuvirtide]***	2	QL - 30 day(s),MB
ganciclovir sodium solr 500 mg	1	MB
GENVOYA TABS 150-150-200-10 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
HARVONI TABS 45-200 MG ***[ledipasvir-sofosbuvir]***	2	QL - 30 day(s)
HARVONI TABS 90-400 MG ***[ledipasvir-sofosbuvir]***	2	QL - 30 day(s)
INTELENCE TABS 25 MG ***[etravirine]***	2	
INVIRASE TABS 500 MG ***[saquinavir mesylate]***	2	
ISENTRESS CHEW 100 MG ***[raltegravir potassium]***	2	
ISENTRESS CHEW 25 MG ***[raltegravir potassium]***	2	
ISENTRESS HD TABS 600 MG ***[raltegravir potassium]***	2	
ISENTRESS TABS 400 MG ***[raltegravir potassium]***	2	
JULUCA TABS 50-25 MG ***[dolutegravir sodium-rilpivirine hcl]***	2	
lamivudine soln 10 mg/ml	1	
lamivudine tabs 100 mg	1	
lamivudine tabs 150 mg	1	
lamivudine tabs 300 mg	1	
lamivudine-zidovudine tabs 150-300 mg	1	
LIVTENCITY TABS 200 MG ***[maribavir]***	2	QL - 30 day(s)
lopinavir-ritonavir soln 400-100 mg/5ml	1	
lopinavir-ritonavir tabs 100-25 mg	1	
lopinavir-ritonavir tabs 200-50 mg	1	
nevirapine er tb24 400 mg	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
NORVIR SOLN 80 MG/ML ***[ritonavir]***	2	
ODEFSEY TABS 200-25-25 MG ***[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]***	2	
oseltamivir phosphate caps 30 mg	1	
oseltamivir phosphate caps 45 mg	1	
oseltamivir phosphate caps 75 mg	1	
oseltamivir phosphate susr 6 mg/ml	1	
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]***	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
100MG ***[nirmatrelvir-ritonavir]***		
PEGASYS SOLN 180 MCG/ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML ***[letermovir]***	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML ***[letermovir]***	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG ***[letermovir]***	2	QL - 30 day(s)
PREVYMIS TABS 480 MG ***[letermovir]***	2	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG ***[darunavir-cobicistat]***	2	
PREZISTA TABS 75 MG ***[darunavir]***	2	
RELENZA DISKHALER AEPB 5 MG/ACT ***[zanamivir]***	2	
RETROVIR SOLN 10 MG/ML ***[zidovudine]***	2	MB
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG ***[maraviroc]***	2	
SELZENTRY TABS 25 MG ***[maraviroc]***	2	
SELZENTRY TABS 300 MG ***[maraviroc]***	2	
SELZENTRY TABS 75 MG ***[maraviroc]***	2	
SOVALDI PACK 150 MG ***[sofosbuvir]***	2	QL - 30 day(s)
SOVALDI PACK 200 MG ***[sofosbuvir]***	2	QL - 30 day(s)
SOVALDI TABS 200 MG ***[sofosbuvir]***	2	QL - 30 day(s)
SOVALDI TABS 400 MG ***[sofosbuvir]***	2	QL - 30 day(s)
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir df]***	2	
SYMFI LO TABS 400-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	2	
SYMFI TABS 600-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	2	
SYMTUZA TABS 800-150-200-10 MG ***[darunavir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
SYNAGIS SOLN 100 MG/ML ***[palivizumab]***	2	MB
SYNAGIS SOLN 50 MG/0.5ML ***[palivizumab]***	2	MB
TAMIFLU SUSR 6 MG/ML ***[oseltamivir phosphate]***	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY PD TBSO 5 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 10 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 25 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 50 MG ***[dolutegravir sodium]***	2	
TRIUMEQ PD TBSO 60-5-30 MG ***[abacavir-dolutegravir-lamivudine]***	2	
TRIUMEQ TABS 600-50-300 MG ***[abacavir-dolutegravir-lamivudine]***	2	
TRIZIVIR TABS 300-150-300 MG ***[abacavir sulfate-lamivudine-zidovudine]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML ***[valganciclovir hcl]***	2	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VEKLURY SOLN 100 MG/20ML ***[remdesivir]***	2	
VEKLURY SOLR 100 MG ***[remdesivir]***	2	
VIRACEPT TABS 250 MG ***[nelfinavir mesylate]***	2	
VIRACEPT TABS 625 MG ***[nelfinavir mesylate]***	2	
VIRAZOLE SOLR 6 GM ***[ribavirin]***	2	
VOCABRIA TABS 30 MG ***[cabotegravir sodium]***	2	
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG ***[sofosbuvir-velpatasvir-voxilaprevir]***	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML ***[abacavir sulfate]***	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG ***[nitrofurantoin macrocrystal]***	2	
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG ***[nitrofurantoin macrocrystal]***	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG ***[nitrofurantoin macrocrystal]***	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG ***[nitrofurantoin macrocrystal]***	1	
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl syrp 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
diphenhydramine hcl soln 50 mg/ml	1	MB
promethazine hcl soln 25 mg/ml	1	MB
promethazine hcl tabs 25 mg	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250 mg	1	OC
ABRAXANE SUSR 100 MG ***[paclitaxel protein-bound particles]***	2	MB
ADCETRIS SOLR 50 MG ***[brentuximab vedotin]***	2	MB
ALECENSA CAPS 150 MG ***[alectinib hcl]***	2	QL - 30 day(s),OC
ALKERAN TABS 2 MG ***[melphalan]***	2	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ALUNBRIG TABS 180 MG ***[brigatinib]***	2	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG ***[brigatinib]***	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG ***[brigatinib]***	2	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG ***[brigatinib]***	2	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
ARRANON SOLN 5 MG/ML ***[nelarabine]***	2	MB
ASPARLAS SOLN 3750 UNIT/5ML ***[calaspargase pegol-mknl]***	2	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML ***[bevacizumab]***	2	MB
AVASTIN SOLN 400 MG/16ML ***[bevacizumab]***	2	MB
azacitidine susr 100 mg	1	MB
BENDEKA SOLN 100 MG/4ML ***[bendamustine hcl]***	2	QL - 30 day(s),MB
bicalutamide tabs 50 mg	1	OC
BICNU SOLR 100 MG ***[carmustine]***	2	MB
bleomycin sulfate solr 15 unit	1	MB
bleomycin sulfate solr 30 unit	1	MB
BLINCYTO SOLR 35 MCG ***[blinatumomab]***	2	QL - 30 day(s),MB
BRUKINSA CAPS 80 MG ***[zanubrutinib]***	2	QL - 30 day(s),OC
CABOMETYX TABS 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CALQUENCE TABS 100 MG ***[acalabrutinib maleate]***	2	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML ***[irinotecan hcl]***	2	MB
CAMPTOSAR SOLN 40 MG/2ML ***[irinotecan hcl]***	2	MB
capecitabine tabs 150 mg	1	QL - 30 day(s),OC
capecitabine tabs 500 mg	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG ***[vandetanib]***	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG ***[vandetanib]***	2	QL - 30 day(s),OC
carmustine solr 100 mg	1	MB
cisplatin soln 50 mg/50ml	1	MB
cladribine soln 10 mg/10ml	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG ***[duvelisib]***	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG ***[duvelisib]***	2	QL - 30 day(s),OC
COTELLIC TABS 20 MG ***[cobimetinib fumarate]***	2	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG ***[cyclophosphamide]***	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG ***[cyclophosphamide]***	1	OC
cyclophosphamide solr 1 gm	1	MB
cyclophosphamide solr 2 gm	1	MB
cyclophosphamide solr 500 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CYRAMZA SOLN 100 MG/10ML ***[ramucirumab]***	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML ***[ramucirumab]***	2	QL - 30 day(s),MB
cytarabine (pf) soln 100 mg/ml	1	MB
cytarabine (pf) soln 20 mg/ml	1	MB
cytarabine soln 20 mg/ml	1	MB
dacarbazine solr 100 mg	1	MB
dacarbazine solr 200 mg	1	MB
DACOGEN SOLR 50 MG ***[decitabine]***	2	MB
DARZALEX SOLN 100 MG/5ML ***[daratumumab]***	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML ***[daratumumab]***	2	QL - 30 day(s),MB
daunorubicin hcl soln 20 mg/4ml	1	MB
docetaxel conc 80 mg/4ml	1	MB
DOXIL INJ 2 MG/ML ***[doxorubicin hcl liposomal]***	2	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
doxorubicin hcl solr 10 mg	1	MB
doxorubicin hcl solr 50 mg	1	MB
EMCYT CAPS 140 MG ***[estramustine phosphate sodium]***	2	QL - 30 day(s),OC
ENHERTU SOLR 100 MG ***[fam-trastuzumab deruxtecan-nxki]***	2	MB
ERBITUX SOLN 100 MG/50ML ***[cetuximab]***	2	MB
ERBITUX SOLN 200 MG/100ML ***[cetuximab]***	2	MB
ERIVEDGE CAPS 150 MG ***[vismodegib]***	2	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT ***[asparaginase erwinia chrysanthemi]***	2	MB
etoposide caps 50 mg	1	OC
everolimus tabs 10 mg	1	QL - 30 day(s),OC
everolimus tabs 2.5 mg	1	QL - 30 day(s),OC
everolimus tabs 5 mg	1	QL - 30 day(s),OC
everolimus tabs 7.5 mg	1	QL - 30 day(s),OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 1 gm/20ml	1	MB
fluorouracil soln 2.5 gm/50ml	1	MB
fluorouracil soln 5 gm/100ml	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant sosy 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML ***[obinutuzumab]***	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GLEOSTINE CAPS 10 MG ***[lomustine]***	2	OC
GLEOSTINE CAPS 100 MG ***[lomustine]***	2	OC
GLEOSTINE CAPS 40 MG ***[lomustine]***	2	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HALAVEN SOLN 1 MG/2ML ***[eribulin mesylate]***	2	MB
HERCEPTIN SOLR 150 MG ***[trastuzumab]***	2	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG ***[topotecan hcl]***	2	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG ***[topotecan hcl]***	2	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE CAPS 125 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE TABS 100 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE TABS 125 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE TABS 75 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML ***[idarubicin hcl]***	2	MB
IFOSFAMIDE SOLR 1 GM ***[ifosfamide]***	1	MB
imatinib mesylate tabs 100 mg	1	QL - 30 day(s),OC
imatinib mesylate tabs 400 mg	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
IRESSA TABS 250 MG ***[gefitinib]***	2	QL - 30 day(s),OC
irinotecan hcl soln 500 mg/25ml	1	MB
ISTODAX SOLR 10 MG ***[romidepsin]***	2	MB
IXEMPRA KIT SOLR 15 MG ***[ixabepilone]***	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG ***[ixabepilone]***	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML ***[cabazitaxel]***	2	MB
KADCYLA SOLR 100 MG ***[ado-trastuzumab emtansine]***	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG ***[ado-trastuzumab emtansine]***	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG ***[trastuzumab-anns]***	2	MB
KEYTRUDA SOLN 100 MG/4ML ***[pembrolizumab]***	2	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KISQALI (400 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	2	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	2	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG ***[lenvatinib mesylate]***	2	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG ***[chlorambucil]***	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LONSURF TABS 15-6.14 MG ***[trifluridine-tipiracil]***	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG ***[trifluridine-tipiracil]***	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG ***[lorlatinib]***	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG ***[lorlatinib]***	2	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG ***[leuprolide acetate]***	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG ***[leuprolide acetate]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG ***[leuprolide acetate (4 month)]***	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG ***[leuprolide acetate (6 month)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG ***[leuprolide acetate (cpp) (3 month)]***	2	MB
LYNPARZA TABS 100 MG ***[olaparib]***	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG ***[olaparib]***	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG ***[mitotane]***	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG ***[procarbazine hcl]***	2	QL - 30 day(s),OC
megestrol acetate susp 40 mg/ml	1	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
megestrol acetate susp 400 mg/10ml	1	OC
megestrol acetate tabs 20 mg	1	OC
megestrol acetate tabs 40 mg	1	OC
MEKINIST SOLR 0.05 MG/ML ***[trametinib dimethyl sulfoxide]***	2	OC
MEKINIST TABS 0.5 MG ***[trametinib dimethyl sulfoxide]***	2	QL - 30 day(s),OC
MEKINIST TABS 2 MG ***[trametinib dimethyl sulfoxide]***	2	QL - 30 day(s),OC
melphalan hcl solr 50 mg	1	MB
mercaptopurine tabs 50 mg	1	OC
methotrexate sodium (pf) soln 50 mg/2ml	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML ***[methotrexate sodium]***	1	MB
methotrexate sodium solr 1 gm	1	MB
methotrexate sodium tabs 2.5 mg	1	OC
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
mitoxantrone hcl conc 25 mg/12.5ml	1	MB
MVASI SOLN 100 MG/4ML ***[bevacizumab-awwb]***	2	MB
MYLERAN TABS 2 MG ***[busulfan]***	2	OC
NINLARO CAPS 2.3 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG ***[sonidegib phosphate]***	2	QL - 30 day(s),OC
OPDIVO SOLN 100 MG/10ML ***[nivolumab]***	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML ***[nivolumab]***	2	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
PADCEV SOLR 20 MG ***[enfortumab vedotin-ejfv]***	2	
PADCEV SOLR 30 MG ***[enfortumab vedotin-ejfv]***	2	
PEMETREXED DISODIUM SOLN 100 MG/4ML ***[pemetrexed disodium]***	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML ***[pemetrexed disodium]***	2	MB
pentostatin inj 10mg	1	MB
PERJETA SOLN 420 MG/14ML ***[pertuzumab]***	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
PURIXAN SUSP 2000 MG/100ML ***[mercaptopurine]***	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG ***[lenalidomide]***	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG ***[lenalidomide]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
REVLIMID CAPS 25 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
RIABNI SOLN 100 MG/10ML ***[rituximab-arrx]***	2	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML ***[rituximab-arrx]***	2	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML ***[rituximab]***	2	MB
RITUXAN SOLN 500 MG/50ML ***[rituximab]***	2	MB
romidepsin solr 10 mg	1	MB
ROZLYTREK CAPS 100 MG ***[entrectinib]***	2	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG ***[entrectinib]***	2	OC
RYDAPT CAPS 25 MG ***[midostaurin]***	2	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML ***[isatuximab-irfc]***	2	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML ***[isatuximab-irfc]***	2	QL - 30 day(s)
sorafenib tosylate tabs 200 mg	1	QL - 30 day(s),OC
SPRYCEL TABS 100 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG ***[dasatinib]***	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG ***[regorafenib]***	2	QL - 30 day(s),OC
sunitinib malate caps 12.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 25 mg	1	QL - 30 day(s),OC
sunitinib malate caps 37.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 50 mg	1	QL - 30 day(s),OC
SYLVANT SOLR 100 MG ***[siltuximab]***	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG ***[siltuximab]***	2	QL - 30 day(s),MB
TABLOID TABS 40 MG ***[thioguanine]***	2	OC
TAFINLAR CAPS 50 MG ***[dabrafenib mesylate]***	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG ***[dabrafenib mesylate]***	2	QL - 30 day(s),OC
TAFINLAR TBSO 10 MG ***[dabrafenib mesylate]***	2	QL - 30 day(s),OC
TAGRISSO TABS 40 MG ***[osimertinib mesylate]***	2	QL - 30 day(s),OC
TAGRISSO TABS 80 MG ***[osimertinib mesylate]***	2	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARGRETIN CAPS 75 MG ***[bexarotene]***	2	OC
TASIGNA CAPS 150 MG ***[nilotinib hcl]***	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG ***[nilotinib hcl]***	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML ***[docetaxel]***	2	MB
TECENTRIQ SOLN 1200 MG/20ML ***[atezolizumab]***	2	QL - 30 day(s),MB
temozolomide caps 100 mg	1	OC
temozolomide caps 140 mg	1	OC
temozolomide caps 180 mg	1	OC
temozolomide caps 20 mg	1	OC
temozolomide caps 250 mg	1	OC
temozolomide caps 5 mg	1	OC
TENIPOSIDE SOLN 10 MG/ML ***[teniposide]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
thiotepa solr 15 mg	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML ***[temsirolimus]***	2	MB
TREANDA SOLR 100 MG ***[bendamustine hcl]***	2	MB
TRISENOX SOLN 12 MG/6ML ***[arsenic trioxide]***	2	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML ***[rituximab-abbs]***	2	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML ***[rituximab-abbs]***	2	QL - 30 day(s),MB
TUKYSA TABS 150 MG ***[tucatinib]***	2	QL - 30 day(s),OC
TUKYSA TABS 50 MG ***[tucatinib]***	2	QL - 30 day(s),OC
TYKERB TABS 250 MG ***[lapatinib ditosylate]***	2	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML ***[dinutuximab]***	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG ***[bortezomib]***	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG ***[venetoclax]***	2	QL - 30 day(s),OC
vincristine sulfate soln 1 mg/ml	1	MB
vinorelbine tartrate soln 10 mg/ml	1	MB
vinorelbine tartrate soln 50 mg/5ml	1	MB
VOTRIENT TABS 200 MG ***[pazopanib hcl]***	2	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG ***[daunorubicin-cytarabine liposome]***	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG ***[crizotinib]***	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG ***[crizotinib]***	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG ***[enzalutamide]***	2	QL - 30 day(s),OC
XTANDI TABS 40 MG ***[enzalutamide]***	2	QL - 30 day(s),OC
XTANDI TABS 80 MG ***[enzalutamide]***	2	QL - 30 day(s),OC
YONDELIS SOLR 1 MG ***[trabectedin]***	2	QL - 30 day(s),MB
ZANOSAR SOLR 1 GM ***[streptozocin]***	2	MB
ZEJULA CAPS 100 MG ***[niraparib tosylate]***	2	QL - 30 day(s),OC
ZEJULA TABS 100 MG ***[niraparib tosylate]***	2	QL - 30 day(s),OC
ZEJULA TABS 200 MG ***[niraparib tosylate]***	2	QL - 30 day(s),OC
ZEJULA TABS 300 MG ***[niraparib tosylate]***	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG ***[vemurafenib]***	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG ***[idelalisib]***	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG ***[idelalisib]***	2	QL - 30 day(s),OC
ZYKADIA TABS 150 MG ***[ceritinib]***	2	QL - 30 day(s),OC
ZYTIGA TABS 500 MG ***[abiraterone acetate]***	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE (PF) SOLN 0.4 MG/ML ***[atropine sulfate]***	2	MB
atropine sulfate inj 1mg/ml	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML ***[atropine sulfate]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ATROPINE SULFATE SOSY 0.5 MG/5ML ***[atropine sulfate]***	2	MB
ATROVENT HFA AERS 17 MCG/ACT ***[ipratropium bromide hfa]***	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG ***[belladonna alkaloids & opium]***	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG ***[belladonna alkaloids & opium]***	2	
chlordiazepoxide-clidinium caps 5-2.5 mg	1	
dicyclomine hcl caps 10 mg	1	
dicyclomine hcl soln 10 mg/5ml	1	
dicyclomine hcl tabs 20 mg	1	
DONNATAL ELIX 16.2 MG/5ML ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	2	
DONNATAL TABS 16.2 MG ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	2	
glycopyrrolate soln 0.2 mg/ml	1	MB
glycopyrrolate soln 0.4 mg/2ml	1	MB
glycopyrrolate soln 1 mg/5ml	1	MB
glycopyrrolate soln 4 mg/20ml	1	MB
glycopyrrolate tabs 1 mg	1	
glycopyrrolate tabs 2 mg	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE TABS 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSYNE ELIX 0.125 MG/5ML ***[hyoscyamine sulfate]***	1	
HYOSYNE SOLN 0.125 MG/ML ***[hyoscyamine sulfate]***	1	
ipratropium bromide sol inhal	1	
ipratropium bromide soln 0.03 %	1	
LEVSIN SOLN 0.5 MG/ML ***[hyoscyamine sulfate]***	2	MB
propantheline bromide tabs 15 mg	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ***[tiotropium bromide monohydrate]***	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
nicotine polacrilex lozg 4 mg	1	PREV
NICORETTE LOZG 2 MG ***[nicotine polacrilex]***	2	PREV
NICORETTE LOZG 4 MG ***[nicotine polacrilex]***	2	PREV
NICORETTE MINI LOZG 2 MG ***[nicotine polacrilex]***	2	PREV
nicotine polacrilex gum 2 mg	1	PREV
nicotine polacrilex gum 4 mg	1	PREV
nicotine pt24 14 mg/24hr	1	PREV
nicotine pt24 21 mg/24hr	1	PREV
nicotine pt24 7 mg/24hr	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
varenicline tartrate tabs 0.5 mg	1	PREV
varenicline tartrate tabs 1 mg	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 10 mg	1	
bethanechol chloride tabs 25 mg	1	
bethanechol chloride tabs 5 mg	1	
bethanechol chloride tabs 50 mg	1	
donepezil hcl tabs 10 mg	1	
donepezil hcl tabs 5 mg	1	
donepezil hcl tbdp 10 mg	1	
donepezil hcl tbdp 5 mg	1	
galantamine hydrobromide er cp24 16 mg	1	
galantamine hydrobromide er cp24 24 mg	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG ***[galantamine hydrobromide]***	1	
galantamine hydrobromide tabs 12 mg	1	
galantamine hydrobromide tabs 4 mg	1	
galantamine hydrobromide tabs 8 mg	1	
MESTINON SOLN 60 MG/5ML ***[pyridostigmine bromide]***	2	
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML ***[neostigmine methylsulfate]***	2	MB
neostigmine methylsulfate soln 5 mg/10ml	1	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML ***[physostigmine salicylate]***	2	MB
pilocarpine hcl tabs 5 mg	1	
pyridostigmine bromide er tbcr 180 mg	1	
pyridostigmine bromide tabs 60 mg	1	
REGONOL SOLN 10 MG/2ML ***[pyridostigmine bromide]***	2	MB
SKELETAL MUSCLE RELAXANTS		
atracurium besylate soln 100 mg/10ml	1	MB
atracurium besylate soln 50 mg/5ml	1	MB
baclofen tabs 10 mg	1	
baclofen tabs 20 mg	1	
cisatracurium besylate (pf) soln 10 mg/5ml	1	MB
cisatracurium besylate (pf) soln 200 mg/20ml	1	MB
cisatracurium besylate soln 20 mg/10ml	1	MB
cyclobenzaprine hcl tabs 10 mg	1	
cyclobenzaprine hcl tabs 5 mg	1	
dantrolene sodium caps 100 mg	1	
dantrolene sodium caps 25 mg	1	
dantrolene sodium caps 50 mg	1	
GABLOFEN SOLN 10000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 20000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 40000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 10000 MCG/20ML ***[baclofen]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GABLOFEN SOSY 20000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 40000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 50 MCG/ML ***[baclofen]***	2	MB
methocarbamol tabs 500 mg	1	
methocarbamol tabs 750 mg	1	
pancuronium bromide soln 1 mg/ml	1	MB
QUELICIN SOLN 20 MG/ML ***[succinylcholine chloride]***	2	MB
rocuronium bromide soln 100 mg/10ml	1	MB
rocuronium bromide soln 50 mg/5ml	1	MB
RYANODEX SUSR 250 MG ***[dantrolene sodium]***	2	MB
tizanidine hcl tabs 2 mg	1	
tizanidine hcl tabs 4 mg	1	
vecuronium bromide solr 10 mg	1	MB
vecuronium bromide solr 20 mg	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
dihydroergotamine mesylate soln 1 mg/ml	1	QL - 30 day(s),MB
dihydroergotamine mesylate soln 4 mg/ml	1	
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
guanfacine hcl tabs 1 mg	1	
guanfacine hcl tabs 2 mg	1	
MIGRANAL SOLN 4 MG/ML ***[dihydroergotamine mesylate]***	2	
phenoxybenzamine hcl caps 10 mg	1	
phentolamine mesylate solr 5 mg	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR HFA AERO 115-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
ADVAIR HFA AERO 230-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
ADVAIR HFA AERO 45-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
albuterol sulfate hfa aers 108 (90 base) mcg/act	1	
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	1	
albuterol sulfate nebu (5 mg/ml) 0.5%	1	
albuterol sulfate nebu 0.63 mg/3ml	1	
albuterol sulfate nebu 1.25 mg/3ml	1	
albuterol sulfate nebu 2.5 mg/0.5ml	1	
dobutamine hcl soln 250 mg/20ml	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% ***[dobutamine in d5w]***	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML ***[dobutamine in d5w]***	1	MB
dopamine hcl inj 160mg/ml	1	MB
DOPAMINE HCL SOLN 40 MG/ML ***[dopamine hcl]***	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% ***[dopamine in d5w]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% ***[dopamine in d5w]***	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% ***[dopamine in d5w]***	1	MB
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML ***[ephedrine sulfate (pressors)]***	1	MB
epinephrine hcl inj 1mg/ml	1	MB
EPINEPHRINE PF SOLN 1 MG/ML ***[epinephrine]***	2	
epinephrine soaj 0.15 mg/0.15ml	1	MB
epinephrine soaj 0.3 mg/0.3ml	1	MB
EPINEPHRINE SOSY 1 MG/10ML ***[epinephrine]***	1	MB
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	1	
midodrine hcl tabs 10 mg	1	
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
norepinephrine bitartrate soln 1 mg/ml	1	MB
SEREVENT DISKUS AEPB 50 MCG/ACT ***[salmeterol xinafoate]***	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT ***[olodaterol hcl]***	2	
terbutaline sulfate soln 1 mg/ml	1	MB
terbutaline sulfate tabs 2.5 mg	1	
terbutaline sulfate tabs 5 mg	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % ***[albumin, human]***	2	MB
ALBURX SOLN 5 % ***[albumin, human]***	2	MB
ALBUTEIN SOLN 25 % ***[albumin, human]***	2	MB
PLASMANATE SOLN 5 % ***[plasma protein fraction]***	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
FERREX 150 CAPS 150 MG ***[polysaccharide iron complex]***	1	
INFED SOLN 50 MG/ML ***[iron dextran]***	2	MB
PROFERRIN ES TABS 12 MG ***[iron heme polypeptide]***	2	
PROFERRIN-FORTE TABS 12-1 MG ***[iron heme polypeptide-folic acid]***	2	
VENOFER SOLN 20 MG/ML ***[iron sucrose]***	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 1000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ADVATE SOLR 1500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
ADVATE SOLR 2000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
ADVATE SOLR 250 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
ADVATE SOLR 3000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	MB
ADVATE SOLR 4000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
ADVATE SOLR 500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1000 UNIT ***[coagulation factor ix]***	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT ***[coagulation factor ix]***	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT ***[coagulation factor ix]***	2	QL - 30 day(s),MB
aminocaproic acid soln 250 mg/ml	1	MB
BENEFIX KIT 1000 UNIT ***[coagulation factor ix (recombinant)]***	2	QL - 30 day(s),MB
BENEFIX KIT 2000 UNIT ***[coagulation factor ix (recombinant)]***	2	QL - 30 day(s),MB
BENEFIX KIT 250 UNIT ***[coagulation factor ix (recombinant)]***	2	QL - 30 day(s),MB
BENEFIX KIT 3000 UNIT ***[coagulation factor ix (recombinant)]***	2	QL - 30 day(s),MB
BENEFIX KIT 500 UNIT ***[coagulation factor ix (recombinant)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 1000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT ***[antihemophilic factor***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(rcmb) fc fusion protein(bdd-rfviiifc)]		
ELOCTATE SOLR 3000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]***	2	QL - 30 day(s),MB
GELFOAM SPONGE SIZE 100 MISC ***[gelatin absorbable]***	2	
HEMLIBRA SOLN 105 MG/0.7ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMOFIL M INJ 220-400 ***[antihemophilic factor (human)]***	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT ***[antihemophilic factor (human)]***	2	MB
HEMOFIL M SOLR 1700 UNIT ***[antihemophilic factor (human)]***	2	MB
HEMOFIL M SOLR 250 UNIT ***[antihemophilic factor (human)]***	2	MB
HEMOFIL M SOLR 500 UNIT ***[antihemophilic factor (human)]***	2	MB
HUMATE-P SOLR 1000-2400 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT ***[prothrombin complex concentrate human]***	2	MB
KOATE SOLR 1000 UNIT ***[antihemophilic factor (human)]***	2	MB
KOATE-DVI SOLR 500 UNIT ***[antihemophilic factor (human)]***	2	MB
KOGENATE FS KIT 1000 UNIT ***[antihemophilic factor***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(recombinant) (rfviii)]		
KOGENATE FS KIT 2000 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
MONONINE SOLR 1000 UNIT ***[coagulation factor ix]***	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 2 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 5 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 8 MG ***[coagulation factor viia (recombinant)]***	2	MB
PRAXBIND SOLN 2.5 GM/50ML ***[idarucizumab]***	2	MB
PROFILNINE SOLR 1000 UNIT ***[factor ix complex]***	2	MB
PROFILNINE SOLR 500 UNIT ***[factor ix complex]***	2	QL - 30 day(s),MB
protamine sulfate soln 10 mg/ml	1	MB
RECOMBINATE SOLR 1241-1800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT ***[thrombin (recombinant)]***	2	
RECOTHROM SOLR 5000 UNIT ***[thrombin (recombinant)]***	2	
RIASTAP SOLR ***[fibrinogen concentrate (human)]***	2	QL - 30 day(s)
tranexamic acid soln 1000 mg/10ml	1	MB
tranexamic acid tabs 650 mg	1	
WILATE KIT 1000-1000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
WILATE KIT 500-500 UNIT ***[antihemophilic factor/von***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
willebrand factor complex (human)]		
XYNTHA KIT 1000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]***	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]***	2	MB
XYNTHA KIT 250 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]***	2	QL - 30 day(s),MB
XYNTHA KIT 500 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]***	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]***	2	QL - 30 day(s),MB
ANTITHROMBOTIC AGENTS		
ACTIVASE SOLR 100 MG ***[alteplase]***	2	MB
ACTIVASE SOLR 50 MG ***[alteplase]***	2	MB
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG ***[bivalirudin trifluoroacetate]***	2	MB
ARGATROBAN SOLN 250 MG/2.5ML ***[argatroban]***	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG ***[ticagrelor]***	2	
CATHFLO ACTIVASE SOLR 2 MG ***[alteplase]***	2	MB
cilostazol tabs 100 mg	1	
cilostazol tabs 50 mg	1	
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG ***[prasugrel hcl]***	2	
EFFIENT TABS 5 MG ***[prasugrel hcl]***	2	
heparin sodium (porcine) lock flush soln	1	MB
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% ***[heparin (porcine) in sodium chloride]***	1	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% ***[heparin (porcine) in sodium chloride]***	1	MB
HEPARIN (PORCINE) IN NACL SOLN 25000-0.45 UT/250ML-% ***[heparin (porcine) in sodium chloride]***	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
UNIT/ML ***[heparin sodium (porcine) lock flush]***		
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML ***[heparin sodium (porcine)]***	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML ***[heparin sodium (porcine)]***	1	MB
heparin sodium (porcine) soln 20000 unit/ml	1	MB
heparin sodium (porcine) soln 5000 unit/ml	1	MB
INTEGRILIN SOLN 20 MG/10ML ***[eptifibatide]***	2	MB
INTEGRILIN SOLN 75 MG/100ML ***[eptifibatide]***	2	MB
LOVENOX SOLN 300 MG/3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
PRADAXA CAPS 110 MG ***[dabigatran etexilate mesylate]***	2	
PRADAXA CAPS 150 MG ***[dabigatran etexilate mesylate]***	2	
PRADAXA CAPS 75 MG ***[dabigatran etexilate mesylate]***	2	
PROFILNINE SOLR 1500 UNIT ***[factor ix complex]***	2	MB
THROMBATE III SOLR 500 UNIT ***[antithrombin iii (human)]***	2	MB
TNKASE KIT 50 MG ***[tenecteplase]***	2	MB
warfarin sodium tabs 1 mg	1	
warfarin sodium tabs 10 mg	1	
warfarin sodium tabs 2 mg	1	
warfarin sodium tabs 2.5 mg	1	
warfarin sodium tabs 3 mg	1	
warfarin sodium tabs 4 mg	1	
warfarin sodium tabs 5 mg	1	
warfarin sodium tabs 6 mg	1	
warfarin sodium tabs 7.5 mg	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML ***[crizanlizumab-tmca]***	2	
LEUKINE SOLR 250 MCG ***[sargramostim]***	2	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML ***[filgrastim-aafi]***	2	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML ***[filgrastim-aafi]***	2	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML ***[filgrastim-aafi]***	2	
NIVESTYM SOSY 480 MCG/0.8ML ***[filgrastim-aafi]***	2	
PROCRIT SOLN 10000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROCRIT SOLN 4000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG ***[eltrombopag olamine]***	2	
PROMACTA TABS 12.5 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
PROMACTA TABS 25 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
PROMACTA TABS 50 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
PROMACTA TABS 75 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
HEMORRHEOLOGIC AGENTS		
pentoxifylline er tbcr 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate tabs 1 mg	1	
doxazosin mesylate tabs 2 mg	1	
doxazosin mesylate tabs 4 mg	1	
doxazosin mesylate tabs 8 mg	1	
prazosin hcl caps 1 mg	1	
prazosin hcl caps 2 mg	1	
prazosin hcl caps 5 mg	1	
tamsulosin hcl caps 0.4 mg	1	
terazosin hcl caps 1 mg	1	
terazosin hcl caps 10 mg	1	
terazosin hcl caps 2 mg	1	
terazosin hcl caps 5 mg	1	
ANTILIPEMIC AGENTS		
atorvastatin calcium tabs 10 mg	1	PREV
atorvastatin calcium tabs 20 mg	1	PREV
atorvastatin calcium tabs 40 mg	1	PREV
atorvastatin calcium tabs 80 mg	1	PREV
cholestyramine light powd 4 gm/dose	1	
cholestyramine pack 4 gm	1	
cholestyramine powd 4 gm/dose	1	
colestipol hcl gran 5 gm	1	
colestipol hcl pack 5 gm	1	
colestipol hcl tabs 1 gm	1	
ezetimibe tabs 10 mg	1	
fenofibrate tabs 160 mg	1	
fenofibrate tabs 54 mg	1	
gemfibrozil tabs 600 mg	1	
lovastatin tabs 10 mg	1	PREV
lovastatin tabs 20 mg	1	PREV
lovastatin tabs 40 mg	1	PREV
pravastatin sodium tabs 10 mg	1	PREV
pravastatin sodium tabs 20 mg	1	PREV
pravastatin sodium tabs 40 mg	1	PREV
pravastatin sodium tabs 80 mg	1	PREV
rosuvastatin calcium tabs 10 mg	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
rosuvastatin calcium tabs 20 mg	1	PREV
rosuvastatin calcium tabs 40 mg	1	PREV
rosuvastatin calcium tabs 5 mg	1	PREV
simvastatin tabs 10 mg	1	PREV
simvastatin tabs 20 mg	1	PREV
simvastatin tabs 40 mg	1	PREV
simvastatin tabs 5 mg	1	PREV
simvastatin tabs 80 mg	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
atenolol tabs 100 mg	1	
atenolol tabs 25 mg	1	
atenolol tabs 50 mg	1	
atenolol-chlorthalidone tabs 100-25 mg	1	
atenolol-chlorthalidone tabs 50-25 mg	1	
bisoprolol fumarate tabs 10 mg	1	
bisoprolol fumarate tabs 5 mg	1	
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	1	
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	1	
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	1	
BREVIBLOC IN NACL SOLN 2000 MG/100ML ***[esmolol hcl-sodium chloride]***	2	MB
BREVIBLOC IN NACL SOLN 2500 MG/250ML ***[esmolol hcl-sodium chloride]***	2	MB
carvedilol tabs 12.5 mg	1	
carvedilol tabs 25 mg	1	
carvedilol tabs 3.125 mg	1	
carvedilol tabs 6.25 mg	1	
ESMOLOL HCL SOLN 100 MG/10ML ***[esmolol hcl]***	1	MB
labetalol hcl soln 5 mg/ml	1	MB
labetalol hcl tabs 100 mg	1	
labetalol hcl tabs 200 mg	1	
labetalol hcl tabs 300 mg	1	
metoprolol succinate er tb24 100 mg	1	
metoprolol succinate er tb24 200 mg	1	
metoprolol succinate er tb24 25 mg	1	
metoprolol succinate er tb24 50 mg	1	
metoprolol tartrate soln 5 mg/5ml	1	MB
metoprolol tartrate tabs 100 mg	1	
metoprolol tartrate tabs 25 mg	1	
metoprolol tartrate tabs 50 mg	1	
propranolol hcl er cp24 120 mg	1	
propranolol hcl er cp24 160 mg	1	
propranolol hcl er cp24 60 mg	1	
propranolol hcl er cp24 80 mg	1	
propranolol hcl soln 1 mg/ml	1	MB
propranolol hcl soln 20 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
propranolol hcl tabs 10 mg	1	
propranolol hcl tabs 20 mg	1	
propranolol hcl tabs 40 mg	1	
propranolol hcl tabs 60 mg	1	
propranolol hcl tabs 80 mg	1	
sotalol hcl (af) tabs 120 mg	1	
sotalol hcl (af) tabs 160 mg	1	
sotalol hcl (af) tabs 80 mg	1	
sotalol hcl tabs 120 mg	1	
sotalol hcl tabs 160 mg	1	
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate tabs 10 mg	1	
amlodipine besylate tabs 2.5 mg	1	
amlodipine besylate tabs 5 mg	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 180 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML ***[clevidipine]***	2	MB
CLEVIPREX EMUL 50 MG/100ML ***[clevidipine]***	2	MB
diltiazem hcl er cp12 120 mg	1	
diltiazem hcl er cp12 60 mg	1	
diltiazem hcl er cp12 90 mg	1	
diltiazem hcl er cp24 120 mg	1	
diltiazem hcl er cp24 180 mg	1	
diltiazem hcl er cp24 240 mg	1	
diltiazem hcl soln 125 mg/25ml	1	MB
diltiazem hcl soln 25 mg/5ml	1	MB
diltiazem hcl soln 50 mg/10ml	1	MB
diltiazem hcl tabs 120 mg	1	
diltiazem hcl tabs 30 mg	1	
diltiazem hcl tabs 60 mg	1	
diltiazem hcl tabs 90 mg	1	
NICARDIPINE HCL SOLN 2.5 MG/ML ***[nicardipine hcl]***	1	MB
nifedipine caps 10 mg	1	
nifedipine caps 20 mg	1	
nifedipine er osmotic release tb24 30 mg	1	
nifedipine er osmotic release tb24 60 mg	1	
nifedipine er osmotic release tb24 90 mg	1	
nimodipine caps 30 mg	1	
verapamil hcl er tbcr 120 mg	1	
verapamil hcl er tbcr 180 mg	1	
verapamil hcl er tbcr 240 mg	1	
verapamil hcl soln 2.5 mg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
verapamil hcl tabs 120 mg	1	
verapamil hcl tabs 40 mg	1	
verapamil hcl tabs 80 mg	1	
CARDIAC DRUGS		
adenosine inj 6mg/2ml	1	MB
adenosine soln 6 mg/2ml	1	MB
amiodarone hcl soln 150 mg/3ml	1	MB
amiodarone hcl soln 450 mg/9ml	1	MB
amiodarone hcl soln 900 mg/18ml	1	MB
amiodarone hcl tabs 200 mg	1	
DIGOXIN SOLN 0.05 MG/ML ***[digoxin]***	1	
digoxin soln 0.25 mg/ml	1	MB
digoxin tabs 125 mcg	1	
digoxin tabs 250 mcg	1	
disopyramide phosphate caps 100 mg	1	
disopyramide phosphate caps 150 mg	1	
dofetilide caps 125 mcg	1	
dofetilide caps 250 mcg	1	
dofetilide caps 500 mcg	1	
flecainide acetate tabs 100 mg	1	
flecainide acetate tabs 150 mg	1	
flecainide acetate tabs 50 mg	1	
ibutilide fumarate soln 1 mg/10ml	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML ***[digoxin]***	2	MB
lidocaine hcl (cardiac) pf sosy 100 mg/5ml	1	MB
lidocaine hcl (cardiac) sosy 50 mg/5ml	1	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% ***[lidocaine in d5w]***	1	MB
mexiletine hcl caps 150 mg	1	
mexiletine hcl caps 200 mg	1	
mexiletine hcl caps 250 mg	1	
milrinone lactate in dextrose soln 20-5 mg/100ml-%	1	MB
milrinone lactate in dextrose soln 40-5 mg/200ml-%	1	MB
milrinone lactate inj 1mg/ml	1	MB
milrinone lactate soln 10 mg/10ml	1	MB
NORPACE CR CP12 100 MG ***[disopyramide phosphate]***	2	
NORPACE CR CP12 150 MG ***[disopyramide phosphate]***	2	
procainamide hcl soln 100 mg/ml	1	MB
procainamide hcl soln 500 mg/ml	1	MB
propafenone hcl tabs 150 mg	1	
propafenone hcl tabs 225 mg	1	
propafenone hcl tabs 300 mg	1	
quinidine gluconate er tbcr 324 mg	1	
quinidine sulfate tabs 200 mg	1	
quinidine sulfate tabs 300 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYPOTENSIVE AGENTS		
CARDENE IV SOLN 20-0.86 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% ***[nicardipine hcl in dextrose]***	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
clonidine hcl tabs 0.1 mg	1	
clonidine hcl tabs 0.2 mg	1	
clonidine hcl tabs 0.3 mg	1	
clonidine ptwk 0.1 mg/24hr	1	
clonidine ptwk 0.2 mg/24hr	1	
clonidine ptwk 0.3 mg/24hr	1	
hydralazine hcl soln 20 mg/ml	1	MB
hydralazine hcl tabs 10 mg	1	
hydralazine hcl tabs 100 mg	1	
hydralazine hcl tabs 25 mg	1	
hydralazine hcl tabs 50 mg	1	
hydrochlorothiazide tabs 12.5 mg	1	
methyldopa tabs 250 mg	1	
methyldopa tabs 500 mg	1	
minoxidil tabs 10 mg	1	
minoxidil tabs 2.5 mg	1	
nitroprusside sodium soln 25 mg/ml	1	MB
reserpine tab 0.1mg	2	
reserpine tab 0.25mg	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl tabs 10 mg	1	
benazepril hcl tabs 20 mg	1	
benazepril hcl tabs 40 mg	1	
benazepril hcl tabs 5 mg	1	
enalaprilat inj 1.25 mg/ml	1	MB
ENTRESTO TABS 24-26 MG ***[sacubitril-valsartan]***	2	
ENTRESTO TABS 49-51 MG ***[sacubitril-valsartan]***	2	
ENTRESTO TABS 97-103 MG ***[sacubitril-valsartan]***	2	
lisinopril tabs 10 mg	1	
lisinopril tabs 2.5 mg	1	
lisinopril tabs 20 mg	1	
lisinopril tabs 30 mg	1	
lisinopril tabs 40 mg	1	
lisinopril tabs 5 mg	1	
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-25 mg	1	
losartan potassium tabs 100 mg	1	
losartan potassium tabs 25 mg	1	
losartan potassium tabs 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
losartan potassium-hctz tabs 100-12.5 mg	1	
losartan potassium-hctz tabs 100-25 mg	1	
losartan potassium-hctz tabs 50-12.5 mg	1	
spironolactone tabs 100 mg	1	
spironolactone tabs 25 mg	1	
spironolactone tabs 50 mg	1	
spironolactone-hctz tabs 25-25 mg	1	
valsartan tabs 160 mg	1	
valsartan tabs 320 mg	1	
valsartan tabs 40 mg	1	
valsartan tabs 80 mg	1	
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 160-25 mg	1	
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 320-25 mg	1	
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % ***[ethanolamine oleate]***	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 1 %	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML ***[polidocanol (laureth-9)]***	2	MB
VASODILATING AGENTS		
alprostadil soln 500 mcg/ml	1	MB
ambrisentan tabs 10 mg	1	QL - 30 day(s),LD
ambrisentan tabs 5 mg	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT IMPULSE KIT 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 40 MCG ***[alprostadil (vasodilator)]***	2	MB
dipyridamole soln 5 mg/ml	1	MB
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX KIT 40 MCG ***[alprostadil (vasodilator)]***	2	MB
isosorbide dinitrate tabs 10 mg	1	
isosorbide dinitrate tabs 20 mg	1	
isosorbide dinitrate tabs 30 mg	1	
isosorbide dinitrate tabs 5 mg	1	
isosorbide mononitrate er tb24 120 mg	1	
isosorbide mononitrate er tb24 30 mg	1	
isosorbide mononitrate er tb24 60 mg	1	
LETAIRIS TABS 10 MG ***[ambrisentan]***	2	QL - 30 day(s),LD
LETAIRIS TABS 5 MG ***[ambrisentan]***	2	QL - 30 day(s),LD
[Nitroglycerin] MINITRAN PT24 0.1 MG/HR	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Nitroglycerin] MINITRAN PT24 0.2 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.4 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.6 MG/HR	1	
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR ***[nitroglycerin]***	2	
NITRO-DUR PT24 0.8 MG/HR ***[nitroglycerin]***	2	
NITRO-TIME CPCR 2.5 MG ***[nitroglycerin]***	1	
NITRO-TIME CPCR 6.5 MG ***[nitroglycerin]***	1	
NITRO-TIME CPCR 9 MG ***[nitroglycerin]***	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
nitroglycerin soln 5 mg/ml	1	MB
NITROSTAT SUBL 0.3 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.4 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.6 MG ***[nitroglycerin]***	2	
PAPAVERINE HCL SOLN 30 MG/ML ***[papaverine hcl]***	2	MB
REMODULIN SOLN 100 MG/20ML ***[treprostinil]***	2	LD,MB
REMODULIN SOLN 20 MG/20ML ***[treprostinil]***	2	LD,MB
REMODULIN SOLN 200 MG/20ML ***[treprostinil]***	2	MB
REMODULIN SOLN 50 MG/20ML ***[treprostinil]***	2	LD,MB
sildenafil citrate tabs 100 mg	1	QL - 8/30 day(s)
sildenafil citrate tabs 20 mg	1	QL - 30 day(s)
sildenafil citrate tabs 50 mg	1	QL - 8/30 day(s)
tadalafil (pah) tabs 20 mg	1	
tadalafil tabs 10 mg	1	QL - 8/30 day(s)
tadalafil tabs 2.5 mg	1	QL - 8/30 day(s)
tadalafil tabs 20 mg	1	QL - 8/30 day(s)
tadalafil tabs 5 mg	1	QL - 8/30 day(s)
TRACLEER TABS 125 MG ***[bosentan]***	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG ***[bosentan]***	2	QL - 30 day(s),LD
treprostinil soln 100 mg/20ml	1	LD,MB
treprostinil soln 20 mg/20ml	1	LD,MB
treprostinil soln 200 mg/20ml	1	MB
treprostinil soln 50 mg/20ml	1	LD,MB
TYVASO SOLN 0.6 MG/ML ***[treprostinil]***	2	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML ***[iloprost]***	2	QL - 30 day(s)
VENTAVIS SOLN 20 MCG/ML ***[iloprost]***	2	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen-codeine soln 120-12 mg/5ml	1	
acetaminophen-codeine tabs 300-15 mg	1	
acetaminophen-codeine tabs 300-30 mg	1	
acetaminophen-codeine tabs 300-60 mg	1	
alfentanil hcl soln 1000 mcg/2ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
buprenorphine hcl soln 0.3 mg/ml	1	MB
buprenorphine hcl subl 2 mg	1	QL - 30 day(s)
buprenorphine hcl subl 8 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 12-3 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 2-0.5 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 4-1 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 8-2 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl subl 8-2 mg	1	QL - 30 day(s)
buprenorphine ptwk 10 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 15 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 20 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 5 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 7.5 mcg/hr	1	QL - 30 day(s)
butorphanol tartrate soln 1 mg/ml	1	MB
butorphanol tartrate soln 2 mg/ml	1	MB
choline magnesium trisalicylate tab 1000mg	1	
CODEINE SULFATE TABS 15 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 30 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 60 MG ***[codeine sulfate]***	1	
DURAMORPH SOLN 0.5 MG/ML ***[morphine sulfate]***	1	MB
DURAMORPH SOLN 1 MG/ML ***[morphine sulfate]***	1	MB
etodolac caps 200 mg	1	
etodolac caps 300 mg	1	
etodolac tabs 400 mg	1	
etodolac tabs 500 mg	1	
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML ***[fentanyl citrate]***	1	MB
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML ***[fentanyl citrate]***	2	MB
fentanyl pt72 100 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 12 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 25 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 50 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 75 mcg/hr	1	QL - 30 day(s)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 10-325 mg	1	
hydrocodone-acetaminophen tabs 5-325 mg	1	
hydrocodone-acetaminophen tabs 7.5-325 mg	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl pf soln 10 mg/ml	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML ***[hydromorphone hcl]***	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML ***[hydromorphone hcl]***	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML ***[hydromorphone hcl]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYDROMORPHONE HCL SUPP 3 MG ***[hydromorphone hcl]***	2	
hydromorphone hcl tabs 2 mg	1	
hydromorphone hcl tabs 4 mg	1	
hydromorphone hcl tabs 8 mg	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
ibuprofen susp 100 mg/5ml	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	QL - 30 day(s)
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG ***[indomethacin sodium]***	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) ***[morphine sulfate for continuous microinfusion]***	2	MB
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) ***[morphine sulfate for continuous microinfusion]***	2	MB
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	2	
meclofenamate sodium caps 100 mg	1	
meclofenamate sodium caps 50 mg	1	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
METHADONE HCL SOLN 10 MG/ML ***[methadone hcl]***	2	MB
METHADONE HCL TABS 10 MG ***[methadone hcl]***	1	
METHADONE HCL TABS 5 MG ***[methadone hcl]***	1	
morphine sulfate (concentrate) soln 100 mg/5ml	1	
morphine sulfate (pf) soln 0.5 mg/ml	1	MB
morphine sulfate (pf) soln 1 mg/ml	1	MB
MORPHINE SULFATE (PF) SOLN 10 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE (PF) SOLN 2 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE (PF) SOLN 4 MG/ML ***[morphine sulfate]***	2	MB
morphine sulfate er tbcr 100 mg	1	
morphine sulfate er tbcr 15 mg	1	
morphine sulfate er tbcr 200 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
morphine sulfate er tbcr 30 mg	1	
morphine sulfate er tbcr 60 mg	1	
MORPHINE SULFATE SOLN 1 MG/ML ***[morphine sulfate]***	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 15 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 2 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 4 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 5 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 50 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 8 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SUPP 10 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 20 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 30 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 5 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 15 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 30 MG ***[morphine sulfate]***	2	
nabumetone tabs 500 mg	1	
nabumetone tabs 750 mg	1	
nalbuphine hcl soln 10 mg/ml	1	MB
nalbuphine hcl soln 20 mg/ml	1	MB
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg	1	
naproxen tabs 375 mg	1	
naproxen tabs 500 mg	1	
NEOPROFEN SOLN 10 MG/ML ***[ibuprofen lysine]***	2	MB
OFIRMEV SOLN 10 MG/ML ***[acetaminophen]***	2	MB
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tabs 5 mg	1	
oxycodone-acetaminophen tabs 10-325 mg	1	
oxycodone-acetaminophen tabs 5-325 mg	1	
oxycodone-acetaminophen tabs 7.5-325 mg	1	QL - 30 day(s)
SALSALATE TABS 500 MG ***[salsalate]***	1	
SALSALATE TABS 750 MG ***[salsalate]***	1	
sufentanil citrate soln 50 mcg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
sulindac tabs 150 mg	1	
sulindac tabs 200 mg	1	
tramadol hcl tabs 50 mg	1	
tramadol-acetaminophen tabs 37.5-325 mg	1	
ULTIVA SOLR 1 MG ***[remifentanil hcl]***	2	MB
ULTIVA SOLR 2 MG ***[remifentanil hcl]***	2	MB
ULTIVA SOLR 5 MG ***[remifentanil hcl]***	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphet er cp24 10 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 15 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 20 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 25 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 30 mg	1	QL - 30 day(s)
amphetamine-dextroamphet er cp24 5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 10 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 12.5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 15 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 20 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 30 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 5 mg	1	QL - 30 day(s)
amphetamine-dextroamphetamine tabs 7.5 mg	1	QL - 30 day(s)
APTENSIO XR CP24 10 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 15 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 20 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 30 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 40 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 50 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 60 MG ***[methylphenidate hcl]***	2	
caffeine citrate soln 60 mg/3ml	1	MB
dexmethylphenidate hcl er cp24 10 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 15 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 20 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 25 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 30 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 35 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 40 mg	1	QL - 30 day(s)
dexmethylphenidate hcl er cp24 5 mg	1	QL - 30 day(s)
dexmethylphenidate hcl tabs 10 mg	1	
dexmethylphenidate hcl tabs 2.5 mg	1	
dexmethylphenidate hcl tabs 5 mg	1	
dextroamphetamine sulfate er cp24 10 mg	1	
dextroamphetamine sulfate er cp24 15 mg	1	
dextroamphetamine sulfate er cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg	1	
dextroamphetamine sulfate tabs 5 mg	1	
methylphenidate hcl er (cd) cpcr 10 mg	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
methylphenidate hcl er (cd) cpcr 20 mg	1	QL - 30 day(s)
methylphenidate hcl er (cd) cpcr 30 mg	1	QL - 30 day(s)
methylphenidate hcl er (cd) cpcr 40 mg	1	QL - 30 day(s)
methylphenidate hcl er (cd) cpcr 50 mg	1	QL - 30 day(s)
methylphenidate hcl er (cd) cpcr 60 mg	1	QL - 30 day(s)
methylphenidate hcl er (osm) tbcr 18 mg	1	QL - 30 day(s)
methylphenidate hcl er (osm) tbcr 27 mg	1	QL - 30 day(s)
methylphenidate hcl er (osm) tbcr 36 mg	1	QL - 30 day(s)
methylphenidate hcl er (osm) tbcr 54 mg	1	QL - 30 day(s)
methylphenidate hcl er tbcr 10 mg	1	
methylphenidate hcl er tbcr 20 mg	1	
methylphenidate hcl tabs 10 mg	1	
methylphenidate hcl tabs 20 mg	1	
methylphenidate hcl tabs 5 mg	1	
modafinil tabs 100 mg	1	
modafinil tabs 200 mg	1	
phentermine hcl caps 15 mg	1	
phentermine hcl caps 30 mg	1	
phentermine hcl caps 37.5 mg	1	
phentermine hcl tabs 37.5 mg	1	
QSYMIA CP24 11.25-69 MG ***[phentermine hcl-topiramate]***	2	
QSYMIA CP24 15-92 MG ***[phentermine hcl-topiramate]***	2	
QSYMIA CP24 3.75-23 MG ***[phentermine hcl-topiramate]***	2	
QSYMIA CP24 7.5-46 MG ***[phentermine hcl-topiramate]***	2	
VYVANSE CAPS 10 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 20 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 30 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 40 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 50 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 60 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 70 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
ANTICONVULSANTS		
carbamazepine chew 100 mg	1	
carbamazepine er cp12 100 mg	1	
carbamazepine er cp12 200 mg	1	
carbamazepine er cp12 300 mg	1	
carbamazepine er tb12 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
carbamazepine er tb12 200 mg	1	
carbamazepine er tb12 400 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
CELONTIN CAPS 300 MG ***[methsuximide]***	2	
clonazepam tabs 0.5 mg	1	
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
divalproex sodium csdr 125 mg	1	
divalproex sodium tbec 125 mg	1	
divalproex sodium tbec 250 mg	1	
divalproex sodium tbec 500 mg	1	
EQUETRO CP12 200 MG ***[carbamazepine (mood)]***	2	
ethosuximide caps 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
felbamate susp 600 mg/5ml	1	
felbamate tabs 400 mg	1	
felbamate tabs 600 mg	1	
fosphenytoin sodium soln 100 mg pe/2ml	1	MB
fosphenytoin sodium soln 500 mg pe/10ml	1	MB
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin soln 250 mg/5ml	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	
lacosamide soln 10 mg/ml	1	
lacosamide soln 200 mg/20ml	1	
lacosamide tabs 100 mg	1	
lacosamide tabs 150 mg	1	
lacosamide tabs 200 mg	1	
lacosamide tabs 50 mg	1	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG ***[lamotrigine]***	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG ***[lamotrigine]***	2	
lamotrigine chew 25 mg	1	
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
LEVETIRACETAM IN NACL SOLN 500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	
levetiracetam tabs 500 mg	1	
levetiracetam tabs 750 mg	1	
MAGNESIUM SULFATE SOLN 20 GM/500ML ***[magnesium sulfate]***	2	MB
MAGNESIUM SULFATE SOLN 4 GM/100ML ***[magnesium sulfate]***	2	MB
MAGNESIUM SULFATE SOLN 4 GM/50ML ***[magnesium sulfate]***	2	MB
MAGNESIUM SULFATE SOLN 40 GM/1000ML ***[magnesium sulfate]***	2	MB
MAGNESIUM SULFATE SOLN 50 % ***[magnesium sulfate]***	1	MB
oxcarbazepine susp 300 mg/5ml	1	
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 300 mg	1	
oxcarbazepine tabs 600 mg	1	
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG	1	
phenytoin sodium extended caps 100 mg	1	
phenytoin sodium soln 50 mg/ml	1	MB
phenytoin susp 125 mg/5ml	1	
pregabalin caps 100 mg	1	
pregabalin caps 150 mg	1	
pregabalin caps 200 mg	1	
pregabalin caps 225 mg	1	
pregabalin caps 25 mg	1	
pregabalin caps 300 mg	1	
pregabalin caps 50 mg	1	
pregabalin caps 75 mg	1	
pregabalin soln 20 mg/ml	1	
primidone tab 50mg	1	
primidone tabs 250 mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tabs 200 mg	1	
rufinamide tabs 400 mg	1	
SABRIL PACK 500 MG ***[vigabatrin]***	2	QL - 30 day(s)
topiramate cpsp 15 mg	1	
topiramate cpsp 25 mg	1	
topiramate tabs 100 mg	1	
topiramate tabs 200 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
topiramate tabs 25 mg	1	
topiramate tabs 50 mg	1	
valproate sodium soln 100 mg/ml	1	MB
valproic acid caps 250 mg	1	
valproic acid soln 250 mg/5ml	1	
zonisamide caps 100 mg	1	
zonisamide caps 25 mg	1	
zonisamide caps 50 mg	1	
ANTIMANIC AGENTS		
lithium carbonate caps 150 mg	1	
LITHIUM CARBONATE CAPS 300 MG ***[lithium carbonate]***	1	
lithium carbonate caps 600 mg	1	
lithium carbonate er tbcr 300 mg	1	
lithium carbonate er tbcr 450 mg	1	
LITHIUM CARBONATE TABS 300 MG ***[lithium carbonate]***	1	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
eletriptan hydrobromide tabs 20 mg	1	
eletriptan hydrobromide tabs 40 mg	1	
ergotamine-caffeine tabs 1-100 mg	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
naratriptan hcl tabs 1 mg	1	
naratriptan hcl tabs 2.5 mg	1	
rizatriptan benzoate tabs 10 mg	1	
rizatriptan benzoate tabs 5 mg	1	
rizatriptan benzoate tbdp 10 mg	1	
rizatriptan benzoate tbdp 5 mg	1	
sumatriptan soln 20 mg/act	1	
sumatriptan succinate refill soct 6 mg/0.5ml	1	
sumatriptan succinate soaj 6 mg/0.5ml	1	
sumatriptan succinate soln 6 mg/0.5ml	1	
sumatriptan succinate sosy 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
APOKYN SOCT 30 MG/3ML ***[apomorphine hydrochloride]***	2	QL - 30 day(s),LD
benztropine mesylate soln 1 mg/ml	1	MB
benztropine mesylate tabs 0.5 mg	1	
benztropine mesylate tabs 1 mg	1	
benztropine mesylate tabs 2 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
bromocriptine mesylate caps 5 mg	1	
bromocriptine mesylate tabs 2.5 mg	1	
cabergoline tabs 0.5 mg	1	
carbidopa tabs 25 mg	1	
carbidopa-levodopa er tbcr 25-100 mg	1	
carbidopa-levodopa er tbcr 50-200 mg	1	
carbidopa-levodopa tabs 10-100 mg	1	
carbidopa-levodopa tabs 25-100 mg	1	
carbidopa-levodopa tabs 25-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DUOPA SUSP 4.63-20 MG/ML ***[carbidopa-levodopa]***	2	MB
ENTACAPONE TABS 200 MG ***[entacapone]***	1	
LODOSYN TABS 25 MG ***[carbidopa]***	2	
pramipexole dihydrochloride tabs 0.125 mg	1	
pramipexole dihydrochloride tabs 0.25 mg	1	
pramipexole dihydrochloride tabs 0.5 mg	1	
pramipexole dihydrochloride tabs 0.75 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	
pramipexole dihydrochloride tabs 1.5 mg	1	
rasagiline mesylate tabs 0.5 mg	1	
rasagiline mesylate tabs 1 mg	1	
ropinirole hcl er tb24 12 mg	1	
ropinirole hcl er tb24 2 mg	1	
ropinirole hcl er tb24 4 mg	1	
ropinirole hcl er tb24 6 mg	1	
ropinirole hcl er tb24 8 mg	1	
ropinirole hcl tabs 0.25 mg	1	
ropinirole hcl tabs 0.5 mg	1	
ropinirole hcl tabs 1 mg	1	
ropinirole hcl tabs 2 mg	1	
ropinirole hcl tabs 3 mg	1	
ropinirole hcl tabs 4 mg	1	
ropinirole hcl tabs 5 mg	1	
selegiline hcl tabs 5 mg	1	
trihexyphenidyl hcl soln 0.4 mg/ml	1	
trihexyphenidyl hcl tabs 2 mg	1	
trihexyphenidyl hcl tabs 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
alprazolam tabs 0.5 mg	1	QL - 30 day(s)
alprazolam tabs 1 mg	1	QL - 30 day(s)
alprazolam tabs 2 mg	1	QL - 30 day(s)
buspirone hcl tabs 10 mg	1	
buspirone hcl tabs 15 mg	1	
buspirone hcl tabs 30 mg	1	
buspirone hcl tabs 5 mg	1	
buspirone hcl tabs 7.5 mg	1	
chlordiazepoxide hcl caps 10 mg	1	
chlordiazepoxide hcl caps 25 mg	1	
chlordiazepoxide hcl caps 5 mg	1	
clorazepate dipotassium tabs 15 mg	1	
clorazepate dipotassium tabs 3.75 mg	1	
clorazepate dipotassium tabs 7.5 mg	1	
DIASTAT ACUDIAL GEL 10 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT ACUDIAL GEL 20 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT PEDIATRIC GEL 2.5 MG ***[diazepam (anticonvulsant)]***	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
diazepam soln 5 mg/5ml	1	
diazepam soln 5 mg/ml	1	MB
diazepam tabs 10 mg	1	
diazepam tabs 2 mg	1	
diazepam tabs 5 mg	1	
droperidol soln 2.5 mg/ml	1	MB
hydroxyzine hcl soln 25 mg/ml	1	MB
hydroxyzine hcl soln 50 mg/ml	1	MB
hydroxyzine hcl syrp 10 mg/5ml	1	
hydroxyzine hcl tabs 10 mg	1	
hydroxyzine hcl tabs 25 mg	1	
hydroxyzine hcl tabs 50 mg	1	
hydroxyzine pamoate caps 100 mg	1	
hydroxyzine pamoate caps 25 mg	1	
hydroxyzine pamoate caps 50 mg	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
lorazepam soln 2 mg/ml	1	MB
lorazepam soln 4 mg/ml	1	MB
lorazepam tabs 0.5 mg	1	QL - 30 day(s)
lorazepam tabs 1 mg	1	QL - 30 day(s)
lorazepam tabs 2 mg	1	QL - 30 day(s)
midazolam hcl (pf) soln 10 mg/2ml	1	MB
midazolam hcl (pf) soln 2 mg/2ml	1	MB
midazolam hcl soln 10 mg/2ml	1	MB
midazolam hcl soln 2 mg/2ml	1	MB
midazolam hcl syrp 2 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Pentobarbital Sodium] NEMBUTAL SOLN 50 MG/ML	2	MB
oxazepam caps 10 mg	1	QL - 30 day(s)
oxazepam caps 15 mg	1	QL - 30 day(s)
oxazepam caps 30 mg	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML ***[phenobarbital]***	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML ***[phenobarbital sodium]***	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML ***[phenobarbital sodium]***	1	MB
PHENOBARBITAL TABS 100 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 15 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 16.2 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 30 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 32.4 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 60 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 64.8 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 97.2 MG ***[phenobarbital]***	1	
PRECEDEX SOLN 200 MCG/2ML ***[dexmedetomidine hcl]***	2	MB
temazepam caps 15 mg	1	QL - 30 day(s)
temazepam caps 30 mg	1	QL - 30 day(s)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
zolpidem tartrate tabs 5 mg	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acamprosate calcium tbec 333 mg	1	
atomoxetine hcl caps 10 mg	1	
atomoxetine hcl caps 100 mg	1	
atomoxetine hcl caps 18 mg	1	
atomoxetine hcl caps 25 mg	1	
atomoxetine hcl caps 40 mg	1	
atomoxetine hcl caps 60 mg	1	
atomoxetine hcl caps 80 mg	1	
flumazenil soln 0.5 mg/5ml	1	MB
guanfacine hcl er tb24 1 mg	1	
guanfacine hcl er tb24 2 mg	1	
guanfacine hcl er tb24 3 mg	1	
guanfacine hcl er tb24 4 mg	1	
memantine hcl tabs 10 mg	1	
memantine hcl tabs 5 mg	1	
NAMENDA SOL 10MG/5ML ***[memantine hcl]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG ***[memantine hcl]***	2	
riluzole tabs 50 mg	1	
selegiline hcl caps 5 mg	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG ***[methohexital sodium]***	2	MB
etomidate soln 2 mg/ml	1	MB
FORANE SOLN ***[isoflurane]***	2	
ketamine hcl soln 10 mg/ml	1	MB
ketamine hcl soln 100 mg/ml	1	MB
ketamine hcl soln 50 mg/ml	1	MB
propofol emul 1000 mg/100ml	1	MB
propofol emul 200 mg/20ml	1	MB
OPIATE ANTAGONISTS		
escitalopram oxalate tabs 10 mg	1	
naloxone hcl liqd 4 mg/0.1ml	1	
naloxone hcl soln 0.4 mg/ml	1	MB
naloxone hcl sosy 2 mg/2ml	1	MB
NALTREXONE HCL POWD ***[naltrexone hcl (bulk)]***	2	
naltrexone hcl tabs 50 mg	1	
VIVITROL SUSR 380 MG ***[naltrexone]***	2	
PSYCHOTHERAPEUTIC AGENTS		
amitriptyline hcl tabs 10 mg	1	
amitriptyline hcl tabs 100 mg	1	
amitriptyline hcl tabs 150 mg	1	
amitriptyline hcl tabs 25 mg	1	
amitriptyline hcl tabs 50 mg	1	
amitriptyline hcl tabs 75 mg	1	
aripiprazole tabs 10 mg	1	
aripiprazole tabs 15 mg	1	
aripiprazole tabs 2 mg	1	
aripiprazole tabs 20 mg	1	
aripiprazole tabs 30 mg	1	
aripiprazole tabs 5 mg	1	
ARISTADA PRSY 1064 MG/3.9ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 441 MG/1.6ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 662 MG/2.4ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 882 MG/3.2ML ***[aripiprazole lauroxil]***	2	MB
bupropion hcl er (sr) tb12 100 mg	1	
bupropion hcl er (sr) tb12 150 mg	1	PREV
bupropion hcl er (sr) tb12 200 mg	1	
bupropion hcl er (xl) tb24 150 mg	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
bupropion hcl er (xl) tb24 300 mg	1	
bupropion hcl tabs 100 mg	1	
bupropion hcl tabs 75 mg	1	
chlorpromazine hcl soln 25 mg/ml	1	MB
chlorpromazine hcl tabs 10 mg	1	
chlorpromazine hcl tabs 100 mg	1	
chlorpromazine hcl tabs 200 mg	1	
chlorpromazine hcl tabs 25 mg	1	
chlorpromazine hcl tabs 50 mg	1	
citalopram hydrobromide soln 10 mg/5ml	1	
citalopram hydrobromide tabs 10 mg	1	
citalopram hydrobromide tabs 20 mg	1	
citalopram hydrobromide tabs 40 mg	1	
clomipramine hcl caps 25 mg	1	
clomipramine hcl caps 50 mg	1	
clomipramine hcl caps 75 mg	1	
clozapine tabs 100 mg	1	
clozapine tabs 200 mg	1	
clozapine tabs 25 mg	1	
clozapine tabs 50 mg	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
desipramine hcl tabs 10 mg	1	
desipramine hcl tabs 100 mg	1	
desipramine hcl tabs 150 mg	1	
desipramine hcl tabs 25 mg	1	
desipramine hcl tabs 50 mg	1	
desipramine hcl tabs 75 mg	1	
doxepin hcl caps 10 mg	1	
doxepin hcl caps 100 mg	1	
doxepin hcl caps 150 mg	1	
doxepin hcl caps 25 mg	1	
doxepin hcl caps 50 mg	1	
doxepin hcl caps 75 mg	1	
doxepin hcl conc 10 mg/ml	1	
duloxetine hcl cpep 20 mg	1	
duloxetine hcl cpep 30 mg	1	
duloxetine hcl cpep 60 mg	1	
escitalopram oxalate soln 5 mg/5ml	1	
escitalopram oxalate tabs 20 mg	1	
escitalopram oxalate tabs 5 mg	1	
fluoxetine hcl caps 10 mg	1	
fluoxetine hcl caps 20 mg	1	
fluoxetine hcl caps 40 mg	1	
fluoxetine hcl sol 20mg/5ml	1	
fluphenazine decanoate soln 25 mg/ml	1	MB
fluphenazine hcl conc 5 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
fluphenazine hcl tabs 1 mg	1	
fluphenazine hcl tabs 10 mg	1	
fluphenazine hcl tabs 2.5 mg	1	
fluphenazine hcl tabs 5 mg	1	
fluvoxamine maleate tabs 100 mg	1	
fluvoxamine maleate tabs 25 mg	1	
fluvoxamine maleate tabs 50 mg	1	
haloperidol decanoate soln 100 mg/ml	1	MB
haloperidol decanoate soln 50 mg/ml	1	MB
haloperidol lactate conc 2 mg/ml	1	
haloperidol lactate soln 5 mg/ml	1	MB
haloperidol tabs 0.5 mg	1	
haloperidol tabs 1 mg	1	
haloperidol tabs 10 mg	1	
haloperidol tabs 2 mg	1	
haloperidol tabs 20 mg	1	
haloperidol tabs 5 mg	1	
imipramine hcl tabs 10 mg	1	
imipramine hcl tabs 25 mg	1	
imipramine hcl tabs 50 mg	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 156 MG/ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 39 MG/0.25ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML ***[paliperidone palmitate]***	2	MB
loxapine succinate caps 10 mg	1	
loxapine succinate caps 25 mg	1	
loxapine succinate caps 5 mg	1	
loxapine succinate caps 50 mg	1	
lurasidone hcl tabs 120 mg	1	
lurasidone hcl tabs 20 mg	1	
lurasidone hcl tabs 40 mg	1	
lurasidone hcl tabs 60 mg	1	
lurasidone hcl tabs 80 mg	1	
mirtazapine tabs 15 mg	1	
mirtazapine tabs 30 mg	1	
mirtazapine tabs 45 mg	1	
nefazodone hcl tabs 100 mg	1	
nefazodone hcl tabs 150 mg	1	
nefazodone hcl tabs 200 mg	1	
nefazodone hcl tabs 250 mg	1	
nefazodone hcl tabs 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
nortriptyline hcl caps 10 mg	1	
nortriptyline hcl caps 25 mg	1	
nortriptyline hcl caps 50 mg	1	
nortriptyline hcl caps 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
olanzapine solr 10 mg	1	MB
olanzapine tabs 10 mg	1	
olanzapine tabs 15 mg	1	
olanzapine tabs 2.5 mg	1	
olanzapine tabs 20 mg	1	
olanzapine tabs 5 mg	1	
olanzapine tabs 7.5 mg	1	
paliperidone er tb24 1.5 mg	1	
paliperidone er tb24 3 mg	1	
paliperidone er tb24 6 mg	1	
paliperidone er tb24 9 mg	1	
paroxetine hcl tabs 10 mg	1	
paroxetine hcl tabs 20 mg	1	
paroxetine hcl tabs 30 mg	1	
paroxetine hcl tabs 40 mg	1	
perphenazine tabs 16 mg	1	
perphenazine tabs 2 mg	1	
perphenazine tabs 4 mg	1	
perphenazine tabs 8 mg	1	
perphenazine-amitriptyline tabs 2-10 mg	1	
perphenazine-amitriptyline tabs 2-25 mg	1	
perphenazine-amitriptyline tabs 4-10 mg	1	
perphenazine-amitriptyline tabs 4-25 mg	1	
perphenazine-amitriptyline tabs 4-50 mg	1	
phenelzine sulfate tabs 15 mg	1	
pimozide tabs 1 mg	1	
pimozide tabs 2 mg	1	
prochlorperazine edisylate soln 10 mg/2ml	1	MB
prochlorperazine maleate tabs 10 mg	1	
prochlorperazine maleate tabs 5 mg	1	
protriptyline hcl tabs 10 mg	1	
protriptyline hcl tabs 5 mg	1	
quetiapine fumarate tabs 100 mg	1	
quetiapine fumarate tabs 200 mg	1	
quetiapine fumarate tabs 25 mg	1	
quetiapine fumarate tabs 300 mg	1	
quetiapine fumarate tabs 400 mg	1	
quetiapine fumarate tabs 50 mg	1	
RISPERDAL CONSTA SRER 12.5 MG ***[risperidone microspheres]***	2	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG ***[risperidone***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
microspheres]		
RISPERDAL CONSTA SRER 37.5 MG ***[risperidone microspheres]***	2	MB
RISPERDAL CONSTA SRER 50 MG ***[risperidone microspheres]***	2	MB
RISPERIDONE SOLN 1 MG/ML ***[risperidone]***	1	
risperidone tabs 0.25 mg	1	
risperidone tabs 0.5 mg	1	
risperidone tabs 1 mg	1	
risperidone tabs 2 mg	1	
risperidone tabs 3 mg	1	
risperidone tabs 4 mg	1	
sertraline hcl tabs 100 mg	1	
sertraline hcl tabs 25 mg	1	
sertraline hcl tabs 50 mg	1	
thioridazine hcl tabs 10 mg	1	
thioridazine hcl tabs 100 mg	1	
thioridazine hcl tabs 25 mg	1	
thioridazine hcl tabs 50 mg	1	
thiothixene caps 1 mg	1	
thiothixene caps 10 mg	1	
thiothixene caps 2 mg	1	
thiothixene caps 5 mg	1	
tranylcypromine sulfate tabs 10 mg	1	
trazodone hcl tabs 100 mg	1	
trazodone hcl tabs 150 mg	1	
trazodone hcl tabs 50 mg	1	
trifluoperazine hcl tabs 1 mg	1	
trifluoperazine hcl tabs 10 mg	1	
trifluoperazine hcl tabs 2 mg	1	
trifluoperazine hcl tabs 5 mg	1	
trimipramine maleate caps 100 mg	1	
trimipramine maleate caps 25 mg	1	
trimipramine maleate caps 50 mg	1	
venlafaxine hcl er cp24 150 mg	1	
venlafaxine hcl er cp24 37.5 mg	1	
venlafaxine hcl er cp24 75 mg	1	
venlafaxine hcl tabs 100 mg	1	
venlafaxine hcl tabs 25 mg	1	
venlafaxine hcl tabs 37.5 mg	1	
venlafaxine hcl tabs 50 mg	1	
venlafaxine hcl tabs 75 mg	1	
ziprasidone hcl caps 20 mg	1	
ziprasidone hcl caps 40 mg	1	
ziprasidone hcl caps 60 mg	1	
ziprasidone hcl caps 80 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
DEVICES		
DEVICES		
1/2 ALLERGIST TRAY SYRINGE 27G X 3/8" KIT 27GX3/8" ***[tuberculin/allergy syringes]***	2	
10ML SYRINGE SLIP TIP MIS SLIP TIP ***[syringe (disposable)]***	2	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2" KIT TRAY SYR ***[tuberculin/allergy syringes]***	2	
1ML ALLERGIST TRAY SYRINGE 26 G X 3/8" KIT TRAY SYR ***[tuberculin/allergy syringes]***	2	
1ML ALLERGIST TRAY SYRINGE/27G X 3/8" KIT TRAY SYR ***[tuberculin/allergy syringes]***	2	
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1" MIS 25GX1" ***[syringe/needle (disp) 3 ml]***	2	
3ML SYRINGE LUER-LOK MIS LUER-LOK ***[syringe (disposable)]***	2	
AEROCHAMBER PLUS FLO-VU SMALL MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC ***[spacer/aerosol-holding chambers]***	2	
AEROTRACH PLUS MISC ***[respiratory therapy supplies]***	2	
ASSESS FULL RANGE PEAK METER DEVI ***[peak flow meter]***	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2" MIS 22GX1.5" ***[syringe/needle (disp) 10 ml]***	2	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4" MIS 21GX1.25 ***[syringe/needle (disp) 3 ml]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 ***[syringe/needle (disp) 3 ml]***	2	
BD 5ML SYRINGE/LUER SLIP TIP MIS SLIP TIP ***[syringe (disposable)]***	2	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD CATHETER TIP SYRINGE MISC 50 ML ***[catheter syringes]***	2	
BD DISP NEEDLE MISC 23G X 1" ***[needle (disp) 23 g]***	2	
BD DISP NEEDLE MISC 25G X 1" ***[needle (disp) 25 g]***	2	
BD DISP NEEDLE MISC 30G X 1" ***[needle (disp) 30 g]***	2	
BD DISP NEEDLES MISC 18G X 1-1/2" ***[needle (disp) 18 g]***	2	
BD DISP NEEDLES MISC 20G X 1" ***[needle (disp) 20 g]***	2	
BD DISP NEEDLES MISC 20G X 1-1/2" ***[needle (disp) 20 g]***	2	
BD DISP NEEDLES MISC 21G X 1-1/2" ***[needle (disp) 21 g]***	2	
BD DISP NEEDLES MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD DISP NEEDLES MISC 25G X 5/8" ***[needle (disp) 25 g]***	2	
BD DISP NEEDLES MISC 27G X 1/2" ***[needle (disp) 27 g]***	2	
BD DISP NEEDLES MISC 30G X 1/2" ***[needle (disp) 30 g]***	2	
BD ECLIPSE NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD FILTER NEEDLE/5 MICRON MISC ***[needles & syringes]***	2	
BD HYPODERMIC NEEDLE MISC 16G X 1" ***[needle (disp) 16 g]***	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
BD HYPODERMIC NEEDLE MISC 18G X 1-1/2" ***[needle (disp) 18 g]***	2	
BD HYPODERMIC NEEDLE MISC 19G X 1-1/2" ***[needle (disp) 19 g]***	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" ***[needle (disp) 21 g]***	2	
BD HYPODERMIC NEEDLE MISC 21G X 1-1/2" ***[needle (disp) 21 g]***	2	
BD HYPODERMIC NEEDLE MISC 22G X 1" ***[needle (disp) 22 g]***	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD HYPODERMIC NEEDLE MISC 25G X 1" ***[needle***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(disp) 25 g]		
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
BD HYPODERMIC NEEDLE MISC 25G X 5/8" ***[needle (disp) 25 g]***	2	
BD HYPODERMIC NEEDLE MISC 26G X 1/2" ***[needle (disp) 26 g]***	2	
BD HYPODERMIC NEEDLE MISC 26G X 3/8" ***[needle (disp) 26 g]***	2	
BD HYPODERMIC NEEDLE MISC 26G X 5/8" ***[needle (disp) 26 g]***	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
[Insulin Syringe/needle U-100] BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MIS 1ML/29G	2	
BD INTEGRA SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD INTERLINK BLUNT CANNULA MISC ***[parenteral therapy supplies]***	2	
BD LANCET DEVICE MIS DEVICE ***[lancet devices]***	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 10 ML ***[syringe/needle (disp) 10 ml]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 10 ML ***[syringe/needle (disp) 10 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 10 ML ***[syringe/needle (disp) 10 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 10 ML ***[syringe/needle (disp) 10 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 10 ML ***[syringe/needle (disp) 10 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 23G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 26G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM ***[insulin pen needle]***	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM ***[insulin pen needle]***	2	
BD PLASTIPAK SYRINGE MISC 21G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD PRECISIONGLIDE NEEDLE MISC 23G X 1-1/2" ***[needle (disp) 23 g]***	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD SAFETYGLIDE SHIELDED NEEDLE MISC 23G X 1" ***[needle (disp) 23 g]***	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML ***[syringe/needle (disp) 1 ml]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD SYRINGE BLUNT CANNULA 17G MISC 10 ML ***[syringe (disposable)]***	2	
BD SYRINGE DUAL CANNULA MISC 10 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 1 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 10 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 20 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 30 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 5 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 60 ML ***[syringe (disposable)]***	2	
[Syringe (disposable)] BD SYRINGE LUER-LOK TIP MIS LUER-LOK	2	
BD SYRINGE MISC 50 ML ***[syringe (disposable)]***	2	
BD SYRINGE SLIP TIP MISC 26G X 3/8" 1 ML ***[tuberculin/allergy syringes]***	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD TB SYRINGE MISC 26G X 3/8" 1 ML ***[tuberculin/allergy syringes]***	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML ***[insulin syringe/needle u-100]***	2	
BUTTERFLY 25G X 3/4" MIS 25GX3/4" ***[needle (disp) 25 g]***	2	
CONTOUR NEXT CONTROL SOLN NORMAL ***[blood glucose calibration]***	2	
DISPOSABLE POWER KIT ***[misc. devices]***	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
HYPODERMIC NEEDLE MISC 26G X 1/2" ***[needle (disp) 26 g]***	2	
HYPODERMIC NEEDLE MISC 26G X 3/8" ***[needle (disp) 26 g]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYPODERMIC NEEDLE MISC 27G X 1/2" ***[needle (disp) 27 g]***	2	
HYPODERMIC NEEDLE MISC 30G X 1/2" ***[needle (disp) 30 g]***	2	
INSUFLON MISC 25G X 0.71" ***[subcutaneous soft cannula]***	2	
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8"/1ML MIS 25GX5/8" ***[syringe/needle (disp) 1 ml]***	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT SYRINGE REG LUER MISC 20 ML ***[syringe (disposable)]***	2	
MONOJECT TB SYRINGE MISC 1 ML ***[syringe (disposable)]***	2	
NOKOR VENTED NEEDLE MISC 16G X 1" ***[needle (disp) 16 g]***	2	
OMNITROPE PEN 5 INJ DEVICE MISC ***[injection device]***	2	
ONETOUCH DELICA PLUS LANCET33G MISC ***[lancets]***	2	
ONETOUCH SURESOFT LANCING DEV MISC ***[lancets misc.]***	2	
ONETOUCH ULTRA LIQD ***[blood glucose calibration]***	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC ***[lancets]***	2	
ONETOUCH ULTRASOFT LANCETS MISC ***[lancets]***	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ***[blood glucose monitoring supplies]***	2	
ONETOUCH VERIO LIQD HIGH ***[blood glucose calibration]***	2	
PEDIATRIC SMALL MASK MISC ***[masks]***	2	
PENLET II BLOOD SAMPLER KIT ***[lancets misc.]***	2	
POLY HUB NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
POLYFIN QR INFUSION SET 42" MISC ***[insulin infusion pump supplies]***	2	
PRODIGY CONTROL SOLUTION SOLN LOW ***[blood glucose calibration]***	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 10 ML ***[syringe/needle (disp) 10 ml]***	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
SAFETY-LOK SYRINGE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SAFETY-LOK SYRINGE MISC 22G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SAFETY-LOK SYRINGE MISC 23G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SAFETY-LOK TB SYRINGE MISC 25G X 5/8" 1 ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[tuberculin/allergy syringes]		
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
SILHOUETTE INFUSION SET 23" MISC ***[insulin infusion pump supplies]***	2	
SOF-SERTER INSERTION DEVICE MISC ***[insulin infusion pump supplies]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	1	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	1	
SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SYRINGE MISC 20G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
[Insulin Syringe/needle U-100] TERUMO INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MIS 0.5/27G	2	
TERUMO SYRINGE/NEEDLE/23G/1/2"/3ML MIS ***[syringe/needle (disp) 3 ml]***	2	
TRUZONE PEAK FLOW METER DEVI ***[peak flow meter]***	2	MB
TUBERCULIN SYRINGE MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	2	
VANISHPOINT SAFETY SYRINGE MISC 22G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
VANISHPOINT SAFETY SYRINGE MISC 23G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS ***[acetone (urine) test]***	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
AK-FLUOR SOLN 10 % ***[fluorescein sodium injection]***	1	MB
ALBUSTIX STRP ***[albumin (urine) test]***	2	
ALTAFLUOR BENOX SOLN 0.25-0.4 % ***[fluorescein w/ benoxinate]***	1	
CANDIN SOLN ***[candida albicans skin test antigen]***	2	MB
CHEMSTRIP 9 STRP ***[multiple urine tests]***	2	
CHIRHOSTIM SOLR 16 MCG ***[secretin acetate (human)]***	2	MB
[Gadoterate Meglumine] CLARISCAN SOLN 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 2.5 MMOL/5ML	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 7.5 MMOL/15ML	1	
CONRAY 43 INJ 43% ***[iothalamate meglumine]***	2	MB
CONRAY SOLN 60 % ***[iothalamate meglumine]***	2	MB
CORTROSYN SOLR 0.25 MG ***[cosyntropin]***	2	MB
CREON CPEP 36000-114000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CYSTO-CONRAY II SOLN 17.2 % ***[iothalamate meglumine]***	2	MB
CYSTOGRAFIN SOLN 30 % ***[diatrizoate meglumine]***	2	MB
CYSTOGRAFIN-DILUTE SOLN 18 % ***[diatrizoate meglumine]***	2	MB
DIASTIX STRP ***[glucose urine test-(glucose oxidase)]***	2	
EOVIST SOLN 0.25 MOL/L ***[gadoxetate disodium]***	2	MB
FUL-GLO STRP 1 MG ***[fluorescein sodium topical]***	1	
GADAVIST SOLN 1 MMOL/ML ***[gadobutrol]***	2	MB
GADAVIST SOSY 10 MMOL/10ML ***[gadobutrol]***	2	MB
GADAVIST SOSY 15 MMOL/15ML ***[gadobutrol]***	2	MB
GADAVIST SOSY 7.5 MMOL/7.5ML ***[gadobutrol]***	2	MB
GASTROGRAFIN SOLN 66-10 % ***[diatrizoate meglumine & sodium]***	2	
indigotindisulfonate sodium soln	2	MB
KETO-DIASTIX STRP ***[urine glucose-ketones test]***	2	
KETOSTIX STRP ***[acetone (urine) test]***	2	
LEXISCAN SOLN 0.4 MG/5ML ***[regadenoson]***	2	MB
LUMASON SUSR 60.7-25 MG ***[sulfur hexafluoride lipid-type a microspheres]***	2	MB
METOPIRONE CAPS 250 MG ***[metyrapone]***	2	
MULTIHANCE SOLN 529 MG/ML ***[gadobenate dimeglumine]***	2	MB
OMNIPAQUE INJ 300MG/ML ***[iohexol]***	2	MB
OMNIPAQUE INJ 350MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 180 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 240 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 300 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 350 MG/ML ***[iohexol]***	2	MB
ONETOUCH ULTRA STRP ***[glucose blood]***	2	
READI-CAT 2 SUSP 2 % ***[barium sulfate]***	2	
THYROGEN SOLR 0.9 MG ***[thyrotropin alfa]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TISSUEBLUE SOSY 0.025 % ***[brilliant blue g]***	2	
TUBERSOL SOLN 5 UNIT/0.1ML ***[tuberculin ppd]***	2	MB
VOLUMEN SUSP 0.1 % ***[barium sulfate]***	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG ***[potassium citrate-citric acid]***	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) ***[potassium citrate (alkalinizer)]***	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) ***[potassium citrate (alkalinizer)]***	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML ***[sodium citrate & citric acid]***	1	
SODIUM ACETATE SOLN 2 MEQ/ML ***[sodium acetate]***	2	MB
SODIUM BICARBONATE SOLN 4.2 % ***[sodium bicarbonate]***	1	MB
SODIUM BICARBONATE SOLN 7.5 % ***[sodium bicarbonate]***	2	MB
sodium bicarbonate soln 8.4 %	1	MB
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG ***[sodium phenylbutyrate]***	2	QL - 30 day(s)
lactulose (encephalopathy) soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG ***[acetohydroxamic acid]***	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % ***[amino acid infusion]***	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d5w]***	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d10w]***	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d15w]***	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d20w]***	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid infusion in d10w]***	2	MB
DEXTROSE SOLN 10 % ***[dextrose]***	1	MB
DEXTROSE SOLN 20 % ***[dextrose]***	2	MB
DEXTROSE SOLN 5 % ***[dextrose]***	1	MB
DEXTROSE SOLN 50 % ***[dextrose]***	1	MB
DEXTROSE SOLN 70 % ***[dextrose]***	1	MB
INTRALIPID EMUL 20 % ***[fat emulsion plant based (soy)]***	2	MB
PHENEX-1 POWD ***[nutritional supplements]***	2	
PROSOL SOLN 20 % ***[amino acid infusion]***	2	MB
TRAVASOL SOLN 10 % ***[amino acid infusion]***	2	MB
TROPHAMINE SOLN 10 % ***[amino acid infusion]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DIURETICS		
amiloride-hydrochlorothiazide tabs 5-50 mg	1	
bumetanide soln 0.25 mg/ml	1	MB
bumetanide tabs 0.5 mg	1	
bumetanide tabs 1 mg	1	
bumetanide tabs 2 mg	1	
chlorthalidone tabs 25 mg	1	
chlorthalidone tabs 50 mg	1	
EDECRIN TABS 25 MG ***[ethacrynic acid]***	2	
ethacrynic acid tabs 25 mg	1	
furosemide soln 10 mg/ml	1	MB
FUROSEMIDE TABS 20 MG ***[furosemide]***	1	
FUROSEMIDE TABS 40 MG ***[furosemide]***	1	
furosemide tabs 80 mg	1	
hydrochlorothiazide tabs 25 mg	1	
hydrochlorothiazide tabs 50 mg	1	
indapamide tabs 1.25 mg	1	
indapamide tabs 2.5 mg	1	
MANNITOL SOLN 25 % ***[mannitol]***	1	MB
metolazone tabs 10 mg	1	
metolazone tabs 2.5 mg	1	
metolazone tabs 5 mg	1	
OSMITROL SOLN 20 % ***[mannitol]***	1	MB
SODIUM EDECRIN SOLR 50 MG ***[ethacrynate sodium]***	2	MB
torsemide tabs 10 mg	1	
torsemide tabs 100 mg	1	
torsemide tabs 20 mg	1	
torsemide tabs 5 mg	1	
triamterene-hctz caps 37.5-25 mg	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG ***[triamterene & hydrochlorothiazide]***	1	
TRIAMTERENE-HCTZ TABS 75-50 MG ***[triamterene & hydrochlorothiazide]***	1	
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
sevelamer carbonate pack 2.4 gm	1	
sevelamer carbonate tabs 800 mg	1	
sodium polystyrene sulfonate powd	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % ***[acetic acid]***	1	MB
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L ***[peritoneal dialysis solutions]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L ***[peritoneal dialysis solutions]***	2	MB
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L ***[peritoneal dialysis solutions]***	2	MB
RINGERS IRRIGATION SOLN ***[ringer's irrigation]***	1	MB
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride (gu irrigant)]***	1	MB
STERILE WATER FOR IRRIGATION SOLN ***[water for irrigation, sterile]***	1	MB
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L ***[peritoneal dialysis solutions]***	2	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L ***[peritoneal dialysis solutions]***	2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L ***[peritoneal dialysis solutions]***	2	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
calcium acetate tabs 667 mg	1	
CALCIUM CHLORIDE SOLN 10 % ***[calcium chloride (dihydrate)]***	1	MB
CALCIUM GLUCONATE SOLN 10 % ***[calcium gluconate]***	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML ***[chromic chloride]***	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML ***[cupric chloride]***	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % ***[dextrose in lactated ringers]***	1	MB
dextrose in ringers soln 5 %	1	MB
DEXTROSE-NACL SOLN 2.5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.2 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.33 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.9 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.225 % ***[dextrose w/ sodium chloride]***	2	MB
EFFER-K TBEF 25 MEQ ***[potassium bicarbonate]***	1	
hetastarch-nacl soln 6-0.9 %	1	MB
HEXTEND SOLN 6 % ***[hetastarch in lactated electrolyte]***	2	MB
K-PHOS TABS 500 MG ***[potassium phosphate monobasic]***	2	
[Potassium Chloride] K-TABS TAB 10MEQ CR	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
chloride]		
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L ***[potassium chloride in d5w lactated ringers]***	2	MB
KLOR-CON TBCR 8 MEQ ***[potassium chloride]***	1	
LACTATED RINGERS SOLN ***[lactated ringer's]***	2	MB
[Dextran 40 In D5w] LMD IN D5W SOLN 10-5 %	2	MB
[Dextran 40 In Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% ***[magnesium sulfate in dextrose]***	2	MB
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML ***[trace minerals (cr-cu-mn-zn)]***	1	MB
sodium chloride soln	1	MB
PHOSLYRA SOLN 667 MG/5ML ***[calcium acetate (phosphate binder)]***	2	
POTASSIUM ACETATE SOLN 2 MEQ/ML ***[potassium acetate]***	1	MB
potassium chloride crys er tbcr 20 meq	1	
potassium chloride er tbcr 10 meq	1	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.45 MEQ/L-% ***[potassium chloride in nacl]***	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% ***[potassium chloride in nacl]***	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 40-0.9 MEQ/L-% ***[potassium chloride in nacl]***	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ ***[potassium chloride]***	1	
potassium chloride sol 10% sf	1	
potassium chloride soln 10 meq/100ml	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML ***[potassium chloride]***	2	MB
potassium chloride soln 2 meq/ml	1	MB
potassium chloride soln 20 meq/100ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML ***[potassium chloride]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) ***[potassium chloride]***	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L ***[potassium chloride in dextrose]***	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML ***[potassium phosphates]***	1	MB
RINGERS SOLN ***[ringer's]***	1	MB
SELENIUM SOLN 40 MCG/ML ***[selenious acid]***	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 0.45 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 3 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 5 % ***[sodium chloride]***	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML ***[sodium phosphates (sodium phosphate dibasic & monobasic)]***	1	MB
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML ***[trace minerals (cr-cu-mn-zn)]***	2	MB
ZINC CHLORIDE SOLN 1 MG/ML ***[zinc chloride]***	2	MB
URICOSURIC AGENTS		
colchicine-probenecid tabs 0.5-500 mg	1	
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML ***[laronidase]***	2	MB
ARALAST NP SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT ***[imiglucerase]***	2	MB
ELAPRASE SOLN 6 MG/3ML ***[idursulfase]***	2	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG ***[rasburicase]***	2	MB
ELITEK SOLR 7.5 MG ***[rasburicase]***	2	MB
FABRAZYME SOLR 35 MG ***[agalsidase beta]***	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG ***[agalsidase beta]***	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML ***[hyaluronidase human]***	2	MB
LUMIZYME SOLR 50 MG ***[alglucosidase alfa]***	2	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML ***[galsulfase]***	2	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML ***[dornase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML ***[asfotase alfa]***	2	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML ***[elosulfase alfa]***	2	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT ***[glucarpidase]***	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT ***[velaglucerase alfa]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin oint 500 unit/gm	1	
bacitracin-polymyxin b oint 500-10000 unit/gm	1	
chlorhexidine gluconate soln 0.12 %	1	
ciprofloxacin hcl soln 0.3 %	1	
erythromycin oint 5 mg/gm	1	
gatifloxacin soln 0.5 %	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
gentamicin sulfate soln 0.3 %	1	
moxifloxacin hcl soln 0.5 %	1	
NATACYN SUSP 5 % ***[natamycin]***	2	
neomycin-bacitracin zn-polymyx oint 5-400-10000	1	
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	1	
ofloxacin soln 0.3 %	1	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	1	
sulfacetamide sodium soln 10 %	1	
tobramycin soln 0.3 %	1	
TOBREX OINT 0.3 % ***[tobramycin (ophth)]***	2	
trifluridine soln 1 %	1	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE SUSP 10-0.2 % ***[sulfacetamide sod-prednisolone]***	2	
CEQUA SOLN 0.09 % ***[cyclosporine (ophth)]***	2	
ciprofloxacin-dexamethasone susp 0.3-0.1 %	1	
cyclosporine emul 0.05 %	1	
dexamethasone sodium phosphate soln 0.1 %	1	
diclofenac sodium soln 0.1 %	1	
flunisolide soln 25 mcg/act (0.025%)	1	
fluorometholone susp 0.1 %	1	
flurbiprofen sodium soln 0.03 %	1	
fluticasone propionate susp 50 mcg/act	1	
FML FORTE SUSP 0.25 % ***[fluorometholone (ophth)]***	2	
ketorolac tromethamine soln 0.4 %	1	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
PRED MILD SUSP 0.12 % ***[prednisolone acetate (ophth)]***	2	
prednisolone acetate susp 1 %	1	
RETISERT IMPL 0.59 MG ***[fluocinolone acetonide (ophth)]***	2	MB
sulfacetamide-prednisolone soln 10-0.23 %	1	
ANTIALLERGIC AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
olopatadine hcl soln 0.1 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
bimatoprost soln 0.03 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 2-0.5 %	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG ***[acetylcholine chloride]***	2	MB
MIOSTAT SOLN 0.01 % ***[carbachol (ophth)]***	2	MB
MITOSOL KIT 0.2 MG ***[mitomycin (ophthalmic)]***	2	
PHOSPHOLINE IODIDE SOLR 0.125 % ***[echothiophate iodide]***	2	
pilocarpine hcl soln 1 %	1	
pilocarpine hcl soln 2 %	1	
pilocarpine hcl soln 4 %	1	
timolol maleate soln 0.25 %	1	
timolol maleate soln 0.5 %	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % ***[acetic acid (otic)]***	1	
apraclonidine hcl soln 0.5 %	1	
BSS PLUS SOLN ***[ophthalmic irrigation solution - intraocular]***	2	MB
BSS SOLN ***[ophthalmic irrigation solution - intraocular]***	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML ***[ranibizumab-nuna]***	2	MB
EYLEA SOLN 2 MG/0.05ML ***[aflibercept]***	2	MB
EYLEA SOSY 2 MG/0.05ML ***[aflibercept]***	2	
HEALON5 INJ 23MG/ML ***[sodium hyaluronate]***	2	MB
IOPIDINE SOLN 1 % ***[apraclonidine hcl]***	2	
LUCENTIS SOLN 0.3 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
MACUGEN SOLN 0.3 MG ***[pegaptanib sodium]***	2	MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 &0.146-20 % ***[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VISUDYNE SOLR 15 MG ***[verteporfin]***	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % ***[lidocaine hcl (ophth)]***	2	
[Proparacaine Hcl] ALCAINE SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % ***[cocaine hcl]***	2	
lidocaine viscous hcl soln 2 %	1	
proparacaine hcl soln 0.5 %	1	
TETRACAINE HCL SOLN 0.5 % ***[tetracaine hcl (ophth)]***	1	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % ***[atropine sulfate (ophthalmic)]***	1	
ATROPINE SULFATE SOLN 1 % ***[atropine sulfate (ophthalmic)]***	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
cyclopentolate hcl soln 1 %	1	
cyclopentolate hcl soln 2 %	1	
HOMATROPAIRE SOLN 5 % ***[homatropine hbr]***	1	
tropicamide soln 0.5 %	1	
tropicamide soln 1 %	1	
VASOCONSTRICTORS		
PHENYLEPHRINE HCL SOLN 10 % ***[phenylephrine hcl (mydriatic)]***	1	
PHENYLEPHRINE HCL SOLN 2.5 % ***[phenylephrine hcl (mydriatic)]***	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium caps 750 mg	1	
LIALDA TBEC 1.2 GM ***[mesalamine]***	2	
mesalamine enem 4 gm	1	
mesalamine supp 1000 mg	1	
mesalamine tbec 1.2 gm	1	
PENTASA CPCR 250 MG ***[mesalamine]***	2	
PENTASA CPCR 500 MG ***[mesalamine]***	2	
ANTIDIARRHEA AGENTS		
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine tabs 2.5-0.025 mg	1	
PEPTIC RELIEF CHEW 262 MG ***[bismuth subsalicylate]***	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG ***[netupitant-palonosetron]***	2	QL - 30 day(s)
aprepitant caps 125 mg	1	QL - 30 day(s)
aprepitant caps 40 mg	1	QL - 30 day(s)
aprepitant caps 80 mg	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
dronabinol caps 10 mg	1	
dronabinol caps 2.5 mg	1	
dronabinol caps 5 mg	1	
EMEND TRI-PACK CAPS 80 & 125 MG ***[aprepitant]***	2	QL - 30 day(s)
fosaprepitant dimeglumine solr 150 mg	1	MB
granisetron hcl tabs 1 mg	1	
meclizine hcl tabs 25 mg	1	
ondansetron hcl soln 4 mg/2ml	1	MB
ondansetron hcl soln 4 mg/5ml	1	
ondansetron hcl soln 40 mg/20ml	1	MB
ondansetron hcl tabs 4 mg	1	
ondansetron hcl tabs 8 mg	1	
ondansetron tbdp 4 mg	1	
ondansetron tbdp 8 mg	1	
scopolamine pt72 1 mg/3days	1	
TRANSDERM-SCOP PT72 1 MG/3DAYS ***[scopolamine]***	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML ***[sucralfate]***	2	
cimetidine hcl soln 300 mg/5ml	1	
famotidine (pf) soln 20 mg/2ml	1	MB
famotidine premixed soln 20-0.9 mg/50ml-%	1	MB
famotidine soln 40 mg/4ml	1	MB
famotidine susr 40 mg/5ml	1	
famotidine tabs 20 mg	1	
famotidine tabs 40 mg	1	
misoprostol tab 100mcg	1	
misoprostol tab 200mcg	1	
omeprazole cpdr 10 mg	1	
omeprazole cpdr 20 mg	1	
omeprazole cpdr 40 mg	1	
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
PROTONIX SOLR 40 MG ***[pantoprazole sodium]***	2	MB
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	1	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
GNP CASTOR OIL OIL 100 % ***[castor oil]***	1	
GOLYTELY SOLR 236 GM ***[peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]***	2	PREV
peg 3350-kcl-na bicarb-nacl solr 420 gm	1	PREV
SORBITOL SOLN 70 % ***[sorbitol (laxative)]***	2	
CHOLELITHOLYTIC AGENTS		
ursodiol tabs 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ursodiol tabs 500 mg	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 24000-76000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 3000-9500 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 6000-19000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 10000-32000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 15000-47000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 20000-63000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 25000-79000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 3000-10000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 40000-126000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 5000-24000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
PROKINETIC AGENTS		
metoclopramide hcl soln 10 mg/10ml	1	
metoclopramide hcl soln 5 mg/ml	1	MB
metoclopramide hcl tabs 10 mg	1	
metoclopramide hcl tabs 5 mg	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG ***[auranofin]***	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL SOLN 100 MG/ML ***[dimercaprol]***	2	MB
CHEMET CAPS 100 MG ***[succimer]***	2	
deferasirox tabs 360 mg	1	
deferasirox tabs 90 mg	1	
deferoxamine mesylate solr 500 mg	1	MB
EXJADE TBSO 125 MG ***[deferasirox]***	2	QL - 30 day(s)
EXJADE TBSO 250 MG ***[deferasirox]***	2	QL - 30 day(s)
EXJADE TBSO 500 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 180 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 360 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 90 MG ***[deferasirox]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
penicillamine caps 250 mg	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
betamethasone sod phos & acet susp 6 (3-3) mg/ml	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
budesonide cpep 3 mg	1	
budesonide susp 0.25 mg/2ml	1	QL - 30 day(s)
budesonide susp 0.5 mg/2ml	1	QL - 30 day(s)
dexamethasone elix 0.5 mg/5ml	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
dexamethasone sodium phosphate soln 10 mg/ml	1	MB
dexamethasone sodium phosphate soln 20 mg/5ml	1	MB
dexamethasone tabs 0.5 mg	1	
dexamethasone tabs 0.75 mg	1	
dexamethasone tabs 1 mg	1	
dexamethasone tabs 1.5 mg	1	
dexamethasone tabs 2 mg	1	
dexamethasone tabs 4 mg	1	
dexamethasone tabs 6 mg	1	
FLOVENT HFA AERO 44 MCG/ACT ***[fluticasone propionate hfa]***	2	
fludrocortisone acetate tabs 0.1 mg	1	
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG SUSP 10 MG/ML ***[triamcinolone acetonide]***	2	MB
KENALOG SUSP 40 MG/ML ***[triamcinolone acetonide]***	2	MB
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml	1	
prednisolone soln 15 mg/5ml	1	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 10 mg (21)	1	
prednisone tbpk 5 mg (21)	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT ***[budesonide (inhalation)]***	2	
SOLU-CORTEF SOLR 100 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 1000 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 250 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 500 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-MEDROL (PF) SOLR 125 MG ***[methylprednisolone sod succ]***	2	MB
SOLU-MEDROL (PF) SOLR 500 MG ***[methylprednisolone sod succ]***	2	MB
SOLU-MEDROL SOLR 500 MG ***[methylprednisolone sod succ]***	2	MB
SYMBICORT AERO 160-4.5 MCG/ACT ***[budesonide-formoterol fumarate dihydrate]***	2	
SYMBICORT AERO 80-4.5 MCG/ACT ***[budesonide-formoterol fumarate dihydrate]***	2	
ANDROGENS		
ANDRODERM PT24 2 MG/24HR ***[testosterone]***	2	
ANDRODERM PT24 4 MG/24HR ***[testosterone]***	2	
danazol caps 100 mg	1	
danazol caps 200 mg	1	
danazol caps 50 mg	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
methyltestosterone tabs 10 mg	1	
methyltestosterone caps 10 mg	1	
testosterone cypionate soln 200 mg/ml	1	MB
testosterone enanthate soln 200 mg/ml	1	MB
testosterone gel 1.62 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
testosterone gel 12.5 mg/act (1%)	1	
testosterone gel 25 mg/2.5gm (1%)	1	
testosterone gel 50 mg/5gm (1%)	1	
ANTIDIABETIC AGENTS		
glimepiride tabs 1 mg	1	
glimepiride tabs 2 mg	1	
glimepiride tabs 4 mg	1	
glipizide tabs 10 mg	1	
glipizide tabs 5 mg	1	
glipizide tb24 10 mg	1	
glipizide tb24 2.5 mg	1	
glipizide tb24 5 mg	1	
glipizide-metformin hcl tabs 2.5-250 mg	1	
glipizide-metformin hcl tabs 2.5-500 mg	1	
glipizide-metformin hcl tabs 5-500 mg	1	
glyburide tabs 1.25 mg	1	
glyburide tabs 2.5 mg	1	
glyburide tabs 5 mg	1	
HUMALOG SOLN 100 UNIT/ML ***[insulin lispro]***	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML ***[insulin nph (human) (isophane)]***	2	
HUMULIN N SUSP 100 UNIT/ML ***[insulin nph (human) (isophane)]***	2	
HUMULIN R SOLN 100 UNIT/ML ***[insulin regular (human)]***	2	
INSULIN GLARGINE SOLN 100 UNIT/ML ***[insulin glargine]***	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML ***[insulin glargine-yfgn]***	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML ***[insulin glargine-yfgn]***	2	
JARDIANCE TABS 10 MG ***[empagliflozin]***	2	
JARDIANCE TABS 25 MG ***[empagliflozin]***	2	
LANTUS SOLN 100 UNIT/ML ***[insulin glargine]***	2	
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML ***[semaglutide]***	2	QL - 30 day(s)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML ***[semaglutide]***	2	QL - 30 day(s)
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[semaglutide]		
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
VICTOZA SOPN 18 MG/3ML ***[liraglutide]***	2	QL - 30 day(s)
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE ***[glucagon]***	2	
GLUCAGEN HYPOKIT SOLR 1 MG ***[glucagon hcl (rdna)]***	2	MB
GLUCAGEN INJ 1MG ***[glucagon hcl (rdna)]***	2	MB
glucagon emergency kit 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.02 mg	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.03 mg	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG ***[ulipristal acetate]***	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethynodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/DAY ***[levonorgestrel (iud)]***	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11-28 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG ***[etonogestrel]***	2	MB
norethindrone tabs 0.35 mg	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.0375 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.05 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.06 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.075 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.1 MG/24HR ***[estradiol]***	2	
clomiphene citrate tabs 50 mg	1	
DELESTROGEN OIL 10 MG/ML ***[estradiol valerate]***	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	MB
EEMT HS TABS 0.625-1.25 MG ***[esterified estrogens & methyltestosterone]***	1	
EEMT TABS 1.25-2.5 MG ***[esterified estrogens & methyltestosterone]***	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	
estradiol pttw 0.1 mg/24hr	1	
estradiol ptwk 0.1 mg/24hr	1	
estradiol tabs 0.5 mg	1	
estradiol tabs 1 mg	1	
estradiol tabs 10 mcg	1	
estradiol tabs 2 mg	1	
estradiol valerate oil 10 mg/ml	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 2 MG ***[estradiol vaginal]***	2	
raloxifene hcl tabs 60 mg	1	OC,PREV
[Estradiol Vaginal] YUVAFEM TABS 10 MCG	1	
GONADOTROPINS		
ELIGARD KIT 22.5 MG ***[leuprolide acetate (3 month)]***	2	
ELIGARD KIT 30 MG ***[leuprolide acetate (4 month)]***	2	
ELIGARD KIT 45 MG ***[leuprolide acetate (6 month)]***	2	
ELIGARD KIT 7.5 MG ***[leuprolide acetate]***	2	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML ***[follitropin alfa]***	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[follitropin alfa]		
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML ***[follitropin alfa]***	2	
GONAL-F RFF SOLR 75 UNIT ***[follitropin alfa]***	2	
GONAL-F SOLR 1050 UNIT ***[follitropin alfa]***	2	MB
GONAL-F SOLR 450 UNIT ***[follitropin alfa]***	2	MB
MENOPUR SOLR 75 UNIT ***[menotropins]***	2	
NOVAREL SOLR 10000 UNIT ***[chorionic gonadotropin]***	2	MB
OVIDREL INJ 250 MCG/0.5ML ***[choriogonadotropin alfa]***	2	
SYNAREL SOLN 2 MG/ML ***[nafarelin acetate]***	2	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	
FORTEO SOPN 600 MCG/2.4ML ***[teriparatide (recombinant)]***	2	QL - 30 day(s),MB
PITUITARY		
ACTHAR GEL 80 UNIT/ML ***[corticotropin]***	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % ***[desmopressin acetate refrigerated]***	2	
desmopressin ace spray refrig soln 0.01 %	1	
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML ***[desmopressin acetate]***	2	
desmopressin acetate soln 4 mcg/ml	1	MB
desmopressin acetate spray soln 0.01 %	1	
desmopressin acetate tabs 0.1 mg	1	
desmopressin acetate tabs 0.2 mg	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML ***[medroxyprogesterone acetate (antineoplastic)]***	2	MB
ENDOMETRIN INST 100 MG ***[progesterone (vaginal)]***	2	
medroxyprogesterone acetate susp 150 mg/ml	1	MB
medroxyprogesterone acetate susy 150 mg/ml	1	MB
medroxyprogesterone acetate tabs 10 mg	1	OC
medroxyprogesterone acetate tabs 2.5 mg	1	OC
medroxyprogesterone acetate tabs 5 mg	1	OC
norethindrone acetate tabs 5 mg	1	
progesterone caps 100 mg	1	OC
progesterone caps 200 mg	1	OC
PROGESTERONE OIL 50 MG/ML ***[progesterone]***	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML ***[somatropin]***	2	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML ***[somatropin]***	2	
OMNITROPE SOCT 5 MG/1.5ML ***[somatropin]***	2	
OMNITROPE SOLR 5.8 MG ***[somatropin]***	2	
SEROSTIM SOLR 4 MG ***[somatropin (non-***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
refrigerated)]		
SEROSTIM SOLR 5 MG ***[somatropin (non-refrigerated)]***	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG ***[somatropin (non-refrigerated)]***	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLR 200 MCG ***[levothyroxine sodium]***	2	MB
LEVOTHYROXINE SODIUM SOLR 500 MCG ***[levothyroxine sodium]***	2	MB
levothyroxine sodium tabs 100 mcg	1	
levothyroxine sodium tabs 112 mcg	1	
levothyroxine sodium tabs 125 mcg	1	
levothyroxine sodium tabs 150 mcg	1	
levothyroxine sodium tabs 175 mcg	1	
levothyroxine sodium tabs 200 mcg	1	
levothyroxine sodium tabs 25 mcg	1	
levothyroxine sodium tabs 300 mcg	1	
levothyroxine sodium tabs 50 mcg	1	
levothyroxine sodium tabs 75 mcg	1	
levothyroxine sodium tabs 88 mcg	1	
LEVOXYL TABS 137 MCG ***[levothyroxine sodium]***	1	
liothyronine sodium tabs 25 mcg	1	
liothyronine sodium tabs 5 mcg	1	
liothyronine sodium tabs 50 mcg	1	
methimazole tabs 10 mg	1	
methimazole tabs 5 mg	1	
propylthiouracil tabs 50 mg	1	
SSKI SOLN 1 GM/ML ***[potassium iodide (expectorant)]***	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
bupivacaine hcl (pf) soln 0.5 %	1	MB
bupivacaine hcl (pf) soln 0.75 %	1	MB
bupivacaine hcl soln 0.25 %	1	MB
bupivacaine hcl soln 0.5 %	1	MB
bupivacaine in dextrose soln 0.75-8.25 %	1	MB
bupivacaine-epinephrine (pf) soln 0.25% -1:200000	1	MB
bupivacaine-epinephrine (pf) soln 0.5% -1:200000	1	MB
bupivacaine-epinephrine soln 0.25% -1:200000	1	MB
bupivacaine-epinephrine soln 0.5% -1:200000	1	MB
chloroprocaine hcl (pf) soln 2 %	1	MB
chloroprocaine hcl inj 3%	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML ***[lidocaine hcl (cardiac)]***	2	MB
lidocaine hcl (cardiac) pf sosy 50 mg/5ml	1	MB
lidocaine hcl (pf) soln 0.5 %	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
lidocaine hcl (pf) soln 1 %	1	MB
lidocaine hcl (pf) soln 2 %	1	MB
lidocaine hcl (pf) soln 4 %	1	MB
lidocaine hcl soln 0.5 %	1	MB
lidocaine hcl soln 1 %	1	MB
lidocaine hcl soln 2 %	1	MB
lidocaine-epinephrine soln 0.5 %-1:200000	1	MB
lidocaine-epinephrine soln 1 %-1:100000	1	MB
lidocaine-epinephrine soln 1.5 %-1:200000	1	MB
lidocaine-epinephrine soln 2 %-1:100000	1	MB
lidocaine-epinephrine soln 2 %-1:200000	1	MB
NAROPIN SOLN 2 MG/ML ***[ropivacaine hcl]***	2	MB
NAROPIN SOLN 7.5 MG/ML ***[ropivacaine hcl]***	2	MB
NESACAINE SOLN 2 % ***[chloroprocaine hcl]***	2	MB
[Mepivacaine Hcl] POLOCAINE SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE SOLN 2 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 2 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % ***[bupivacaine w/ epinephrine]***	2	MB
TETRACAINE HCL SOLN 1 % ***[tetracaine hcl]***	1	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 ***[lidocaine w/ epinephrine]***	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	
acetylcysteine soln 200 mg/ml	1	MB
ACTIMMUNE SOLN 2000000 UNIT/0.5ML ***[interferon gamma-1b]***	2	QL - 30 day(s)
alendronate sodium tabs 10 mg	1	
alendronate sodium tabs 35 mg	1	
alendronate sodium tabs 70 mg	1	
allopurinol tabs 100 mg	1	
allopurinol tabs 300 mg	1	
AMJEVITA SOAJ 40 MG/0.8ML ***[adalimumab-atto]***	2	
AMJEVITA SOSY 10 MG/0.2ML ***[adalimumab-atto]***	2	
AMJEVITA SOSY 20 MG/0.4ML ***[adalimumab-atto]***	2	
AMJEVITA SOSY 40 MG/0.8ML ***[adalimumab-atto]***	2	
[Disulfiram] ANTABUSE TABS 250 MG	2	
AVONEX KIT 30MCG ***[interferon beta-1a]***	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML ***[interferon beta-1a]***	2	QL - 30 day(s),MB
azathioprine tabs 50 mg	1	
BETASERON KIT 0.3 MG ***[interferon beta-1b]***	2	QL - 30 day(s)
BOTOX COSMETIC SOLR 100 UNIT	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[onabotulinumtoxina (cosmetic)]		
BOTOX SOLR 100 UNIT ***[onabotulinumtoxina]***	2	MB
BOTOX SOLR 200 UNIT ***[onabotulinumtoxina]***	2	MB
BRIDION SOLN 200 MG/2ML ***[sugammadex sodium]***	2	MB
CERDELGA CAPS 84 MG ***[eliglustat tartrate]***	2	QL - 30 day(s)
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s),MB
colchicine tabs 0.6 mg	1	
CYSTADANE POWD ***[betaine]***	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG ***[cysteamine bitartrate]***	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG ***[cysteamine bitartrate]***	2	QL - 30 day(s)
dexrazoxane hcl solr 250 mg	1	MB
dexrazoxane hcl solr 500 mg	1	MB
dimethyl fumarate cpdr 120 mg	1	
dimethyl fumarate cpdr 240 mg	1	
dimethyl fumarate starter pack cdpk 120 & 240 mg	1	
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG ***[pentosan polysulfate sodium]***	2	
ENBREL SOLR 25 MG ***[etanercept]***	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML ***[etanercept]***	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML ***[etanercept]***	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML ***[etanercept]***	2	QL - 30 day(s)
EXTAVIA KIT 0.3 MG ***[interferon beta-1b]***	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOSY 30 MG/3ML ***[icatibant acetate]***	2	QL - 30 day(s)
FUSILEV SOLR 50 MG ***[levoleucovorin calcium]***	2	MB
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
GRASTEK SUBL 2800 BAU ***[timothy grass pollen allergen extract]***	2	
HAEGARDA SOLR 2000 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s)
icatibant acetate sosy 30 mg/3ml	1	QL - 30 day(s),MB
INFLECTRA SOLR 100 MG ***[infliximab-dyyb]***	2	MB
KALYDECO TABS 150 MG ***[ivacaftor]***	2	QL - 30 day(s)
KINERET INJ ***[anakinra]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
leflunomide tabs 10 mg	1	
leflunomide tabs 20 mg	1	
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML ***[levocarnitine (metabolic modifiers)]***	1	
LEVOCARNITINE TABS 330 MG ***[levocarnitine (metabolic modifiers)]***	1	
MESNA SOLN 100 MG/ML ***[mesna]***	1	MB
MESNEX TABS 400 MG ***[mesna]***	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % ***[methylene blue (antidote)]***	1	MB
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	
mycophenolate sodium tbec 180 mg	1	
mycophenolate sodium tbec 360 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 5000 UNIT/ML ***[rimabotulinumtoxinb]***	2	MB
NEORAL SOLN 100 MG/ML ***[cyclosporine modified (for microemulsion)]***	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
octreotide acetate sosy 50 mcg/ml	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML ***[abatacept]***	2	QL - 30 day(s)
ORENCIA SOLR 250 MG ***[abatacept]***	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML ***[abatacept]***	2	
ORENCIA SOSY 50 MG/0.4ML ***[abatacept]***	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML ***[abatacept]***	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 ***[apremilast]***	2	QL - 30 day(s)
OTEZLA TABS 30 MG ***[apremilast]***	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG ***[apremilast]***	2	QL - 30 day(s)
pamidronate disodium soln 30 mg/10ml	1	MB
pamidronate disodium soln 6 mg/ml	1	MB
pamidronate disodium soln 90 mg/10ml	1	MB
pamidronate disodium solr 30 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
pamidronate disodium solr 90 mg	1	MB
PREVIDENT GEL 1.1 % ***[sodium fluoride (dental)]***	2	
PREVIDENT SOLN 0.2 % ***[sodium fluoride (dental)]***	2	
PROGRAF SOLN 5 MG/ML ***[tacrolimus]***	2	MB
RAPAMUNE SOLN 1 MG/ML ***[sirolimus]***	2	
RASUVO SOAJ 10 MG/0.2ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 12.5 MG/0.25ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 15 MG/0.3ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 17.5 MG/0.35ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 20 MG/0.4ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 22.5 MG/0.45ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 25 MG/0.5ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 30 MG/0.6ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 7.5 MG/0.15ML ***[methotrexate (antirheumatic)]***	2	
RIMSO-50 SOLN 50 % ***[dimethyl sulfoxide]***	2	MB
SANDIMMUNE CAPS 100 MG ***[cyclosporine]***	2	
SANDIMMUNE CAPS 25 MG ***[cyclosporine]***	2	
SANDIMMUNE SOLN 100 MG/ML ***[cyclosporine]***	2	
SANDIMMUNE SOLN 50 MG/ML ***[cyclosporine]***	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % ***[sodium fluoride (dental)]***	1	
sirolimus soln 1 mg/ml	1	
sirolimus tabs 0.5 mg	1	
sirolimus tabs 1 mg	1	
sirolimus tabs 2 mg	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG ***[sodium fluoride]***	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG ***[sodium fluoride]***	1	PREV
SODIUM FLUORIDE CHEW 2.2 (1 F) MG ***[sodium fluoride]***	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML ***[sodium fluoride]***	1	PREV
SOLIRIS SOLN 300 MG/30ML ***[eculizumab]***	2	MB
sterile water for injection soln	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
tacrolimus caps 0.5 mg	1	
tacrolimus caps 1 mg	1	
tacrolimus caps 5 mg	1	
TAKHZYRO SOLN 300 MG/2ML ***[lanadelumab-flyo]***	2	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML ***[lanadelumab-flyo]***	2	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML ***[lanadelumab-flyo]***	2	QL - 30 day(s)
THALOMID CAPS 100 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 150 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 200 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 50 MG ***[thalidomide]***	2	QL - 30 day(s)
THIOLA TABS 100 MG ***[tiopronin]***	2	
TYSABRI CONC 300 MG/15ML ***[natalizumab]***	2	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML ***[ravulizumab-cwvz]***	2	
ULTOMIRIS SOLN 300 MG/30ML ***[ravulizumab-cwvz]***	2	
ULTOMIRIS SOLN 300 MG/3ML ***[ravulizumab-cwvz]***	2	
VYVGART SOLN 400 MG/20ML ***[efgartigimod alfa-fcab]***	2	QL - 30 day(s),MB
XELJANZ TABS 10 MG ***[tofacitinib citrate]***	2	
XELJANZ TABS 5 MG ***[tofacitinib citrate]***	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG ***[tofacitinib citrate]***	2	QL - 30 day(s)
zoledronic acid conc 4 mg/5ml	1	MB
zoledronic acid soln 5 mg/100ml	1	MB
OXYTOCICS		
OXYTOCICS		
HEMABATE SOLN 250 MCG/ML ***[carboprost tromethamine]***	2	MB
methylergonovine maleate soln 0.2 mg/ml	1	MB
methylergonovine maleate tabs 0.2 mg	1	
MIFEPREX TABS 200 MG ***[mifepristone]***	2	PREV
OXYTOCIN SOLN 10 UNIT/ML ***[oxytocin]***	1	MB
PREPIDIL GEL 0.5 MG/3GM ***[dinoprostone]***	2	
PROSTIN E2 SUPP 20 MG ***[dinoprostone]***	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD ***[aloe vera (bulk)]***	2	
ALPROSTADIL POWD ***[alprostadil (bulk)]***	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT ***[atropine sulfate monohydrate]***	2	
BIOTIN-D POWD ***[biotin (bulk)]***	2	
BORIC ACID POWD ***[boric acid (bulk)]***	2	
CANTHARIDIN POW ***[cantharidin]***	2	
CARBAMAZEPINE POWD ***[carbamazepine]***	2	
CHLORPROMAZINE HCL POW HCL ***[chlorpromazine hcl]***	2	
CHOLESTEROL POWD ***[cholesterol]***	2	
CLINDAMYCIN HCL POWD ***[clindamycin hcl (bulk)]***	2	
CLOBETASOL PROPIONATE POW PROPIONA	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[clobetasol propionate]		
CLOTRIMAZOLE CRYS ***[clotrimazole (topical)]***	2	
CLOTRIMAZOLE POWD ***[clotrimazole (topical)]***	2	
COLLODION FLEXIBLE LIQD ***[collodion flexible]***	2	
CYSTEAMINE HCL POWD ***[cysteamine hcl (bulk)]***	2	
DEXAMETHASONE POWD ***[dexamethasone (bulk)]***	2	
ESTRADIOL POW ***[estradiol]***	2	
GLYCERIN LIQD ***[glycerin (bulk)]***	2	
GLYCOPYRROLATE POWD ***[glycopyrrolate (bulk)]***	2	
HALOPERIDOL POWD ***[haloperidol (bulk)]***	2	
HYDROCORTISONE POWD ***[hydrocortisone (topical)]***	2	
HYDROXOCOBALAMIN POW ***[hydroxocobalamin (bulk)]***	2	
HYDROXYPROGESTERONE CAPROATE POWD ***[hydroxyprogesterone caproate (bulk)]***	2	
INDOMETHACIN POWD ***[indomethacin]***	2	
KETAMINE HCL POWD ***[ketamine hcl (bulk)]***	2	
L-ARGININE POWD ***[arginine]***	2	
L-CITRULLINE POWD ***[citrulline (bulk)]***	2	
L-ISOLEUCINE POWD ***[isoleucine]***	2	
L-VALINE POWD ***[valine]***	2	
LACTIC ACID SOLN ***[lactic acid (bulk)]***	2	
LACTOSE MONOHYDRATE POWD ***[lactose monohydrate]***	2	
LACTOSE POWD ***[lactose]***	2	
LIDOCAINE HCL POWD ***[lidocaine hcl (bulk)]***	2	
METHADONE HCL POWD ***[methadone hcl]***	2	
METOCLOPRAMIDE HCL MONOHYDRATE POWD ***[metoclopramide hcl monohydrate]***	2	
MORPHINE SULFATE POWD ***[morphine sulfate]***	2	
NEOMYCIN SULFATE POWD ***[neomycin sulfate (topical)]***	2	
PHENOBARBITAL POWD ***[phenobarbital]***	2	
PLURONIC F127 GEL 20 % ***[pluronic f127 base]***	2	
PODOPHYLLUM RESIN POWD ***[podophyllum resin]***	2	
POLYETHYLENE GLYCOL 400 LIQD ***[polyethylene glycol 400]***	2	
PROGESTERONE MICRONIZED POWD ***[progesterone micronized (bulk)]***	2	
PROGESTERONE WETTABLE POWD ***[progesterone (bulk)]***	2	
PROPYLENE GLYCOL LIQD ***[propylene glycol (bulk)]***	2	
QUINACRINE HCL POWD ***[quinacrine hcl]***	2	
SALICYLIC ACID POWD ***[salicylic acid (bulk)]***	2	
SODIUM BENZOATE POWD ***[sodium benzoate]***	2	
SORBITOL SOLN 70 % ***[sorbitol]***	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[squaric acid dibutylester]		
SULFUR PRECIPITATED POWD ***[sulfur (bulk)]***	2	
TESTOSTERONE PROPIONATE POWD ***[testosterone propionate (bulk)]***	2	
THYMOL CRYS ***[thymol]***	2	
TRANEXAMIC ACID POWD ***[tranexamic acid (bulk)]***	2	
TRIAMCINOLONE ACETONIDE POWD ***[triamcinolone acetonide (topical)]***	2	
UREA POWD ***[urea (bulk)]***	2	
ZINC SULFATE GRAN ***[zinc sulfate]***	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT ***[ciclesonide]***	2	
ALVESCO AERS 80 MCG/ACT ***[ciclesonide]***	2	
ASMANEX HFA AERO 100 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX HFA AERO 200 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT ***[ipratropium-albuterol]***	2	
cromolyn sodium nebu 20 mg/2ml	1	
montelukast sodium chew 4 mg	1	
montelukast sodium chew 5 mg	1	
montelukast sodium pack 4 mg	1	
montelukast sodium tabs 10 mg	1	
ANTITUSSIVES		
benzonatate caps 100 mg	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML ***[guaifenesin-codeine]***	1	
PHENYLHISTINE DH LIQ DH ***[pseudoeph-chlorphen w/ cod]***	2	
promethazine-dm syrp 6.25-15 mg/5ml	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 10 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 3 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 7 % ***[sodium chloride (inhalant)]***	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML ***[poractant alfa]***	2	MB
CUROSURF SUSP 240 MG/3ML ***[poractant alfa]***	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% ***[beractant in nacl]***	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KALYDECO PACK 13.4 MG ***[ivacaftor]***	2	QL - 30 day(s)
KALYDECO PACK 25 MG ***[ivacaftor]***	2	QL - 30 day(s)
KALYDECO PACK 50 MG ***[ivacaftor]***	2	QL - 30 day(s)
KALYDECO PACK 75 MG ***[ivacaftor]***	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI PACK 75-94 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI TABS 200-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT ***[tiotropium bromide-olodaterol hcl]***	2	
SYMDEKO TBPK 100-150 & 150 MG ***[tezacaftor-ivacaftor]***	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG ***[tezacaftor-ivacaftor]***	2	
TRIKAFTA TBPK 100-50-75 & 150 MG ***[elexacaftor-tezacaftor-ivacaftor]***	2	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]***	2	QL - 30 day(s)
TRIKAFTA THPK 100-50-75 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]***	2	QL - 30 day(s)
TRIKAFTA THPK 80-40-60 & 59.5 MG ***[elexacaftor-tezacaftor-ivacaftor]***	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG ***[bosentan]***	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR ***[crotalidae immune f(ab')2 (equine)]***	2	
ANTIVENIN LATRODECTUS MACTANS KIT ***[antivenin latrodectus mactans]***	2	MB
CROFAB SOLR ***[crotalidae polyvalent immune fab (ovine)]***	2	MB
DIGIFAB SOLR 40 MG ***[digoxin immune fab]***	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 10 GM/200ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 2.5 GM/50ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 20 GM/200ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML ***[immune globulin (human) iv]***	2	MB
GAMASTAN INJ ***[immune globulin (human) im]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM ***[immune globulin (human) iv]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM ***[immune globulin (human) iv]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GAMMAGARD SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAGARD SOLN 30 GM/300ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAKED SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAKED SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAKED SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAKED SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAKED SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAPLEX SOLN 10 GM/200ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 5 GM/100ML ***[immune globulin (human) iv]***	2	MB
GAMUNEX-C SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
HIZENTRA SOLN 1 GM/5ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML ***[immune globulin (human) subcutaneous]***	2	
HIZENTRA SOSY 2 GM/10ML ***[immune globulin (human) subcutaneous]***	2	
HIZENTRA SOSY 4 GM/20ML ***[immune globulin (human) subcutaneous]***	2	
HYPERRAB S/D SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]***	2	MB
HYPERRAB SOLN 300 UNIT/ML ***[rabies immune globulin (human)]***	2	MB
HYPERTET SOSY 250 UNIT/ML ***[tetanus immune globulin (human)]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
IMOGAM RABIES-HT SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]***	2	MB
KEDRAB SOLN 1500 UNIT/10ML ***[rabies immune globulin (human)]***	2	MB
KEDRAB SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]***	2	MB
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT ***[rho d immune globulin (human)]***	2	MB
NABI-HB SOLN 312 UNIT/ML ***[hepatitis b immune globulin (human)]***	2	MB
OCTAGAM SOLN 1 GM/20ML ***[immune globulin (human) iv]***	2	MB
OCTAGAM SOLN 25 GM/500ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 10 GM/100ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 20 GM/200ML ***[immune globulin (human) iv]***	2	MB
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT ***[rho d immune globulin (human)]***	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML ***[rho d immune globulin (human)]***	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 ***[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]***	2	MB
INFANRIX SUSP 25-58-10 ***[diphtheria, acellular pertussis & tetanus toxoids]***	2	MB
ODACTRA SUBL 12 SQ-HDM ***[dust mite mixed allergen extract]***	2	
TDVAX SUSP 2-2 LF/0.5ML ***[tetanus-diphtheria toxoids (td)]***	2	MB
VACCINES		
ACTHIB SOLR ***[haemophilus b polysac conj vac]***	2	MB
AFLURIA QUADRIVALENT SUSP ***[influenza virus vaccine split quadrivalent]***	2	MB
AREXVY SUSR 120 MCG/0.5ML ***[rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]***	2	MB
BEXSERO SUSY ***[meningococcal vac group b (recombant omv adjuvanted)]***	2	MB
ENGERIX-B SUSP 20 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
ENGERIX-B SUSY 10 MCG/0.5ML ***[hepatitis b vaccine (recomb)]***	2	MB
ENGERIX-B SUSY 20 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML ***[influenza virus vac split high-dose quad preservative free]***	2	MB
FLUZONE QUADRIVALENT SUSP ***[influenza virus vaccine split quadrivalent]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
FLUZONE QUADRIVALENT SUSP 0.5 ML ***[influenza virus vaccine split quadrivalent]***	2	MB
GARDASIL 9 SUSP ***[human papillomavirus (hpv) 9-valent recombinant vaccine]***	2	MB
GARDASIL 9 SUSY ***[human papillomavirus (hpv) 9-valent recombinant vaccine]***	2	MB
GARDASIL INJ ***[human papillomavirus (hpv) quadrivalent recombinant vaccine]***	2	MB
GARDASIL SUSP ***[human papillomavirus (hpv) quadrivalent recombinant vaccine]***	2	MB
HAVRIX SUSP 1440 EL U/ML ***[hepatitis a vaccine]***	2	MB
HAVRIX SUSP 720 EL U/0.5ML ***[hepatitis a vaccine]***	2	MB
HIBERIX SOLR 10 MCG ***[haemophilus b polysac conj vac]***	2	MB
IMOVAX RABIES SUSR 2.5 UNIT/ML ***[rabies virus vaccine, hdc]***	2	MB
IPOL INJ ***[poliovirus vaccine, ipv]***	2	MB
IXIARO SUSP ***[japanese encephalitis vaccine inactivated adsorbed]***	2	MB
KINRIX SUSP ***[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]***	2	MB
KINRIX SUSY 0.5 ML ***[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]***	2	MB
M-M-R II SOLR ***[measles, mumps & rubella virus vaccines]***	2	MB
MENVEO SOLN ***[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]***	2	MB
MENVEO SOLR ***[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]***	2	MB
PEDIARIX SUSY ***[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]***	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML ***[pneumococcal vac polyvalent]***	2	MB
PREVNAR 13 SUSP ***[pneumococcal 13-valent conjugate vaccine]***	2	MB
PREVNAR 20 SUSY 0.5 ML ***[pneumococcal 20-valent conjugate vaccine]***	2	MB
PROQUAD SUSR ***[measles-mumps-rubella-varicella virus vaccines]***	2	MB
RABAVERT SUSR ***[rabies vaccine, pcec]***	2	MB
RECOMBIVAX HB SUSP 10 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
RECOMBIVAX HB SUSP 40 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
RECOMBIVAX HB SUSP 5 MCG/0.5ML ***[hepatitis b vaccine (recomb)]***	2	MB
RECOMBIVAX HB SUSY 10 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
RECOMBIVAX HB SUSY 5 MCG/0.5ML ***[hepatitis b vaccine (recomb)]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ROTARIX SUSP ***[rotavirus vaccine, live oral]***	2	MB
ROTATEQ SOLN ***[rotavirus vaccine, live oral pentavalent]***	2	MB
SHINGRIX SUSR 50 MCG/0.5ML ***[zoster vaccine recombinant adjuvanted]***	2	MB
TICE BCG SUSR 50 MG ***[bcg live intravesical]***	2	MB
TICOVAC SUSY 1.2 MCG/0.25ML ***[tick-borne encephalitis virus vaccine, inactivated]***	2	MB
TICOVAC SUSY 2.4 MCG/0.5ML ***[tick-borne encephalitis virus vaccine, inactivated]***	2	MB
TWINRIX SUSY 720-20 ELU-MCG/ML ***[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]***	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML ***[typhoid vi polysaccharide vaccine]***	2	MB
TYPHIM VI SOSY 25 MCG/0.5ML ***[typhoid vi polysaccharide vaccine]***	2	MB
VAQTA SUSP 25 UNIT/0.5ML ***[hepatitis a vaccine]***	2	MB
VAQTA SUSP 50 UNIT/ML ***[hepatitis a vaccine]***	2	MB
VARIVAX INJ 1350 PFU/0.5ML ***[varicella virus vaccine live]***	2	MB
VAXCHORA SUSR ***[cholera vaccine live attenuated]***	2	MB
VIVOTIF CPDR ***[typhoid vaccine]***	2	MB
YF-VAX INJ ***[yellow fever vaccine]***	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
benzoyl peroxide-erythromycin gel 5-3 %	1	
clindamycin phos-benzoyl perox gel 1-5 %	1	
clindamycin phos-benzoyl perox gel 1.2-5 %	1	
clindamycin phosphate crea 2 %	1	
clindamycin phosphate gel 1 %	1	
clindamycin phosphate lotn 1 %	1	
clindamycin phosphate soln 1 %	1	
clotrimazole troc 10 mg	1	
DAKINS (1/4 STRENGTH) SOLN 0.125 % ***[sodium hypochlorite]***	2	
DAKINS (FULL STRENGTH) SOLN 0.5 % ***[sodium hypochlorite]***	2	
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
GENTIAN VIOLET SOLN 1 % ***[gentian violet]***	2	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % ***[iodoquinol-hc]***	1	
HYSEPT SOLN 0.25 % ***[sodium hypochlorite]***	1	
ketoconazole crea 2 %	1	
ketoconazole sham 2 %	1	
permethrin lotn 1 %	1	
metronidazole crea 0.75 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
metronidazole gel 0.75 %	1	
metronidazole lotn 0.75 %	1	
mupirocin oint 2 %	1	
neomycin-polymyxin b gu soln 40-200000	1	MB
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
permethrin crea 5 %	1	
selenium sulfide lotn 2.5 %	1	
SILVER SULFADIAZINE CREA 1 % ***[silver sulfadiazine]***	1	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate crea 0.05 %	1	
alclometasone dipropionate oint 0.05 %	1	
ANUCORT-HC SUPP 25 MG ***[hydrocortisone acetate (rectal)]***	1	
betamethasone dipropionate aug crea 0.05 %	1	
betamethasone dipropionate aug gel 0.05 %	1	
betamethasone dipropionate aug lotn 0.05 %	1	
betamethasone dipropionate aug oint 0.05 %	1	
betamethasone dipropionate crea 0.05 %	1	
BETAMETHASONE VALERATE CREA 0.1 % ***[betamethasone valerate]***	1	
betamethasone valerate foam 0.12 %	1	
BETAMETHASONE VALERATE LOTN 0.1 % ***[betamethasone valerate]***	1	
BETAMETHASONE VALERATE OINT 0.1 % ***[betamethasone valerate]***	1	
clobetasol propionate crea 0.05 %	1	
clobetasol propionate foam 0.05 %	1	
clobetasol propionate gel 0.05 %	1	
clobetasol propionate lotn 0.05 %	1	
clobetasol propionate oint 0.05 %	1	
clobetasol propionate soln 0.05 %	1	
CLOBEX LOTN 0.05 % ***[clobetasol propionate]***	2	
CLOBEX SPRAY LIQD 0.05 % ***[clobetasol propionate]***	2	
CORDRAN TAPE 4 MCG/SQCM ***[flurandrenolide]***	2	
CORTISPORIN CRE 0.5% ***[neomycin-polymyxin-hc]***	2	
desonide oint 0.05 %	1	
desoximetasone crea 0.25 %	1	
fluocinolone acetonide body oil 0.01 %	1	
fluocinolone acetonide scalp oil 0.01 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide crea 0.05 %	1	
fluocinonide gel 0.05 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	
halobetasol propionate crea 0.05 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydrocortisone crea 2.5 %	1	
hydrocortisone enem 100 mg/60ml	1	
hydrocortisone lotn 2.5 %	1	
hydrocortisone oint 2.5 %	1	
mometasone furoate crea 0.1 %	1	
mometasone furoate oint 0.1 %	1	
mometasone furoate soln 0.1 %	1	
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
triamcinolone acetonide crea 0.025 %	1	
triamcinolone acetonide crea 0.1 %	1	
triamcinolone acetonide crea 0.5 %	1	
triamcinolone acetonide lotn 0.1 %	1	
triamcinolone acetonide oint 0.025 %	1	
triamcinolone acetonide oint 0.1 %	1	
triamcinolone acetonide oint 0.5 %	1	
triamcinolone acetonide pste 0.1 %	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine ptch 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
PHENOL LIQD ***[phenol]***	2	
PHENOL LIQD 89 % ***[phenol]***	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
ASTRINGENTS		
DRYSOL SOLN 20 % ***[aluminum chloride]***	2	
XERAC AC SOLN 6.25 % ***[aluminum chloride in alcohol]***	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % ***[tretinoin]***	1	
KEPIVANCE SOLR 6.25 MG ***[palifermin]***	2	QL - 30 day(s),MB
RETIN-A CREA 0.025 % ***[tretinoin]***	2	
RETIN-A CREA 0.05 % ***[tretinoin]***	2	
RETIN-A CREA 0.1 % ***[tretinoin]***	2	
RETIN-A GEL 0.01 % ***[tretinoin]***	2	
RETIN-A GEL 0.025 % ***[tretinoin]***	2	
RETIN-A MICRO GEL 0.04 % ***[tretinoin microsphere]***	2	
RETIN-A MICRO GEL 0.1 % ***[tretinoin microsphere]***	2	
DEPIGMENTING AND PIGMENTING AGENTS		
methoxsalen rapid caps 10 mg	1	
KERATOLYTIC AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % ***[sulfacetamide sodium w/ sulfur]***	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % ***[sulfacetamide sodium w/ sulfur]***	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin caps 10 mg	1	QL - 30 day(s)
acitretin caps 25 mg	1	QL - 30 day(s)
adapalene gel 0.1 %	1	
adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
BENZOIN COMPOUND TINC ***[benzoin compound]***	1	
BENZOIN TINC ***[benzoin]***	2	
bexarotene gel 1 %	1	
calcipotriene crea 0.005 %	1	
calcipotriene soln 0.005 %	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % ***[podofilox]***	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
diclofenac sodium gel 1 %	1	
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % ***[adapalene]***	2	
DIFFERIN GEL 0.1 % ***[adapalene]***	2	
DIFFERIN GEL 0.3 % ***[adapalene]***	2	
DRITHO-CREME HP CREA 1 % ***[anthralin]***	2	
EPIDUO FORTE GEL 0.3-2.5 % ***[adapalene-benzoyl peroxide]***	2	
FLUOROPLEX CREA 1 % ***[fluorouracil (topical)]***	2	
fluorouracil crea 5 %	1	
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % ***[aminolevulinic acid hcl]***	2	
pimecrolimus crea 1 %	1	
PODOCON-25 SOLN 25 % ***[podophyllum resin]***	2	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM ***[collagenase]***	2	
SKYRIZI PEN SOAJ 150 MG/ML ***[risankizumab-rzaa]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SKYRIZI SOSY 150 MG/ML ***[risankizumab-rzaa]***	2	
STELARA SOLN 45 MG/0.5ML ***[ustekinumab]***	2	
STELARA SOSY 45 MG/0.5ML ***[ustekinumab]***	2	
STELARA SOSY 90 MG/ML ***[ustekinumab]***	2	
TACROLIMUS OINT 0.03 % ***[tacrolimus (topical)]***	1	
TACROLIMUS OINT 0.1 % ***[tacrolimus (topical)]***	1	
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % ***[tazarotene]***	2	
TAZORAC GEL 0.05 % ***[tazarotene]***	2	
TAZORAC GEL 0.1 % ***[tazarotene]***	2	
TREMFYA SOPN 100 MG/ML ***[guselkumab]***	2	
TREMFYA SOSY 100 MG/ML ***[guselkumab]***	2	
VECTICAL OINT 3 MCG/GM ***[calcitriol (topical)]***	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ SRER 8 MG/ML ***[mirabegron]***	2	
MYRBETRIQ TB24 25 MG ***[mirabegron]***	2	
MYRBETRIQ TB24 50 MG ***[mirabegron]***	2	
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	
oxybutynin chloride soln 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
solifenacin succinate tabs 10 mg	1	
solifenacin succinate tabs 5 mg	1	
trospium chloride er cp24 60 mg	1	
trospium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
theophylline er tb24 400 mg	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ ***[multiple vitamin]***	2	MB
INFUVITE PEDIATRIC SOLN ***[pediatric multiple vitamins]***	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML ***[ped multivitamins w/fl & iron]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]***	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML ***[pediatric multivitamins w/fl]***	1	
[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	1	
RENAL CAPS 1 MG ***[b-complex w/ c & folic acid]***	1	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	
VITAMIN B COMPLEX		
cyanocobalamin soln 1000 mcg/ml	1	MB
folic acid soln 5 mg/ml	1	MB
NIACIN ER TBCR 250 MG ***[niacin]***	1	
NIACIN TABS 100 MG ***[niacin]***	1	
NIACIN TABS 250 MG ***[niacin]***	1	
NIACIN TABS 50 MG ***[niacin]***	1	
NIACIN TABS 500 MG ***[niacin]***	1	
SLO-NIACIN TBCR 500 MG ***[niacin]***	2	
SLO-NIACIN TBCR 750 MG ***[niacin]***	2	
thiamine hcl soln 100 mg/ml	1	MB
VITAMIN D		
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	
ERGOCALCIFEROL SOLN 200 MCG/ML ***[ergocalciferol]***	1	
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG ***[phytonadione]***	2	
phytonadione soln 1 mg/0.5ml	1	MB
vitamin k1 soln 1 mg/0.5ml	1	MB
vitamin k1 soln 10 mg/ml	1	MB

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10ML SYRINGE SLIP TIP MIS SLIP TIP ***[syringe (disposable)]*** 61
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2 61
1ML ALLERGIST TRAY SYRINGE 26 G X 3/8 61
1ML ALLERGIST TRAY SYRINGE/27G X 3/8 61

3

3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1 61
3ML SYRINGE LUER-LOK MIS LUER-LOK ***[syringe (disposable)]*** 61

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acetaminophen-codeine tabs 300-30 mg 44
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acetazolamide sodium solr 500 mg 75
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albuterol sulfate nebu 1.25 mg/3ml 31
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amoxicillin susr 250 mg/5ml 11
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amoxicillin-pot clavulanate chew 200-28.5 mg 11
amoxicillin-pot clavulanate chew 400-57 mg 11
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml 11
amoxicillin-pot clavulanate susr 250-62.5 mg/5ml 11
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ampicillin sodium solr 250 mg 11
ampicillin sodium solr 500 mg 11
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm 11
ampicillin-sulbactam sodium solr 15 (10-5) gm 11
ampicillin-sulbactam sodium solr 3 (2-1) gm 11
amp-sulbacta inj 1.5gm 11
anagrelide hcl caps 0.5 mg 36
anagrelide hcl caps 1 mg 36
anastrozole tabs 1 mg 22
ANAVIP SOLR ***[crotalidae immune f(ab')2 (equine)]*** 93
ANDRODERM PT24 2 MG/24HR ***[testosterone]*** 80
ANDRODERM PT24 4 MG/24HR ***[testosterone]*** 80
ANGIOMAX SOLR 250 MG ***[bivalirudin trifluoroacetate]*** 36
ANTIVENIN LATRODECTUS MACTANS KIT ***[antivenin latrodectus mactans]*** 93
ANUCORT-HC SUPP 25 MG ***[hydrocortisone acetate (rectal)]*** 98
APOKYN SOCT 30 MG/3ML ***[apomorphine hydrochloride]*** 52

apraclonidine hcl soln 0.5 %..... 75
aprepitant caps 125 mg..... 76
aprepitant caps 40 mg..... 76
aprepitant caps 80 mg..... 76
APTENSIO XR CP24 10 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 15 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 20 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 30 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 40 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 50 MG ***[methylphenidate hcl]*** 48
APTENSIO XR CP24 60 MG ***[methylphenidate hcl]*** 48
APTIVUS CAPS 250 MG ***[tipranavir]*** 18
ARALAST NP SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]*** 73
ARALAST NP SOLR 500 MG ***[alpha1-proteinase inhibitor (human)]*** 92
AREXVY SUSR 120 MCG/0.5ML ***[rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]***..... 95
ARGATROBAN SOLN 250 MG/2.5ML ***[argatroban]***..... 36
aripiprazole tabs 10 mg..... 56
aripiprazole tabs 15 mg..... 56
aripiprazole tabs 2 mg..... 56
aripiprazole tabs 20 mg..... 56
aripiprazole tabs 30 mg..... 56
aripiprazole tabs 5 mg..... 56
ARISTADA PRSY 1064 MG/3.9ML ***[aripiprazole lauroxil]***..... 56
ARISTADA PRSY 441 MG/1.6ML ***[aripiprazole lauroxil]***..... 56
ARISTADA PRSY 662 MG/2.4ML ***[aripiprazole lauroxil]***..... 56
ARISTADA PRSY 882 MG/3.2ML ***[aripiprazole lauroxil]***..... 56
ARRANON SOLN 5 MG/ML ***[nelarabine]*** 22
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]*** 79
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT ***[mometasone furoate (inhalation)]*** 79
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]***.....79
ASMANEX HFA AERO 100 MCG/ACT ***[mometasone furoate (inhalation)]***.....92
ASMANEX HFA AERO 200 MCG/ACT ***[mometasone furoate (inhalation)]***.....92
ASPARLAS SOLN 3750 UNIT/5ML ***[calaspargase pegol-mknl]*** 22
aspirin-dipyridamole er cp12 25-200 mg.....36
ASSESS FULL RANGE PEAK METER DEVI ***[peak flow meter]***.....61
atazanavir sulfate caps 150 mg.....18
atazanavir sulfate caps 200 mg.....18
atazanavir sulfate caps 300 mg.....18
atenolol tabs 100 mg.....39
atenolol tabs 25 mg 39
atenolol tabs 50 mg 39
atenolol-chlorthalidone tabs 100-25 mg.....39
atenolol-chlorthalidone tabs 50-25 mg.....39
atomoxetine hcl caps 10 mg 55
atomoxetine hcl caps 100 mg 55
atomoxetine hcl caps 18 mg 55
atomoxetine hcl caps 25 mg 55
atomoxetine hcl caps 40 mg 55
atomoxetine hcl caps 60 mg 55
atomoxetine hcl caps 80 mg 55
atorvastatin calcium tabs 10 mg.....38
atorvastatin calcium tabs 20 mg.....38
atorvastatin calcium tabs 40 mg.....38
atorvastatin calcium tabs 80 mg.....38
atovaquone susp 750 mg/5ml 17
atovaquone-proguanil hcl tabs 250-100 mg.17
atovaquone-proguanil hcl tabs 62.5-25 mg..17
atracurium besylate soln 100 mg/10ml.....30
atracurium besylate soln 50 mg/5ml 30
ATROPINE SULFATE (PF) SOLN 0.4 MG/ML ***[atropine sulfate]*** 28
atropine sulfate inj 1mg/ml.....28
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT ***[atropine sulfate monohydrate]*** 90
ATROPINE SULFATE OINT 1 % ***[atropine sulfate (ophthalmic)]*** 76
ATROPINE SULFATE SOLN 1 % ***[atropine sulfate (ophthalmic)]*** 76
ATROPINE SULFATE SOLN 8 MG/20ML ***[atropine sulfate]*** 28
ATROPINE SULFATE SOSY 0.5 MG/5ML ***[atropine sulfate]*** 29
ATROVENT HFA AERS 17 MCG/ACT

[ipratropium bromide hfa] 29
AUGMENTIN SUSR 125-31.25 MG/5ML ***[amoxicillin & pot clavulanate]*** 11
AVASTIN SOLN 100 MG/4ML ***[bevacizumab]*** 22
AVASTIN SOLN 400 MG/16ML ***[bevacizumab]*** 22
AVELOX SOLN 400 MG/250ML ***[moxifloxacin hcl in sodium chloride]*** 11
AVITA CREA 0.025 % ***[tretinoin]*** 99
AVONEX KIT 30MCG ***[interferon beta-1a]*** . 86
AVONEX PEN AJKT 30 MCG/0.5ML ***[interferon beta-1a]*** 86
azacitidine susr 100 mg 22
azathioprine tabs 50 mg 86
azelastine hcl soln 0.1 % 75
azithromycin solr 500 mg 11
azithromycin susr 100 mg/5ml 11
azithromycin susr 200 mg/5ml 11
azithromycin tabs 250 mg 11
azithromycin tabs 500 mg 11
azithromycin tabs 600 mg 12
aztreonam solr 1 gm 12
aztreonam solr 2 gm 12

B

bacitracin oint 500 unit/gm 74
bacitracin-polymyxin b oint 500-10000 unit/gm 74
baclofen tabs 10 mg 30
baclofen tabs 20 mg 30
BAL IN OIL SOLN 100 MG/ML ***[dimercaprol]*** 78
balsalazide disodium caps 750 mg 76
BAQSIMI TWO PACK POWD 3 MG/DOSE ***[glucagon]*** 82
BARACLUDE SOLN 0.05 MG/ML ***[entecavir]*** 18
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2.. 61
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4.... 61
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4.... 62
BD 5ML SYRINGE/LUER SLIP TIP MIS SLIP TIP ***[syringe (disposable)]*** 62
BD ALLERGIST TRAY KIT 27G X 1/2..... 62
BD CATHETER TIP SYRINGE MISC 50 ML ***[catheter syringes]*** 62
BD DISP NEEDLE MISC 23G X 1 62
BD DISP NEEDLE MISC 25G X 1 62
BD DISP NEEDLE MISC 30G X 1 62
BD DISP NEEDLES MISC 18G X 1-1/2 62
BD DISP NEEDLES MISC 20G X 1..... 62
BD DISP NEEDLES MISC 20G X 1-1/2 62
BD DISP NEEDLES MISC 21G X 1-1/2 62
BD DISP NEEDLES MISC 22G X 1-1/2.....62
BD DISP NEEDLES MISC 25G X 5/8.....62
BD DISP NEEDLES MISC 27G X 1/2.....62
BD DISP NEEDLES MISC 30G X 1/2.....62
BD ECLIPSE NEEDLE MISC 25G X 1-1/2.....62
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1 62
BD FILTER NEEDLE/5 MICRON MISC ***[needles & syringes]*** 62
BD HYPODERMIC NEEDLE MISC 16G X 1....62
BD HYPODERMIC NEEDLE MISC 18G X 1....62
BD HYPODERMIC NEEDLE MISC 18G X 1-1/2 62
BD HYPODERMIC NEEDLE MISC 19G X 1-1/2 62
BD HYPODERMIC NEEDLE MISC 21G X 1....62
BD HYPODERMIC NEEDLE MISC 21G X 1-1/2 62
BD HYPODERMIC NEEDLE MISC 22G X 1....62
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2 62
BD HYPODERMIC NEEDLE MISC 25G X 1....62
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2 63
BD HYPODERMIC NEEDLE MISC 25G X 5/8.63
BD HYPODERMIC NEEDLE MISC 26G X 1/2.63
BD HYPODERMIC NEEDLE MISC 26G X 3/8.63
BD HYPODERMIC NEEDLE MISC 26G X 5/8.63
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....63
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2.....63
BD INSULIN SYRINGE MISC 25G X 1 63
BD INSULIN SYRINGE MISC 27G X 1/2.....63
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....63
BD INSULIN SYRINGE U/F MISC 30G X 1/2 ..63
BD INSULIN SYRINGE U/F MISC 31G X 5/16 63
BD INTEGRA SYRINGE MISC 21G X 1-1/2 63
BD INTEGRA SYRINGE MISC 25G X 5/8 63
BD INTERLINK BLUNT CANNULA MISC ***[parenteral therapy supplies]*** 63
BD LANCET DEVICE MIS DEVICE ***[lancet devices]*** 63
BD LUER-LOK SYRINGE MISC 18G X 1-1/2 ..63
BD LUER-LOK SYRINGE MISC 20G X 1 ..63, 64
BD LUER-LOK SYRINGE MISC 20G X 1-1/2 ..64
BD LUER-LOK SYRINGE MISC 21G X 1 64
BD LUER-LOK SYRINGE MISC 21G X 1-1/2 ..64
BD LUER-LOK SYRINGE MISC 22G X 1 64

BD LUER-LOK SYRINGE MISC 22G X 1-1/2.. 64
BD LUER-LOK SYRINGE MISC 23G X 1-1/2.. 64
BD LUER-LOK SYRINGE MISC 25G X 1-1/2.. 64
BD LUER-LOK SYRINGE MISC 26G X 5/8..... 64
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM ***[insulin pen needle]*** 64
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM ***[insulin pen needle]*** 64
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM ***[insulin pen needle]*** 64
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM ***[insulin pen needle]*** 64
BD PLASTIPAK SYRINGE MISC 21G X 1 64
BD PRECISIONGLIDE NEEDLE MISC 23G X 1-1/2..... 64
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2 64
BD SAFETYGLIDE SHIELDED NEEDLE MISC 23G X 1 64
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8 64
BD SYRINGE BLUNT CANNULA 17G MISC 10 ML ***[syringe (disposable)]***..... 65
BD SYRINGE DUAL CANNULA MISC 10 ML ***[syringe (disposable)]***..... 65
BD SYRINGE LUER-LOK MISC 1 ML ***[syringe (disposable)]*** 65
BD SYRINGE LUER-LOK MISC 10 ML ***[syringe (disposable)]*** 65
BD SYRINGE LUER-LOK MISC 20 ML ***[syringe (disposable)]*** 65
BD SYRINGE LUER-LOK MISC 30 ML ***[syringe (disposable)]*** 65
BD SYRINGE LUER-LOK MISC 5 ML ***[syringe (disposable)]*** 65
BD SYRINGE LUER-LOK MISC 60 ML ***[syringe (disposable)]*** 65
BD SYRINGE MISC 50 ML ***[syringe (disposable)]*** 65
BD SYRINGE SLIP TIP MISC 26G X 3/8 65
BD SYRINGE/NEEDLE MISC 22G X 1-1/2 65
BD SYRINGE/NEEDLE MISC 23G X 1 65
BD SYRINGE/NEEDLE MISC 25G X 5/8 65
BD TB SYRINGE MISC 26G X 3/8..... 65
BD TB SYRINGE MISC 27G X 1/2..... 65
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64 65
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64..... 65
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG ***[belladonna alkaloids & opium]***.....29
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG ***[belladonna alkaloids & opium]***.....29
benazepril hcl tabs 10 mg 42
benazepril hcl tabs 20 mg 42
benazepril hcl tabs 40 mg 42
benazepril hcl tabs 5 mg 42
BENDEKA SOLN 100 MG/4ML ***[bendamustine hcl]***.....22
BENEFIX KIT 1000 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 2000 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 250 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 3000 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 500 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENZOIN COMPOUND TINC ***[benzoin compound]***.....100
BENZOIN TINC ***[benzoin]***.....100
benzonatate caps 100 mg.....92
benzoyl peroxide-erythromycin gel 5-3 %....97
benztropine mesylate soln 1 mg/ml.....52
benztropine mesylate tabs 0.5 mg.....52
benztropine mesylate tabs 1 mg.....52
benztropine mesylate tabs 2 mg.....52
betamethasone dipropionate aug crea 0.05 % 98
betamethasone dipropionate aug gel 0.05 % 98
betamethasone dipropionate aug lotn 0.05 % 98
betamethasone dipropionate aug oint 0.05 % 98
betamethasone dipropionate crea 0.05 %....98
betamethasone sod phos & acet susp 6 (3-3) mg/ml 79
BETAMETHASONE VALERATE CREA 0.1 % ***[betamethasone valerate]*** 98
betamethasone valerate foam 0.12 %.....98
BETAMETHASONE VALERATE LOTN 0.1 % ***[betamethasone valerate]*** 98
BETAMETHASONE VALERATE OINT 0.1 % ***[betamethasone valerate]*** 98
BETASERON KIT 0.3 MG ***[interferon beta-1b]*** 86
betaxolol hcl soln 0.5 %.....75
bethanechol chloride tabs 10 mg 30

bethanechol chloride tabs 25 mg 30
bethanechol chloride tabs 5 mg 30
bethanechol chloride tabs 50 mg 30
bexarotene gel 1 % 100
BEXSERO SUSY ***[meningococcal vac group b (recombant omv adjuvanted)]*** 95
BEYFORTUS SOSY 100 MG/ML ***[nirsevimab-alip]*** 18
BEYFORTUS SOSY 50 MG/0.5ML ***[nirsevimab-alip]*** 18
bicalutamide tabs 50 mg 22
BICILLIN L-A SUSY 1200000 UNIT/2ML ***[penicillin g benzathine]*** 12
BICILLIN L-A SUSY 2400000 UNIT/4ML ***[penicillin g benzathine]*** 12
BICILLIN L-A SUSY 600000 UNIT/ML ***[penicillin g benzathine]*** 12
BICNU SOLR 100 MG ***[carmustine]*** 22
BIKTARVY TABS 30-120-15 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]*** 18
BIKTARVY TABS 50-200-25 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]*** 18
BILTRICIDE TABS 600 MG ***[praziquantel]*** 11
bimatoprost soln 0.03 % 75
BIOTIN-D POWD ***[biotin (bulk)]*** 90
bisoprolol fumarate tabs 10 mg 39
bisoprolol fumarate tabs 5 mg 39
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg 39
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg 39
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg 39
bleomycin sulfate solr 15 unit 22
bleomycin sulfate solr 30 unit 22
BLEPHAMIDE SUSP 10-0.2 % ***[sulfacetamide sod-prednisolone]*** 74
BLINCYTO SOLR 35 MCG ***[blinatumomab]*** .. 22
BORIC ACID POWD ***[boric acid (bulk)]*** 90
BOTOX COSMETIC SOLR 100 UNIT ***[onabotulinumtoxina (cosmetic)]*** 86
BOTOX SOLR 100 UNIT ***[onabotulinumtoxina]*** 87
BOTOX SOLR 200 UNIT ***[onabotulinumtoxina]*** 87
BREVIBLOC IN NACL SOLN 2000 MG/100ML ***[esmolol hcl-sodium chloride]*** 39
BREVIBLOC IN NACL SOLN 2500 MG/250ML ***[esmolol hcl-sodium chloride]*** 39
BREVITAL SODIUM SOLR 500 MG ***[methohexital sodium]*** 56
BRIDION SOLN 200 MG/2ML ***[sugammadex sodium]*** 87
BRILINTA TABS 90 MG ***[ticagrelor]*** 36
brimonidine tartrate soln 0.2 % 75
bromocriptine mesylate caps 5 mg 53
bromocriptine mesylate tabs 2.5 mg 53
BRUKINSA CAPS 80 MG ***[zanubrutinib]*** 22
BSS PLUS SOLN ***[ophthalmic irrigation solution - intraocular]*** 75
BSS SOLN ***[ophthalmic irrigation solution - intraocular]*** 75
budesonide cpep 3 mg 79
budesonide susp 0.25 mg/2ml 79
budesonide susp 0.5 mg/2ml 79
bumetanide soln 0.25 mg/ml 70
bumetanide tabs 0.5 mg 70
bumetanide tabs 1 mg 70
bumetanide tabs 2 mg 70
BUPHENYL TABS 500 MG ***[sodium phenylbutyrate]*** 69
bupivacaine hcl (pf) soln 0.5 % 85
bupivacaine hcl (pf) soln 0.75 % 85
bupivacaine hcl soln 0.25 % 85
bupivacaine hcl soln 0.5 % 85
bupivacaine in dextrose soln 0.75-8.25 % 85
bupivacaine-epinephrine (pf) soln 0.25% -1 200000 85
bupivacaine-epinephrine (pf) soln 0.5% -1 200000 85
bupivacaine-epinephrine soln 0.25% -1 200000 85
bupivacaine-epinephrine soln 0.5% -1 200000 85
buprenorphine hcl soln 0.3 mg/ml 45
buprenorphine hcl subl 2 mg 45
buprenorphine hcl subl 8 mg 45
buprenorphine hcl-naloxone hcl film 12-3 mg 45
buprenorphine hcl-naloxone hcl film 2-0.5 mg 45
buprenorphine hcl-naloxone hcl film 4-1 mg 45
buprenorphine hcl-naloxone hcl film 8-2 mg 45
buprenorphine hcl-naloxone hcl subl 2-0.5 mg 45
buprenorphine hcl-naloxone hcl subl 8-2 mg

..... 45
buprenorphine ptwk 10 mcg/hr 45
buprenorphine ptwk 15 mcg/hr 45
buprenorphine ptwk 20 mcg/hr 45
buprenorphine ptwk 5 mcg/hr 45
buprenorphine ptwk 7.5 mcg/hr 45
bupropion hcl er (sr) tb12 100 mg 56
bupropion hcl er (sr) tb12 150 mg 56
bupropion hcl er (sr) tb12 200 mg 56
bupropion hcl er (xl) tb24 150 mg 56
bupropion hcl er (xl) tb24 300 mg 57
bupropion hcl tabs 100 mg 57
bupropion hcl tabs 75 mg 57
buspirone hcl tabs 10 mg 54
buspirone hcl tabs 15 mg 54
buspirone hcl tabs 30 mg 54
buspirone hcl tabs 5 mg 54
buspirone hcl tabs 7.5 mg 54
butorphanol tartrate soln 1 mg/ml..... 45
butorphanol tartrate soln 2 mg/ml..... 45
BUTTERFLY 25G X 3/4..... 65
BYOOVIZ SOLN 0.5 MG/0.05ML ***[ranibizumab-nuna]***..... 75

C

CABENUVA SUER 400 & 600 MG/2ML ***[cabotegravir & rilpivirine]*** 18
CABENUVA SUER 600 & 900 MG/3ML ***[cabotegravir & rilpivirine]*** 18
cabergoline tabs 0.5 mg..... 53
CABOMETYX TABS 20 MG ***[cabozantinib s-malate]*** 22
CABOMETYX TABS 40 MG ***[cabozantinib s-malate]*** 22
CABOMETYX TABS 60 MG ***[cabozantinib s-malate]*** 22
caffeine citrate soln 60 mg/3ml..... 48
calcipotriene crea 0.005 %..... 100
calcipotriene soln 0.005 %..... 100
calcitonin (salmon) soln 200 unit/act..... 84
calcitriol caps 0.25 mcg 102
calcitriol caps 0.5 mcg 102
calcium acetate (phos binder) caps 667 mg 71
calcium acetate tabs 667 mg 71
CALCIUM CHLORIDE SOLN 10 % ***[calcium chloride (dihydrate)]*** 71
CALCIUM GLUCONATE SOLN 10 % ***[calcium gluconate]***..... 71
CALQUENCE TABS 100 MG ***[acalabrutinib maleate]*** 22
CAMPTOSAR SOLN 100 MG/5ML ***[irinotecan hcl]***.....22
CAMPTOSAR SOLN 40 MG/2ML ***[irinotecan hcl]***.....22
CANCIDAS SOLR 50 MG ***[caspofungin acetate]***.....16
CANCIDAS SOLR 70 MG ***[caspofungin acetate]***.....16
CANDIN SOLN ***[candida albicans skin test antigen]*** 67
CANTHARIDIN POW ***[cantharidin]***.....90
CAPASTAT SULFATE SOLR 1 GM ***[capreomycin sulfate]*** 16
capecitabine tabs 150 mg.....22
capecitabine tabs 500 mg.....22
CAPRELSA TABS 100 MG ***[vandetanib]***.....22
CAPRELSA TABS 300 MG ***[vandetanib]***.....22
CARAFATE SUSP 1 GM/10ML ***[sucralfate]*** ...77
carbamazepine chew 100 mg.....49
carbamazepine er cp12 100 mg 49
carbamazepine er cp12 200 mg 49
carbamazepine er cp12 300 mg 49
carbamazepine er tb12 100 mg 49
carbamazepine er tb12 200 mg 50
carbamazepine er tb12 400 mg 50
CARBAMAZEPINE POWD ***[carbamazepine]*** 90
carbamazepine susp 100 mg/5ml 50
carbamazepine tabs 200 mg 50
carbidopa tabs 25 mg 53
carbidopa-levodopa er tbcr 25-100 mg.....53
carbidopa-levodopa er tbcr 50-200 mg.....53
carbidopa-levodopa tabs 10-100 mg 53
carbidopa-levodopa tabs 25-100 mg 53
carbidopa-levodopa tabs 25-250 mg 53
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....53
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....53
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....53
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....53
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....53
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....53
CARDENE IV SOLN 20-0.86 MG/200ML-% ***[nicardipine hcl in sodium chloride]***.....42
CARDENE IV SOLN 20-4.8 MG/200ML-% ***[nicardipine hcl in dextrose]***.....42

CARDENE IV SOLN 40-0.83 MG/200ML-% ***[nicardipine hcl in sodium chloride]*** 42
carmustine solr 100 mg 22
carvedilol tabs 12.5 mg 39
carvedilol tabs 25 mg 39
carvedilol tabs 3.125 mg 39
carvedilol tabs 6.25 mg 39
CATHFLO ACTIVASE SOLR 2 MG ***[alteplase]*** 36
CAVERJECT IMPULSE KIT 10 MCG ***[alprostadil (vasodilator)]*** 43
CAVERJECT IMPULSE KIT 20 MCG ***[alprostadil (vasodilator)]*** 43
CAVERJECT SOLR 20 MCG ***[alprostadil (vasodilator)]*** 43
CAVERJECT SOLR 40 MCG ***[alprostadil (vasodilator)]*** 43
CAYSTON SOLR 75 MG ***[aztreonam lysine]*** . 12
cefaclor caps 250 mg 12
cefaclor caps 500 mg 12
cefadroxil caps 500 mg 12
cefazolin sodium solr 1 gm 12
cefazolin sodium solr 10 gm 12
cefazolin sodium solr 500 mg 12
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% ***[cefazolin sodium-dextrose]*** 12
cefdinir susr 125 mg/5ml 12
cefdinir susr 250 mg/5ml 12
cefepime hcl solr 1 gm 12
cefepime hcl solr 2 gm 12
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) ***[cefepime hcl-dextrose]*** 12
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) ***[cefepime hcl-dextrose]*** 12
cefixime caps 400 mg 12
cefixime susr 100 mg/5ml 12
cefotaxime sodium inj 10gm 12
cefotaxime sodium solr 1 gm 12
cefotetan disodium solr 1 gm 12
cefotetan disodium solr 2 gm 12
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) ***[cefotetan disodium and dextrose]*** 12
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) ***[cefotetan disodium and dextrose]*** 12
cefoxitin sodium solr 1 gm 12
cefoxitin sodium solr 10 gm 12
cefoxitin sodium solr 2 gm 12
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) ***[cefoxitin sodium and dextrose]*** 12
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) ***[cefoxitin sodium and dextrose]*** 12
cefpodoxime proxetil susr 100 mg/5ml 12
cefpodoxime proxetil susr 50 mg/5ml 12
cefpodoxime proxetil tabs 100 mg 12
cefpodoxime proxetil tabs 200 mg 12
ceftriaxone sodium in dextrose soln 20 mg/ml 12
ceftriaxone sodium in dextrose soln 40 mg/ml 13
ceftriaxone sodium solr 1 gm 13
ceftriaxone sodium solr 2 gm 13
ceftriaxone sodium solr 250 mg 13
ceftriaxone sodium solr 500 mg 13
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) ***[ceftriaxone sodium and dextrose]*** 13
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) ***[ceftriaxone sodium and dextrose]*** 13
cefuroxime axetil tabs 250 mg 13
cefuroxime axetil tabs 500 mg 13
cefuroxime sodium solr 1.5 gm 13
cefuroxime sodium solr 750 mg 13
CELONTIN CAPS 300 MG ***[methsuximide]*** ...50
cephalexin caps 250 mg 13
cephalexin caps 500 mg 13
cephalexin susr 125 mg/5ml 13
cephalexin susr 250 mg/5ml 13
cephalexin tabs 500 mg 13
CEQUA SOLN 0.09 % ***[cyclosporine (ophth)]*** 74
CERDELGA CAPS 84 MG ***[eliglustat tartrate]*** 87
CEREZYME SOLR 400 UNIT ***[imiglucerase]*** .73
CHEMET CAPS 100 MG ***[succimer]*** 78
CHEMSTRIP 9 STRP ***[multiple urine tests]*** .67
CHIRHOSTIM SOLR 16 MCG ***[secretin acetate (human)]*** 67
chloramphenicol sod succinate solr 1 gm ...13
chlordiazepoxide hcl caps 10 mg 54
chlordiazepoxide hcl caps 25 mg 54
chlordiazepoxide hcl caps 5 mg 54
chlordiazepoxide-clidinium caps 5-2.5 mg ..29
chlorhexidine gluconate soln 0.12 % 74
chloroprocaine hcl (pf) soln 2 % 85
chloroprocaine hcl inj 3% 85

chloroquine phosphate tabs 250 mg 17
chloroquine phosphate tabs 500 mg 17
CHLORPROMAZINE HCL POW HCL ***[chlorpromazine hcl]*** 90
chlorpromazine hcl soln 25 mg/ml 57
chlorpromazine hcl tabs 10 mg 57
chlorpromazine hcl tabs 100 mg 57
chlorpromazine hcl tabs 200 mg 57
chlorpromazine hcl tabs 25 mg 57
chlorpromazine hcl tabs 50 mg 57
chlorthalidone tabs 25 mg 70
chlorthalidone tabs 50 mg 70
CHOLESTEROL POWD ***[cholesterol]*** 90
cholestyramine light powd 4 gm/dose 38
cholestyramine pack 4 gm 38
cholestyramine powd 4 gm/dose 38
choline magnesium trisalicylate tab 1000mg 45
CHROMIC CHLORIDE SOLN 40 MCG/10ML ***[chromic chloride]*** 71
cidofovir soln 75 mg/ml 18
cilostazol tabs 100 mg 36
cilostazol tabs 50 mg 36
CIMDUO TABS 300-300 MG ***[lamivudine-tenofovir disoproxil fumarate]*** 18
cimetidine hcl soln 300 mg/5ml 77
cinacalcet hcl tabs 30 mg 87
cinacalcet hcl tabs 60 mg 87
cinacalcet hcl tabs 90 mg 87
CINRYZE SOLR 500 UNIT ***[c1 esterase inhibitor (human)]*** 87
ciprofloxacin hcl soln 0.3 % 74
ciprofloxacin hcl tabs 250 mg 13
ciprofloxacin hcl tabs 500 mg 13
ciprofloxacin hcl tabs 750 mg 13
ciprofloxacin in d5w soln 200 mg/100ml 13
ciprofloxacin in d5w soln 400 mg/200ml 13
ciprofloxacin-dexamethasone susp 0.3-0.1 % 74
cisatracurium besylate (pf) soln 10 mg/5ml 30
cisatracurium besylate (pf) soln 200 mg/20ml 30
cisatracurium besylate soln 20 mg/10ml 30
cisplatin soln 50 mg/50ml 22
citalopram hydrobromide soln 10 mg/5ml ... 57
citalopram hydrobromide tabs 10 mg 57
citalopram hydrobromide tabs 20 mg 57
citalopram hydrobromide tabs 40 mg 57
cladribine soln 10 mg/10ml 22
clarithromycin susr 125 mg/5ml 13
clarithromycin susr 250 mg/5ml 13
clarithromycin tabs 250 mg 13
clarithromycin tabs 500 mg 13
CLEVIPREX EMUL 25 MG/50ML ***[clevidipine]*** 40
CLEVIPREX EMUL 50 MG/100ML ***[clevidipine]*** 40
CLIMARA PTWK 0.025 MG/24HR ***[estradiol]*** .83
CLIMARA PTWK 0.0375 MG/24HR ***[estradiol]*** 83
CLIMARA PTWK 0.05 MG/24HR ***[estradiol]*** ... 83
CLIMARA PTWK 0.06 MG/24HR ***[estradiol]*** ... 83
CLIMARA PTWK 0.075 MG/24HR ***[estradiol]*** .83
CLIMARA PTWK 0.1 MG/24HR ***[estradiol]*** 83
clindamycin hcl caps 150 mg 13
clindamycin hcl caps 300 mg 13
CLINDAMYCIN HCL POWD ***[clindamycin hcl (bulk)]*** 90
clindamycin palmitate hcl solr 75 mg/5ml 13
clindamycin phos-benzoyl perox gel 1.2-5 % 97
clindamycin phos-benzoyl perox gel 1-5 % .97
clindamycin phosphate crea 2 % 97
clindamycin phosphate gel 1 % 97
clindamycin phosphate in d5w soln 600 mg/50ml 13
clindamycin phosphate in d5w soln 900 mg/50ml 13
clindamycin phosphate lotn 1 % 97
clindamycin phosphate soln 1 % 97
CLINDAMYCIN PHOSPHATE SOLN 300 MG/2ML ***[clindamycin phosphate]*** 13
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d5w]*** 69
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d10w]*** 69
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d15w]*** 69
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d20w]*** 69
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid infusion in d10w]*** 69
clobetasol propionate crea 0.05 % 98
clobetasol propionate foam 0.05 % 98
clobetasol propionate gel 0.05 % 98
clobetasol propionate lotn 0.05 % 98

clobetasol propionate oint 0.05 % 98
CLOBETASOL PROPIONATE POW PROPIONA ***[clobetasol propionate]*** 90
clobetasol propionate soln 0.05 % 98
CLOBEX LOTN 0.05 % ***[clobetasol propionate]*** 98
CLOBEX SPRAY LIQD 0.05 % ***[clobetasol propionate]*** 98
clomiphene citrate tabs 50 mg 83
clomipramine hcl caps 25 mg 57
clomipramine hcl caps 50 mg 57
clomipramine hcl caps 75 mg 57
clonazepam tabs 0.5 mg 50
clonazepam tabs 1 mg 50
clonazepam tabs 2 mg 50
clonidine hcl tabs 0.1 mg 42
clonidine hcl tabs 0.2 mg 42
clonidine hcl tabs 0.3 mg 42
clonidine ptwk 0.1 mg/24hr 42
clonidine ptwk 0.2 mg/24hr 42
clonidine ptwk 0.3 mg/24hr 42
clopidogrel bisulfate tabs 75 mg 36
clorazepate dipotassium tabs 15 mg 54
clorazepate dipotassium tabs 3.75 mg 54
clorazepate dipotassium tabs 7.5 mg 54
CLOTRIMAZOLE CRYS ***[clotrimazole (topical)]*** 91
CLOTRIMAZOLE POWD ***[clotrimazole (topical)]*** 91
clotrimazole troc 10 mg 97
clozapine tabs 100 mg 57
clozapine tabs 200 mg 57
clozapine tabs 25 mg 57
clozapine tabs 50 mg 57
COARTEM TABS 20-120 MG ***[artemether-lumefantrine]*** 17
CODEINE SULFATE TABS 15 MG ***[codeine sulfate]*** 45
CODEINE SULFATE TABS 30 MG ***[codeine sulfate]*** 45
CODEINE SULFATE TABS 60 MG ***[codeine sulfate]*** 45
colchicine tabs 0.6 mg 87
colchicine-probenecid tabs 0.5-500 mg 73
colestipol hcl gran 5 gm 38
colestipol hcl pack 5 gm 38
colestipol hcl tabs 1 gm 38
COLLODION FLEXIBLE LIQD ***[collodion flexible]*** 91
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT ***[ipratropium-albuterol]*** 92
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ***[cabozantinib s-malate]*** 22
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG ***[cabozantinib s-malate]*** 22
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ***[cabozantinib s-malate]*** 22
COMPLERA TABS 200-25-300 MG ***[emtricitabine-rilpivirine-tenofovir disoproxil fumarate]*** 18
CONDYLOX GEL 0.5 % ***[podofilox]*** 100
CONRAY 43 INJ 43% ***[iothalamate meglumine]*** 68
CONRAY SOLN 60 % ***[iothalamate meglumine]*** 68
CONTOUR NEXT CONTROL SOLN NORMAL ***[blood glucose calibration]*** 65
COPIKTRA CAPS 15 MG ***[duvelisib]*** 22
COPIKTRA CAPS 25 MG ***[duvelisib]*** 22
CORDRAN TAPE 4 MCG/SQCM ***[flurandrenolide]*** 98
CORTISPORIN CRE 0.5% ***[neomycin-polymyxin-hc]*** 98
CORTROSYN SOLR 0.25 MG ***[cosyntropin]*** .68
COSENTYX (300 MG DOSE) SOSY 150 MG/ML ***[secukinumab]*** 100
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML ***[secukinumab]*** 100
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML ***[secukinumab]*** 100
COSENTYX SOSY 150 MG/ML ***[secukinumab]*** 100
COTELLIC TABS 20 MG ***[cobimetinib fumarate]*** 22
CREON CPEP 12000-38000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
CREON CPEP 24000-76000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
CREON CPEP 3000-9500 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
CREON CPEP 36000-114000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 68
CREON CPEP 6000-19000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
CRIXIVAN CAPS 200 MG ***[indinavir sulfate]*** .18
CRIXIVAN CAPS 400 MG ***[indinavir sulfate]*** .18
CROFAB SOLR ***[crotalidae polyvalent immune fab (ovine)]*** 93
cromolyn sodium nebu 20 mg/2ml 92
cromolyn sodium soln 4 % 75

C-TOPICAL SOLN 4 % ***[cocaine hcl]*** 76
CUPRIC CHLORIDE SOLN 0.4 MG/ML ***[cupric chloride]*** 71
CUROSURF SUSP 120 MG/1.5ML ***[poractant alfa]*** 92
CUROSURF SUSP 240 MG/3ML ***[poractant alfa]*** 92
cyanocobalamin soln 1000 mcg/ml 102
cyclobenzaprine hcl tabs 10 mg 30
cyclobenzaprine hcl tabs 5 mg 30
cyclopentolate hcl soln 1 % 76
cyclopentolate hcl soln 2 % 76
CYCLOPHOSPHAMIDE CAPS 25 MG ***[cyclophosphamide]*** 22
CYCLOPHOSPHAMIDE CAPS 50 MG ***[cyclophosphamide]*** 22
cyclophosphamide solr 1 gm 22
cyclophosphamide solr 2 gm 22
cyclophosphamide solr 500 mg 22
cycloserine caps 250 mg 16
cyclosporine emul 0.05 % 74
cyproheptadine hcl syrp 2 mg/5ml 21
cyproheptadine hcl tabs 4 mg 21
CYRAMZA SOLN 100 MG/10ML ***[ramucirumab]*** 23
CYRAMZA SOLN 500 MG/50ML ***[ramucirumab]*** 23
CYSTADANE POWD ***[betaine]*** 87
CYSTAGON CAPS 150 MG ***[cysteamine bitartrate]*** 87
CYSTAGON CAPS 50 MG ***[cysteamine bitartrate]*** 87
CYSTEAMINE HCL POWD ***[cysteamine hcl (bulk)]*** 91
CYSTO-CONRAY II SOLN 17.2 % ***[iothalamate meglumine]*** 68
CYSTOGRAFIN SOLN 30 % ***[diatrizoate meglumine]*** 68
CYSTOGRAFIN-DILUTE SOLN 18 % ***[diatrizoate meglumine]*** 68
cytarabine (pf) soln 100 mg/ml 23
cytarabine (pf) soln 20 mg/ml 23
cytarabine soln 20 mg/ml 23
CYTRA K CRYSTALS PACK 3300-1002 MG ***[potassium citrate-citric acid]*** 69

D

dacarbazine solr 100 mg 23
dacarbazine solr 200 mg 23
DACOGEN SOLR 50 MG ***[decitabine]*** 23
DAKINS (1/4 STRENGTH) SOLN 0.125 % ***[sodium hypochlorite]*** 97
DAKINS (FULL STRENGTH) SOLN 0.5 % ***[sodium hypochlorite]*** 97
danazol caps 100 mg 80
danazol caps 200 mg 80
danazol caps 50 mg 80
dantrolene sodium caps 100 mg 30
dantrolene sodium caps 25 mg 30
dantrolene sodium caps 50 mg 30
dapsone tabs 100 mg 16
dapsone tabs 25 mg 16
daptomycin solr 500 mg 13
DARAPRIM TABS 25 MG ***[pyrimethamine]*** 17
darunavir tabs 600 mg 18
darunavir tabs 800 mg 18
DARZALEX SOLN 100 MG/5ML ***[daratumumab]*** 23
DARZALEX SOLN 400 MG/20ML ***[daratumumab]*** 23
daunorubicin hcl soln 20 mg/4ml 23
DDAVP RHINAL TUBE SOLN 0.01 % ***[desmopressin acetate refrigerated]*** 84
deferasirox tabs 360 mg 78
deferasirox tabs 90 mg 78
deferoxamine mesylate solr 500 mg 78
DELESTROGEN OIL 10 MG/ML ***[estradiol valerate]*** 83
demeclocycline hcl tabs 150 mg 13
demeclocycline hcl tabs 300 mg 13
DEPO-PROVERA SUSP 400 MG/ML ***[medroxyprogesterone acetate (antineoplastic)]*** 84
DESCOVY TABS 120-15 MG ***[emtricitabine-tenofovir alafenamide fumarate]*** 18
DESCOVY TABS 200-25 MG ***[emtricitabine-tenofovir alafenamide fumarate]*** 18
desipramine hcl tabs 10 mg 57
desipramine hcl tabs 100 mg 57
desipramine hcl tabs 150 mg 57
desipramine hcl tabs 25 mg 57
desipramine hcl tabs 50 mg 57
desipramine hcl tabs 75 mg 57
desmopressin ace spray refrig soln 0.01 % 84
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML ***[desmopressin acetate]*** 84
desmopressin acetate soln 4 mcg/ml 84
desmopressin acetate spray soln 0.01 % 84
desmopressin acetate tabs 0.1 mg 84
desmopressin acetate tabs 0.2 mg 84

desonide oint 0.05 % 98
desoximetasone crea 0.25 % 98
dexamethasone elix 0.5 mg/5ml 79
DEXAMETHASONE POWD ***[dexamethasone (bulk)]*** 91
dexamethasone sodium phosphate soln 0.1 % 74
dexamethasone sodium phosphate soln 10 mg/ml 79
dexamethasone sodium phosphate soln 20 mg/5ml 79
dexamethasone tabs 0.5 mg 79
dexamethasone tabs 0.75 mg 79
dexamethasone tabs 1 mg 79
dexamethasone tabs 1.5 mg 79
dexamethasone tabs 2 mg 79
dexamethasone tabs 4 mg 79
dexamethasone tabs 6 mg 79
dexmethylphenidate hcl er cp24 10 mg 48
dexmethylphenidate hcl er cp24 15 mg 48
dexmethylphenidate hcl er cp24 20 mg 48
dexmethylphenidate hcl er cp24 25 mg 48
dexmethylphenidate hcl er cp24 30 mg 48
dexmethylphenidate hcl er cp24 35 mg 48
dexmethylphenidate hcl er cp24 40 mg 48
dexmethylphenidate hcl er cp24 5 mg 48
dexmethylphenidate hcl tabs 10 mg 48
dexmethylphenidate hcl tabs 2.5 mg 48
dexmethylphenidate hcl tabs 5 mg 48
dexrazoxane hcl solr 250 mg 87
dexrazoxane hcl solr 500 mg 87
dextroamphetamine sulfate er cp24 10 mg . 48
dextroamphetamine sulfate er cp24 15 mg . 48
dextroamphetamine sulfate er cp24 5 mg ... 48
dextroamphetamine sulfate tabs 10 mg 48
dextroamphetamine sulfate tabs 5 mg 48
DEXTROSE IN LACTATED RINGERS SOLN 5 % ***[dextrose in lactated ringers]*** 71
dextrose in ringers soln 5 % 71
DEXTROSE SOLN 10 % ***[dextrose]*** 69
DEXTROSE SOLN 20 % ***[dextrose]*** 69
DEXTROSE SOLN 5 % ***[dextrose]*** 69
DEXTROSE SOLN 50 % ***[dextrose]*** 69
DEXTROSE SOLN 70 % ***[dextrose]*** 69
DEXTROSE-NACL SOLN 2.5-0.45 % ***[dextrose w/ sodium chloride]*** 71
DEXTROSE-NACL SOLN 5-0.2 % ***[dextrose w/ sodium chloride]*** 71
DEXTROSE-NACL SOLN 5-0.33 % ***[dextrose w/ sodium chloride]*** 71
DEXTROSE-NACL SOLN 5-0.45 % ***[dextrose w/ sodium chloride]*** 71
DEXTROSE-NACL SOLN 5-0.9 % ***[dextrose w/ sodium chloride]*** 71
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.225 % ***[dextrose w/ sodium chloride]*** 71
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L ***[peritoneal dialysis solutions]*** 70
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L ***[peritoneal dialysis solutions]*** 71
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L ***[peritoneal dialysis solutions]*** 71
DIASTAT ACUDIAL GEL 10 MG ***[diazepam (anticonvulsant)]*** 54
DIASTAT ACUDIAL GEL 20 MG ***[diazepam (anticonvulsant)]*** 54
DIASTAT PEDIATRIC GEL 2.5 MG ***[diazepam (anticonvulsant)]*** 54
DIASTIX STRP ***[glucose urine test-(glucose oxidase)]*** 68
diazepam soln 5 mg/5ml 54
diazepam soln 5 mg/ml 54
diazepam tabs 10 mg 54
diazepam tabs 2 mg 54
diazepam tabs 5 mg 54
diclofenac sodium gel 1 % 100
diclofenac sodium soln 0.1 % 74
diclofenac sodium soln 1.5 % 100
dicloxacillin sodium caps 250 mg 13
dicloxacillin sodium caps 500 mg 13
dicyclomine hcl caps 10 mg 29
dicyclomine hcl soln 10 mg/5ml 29
dicyclomine hcl tabs 20 mg 29
didanosine cap 125mg 18
didanosine cpdr 250 mg 18
didanosine cpdr 400 mg 18
DIFFERIN CREA 0.1 % ***[adapalene]*** 100
DIFFERIN GEL 0.1 % ***[adapalene]*** 100
DIFFERIN GEL 0.3 % ***[adapalene]*** 100
DIGIFAB SOLR 40 MG ***[digoxin immune fab]*** 93
DIGOXIN SOLN 0.05 MG/ML ***[digoxin]*** 41
digoxin soln 0.25 mg/ml 41
digoxin tabs 125 mcg 41
digoxin tabs 250 mcg 41
dihydroergotamine mesylate soln 1 mg/ml .. 31
dihydroergotamine mesylate soln 4 mg/ml .. 31
diltiazem hcl er cp12 120 mg 40
diltiazem hcl er cp12 60 mg 40
diltiazem hcl er cp12 90 mg 40

diltiazem hcl er cp24 120 mg 40
diltiazem hcl er cp24 180 mg 40
diltiazem hcl er cp24 240 mg 40
diltiazem hcl soln 125 mg/25ml 40
diltiazem hcl soln 25 mg/5ml 40
diltiazem hcl soln 50 mg/10ml 40
diltiazem hcl tabs 120 mg 40
diltiazem hcl tabs 30 mg 40
diltiazem hcl tabs 60 mg 40
diltiazem hcl tabs 90 mg 40
dimethyl fumarate cpdr 120 mg..... 87
dimethyl fumarate cpdr 240 mg..... 87
dimethyl fumarate starter pack cdpk 120 & 240 mg 87
diphenhydramine hcl soln 50 mg/ml..... 21
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml 76
diphenoxylate-atropine tabs 2.5-0.025 mg... 76
dipyridamole soln 5 mg/ml 43
dipyridamole tabs 25 mg..... 43
dipyridamole tabs 50 mg..... 43
dipyridamole tabs 75 mg..... 43
disopyramide phosphate caps 100 mg..... 41
disopyramide phosphate caps 150 mg..... 41
DISPOSABLE POWER KIT ***[misc. devices]*** . 65
disulfiram tabs 250 mg..... 87
disulfiram tabs 500 mg..... 87
divalproex sodium csdr 125 mg 50
divalproex sodium tbec 125 mg 50
divalproex sodium tbec 250 mg 50
divalproex sodium tbec 500 mg 50
dobutamine hcl soln 250 mg/20ml 31
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% ***[dobutamine in d5w]***..... 31
DOBUTAMINE IN D5W SOLN 2 MG/ML ***[dobutamine in d5w]***..... 31
docetaxel conc 80 mg/4ml 23
dofetilide caps 125 mcg 41
dofetilide caps 250 mcg 41
dofetilide caps 500 mcg 41
donepezil hcl tabs 10 mg 30
donepezil hcl tabs 5 mg 30
donepezil hcl tbdp 10 mg..... 30
donepezil hcl tbdp 5 mg..... 30
DONNATAL ELIX 16.2 MG/5ML ***[phenobarbital-hyoscyamine-atropine-scopolamine]***..... 29
DONNATAL TABS 16.2 MG ***[phenobarbital-hyoscyamine-atropine-scopolamine]***..... 29
dopamine hcl inj 160mg/ml..... 31
DOPAMINE HCL SOLN 40 MG/ML ***[dopamine hcl]***..... 31
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% ***[dopamine in d5w]***..... 31
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% ***[dopamine in d5w]***..... 32
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% ***[dopamine in d5w]***..... 32
dorzolamide hcl soln 2 % 75
dorzolamide hcl-timolol mal soln 2-0.5 % 75
DOVATO TABS 50-300 MG ***[dolutegravir sodium-lamivudine]*** 18
doxazosin mesylate tabs 1 mg..... 38
doxazosin mesylate tabs 2 mg..... 38
doxazosin mesylate tabs 4 mg..... 38
doxazosin mesylate tabs 8 mg..... 38
doxepin hcl caps 10 mg..... 57
doxepin hcl caps 100 mg..... 57
doxepin hcl caps 150 mg..... 57
doxepin hcl caps 25 mg..... 57
doxepin hcl caps 50 mg..... 57
doxepin hcl caps 75 mg..... 57
doxepin hcl conc 10 mg/ml 57
DOXIL INJ 2 MG/ML ***[doxorubicin hcl liposomal]*** 23
doxorubicin hcl liposomal inj 2 mg/ml 23
doxorubicin hcl soln 2 mg/ml..... 23
doxorubicin hcl solr 10 mg 23
doxorubicin hcl solr 50 mg 23
doxycycline hyclate caps 100 mg..... 14
doxycycline hyclate caps 50 mg..... 14
doxycycline hyclate tabs 100 mg..... 14
doxycycline hyclate tabs 20 mg..... 14
doxycycline monohydrate tabs 100 mg 14
doxycycline monohydrate tabs 50 mg 14
DRITHO-CREME HP CREA 1 % ***[anthralin]***. 100
dronabinol caps 10 mg 77
dronabinol caps 2.5 mg 77
dronabinol caps 5 mg 77
droperidol soln 2.5 mg/ml 54
drospirenone-ethinyl estradiol tabs 3-0.02 mg 82
drospirenone-ethinyl estradiol tabs 3-0.03 mg 82
DRYSOL SOLN 20 % ***[aluminum chloride]*** ... 99
duloxetine hcl cpep 20 mg 57
duloxetine hcl cpep 30 mg 57
duloxetine hcl cpep 60 mg 57
DUOPA SUSP 4.63-20 MG/ML ***[carbidopa-levodopa]*** 53
DURAMORPH SOLN 0.5 MG/ML ***[morphine***

sulfate] 45
DURAMORPH SOLN 1 MG/ML ***[morphine sulfate]*** 45

E

EDECRIN TABS 25 MG ***[ethacrynic acid]*** 70
EDEX KIT 40 MCG ***[alprostadil (vasodilator)]*** 43
EDURANT TABS 25 MG ***[rilpivirine hcl]*** 18
EEMT HS TABS 0.625-1.25 MG ***[esterified estrogens & methyltestosterone]*** 83
EEMT TABS 1.25-2.5 MG ***[esterified estrogens & methyltestosterone]*** 83
efavirenz caps 200 mg 18
efavirenz caps 50 mg 18
efavirenz tabs 600 mg 18
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg 18
EFFER-K TBEF 25 MEQ ***[potassium bicarbonate]*** 71
EFFIENT TABS 10 MG ***[prasugrel hcl]*** 36
EFFIENT TABS 5 MG ***[prasugrel hcl]*** 36
ELAPRASE SOLN 6 MG/3ML ***[idursulfase]*** ... 73
eletriptan hydrobromide tabs 20 mg 52
eletriptan hydrobromide tabs 40 mg 52
ELIGARD KIT 22.5 MG ***[leuprolide acetate (3 month)]*** 83
ELIGARD KIT 30 MG ***[leuprolide acetate (4 month)]*** 83
ELIGARD KIT 45 MG ***[leuprolide acetate (6 month)]*** 83
ELIGARD KIT 7.5 MG ***[leuprolide acetate]*** 83
ELITEK SOLR 1.5 MG ***[rasburicase]*** 73
ELITEK SOLR 7.5 MG ***[rasburicase]*** 73
ELLA TABS 30 MG ***[ulipristal acetate]*** 82
ELMIRON CAPS 100 MG ***[pentosan polysulfate sodium]*** 87
ELOCTATE SOLR 1000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 33
ELOCTATE SOLR 1500 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 33
ELOCTATE SOLR 2000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 33
ELOCTATE SOLR 250 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 33
ELOCTATE SOLR 3000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
ELOCTATE SOLR 4000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
ELOCTATE SOLR 500 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
ELOCTATE SOLR 5000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
ELOCTATE SOLR 6000 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
ELOCTATE SOLR 750 UNIT ***[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)]*** 34
EMCYT CAPS 140 MG ***[estramustine phosphate sodium]*** 23
EMEND TRI-PACK CAPS 80 & 125 MG ***[aprepitant]*** 77
emtricitabine caps 200 mg 18
emtricitabine-tenofovir df tabs 100-150 mg . 18
emtricitabine-tenofovir df tabs 133-200 mg . 18
emtricitabine-tenofovir df tabs 167-250 mg . 18
emtricitabine-tenofovir df tabs 200-300 mg . 18
EMTRIVA SOLN 10 MG/ML ***[emtricitabine]*** ... 18
enalaprilat inj 1.25 mg/ml 42
ENBREL SOLR 25 MG ***[etanercept]*** 87
ENBREL SOSY 25 MG/0.5ML ***[etanercept]*** 87
ENBREL SOSY 50 MG/ML ***[etanercept]*** 87
ENBREL SURECLICK SOAJ 50 MG/ML ***[etanercept]*** 87
ENDOMETRIN INST 100 MG ***[progesterone (vaginal)]*** 84
ENGERIX-B SUSP 20 MCG/ML ***[hepatitis b vaccine (recomb)]*** 95
ENGERIX-B SUSY 10 MCG/0.5ML ***[hepatitis b vaccine (recomb)]*** 95
ENGERIX-B SUSY 20 MCG/ML ***[hepatitis b vaccine (recomb)]*** 95
ENHERTU SOLR 100 MG ***[fam-trastuzumab deruxtecan-nxki]*** 23
ENTACAPONE TABS 200 MG ***[entacapone]*** . 53
entecavir tabs 0.5 mg 18
entecavir tabs 1 mg 18
ENTRESTO TABS 24-26 MG ***[sacubitril-valsartan]*** 42
ENTRESTO TABS 49-51 MG ***[sacubitril-valsartan]*** 42

ENTRESTO TABS 97-103 MG ***[sacubitril-valsartan]*** 42
EOVIST SOLN 0.25 MOL/L ***[gadoxetate disodium]*** 68
EPCLUSA PACK 150-37.5 MG ***[sofosbuvir-velpatasvir]*** 18
EPCLUSA PACK 200-50 MG ***[sofosbuvir-velpatasvir]*** 19
EPCLUSA TABS 200-50 MG ***[sofosbuvir-velpatasvir]*** 19
EPCLUSA TABS 400-100 MG ***[sofosbuvir-velpatasvir]*** 19
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML ***[ephedrine sulfate (pressors)]*** 32
EPIDUO FORTE GEL 0.3-2.5 % ***[adapalene-benzoyl peroxide]*** 100
epinephrine hcl inj 1mg/ml 32
EPINEPHRINE PF SOLN 1 MG/ML ***[epinephrine]*** 32
epinephrine soaj 0.15 mg/0.15ml 32
epinephrine soaj 0.3 mg/0.3ml 32
EPINEPHRINE SOSY 1 MG/10ML ***[epinephrine]*** 32
EQUETRO CP12 200 MG ***[carbamazepine (mood)]*** 50
ERBITUX SOLN 100 MG/50ML ***[cetuximab]*** .. 23
ERBITUX SOLN 200 MG/100ML ***[cetuximab]*** 23
ERGOCALCIFEROL SOLN 200 MCG/ML ***[ergocalciferol]*** 102
ergotamine-caffeine tabs 1-100 mg 52
ERIVEDGE CAPS 150 MG ***[vismodegib]*** 23
erlotinib hcl tabs 100 mg 23
erlotinib hcl tabs 150 mg 23
erlotinib hcl tabs 25 mg 23
ERWINAZE SOLR 10000 UNIT ***[asparaginase erwinia chrysanthemi]*** 23
ERYTHROCIN LACTOBIONATE SOLR 500 MG ***[erythromycin lactobionate]*** 14
erythromycin oint 5 mg/gm 74
erythromycin soln 2 % 97
escitalopram oxalate soln 5 mg/5ml 57
escitalopram oxalate tabs 10 mg 56
escitalopram oxalate tabs 20 mg 57
escitalopram oxalate tabs 5 mg 57
ESMOLOL HCL SOLN 100 MG/10ML ***[esmolol hcl]*** 39
ESTRADIOL POW ***[estradiol]*** 91
estradiol pttw 0.025 mg/24hr 83
estradiol pttw 0.0375 mg/24hr 83
estradiol pttw 0.05 mg/24hr 83
estradiol pttw 0.075 mg/24hr 83
estradiol pttw 0.1 mg/24hr 83
estradiol ptwk 0.1 mg/24hr 83
estradiol tabs 0.5 mg 83
estradiol tabs 1 mg 83
estradiol tabs 10 mcg 83
estradiol tabs 2 mg 83
estradiol valerate oil 10 mg/ml 83
estradiol valerate oil 20 mg/ml 83
estradiol valerate oil 40 mg/ml 83
ESTRING RING 2 MG ***[estradiol vaginal]*** 83
ethacrynic acid tabs 25 mg 70
ethambutol hcl tabs 100 mg 16
ethambutol hcl tabs 400 mg 17
ETHAMOLIN SOLN 5 % ***[ethanolamine oleate]*** 43
ethosuximide caps 250 mg 50
ethosuximide soln 250 mg/5ml 50
etodolac caps 200 mg 45
etodolac caps 300 mg 45
etodolac tabs 400 mg 45
etodolac tabs 500 mg 45
etomidate soln 2 mg/ml 56
etoposide caps 50 mg 23
etravirine tabs 100 mg 19
etravirine tabs 200 mg 19
everolimus tabs 10 mg 23
everolimus tabs 2.5 mg 23
everolimus tabs 5 mg 23
everolimus tabs 7.5 mg 23
EVOTAZ TABS 300-150 MG ***[atazanavir sulfate-cobicistat]*** 19
exemestane tabs 25 mg 23
EXJADE TBSO 125 MG ***[deferasirox]*** 78
EXJADE TBSO 250 MG ***[deferasirox]*** 78
EXJADE TBSO 500 MG ***[deferasirox]*** 78
EXTAVIA KIT 0.3 MG ***[interferon beta-1b]*** 87
EYLEA SOLN 2 MG/0.05ML ***[aflibercept]*** 75
EYLEA SOSY 2 MG/0.05ML ***[aflibercept]*** 75
ezetimibe tabs 10 mg 38

F

FABRAZYME SOLR 35 MG ***[agalsidase beta]*** 73
FABRAZYME SOLR 5 MG ***[agalsidase beta]*** .73
famciclovir tabs 500 mg 19
famotidine (pf) soln 20 mg/2ml 77
famotidine premixed soln 20-0.9 mg/50ml-% 77
famotidine soln 40 mg/4ml 77

famotidine susr 40 mg/5ml 77
famotidine tabs 20 mg 77
famotidine tabs 40 mg 77
felbamate susp 600 mg/5ml 50
felbamate tabs 400 mg 50
felbamate tabs 600 mg 50
fenofibrate tabs 160 mg 38
fenofibrate tabs 54 mg 38
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML ***[fentanyl citrate]*** 45
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML ***[fentanyl citrate]*** 45
fentanyl pt72 100 mcg/hr 45
fentanyl pt72 12 mcg/hr 45
fentanyl pt72 25 mcg/hr 45
fentanyl pt72 50 mcg/hr 45
fentanyl pt72 75 mcg/hr 45
FERREX 150 CAPS 150 MG ***[polysaccharide iron complex]*** 32
finasteride tabs 5 mg 87
FIRAZYR SOSY 30 MG/3ML ***[icatibant acetate]*** 87
FIRVANQ SOLR 25 MG/ML ***[vancomycin hcl]*** 14
FIRVANQ SOLR 50 MG/ML ***[vancomycin hcl]*** 14
FLEBOGAMMA DIF SOLN 0.5 GM/10ML ***[immune globulin (human) iv]*** 93
FLEBOGAMMA DIF SOLN 10 GM/200ML ***[immune globulin (human) iv]*** 93
FLEBOGAMMA DIF SOLN 2.5 GM/50ML ***[immune globulin (human) iv]*** 93
FLEBOGAMMA DIF SOLN 20 GM/200ML ***[immune globulin (human) iv]*** 93
FLEBOGAMMA DIF SOLN 20 GM/400ML ***[immune globulin (human) iv]*** 93
FLEBOGAMMA DIF SOLN 5 GM/50ML ***[immune globulin (human) iv]*** 93
flecainide acetate tabs 100 mg 41
flecainide acetate tabs 150 mg 41
flecainide acetate tabs 50 mg 41
FLOVENT HFA AERO 44 MCG/ACT ***[fluticasone propionate hfa]*** 79
fluconazole in dextrose inj dex 200 16
fluconazole in nacl inj nacl 200 16
fluconazole in nacl inj nacl 400 16
fluconazole in sodium chloride soln 100-0.9 mg/50ml-% 14
fluconazole in sodium chloride soln 200-0.9 mg/100ml-% 16
fluconazole in sodium chloride soln 400-0.9 mg/200ml-% 16
fluconazole susr 10 mg/ml 16
fluconazole susr 40 mg/ml 16
fluconazole tabs 100 mg 16
fluconazole tabs 150 mg 16
fluconazole tabs 200 mg 16
fluconazole tabs 50 mg 16
flucytosine caps 250 mg 16
flucytosine caps 500 mg 16
fludarabine phosphate solr 50 mg 23
fludrocortisone acetate tabs 0.1 mg 79
flumazenil soln 0.5 mg/5ml 55
flunisolide soln 25 mcg/act (0.025%) 74
fluocinolone acetonide body oil 0.01 % 98
fluocinolone acetonide scalp oil 0.01 % 98
fluocinolone acetonide soln 0.01 % 98
fluocinonide crea 0.05 % 98
fluocinonide gel 0.05 % 98
fluocinonide oint 0.05 % 98
fluocinonide soln 0.05 % 98
fluorometholone susp 0.1 % 74
FLUOROPLEX CREA 1 % ***[fluorouracil (topical)]*** 100
fluorouracil crea 5 % 100
fluorouracil soln 1 gm/20ml 23
fluorouracil soln 2 % 100
fluorouracil soln 2.5 gm/50ml 23
fluorouracil soln 5 % 100
fluorouracil soln 5 gm/100ml 23
fluorouracil soln 500 mg/10ml 23
fluoxetine hcl caps 10 mg 57
fluoxetine hcl caps 20 mg 57
fluoxetine hcl caps 40 mg 57
fluoxetine hcl sol 20mg/5ml 57
fluphenazine decanoate soln 25 mg/ml 57
fluphenazine hcl conc 5 mg/ml 57
fluphenazine hcl tabs 1 mg 58
fluphenazine hcl tabs 10 mg 58
fluphenazine hcl tabs 2.5 mg 58
fluphenazine hcl tabs 5 mg 58
flurbiprofen sodium soln 0.03 % 74
flutamide caps 125 mg 23
fluticasone propionate susp 50 mcg/act 74
fluvoxamine maleate tabs 100 mg 58
fluvoxamine maleate tabs 25 mg 58
fluvoxamine maleate tabs 50 mg 58
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML ***[influenza virus vac split high-dose quad preservative free]*** 95

FLUZONE QUADRIVALENT SUSP ***[influenza virus vaccine split quadrivalent]*** 95
FLUZONE QUADRIVALENT SUSP 0.5 ML ***[influenza virus vaccine split quadrivalent]*** 96
FML FORTE SUSP 0.25 % ***[fluorometholone (ophth)]*** 74
folic acid soln 5 mg/ml 102
FORANE SOLN ***[isoflurane]*** 56
FORTEO SOPN 600 MCG/2.4ML ***[teriparatide (recombinant)]*** 84
fosamprenavir calcium tabs 700 mg 19
fosaprepitant dimeglumine solr 150 mg 77
FOSCAVIR SOLN 6000 MG/250ML ***[foscarnet sodium]*** 19
fosphenytoin sodium soln 100 mg pe/2ml ... 50
fosphenytoin sodium soln 500 mg pe/10ml . 50
FUL-GLO STRP 1 MG ***[fluorescein sodium topical]*** 68
fulvestrant sosy 250 mg/5ml 23
furosemide soln 10 mg/ml 70
FUROSEMIDE TABS 20 MG ***[furosemide]*** 70
FUROSEMIDE TABS 40 MG ***[furosemide]*** 70
furosemide tabs 80 mg 70
FUSILEV SOLR 50 MG ***[levoleucovorin calcium]*** 87
FUZEON SOLR 90 MG ***[enfuvirtide]*** 19

G

gabapentin caps 100 mg 50
gabapentin caps 300 mg 50
gabapentin caps 400 mg 50
gabapentin soln 250 mg/5ml 50
gabapentin tabs 600 mg 50
gabapentin tabs 800 mg 50
GABLOFEN SOLN 10000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOLN 20000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOLN 40000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 10000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 20000 MCG/20ML ***[baclofen]*** 31
GABLOFEN SOSY 40000 MCG/20ML ***[baclofen]*** 31
GABLOFEN SOSY 50 MCG/ML ***[baclofen]*** 31
GADAVIST SOLN 1 MMOL/ML ***[gadobutrol]*** . 68
GADAVIST SOSY 10 MMOL/10ML ***[gadobutrol]*** 68
GADAVIST SOSY 15 MMOL/15ML ***[gadobutrol]*** 68
GADAVIST SOSY 7.5 MMOL/7.5ML ***[gadobutrol]*** 68
galantamine hydrobromide er cp24 16 mg ..30
galantamine hydrobromide er cp24 24 mg ..30
GALANTAMINE HYDROBROMIDE ER CP24 8 MG ***[galantamine hydrobromide]*** 30
galantamine hydrobromide tabs 12 mg 30
galantamine hydrobromide tabs 4 mg 30
galantamine hydrobromide tabs 8 mg 30
GAMASTAN INJ ***[immune globulin (human) im]*** 93
GAMMAGARD S/D LESS IGA SOLR 10 GM ***[immune globulin (human) iv]*** 93
GAMMAGARD S/D LESS IGA SOLR 5 GM ***[immune globulin (human) iv]*** 93
GAMMAGARD SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAGARD SOLN 30 GM/300ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAKED SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAKED SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAKED SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAKED SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAKED SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMMAPLEX SOLN 10 GM/200ML ***[immune globulin (human) iv]*** 94
GAMMAPLEX SOLN 20 GM/400ML ***[immune globulin (human) iv]*** 94
GAMMAPLEX SOLN 5 GM/100ML ***[immune globulin (human) iv]*** 94
GAMUNEX-C SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMUNEX-C SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMUNEX-C SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMUNEX-C SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]*** 94
GAMUNEX-C SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]*** 94
ganciclovir sodium solr 500 mg 19
GARDASIL 9 SUSP ***[human papillomavirus***

(hpv) 9-valent recombinant vaccine] 96
GARDASIL 9 SUSY ***[human papillomavirus (hpv) 9-valent recombinant vaccine]*** 96
GARDASIL INJ ***[human papillomavirus (hpv) quadrivalent recombinant vaccine]*** 96
GARDASIL SUSP ***[human papillomavirus (hpv) quadrivalent recombinant vaccine]*** 96
GASTROGRAFIN SOLN 66-10 % ***[diatrizoate meglumine & sodium]*** 68
gatifloxacin soln 0.5 % 74
GAZYVA SOLN 1000 MG/40ML ***[obinutuzumab]*** 23
GELFOAM SPONGE SIZE 100 MISC ***[gelatin absorbable]*** 34
gemcitabine hcl solr 200 mg 23
gemfibrozil tabs 600 mg 38
gentamicin in saline soln 0.8-0.9 mg/ml-% .. 14
gentamicin in saline soln 1.2-0.9 mg/ml-% .. 14
gentamicin in saline soln 1.6-0.9 mg/ml-% .. 14
gentamicin in saline soln 1-0.9 mg/ml-% 14
gentamicin in saline soln 2-0.9 mg/ml-% 14
gentamicin sulfate crea 0.1 % 97
gentamicin sulfate oint 0.1 % 97
gentamicin sulfate soln 0.3 % 74
gentamicin sulfate soln 10 mg/ml 14
gentamicin sulfate soln 40 mg/ml 14
GENTIAN VIOLET SOLN 1 % ***[gentian violet]*** 97
GENVOYA TABS 150-150-200-10 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]*** 19
GLEOSTINE CAPS 10 MG ***[lomustine]*** 23
GLEOSTINE CAPS 100 MG ***[lomustine]*** 23
GLEOSTINE CAPS 40 MG ***[lomustine]*** 23
glimepiride tabs 1 mg 81
glimepiride tabs 2 mg 81
glimepiride tabs 4 mg 81
glipizide tabs 10 mg 81
glipizide tabs 5 mg 81
glipizide tb24 10 mg 81
glipizide tb24 2.5 mg 81
glipizide tb24 5 mg 81
glipizide-metformin hcl tabs 2.5-250 mg 81
glipizide-metformin hcl tabs 2.5-500 mg 81
glipizide-metformin hcl tabs 5-500 mg 81
GLUCAGEN HYPOKIT SOLR 1 MG ***[glucagon hcl (rdna)]*** 82
GLUCAGEN INJ 1MG ***[glucagon hcl (rdna)]*** 82
glucagon emergency kit 1 mg 82
glyburide tabs 1.25 mg 81
glyburide tabs 2.5 mg 81
glyburide tabs 5 mg 81
GLYCERIN LIQD ***[glycerin (bulk)]*** 91
GLYCOPYRROLATE POWD ***[glycopyrrolate (bulk)]*** 91
glycopyrrolate soln 0.2 mg/ml 29
glycopyrrolate soln 0.4 mg/2ml 29
glycopyrrolate soln 1 mg/5ml 29
glycopyrrolate soln 4 mg/20ml 29
glycopyrrolate tabs 1 mg 29
glycopyrrolate tabs 2 mg 29
GNP CASTOR OIL OIL 100 % ***[castor oil]*** 77
GOLYTELY SOLR 236 GM ***[peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]*** 77
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML ***[follitropin alfa]*** 83
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML ***[follitropin alfa]*** 83
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML ***[follitropin alfa]*** 84
GONAL-F RFF SOLR 75 UNIT ***[follitropin alfa]*** 84
GONAL-F SOLR 1050 UNIT ***[follitropin alfa]*** . 84
GONAL-F SOLR 450 UNIT ***[follitropin alfa]*** ... 84
granisetron hcl tabs 1 mg 77
GRASTEK SUBL 2800 BAU ***[timothy grass pollen allergen extract]*** 87
griseofulvin microsize susp 125 mg/5ml 16
griseofulvin microsize tabs 500 mg 16
griseofulvin ultramicrosize tabs 125 mg 16
griseofulvin ultramicrosize tabs 250 mg 16
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML ***[guaifenesin-codeine]*** 92
guanfacine hcl er tb24 1 mg 55
guanfacine hcl er tb24 2 mg 55
guanfacine hcl er tb24 3 mg 55
guanfacine hcl er tb24 4 mg 55
guanfacine hcl tabs 1 mg 31
guanfacine hcl tabs 2 mg 31

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HAEGARDA SOLR 2000 UNIT ***[c1 esterase inhibitor (human)]*** 87
HAEGARDA SOLR 3000 UNIT ***[c1 esterase inhibitor (human)]*** 87
HALAVEN SOLN 1 MG/2ML ***[eribulin mesylate]*** 24
halobetasol propionate crea 0.05 % 98
haloperidol decanoate soln 100 mg/ml 58
haloperidol decanoate soln 50 mg/ml 58

haloperidol lactate conc 2 mg/ml 58
haloperidol lactate soln 5 mg/ml 58
HALOPERIDOL POWD ***[haloperidol (bulk)]*** . 91
haloperidol tabs 0.5 mg 58
haloperidol tabs 1 mg 58
haloperidol tabs 10 mg 58
haloperidol tabs 2 mg 58
haloperidol tabs 20 mg 58
haloperidol tabs 5 mg 58
HARVONI TABS 45-200 MG ***[ledipasvir-sofosbuvir]*** 19
HARVONI TABS 90-400 MG ***[ledipasvir-sofosbuvir]*** 19
HAVRIX SUSP 1440 EL U/ML ***[hepatitis a vaccine]*** 96
HAVRIX SUSP 720 EL U/0.5ML ***[hepatitis a vaccine]*** 96
HEALON5 INJ 23MG/ML ***[sodium hyaluronate]*** 75
HEMABATE SOLN 250 MCG/ML ***[carboprost tromethamine]*** 90
HEMLIBRA SOLN 105 MG/0.7ML ***[emicizumab-kxwh]*** 34
HEMLIBRA SOLN 150 MG/ML ***[emicizumab-kxwh]*** 34
HEMLIBRA SOLN 30 MG/ML ***[emicizumab-kxwh]*** 34
HEMLIBRA SOLN 60 MG/0.4ML ***[emicizumab-kxwh]*** 34
HEMOFIL M INJ 220-400 ***[antihemophilic factor (human)]*** 34
HEMOFIL M SOLR 1000 UNIT ***[antihemophilic factor (human)]*** 34
HEMOFIL M SOLR 1700 UNIT ***[antihemophilic factor (human)]*** 34
HEMOFIL M SOLR 250 UNIT ***[antihemophilic factor (human)]*** 34
HEMOFIL M SOLR 500 UNIT ***[antihemophilic factor (human)]*** 34
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% ***[heparin (porcine) in sodium chloride]*** 36
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% ***[heparin (porcine) in sodium chloride]*** 36
HEPARIN (PORCINE) IN NACL SOLN 25000-0.45 UT/250ML-% ***[heparin (porcine) in sodium chloride]*** 36
HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML ***[heparin sod (porcine) in d5w]*** ... 36
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% ***[heparin sod (porcine) in d5w]*** 36
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% ***[heparin sod (porcine) in d5w]*** 36
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
heparin sodium (porcine) lock flush soln 36
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML ***[heparin sodium (porcine)]*** 37
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML ***[heparin sodium (porcine)]*** 37
heparin sodium (porcine) soln 20000 unit/ml 37
heparin sodium (porcine) soln 5000 unit/ml 37
HERCEPTIN SOLR 150 MG ***[trastuzumab]*** ... 24
hetastarch-nacl soln 6-0.9 % 71
HEXTEND SOLN 6 % ***[hetastarch in lactated electrolyte]*** 71
HIBERIX SOLR 10 MCG ***[haemophilus b polysac conj vac]*** 96
HIZENTRA SOLN 1 GM/5ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOLN 10 GM/50ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOLN 2 GM/10ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOLN 4 GM/20ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOSY 1 GM/5ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOSY 2 GM/10ML ***[immune globulin (human) subcutaneous]*** 94
HIZENTRA SOSY 4 GM/20ML ***[immune globulin (human) subcutaneous]*** 94
HOMATROPAIRE SOLN 5 % ***[homatropine***

hbr] 76
HUMALOG SOLN 100 UNIT/ML ***[insulin lispro]*** 81
HUMATE-P SOLR 1000-2400 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 34
HUMATE-P SOLR 250-600 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 34
HUMATE-P SOLR 500-1200 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 34
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]*** 81
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]*** 81
HUMULIN N KWIKPEN SUPN 100 UNIT/ML ***[insulin nph (human) (isophane)]*** 81
HUMULIN N SUSP 100 UNIT/ML ***[insulin nph (human) (isophane)]*** 81
HUMULIN R SOLN 100 UNIT/ML ***[insulin regular (human)]*** 81
HYCAMTIN CAPS 0.25 MG ***[topotecan hcl]*** .. 24
HYCAMTIN CAPS 1 MG ***[topotecan hcl]*** 24
hydralazine hcl soln 20 mg/ml 42
hydralazine hcl tabs 10 mg 42
hydralazine hcl tabs 100 mg 42
hydralazine hcl tabs 25 mg 42
hydralazine hcl tabs 50 mg 42
hydrochlorothiazide tabs 12.5 mg 42
hydrochlorothiazide tabs 25 mg 70
hydrochlorothiazide tabs 50 mg 70
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 45
hydrocodone-acetaminophen tabs 10-325 mg 45
hydrocodone-acetaminophen tabs 5-325 mg 45
hydrocodone-acetaminophen tabs 7.5-325 mg 45
hydrocortisone crea 2.5 % 99
hydrocortisone enem 100 mg/60ml 99
hydrocortisone lotn 2.5 % 99
hydrocortisone oint 2.5 % 99
HYDROCORTISONE POWD ***[hydrocortisone (topical)]*** 91
hydrocortisone tabs 10 mg 79
hydrocortisone tabs 20 mg 79
hydrocortisone tabs 5 mg 79
HYDROCORTISONE-IODOQUINOL CREA 1-1 % ***[iodoquinol-hc]*** 97
hydromorphone hcl liqd 1 mg/ml 45
hydromorphone hcl pf soln 10 mg/ml 45
HYDROMORPHONE HCL SOLN 1 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SOLN 2 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SOLN 4 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SUPP 3 MG ***[hydromorphone hcl]*** 46
hydromorphone hcl tabs 2 mg 46
hydromorphone hcl tabs 4 mg 46
hydromorphone hcl tabs 8 mg 46
HYDROXOCOBALAMIN POW ***[hydroxocobalamin (bulk)]*** 91
hydroxychloroquine sulfate tabs 200 mg 17
HYDROXYPROGESTERONE CAPROATE POWD ***[hydroxyprogesterone caproate (bulk)]*** 91
hydroxyurea caps 500 mg 24
hydroxyzine hcl soln 25 mg/ml 54
hydroxyzine hcl soln 50 mg/ml 54
hydroxyzine hcl syrp 10 mg/5ml 54
hydroxyzine hcl tabs 10 mg 54
hydroxyzine hcl tabs 25 mg 54
hydroxyzine hcl tabs 50 mg 54
hydroxyzine pamoate caps 100 mg 54
hydroxyzine pamoate caps 25 mg 54
hydroxyzine pamoate caps 50 mg 54
HYLENEX SOLN 150 UNIT/ML ***[hyaluronidase human]*** 73
HYOSCYAMINE SULFATE ER TB12 0.375 MG ***[hyoscyamine sulfate]*** 29
HYOSCYAMINE SULFATE SUBL 0.125 MG ***[hyoscyamine sulfate]*** 29
HYOSCYAMINE SULFATE TABS 0.125 MG ***[hyoscyamine sulfate]*** 29
HYOSCYAMINE SULFATE TBDP 0.125 MG ***[hyoscyamine sulfate]*** 29
HYOSYNE ELIX 0.125 MG/5ML ***[hyoscyamine sulfate]*** 29
HYOSYNE SOLN 0.125 MG/ML ***[hyoscyamine sulfate]*** 29
HYPERRAB S/D SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]*** 94
HYPERRAB SOLN 300 UNIT/ML ***[rabies immune globulin (human)]*** 94
HYPERTET SOSY 250 UNIT/ML ***[tetanus***

immune globulin (human)] 94
HYPODERMIC NEEDLE MISC 25G X 1-1/2 ... 65
HYPODERMIC NEEDLE MISC 26G X 1/2 65
HYPODERMIC NEEDLE MISC 26G X 3/8 65
HYPODERMIC NEEDLE MISC 27G X 1/2 66
HYPODERMIC NEEDLE MISC 30G X 1/2 66
HYSEPT SOLN 0.25 % ***[sodium hypochlorite]*** 97

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IBRANCE CAPS 100 MG ***[palbociclib]*** 24
IBRANCE CAPS 125 MG ***[palbociclib]*** 24
IBRANCE CAPS 75 MG ***[palbociclib]*** 24
IBRANCE TABS 100 MG ***[palbociclib]*** 24
IBRANCE TABS 125 MG ***[palbociclib]*** 24
IBRANCE TABS 75 MG ***[palbociclib]*** 24
ibuprofen susp 100 mg/5ml 46
ibutilide fumarate soln 1 mg/10ml 41
icatibant acetate sosy 30 mg/3ml 87
IDAMYCIN PFS SOLN 20 MG/20ML ***[idarubicin hcl]*** 24
IDELVION SOLR 1000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 2000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 250 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 500 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IFOSFAMIDE SOLR 1 GM ***[ifosfamide]*** 24
imatinib mesylate tabs 100 mg 24
imatinib mesylate tabs 400 mg 24
IMBRUVICA CAPS 140 MG ***[ibrutinib]*** 24
IMBRUVICA CAPS 70 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 140 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 280 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 420 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 560 MG ***[ibrutinib]*** 24
imipramine hcl tabs 10 mg 58
imipramine hcl tabs 25 mg 58
imipramine hcl tabs 50 mg 58
imiquimod crea 5 % 100
IMOGAM RABIES-HT SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]*** 95
IMOVAX RABIES SUSR 2.5 UNIT/ML ***[rabies virus vaccine, hdc]*** 96
indapamide tabs 1.25 mg 70
indapamide tabs 2.5 mg 70
indigotindisulfonate sodium soln 68
indomethacin caps 25 mg 46
indomethacin caps 50 mg 46
indomethacin er cpcr 75 mg 46
INDOMETHACIN POWD ***[indomethacin]*** 91
INDOMETHACIN SODIUM SOLR 1 MG ***[indomethacin sodium]*** 46
INFANRIX SUSP 25-58-10 ***[diphtheria, acellular pertussis & tetanus toxoids]*** 95
INFED SOLN 50 MG/ML ***[iron dextran]*** 32
INFLECTRA SOLR 100 MG ***[infliximab-dyyb]*** 87
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) ***[morphine sulfate for continuous microinfusion]*** 46
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) ***[morphine sulfate for continuous microinfusion]*** 46
INFUVITE ADULT INJ ***[multiple vitamin]*** 101
INFUVITE PEDIATRIC SOLN ***[pediatric multiple vitamins]*** 101
INSUFLON MISC 25G X 0.71 66
INSULIN GLARGINE SOLN 100 UNIT/ML ***[insulin glargine]*** 81
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML ***[insulin glargine-yfgn]*** 81
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML ***[insulin glargine-yfgn]*** 81
INTEGRILIN SOLN 20 MG/10ML ***[eptifibatide]*** 37
INTEGRILIN SOLN 75 MG/100ML ***[eptifibatide]*** 37
INTELENCE TABS 25 MG ***[etravirine]*** 19
INTRALIPID EMUL 20 % ***[fat emulsion plant based (soy)]*** 69
INTRON A SOLN 10000000 UNIT/ML ***[interferon alfa-2b]*** 24
INTRON A SOLN 6000000 UNIT/ML ***[interferon alfa-2b]*** 24
INTRON A SOLR 10000000 UNIT ***[interferon alfa-2b]*** 24
INTRON A SOLR 18000000 UNIT ***[interferon alfa-2b]*** 24
INTRON A SOLR 50000000 UNIT ***[interferon alfa-2b]*** 24
INVANZ SOLR 1 GM ***[ertapenem sodium]*** 14
INVEGA SUSTENNA SUSY 117 MG/0.75ML ***[paliperidone palmitate]*** 58
INVEGA SUSTENNA SUSY 156 MG/ML ***[paliperidone palmitate]*** 58
INVEGA SUSTENNA SUSY 234 MG/1.5ML

[paliperidone palmitate] 58
INVEGA SUSTENNA SUSY 39 MG/0.25ML ***[paliperidone palmitate]*** 58
INVEGA SUSTENNA SUSY 78 MG/0.5ML ***[paliperidone palmitate]*** 58
INVIRASE TABS 500 MG ***[saquinavir mesylate]*** 19
IOPIDINE SOLN 1 % ***[apraclonidine hcl]*** 75
IPOL INJ ***[poliovirus vaccine, ipv]*** 96
ipratropium bromide sol inhal 29
ipratropium bromide soln 0.03 % 29
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml 32
IRESSA TABS 250 MG ***[gefitinib]*** 24
irinotecan hcl soln 500 mg/25ml 24
ISENTRESS CHEW 100 MG ***[raltegravir potassium]*** 19
ISENTRESS CHEW 25 MG ***[raltegravir potassium]*** 19
ISENTRESS HD TABS 600 MG ***[raltegravir potassium]*** 19
ISENTRESS TABS 400 MG ***[raltegravir potassium]*** 19
isoniazid soln 100 mg/ml 17
isoniazid syrp 50 mg/5ml 17
isoniazid tabs 100 mg 17
isoniazid tabs 300 mg 17
isosorbide dinitrate tabs 10 mg 43
isosorbide dinitrate tabs 20 mg 43
isosorbide dinitrate tabs 30 mg 43
isosorbide dinitrate tabs 5 mg 43
isosorbide mononitrate er tb24 120 mg 43
isosorbide mononitrate er tb24 30 mg 43
isosorbide mononitrate er tb24 60 mg 43
ISTODAX SOLR 10 MG ***[romidepsin]*** 24
ivermectin tabs 3 mg 11
IXEMPRA KIT SOLR 15 MG ***[ixabepilone]*** 24
IXEMPRA KIT SOLR 45 MG ***[ixabepilone]*** 24
IXIARO SUSP ***[japanese encephalitis vaccine inactivated adsorbed]*** 96

J

JADENU SPRINKLE PACK 180 MG ***[deferasirox]*** 78
JADENU SPRINKLE PACK 360 MG ***[deferasirox]*** 78
JADENU SPRINKLE PACK 90 MG ***[deferasirox]*** 78
JADENU TABS 180 MG ***[deferasirox]*** 78
JADENU TABS 360 MG ***[deferasirox]*** 78
JADENU TABS 90 MG ***[deferasirox]*** 78
JAKAFI TABS 10 MG ***[ruxolitinib phosphate]*** 24
JAKAFI TABS 15 MG ***[ruxolitinib phosphate]*** 24
JAKAFI TABS 20 MG ***[ruxolitinib phosphate]*** 24
JAKAFI TABS 25 MG ***[ruxolitinib phosphate]*** 24
JAKAFI TABS 5 MG ***[ruxolitinib phosphate]*** .24
JARDIANCE TABS 10 MG ***[empagliflozin]*** 81
JARDIANCE TABS 25 MG ***[empagliflozin]*** 81
JEVTANA SOLN 60 MG/1.5ML ***[cabazitaxel]*** .24
JULUCA TABS 50-25 MG ***[dolutegravir sodium-rilpivirine hcl]*** 19

K

KADCYLA SOLR 100 MG ***[ado-trastuzumab emtansine]*** 24
KADCYLA SOLR 160 MG ***[ado-trastuzumab emtansine]*** 24
KALYDECO PACK 13.4 MG ***[ivacaftor]*** 93
KALYDECO PACK 25 MG ***[ivacaftor]*** 93
KALYDECO PACK 50 MG ***[ivacaftor]*** 93
KALYDECO PACK 75 MG ***[ivacaftor]*** 93
KALYDECO TABS 150 MG ***[ivacaftor]*** 87
KANJINTI SOLR 420 MG ***[trastuzumab-anns]*** 24
KCENTRA KIT 500 UNIT ***[prothrombin complex concentrate human]*** 34
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 71
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 72
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L ***[potassium chloride in d5w lactated ringers]*** 72

KEDRAB SOLN 1500 UNIT/10ML ***[rabies immune globulin (human)]*** 95
KEDRAB SOLN 300 UNIT/2ML ***[rabies immune globulin (human)]*** 95
KENALOG SUSP 10 MG/ML ***[triamcinolone acetonide]*** 79
KENALOG SUSP 40 MG/ML ***[triamcinolone acetonide]*** 79
KEPIVANCE SOLR 6.25 MG ***[palifermin]*** 99
KETAMINE HCL POWD ***[ketamine hcl (bulk)]*** 91
ketamine hcl soln 10 mg/ml 56
ketamine hcl soln 100 mg/ml 56
ketamine hcl soln 50 mg/ml 56
ketoconazole crea 2 % 97
ketoconazole sham 2 % 97
ketoconazole tabs 200 mg 16
KETO-DIASTIX STRP ***[urine glucose-ketones test]*** 68
ketorolac tromethamine soln 0.4 % 74
ketorolac tromethamine soln 0.5 % 74
ketorolac tromethamine soln 15 mg/ml 46
ketorolac tromethamine soln 30 mg/ml 46
ketorolac tromethamine soln 60 mg/2ml 46
KETOSTIX STRP ***[acetone (urine) test]*** 68
KEYTRUDA SOLN 100 MG/4ML ***[pembrolizumab]*** 24
KINERET INJ ***[anakinra]*** 87
KINRIX SUSP ***[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]*** 96
KINRIX SUSY 0.5 ML ***[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]*** 96
KISQALI (200 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 24
KISQALI (400 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 25
KISQALI (600 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 25
KLOR-CON TBCR 8 MEQ ***[potassium chloride]*** 72
KOATE SOLR 1000 UNIT ***[antihemophilic factor (human)]*** 34
KOATE-DVI SOLR 500 UNIT ***[antihemophilic factor (human)]*** 34
KOGENATE FS KIT 1000 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
KOGENATE FS KIT 2000 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
KOGENATE FS KIT 250 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
KOGENATE FS KIT 500 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
KOVALTRY SOLR 1000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 35
KOVALTRY SOLR 2000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 35
KOVALTRY SOLR 250 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 35
KOVALTRY SOLR 3000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 35
KOVALTRY SOLR 500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 35
K-PHOS TABS 500 MG ***[potassium phosphate monobasic]*** 71
KRINTAFEL TABS 150 MG ***[tafenoquine succinate]*** 17
KYPROLIS SOLR 10 MG ***[carfilzomib]*** 25
KYPROLIS SOLR 30 MG ***[carfilzomib]*** 25
KYPROLIS SOLR 60 MG ***[carfilzomib]*** 25

L

labetalol hcl soln 5 mg/ml 39
labetalol hcl tabs 100 mg 39
labetalol hcl tabs 200 mg 39
labetalol hcl tabs 300 mg 39
lacosamide soln 10 mg/ml 50
lacosamide soln 200 mg/20ml 50
lacosamide tabs 100 mg 50
lacosamide tabs 150 mg 50
lacosamide tabs 200 mg 50
lacosamide tabs 50 mg 50
LACTATED RINGERS SOLN ***[lactated ringer's]*** 72
LACTIC ACID SOLN ***[lactic acid (bulk)]*** 91
LACTOSE MONOHYDRATE POWD ***[lactose monohydrate]*** 91
LACTOSE POWD ***[lactose]*** 91
lactulose (encephalopathy) soln 10 gm/15ml 69
lactulose soln 10 gm/15ml 69
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG ***[lamotrigine]*** 50
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG ***[lamotrigine]*** 50
lamivudine soln 10 mg/ml 19

lamivudine tabs 100 mg 19
lamivudine tabs 150 mg 19
lamivudine tabs 300 mg 19
lamivudine-zidovudine tabs 150-300 mg 19
lamotrigine chew 25 mg 50
lamotrigine chew 5 mg 50
lamotrigine tabs 100 mg 50
lamotrigine tabs 150 mg 50
lamotrigine tabs 200 mg 50
lamotrigine tabs 25 mg 50
LANOXIN PEDIATRIC SOLN 0.1 MG/ML ***[digoxin]*** 41
LANTUS SOLN 100 UNIT/ML ***[insulin glargine]*** 81
L-ARGININE POWD ***[arginine]*** 91
latanoprost soln 0.005 % 75
L-CITRULLINE POWD ***[citrulline (bulk)]*** 91
leflunomide tabs 10 mg 88
leflunomide tabs 20 mg 88
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG ***[lenvatinib mesylate]*** 25
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG ***[lenvatinib mesylate]*** 25
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG ***[lenvatinib mesylate]*** 25
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG ***[lenvatinib mesylate]*** 25
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG ***[lenvatinib mesylate]*** 25
LETAIRIS TABS 10 MG ***[ambrisentan]*** 43
LETAIRIS TABS 5 MG ***[ambrisentan]*** 43
letrozole tabs 2.5 mg 25
leucovorin calcium solr 100 mg 88
leucovorin calcium solr 350 mg 88
leucovorin calcium solr 50 mg 88
leucovorin calcium tabs 25 mg 88
leucovorin calcium tabs 5 mg 88
LEUKERAN TABS 2 MG ***[chlorambucil]*** 25
LEUKINE SOLR 250 MCG ***[sargramostim]*** ... 37
leuprolide acetate kit 1 mg/0.2ml 25
levetiracetam er tb24 500 mg 50
levetiracetam er tb24 750 mg 50
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML ***[levetiracetam in sodium chloride]*** 50
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML ***[levetiracetam in sodium chloride]*** 51
LEVETIRACETAM IN NACL SOLN 500 MG/100ML ***[levetiracetam in sodium chloride]*** 51
levetiracetam soln 100 mg/ml 51
levetiracetam soln 500 mg/5ml 51
levetiracetam tabs 1000 mg 51
levetiracetam tabs 250 mg 51
levetiracetam tabs 500 mg 51
levetiracetam tabs 750 mg 51
levobunolol hcl soln 0.5 % 75
levocarnitine inj 200mg/ml 88
LEVOCARNITINE SOLN 1 GM/10ML ***[levocarnitine (metabolic modifiers)]*** 88
LEVOCARNITINE TABS 330 MG ***[levocarnitine (metabolic modifiers)]*** 88
levofloxacin in d5w soln 250 mg/50ml 14
levofloxacin in d5w soln 500 mg/100ml 14
levofloxacin in d5w soln 750 mg/150ml 14
levofloxacin soln 25 mg/ml 14
levofloxacin tabs 250 mg 14
levofloxacin tabs 500 mg 14
levofloxacin tabs 750 mg 14
LEVOTHYROXINE SODIUM SOLR 200 MCG ***[levothyroxine sodium]*** 85
LEVOTHYROXINE SODIUM SOLR 500 MCG ***[levothyroxine sodium]*** 85
levothyroxine sodium tabs 100 mcg 85
levothyroxine sodium tabs 112 mcg 85
levothyroxine sodium tabs 125 mcg 85
levothyroxine sodium tabs 150 mcg 85
levothyroxine sodium tabs 175 mcg 85
levothyroxine sodium tabs 200 mcg 85
levothyroxine sodium tabs 25 mcg 85
levothyroxine sodium tabs 300 mcg 85
levothyroxine sodium tabs 50 mcg 85
levothyroxine sodium tabs 75 mcg 85
levothyroxine sodium tabs 88 mcg 85
LEVOXYL TABS 137 MCG ***[levothyroxine sodium]*** 85
LEVSIN SOLN 0.5 MG/ML ***[hyoscyamine sulfate]*** 29
LEVULAN KERASTICK SOLR 20 % ***[aminolevulinic acid hcl]*** 100
LEXISCAN SOLN 0.4 MG/5ML ***[regadenoson]*** 68
LIALDA TBEC 1.2 GM ***[mesalamine]*** 76
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML ***[lidocaine hcl (cardiac)]*** 85
lidocaine hcl (cardiac) pf sosy 100 mg/5ml .. 41
lidocaine hcl (cardiac) pf sosy 50 mg/5ml 85
lidocaine hcl (cardiac) sosy 50 mg/5ml 41
lidocaine hcl (pf) soln 0.5 % 85

lidocaine hcl (pf) soln 1 % 86
lidocaine hcl (pf) soln 2 % 86
lidocaine hcl (pf) soln 4 % 86
LIDOCAINE HCL POWD ***[lidocaine hcl (bulk)]*** 91
lidocaine hcl soln 0.5 % 86
lidocaine hcl soln 1 % 86
lidocaine hcl soln 2 % 86
lidocaine hcl soln 4 % 99
lidocaine hcl urethral/mucosal gel 2 % 99
lidocaine hcl urethral/mucosal prsy 2 % 99
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% ***[lidocaine in d5w]*** 41
lidocaine oint 5 % 99
lidocaine ptch 5 % 99
lidocaine viscous hcl soln 2 % 76
lidocaine-epinephrine soln 0.5 %-1 200000 86
lidocaine-epinephrine soln 1 %-1 100000 86
lidocaine-epinephrine soln 1.5 %-1 200000 86
lidocaine-epinephrine soln 2 %-1 100000 86
200000 86
lidocaine-prilocaine crea 2.5-2.5 % 99
lidocaine-prilocaine kit 2.5-2.5 % 99
linezolid soln 600 mg/300ml 14
linezolid susr 100 mg/5ml 14
linezolid tabs 600 mg 14
liothyronine sodium tabs 25 mcg 85
liothyronine sodium tabs 5 mcg 85
liothyronine sodium tabs 50 mcg 85
lisinopril tabs 10 mg 42
lisinopril tabs 2.5 mg 42
lisinopril tabs 20 mg 42
lisinopril tabs 30 mg 42
lisinopril tabs 40 mg 42
lisinopril tabs 5 mg 42
lisinopril-hydrochlorothiazide tabs 10-12.5 mg 42
lisinopril-hydrochlorothiazide tabs 20-12.5 mg 42
lisinopril-hydrochlorothiazide tabs 20-25 mg 42
L-ISOLEUCINE POWD ***[isoleucine]*** 91
lithium carbonate caps 150 mg 52
LITHIUM CARBONATE CAPS 300 MG ***[lithium carbonate]*** 52
lithium carbonate caps 600 mg 52
lithium carbonate er tbcr 300 mg 52
lithium carbonate er tbcr 450 mg 52
LITHIUM CARBONATE TABS 300 MG ***[lithium carbonate]*** 52
LITHOSTAT TABS 250 MG ***[acetohydroxamic acid]*** 69
LIVTENCITY TABS 200 MG ***[maribavir]*** 19
LODOSYN TABS 25 MG ***[carbidopa]*** 53
LONSURF TABS 15-6.14 MG ***[trifluridine-tipiracil]*** 25
LONSURF TABS 20-8.19 MG ***[trifluridine-tipiracil]*** 25
lopinavir-ritonavir soln 400-100 mg/5ml 19
lopinavir-ritonavir tabs 100-25 mg 19
lopinavir-ritonavir tabs 200-50 mg 19
lorazepam soln 2 mg/ml 54
lorazepam soln 4 mg/ml 54
lorazepam tabs 0.5 mg 54
lorazepam tabs 1 mg 54
lorazepam tabs 2 mg 54
LORBRENA TABS 100 MG ***[lorlatinib]*** 25
LORBRENA TABS 25 MG ***[lorlatinib]*** 25
losartan potassium tabs 100 mg 42
losartan potassium tabs 25 mg 42
losartan potassium tabs 50 mg 42
losartan potassium-hctz tabs 100-12.5 mg 43
losartan potassium-hctz tabs 100-25 mg 43
losartan potassium-hctz tabs 50-12.5 mg 43
lovastatin tabs 10 mg 38
lovastatin tabs 20 mg 38
lovastatin tabs 40 mg 38
LOVENOX SOLN 300 MG/3ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 100 MG/ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 120 MG/0.8ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 150 MG/ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 30 MG/0.3ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 40 MG/0.4ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 60 MG/0.6ML ***[enoxaparin sodium]*** 37
LOVENOX SOSY 80 MG/0.8ML ***[enoxaparin sodium]*** 37
loxapine succinate caps 10 mg 58
loxapine succinate caps 25 mg 58
loxapine succinate caps 5 mg 58

loxapine succinate caps 50 mg 58
LUCENTIS SOLN 0.3 MG/0.05ML ***[ranibizumab]*** 75
LUCENTIS SOLN 0.5 MG/0.05ML ***[ranibizumab]*** 75
LUCENTIS SOSY 0.3 MG/0.05ML ***[ranibizumab]*** 75
LUCENTIS SOSY 0.5 MG/0.05ML ***[ranibizumab]*** 75
LUMASON SUSR 60.7-25 MG ***[sulfur hexafluoride lipid-type a microspheres]*** .. 68
LUMIZYME SOLR 50 MG ***[alglucosidase alfa]*** 73
LUPRON DEPOT (1-MONTH) KIT 3.75 MG ***[leuprolide acetate]*** 25
LUPRON DEPOT (1-MONTH) KIT 7.5 MG ***[leuprolide acetate]*** 25
LUPRON DEPOT (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (3 month)]*** 25
LUPRON DEPOT (3-MONTH) KIT 22.5 MG ***[leuprolide acetate (3 month)]*** 25
LUPRON DEPOT (4-MONTH) KIT 30 MG ***[leuprolide acetate (4 month)]*** 25
LUPRON DEPOT (6-MONTH) KIT 45 MG ***[leuprolide acetate (6 month)]*** 25
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp)]*** 25
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG ***[leuprolide acetate (cpp)]*** 25
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG ***[leuprolide acetate (cpp)]*** 25
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG ***[leuprolide acetate (cpp) (3 month)]*** 25
lurasidone hcl tabs 120 mg 58
lurasidone hcl tabs 20 mg 58
lurasidone hcl tabs 40 mg 58
lurasidone hcl tabs 60 mg 58
lurasidone hcl tabs 80 mg 58
L-VALINE POWD ***[valine]*** 91
LYNPARZA TABS 100 MG ***[olaparib]*** 25
LYNPARZA TABS 150 MG ***[olaparib]*** 25
LYSODREN TABS 500 MG ***[mitotane]*** 25

M

MACRODANTIN CAPS 25 MG ***[nitrofurantoin macrocrystal]*** 21
MACUGEN SOLN 0.3 MG ***[pegaptanib sodium]*** 75
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% ***[magnesium sulfate in dextrose]*** 72
MAGNESIUM SULFATE SOLN 20 GM/500ML ***[magnesium sulfate]*** 51
MAGNESIUM SULFATE SOLN 4 GM/100ML ***[magnesium sulfate]*** 51
MAGNESIUM SULFATE SOLN 4 GM/50ML ***[magnesium sulfate]*** 51
MAGNESIUM SULFATE SOLN 40 GM/1000ML ***[magnesium sulfate]*** 51
MAGNESIUM SULFATE SOLN 50 % ***[magnesium sulfate]*** 51
MANNITOL SOLN 25 % ***[mannitol]*** 70
MATULANE CAPS 50 MG ***[procarbazine hcl]*** 25
meclizine hcl tabs 25 mg 77
meclofenamate sodium caps 100 mg 46
meclofenamate sodium caps 50 mg 46
medroxyprogesterone acetate susp 150 mg/ml 84
medroxyprogesterone acetate susy 150 mg/ml 84
medroxyprogesterone acetate tabs 10 mg .. 84
medroxyprogesterone acetate tabs 2.5 mg . 84
medroxyprogesterone acetate tabs 5 mg 84
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8... 66
mefenamic acid caps 250 mg 46
mefloquine hcl tabs 250 mg 17
megestrol acetate susp 40 mg/ml 25
megestrol acetate susp 400 mg/10ml 26
megestrol acetate tabs 20 mg 26
megestrol acetate tabs 40 mg 26
MEKINIST SOLR 0.05 MG/ML ***[trametinib dimethyl sulfoxide]*** 26
MEKINIST TABS 0.5 MG ***[trametinib dimethyl sulfoxide]*** 26
MEKINIST TABS 2 MG ***[trametinib dimethyl sulfoxide]*** 26
meloxicam tabs 15 mg 46
meloxicam tabs 7.5 mg 46
melphalan hcl solr 50 mg 26
memantine hcl tabs 10 mg 55
memantine hcl tabs 5 mg 55
MENOPUR SOLR 75 UNIT ***[menotropins]*** 84
MENVEO SOLN ***[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]*** 96
MENVEO SOLR ***[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]*** 96
meperidine hcl soln 100 mg/ml 46
meperidine hcl soln 25 mg/ml 46
meperidine hcl soln 50 mg/ml 46
MEPHYTON TABS 5 MG ***[phytonadione]*** 102

mercaptopurine tabs 50 mg 26
meropenem solr 1 gm 14
meropenem solr 500 mg 14
mesalamine enem 4 gm 76
mesalamine supp 1000 mg 76
mesalamine tbec 1.2 gm 76
MESNA SOLN 100 MG/ML ***[mesna]*** 88
MESNEX TABS 400 MG ***[mesna]*** 88
MESTINON SOLN 60 MG/5ML ***[pyridostigmine bromide]*** 30
metformin hcl er tb24 500 mg 81
metformin hcl er tb24 750 mg 81
metformin hcl tabs 1000 mg 81
metformin hcl tabs 500 mg 81
metformin hcl tabs 850 mg 81
METHADONE HCL POWD ***[methadone hcl]*** 91
METHADONE HCL SOLN 10 MG/ML ***[methadone hcl]*** 46
METHADONE HCL TABS 10 MG ***[methadone hcl]*** 46
METHADONE HCL TABS 5 MG ***[methadone hcl]*** 46
methazolamide tabs 25 mg 75
methazolamide tabs 50 mg 75
methenamine hippurate tabs 1 gm 21
methimazole tabs 10 mg 85
methimazole tabs 5 mg 85
methocarbamol tabs 500 mg 31
methocarbamol tabs 750 mg 31
methotrexate sodium (pf) soln 50 mg/2ml ... 26
METHOTREXATE SODIUM SOLN 50 MG/2ML ***[methotrexate sodium]*** 26
methotrexate sodium solr 1 gm 26
methotrexate sodium tabs 2.5 mg 26
methoxsalen rapid caps 10 mg 99
methyldopa tabs 250 mg 42
methyldopa tabs 500 mg 42
METHYLENE BLUE SOLN 1 % ***[methylene blue (antidote)]*** 88
methylergonovine maleate soln 0.2 mg/ml .. 90
methylergonovine maleate tabs 0.2 mg 90
methylphenidate hcl er (cd) cpcr 10 mg 48
methylphenidate hcl er (cd) cpcr 20 mg 49
methylphenidate hcl er (cd) cpcr 30 mg 49
methylphenidate hcl er (cd) cpcr 40 mg 49
methylphenidate hcl er (cd) cpcr 50 mg 49
methylphenidate hcl er (cd) cpcr 60 mg 49
methylphenidate hcl er (osm) tbcr 18 mg 49
methylphenidate hcl er (osm) tbcr 27 mg 49
methylphenidate hcl er (osm) tbcr 36 mg 49
methylphenidate hcl er (osm) tbcr 54 mg 49
methylphenidate hcl er tbcr 10 mg 49
methylphenidate hcl er tbcr 20 mg 49
methylphenidate hcl tabs 10 mg 49
methylphenidate hcl tabs 20 mg 49
methylphenidate hcl tabs 5 mg 49
methylprednisolone acetate susp 40 mg/ml 79
methylprednisolone acetate susp 80 mg/ml 79
methylprednisolone sodium succ solr 1000 mg 79
methylprednisolone sodium succ solr 125 mg 79
methylprednisolone sodium succ solr 40 mg 79
methylprednisolone tabs 16 mg 79
methylprednisolone tabs 32 mg 79
methylprednisolone tabs 4 mg 79
methylprednisolone tabs 8 mg 79
methylprednisolone tbpk 4 mg 79
methyltestosterone caps 10 mg 80
methyltestosterone tabs 10 mg 80
METOCLOPRAMIDE HCL MONOHYDRATE POWD ***[metoclopramide hcl monohydrate]*** 91
metoclopramide hcl soln 10 mg/10ml 78
metoclopramide hcl soln 5 mg/ml 78
metoclopramide hcl tabs 10 mg 78
metoclopramide hcl tabs 5 mg 78
metolazone tabs 10 mg 70
metolazone tabs 2.5 mg 70
metolazone tabs 5 mg 70
METOPIRONE CAPS 250 MG ***[metyrapone]*** .68
metoprolol succinate er tb24 100 mg 39
metoprolol succinate er tb24 200 mg 39
metoprolol succinate er tb24 25 mg 39
metoprolol succinate er tb24 50 mg 39
metoprolol tartrate soln 5 mg/5ml 39
metoprolol tartrate tabs 100 mg 39
metoprolol tartrate tabs 25 mg 39
metoprolol tartrate tabs 50 mg 39
metronidazole crea 0.75 % 97
metronidazole gel 0.75 % 98
metronidazole lotn 0.75 % 98
METRONIDAZOLE SOLN 500 MG/100ML ***[metronidazole]*** 17
metronidazole tabs 250 mg 17
metronidazole tabs 500 mg 17
mexiletine hcl caps 150 mg 41
mexiletine hcl caps 200 mg 41
mexiletine hcl caps 250 mg 41

MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT ***[rho d immune globulin (human)]*** 95
midazolam hcl (pf) soln 10 mg/2ml 54
midazolam hcl (pf) soln 2 mg/2ml 54
midazolam hcl soln 10 mg/2ml 54
midazolam hcl soln 2 mg/2ml 54
midazolam hcl syrp 2 mg/ml 54
midodrine hcl tabs 10 mg 32
midodrine hcl tabs 2.5 mg 32
midodrine hcl tabs 5 mg 32
MIFEPREX TABS 200 MG ***[mifepristone]*** 90
MIGRANAL SOLN 4 MG/ML ***[dihydroergotamine mesylate]*** 31
milrinone lactate in dextrose soln 20-5 mg/100ml-% 41
milrinone lactate in dextrose soln 40-5 mg/200ml-% 41
milrinone lactate inj 1mg/ml 41
milrinone lactate soln 10 mg/10ml 41
minocycline hcl caps 100 mg 14
minocycline hcl caps 50 mg 14
minocycline hcl caps 75 mg 14
minoxidil tabs 10 mg 42
minoxidil tabs 2.5 mg 42
MIOCHOL-E SOLR 20 MG ***[acetylcholine chloride]*** 75
MIOSTAT SOLN 0.01 % ***[carbachol (ophth)]*** 75
MIRENA (52 MG) IUD 20 MCG/DAY ***[levonorgestrel (iud)]*** 82
mirtazapine tabs 15 mg 58
mirtazapine tabs 30 mg 58
mirtazapine tabs 45 mg 58
misoprostol tab 100mcg 77
misoprostol tab 200mcg 77
mitomycin solr 20 mg 26
mitomycin solr 40 mg 26
mitomycin solr 5 mg 26
MITOSOL KIT 0.2 MG ***[mitomycin (ophthalmic)]*** 75
mitoxantrone hcl conc 25 mg/12.5ml 26
M-M-R II SOLR ***[measles, mumps & rubella virus vaccines]*** 96
modafinil tabs 100 mg 49
modafinil tabs 200 mg 49
mometasone furoate crea 0.1 % 99
mometasone furoate oint 0.1 % 99
mometasone furoate soln 0.1 % 99
MONOJECT INSULIN SYRINGE MISC 27G X 1/2 66
MONOJECT SYRINGE REG LUER MISC 20 ML ***[syringe (disposable)]*** 66
MONOJECT TB SYRINGE MISC 1 ML ***[syringe (disposable)]*** 66
MONONINE SOLR 1000 UNIT ***[coagulation factor ix]*** 35
montelukast sodium chew 4 mg 92
montelukast sodium chew 5 mg 92
montelukast sodium pack 4 mg 92
montelukast sodium tabs 10 mg 92
morphine sulfate (concentrate) soln 100 mg/5ml 46
morphine sulfate (pf) soln 0.5 mg/ml 46
morphine sulfate (pf) soln 1 mg/ml 46
MORPHINE SULFATE (PF) SOLN 10 MG/ML ***[morphine sulfate]*** 46
MORPHINE SULFATE (PF) SOLN 2 MG/ML ***[morphine sulfate]*** 46
MORPHINE SULFATE (PF) SOLN 4 MG/ML ***[morphine sulfate]*** 46
morphine sulfate er tbcr 100 mg 46
morphine sulfate er tbcr 15 mg 46
morphine sulfate er tbcr 200 mg 46
morphine sulfate er tbcr 30 mg 47
morphine sulfate er tbcr 60 mg 47
MORPHINE SULFATE POWD ***[morphine sulfate]*** 91
MORPHINE SULFATE SOLN 1 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 10 MG/5ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 15 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 2 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 20 MG/5ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 4 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 5 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 50 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SOLN 8 MG/ML ***[morphine sulfate]*** 47
MORPHINE SULFATE SUPP 10 MG ***[morphine sulfate]*** 47
MORPHINE SULFATE SUPP 20 MG ***[morphine sulfate]*** 47
MORPHINE SULFATE SUPP 30 MG ***[morphine***

sulfate] 47
MORPHINE SULFATE SUPP 5 MG ***[morphine sulfate]*** 47
MORPHINE SULFATE TABS 15 MG ***[morphine sulfate]*** 47
MORPHINE SULFATE TABS 30 MG ***[morphine sulfate]*** 47
moxifloxacin hcl soln 0.5 % 74
moxifloxacin hcl tabs 400 mg 14
MULTIHANCE SOLN 529 MG/ML ***[gadobenate dimeglumine]*** 68
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML ***[trace minerals (cr-cu-mn-zn)]*** 72
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML ***[ped multivitamins w/fl & iron]*** ... 101
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]*** 101
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]*** 101
MULTIVITAMIN/FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]*** 101
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML ***[pediatric multivitamins w/fl]*** 102
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML ***[pediatric multivitamins w/fl]*** 102
mupirocin oint 2 % 98
MVASI SOLN 100 MG/4ML ***[bevacizumab-awwb]*** 26
mycophenolate mofetil caps 250 mg 88
mycophenolate mofetil susr 200 mg/ml 88
mycophenolate mofetil tabs 500 mg 88
mycophenolate sodium tbec 180 mg 88
mycophenolate sodium tbec 360 mg 88
MYLERAN TABS 2 MG ***[busulfan]*** 26
MYOBLOC SOLN 10000 UNIT/2ML ***[rimabotulinumtoxinb]*** 88
MYOBLOC SOLN 2500 UNIT/0.5ML ***[rimabotulinumtoxinb]*** 88
MYOBLOC SOLN 5000 UNIT/ML ***[rimabotulinumtoxinb]*** 88
MYRBETRIQ SRER 8 MG/ML ***[mirabegron]*** 101
MYRBETRIQ TB24 25 MG ***[mirabegron]*** 101
MYRBETRIQ TB24 50 MG ***[mirabegron]*** 101

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NABI-HB SOLN 312 UNIT/ML ***[hepatitis b immune globulin (human)]*** 95
nabumetone tabs 500 mg 47
nabumetone tabs 750 mg 47
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[nafcillin sodium in dextrose]*** ...14
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML ***[nafcillin sodium in dextrose]*** .14
nafcillin sodium solr 1 gm 14
nafcillin sodium solr 10 gm 14
nafcillin sodium solr 2 gm 14
NAGLAZYME SOLN 1 MG/ML ***[galsulfase]*** 73
nalbuphine hcl soln 10 mg/ml 47
nalbuphine hcl soln 20 mg/ml 47
naloxone hcl liqd 4 mg/0.1ml 56
naloxone hcl soln 0.4 mg/ml 56
naloxone hcl sosy 2 mg/2ml 56
NALTREXONE HCL POWD ***[naltrexone hcl (bulk)]*** 56
naltrexone hcl tabs 50 mg 56
NAMENDA SOL 10MG/5ML ***[memantine hcl]*** 55
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG ***[memantine hcl]*** 56
naproxen susp 125 mg/5ml 47
naproxen tabs 250 mg 47
naproxen tabs 375 mg 47
naproxen tabs 500 mg 47
naratriptan hcl tabs 1 mg 52
naratriptan hcl tabs 2.5 mg 52
NAROPIN SOLN 2 MG/ML ***[ropivacaine hcl]*** .86
NAROPIN SOLN 7.5 MG/ML ***[ropivacaine hcl]*** 86
NATACYN SUSP 5 % ***[natamycin]*** 74
NEBUPENT SOLR 300 MG ***[pentamidine isethionate]*** 17
nefazodone hcl tabs 100 mg 58
nefazodone hcl tabs 150 mg 58
nefazodone hcl tabs 200 mg 58
nefazodone hcl tabs 250 mg 58
nefazodone hcl tabs 50 mg 58
NEOMYCIN SULFATE POWD ***[neomycin sulfate (topical)]*** 91
neomycin sulfate tabs 500 mg 14
neomycin-bacitracin zn-polymyx oint 5-400-10000 74
neomycin-polymyxin b gu soln 40-200000 ...98
neomycin-polymyxin-dexameth oint 3.5-10000-0.1 74
neomycin-polymyxin-dexameth susp 3.5-10000-0.1 74
neomycin-polymyxin-gramicidin soln 1.75-10000-.025 74
neomycin-polymyxin-hc soln 1 % 74
neomycin-polymyxin-hc susp 3.5-10000-1 ...74

NEOPROFEN SOLN 10 MG/ML ***[ibuprofen lysine]*** 47
NEORAL SOLN 100 MG/ML ***[cyclosporine modified (for microemulsion)]*** 88
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML ***[neostigmine methylsulfate]*** 30
neostigmine methylsulfate soln 5 mg/10ml . 30
NESACAINE SOLN 2 % ***[chloroprocaine hcl]*** 86
nevirapine er tb24 400 mg 19
nevirapine susp 50 mg/5ml 19
nevirapine tabs 200 mg 19
NEXPLANON IMPL 68 MG ***[etonogestrel]*** 82
NIACIN ER TBCR 250 MG ***[niacin]*** 102
NIACIN TABS 100 MG ***[niacin]*** 102
NIACIN TABS 250 MG ***[niacin]*** 102
NIACIN TABS 50 MG ***[niacin]*** 102
NIACIN TABS 500 MG ***[niacin]*** 102
NICARDIPINE HCL SOLN 2.5 MG/ML ***[nicardipine hcl]*** 40
NICORETTE LOZG 2 MG ***[nicotine polacrilex]*** 29
NICORETTE LOZG 4 MG ***[nicotine polacrilex]*** 29
NICORETTE MINI LOZG 2 MG ***[nicotine polacrilex]*** 29
nicotine polacrilex gum 2 mg 29
nicotine polacrilex gum 4 mg 29
nicotine polacrilex lozg 4 mg 29
nicotine pt24 14 mg/24hr 29
nicotine pt24 21 mg/24hr 29
nicotine pt24 7 mg/24hr 29
nifedipine caps 10 mg 40
nifedipine caps 20 mg 40
nifedipine er osmotic release tb24 30 mg 40
nifedipine er osmotic release tb24 60 mg 40
nifedipine er osmotic release tb24 90 mg 40
nimodipine caps 30 mg 40
NINLARO CAPS 2.3 MG ***[ixazomib citrate]*** ... 26
NINLARO CAPS 3 MG ***[ixazomib citrate]*** 26
NINLARO CAPS 4 MG ***[ixazomib citrate]*** 26
NITRO-DUR PT24 0.3 MG/HR ***[nitroglycerin]*** 44
NITRO-DUR PT24 0.8 MG/HR ***[nitroglycerin]*** 44
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG ***[nitrofurantoin macrocrystal]*** 21
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG ***[nitrofurantoin macrocrystal]*** 21
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG ***[nitrofurantoin macrocrystal]*** 21
nitrofurantoin monohyd macro caps 100 mg 21
nitrofurantoin susp 25 mg/5ml 21
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% ***[nitroglycerin in d5w]*** 44
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% ***[nitroglycerin in d5w]*** 44
nitroglycerin soln 5 mg/ml 44
nitroprusside sodium soln 25 mg/ml 42
NITROSTAT SUBL 0.3 MG ***[nitroglycerin]*** 44
NITROSTAT SUBL 0.4 MG ***[nitroglycerin]*** 44
NITROSTAT SUBL 0.6 MG ***[nitroglycerin]*** 44
NITRO-TIME CPCR 2.5 MG ***[nitroglycerin]*** ... 44
NITRO-TIME CPCR 6.5 MG ***[nitroglycerin]*** ... 44
NITRO-TIME CPCR 9 MG ***[nitroglycerin]*** 44
NIVESTYM SOLN 300 MCG/ML ***[filgrastim-aafi]*** 37
NIVESTYM SOLN 480 MCG/1.6ML ***[filgrastim-aafi]*** 37
NIVESTYM SOSY 300 MCG/0.5ML ***[filgrastim-aafi]*** 37
NIVESTYM SOSY 480 MCG/0.8ML ***[filgrastim-aafi]*** 37
NOKOR VENTED NEEDLE MISC 16G X 1 66
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML ***[somatropin]*** 84
norepinephrine bitartrate soln 1 mg/ml 32
norethindrone acetate tabs 5 mg 84
norethindrone tabs 0.35 mg 82
NORPACE CR CP12 100 MG ***[disopyramide phosphate]*** 41
NORPACE CR CP12 150 MG ***[disopyramide phosphate]*** 41
nortriptyline hcl caps 10 mg 59
nortriptyline hcl caps 25 mg 59
nortriptyline hcl caps 50 mg 59
nortriptyline hcl caps 75 mg 59
nortriptyline hcl soln 10 mg/5ml 59
NORVIR SOLN 80 MG/ML ***[ritonavir]*** 19
NOVAREL SOLR 10000 UNIT ***[chorionic gonadotropin]*** 84
NOVOSEVEN RT SOLR 1 MG ***[coagulation factor viia (recombinant)]*** 35
NOVOSEVEN RT SOLR 2 MG ***[coagulation factor viia (recombinant)]*** 35
NOVOSEVEN RT SOLR 5 MG ***[coagulation factor viia (recombinant)]*** 35
NOVOSEVEN RT SOLR 8 MG ***[coagulation factor viia (recombinant)]*** 35
nystatin susp 100000 unit/ml 16
nystatin tabs 500000 unit 16
nystatin-triamcinolone crea 100000-0.1

unit/gm-% 99
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 99

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OCTAGAM SOLN 1 GM/20ML ***[immune globulin (human) iv]***..... 95
OCTAGAM SOLN 25 GM/500ML ***[immune globulin (human) iv]***..... 95
octreotide acetate soln 100 mcg/ml 88
octreotide acetate soln 1000 mcg/ml 88
octreotide acetate soln 200 mcg/ml 88
octreotide acetate soln 50 mcg/ml 88
octreotide acetate soln 500 mcg/ml 88
octreotide acetate sosy 50 mcg/ml 88
ODACTRA SUBL 12 SQ-HDM ***[dust mite mixed allergen extract]*** 95
ODEFSEY TABS 200-25-25 MG ***[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]*** 19
ODOMZO CAPS 200 MG ***[sonidegib phosphate]*** 26
OFIRMEV SOLN 10 MG/ML ***[acetaminophen]*** 47
ofloxacin soln 0.3 % 74
olanzapine solr 10 mg 59
olanzapine tabs 10 mg 59
olanzapine tabs 15 mg 59
olanzapine tabs 2.5 mg 59
olanzapine tabs 20 mg 59
olanzapine tabs 5 mg 59
olanzapine tabs 7.5 mg 59
olopatadine hcl soln 0.1 %..... 75
omeprazole cpdr 10 mg..... 77
omeprazole cpdr 20 mg..... 77
omeprazole cpdr 40 mg..... 77
OMNIPAQUE INJ 300MG/ML ***[iohexol]***..... 68
OMNIPAQUE INJ 350MG/ML ***[iohexol]***..... 68
OMNIPAQUE SOLN 180 MG/ML ***[iohexol]***..... 68
OMNIPAQUE SOLN 240 MG/ML ***[iohexol]***..... 68
OMNIPAQUE SOLN 300 MG/ML ***[iohexol]***..... 68
OMNIPAQUE SOLN 350 MG/ML ***[iohexol]***..... 68
OMNITROPE PEN 5 INJ DEVICE MISC ***[injection device]*** 66
OMNITROPE SOCT 10 MG/1.5ML ***[somatropin]***..... 84
OMNITROPE SOCT 5 MG/1.5ML ***[somatropin]*** 84
OMNITROPE SOLR 5.8 MG ***[somatropin]***..... 84
ondansetron hcl soln 4 mg/2ml..... 77
ondansetron hcl soln 4 mg/5ml 77
ondansetron hcl soln 40 mg/20ml 77
ondansetron hcl tabs 4 mg 77
ondansetron hcl tabs 8 mg 77
ondansetron tbdp 4 mg 77
ondansetron tbdp 8 mg 77
ONETOUCH DELICA PLUS LANCET33G MISC ***[lancets]*** 66
ONETOUCH SURESOFT LANCING DEV MISC ***[lancets misc.]*** 66
ONETOUCH ULTRA LIQD ***[blood glucose calibration]***.....66
ONETOUCH ULTRA STRP ***[glucose blood]***.68
ONETOUCH ULTRASOFT 2 LANCETS MISC ***[lancets]*** 66
ONETOUCH ULTRASOFT LANCETS MISC ***[lancets]*** 66
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ***[blood glucose monitoring supplies]*** 66
ONETOUCH VERIO LIQD HIGH ***[blood glucose calibration]*** 66
OPDIVO SOLN 100 MG/10ML ***[nivolumab]***....26
OPDIVO SOLN 40 MG/4ML ***[nivolumab]***.....26
ORENCIA CLICKJECT SOAJ 125 MG/ML ***[abatacept]***.....88
ORENCIA SOLR 250 MG ***[abatacept]*** 88
ORENCIA SOSY 125 MG/ML ***[abatacept]*** 88
ORENCIA SOSY 50 MG/0.4ML ***[abatacept]*** ...88
ORENCIA SOSY 87.5 MG/0.7ML ***[abatacept]*** 88
ORKAMBI PACK 100-125 MG ***[lumacaftor-ivacaftor]***.....93
ORKAMBI PACK 150-188 MG ***[lumacaftor-ivacaftor]***.....93
ORKAMBI PACK 75-94 MG ***[lumacaftor-ivacaftor]***.....93
ORKAMBI TABS 100-125 MG ***[lumacaftor-ivacaftor]***.....93
ORKAMBI TABS 200-125 MG ***[lumacaftor-ivacaftor]***.....93
oseltamivir phosphate caps 30 mg.....19
oseltamivir phosphate caps 45 mg.....19
oseltamivir phosphate caps 75 mg.....19
oseltamivir phosphate susr 6 mg/ml.....19
OSMITROL SOLN 20 % ***[mannitol]*** 70
OTEZLA TAB 10/20/30 ***[apremilast]*** 88
OTEZLA TABS 30 MG ***[apremilast]***.....88
OTEZLA TBPK 10 & 20 & 30 MG ***[apremilast]***88
OVIDREL INJ 250 MCG/0.5ML ***[choriogonadotropin alfa]***.....84

OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[oxacillin sodium in dextrose]*** .. 14
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML ***[oxacillin sodium in dextrose]*** .. 14
oxaliplatin soln 100 mg/20ml 26
oxaliplatin soln 50 mg/10ml 26
oxazepam caps 10 mg 55
oxazepam caps 15 mg 55
oxazepam caps 30 mg 55
oxcarbazepine susp 300 mg/5ml 51
oxcarbazepine tabs 150 mg 51
oxcarbazepine tabs 300 mg 51
oxcarbazepine tabs 600 mg 51
oxybutynin chloride er tb24 10 mg 101
oxybutynin chloride er tb24 15 mg 101
oxybutynin chloride er tb24 5 mg 101
oxybutynin chloride soln 5 mg/5ml 101
oxybutynin chloride tabs 5 mg 101
oxycodone hcl soln 5 mg/5ml 47
oxycodone hcl tabs 5 mg 47
oxycodone-acetaminophen tabs 10-325 mg 47
oxycodone-acetaminophen tabs 5-325 mg .. 47
oxycodone-acetaminophen tabs 7.5-325 mg 47
OXYTOCIN SOLN 10 UNIT/ML ***[oxytocin]*** 90
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML ***[semaglutide]*** 81
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML ***[semaglutide]*** 81
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML ***[semaglutide]*** 81

P

paclitaxel conc 300 mg/50ml 26
PADCEV SOLR 20 MG ***[enfortumab vedotin-ejfv]*** 26
PADCEV SOLR 30 MG ***[enfortumab vedotin-ejfv]*** 26
paliperidone er tb24 1.5 mg 59
paliperidone er tb24 3 mg 59
paliperidone er tb24 6 mg 59
paliperidone er tb24 9 mg 59
pamidronate disodium soln 30 mg/10ml 88
pamidronate disodium soln 6 mg/ml 88
pamidronate disodium soln 90 mg/10ml 88
pamidronate disodium solr 30 mg 88
pamidronate disodium solr 90 mg 89
pancuronium bromide soln 1 mg/ml 31
pantoprazole sodium tbec 20 mg 77
pantoprazole sodium tbec 40 mg 77
PAPAVERINE HCL SOLN 30 MG/ML ***[papaverine hcl]*** 44
paromomycin sulfate caps 250 mg 17
paroxetine hcl tabs 10 mg 59
paroxetine hcl tabs 20 mg 59
paroxetine hcl tabs 30 mg 59
paroxetine hcl tabs 40 mg 59
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]*** 19
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]*** 19
PEDIARIX SUSY ***[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]*** 96
PEDIATRIC SMALL MASK MISC ***[masks]*** 66
peg 3350-kcl-na bicarb-nacl solr 420 gm 77
PEGASYS SOLN 180 MCG/ML ***[peginterferon alfa-2a]*** 20
PEGASYS SOSY 180 MCG/0.5ML ***[peginterferon alfa-2a]*** 20
PEMETREXED DISODIUM SOLN 100 MG/4ML ***[pemetrexed disodium]*** 26
PEMETREXED DISODIUM SOLN 500 MG/20ML ***[pemetrexed disodium]*** 26
penicillamine caps 250 mg 79
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML ***[penicillin g pot in dextrose]*** 15
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML ***[penicillin g pot in dextrose]*** 15
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML ***[penicillin g pot in dextrose]*** 15
penicillin g potassium solr 20000000 unit 15
penicillin g potassium solr 5000000 unit 15
penicillin g procaine susp 600000 unit/ml 15
penicillin g sodium solr 5000000 unit 15
penicillin v potassium solr 125 mg/5ml 15
penicillin v potassium solr 250 mg/5ml 15
penicillin v potassium tabs 250 mg 15
penicillin v potassium tabs 500 mg 15
PENLET II BLOOD SAMPLER KIT ***[lancets misc.]*** 66
PENTAM SOLR 300 MG ***[pentamidine isethionate]*** 17
PENTASA CPCR 250 MG ***[mesalamine]*** 76
PENTASA CPCR 500 MG ***[mesalamine]*** 76
pentostatin inj 10mg 26
pentoxifylline er tbcr 400 mg 38
PEPTIC RELIEF CHEW 262 MG ***[bismuth***

subsalicylate] 76
PERJETA SOLN 420 MG/14ML ***[pertuzumab]*** 26
permethrin crea 5 % 98
permethrin lotn 1 % 97
perphenazine tabs 16 mg 59
perphenazine tabs 2 mg 59
perphenazine tabs 4 mg 59
perphenazine tabs 8 mg 59
perphenazine-amitriptyline tabs 2-10 mg 59
perphenazine-amitriptyline tabs 2-25 mg 59
perphenazine-amitriptyline tabs 4-10 mg 59
perphenazine-amitriptyline tabs 4-25 mg 59
perphenazine-amitriptyline tabs 4-50 mg 59
phenelzine sulfate tabs 15 mg 59
PHENEX-1 POWD ***[nutritional supplements]*** 69
PHENOBARBITAL ELIX 20 MG/5ML ***[phenobarbital]*** 55
PHENOBARBITAL POWD ***[phenobarbital]*** ... 91
PHENOBARBITAL SODIUM SOLN 130 MG/ML ***[phenobarbital sodium]*** 55
PHENOBARBITAL SODIUM SOLN 65 MG/ML ***[phenobarbital sodium]*** 55
PHENOBARBITAL TABS 100 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 15 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 16.2 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 30 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 32.4 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 60 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 64.8 MG ***[phenobarbital]*** 55
PHENOBARBITAL TABS 97.2 MG ***[phenobarbital]*** 55
PHENOL LIQD ***[phenol]*** 99
PHENOL LIQD 89 % ***[phenol]*** 99
phenoxybenzamine hcl caps 10 mg 31
phentermine hcl caps 15 mg 49
phentermine hcl caps 30 mg 49
phentermine hcl caps 37.5 mg 49
phentermine hcl tabs 37.5 mg 49
phentolamine mesylate solr 5 mg 31
PHENYLEPHRINE HCL SOLN 10 % ***[phenylephrine hcl (mydriatic)]*** 76
PHENYLEPHRINE HCL SOLN 2.5 % ***[phenylephrine hcl (mydriatic)]*** 76
PHENYLHISTINE DH LIQ DH ***[pseudoeph-chlorphen w/ cod]*** 92
phenytoin sodium extended caps 100 mg ... 51
phenytoin sodium soln 50 mg/ml 51
phenytoin susp 125 mg/5ml 51
PHOSLYRA SOLN 667 MG/5ML ***[calcium acetate (phosphate binder)]*** 72
PHOSPHOLINE IODIDE SOLR 0.125 % ***[echothiophate iodide]*** 75
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 &0.146-20 % ***[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]*** .. 75
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML ***[physostigmine salicylate]*** 30
phytonadione soln 1 mg/0.5ml 102
pilocarpine hcl soln 1 % 75
pilocarpine hcl soln 2 % 75
pilocarpine hcl soln 4 % 75
pilocarpine hcl tabs 5 mg 30
pimecrolimus crea 1 % 100
pimozide tabs 1 mg 59
pimozide tabs 2 mg 59
pioglitazone hcl tabs 15 mg 82
pioglitazone hcl tabs 30 mg 82
pioglitazone hcl tabs 45 mg 82
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm 15
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm 15
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm 15
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm 15
PLASMANATE SOLN 5 % ***[plasma protein fraction]*** 32
PLURONIC F127 GEL 20 % ***[pluronic f127 base]*** 91
PNEUMOVAX 23 INJ 25 MCG/0.5ML ***[pneumococcal vac polyvalent]*** 96
PODOCON-25 SOLN 25 % ***[podophyllum resin]*** 100
podofilox soln 0.5 % 100
PODOPHYLLUM RESIN POWD ***[podophyllum resin]*** 91
POLY HUB NEEDLE MISC 18G X 1 66
POLYETHYLENE GLYCOL 400 LIQD ***[polyethylene glycol 400]*** 91
POLYFIN QR INFUSION SET 42 66

polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%.....74
POMALYST CAPS 1 MG ***[pomalidomide]***.....26
POMALYST CAPS 2 MG ***[pomalidomide]***.....26
POMALYST CAPS 3 MG ***[pomalidomide]***.....26
POMALYST CAPS 4 MG ***[pomalidomide]***.....26
POTASSIUM ACETATE SOLN 2 MEQ/ML ***[potassium acetate]***.....72
potassium chloride crys er tbcr 20 meq.....72
potassium chloride er tbcr 10 meq.....72
POTASSIUM CHLORIDE IN NACL SOLN 20-0.45 MEQ/L-% ***[potassium chloride in nacl]***.....72
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% ***[potassium chloride in nacl]***.....72
POTASSIUM CHLORIDE IN NACL SOLN 40-0.9 MEQ/L-% ***[potassium chloride in nacl]***.....72
POTASSIUM CHLORIDE PACK 20 MEQ ***[potassium chloride]***.....72
potassium chloride sol 10% sf.....72
potassium chloride soln 10 meq/100ml.....72
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML ***[potassium chloride]***.....72
potassium chloride soln 2 meq/ml.....72
potassium chloride soln 20 meq/100ml.....72
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML ***[potassium chloride]***.....72
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) ***[potassium chloride]***.....73
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) ***[potassium citrate (alkalinizer)]***.....69
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) ***[potassium citrate (alkalinizer)]***.....69
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L ***[potassium chloride in dextrose]***..73
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML ***[potassium phosphates]***.....73
PRADAXA CAPS 110 MG ***[dabigatran etexilate mesylate]***.....37
PRADAXA CAPS 150 MG ***[dabigatran etexilate mesylate]***.....37
PRADAXA CAPS 75 MG ***[dabigatran etexilate mesylate]***.....37
pramipexole dihydrochloride tabs 0.125 mg53
pramipexole dihydrochloride tabs 0.25 mg.53
pramipexole dihydrochloride tabs 0.5 mg...53
pramipexole dihydrochloride tabs 0.75 mg.53
pramipexole dihydrochloride tabs 1 mg.....53
pramipexole dihydrochloride tabs 1.5 mg...53
pravastatin sodium tabs 10 mg.....38
pravastatin sodium tabs 20 mg.....38
pravastatin sodium tabs 40 mg.....38
pravastatin sodium tabs 80 mg.....38
PRAXBIND SOLN 2.5 GM/50ML ***[idarucizumab]***.....35
prazosin hcl caps 1 mg.....38
prazosin hcl caps 2 mg.....38
prazosin hcl caps 5 mg.....38
PRECEDEX SOLN 200 MCG/2ML ***[dexmedetomidine hcl]***.....55
PRED MILD SUSP 0.12 % ***[prednisolone acetate (ophth)]***.....74
prednisolone acetate susp 1 %.....74
prednisolone sodium phosphate soln 15 mg/5ml.....80
prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml.....80
prednisolone soln 15 mg/5ml.....80
prednisone soln 5 mg/5ml.....80
prednisone tabs 1 mg.....80
prednisone tabs 10 mg.....80
prednisone tabs 2.5 mg.....80
prednisone tabs 20 mg.....80
prednisone tabs 5 mg.....80
prednisone tabs 50 mg.....80
prednisone tbpk 10 mg (21).....80
prednisone tbpk 5 mg (21).....80
pregabalin caps 100 mg.....51
pregabalin caps 150 mg.....51
pregabalin caps 200 mg.....51
pregabalin caps 225 mg.....51
pregabalin caps 25 mg.....51
pregabalin caps 300 mg.....51
pregabalin caps 50 mg.....51
pregabalin caps 75 mg.....51
pregabalin soln 20 mg/ml.....51
PREPIDIL GEL 0.5 MG/3GM ***[dinoprostone]***.90
PRETOMANID TABS 200 MG ***[pretomanid]***..17
PREVIDENT GEL 1.1 % ***[sodium fluoride (dental)]***.....89
PREVIDENT SOLN 0.2 % ***[sodium fluoride (dental)]***.....89
PREVNAR 13 SUSP ***[pneumococcal 13-valent conjugate vaccine]***.....96
PREVNAR 20 SUSY 0.5 ML ***[pneumococcal 20-valent conjugate vaccine]***.....96
PREVYMIS SOLN 240 MG/12ML ***[letermovir]***20
PREVYMIS SOLN 480 MG/24ML ***[letermovir]***20

PREVYMIS TABS 240 MG ***[letermovir]*** 20
PREVYMIS TABS 480 MG ***[letermovir]*** 20
PREZCOBIX TABS 800-150 MG ***[darunavir-cobicistat]*** 20
PREZISTA TABS 75 MG ***[darunavir]*** 20
PRIFTIN TABS 150 MG ***[rifapentine]*** 17
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG ***[primaquine phosphate]*** 17
PRIMAXIN IV SOLR 500-500 MG ***[imipenem-cilastatin]*** 15
primidone tab 50mg 51
primidone tabs 250 mg 51
PRIVIGEN SOLN 10 GM/100ML ***[immune globulin (human) iv]*** 95
PRIVIGEN SOLN 20 GM/200ML ***[immune globulin (human) iv]*** 95
probenecid tabs 500 mg 73
procainamide hcl soln 100 mg/ml 41
procainamide hcl soln 500 mg/ml 41
prochlorperazine edisylate soln 10 mg/2ml 59
prochlorperazine maleate tabs 10 mg 59
prochlorperazine maleate tabs 5 mg 59
PROCRIT SOLN 10000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 2000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 20000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 3000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 4000 UNIT/ML ***[epoetin alfa]*** 38
PROCRIT SOLN 40000 UNIT/ML ***[epoetin alfa]*** 38
PRODIGY CONTROL SOLUTION SOLN LOW ***[blood glucose calibration]*** 66
PROFERRIN ES TABS 12 MG ***[iron heme polypeptide]*** 32
PROFERRIN-FORTE TABS 12-1 MG ***[iron heme polypeptide-folic acid]*** 32
PROFILNINE SOLR 1000 UNIT ***[factor ix complex]*** 35
PROFILNINE SOLR 1500 UNIT ***[factor ix complex]*** 37
PROFILNINE SOLR 500 UNIT ***[factor ix complex]*** 35
progesterone caps 100 mg 84
progesterone caps 200 mg 84
PROGESTERONE MICRONIZED POWD ***[progesterone micronized (bulk)]*** 91
PROGESTERONE OIL 50 MG/ML ***[progesterone]*** 84
PROGESTERONE WETTABLE POWD ***[progesterone (bulk)]*** 91
PROGRAF SOLN 5 MG/ML ***[tacrolimus]*** 89
PROMACTA PACK 25 MG ***[eltrombopag olamine]*** 38
PROMACTA TABS 12.5 MG ***[eltrombopag olamine]*** 38
PROMACTA TABS 25 MG ***[eltrombopag olamine]*** 38
PROMACTA TABS 50 MG ***[eltrombopag olamine]*** 38
PROMACTA TABS 75 MG ***[eltrombopag olamine]*** 38
promethazine hcl soln 25 mg/ml 21
promethazine hcl tabs 25 mg 21
promethazine-dm syrp 6.25-15 mg/5ml 92
propafenone hcl tabs 150 mg 41
propafenone hcl tabs 225 mg 41
propafenone hcl tabs 300 mg 41
propantheline bromide tabs 15 mg 29
proparacaine hcl soln 0.5 % 76
propofol emul 1000 mg/100ml 56
propofol emul 200 mg/20ml 56
propranolol hcl er cp24 120 mg 39
propranolol hcl er cp24 160 mg 39
propranolol hcl er cp24 60 mg 39
propranolol hcl er cp24 80 mg 39
propranolol hcl soln 1 mg/ml 39
propranolol hcl soln 20 mg/5ml 39
propranolol hcl tabs 10 mg 40
propranolol hcl tabs 20 mg 40
propranolol hcl tabs 40 mg 40
propranolol hcl tabs 60 mg 40
propranolol hcl tabs 80 mg 40
PROPYLENE GLYCOL LIQD ***[propylene glycol (bulk)]*** 91
propylthiouracil tabs 50 mg 85
PROQUAD SUSR ***[measles-mumps-rubella-varicella virus vaccines]*** 96
PROSOL SOLN 20 % ***[amino acid infusion]*** 69
PROSTIN E2 SUPP 20 MG ***[dinoprostone]*** 90
protamine sulfate soln 10 mg/ml 35
PROTONIX SOLR 40 MG ***[pantoprazole sodium]*** 77
protriptyline hcl tabs 10 mg 59
protriptyline hcl tabs 5 mg 59
PULMICORT FLEXHALER AEPB 180 MCG/ACT ***[budesonide (inhalation)]*** 80

PULMOZYME SOLN 2.5 MG/2.5ML ***[dornase alfa]*** 73
PURIXAN SUSP 2000 MG/100ML ***[mercaptopurine]*** 26
pyrazinamide tabs 500 mg 17
pyridostigmine bromide er tbcr 180 mg 30
pyridostigmine bromide tabs 60 mg 30

Q

QSYMIA CP24 11.25-69 MG ***[phentermine hcl-topiramate]*** 49
QSYMIA CP24 15-92 MG ***[phentermine hcl-topiramate]*** 49
QSYMIA CP24 3.75-23 MG ***[phentermine hcl-topiramate]*** 49
QSYMIA CP24 7.5-46 MG ***[phentermine hcl-topiramate]*** 49
QUELICIN SOLN 20 MG/ML ***[succinylcholine chloride]*** 31
quetiapine fumarate tabs 100 mg 59
quetiapine fumarate tabs 200 mg 59
quetiapine fumarate tabs 25 mg 59
quetiapine fumarate tabs 300 mg 59
quetiapine fumarate tabs 400 mg 59
quetiapine fumarate tabs 50 mg 59
QUINACRINE HCL POWD ***[quinacrine hcl]*** . 91
quinidine gluconate er tbcr 324 mg 41
quinidine sulfate tabs 200 mg 41
quinidine sulfate tabs 300 mg 41

R

RABAVERT SUSR ***[rabies vaccine, pcec]*** ... 96
raloxifene hcl tabs 60 mg 83
RAPAMUNE SOLN 1 MG/ML ***[sirolimus]*** 89
rasagiline mesylate tabs 0.5 mg 53
rasagiline mesylate tabs 1 mg 53
RASUVO SOAJ 10 MG/0.2ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 12.5 MG/0.25ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 15 MG/0.3ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 17.5 MG/0.35ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 20 MG/0.4ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 22.5 MG/0.45ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 25 MG/0.5ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 30 MG/0.6ML ***[methotrexate (antirheumatic)]*** 89
RASUVO SOAJ 7.5 MG/0.15ML ***[methotrexate (antirheumatic)]*** 89
READI-CAT 2 SUSP 2 % ***[barium sulfate]*** 68
RECOMBINATE SOLR 1241-1800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
RECOMBINATE SOLR 1801-2400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
RECOMBINATE SOLR 220-400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
RECOMBINATE SOLR 401-800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
RECOMBINATE SOLR 801-1240 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 35
RECOMBIVAX HB SUSP 10 MCG/ML ***[hepatitis b vaccine (recomb)]*** 96
RECOMBIVAX HB SUSP 40 MCG/ML ***[hepatitis b vaccine (recomb)]*** 96
RECOMBIVAX HB SUSP 5 MCG/0.5ML ***[hepatitis b vaccine (recomb)]*** 96
RECOMBIVAX HB SUSY 10 MCG/ML ***[hepatitis b vaccine (recomb)]*** 96
RECOMBIVAX HB SUSY 5 MCG/0.5ML ***[hepatitis b vaccine (recomb)]*** 96
RECOTHROM SOLR 20000 UNIT ***[thrombin (recombinant)]*** 35
RECOTHROM SOLR 5000 UNIT ***[thrombin (recombinant)]*** 35
REGONOL SOLN 10 MG/2ML ***[pyridostigmine bromide]*** 30
RELENZA DISKHALER AEPB 5 MG/ACT ***[zanamivir]*** 20
REMODULIN SOLN 100 MG/20ML ***[treprostinil]*** 44
REMODULIN SOLN 20 MG/20ML ***[treprostinil]*** 44
REMODULIN SOLN 200 MG/20ML ***[treprostinil]*** 44
REMODULIN SOLN 50 MG/20ML ***[treprostinil]*** 44
RENAL CAPS 1 MG ***[b-complex w/ c & folic acid]*** 102
reserpine tab 0.1mg 42

reserpine tab 0.25mg 42
RETIN-A CREA 0.025 % ***[tretinoin]*** 99
RETIN-A CREA 0.05 % ***[tretinoin]*** 99
RETIN-A CREA 0.1 % ***[tretinoin]*** 99
RETIN-A GEL 0.01 % ***[tretinoin]*** 99
RETIN-A GEL 0.025 % ***[tretinoin]*** 99
RETIN-A MICRO GEL 0.04 % ***[tretinoin microsphere]*** 99
RETIN-A MICRO GEL 0.1 % ***[tretinoin microsphere]*** 99
RETISERT IMPL 0.59 MG ***[fluocinolone acetonide (ophth)]*** 74
RETROVIR SOLN 10 MG/ML ***[zidovudine]*** 20
REVLIMID CAPS 10 MG ***[lenalidomide]*** 26
REVLIMID CAPS 15 MG ***[lenalidomide]*** 26
REVLIMID CAPS 2.5 MG ***[lenalidomide]*** 26
REVLIMID CAPS 20 MG ***[lenalidomide]*** 26
REVLIMID CAPS 25 MG ***[lenalidomide]*** 27
REVLIMID CAPS 5 MG ***[lenalidomide]*** 27
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT ***[rho d immune globulin (human)]*** 95
RHOPHYLAC SOSY 1500 UNIT/2ML ***[rho d immune globulin (human)]*** 95
RIABNI SOLN 100 MG/10ML ***[rituximab-arrx]*** 27
RIABNI SOLN 500 MG/50ML ***[rituximab-arrx]*** 27
RIASTAP SOLR ***[fibrinogen concentrate (human)]*** 35
ribavirin caps 200 mg 20
RIDAURA CAPS 3 MG ***[auranofin]*** 78
rifabutin caps 150 mg 17
rifampin caps 150 mg 17
rifampin caps 300 mg 17
rifampin solr 600 mg 17
riluzole tabs 50 mg 56
rimantadine hcl tabs 100 mg 20
RIMSO-50 SOLN 50 % ***[dimethyl sulfoxide]*** . 89
RINGERS IRRIGATION SOLN ***[ringer's irrigation]*** 71
RINGERS SOLN ***[ringer's]*** 73
RISPERDAL CONSTA SRER 12.5 MG ***[risperidone microspheres]*** 59
RISPERDAL CONSTA SRER 25 MG ***[risperidone microspheres]*** 59
RISPERDAL CONSTA SRER 37.5 MG ***[risperidone microspheres]*** 60
RISPERDAL CONSTA SRER 50 MG ***[risperidone microspheres]*** 60
RISPERIDONE SOLN 1 MG/ML ***[risperidone]*** 60
risperidone tabs 0.25 mg 60
risperidone tabs 0.5 mg 60
risperidone tabs 1 mg 60
risperidone tabs 2 mg 60
risperidone tabs 3 mg 60
risperidone tabs 4 mg 60
ritonavir tabs 100 mg 20
RITUXAN SOLN 100 MG/10ML ***[rituximab]*** 27
RITUXAN SOLN 500 MG/50ML ***[rituximab]*** 27
rizatriptan benzoate tabs 10 mg 52
rizatriptan benzoate tabs 5 mg 52
rizatriptan benzoate tbdp 10 mg 52
rizatriptan benzoate tbdp 5 mg 52
rocuronium bromide soln 100 mg/10ml 31
rocuronium bromide soln 50 mg/5ml 31
romidepsin solr 10 mg 27
ropinirole hcl er tb24 12 mg 53
ropinirole hcl er tb24 2 mg 53
ropinirole hcl er tb24 4 mg 53
ropinirole hcl er tb24 6 mg 53
ropinirole hcl er tb24 8 mg 53
ropinirole hcl tabs 0.25 mg 53
ropinirole hcl tabs 0.5 mg 53
ropinirole hcl tabs 1 mg 53
ropinirole hcl tabs 2 mg 53
ropinirole hcl tabs 3 mg 53
ropinirole hcl tabs 4 mg 53
ropinirole hcl tabs 5 mg 53
rosuvastatin calcium tabs 10 mg 38
rosuvastatin calcium tabs 20 mg 39
rosuvastatin calcium tabs 40 mg 39
rosuvastatin calcium tabs 5 mg 39
ROTARIX SUSP ***[rotavirus vaccine, live oral]*** 97
ROTATEQ SOLN ***[rotavirus vaccine, live oral pentavalent]*** 97
ROZLYTREK CAPS 100 MG ***[entrectinib]*** 27
ROZLYTREK CAPS 200 MG ***[entrectinib]*** 27
rufinamide susp 40 mg/ml 51
rufinamide tabs 200 mg 51
rufinamide tabs 400 mg 51
RYANODEX SUSR 250 MG ***[dantrolene sodium]*** 31
RYDAPT CAPS 25 MG ***[midostaurin]*** 27

S

SABRIL PACK 500 MG ***[vigabatrin]*** 51
SAFETY-LOK SYRINGE MISC 21G X 1-1/2 66
SAFETY-LOK SYRINGE MISC 22G X 1 66
SAFETY-LOK SYRINGE MISC 22G X 1-1/2 66
SAFETY-LOK SYRINGE MISC 23G X 1 66
SAFETY-LOK TB SYRINGE MISC 25G X 5/8 . 66

SAFETY-LOK TB SYRINGE MISC 27G X 1/2. 67
SALICYLIC ACID POWD ***[salicylic acid (bulk)]*** 91
SALSALATE TABS 500 MG ***[salsalate]***..... 47
SALSALATE TABS 750 MG ***[salsalate]***..... 47
SANDIMMUNE CAPS 100 MG ***[cyclosporine]*** 89
SANDIMMUNE CAPS 25 MG ***[cyclosporine]*** 89
SANDIMMUNE SOLN 100 MG/ML ***[cyclosporine]*** 89
SANDIMMUNE SOLN 50 MG/ML ***[cyclosporine]*** 89
SANDOSTATIN LAR DEPOT KIT 10 MG ***[octreotide acetate]***..... 89
SANDOSTATIN LAR DEPOT KIT 20 MG ***[octreotide acetate]***..... 89
SANDOSTATIN LAR DEPOT KIT 30 MG ***[octreotide acetate]***..... 89
SANTYL OINT 250 UNIT/GM ***[collagenase]*** 100
SARCLISA SOLN 100 MG/5ML ***[isatuximab-irfc]***..... 27
SARCLISA SOLN 500 MG/25ML ***[isatuximab-irfc]***..... 27
scopolamine pt72 1 mg/3days..... 77
selegiline hcl caps 5 mg..... 56
selegiline hcl tabs 5 mg 53
SELENIUM SOLN 40 MCG/ML ***[selenious acid]*** 73
selenium sulfide lotn 2.5 %..... 98
SELZENTRY TABS 150 MG ***[maraviroc]*** 20
SELZENTRY TABS 25 MG ***[maraviroc]*** 20
SELZENTRY TABS 300 MG ***[maraviroc]*** 20
SELZENTRY TABS 75 MG ***[maraviroc]*** 20
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1 200000 % ***[bupivacaine w/ epinephrine]***... 86
SEREVENT DISKUS AEPB 50 MCG/ACT ***[salmeterol xinafoate]***..... 32
SEROSTIM SOLR 4 MG ***[somatropin (non-refrigerated)]*** 84
SEROSTIM SOLR 5 MG ***[somatropin (non-refrigerated)]*** 85
SEROSTIM SOLR 6 MG ***[somatropin (non-refrigerated)]*** 85
sertraline hcl tabs 100 mg..... 60
sertraline hcl tabs 25 mg..... 60
sertraline hcl tabs 50 mg..... 60
sevelamer carbonate pack 2.4 gm..... 70
sevelamer carbonate tabs 800 mg 70
SF 5000 PLUS CREA 1.1 % ***[sodium fluoride (dental)]*** 89
SHINGRIX SUSR 50 MCG/0.5ML ***[zoster vaccine recombinant adjuvanted]***..... 97
sildenafil citrate tabs 100 mg 44
sildenafil citrate tabs 20 mg 44
sildenafil citrate tabs 50 mg 44
SILHOUETTE INFUSION SET 23..... 67
SILVER SULFADIAZINE CREA 1 % ***[silver sulfadiazine]*** 98
simvastatin tabs 10 mg..... 39
simvastatin tabs 20 mg..... 39
simvastatin tabs 40 mg..... 39
simvastatin tabs 5 mg..... 39
simvastatin tabs 80 mg..... 39
sirolimus soln 1 mg/ml 89
sirolimus tabs 0.5 mg 89
sirolimus tabs 1 mg 89
sirolimus tabs 2 mg 89
SKYRIZI PEN SOAJ 150 MG/ML ***[risankizumab-rzaa]***..... 100
SKYRIZI SOSY 150 MG/ML ***[risankizumab-rzaa]***..... 101
SLO-NIACIN TBCR 500 MG ***[niacin]*** 102
SLO-NIACIN TBCR 750 MG ***[niacin]*** 102
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML ***[sodium citrate & citric acid]***..... 69
SODIUM ACETATE SOLN 2 MEQ/ML ***[sodium acetate]***..... 69
SODIUM BENZOATE POWD ***[sodium benzoate]*** 91
SODIUM BICARBONATE SOLN 4.2 % ***[sodium bicarbonate]***..... 69
SODIUM BICARBONATE SOLN 7.5 % ***[sodium bicarbonate]***..... 69
sodium bicarbonate soln 8.4 %..... 69
SODIUM CHLORIDE (PF) SOLN 0.9 % ***[sodium chloride]***..... 73
SODIUM CHLORIDE NEBU 0.9 % ***[sodium chloride (inhalant)]***..... 92
SODIUM CHLORIDE NEBU 10 % ***[sodium chloride (inhalant)]***..... 92
SODIUM CHLORIDE NEBU 3 % ***[sodium chloride (inhalant)]***..... 92
SODIUM CHLORIDE NEBU 7 % ***[sodium chloride (inhalant)]***..... 92
sodium chloride soln..... 72
SODIUM CHLORIDE SOLN 0.45 % ***[sodium chloride]***..... 73
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride (gu irrigant)]***..... 71

SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride]*** 73
SODIUM CHLORIDE SOLN 3 % ***[sodium chloride]*** 73
SODIUM CHLORIDE SOLN 4 MEQ/ML ***[sodium chloride]*** 73
SODIUM CHLORIDE SOLN 5 % ***[sodium chloride]*** 73
SODIUM EDECRIN SOLR 50 MG ***[ethacrynate sodium]*** 70
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG ***[sodium fluoride]*** 89
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG ***[sodium fluoride]*** 89
SODIUM FLUORIDE CHEW 2.2 (1 F) MG ***[sodium fluoride]*** 89
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML ***[sodium fluoride]*** 89
sodium phenylbutyrate powd 3 gm/tsp 69
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML ***[sodium phosphates (sodium phosphate dibasic & monobasic)]*** 73
sodium polystyrene sulfonate powd 70
sodium polystyrene sulfonate susp 15 gm/60ml 70
SOF-SERTER INSERTION DEVICE MISC ***[insulin infusion pump supplies]*** 67
solifenacin succinate tabs 10 mg 101
solifenacin succinate tabs 5 mg 101
SOLIRIS SOLN 300 MG/30ML ***[eculizumab]*** . 89
SOLU-CORTEF SOLR 100 MG ***[hydrocortisone sod succinate]*** 80
SOLU-CORTEF SOLR 1000 MG ***[hydrocortisone sod succinate]*** 80
SOLU-CORTEF SOLR 250 MG ***[hydrocortisone sod succinate]*** 80
SOLU-CORTEF SOLR 500 MG ***[hydrocortisone sod succinate]*** 80
SOLU-MEDROL (PF) SOLR 125 MG ***[methylprednisolone sod succ]*** 80
SOLU-MEDROL (PF) SOLR 500 MG ***[methylprednisolone sod succ]*** 80
SOLU-MEDROL SOLR 500 MG ***[methylprednisolone sod succ]*** 80
sorafenib tosylate tabs 200 mg 27
SORBITOL SOLN 70 % ***[sorbitol (laxative)]*** .. 77
SORBITOL SOLN 70 % ***[sorbitol]*** 91
sotalol hcl (af) tabs 120 mg 40
sotalol hcl (af) tabs 160 mg 40
sotalol hcl (af) tabs 80 mg 40
sotalol hcl tabs 120 mg 40
sotalol hcl tabs 160 mg 40
sotalol hcl tabs 240 mg 40
sotalol hcl tabs 80 mg 40
SOVALDI PACK 150 MG ***[sofosbuvir]*** 20
SOVALDI PACK 200 MG ***[sofosbuvir]*** 20
SOVALDI TABS 200 MG ***[sofosbuvir]*** 20
SOVALDI TABS 400 MG ***[sofosbuvir]*** 20
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ***[tiotropium bromide monohydrate]*** 29
spironolactone tabs 100 mg 43
spironolactone tabs 25 mg 43
spironolactone tabs 50 mg 43
spironolactone-hctz tabs 25-25 mg 43
SPRYCEL TABS 100 MG ***[dasatinib]*** 27
SPRYCEL TABS 140 MG ***[dasatinib]*** 27
SPRYCEL TABS 20 MG ***[dasatinib]*** 27
SPRYCEL TABS 50 MG ***[dasatinib]*** 27
SPRYCEL TABS 70 MG ***[dasatinib]*** 27
SPRYCEL TABS 80 MG ***[dasatinib]*** 27
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS ***[squaric acid dibutylester]*** 91
SSKI SOLN 1 GM/ML ***[potassium iodide (expectorant)]*** 85
stavudine caps 30 mg 20
stavudine caps 40 mg 20
STELARA SOLN 45 MG/0.5ML ***[ustekinumab]*** 101
STELARA SOSY 45 MG/0.5ML ***[ustekinumab]*** 101
STELARA SOSY 90 MG/ML ***[ustekinumab]*** . 101
sterile water for injection soln 89
STERILE WATER FOR IRRIGATION SOLN ***[water for irrigation, sterile]*** 71
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT ***[tiotropium bromide-olodaterol hcl]*** 93
STIVARGA TABS 40 MG ***[regorafenib]*** 27
STRENSIQ SOLN 18 MG/0.45ML ***[asfotase alfa]*** 73
STRENSIQ SOLN 28 MG/0.7ML ***[asfotase alfa]*** 73
STRENSIQ SOLN 40 MG/ML ***[asfotase alfa]*** . 73
STRENSIQ SOLN 80 MG/0.8ML ***[asfotase alfa]*** 73
streptomycin sulfate solr 1 gm 15
STRIBILD TABS 150-150-200-300 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir df]*** 20
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT ***[olodaterol hcl]*** 32

sucralfate tabs 1 gm 77
sufentanil citrate soln 50 mcg/ml 47
sulfacetamide sodium soln 10 % 74
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % ***[sulfacetamide sodium w/ sulfur]*** 100
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % ***[sulfacetamide sodium w/ sulfur]*** 100
sulfacetamide-prednisolone soln 10-0.23 % 74
sulfadiazine tabs 500 mg 15
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml 15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 15
sulfamethoxazole-trimethoprim tabs 400-80 mg 15
sulfamethoxazole-trimethoprim tabs 800-160 mg 15
sulfasalazine tabs 500 mg 15
sulfasalazine tbec 500 mg 15
SULFUR PRECIPITATED POWD ***[sulfur (bulk)]*** 92
sulindac tabs 150 mg 48
sulindac tabs 200 mg 48
sumatriptan soln 20 mg/act 52
sumatriptan succinate refill soct 6 mg/0.5ml 52
sumatriptan succinate soaj 6 mg/0.5ml 52
sumatriptan succinate soln 6 mg/0.5ml 52
sumatriptan succinate sosy 6 mg/0.5ml 52
sumatriptan succinate tabs 100 mg 52
sumatriptan succinate tabs 25 mg 52
sumatriptan succinate tabs 50 mg 52
sunitinib malate caps 12.5 mg 27
sunitinib malate caps 25 mg 27
sunitinib malate caps 37.5 mg 27
sunitinib malate caps 50 mg 27
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2 67
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16..... 67
SURVANTA SUSP 25-0.9 MG/ML-% ***[beractant in nacl]*** 92
SYLVANT SOLR 100 MG ***[siltuximab]*** 27
SYLVANT SOLR 400 MG ***[siltuximab]*** 27
SYMBICORT AERO 160-4.5 MCG/ACT ***[budesonide-formoterol fumarate dihydrate]*** 80
SYMBICORT AERO 80-4.5 MCG/ACT ***[budesonide-formoterol fumarate dihydrate]*** 80
SYMDEKO TBPK 100-150 & 150 MG ***[tezacaftor-ivacaftor]*** 93
SYMDEKO TBPK 50-75 & 75 MG ***[tezacaftor-ivacaftor]*** 93
SYMFI LO TABS 400-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]*** 20
SYMFI TABS 600-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]*** 20
SYMTUZA TABS 800-150-200-10 MG ***[darunavir-cobicistat-emtricitabine-tenofovir alafenamide]*** 20
SYNAGIS SOLN 100 MG/ML ***[palivizumab]*** ...20
SYNAGIS SOLN 50 MG/0.5ML ***[palivizumab]*** 20
SYNAREL SOLN 2 MG/ML ***[nafarelin acetate]*** 84
SYNERCID SOLR 150-350 MG ***[quinupristin-dalfopristin]*** 15
SYRINGE MISC 20G X 1 67
SYRINGE MISC 20G X 1-1/2..... 67
SYRINGE MISC 21G X 1-1/2..... 67

T

TABLOID TABS 40 MG ***[thioguanine]*** 27
tacrolimus caps 0.5 mg 90
tacrolimus caps 1 mg 90
tacrolimus caps 5 mg 90
TACROLIMUS OINT 0.03 % ***[tacrolimus (topical)]*** 101
TACROLIMUS OINT 0.1 % ***[tacrolimus (topical)]*** 101
tadalafil (pah) tabs 20 mg 44
tadalafil tabs 10 mg 44
tadalafil tabs 2.5 mg 44
tadalafil tabs 20 mg 44
tadalafil tabs 5 mg 44
TAFINLAR CAPS 50 MG ***[dabrafenib mesylate]*** 27
TAFINLAR CAPS 75 MG ***[dabrafenib mesylate]*** 27
TAFINLAR TBSO 10 MG ***[dabrafenib mesylate]*** 27
TAGRISSO TABS 40 MG ***[osimertinib mesylate]*** 27
TAGRISSO TABS 80 MG ***[osimertinib mesylate]*** 27
TAKHZYRO SOLN 300 MG/2ML ***[lanadelumab-flyo]*** 90
TAKHZYRO SOSY 150 MG/ML ***[lanadelumab-***

flyo] 90
TAKHZYRO SOSY 300 MG/2ML ***[lanadelumab-flyo]*** 90
TAMIFLU SUSR 6 MG/ML ***[oseltamivir phosphate]*** 20
tamoxifen citrate tabs 10 mg 27
tamoxifen citrate tabs 20 mg 27
tamsulosin hcl caps 0.4 mg 38
TARGRETIN CAPS 75 MG ***[bexarotene]*** 27
TASIGNA CAPS 150 MG ***[nilotinib hcl]*** 27
TASIGNA CAPS 200 MG ***[nilotinib hcl]*** 27
TAXOTERE INJ 80MG/2ML ***[docetaxel]*** 27
tazarotene crea 0.1 % 101
TAZORAC CREA 0.05 % ***[tazarotene]*** 101
TAZORAC GEL 0.05 % ***[tazarotene]*** 101
TAZORAC GEL 0.1 % ***[tazarotene]*** 101
TDVAX SUSP 2-2 LF/0.5ML ***[tetanus-diphtheria toxoids (td)]*** 95
TECENTRIQ SOLN 1200 MG/20ML ***[atezolizumab]*** 27
temazepam caps 15 mg 55
temazepam caps 30 mg 55
temozolomide caps 100 mg 27
temozolomide caps 140 mg 27
temozolomide caps 180 mg 27
temozolomide caps 20 mg 27
temozolomide caps 250 mg 27
temozolomide caps 5 mg 27
TENIPOSIDE SOLN 10 MG/ML ***[teniposide]*** . 27
tenofovir disoproxil fumarate tabs 300 mg .. 20
terazosin hcl caps 1 mg 38
terazosin hcl caps 10 mg 38
terazosin hcl caps 2 mg 38
terazosin hcl caps 5 mg 38
terbinafine hcl tabs 250 mg 16
terbutaline sulfate soln 1 mg/ml 32
terbutaline sulfate tabs 2.5 mg 32
terbutaline sulfate tabs 5 mg 32
TERUMO SYRINGE/NEEDLE/23G/1/2 67
testosterone cypionate soln 200 mg/ml 80
testosterone enanthate soln 200 mg/ml 80
testosterone gel 1.62 % 80
testosterone gel 12.5 mg/act (1%) 81
testosterone gel 25 mg/2.5gm (1%) 81
testosterone gel 50 mg/5gm (1%) 81
TESTOSTERONE PROPIONATE POWD ***[testosterone propionate (bulk)]*** 92
TETRACAINE HCL SOLN 0.5 % ***[tetracaine hcl (ophth)]*** 76
TETRACAINE HCL SOLN 1 % ***[tetracaine hcl]*** 86
TETRACYCLINE HCL CAPS 250 MG ***[tetracycline hcl]*** 15
TETRACYCLINE HCL CAPS 500 MG ***[tetracycline hcl]*** 15
THALOMID CAPS 100 MG ***[thalidomide]*** 90
THALOMID CAPS 150 MG ***[thalidomide]*** 90
THALOMID CAPS 200 MG ***[thalidomide]*** 90
THALOMID CAPS 50 MG ***[thalidomide]*** 90
theophylline er tb12 100 mg 101
theophylline er tb12 200 mg 101
theophylline er tb12 300 mg 101
theophylline er tb12 450 mg 101
theophylline er tb24 400 mg 101
thiamine hcl soln 100 mg/ml 102
THIOLA TABS 100 MG ***[tiopronin]*** 90
thioridazine hcl tabs 10 mg 60
thioridazine hcl tabs 100 mg 60
thioridazine hcl tabs 25 mg 60
thioridazine hcl tabs 50 mg 60
thiotepa solr 15 mg 28
thiothixene caps 1 mg 60
thiothixene caps 10 mg 60
thiothixene caps 2 mg 60
thiothixene caps 5 mg 60
THROMBATE III SOLR 500 UNIT ***[antithrombin iii (human)]*** 37
THYMOL CRYS ***[thymol]*** 92
THYROGEN SOLR 0.9 MG ***[thyrotropin alfa]*** 68
TICE BCG SUSR 50 MG ***[bcg live intravesical]*** 97
TICOVAC SUSY 1.2 MCG/0.25ML ***[tick-borne encephalitis virus vaccine, inactivated]*** ... 97
TICOVAC SUSY 2.4 MCG/0.5ML ***[tick-borne encephalitis virus vaccine, inactivated]*** ... 97
timolol maleate soln 0.25 % 75
timolol maleate soln 0.5 % 75
TISSUEBLUE SOSY 0.025 % ***[brilliant blue g]*** 69
TIVICAY PD TBSO 5 MG ***[dolutegravir sodium]*** 20
TIVICAY TABS 10 MG ***[dolutegravir sodium]*** 20
TIVICAY TABS 25 MG ***[dolutegravir sodium]*** 20
TIVICAY TABS 50 MG ***[dolutegravir sodium]*** 20
tizanidine hcl tabs 2 mg 31
tizanidine hcl tabs 4 mg 31
TNKASE KIT 50 MG ***[tenecteplase]*** 37
TOBI PODHALER CAPS 28 MG ***[tobramycin]*** 15
tobramycin nebu 300 mg/5ml 15

tobramycin soln 0.3 % 74
tobramycin sulfate soln 10 mg/ml 15
tobramycin sulfate soln 80 mg/2ml 15
tobramycin sulfate solr 1.2 gm 15
TOBREX OINT 0.3 % ***[tobramycin (ophth)]*** .. 74
topiramate cpsp 15 mg 51
topiramate cpsp 25 mg 51
topiramate tabs 100 mg 51
topiramate tabs 200 mg 51
topiramate tabs 25 mg 52
topiramate tabs 50 mg 52
topotecan hcl solr 4 mg 28
TORISEL SOLN 25 MG/ML ***[temsirolimus]*** ... 28
torsemide tabs 10 mg 70
torsemide tabs 100 mg 70
torsemide tabs 20 mg 70
torsemide tabs 5 mg 70
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML ***[trace minerals (cr-cu-mn-zn)]*** 73
TRACLEER TABS 125 MG ***[bosentan]*** 44
TRACLEER TABS 62.5 MG ***[bosentan]*** 44
TRACLEER TBSO 32 MG ***[bosentan]*** 93
tramadol hcl tabs 50 mg 48
tramadol-acetaminophen tabs 37.5-325 mg 48
TRANEXAMIC ACID POWD ***[tranexamic acid (bulk)]*** 92
tranexamic acid soln 1000 mg/10ml 35
tranexamic acid tabs 650 mg 35
TRANSDERM-SCOP PT72 1 MG/3DAYS ***[scopolamine]*** 77
tranylcypromine sulfate tabs 10 mg 60
TRAVASOL SOLN 10 % ***[amino acid infusion]*** 69
trazodone hcl tabs 100 mg 60
trazodone hcl tabs 150 mg 60
trazodone hcl tabs 50 mg 60
TREANDA SOLR 100 MG ***[bendamustine hcl]*** 28
TRECATOR TABS 250 MG ***[ethionamide]*** 17
TREMFYA SOPN 100 MG/ML ***[guselkumab]*** 101
TREMFYA SOSY 100 MG/ML ***[guselkumab]*** 101
treprostinil soln 100 mg/20ml 44
treprostinil soln 20 mg/20ml 44
treprostinil soln 200 mg/20ml 44
treprostinil soln 50 mg/20ml 44
triamcinolone acetonide crea 0.025 % 99
triamcinolone acetonide crea 0.1 % 99
triamcinolone acetonide crea 0.5 % 99
triamcinolone acetonide lotn 0.1 % 99
triamcinolone acetonide oint 0.025 % 99
triamcinolone acetonide oint 0.1 % 99
triamcinolone acetonide oint 0.5 % 99
TRIAMCINOLONE ACETONIDE POWD ***[triamcinolone acetonide (topical)]*** 92
triamcinolone acetonide pste 0.1 % 99
triamterene-hctz caps 37.5-25 mg 70
TRIAMTERENE-HCTZ TABS 37.5-25 MG ***[triamterene & hydrochlorothiazide]*** 70
TRIAMTERENE-HCTZ TABS 75-50 MG ***[triamterene & hydrochlorothiazide]*** 70
trifluoperazine hcl tabs 1 mg 60
trifluoperazine hcl tabs 10 mg 60
trifluoperazine hcl tabs 2 mg 60
trifluoperazine hcl tabs 5 mg 60
trifluridine soln 1 % 74
trihexyphenidyl hcl soln 0.4 mg/ml 53
trihexyphenidyl hcl tabs 2 mg 53
trihexyphenidyl hcl tabs 5 mg 53
TRIKAFTA TBPK 100-50-75 & 150 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 93
TRIKAFTA TBPK 50-25-37.5 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 93
TRIKAFTA THPK 100-50-75 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 93
TRIKAFTA THPK 80-40-60 & 59.5 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 93
trimethoprim tabs 100 mg 21
trimipramine maleate caps 100 mg 60
trimipramine maleate caps 25 mg 60
trimipramine maleate caps 50 mg 60
TRISENOX SOLN 12 MG/6ML ***[arsenic trioxide]*** 28
TRIUMEQ PD TBSO 60-5-30 MG ***[abacavir-dolutegravir-lamivudine]*** 20
TRIUMEQ TABS 600-50-300 MG ***[abacavir-dolutegravir-lamivudine]*** 20
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML ***[pediatric vitamins acd w/ fluoride]*** 102
TRIZIVIR TABS 300-150-300 MG ***[abacavir sulfate-lamivudine-zidovudine]*** 20
TROPHAMINE SOLN 10 % ***[amino acid infusion]*** 69
tropicamide soln 0.5 % 76
tropicamide soln 1 % 76
trospium chloride er cp24 60 mg 101
trospium chloride tabs 20 mg 101
TRUXIMA SOLN 100 MG/10ML ***[rituximab-abbs]*** 28

TRUXIMA SOLN 500 MG/50ML ***[rituximab-abbs]*** 28
TRUZONE PEAK FLOW METER DEVI ***[peak flow meter]*** 67
TUBERCULIN SYRINGE MISC 25G X 5/8 67
TUBERSOL SOLN 5 UNIT/0.1ML ***[tuberculin ppd]*** 69
TUKYSA TABS 150 MG ***[tucatinib]*** 28
TUKYSA TABS 50 MG ***[tucatinib]*** 28
TWINRIX SUSY 720-20 ELU-MCG/ML ***[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]*** 97
TYKERB TABS 250 MG ***[lapatinib ditosylate]*** 28
TYPHIM VI SOLN 25 MCG/0.5ML ***[typhoid vi polysaccharide vaccine]*** 97
TYPHIM VI SOSY 25 MCG/0.5ML ***[typhoid vi polysaccharide vaccine]*** 97
TYSABRI CONC 300 MG/15ML ***[natalizumab]*** 90
TYVASO SOLN 0.6 MG/ML ***[treprostinil]*** 44

U

ULTIVA SOLR 1 MG ***[remifentanil hcl]*** 48
ULTIVA SOLR 2 MG ***[remifentanil hcl]*** 48
ULTIVA SOLR 5 MG ***[remifentanil hcl]*** 48
ULTOMIRIS SOLN 1100 MG/11ML ***[ravulizumab-cwvz]*** 90
ULTOMIRIS SOLN 300 MG/30ML ***[ravulizumab-cwvz]*** 90
ULTOMIRIS SOLN 300 MG/3ML ***[ravulizumab-cwvz]*** 90
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L ***[peritoneal dialysis solutions]*** 71
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L ***[peritoneal dialysis solutions]*** 71
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L ***[peritoneal dialysis solutions]*** 71
UNITUXIN SOLN 17.5 MG/5ML ***[dinutuximab]*** 28
UREA POWD ***[urea (bulk)]*** 92
ursodiol tabs 250 mg 77
ursodiol tabs 500 mg 78

V

valacyclovir hcl tabs 1 gm 21
valacyclovir hcl tabs 500 mg 21
VALCYTE SOLR 50 MG/ML ***[valganciclovir hcl]*** 21
valganciclovir hcl tabs 450 mg 21
valproate sodium soln 100 mg/ml 52
valproic acid caps 250 mg 52
valproic acid soln 250 mg/5ml 52
valsartan tabs 160 mg 43
valsartan tabs 320 mg 43
valsartan tabs 40 mg 43
valsartan tabs 80 mg 43
valsartan-hydrochlorothiazide tabs 160-12.5 mg 43
valsartan-hydrochlorothiazide tabs 160-25 mg 43
valsartan-hydrochlorothiazide tabs 320-12.5 mg 43
valsartan-hydrochlorothiazide tabs 320-25 mg 43
valsartan-hydrochlorothiazide tabs 80-12.5 mg 43
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML ***[diazepam (anticonvulsant)]*** 55
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML ***[diazepam (anticonvulsant)]*** 55
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML ***[diazepam (anticonvulsant)]*** 55
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML ***[diazepam (anticonvulsant)]*** 55
vancomycin hcl caps 125 mg 15
vancomycin hcl caps 250 mg 15
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% ***[vancomycin hcl-dextrose]*** 15
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% ***[vancomycin hcl-dextrose]*** 15
vancomycin hcl solr 1 gm 15
vancomycin hcl solr 10 gm 16
vancomycin hcl solr 5 gm 16
vancomycin hcl solr 500 mg 16
VANISHPOINT SAFETY SYRINGE MISC 22G X 1-1/2 67
VANISHPOINT SAFETY SYRINGE MISC 23G X 1-1/2 67
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2 67
VAQTA SUSP 25 UNIT/0.5ML ***[hepatitis a vaccine]*** 97
VAQTA SUSP 50 UNIT/ML ***[hepatitis a vaccine]*** 97

varenicline tartrate tabs 0.5 mg 30
varenicline tartrate tabs 1 mg 30
VARITHENA FOAM 180 MG/18ML ***[polidocanol (laureth-9)]*** 43
VARIVAX INJ 1350 PFU/0.5ML ***[varicella virus vaccine live]*** 97
VAXCHORA SUSR ***[cholera vaccine live attenuated]*** 97
VECTICAL OINT 3 MCG/GM ***[calcitriol (topical)]*** 101
vecuronium bromide solr 10 mg 31
vecuronium bromide solr 20 mg 31
VEKLURY SOLN 100 MG/20ML ***[remdesivir]*** 21
VEKLURY SOLR 100 MG ***[remdesivir]*** 21
VELCADE SOLR 3.5 MG ***[bortezomib]*** 28
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG ***[venetoclax]*** 28
VENCLEXTA TABS 10 MG ***[venetoclax]*** 28
VENCLEXTA TABS 100 MG ***[venetoclax]*** 28
VENCLEXTA TABS 50 MG ***[venetoclax]*** 28
venlafaxine hcl er cp24 150 mg 60
venlafaxine hcl er cp24 37.5 mg 60
venlafaxine hcl er cp24 75 mg 60
venlafaxine hcl tabs 100 mg 60
venlafaxine hcl tabs 25 mg 60
venlafaxine hcl tabs 37.5 mg 60
venlafaxine hcl tabs 50 mg 60
venlafaxine hcl tabs 75 mg 60
VENOFER SOLN 20 MG/ML ***[iron sucrose]*** .. 32
VENTAVIS SOLN 10 MCG/ML ***[iloprost]*** 44
VENTAVIS SOLN 20 MCG/ML ***[iloprost]*** 44
verapamil hcl er tbcr 120 mg 40
verapamil hcl er tbcr 180 mg 40
verapamil hcl er tbcr 240 mg 40
verapamil hcl soln 2.5 mg/ml 40
verapamil hcl tabs 120 mg 41
verapamil hcl tabs 40 mg 41
verapamil hcl tabs 80 mg 41
VFEND IV SOLR 200 MG ***[voriconazole]*** 16
VICTOZA SOPN 18 MG/3ML ***[liraglutide]*** 82
VIMIZIM SOLN 5 MG/5ML ***[elosulfase alfa]*** ... 73
vincristine sulfate soln 1 mg/ml 28
vinorelbine tartrate soln 10 mg/ml 28
vinorelbine tartrate soln 50 mg/5ml 28
VIRACEPT TABS 250 MG ***[nelfinavir mesylate]*** 21
VIRACEPT TABS 625 MG ***[nelfinavir mesylate]*** 21
VIRAZOLE SOLR 6 GM ***[ribavirin]*** 21
VISUDYNE SOLR 15 MG ***[verteporfin]*** 76
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut) 102
vitamin k1 soln 1 mg/0.5ml 102
vitamin k1 soln 10 mg/ml 102
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML ***[pediatric vitamins acd w/ fluoride]*** 102
VIVITROL SUSR 380 MG ***[naltrexone]*** 56
VIVOTIF CPDR ***[typhoid vaccine]*** 97
VOCABRIA TABS 30 MG ***[cabotegravir sodium]*** 21
VOLUMEN SUSP 0.1 % ***[barium sulfate]*** 69
VORAXAZE SOLR 1000 UNIT ***[glucarpidase]*** 73
voriconazole solr 200 mg 21
voriconazole tabs 200 mg 16
voriconazole tabs 50 mg 16
VOSEVI TABS 400-100-100 MG ***[sofosbuvir-velpatasvir-voxilaprevir]*** 21
VOTRIENT TABS 200 MG ***[pazopanib hcl]*** 28
VPRIV SOLR 400 UNIT ***[velaglucerase alfa]*** .73
VYVANSE CAPS 10 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 20 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 30 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 40 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 50 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 60 MG ***[lisdexamfetamine dimesylate]*** 49
VYVANSE CAPS 70 MG ***[lisdexamfetamine dimesylate]*** 49
VYVGART SOLN 400 MG/20ML ***[efgartigimod alfa-fcab]*** 90
VYXEOS SUSR 44-100 MG ***[daunorubicin-cytarabine liposome]*** 28

W

warfarin sodium tabs 1 mg 37
warfarin sodium tabs 10 mg 37
warfarin sodium tabs 2 mg 37
warfarin sodium tabs 2.5 mg 37
warfarin sodium tabs 3 mg 37
warfarin sodium tabs 4 mg 37
warfarin sodium tabs 5 mg 37
warfarin sodium tabs 6 mg 37
warfarin sodium tabs 7.5 mg 37
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % ***[diaphragm wide seal]*** 61

WIDE-SEAL DIAPHRAGM 65 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % ***[diaphragm wide seal]*** 61
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % ***[diaphragm wide seal]*** 61
WILATE KIT 1000-1000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 35
WILATE KIT 500-500 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 35

X

XALKORI CAPS 200 MG ***[crizotinib]*** 28
XALKORI CAPS 250 MG ***[crizotinib]*** 28
XELJANZ TABS 10 MG ***[tofacitinib citrate]*** ... 90
XELJANZ TABS 5 MG ***[tofacitinib citrate]*** 90
XELJANZ XR TB24 11 MG ***[tofacitinib citrate]*** 90
XERAC AC SOLN 6.25 % ***[aluminum chloride in alcohol]*** 99
XIFAXAN TABS 550 MG ***[rifaximin]*** 16
XTANDI CAPS 40 MG ***[enzalutamide]*** 28
XTANDI TABS 40 MG ***[enzalutamide]*** 28
XTANDI TABS 80 MG ***[enzalutamide]*** 28
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1 200000 ***[lidocaine w/ epinephrine]*** 86
XYNTHA KIT 1000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]*** .. 36
XYNTHA KIT 2000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]*** .. 36
XYNTHA KIT 250 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]*** .. 36
XYNTHA KIT 500 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]*** .. 36
XYNTHA SOLOFUSE KIT 3000 UNIT ***[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]*** 36

Y

YF-VAX INJ ***[yellow fever vaccine]*** 97
YONDELIS SOLR 1 MG ***[trabectedin]*** 28

Z

ZANOSAR SOLR 1 GM ***[streptozocin]*** 28
ZEJULA CAPS 100 MG ***[niraparib tosylate]*** ..28
ZEJULA TABS 100 MG ***[niraparib tosylate]*** ...28
ZEJULA TABS 200 MG ***[niraparib tosylate]*** ...28
ZEJULA TABS 300 MG ***[niraparib tosylate]*** ...28
ZELBORAF TABS 240 MG ***[vemurafenib]*** 28
ZENPEP CPEP 10000-32000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
ZENPEP CPEP 15000-47000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
ZENPEP CPEP 20000-63000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
ZENPEP CPEP 25000-79000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 78
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ZIAGEN SOLN 20 MG/ML ***[abacavir sulfate]*** .21
zidovudine caps 100 mg 21
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ZINC CHLORIDE SOLN 1 MG/ML ***[zinc chloride]*** 73
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ziprasidone hcl caps 20 mg 60
ziprasidone hcl caps 40 mg 60
ziprasidone hcl caps 60 mg 60
ziprasidone hcl caps 80 mg 60
ZITHROMAX PACK 1 GM ***[azithromycin]*** 16
zoledronic acid conc 4 mg/5ml 90
zoledronic acid soln 5 mg/100ml 90
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zonisamide caps 100 mg 52
zonisamide caps 25 mg 52
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ZOSYN SOLN 2-0.25 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]*** .16
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ZYKADIA TABS 150 MG ***[ceritinib]*** 28
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Language Assistance Services

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

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

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

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

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

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

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

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

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

Navajo: Nih7 ata' halne'4 1k1'adoolwo[7g77 nihei h0l= t'11 j77k'4, t'11 naadiin d99' ah44'iilkeedgo, tsosts'id yisk32j8', nd1'anishgo oolki[biyi' g0n4. Ata' halne'4 nik1'adoolwo[na'7dikid nee h0l==go d77 ats'77s baa 1h1y32 bik'4st7'7g77 bin1'7di[kidgo. !1d00 a[d0' naaltsoos l1 t'11 n7 nizaad k'ehji 1ln4ehgo t'11 j77k'4 1dooln77[. Nih7ch'i' hod77lnih koj8' **1-800-464-4000** j98go d00 t['4e' nidi, tsosts'id yisk32j8' dimoo na'adleehj8' (Holidaysgo 47 da'deelkaal) doo da'diits'a'7g77 chodayoo['9n7g77 koj8' hod77lnih **711**

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

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

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

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

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTYโปรดโทรไปที่ **711**

Chinese: 我們每週7天，每天24小時在所有營業時間內免費爲您提供口譯服務。
您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週7天，每天24小時均歡迎您打電話
1-800-757-7585 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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

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

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

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

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California Member Services
24 hours a day, seven days a week (closed holidays) 1-800-464-4000 English
1- 800-788-0616 Spanish
1-800-757-7585 Chinese dialects
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