



**KAISER PERMANENTE: 2022
NORTHERN CALIFORNIA
COMMERCIAL HMO
3-TIER FORMULARY**



[THIS FORMULARY WAS UPDATED ON: 12/01/2022]

2022 Northern California Commercial HMO 3-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 12/06/2022. 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 109. 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	<i>atorvastatin calcium</i>
Generic drug marketed with a brand name	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR DISKUS AEPB 250-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>

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:

<u>Tier 1</u> – Generic Tier
<u>Tier 2</u> – Brand Tier
<u>Tier 4</u> – Specialty 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. Tier 4 is for specialty drugs that 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		
ALBENZA TABS 200 MG [<i>albendazole</i>]	2	
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	1	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 10 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 15 (10-5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSY 1200000 UNIT/2ML [penicillin g benzathine]	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	2	MB
CAYSTON SOLR 75 MG [aztreonam lysine]	4	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 20 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
cefotaxime sodium solr 500 mg	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [<i>cefoxitin sodium and dextrose</i>]	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [<i>cefoxitin sodium and dextrose</i>]	2	MB
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100 mg</i>	1	
<i>cefpodoxime proxetil tabs 200 mg</i>	1	
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	1	MB
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	1	MB
<i>ceftriaxone sodium solr 1 gm</i>	1	MB
<i>ceftriaxone sodium solr 2 gm</i>	1	MB
<i>ceftriaxone sodium solr 250 mg</i>	1	MB
<i>ceftriaxone sodium solr 500 mg</i>	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	2	MB
<i>cefuroxime axetil tabs 250 mg</i>	1	
<i>cefuroxime axetil tabs 500 mg</i>	1	
<i>cefuroxime sodium solr 1.5 gm</i>	1	MB
<i>cefuroxime sodium solr 750 mg</i>	1	MB
<i>cephalexin caps 250 mg</i>	1	
<i>cephalexin caps 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml</i>	1	
<i>cephalexin susr 250 mg/5ml</i>	1	
<i>cephalexin tabs 500 mg</i>	1	
<i>chloramphenicol sod succinate solr 1 gm</i>	1	MB
<i>ciprofloxacin hcl tabs 250 mg</i>	1	
<i>ciprofloxacin hcl tabs 500 mg</i>	1	
<i>ciprofloxacin hcl tabs 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	1	MB
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	MB
<i>clarithromycin susr 125 mg/5ml</i>	1	
<i>clarithromycin susr 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg</i>	1	
<i>clarithromycin tabs 500 mg</i>	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	
<i>clindamycin hcl caps 150 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>clindamycin hcl caps 300 mg</i>	1	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	1	MB
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	1	MB
CLINDAMYCIN PHOSPHATE SOLN 300 MG/2ML <i>[clindamycin phosphate]</i>	1	MB
CUBICIN SOLR 500 MG <i>[daptomycin]</i>	4	MB
<i>demeclocycline hcl tabs 150 mg</i>	1	
<i>demeclocycline hcl tabs 300 mg</i>	1	
<i>dicloxacillin sodium caps 250 mg</i>	1	
<i>dicloxacillin sodium caps 500 mg</i>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
<i>doxycycline hyclate caps 100 mg</i>	1	
<i>doxycycline hyclate caps 50 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg</i>	1	
<i>doxycycline monohydrate tabs 100 mg</i>	1	
<i>doxycycline monohydrate tabs 50 mg</i>	1	
ERYTHROCIN LACTOBIONATE SOLR 500 MG <i>[erythromycin lactobionate]</i>	2	MB
FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	2	
FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	2	
<i>fluconazole in sodium chloride soln 100-0.9 mg/50ml-%</i>	1	MB
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	1	MB
<i>gentamicin sulfate soln 10 mg/ml</i>	1	MB
<i>gentamicin sulfate soln 40 mg/ml</i>	1	MB
INVANZ SOLR 1 GM <i>[ertapenem sodium]</i>	4	MB
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	MB
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	MB
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	MB
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	MB
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	
<i>meropenem solr 1 gm</i>	1	MB
<i>meropenem solr 500 mg</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>minocycline hcl caps 100 mg</i>	1	
<i>minocycline hcl caps 50 mg</i>	1	
<i>minocycline hcl caps 75 mg</i>	1	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[nafcillin sodium in dextrose]</i>	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML <i>[nafcillin sodium in dextrose]</i>	2	MB
<i>nafcillin sodium solr 1 gm</i>	1	MB
<i>nafcillin sodium solr 10 gm</i>	1	MB
<i>nafcillin sodium solr 2 gm</i>	1	MB
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
<i>penicillin g potassium solr 20000000 unit</i>	1	MB
<i>penicillin g potassium solr 5000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	1	MB
<i>penicillin g sodium solr 5000000 unit</i>	1	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	
<i>penicillin v potassium solr 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	1	MB
PRIMAXIN IV SOLR 500-500 MG <i>[imipenem-cilastatin]</i>	2	MB
<i>streptomycin sulfate solr 1 gm</i>	1	MB
<i>sulfadiazine tabs 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MB
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	
<i>sulfasalazine tabs 500 mg</i>	1	
<i>sulfasalazine tbec 500 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SYNERCID SOLR 150-350 MG [<i>quinupristin-dalfopristin</i>]	4	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [<i>tetracycline hcl</i>]	1	
TETRACYCLINE HCL CAPS 500 MG [<i>tetracycline hcl</i>]	1	
TOBI PODHALER CAPS 28 MG [<i>tobramycin</i>]	4	
<i>tobramycin nebu 300 mg/5ml</i>	1	
<i>tobramycin sulfate soln 10 mg/ml</i>	1	MB
<i>tobramycin sulfate soln 80 mg/2ml</i>	1	MB
<i>tobramycin sulfate solr 1.2 gm</i>	1	MB
<i>vancomycin hcl caps 125 mg</i>	1	
<i>vancomycin hcl caps 250 mg</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [<i>vancomycin hcl-dextrose</i>]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	2	MB
<i>vancomycin hcl solr 1 gm</i>	1	MB
<i>vancomycin hcl solr 10 gm</i>	1	MB
<i>vancomycin hcl solr 5 gm</i>	1	MB
<i>vancomycin hcl solr 500 mg</i>	1	MB
XIFAXAN TABS 550 MG [<i>rifaximin</i>]	2	QL - 30 day(s)
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	2	
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML [<i>amphotericin b lipid</i>]	2	MB
<i>amphotericin b solr 50 mg</i>	1	MB
CANCIDAS SOLR 50 MG [<i>casposfungin acetate</i>]	4	MB
CANCIDAS SOLR 70 MG [<i>casposfungin acetate</i>]	4	MB
<i>fluconazole in dextrose inj dex 200</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
<i>terbinafine hcl tabs 250 mg</i>	1	
VFEND IV SOLR 200 MG [<i>voriconazole</i>]	2	MB
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR 1 GM [<i>capreomycin sulfate</i>]	2	MB
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB
<i>isoniazid syrp 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	1	MB
TRECTOR TABS 250 MG [<i>ethionamide</i>]	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML [<i>nitazoxanide</i>]	2	
ALINIA TABS 500 MG [<i>nitazoxanide</i>]	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
COARTEM TABS 20-120 MG [<i>artemether-</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>lumefantrine]</i>		
DARAPRIM TABS 25 MG [<i>pyrimethamine]</i>	2	QL - 30 day(s)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS 150 MG [<i>tafenoquine succinate]</i>	2	
<i>mefloquine hcl tabs 250 mg</i>	1	
METRONIDAZOLE SOLN 500 MG/100ML <i>[metronidazole]</i>	1	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate]</i>	2	
<i>paromomycin sulfate caps 250 mg</i>	1	
PENTAM SOLR 300 MG [<i>pentamidine isethionate]</i>	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG <i>[primaquine phosphate]</i>	2	
ANTIVIRALS		
<i>abacavir sulfate tabs 300 mg</i>	1	
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	1	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium inj 1000mg</i>	1	MB
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir]</i>	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir]</i>	4	
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate]</i>	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate]</i>	2	
CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine]</i>	2	
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine]</i>	2	
<i>cidofovir soln 75 mg/ml</i>	1	MB
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate]</i>	2	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate]</i>	2	
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	2	
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	1	PREV
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	2	
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	4	
EPCLUSA PACK 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	4	
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	4	QL - 30 day(s)
<i>etravirine tabs 100 mg</i>	1	
<i>etravirine tabs 200 mg</i>	1	
EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat</i>]	2	
<i>famciclovir tabs 500 mg</i>	1	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML [<i>foscarnet sodium</i>]	2	MB
FUZEON SOLR 90 MG [<i>enfuvirtide</i>]	2	QL - 30 day(s),MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	4	QL - 30 day(s)
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	2	
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	2	
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	2	
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 100 mg</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LIVTENCITY TABS 200 MG [<i>maribavir</i>]	4	QL - 30 day(s)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir tabs 100-25 mg</i>	1	
<i>lopinavir-ritonavir tabs 200-50 mg</i>	1	
<i>nevirapine er tb24 400 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML [<i>ritonavir</i>]	2	
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS PROCLICK SOAJ 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	2	
PREZISTA TABS 150 MG [<i>darunavir</i>]	2	
PREZISTA TABS 600 MG [<i>darunavir</i>]	2	
PREZISTA TABS 75 MG [<i>darunavir</i>]	2	
PREZISTA TABS 800 MG [<i>darunavir</i>]	2	
RELENZA DISKHALER AEPB 5 MG/ACT [<i>zanamivir</i>]	2	
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	2	
RETROVIR SOLN 10 MG/ML [<i>zidovudine</i>]	2	MB
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>ritonavir tabs 100 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	2	
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	2	
SOVALDI PACK 150 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI PACK 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 200 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	4	QL - 30 day(s)
stavudine caps 15 mg	1	
stavudine caps 20 mg	1	
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>]	2	
SYMFI LO TABS 400-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	4	MB
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	4	MB
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	2	
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	4	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VEKLURY SOLN 100 MG/20ML [<i>remdesivir</i>]	4	
VEKLURY SOLR 100 MG [<i>remdesivir</i>]	4	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VIRAZOLE SOLR 6 GM [<i>ribavirin</i>]	4	
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	4	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	QL - 30 day(s),OC
ABRAXANE SUSR 100 MG [paclitaxel protein-bound particles]	4	MB
ADCETRIS SOLR 50 MG [brentuximab vedotin]	2	MB
ALECENSA CAPS 150 MG [alectinib hcl]	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG [melphalan]	2	OC
ALUNBRIG TABS 180 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [brigatinib]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [brigatinib]	4	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
ARRANON SOLN 5 MG/ML [nelarabine]	4	MB
ASPARLAS SOLN 3750 UNIT/5ML [calaspargase]	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>pegol-mknj</i>		
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	4	MB
AVASTIN SOLN 400 MG/16ML [<i>bevacizumab</i>]	4	MB
<i>azacitidine susr 100 mg</i>	1	MB
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	4	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
BICNU SOLR 100 MG [<i>carmustine</i>]	2	MB
<i>bleomycin sulfate solr 15 unit</i>	1	MB
<i>bleomycin sulfate solr 30 unit</i>	1	MB
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	4	QL - 30 day(s),MB
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CALQUENCE CAPS 100 MG [<i>acalabrutinib</i>]	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	4	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	2	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	2	MB
<i>capecitabine tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 50 mg/50ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	4	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>]	4	MB
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML [<i>ramucirumab</i>]	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [<i>ramucirumab</i>]	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>cytarabine (pf) soln 100 mg/ml</i>	1	MB
<i>cytarabine (pf) soln 20 mg/ml</i>	1	MB
<i>cytarabine soln 20 mg/ml</i>	1	MB
<i>dacarbazine solr 100 mg</i>	1	MB
<i>dacarbazine solr 200 mg</i>	1	MB
DACOGEN SOLR 50 MG [<i>decitabine</i>]	4	MB
<i>dactinomycin inj 0.5mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
DOXIL INJ 2 MG/ML [<i>doxorubicin hcl liposomal</i>]	2	MB
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
<i>doxorubicin hcl solr 10 mg</i>	1	MB
<i>doxorubicin hcl solr 50 mg</i>	1	MB
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	4	MB
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	4	MB
ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	4	MB
ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	2	MB
<i>etoposide caps 50 mg</i>	1	OC
<i>everolimus tabs 10 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 2.5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 7.5 mg</i>	1	QL - 30 day(s),OC
<i>exemestane tabs 25 mg</i>	1	OC,PREV
<i>fludarabine phosphate solr 50 mg</i>	1	MB
<i>fluorouracil soln 1 gm/20ml</i>	1	MB
<i>fluorouracil soln 2.5 gm/50ml</i>	1	MB
<i>fluorouracil soln 5 gm/100ml</i>	1	MB
<i>fluorouracil soln 500 mg/10ml</i>	1	MB
<i>flutamide caps 125 mg</i>	1	OC
<i>fulvestrant sosy 250 mg/5ml</i>	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	4	QL - 30 day(s),MB
<i>gemcitabine hcl solr 200 mg</i>	1	MB
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	2	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	2	OC
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	2	OC
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	4	MB
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	4	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	2	MB
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	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 [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	4	QL - 30 day(s),MB
IRESSA TABS 250 MG [<i>gefitinib</i>]	4	QL - 30 day(s),OC
irinotecan hcl soln 500 mg/25ml	1	MB
ISTODAX (OVERFILL) SOLR 10 MG [<i>romidepsin</i>]	4	MB
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	4	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	4	QL - 30 day(s),MB
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	4	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	4	MB
KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	4	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [<i>ado-trastuzumab</i>]	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>emtansine]</i>		
KANJINTI SOLR 420 MG <i>[trastuzumab-anns]</i>	4	MB
KEYTRUDA SOLN 100 MG/4ML <i>[pembrolizumab]</i>	4	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG <i>[lenvatinib mesylate]</i>	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
<i>letrozole tabs 2.5 mg</i>	1	OC
LEUKERAN TABS 2 MG <i>[chlorambucil]</i>	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB
LONSURF TABS 15-6.14 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LYNPARZA TABS 100 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYSODREN TABS 500 MG <i>[mitotane]</i>	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MARQIBO SUSP 5 MG/31ML [<i>vincristine sulfate liposome</i>]	4	QL - 30 day(s),MB
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	4	QL - 30 day(s),OC
<i>megestrol acetate susp 40 mg/ml</i>	1	OC
<i>megestrol acetate susp 400 mg/10ml</i>	1	OC
<i>megestrol acetate tabs 20 mg</i>	1	OC
<i>megestrol acetate tabs 40 mg</i>	1	OC
MEKINIST TABS 0.5 MG [<i>trametinib dimethyl sulfoxide</i>]	4	QL - 30 day(s),OC
MEKINIST TABS 2 MG [<i>trametinib dimethyl sulfoxide</i>]	4	QL - 30 day(s),OC
<i>melphalan hcl solr 50 mg</i>	1	MB
<i>mercaptopurine tabs 50 mg</i>	1	OC
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML [<i>methotrexate sodium</i>]	1	MB
<i>methotrexate sodium solr 1 gm</i>	1	MB
<i>methotrexate tabs 2.5 mg</i>	1	OC
<i>mitomycin solr 20 mg</i>	1	MB
<i>mitomycin solr 40 mg</i>	1	MB
<i>mitomycin solr 5 mg</i>	1	MB
<i>mitoxantrone hcl conc 25 mg/12.5ml</i>	1	MB
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	4	MB
MYLERAN TABS 2 MG [<i>busulfan</i>]	4	OC
NEXAVAR TABS 200 MG [<i>sorafenib tosylate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG [<i>ixazomib citrate</i>]	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [<i>sonidegib phosphate</i>]	4	QL - 30 day(s),OC
OPDIVO SOLN 100 MG/10ML [<i>nivolumab</i>]	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [<i>nivolumab</i>]	4	QL - 30 day(s),MB
<i>oxaliplatin soln 100 mg/20ml</i>	1	MB
<i>oxaliplatin soln 50 mg/10ml</i>	1	MB
<i>paclitaxel conc 300 mg/50ml</i>	1	MB
PADCEV SOLR 20 MG [<i>enfortumab vedotin-ejfv</i>]	4	
PADCEV SOLR 30 MG [<i>enfortumab vedotin-ejfv</i>]	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML [<i>pemetrexed disodium</i>]	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML [<i>pemetrexed disodium</i>]	2	MB
<i>pentostatin inj 10mg</i>	1	MB
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	4	QL - 30 day(s),MB
POMALYST CAPS 1 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
POMALYST CAPS 2 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
POMALYST CAPS 3 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POMALYST CAPS 4 MG [<i>pomalidomide</i>]	4	QL - 30 day(s),OC
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	4	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
RIABNI SOLN 100 MG/10ML [<i>rituximab-arrx</i>]	4	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML [<i>rituximab-arrx</i>]	4	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	2	MB
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	2	MB
romidepsin solr 10 mg	1	MB
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	4	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	4	OC
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	4	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML [<i>isatuximab-irfc</i>]	4	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML [<i>isatuximab-irfc</i>]	4	QL - 30 day(s)
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	4	QL - 30 day(s),OC
STIVARGA TABS 40 MG [<i>regorafenib</i>]	4	QL - 30 day(s),OC
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 [<i>siltuximab</i>]	4	QL - 30 day(s),MB
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	4	QL - 30 day(s),MB
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	OC
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	4	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	4	QL - 30 day(s),OC
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	4	OC
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	4	QL - 30 day(s),OC
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	4	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	4	MB
TECENTRIQ SOLN 1200 MG/20ML [<i>atezolizumab</i>]	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
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]	4	MB
TREANDA SOLR 100 MG [bendamustine hcl]	4	MB
TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	4	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML [rituximab-abbs]	4	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML [rituximab-abbs]	4	QL - 30 day(s),MB
TUKYSA TABS 150 MG [tucatinib]	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG [tucatinib]	4	QL - 30 day(s),OC
TYKERB TABS 250 MG [lapatinib ditosylate]	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [bortezomib]	4	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [venetoclax]	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [venetoclax]	4	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]	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG [daunorubicin-cytarabine liposome]	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG [crizotinib]	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG [crizotinib]	4	QL - 30 day(s),OC
XTANDI CAPS 40 MG [enzalutamide]	4	QL - 30 day(s),OC
XTANDI TABS 40 MG [enzalutamide]	4	QL - 30 day(s),OC
XTANDI TABS 80 MG [enzalutamide]	4	QL - 30 day(s),OC
YONDELIS SOLR 1 MG [trabectedin]	4	QL - 30 day(s),MB
ZANOSAR SOLR 1 GM [streptozocin]	4	MB
ZEJULA CAPS 100 MG [niraparib tosylate]	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [vemurafenib]	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [idelalisib]	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [idelalisib]	4	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG [ceritinib]	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	4	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 0.4 MG/ML [<i>atropine sulfate</i>]	2	MB
ATROPINE SULFATE SOLN 8 MG/20ML [<i>atropine sulfate</i>]	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML [<i>atropine sulfate</i>]	2	MB
ATROVENT HFA AERS 17 MCG/ACT [<i>ipratropium bromide hfa</i>]	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG [<i>belladonna alkaloids & opium</i>]	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG [<i>belladonna alkaloids & opium</i>]	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	1	
<i>dicyclomine hcl caps 10 mg</i>	1	
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	2	
DONNATAL TABS 16.2 MG [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>]	2	
<i>glycopyrrolate soln 0.2 mg/ml</i>	1	MB
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	MB
<i>glycopyrrolate soln 4 mg/20ml</i>	1	MB
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE TABS 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG [<i>hyoscyamine sulfate</i>]	1	
HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	1	
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	1	
<i>ipratropium bromide sol inhal</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
LEVSIN SOLN 0.5 MG/ML [<i>hyoscyamine sulfate</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate</i>]	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS 1 MG [<i>varenicline tartrate</i>]	2	PREV
CHANTIX STARTING MONTH PAK TBPX 0.5 MG X 11 & 1 MG X 42 [<i>varenicline tartrate</i>]	2	PREV
CHANTIX TABS 0.5 MG [<i>varenicline tartrate</i>]	2	PREV
CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	2	PREV
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
NICORETTE LOZG 2 MG [<i>nicotine polacrilex</i>]	2	PREV
NICORETTE LOZG 4 MG [<i>nicotine polacrilex</i>]	2	PREV
NICORETTE MINI LOZG 2 MG [<i>nicotine polacrilex</i>]	2	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	PREV
<i>varenicline tartrate tabs 0.5 mg</i>	1	PREV
<i>varenicline tartrate tabs 1 mg</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
<i>donepezil hcl tabs 5 mg</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [<i>galantamine hydrobromide</i>]	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [<i>neostigmine methylsulfate</i>]	2	MB
<i>neostigmine methylsulfate soln 5 mg/10ml</i>	1	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [<i>physostigmine salicylate</i>]	2	MB
<i>pilocarpine hcl tabs 5 mg</i>	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>mesylate]</i>		
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR HFA AERO 115-21 MCG/ACT [<i>fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-salmeterol]</i>	2	
ADVAIR HFA AERO 45-21 MCG/ACT [<i>fluticasone-salmeterol]</i>	2	
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	1	
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	1	
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	1	
<i>dobutamine hcl soln 250 mg/20ml</i>	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w]</i>	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w]</i>	1	MB
<i>dopamine hcl inj 80mg/ml</i>	1	MB
<i>dopamine hcl soln 160 mg/ml</i>	1	MB
DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine hcl]</i>	1	MB
<i>dopamine hcl soln 80 mg/ml</i>	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [<i>dopamine in d5w]</i>	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [<i>dopamine in d5w]</i>	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [<i>dopamine in d5w]</i>	1	MB
EPHEDRINE SULFATE SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)]</i>	1	MB
<i>epinephrine hcl inj 1mg/ml</i>	1	MB
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine]</i>	2	
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
<i>epinephrine soaj 0.3 mg/0.3ml</i>	1	MB
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine]</i>	1	MB
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>metaproterenol sulfate syrp 10 mg/5ml</i>	1	
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
<i>norepinephrine bitartrate soln 1 mg/ml</i>	1	MB
SEREVENT DISKUS AEPB 50 MCG/ACT [<i>salmeterol</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>xinafoate]</i>		
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT <i>[olodaterol hcl]</i>	2	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	2	MB
ALBURX SOLN 5 % <i>[albumin, human]</i>	2	MB
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	2	MB
PLASMANATE SOLN 5 % <i>[plasma protein fraction]</i>	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTI-ANEMIA DRUGS		
FERREX 150 CAPS 150 MG <i>[polysaccharide iron complex]</i>	1	
INFED SOLN 50 MG/ML <i>[iron dextran]</i>	2	MB
PROFERRIN ES TABS 12 MG <i>[iron heme polypeptide]</i>	2	
PROFERRIN-FORTE TABS 12-1 MG <i>[iron heme polypeptide-folic acid]</i>	2	
VENOFER SOLN 20 MG/ML <i>[iron sucrose]</i>	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	MB
ADVATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
ADVATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 2000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 3000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiic)]</i>	2	QL - 30 day(s),MB
GELFOAM SPONGE SIZE 100 MISC <i>[gelatin absorbable]</i>	2	
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 250 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(rcmb) plasma/albumin free (rahf-pfm)</i>		
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
MONONINE SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	4	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	QL - 30 day(s),MB
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
WILATE KIT 1000-1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
WILATE KIT 500-500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
XYNTHA KIT 1000 UNIT <i>[antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]</i>	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT <i>[antihemophilic factor (rcmb)]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>moroctocog alfa(bdd-rfviii,mor)</i>		
XYNTHA KIT 250 UNIT [<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>]	2	QL - 30 day(s),MB
XYNTHA KIT 500 UNIT [<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>]	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT [<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>]	2	QL - 30 day(s),MB
ANTITHROMBOTIC AGENTS		
ACTIVASE SOLR 100 MG [<i>alteplase</i>]	2	MB
ACTIVASE SOLR 50 MG [<i>alteplase</i>]	2	MB
AGGRENOX CP12 25-200 MG [<i>aspirin-dipyridamole</i>]	2	
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG [<i>bivalirudin trifluoroacetate</i>]	2	MB
ARGATROBAN SOLN 250 MG/2.5ML [<i>argatroban</i>]	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
BRILINTA TABS 90 MG [<i>ticagrelor</i>]	2	
CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	2	MB
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
EFFIENT TABS 10 MG [<i>prasugrel hcl</i>]	2	
EFFIENT TABS 5 MG [<i>prasugrel hcl</i>]	2	
<i>heparin sodium (porcine) lock flush soln</i>	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [<i>heparin (porcine) in sodium chloride</i>]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [<i>heparin (porcine) in sodium chloride</i>]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [<i>heparin (porcine) in sodium chloride</i>]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [<i>heparin sod (porcine) in d5w</i>]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w</i>]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 1 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[heparin sodium (porcine)]		
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [heparin sodium (porcine)]	1	MB
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	4	MB
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	4	MB
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
PRADAXA CAPS 110 MG [dabigatran etexilate mesylate]	2	
PRADAXA CAPS 150 MG [dabigatran etexilate mesylate]	2	
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]	4	
LEUKINE SOLR 250 MCG [sargramostim]	4	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML [filgrastim-aafi]	4	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-aafi]	4	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-aafi]	4	
NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-aafi]	4	
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
PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	4	
PROMACTA TABS 12.5 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	4	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	4	QL - 30 day(s),MB
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline er tbc</i> 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs</i> 1 mg	1	
<i>doxazosin mesylate tabs</i> 2 mg	1	
<i>doxazosin mesylate tabs</i> 4 mg	1	
<i>doxazosin mesylate tabs</i> 8 mg	1	
<i>prazosin hcl caps</i> 1 mg	1	
<i>prazosin hcl caps</i> 2 mg	1	
<i>prazosin hcl caps</i> 5 mg	1	
<i>tamsulosin hcl caps</i> 0.4 mg	1	
<i>terazosin hcl caps</i> 1 mg	1	
<i>terazosin hcl caps</i> 10 mg	1	
<i>terazosin hcl caps</i> 2 mg	1	
<i>terazosin hcl caps</i> 5 mg	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs</i> 10 mg	1	PREV
<i>atorvastatin calcium tabs</i> 20 mg	1	PREV
<i>atorvastatin calcium tabs</i> 40 mg	1	PREV
<i>atorvastatin calcium tabs</i> 80 mg	1	PREV
<i>cholestyramine light powd</i> 4 gm/dose	1	
<i>cholestyramine pack</i> 4 gm	1	
<i>cholestyramine powd</i> 4 gm/dose	1	
<i>colestipol hcl gran</i> 5 gm	1	
<i>colestipol hcl pack</i> 5 gm	1	
<i>colestipol hcl tabs</i> 1 gm	1	
<i>ezetimibe tabs</i> 10 mg	1	
<i>fenofibrate tabs</i> 160 mg	1	
<i>fenofibrate tabs</i> 54 mg	1	
<i>gemfibrozil tabs</i> 600 mg	1	
<i>lovastatin tabs</i> 10 mg	1	PREV
<i>lovastatin tabs</i> 20 mg	1	PREV
<i>lovastatin tabs</i> 40 mg	1	PREV
<i>pravastatin sodium tabs</i> 10 mg	1	PREV

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>propranolol hcl er cp24 120 mg</i>	1	
<i>propranolol hcl er cp24 160 mg</i>	1	
<i>propranolol hcl er cp24 60 mg</i>	1	
<i>propranolol hcl er cp24 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 120 mg</i>	1	
<i>sotalol hcl (af) tabs 160 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
[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 [<i>clevidipine</i>]	2	MB
CLEVIPREX EMUL 50 MG/100ML [<i>clevidipine</i>]	2	MB
<i>diltiazem hcl er cp12 120 mg</i>	1	
<i>diltiazem hcl er cp12 60 mg</i>	1	
<i>diltiazem hcl er cp12 90 mg</i>	1	
<i>diltiazem hcl er cp24 120 mg</i>	1	
<i>diltiazem hcl er cp24 180 mg</i>	1	
<i>diltiazem hcl er cp24 240 mg</i>	1	
<i>diltiazem hcl soln 125 mg/25ml</i>	1	MB
<i>diltiazem hcl soln 25 mg/5ml</i>	1	MB
<i>diltiazem hcl soln 50 mg/10ml</i>	1	MB
<i>diltiazem hcl tabs 120 mg</i>	1	
<i>diltiazem hcl tabs 30 mg</i>	1	
<i>diltiazem hcl tabs 60 mg</i>	1	
<i>diltiazem hcl tabs 90 mg</i>	1	
NICARDIPINE HCL SOLN 2.5 MG/ML [<i>nicardipine hcl</i>]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>nifedipine caps 10 mg</i>	1	
<i>nifedipine caps 20 mg</i>	1	
<i>nifedipine er osmotic release tb24 30 mg</i>	1	
<i>nifedipine er osmotic release tb24 60 mg</i>	1	
<i>nifedipine er osmotic release tb24 90 mg</i>	1	
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbc 120 mg</i>	1	
<i>verapamil hcl er tbc 180 mg</i>	1	
<i>verapamil hcl er tbc 240 mg</i>	1	
<i>verapamil hcl soln 2.5 mg/ml</i>	1	MB
<i>verapamil hcl tabs 120 mg</i>	1	
<i>verapamil hcl tabs 40 mg</i>	1	
<i>verapamil hcl tabs 80 mg</i>	1	
CARDIAC DRUGS		
<i>adenosine inj 6mg/2ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 150 mg/3ml</i>	1	MB
<i>amiodarone hcl soln 450 mg/9ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	1	
<i>digoxin soln 0.25 mg/ml</i>	1	MB
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	1	MB
<i>lidocaine hcl (cardiac) sosy 50 mg/5ml</i>	1	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		
CARDENE IV SOLN 20-0.86 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% [<i>nicardipine hcl in dextrose</i>]	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	MB
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>benazepril hcl tabs 5 mg</i>	1	
<i>enalaprilat inj 1.25 mg/ml</i>	1	MB
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 1 %	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CAVERJECT IMPULSE KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT IMPULSE KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>dipyridamole soln 5 mg/ml</i>	1	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	MB
<i>isosorbide dinitrate tabs 10 mg</i>	1	
<i>isosorbide dinitrate tabs 20 mg</i>	1	
<i>isosorbide dinitrate tabs 30 mg</i>	1	
<i>isosorbide dinitrate tabs 5 mg</i>	1	
<i>isosorbide mononitrate er tb24 120 mg</i>	1	
<i>isosorbide mononitrate er tb24 30 mg</i>	1	
<i>isosorbide mononitrate er tb24 60 mg</i>	1	
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	4	QL - 30 day(s),LD
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	4	QL - 30 day(s),LD
[Nitroglycerin] MINITRAN PT24 0.1 MG/HR	1	
[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 [<i>nitroglycerin</i>]	2	
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-TIME CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 9 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
<i>nitroglycerin soln 5 mg/ml</i>	1	MB
NITROSTAT SUBL 0.3 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.4 MG [<i>nitroglycerin</i>]	2	
NITROSTAT SUBL 0.6 MG [<i>nitroglycerin</i>]	2	
PAPAVERINE HCL SOLN 30 MG/ML [<i>papaverine hcl</i>]	2	MB
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	4	LD,MB
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	4	LD,MB
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	4	MB
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	4	LD,MB
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 30 day(s)
<i>tadalafil (pah) tabs 20 mg</i>	1	
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30 day(s)
TRACLEER TABS 125 MG [<i>bosentan</i>]	4	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG [<i>bosentan</i>]	4	QL - 30 day(s),LD
<i>treprostinil soln 100 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 20 mg/20ml</i>	1	LD,MB
<i>treprostinil soln 200 mg/20ml</i>	1	MB
<i>treprostinil soln 50 mg/20ml</i>	1	LD,MB
TYVASO SOLN 0.6 MG/ML [<i>treprostinil</i>]	2	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	4	QL - 30 day(s)
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	4	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>alfentanil hcl soln 1000 mcg/2ml</i>	1	MB
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
<i>choline magnesium trisalicylate tab 1000mg</i>	1	
CODEINE SULFATE TABS 15 MG [<i>codeine sulfate</i>]	1	
CODEINE SULFATE TABS 30 MG [<i>codeine sulfate</i>]	1	
CODEINE SULFATE TABS 60 MG [<i>codeine sulfate</i>]	1	
DURAMORPH SOLN 0.5 MG/ML [<i>morphine sulfate</i>]	1	MB
DURAMORPH SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [<i>fentanyl citrate</i>]	1	MB
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML [<i>fentanyl citrate</i>]	2	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 10 mg/ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB
HYDROMORPHONE HCL SUPP 3 MG <i>[hydromorphone hcl]</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	
<i>indomethacin caps 25 mg</i>	1	
<i>indomethacin caps 50 mg</i>	1	
<i>indomethacin er cpcr 75 mg</i>	1	
INDOMETHACIN SODIUM SOLR 1 MG <i>[indomethacin sodium]</i>	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) <i>[morphine sulfate for continuous microinfusion]</i>	2	MB
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) <i>[morphine sulfate for continuous microinfusion]</i>	2	MB
<i>ketorolac tromethamine soln 15 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 30 mg/ml</i>	1	MB
<i>ketorolac tromethamine soln 60 mg/2ml</i>	1	MB
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	2	
<i>meclofenamate sodium caps 100 mg</i>	1	
<i>meclofenamate sodium caps 50 mg</i>	1	
<i>mefenamic acid caps 250 mg</i>	1	
<i>meloxicam tabs 15 mg</i>	1	
<i>meloxicam tabs 7.5 mg</i>	1	
<i>meperidine hcl soln 100 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>meperidine hcl soln 25 mg/ml</i>	1	MB
<i>meperidine hcl soln 50 mg/ml</i>	1	MB
METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	2	MB
METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	1	
METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	1	
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	1	MB
<i>morphine sulfate (pf) soln 1 mg/ml</i>	1	MB
MORPHINE SULFATE (PF) SOLN 10 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE (PF) SOLN 2 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE (PF) SOLN 4 MG/ML [<i>morphine sulfate</i>]	2	MB
<i>morphine sulfate er tbc 100 mg</i>	1	
<i>morphine sulfate er tbc 15 mg</i>	1	
<i>morphine sulfate er tbc 200 mg</i>	1	
<i>morphine sulfate er tbc 30 mg</i>	1	
<i>morphine sulfate er tbc 60 mg</i>	1	
MORPHINE SULFATE SOLN 1 MG/ML [<i>morphine sulfate</i>]	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML [<i>morphine sulfate</i>]	1	
MORPHINE SULFATE SOLN 10 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 2 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 25 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 4 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 5 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 50 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SOLN 8 MG/ML [<i>morphine sulfate</i>]	2	MB
MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>]	2	
MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>]	2	
<i>nabumetone tabs 500 mg</i>	1	
<i>nabumetone tabs 750 mg</i>	1	
<i>nalbuphine hcl soln 10 mg/ml</i>	1	MB
<i>nalbuphine hcl soln 20 mg/ml</i>	1	MB
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen lysine</i>]	2	MB
OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	QL - 30 day(s)
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sufentanil citrate soln 50 mcg/ml</i>	1	MB
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphet er cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
methylphenidate hcl er (cd) cpcr 20 mg	1	
methylphenidate hcl er (cd) cpcr 30 mg	1	
methylphenidate hcl er (cd) cpcr 40 mg	1	
methylphenidate hcl er (cd) cpcr 50 mg	1	
methylphenidate hcl er (cd) cpcr 60 mg	1	
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	
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONVULSANTS		
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
EQUETRO CP12 200 MG [<i>carbamazepine (mood)</i>]	2	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tabs 400 mg</i>	1	
<i>felbamate tabs 600 mg</i>	1	
<i>fosphephenytoin sodium soln 100 mg pe/2ml</i>	1	MB
<i>fosphephenytoin sodium soln 500 mg pe/10ml</i>	1	MB
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>gabapentin tabs 800 mg</i>	1	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG <i>[lamotrigine]</i>	2	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
<i>levetiracetam soln 100 mg/ml</i>	1	
<i>levetiracetam soln 500 mg/5ml</i>	1	MB
<i>levetiracetam tabs 1000 mg</i>	1	
<i>levetiracetam tabs 250 mg</i>	1	
<i>levetiracetam tabs 500 mg</i>	1	
<i>levetiracetam tabs 750 mg</i>	1	
MAGNESIUM SULFATE SOLN 20 GM/500ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 4 GM/100ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 4 GM/50ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 40 GM/1000ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 50 % <i>[magnesium sulfate]</i>	1	MB
<i>oxcarbazepine susp 300 mg/5ml</i>	1	
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	
<i>oxcarbazepine tabs 600 mg</i>	1	
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG <i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium soln 50 mg/ml</i>	1	MB
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin caps 100 mg</i>	1	
<i>pregabalin caps 150 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>pregabalin caps 200 mg</i>	1	
<i>pregabalin caps 225 mg</i>	1	
<i>pregabalin caps 25 mg</i>	1	
<i>pregabalin caps 300 mg</i>	1	
<i>pregabalin caps 50 mg</i>	1	
<i>pregabalin caps 75 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50mg</i>	1	
<i>primidone tabs 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tabs 200 mg</i>	1	
<i>rufinamide tabs 400 mg</i>	1	
SABRIL PACK 500 MG [<i>vigabatrin</i>]	4	QL - 30 day(s)
<i>topiramate csp 15 mg</i>	1	
<i>topiramate csp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproate sodium soln 100 mg/ml</i>	1	MB
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
<i>zonisamide caps 100 mg</i>	1	
<i>zonisamide caps 25 mg</i>	1	
<i>zonisamide caps 50 mg</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	2	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	
<i>sumatriptan soln 20 mg/act</i>	1	
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s),LD
<i>benztropine mesylate soln 1 mg/ml</i>	1	MB
<i>benztropine mesylate tabs 0.5 mg</i>	1	
<i>benztropine mesylate tabs 1 mg</i>	1	
<i>benztropine mesylate tabs 2 mg</i>	1	
<i>bromocriptine mesylate caps 5 mg</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	
<i>cabergoline tabs 0.5 mg</i>	1	
<i>carbidopa tabs 25 mg</i>	1	
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	1	
<i>carbidopa-levodopa er tbcr 50-200 mg</i>	1	
<i>carbidopa-levodopa tabs 10-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-100 mg</i>	1	
<i>carbidopa-levodopa tabs 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	4	MB
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	1	
KYNMOBI FILM 10 MG [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)
KYNMOBI FILM 15 MG [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)
KYNMOBI FILM 20 MG [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)
KYNMOBI FILM 25 MG [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)
KYNMOBI FILM 30 MG [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KYNMOBI TITRATION KIT KIT 10/15/20/25/30 MG <i>[apomorphine hydrochloride]</i>	4	QL - 30 day(s)
LODOSYN TABS 25 MG <i>[carbidopa]</i>	2	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	
<i>rasagiline mesylate tabs 0.5 mg</i>	1	
<i>rasagiline mesylate tabs 1 mg</i>	1	
<i>ropinirole hcl er tb24 12 mg</i>	1	
<i>ropinirole hcl er tb24 2 mg</i>	1	
<i>ropinirole hcl er tb24 4 mg</i>	1	
<i>ropinirole hcl er tb24 6 mg</i>	1	
<i>ropinirole hcl er tb24 8 mg</i>	1	
<i>ropinirole hcl tabs 0.25 mg</i>	1	
<i>ropinirole hcl tabs 0.5 mg</i>	1	
<i>ropinirole hcl tabs 1 mg</i>	1	
<i>ropinirole hcl tabs 2 mg</i>	1	
<i>ropinirole hcl tabs 3 mg</i>	1	
<i>ropinirole hcl tabs 4 mg</i>	1	
<i>ropinirole hcl tabs 5 mg</i>	1	
<i>selegiline hcl tabs 5 mg</i>	1	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>bupirone hcl tabs 10 mg</i>	1	
<i>bupirone hcl tabs 15 mg</i>	1	
<i>bupirone hcl tabs 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	
<i>bupirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	
<i>chlordiazepoxide hcl caps 25 mg</i>	1	
<i>chlordiazepoxide hcl caps 5 mg</i>	1	
<i>clorazepate dipotassium tabs 15 mg</i>	1	
<i>clorazepate dipotassium tabs 3.75 mg</i>	1	
<i>clorazepate dipotassium tabs 7.5 mg</i>	1	
DIASTAT ACUDIAL GEL 10 MG <i>[diazepam]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(anticonvulsant)]		
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	
[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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	
PRECEDEX SOLN 200 MCG/2ML [<i>dexmedetomidine hcl</i>]	2	MB
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium tbec 333 mg</i>	1	
<i>atomoxetine hcl caps 10 mg</i>	1	
<i>atomoxetine hcl caps 100 mg</i>	1	
<i>atomoxetine hcl caps 18 mg</i>	1	
<i>atomoxetine hcl caps 25 mg</i>	1	
<i>atomoxetine hcl caps 40 mg</i>	1	
<i>atomoxetine hcl caps 60 mg</i>	1	
<i>atomoxetine hcl caps 80 mg</i>	1	
<i>flumazenil soln 0.5 mg/5ml</i>	1	MB
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOL 10MG/5ML [<i>memantine hcl</i>]	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	2	MB
<i>etomidate soln 2 mg/ml</i>	1	MB
FORANE SOLN [<i>isoflurane</i>]	2	
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 100 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
<i>propofol emul 200 mg/20ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
NALTREXONE HCL POWD [<i>naltrexone hcl (bulk)</i>]	2	
<i>naltrexone hcl tabs 50 mg</i>	1	
VIVITROL SUSR 380 MG [<i>naltrexone</i>]	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	
ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	4	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	
<i>bupropion hcl tabs 75 mg</i>	1	
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	MB
<i>chlorpromazine hcl tabs 10 mg</i>	1	
<i>chlorpromazine hcl tabs 100 mg</i>	1	
<i>chlorpromazine hcl tabs 200 mg</i>	1	
<i>chlorpromazine hcl tabs 25 mg</i>	1	
<i>chlorpromazine hcl tabs 50 mg</i>	1	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10 mg</i>	1	
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>clomipramine hcl caps 25 mg</i>	1	
<i>clomipramine hcl caps 50 mg</i>	1	
<i>clomipramine hcl caps 75 mg</i>	1	
<i>clozapine tabs 100 mg</i>	1	
<i>clozapine tabs 200 mg</i>	1	
<i>clozapine tabs 25 mg</i>	1	
<i>clozapine tabs 50 mg</i>	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
<i>desipramine hcl tabs 10 mg</i>	1	
<i>desipramine hcl tabs 100 mg</i>	1	
<i>desipramine hcl tabs 150 mg</i>	1	
<i>desipramine hcl tabs 25 mg</i>	1	
<i>desipramine hcl tabs 50 mg</i>	1	
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<i>doxepin hcl caps 100 mg</i>	1	
<i>doxepin hcl caps 150 mg</i>	1	
<i>doxepin hcl caps 25 mg</i>	1	
<i>doxepin hcl caps 50 mg</i>	1	
<i>doxepin hcl caps 75 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>duloxetine hcl cpep 20 mg</i>	1	
<i>duloxetine hcl cpep 30 mg</i>	1	
<i>duloxetine hcl cpep 60 mg</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	
<i>fluoxetine hcl caps 10 mg</i>	1	
<i>fluoxetine hcl caps 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	
<i>fluoxetine hcl sol 20mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	
<i>fluvoxamine maleate tabs 100 mg</i>	1	
<i>fluvoxamine maleate tabs 25 mg</i>	1	
<i>fluvoxamine maleate tabs 50 mg</i>	1	
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MB
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MB
<i>haloperidol lactate conc 2 mg/ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	4	MB
<i>loxapine succinate caps 10 mg</i>	1	
<i>loxapine succinate caps 25 mg</i>	1	
<i>loxapine succinate caps 5 mg</i>	1	
<i>loxapine succinate caps 50 mg</i>	1	
<i>mirtazapine tabs 15 mg</i>	1	
<i>mirtazapine tabs 30 mg</i>	1	
<i>mirtazapine tabs 45 mg</i>	1	
<i>nefazodone hcl tabs 100 mg</i>	1	
<i>nefazodone hcl tabs 150 mg</i>	1	
<i>nefazodone hcl tabs 200 mg</i>	1	
<i>nefazodone hcl tabs 250 mg</i>	1	
<i>nefazodone hcl tabs 50 mg</i>	1	
<i>nortriptyline hcl caps 10 mg</i>	1	
<i>nortriptyline hcl caps 25 mg</i>	1	
<i>nortriptyline hcl caps 50 mg</i>	1	
<i>nortriptyline hcl caps 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>olanzapine solr 10 mg</i>	1	MB
<i>olanzapine tabs 10 mg</i>	1	
<i>olanzapine tabs 15 mg</i>	1	
<i>olanzapine tabs 2.5 mg</i>	1	
<i>olanzapine tabs 20 mg</i>	1	
<i>olanzapine tabs 5 mg</i>	1	
<i>olanzapine tabs 7.5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>paroxetine hcl tabs 10 mg</i>	1	
<i>paroxetine hcl tabs 20 mg</i>	1	
<i>paroxetine hcl tabs 30 mg</i>	1	
<i>paroxetine hcl tabs 40 mg</i>	1	
<i>perphenazine tab 16mg</i>	1	
<i>perphenazine tabs 2 mg</i>	1	
<i>perphenazine tabs 4 mg</i>	1	
<i>perphenazine tabs 8 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 1 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	4	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	4	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	
<i>risperidone tabs 0.5 mg</i>	1	
<i>risperidone tabs 1 mg</i>	1	
<i>risperidone tabs 2 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	
<i>risperidone tabs 4 mg</i>	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
<i>WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]</i>	2	PREV
<i>WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]</i>	2	PREV
<i>WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]</i>	2	PREV
<i>WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]</i>	2	PREV
<i>WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]</i>	2	PREV

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>syringes]</i>		
BD DISP NEEDLE MISC 23G X 1" <i>[needle (disp) 23 g]</i>	2	
BD DISP NEEDLE MISC 25G X 1" <i>[needle (disp) 25 g]</i>	2	
BD DISP NEEDLE MISC 30G X 1" <i>[needle (disp) 30 g]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1-1/2" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 21G X 1-1/2" <i>[needle (disp) 21 g]</i>	2	
BD DISP NEEDLES MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD DISP NEEDLES MISC 25G X 5/8" <i>[needle (disp) 25 g]</i>	2	
BD DISP NEEDLES MISC 27G X 1/2" <i>[needle (disp) 27 g]</i>	2	
BD DISP NEEDLES MISC 30G X 1/2" <i>[needle (disp) 30 g]</i>	2	
BD ECLIPSE NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD FILTER NEEDLE/5 MICRON MISC <i>[needles & syringes]</i>	2	
BD HYPODERMIC NEEDLE MISC 16G X 1" <i>[needle (disp) 16 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 19G X 1-1/2" <i>[needle (disp) 19 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1-1/2" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1" <i>[needle (disp) 25 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 5/8" <i>[needle</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(disp) 25 g]</i>		
BD HYPODERMIC NEEDLE MISC 26G X 1/2" <i>[needle (disp) 26 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 26G X 3/8" <i>[needle (disp) 26 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 26G X 5/8" <i>[needle (disp) 26 g]</i>	2	
BD INSULIN SYRINGE HALF-UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	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 <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
[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 <i>[syringe/needle (disp) 3 ml]</i>	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LANCET DEVICE MIS DEVICE <i>[lancet devices]</i>	2	
BD LANCET ULTRAFINE 33G MISC <i>[lancets]</i>	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	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"	2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
HYPODERMIC NEEDLE MISC 26G X 1/2" <i>[needle (disp) 26 g]</i>	2	
HYPODERMIC NEEDLE MISC 26G X 3/8" <i>[needle (disp) 26 g]</i>	2	
HYPODERMIC NEEDLE MISC 27G X 1/2" <i>[needle (disp) 27 g]</i>	2	
HYPODERMIC NEEDLE MISC 30G X 1/2" <i>[needle (disp) 30 g]</i>	2	
INSUFLON MISC 25G X 0.71" <i>[subcutaneous soft cannula]</i>	2	
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8"/1ML MIS 25GX5/8" <i>[syringe/needle (disp) 1 ml]</i>	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT SYRINGE REG LUER MISC 20 ML <i>[syringe (disposable)]</i>	2	
MONOJECT TB SYRINGE MISC 1 ML <i>[syringe (disposable)]</i>	2	
NOKOR VENTED NEEDLE MISC 16G X 1" <i>[needle (disp) 16 g]</i>	2	
NOKOR VENTED NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection device]</i>	2	
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH ULTRA CONTROL SOLN <i>[blood glucose calibration]</i>	2	
ONETOUCH ULTRA MINI KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	
PEDIATRIC SMALL MASK MISC <i>[masks]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
POLYFIN QR INFUSION SET 42" MISC <i>[insulin infusion pump supplies]</i>	2	
PRODIGY CONTROL SOLUTION SOLN LOW <i>[blood glucose calibration]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 10 ML <i>[syringe/needle (disp) 10 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SAFETY-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 [tuberculin/allergy syringes]	2	
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 DISPOSABLE MISC 20 ML [syringe (disposable)]	2	
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	
ULTRA THIN LANCETS 30G MISC [lancets]	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
[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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	2	MB
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	2	MB
METOPIRONE CAPS 250 MG [<i>metyrapone</i>]	2	
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</i>]	2	MB
OMNIPAQUE INJ 300MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE INJ 350MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 180 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 240 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 300 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 350 MG/ML [<i>iohexol</i>]	2	MB
ONETOUCH ULTRA STRP [<i>glucose blood</i>]	2	
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	2	
READI-CAT 2 SUSP 2.1 % [<i>barium sulfate</i>]	2	
THYROGEN SOLR 0.9 MG [<i>thyrotropin alfa</i>]	2	MB
TISSUEBLUE SOSY 0.025 % [<i>brilliant blue g</i>]	2	
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	2	MB
VOLUMEN SUSP 0.1 % [<i>barium sulfate</i>]	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>]	1	
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	2	MB
SODIUM BICARBONATE SOLN 4.2 % [<i>sodium bicarbonate</i>]	1	MB
SODIUM BICARBONATE SOLN 7.5 % [<i>sodium bicarbonate</i>]	2	MB
SODIUM BICARBONATE SOLN 8.4 % [<i>sodium bicarbonate</i>]	1	MB
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	4	QL - 30 day(s)
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % [<i>amino acid infusion</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium</i>]	2	MB
<i>toremide tabs 10 mg</i>	1	
<i>toremide tabs 100 mg</i>	1	
<i>toremide tabs 20 mg</i>	1	
<i>toremide tabs 5 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	1	
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % [<i>acetic acid</i>]	1	MB
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
RINGERS IRRIGATION SOLN [<i>ringer's irrigation</i>]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	1	MB
STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>]	1	MB
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [<i>peritoneal dialysis solutions</i>]	2	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
CALCIUM CHLORIDE SOLN 10 % [<i>calcium chloride (dihydrate)</i>]	1	MB
CALCIUM GLUCONATE SOLN 10 % [<i>calcium</i>]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>gluconate]</i>		
CHROMIC CHLORIDE SOLN 40 MCG/10ML <i>[chromic chloride]</i>	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML <i>[cupric chloride]</i>	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % <i>[dextrose in lactated ringers]</i>	1	MB
<i>dextrose in ringers soln 5 %</i>	1	MB
DEXTROSE-NACL SOLN 2.5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.2 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.33 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.9 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.225 % <i>[dextrose w/ sodium chloride]</i>	2	MB
EFFER-K TBEF 25 MEQ <i>[potassium bicarbonate]</i>	1	
<i>hetastarch-nacl soln 6-0.9 %</i>	1	MB
HEXTEND SOLN 6 % <i>[hetastarch in lactated electrolyte]</i>	2	MB
K-PHOS TABS 500 MG <i>[potassium phosphate monobasic]</i>	2	
K-TAB TBCR 10 MEQ <i>[potassium chloride]</i>	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L <i>[potassium chloride in d5w lactated ringers]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 NAACL 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 IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.45 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NAACL 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 [potassium chloride]	1	MB
potassium chloride soln 20 meq/100ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [potassium chloride]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	1	
POTASSIUM PHOSPHATES 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	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>chloride]</i>		
SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride</i>]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>]	1	MB
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [<i>trace minerals (cr-cu-mn-zn)</i>]	2	MB
ZINC CHLORIDE SOLN 1 MG/ML [<i>zinc chloride</i>]	2	MB
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs 0.5-500 mg</i>	1	
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [<i>laronidase</i>]	4	MB
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>]	4	MB
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG [<i>rasburicase</i>]	4	MB
ELITEK SOLR 7.5 MG [<i>rasburicase</i>]	4	MB
FABRAZYME SOLR 35 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	2	MB
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	4	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML [<i>galsulfase</i>]	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML [<i>dornase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	4	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	2	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	
BLEPHAMIDE SUSP 10-0.2 % [<i>sulfacetamide sod-prednisolone</i>]	2	
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	2	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
<i>cyclosporine emul 0.05 %</i>	1	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
FML FORTE SUSP 0.25 % [<i>fluorometholone (ophth)</i>]	2	
FML OINT 0.1 % [<i>fluorometholone (ophth)</i>]	2	
<i>ketorolac tromethamine soln 0.4 %</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	2	
<i>prednisolone acetate susp 1 %</i>	1	
RETISERT IMPL 0.59 MG [<i>fluocinolone acetonide (ophth)</i>]	4	MB
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	
ANTIGLAUCOMA AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>bimatoprost soln 0.03 %</i>	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BSS PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	2	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	4	
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	2	MB
IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
MACUGEN SOLN 0.3 MG [<i>pegaptanib sodium</i>]	2	MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [<i>riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran</i>]	2	
VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	2	MB
LOCAL ANESTHETICS		

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
peg 3350/electrolytes solr 240 gm	1	PREV
SORBITOL SOLN 70 % [sorbitol (laxative)]	2	
CHOLELITHOLYTIC AGENTS		
ursodiol tabs 250 mg	1	
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]	4	
deferasirox tabs 360 mg	1	QL - 30 day(s)
deferasirox tabs 90 mg	1	QL - 30 day(s)
deferoxamine mesylate solr 500 mg	1	MB
EXJADE TBSO 125 MG [deferasirox]	4	QL - 30 day(s)
EXJADE TBSO 250 MG [deferasirox]	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
EXJADE TBSO 500 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU TABS 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU TABS 360 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU TABS 90 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
<i>penicillamine caps 250 mg</i>	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	
<i>budesonide susp 0.5 mg/2ml</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	MB
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
FLOVENT HFA AERO 44 MCG/ACT [<i>fluticasone propionate hfa</i>]	2	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	2	MB
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 10 mg (21)</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 125 MG <i>[methylprednisolone sod succ]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
SYMBICORT AERO 160-4.5 MCG/ACT <i>[budesonide-formoterol fumarate dihydrate]</i>	2	
SYMBICORT AERO 80-4.5 MCG/ACT <i>[budesonide-formoterol fumarate dihydrate]</i>	2	
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
<i>danazol caps 100 mg</i>	1	
<i>danazol caps 200 mg</i>	1	
<i>danazol caps 50 mg</i>	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	2	MB
<i>methyltestosterone tabs 10 mg</i>	2	
<i>methyltestosterone caps 10 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	MB
<i>testosterone enanthate soln 200 mg/ml</i>	1	MB
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
<i>testosterone gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	2	
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	2	
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	2	
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	
<i>metformin hcl er tb24 500 mg</i>	1	
<i>metformin hcl er tb24 750 mg</i>	1	
<i>metformin hcl tabs 1000 mg</i>	1	
<i>metformin hcl tabs 500 mg</i>	1	
<i>metformin hcl tabs 850 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML [semaglutide]	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	2	
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	
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
[Ethinodiol 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.0375 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.05 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.06 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.075 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.1 MG/24HR <i>[estradiol]</i>	2	
<i>clomiphene citrate tabs 50 mg</i>	1	
DELESTROGEN OIL 10 MG/ML <i>[estradiol valerate]</i>	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	MB
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	
<i>estradiol pttw 0.1 mg/24hr</i>	1	
<i>estradiol ptwk 0.1 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 10 mcg</i>	1	
<i>estradiol tabs 2 mg</i>	1	
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ESTRING RING 2 MG <i>[estradiol vaginal]</i>	2	
<i>raloxifene hcl tabs 60 mg</i>	1	OC,PREV
[Estradiol Vaginal] YUVAFEM TABS 10 MCG	1	
GONADOTROPINS		
ELIGARD KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	
ELIGARD KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	
ELIGARD KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	
ELIGARD KIT 7.5 MG <i>[leuprolide acetate]</i>	2	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF SOLR 75 UNIT <i>[follitropin alfa]</i>	2	
GONAL-F SOLR 1050 UNIT <i>[follitropin alfa]</i>	2	MB
GONAL-F SOLR 450 UNIT <i>[follitropin alfa]</i>	2	MB
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	2	
NOVAREL SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	2	MB
OVIDREL INJ 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	2	
SYNAREL SOLN 2 MG/ML <i>[nafarelin acetate]</i>	4	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML <i>[teriparatide (recombinant)]</i>	4	QL - 30 day(s),MB
PITUITARY		
ACTHAR GEL 80 UNIT/ML <i>[corticotropin]</i>	4	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % <i>[desmopressin acetate refrigerated]</i>	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
STIMATE SOLN 1.5 MG/ML <i>[desmopressin acetate]</i>	4	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	1	QL - 30 day(s),MB
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML [<i>somatropin</i>]	4	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 4 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
SEROSTIM SOLR 5 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
SEROSTIM SOLR 6 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLR 200 MCG [<i>levothyroxine sodium</i>]	2	MB
LEVOTHYROXINE SODIUM SOLR 500 MCG [<i>levothyroxine sodium</i>]	2	MB
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML <i>[bupivacaine hcl]</i>	2	MB
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl inj 0.75%</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>chloroprocaine hcl inj 3%</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (cardiac) pf soty 50 mg/5ml</i>	1	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (pf) soln 4 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine hcl soln 2 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 1.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN SOLN 2 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 7.5 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NESACAINE SOLN 2 % <i>[chloroprocaine hcl]</i>	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
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % <i>[bupivacaine w/ epinephrine]</i>	2	MB
TETRACAINE HCL SOLN 1 % <i>[tetracaine hcl]</i>	1	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 <i>[lidocaine w/ epinephrine]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	4	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
[Disulfiram] ANTABUSE TABS 250 MG	2	
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
<i>azathioprine tabs 50 mg</i>	1	
BETASERON KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
BOTOX COSMETIC SOLR 100 UNIT [<i>onabotulinumtoxina (cosmetic)</i>]	2	MB
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxina</i>]	2	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	4	QL - 30 day(s)
<i>cinacalcet hcl tabs 30 mg</i>	1	
<i>cinacalcet hcl tabs 60 mg</i>	1	
<i>cinacalcet hcl tabs 90 mg</i>	1	
CINRYZE SOLR 500 UNIT [<i>c1 esterase inhibitor (human)</i>]	4	QL - 30 day(s),MB
<i>colchicine tabs 0.6 mg</i>	1	
CYSTADANE POWD [<i>betaine</i>]	4	QL - 30 day(s)
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	2	QL - 30 day(s)
<i>dexrazoxane hcl solr 250 mg</i>	1	MB
<i>dexrazoxane hcl solr 500 mg</i>	1	MB
<i>dimethyl fumarate cpdr 120 mg</i>	1	
<i>dimethyl fumarate cpdr 240 mg</i>	1	
<i>dimethyl fumarate starter pack misc 120 & 240 mg</i>	1	
<i>disulfiram tabs 250 mg</i>	1	
<i>disulfiram tabs 500 mg</i>	1	
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	2	
ENBREL SOLR 25 MG [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
<i>etidronate disodium tabs 200 mg</i>	1	
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
<i>finasteride tabs 5 mg</i>	1	
FIRAZYR SOLN 30 MG/3ML [<i>icatibant acetate</i>]	4	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [<i>sodium fluoride</i>]	1	PREV
FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP [<i>sodium fluoride</i>]	2	PREV
FUSILEV SOLR 50 MG [<i>levoleucovorin calcium</i>]	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 [<i>timothy grass pollen allergen extract</i>]	2	
HAEGARDA SOLR 2000 UNIT [<i>c1 esterase inhibitor (human)</i>]	4	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	1	QL - 30 day(s),MB
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	4	MB
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KINERET INJ [<i>anakinra</i>]	4	QL - 30 day(s)
<i>leflunomide tabs 10 mg</i>	1	
<i>leflunomide tabs 20 mg</i>	1	
<i>leucovorin calcium solr 100 mg</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>leucovorin calcium solr 350 mg</i>	1	MB
<i>leucovorin calcium solr 50 mg</i>	1	MB
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	
<i>levocarnitine inj 200mg/ml</i>	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	1	
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	1	
MESNA SOLN 100 MG/ML [<i>mesna</i>]	1	MB
MESNEX TABS 400 MG [<i>mesna</i>]	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	1	MB
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil susr 200 mg/ml</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
MYOBLOC SOLN 10000 UNIT/2ML [<i>rimabotulinumtoxinb</i>]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [<i>rimabotulinumtoxinb</i>]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [<i>rimabotulinumtoxinb</i>]	2	MB
NEORAL SOLN 100 MG/ML [<i>cyclosporine modified (for microemulsion)</i>]	2	
<i>octreotide acetate soln 100 mcg/ml</i>	1	MB
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MB
<i>octreotide acetate soln 200 mcg/ml</i>	1	MB
<i>octreotide acetate soln 50 mcg/ml</i>	1	MB
<i>octreotide acetate soln 500 mcg/ml</i>	1	MB
<i>octreotide acetate sosal 50 mcg/ml</i>	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [<i>abatacept</i>]	4	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	4	
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	4	QL - 30 day(s)
OTEZLA TAB 10/20/30 [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
<i>pamidronate disodium soln 30 mg/10ml</i>	1	MB
<i>pamidronate disodium soln 6 mg/ml</i>	1	MB
<i>pamidronate disodium soln 90 mg/10ml</i>	1	MB
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB
PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	2	
PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	2	MB
RAPAMUNE SOLN 1 MG/ML [<i>sirolimus</i>]	2	
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	2	
REMICADE SOLR 100 MG [<i>infliximab</i>]	4	MB
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	2	MB
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	2	
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	1	
<i>sirolimus soln 1 mg/ml</i>	1	
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	1	PREV
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	4	MB
<i>sterile water for injection soln</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML [<i>lanadelumab-flyo</i>]	4	QL - 30 day(s)
THALOMID CAPS 100 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THALOMID CAPS 150 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THALOMID CAPS 200 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THALOMID CAPS 50 MG [<i>thalidomide</i>]	4	QL - 30 day(s)
THIOLA TABS 100 MG [<i>tiopronin</i>]	2	
TYSABRI CONC 300 MG/15ML [<i>natalizumab</i>]	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML [<i>ravulizumab-cwvz</i>]	4	
ULTOMIRIS SOLN 300 MG/30ML [<i>ravulizumab-cwvz</i>]	4	
ULTOMIRIS SOLN 300 MG/3ML [<i>ravulizumab-cwvz</i>]	4	
VYVGART SOLN 400 MG/20ML [<i>efgartigimod alfa-fcab</i>]	4	QL - 30 day(s),MB
XELJANZ TABS 10 MG [<i>tofacitinib citrate</i>]	4	
XELJANZ TABS 5 MG [<i>tofacitinib citrate</i>]	4	QL - 30 day(s)
XELJANZ XR TB24 11 MG [<i>tofacitinib citrate</i>]	4	QL - 30 day(s)
ZINECARD SOLR 250 MG [<i>dexrazoxane hcl</i>]	2	MB
ZINECARD SOLR 500 MG [<i>dexrazoxane hcl</i>]	2	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	2	MB
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	MB
<i>methylergonovine maleate tabs 0.2 mg</i>	1	
MIFEPREX TABS 200 MG [<i>mifepristone</i>]	2	PREV
OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	1	MB
PREPIDIL GEL 0.5 MG/3GM [<i>dinoprostone</i>]	2	
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD [<i>aloe vera (bulk)</i>]	2	
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [<i>atropine sulfate monohydrate</i>]	2	
BIOTIN-D POWD [<i>biotin (bulk)</i>]	2	
BORIC ACID POWD [<i>boric acid (bulk)</i>]	2	
CANTHARIDIN POW [<i>cantharidin</i>]	2	
CARBAMAZEPINE POWD [<i>carbamazepine</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CHLORPROMAZINE HCL POW HCL [chlorpromazine hcl]	2	
CHOLESTEROL POWD [cholesterol]	2	
CLINDAMYCIN HCL POWD [clindamycin hcl (bulk)]	2	
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	2	
CLOTRIMAZOLE CRYST [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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROGESTERONE WETTABLE POWD [<i>progesterone (bulk)</i>]	2	
PROPYLENE GLYCOL LIQD [<i>propylene glycol (bulk)</i>]	2	
QUINACRINE HCL POWD [<i>quinacrine hcl</i>]	2	
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	2	
SODIUM BENZOATE POWD [<i>sodium benzoate</i>]	2	
SORBITOL SOLN 70 % [<i>sorbitol</i>]	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [<i>squaric acid dibutylester</i>]	2	
SULFUR PRECIPITATED POWD [<i>sulfur (bulk)</i>]	2	
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	
THYMOL CRYST [<i>thymol</i>]	2	
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	2	
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
UREA POWD [<i>urea (bulk)</i>]	2	
ZINC SULFATE GRAN [<i>zinc sulfate</i>]	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	2	
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	2	
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>]	2	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	
PHENYLHISTINE DH LIQ DH [<i>pseudoeph-chlorphen w/ cod</i>]	2	
<i>promethazine-dm syrps 6.25-15 mg/5ml</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>]	1	
SODIUM CHLORIDE NEBU 10 % [<i>sodium chloride (inhalant)</i>]	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SODIUM CHLORIDE NEBU 3 % [<i>sodium chloride (inhalant)</i>]	1	
SODIUM CHLORIDE NEBU 7 % [<i>sodium chloride (inhalant)</i>]	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	2	MB
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% [<i>beractant in nacl</i>]	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI PACK 75-94 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	4	QL - 30 day(s)
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl</i>]	2	
SYMDEKO TBPK 100-150 & 150 MG [<i>tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG [<i>tezacaftor-ivacaftor</i>]	4	
TRIKAFTA TBPK 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR [<i>crotalidae immune f(ab')2 (equine)</i>]	2	
ANTIVENIN LATRODECTUS MACTANS KIT [<i>antivenin latrodectus mactans</i>]	2	MB
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	2	MB
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 20 GM/200ML [<i>immune</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>globulin (human) iv]</i>		
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
GAMASTAN INJ <i>[immune globulin (human) im]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin</i>	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(human) subcutaneous]</i>		
HIZENTRA SOSY 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	
HYPERRAB S/D SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
HYPERTET SOSY 250 UNIT/ML <i>[tetanus immune globulin (human)]</i>	2	MB
IMOGAM RABIES-HT SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT <i>[rho d immune globulin (human)]</i>	2	MB
NABI-HB SOLN 312 UNIT/ML <i>[hepatitis b immune globulin (human)]</i>	2	MB
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 10 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT <i>[rho d immune globulin (human)]</i>	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	2	MB
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
TDVAX SUSP 2-2 LF/0.5ML <i>[tetanus-diphtheria toxoids (td)]</i>	2	MB
VACCINES		
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	2	MB
AFLURIA QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	2	MB
ENGERIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(recomb)</i>		
ENGERIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUAD SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen adjuvant]</i>	2	MB
FLUARIX QUADRIVALENT SUSY 0.5 ML <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
FLUCELVAX QUADRIVALENT SUSY 0.5 ML <i>[influenza virus vaccine tissue-cultured subunit quadrivalent]</i>	2	MB
FLUMIST QUADRIVALENT SUSP <i>[influenza virus vaccine live quadrivalent]</i>	2	
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML <i>[influenza virus vac split high-dose quad preservative free]</i>	2	MB
FLUZONE QUADRIVALENT SUSP 0.5 ML <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
GARDASIL 9 SUSP <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL INJ <i>[human papillomavirus (hpv) quadrivalent recombinant vaccine]</i>	2	MB
GARDASIL SUSP <i>[human papillomavirus (hpv) quadrivalent recombinant vaccine]</i>	2	MB
HAVRIX SUSP 1440 EL U/ML <i>[hepatitis a vaccine]</i>	2	MB
HAVRIX SUSP 720 EL U/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
HIBERIX SOLR 10 MCG <i>[haemophilus b polysac conj vac]</i>	2	MB
IMOVAX RABIES SUSR 2.5 UNIT/ML <i>[rabies virus vaccine, hdc]</i>	2	MB
IPOL INJ <i>[poliovirus vaccine, ipv]</i>	2	MB
IXIARO SUSP <i>[japanese encephalitis vaccine inactivated adsorbed]</i>	2	MB
KINRIX SUSP <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
KINRIX SUSY 0.5 ML <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
M-M-R II SOLR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
MENVEO SOLR <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
PEDIARIX SUSY <i>[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]</i>	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML <i>[pneumococcal vac polyvalent]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PREVNAR 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	2	MB
PREVNAR 20 SUSY 0.5 ML [<i>pneumococcal 20-valent conjugate vaccine</i>]	2	MB
PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	2	MB
RABAVERT SUSR [<i>rabies vaccine, pcec</i>]	2	MB
RECOMBIVAX HB SUSP 10 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSP 40 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSP 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSY 10 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
RECOMBIVAX HB SUSY 5 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	2	MB
ROTARIX SUSR [<i>rotavirus vaccine, live oral</i>]	2	MB
ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	2	MB
SHINGRIX SUSR 50 MCG/0.5ML [<i>zoster vaccine recombinant adjuvanted</i>]	2	MB
TICE BCG SUSR 50 MG [<i>bcg live intravesical</i>]	2	MB
TWINRIX SUSY 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>]	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	2	MB
VAQTA SUSP 25 UNIT/0.5ML [<i>hepatitis a vaccine</i>]	2	MB
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	2	MB
VARIVAX INJ 1350 PFU/0.5ML [<i>varicella virus vaccine live</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
YF-VAX INJ [<i>yellow fever vaccine</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1-5 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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-IDOQUINOL 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CLOBEX LOTN 0.05 % [<i>clobetasol propionate</i>]	2	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
[Hydrocortisone (intrarectal)] COLOCORT ENEM 100 MG/60ML	1	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	
CORTISPORIN CREA 3.5-10000-0.5 [<i>neomycin-polymyxin-hc</i>]	2	
CORTISPORIN OINT 1 % [<i>bacitracin-polymyxin-neomycin hc</i>]	2	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>halobetasol propionate crea 0.05 %</i>	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	
<i>triamcinolone acetonide lotn 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.025 %</i>	1	
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
PHENOL LIQD [<i>phenol</i>]	2	
PHENOL LIQD 89 % [<i>phenol</i>]	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
ASTRINGENTS		
DRYSOL SOLN 20 % [<i>aluminum chloride</i>]	2	
XERAC AC SOLN 6.25 % [<i>aluminum chloride in alcohol</i>]	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % [<i>tretinoin</i>]	1	
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	2	
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	2	
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	2	
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	2	
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	2	
RETIN-A MICRO GEL 0.04 % [<i>tretinoin microsphere</i>]	2	
RETIN-A MICRO GEL 0.1 % [<i>tretinoin microsphere</i>]	2	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
KERATOLYTIC AGENTS		
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
BENZOIN COMPOUND TINC [<i>benzoin compound</i>]	1	
BENZOIN TINC [<i>benzoin</i>]	2	
<i>calcipotriene crea 0.005 %</i>	1	
<i>calcipotriene soln 0.005 %</i>	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [<i>podofilox</i>]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <i>[secukinumab]</i>	4	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML <i>[secukinumab]</i>	4	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML <i>[secukinumab]</i>	4	QL - 30 day(s)
<i>diclofenac sodium gel 1 %</i>	1	
<i>diclofenac sodium soln 1.5 %</i>	1	
DIFFERIN CREA 0.1 % <i>[adapalene]</i>	2	
DIFFERIN GEL 0.1 % <i>[adapalene]</i>	2	
DIFFERIN GEL 0.3 % <i>[adapalene]</i>	2	
DRITHO-CREME HP CREA 1 % <i>[anthralin]</i>	2	
EPIDUO FORTE GEL 0.3-2.5 % <i>[adapalene-benzoyl peroxide]</i>	2	
FLUOROPLEX CREA 1 % <i>[fluorouracil (topical)]</i>	2	
<i>fluorouracil crea 5 %</i>	1	
<i>fluorouracil soln 2 %</i>	1	
<i>fluorouracil soln 5 %</i>	1	
<i>imiquimod crea 5 %</i>	1	
LEVULAN KERASTICK SOLR 20 % <i>[aminolevulinic acid hcl]</i>	2	
<i>pimecrolimus crea 1 %</i>	1	
PODOCON-25 SOLN 25 % <i>[podophyllum resin]</i>	2	
<i>podofilox soln 0.5 %</i>	1	
SANTYL OINT 250 UNIT/GM <i>[collagenase]</i>	2	
SKYRIZI PEN SOAJ 150 MG/ML <i>[risankizumab-rzaa]</i>	4	
SKYRIZI SOSY 150 MG/ML <i>[risankizumab-rzaa]</i>	4	
STELARA SOLN 45 MG/0.5ML <i>[ustekinumab]</i>	4	
STELARA SOSY 45 MG/0.5ML <i>[ustekinumab]</i>	4	
STELARA SOSY 90 MG/ML <i>[ustekinumab]</i>	4	
TACROLIMUS OINT 0.03 % <i>[tacrolimus (topical)]</i>	1	
TACROLIMUS OINT 0.1 % <i>[tacrolimus (topical)]</i>	1	
TARGRETIN GEL 1 % <i>[bexarotene (topical)]</i>	4	
<i>tazarotene crea 0.1 %</i>	1	
TAZORAC CREA 0.05 % <i>[tazarotene]</i>	2	
TAZORAC GEL 0.05 % <i>[tazarotene]</i>	2	
TAZORAC GEL 0.1 % <i>[tazarotene]</i>	2	
TREMFYA SOPN 100 MG/ML <i>[guselkumab]</i>	4	
TREMFYA SOSY 100 MG/ML <i>[guselkumab]</i>	4	
VECTICAL OINT 3 MCG/GM <i>[calcitriol (topical)]</i>	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ SRER 8 MG/ML <i>[mirabegron]</i>	2	
MYRBETRIQ TB24 25 MG <i>[mirabegron]</i>	2	
MYRBETRIQ TB24 50 MG <i>[mirabegron]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>oxybutynin chloride er tb24 10 mg</i>	1	
<i>oxybutynin chloride er tb24 15 mg</i>	1	
<i>oxybutynin chloride er tb24 5 mg</i>	1	
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>tropium chloride er cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	1	MB
<i>theophylline er tb12 100 mg</i>	1	
<i>theophylline er tb12 200 mg</i>	1	
<i>theophylline er tb12 300 mg</i>	1	
<i>theophylline er tb12 450 mg</i>	1	
<i>theophylline er tb24 400 mg</i>	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% <i>[theophylline in dextrose]</i>	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ <i>[multiple vitamin]</i>	2	MB
INFUVITE PEDIATRIC SOLN <i>[pediatric multiple vitamins]</i>	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML <i>[ped multivitamins w/fl & iron]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	
<i>pediatric multivitamins w/fl chew</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric multivitamins w/fl]</i>	1	
[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	1	
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER TBCR 250 MG [<i>niacin</i>]	1	
NIACIN TABS 100 MG [<i>niacin</i>]	1	
NIACIN TABS 250 MG [<i>niacin</i>]	1	
NIACIN TABS 50 MG [<i>niacin</i>]	1	
NIACIN TABS 500 MG [<i>niacin</i>]	1	
SLO-NIACIN TBCR 500 MG [<i>niacin</i>]	2	
SLO-NIACIN TBCR 750 MG [<i>niacin</i>]	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	MB
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol</i>]	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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amphetamine-dextroamphetamine tabs 5 mg	50
amphetamine-dextroamphetamine tabs 7.5 mg	50
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ampicillin sodium solr 10 gm	11
ampicillin sodium solr 125 mg	11
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<i>aripiprazole tabs 15 mg</i>	59	<i>atomoxetine hcl caps 18 mg</i>	58
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ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	59	<i>atorvastatin calcium tabs 40 mg</i>	40
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ARRANON SOLN 5 MG/ML [<i>nelarabine</i>]	22	<i>atovaquone susp 750 mg/5ml</i>	17
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	83	<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	17
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ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	83	<i>atracurium besylate soln 100 mg/10ml</i>	32
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	97	<i>atracurium besylate soln 50 mg/5ml</i>	32
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	97	<i>atropine sulfate inj 1mg/ml</i>	30
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		ATROPINE SULFATE SOLN 0.4 MG/ML [<i>atropine sulfate</i>]	30
		ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</i>]	80
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BD SYRINGE LUER-LOK MISC 10 ML <i>[syringe (disposable)]</i>	68	<i>benztropine mesylate tabs 1 mg</i>	55
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BD TB SYRINGE MISC 27G X 1/2.....	68	BETAMETHASONE VALERATE LOTN 0.1 % <i>[betamethasone valerate]</i>	103
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64	68	BETAMETHASONE VALERATE OINT 0.1 % <i>[betamethasone valerate]</i>	103
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	68	BETASERON KIT 0.3 MG <i>[interferon beta-1b]</i>	91
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 30 MG <i>[belladonna alkaloids & opium]</i>	30	<i>betaxolol hcl soln 0.5 %</i>	79
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 60 MG <i>[belladonna alkaloids & opium]</i>	30	<i>bethanechol chloride tabs 10 mg</i>	31
<i>benazepril hcl tabs 10 mg</i>	44	<i>bethanechol chloride tabs 25 mg</i>	31
<i>benazepril hcl tabs 20 mg</i>	44	<i>bethanechol chloride tabs 5 mg</i>	31
<i>benazepril hcl tabs 40 mg</i>	44	BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	100
<i>benazepril hcl tabs 5 mg</i>	45	<i>bicalutamide tabs 50 mg</i>	23
BENDEKA SOLN 100 MG/4ML <i>[bendamustine</i>		BICILLIN L-A SUSP 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	12
		BICILLIN L-A SUSP 1200000 UNIT/2ML	

[penicillin g benzathine]	12	BSS SOLN [ophthalmic irrigation solution - intraocular]	79
BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	12	budesonide cpep 3 mg	83
BICNU SOLR 100 MG [carmustine]	23	budesonide susp 0.25 mg/2ml	83
BIKTARVY TABS 30-120-15 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	18	budesonide susp 0.5 mg/2ml	83
BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	18	bumetanide soln 0.25 mg/ml	73
BILTRICIDE TABS 600 MG [praziquantel]	11	bumetanide tabs 0.5 mg	73
bimatoprost soln 0.03 %	79	bumetanide tabs 1 mg	73
BIOTIN-D POWD [biotin (bulk)]	95	bumetanide tabs 2 mg	73
bisoprolol fumarate tabs 10 mg	41	BUPHENYL TABS 500 MG [sodium phenylbutyrate]	72
bisoprolol fumarate tabs 5 mg	41	BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [bupivacaine hcl]	90
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	41	bupivacaine hcl (pf) soln 0.25 %	90
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	41	bupivacaine hcl (pf) soln 0.5 %	90
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	41	bupivacaine hcl (pf) soln 0.75 %	90
bleomycin sulfate solr 15 unit	23	bupivacaine hcl inj 0.75%	90
bleomycin sulfate solr 30 unit	23	bupivacaine hcl soln 0.25 %	90
BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod-prednisolone]	78	bupivacaine hcl soln 0.5 %	90
BLINCYTO SOLR 35 MCG [blinatumomab] ..	23	bupivacaine in dextrose soln 0.75-8.25 %	90
BLUNT PLASTIC CANNULA MISC [parenteral therapy supplies]	68	bupivacaine-epinephrine (pf) soln 0.25% -1 200000	90
BORIC ACID POWD [boric acid (bulk)]	95	bupivacaine-epinephrine (pf) soln 0.5% -1 200000	90
BOTOX COSMETIC SOLR 100 UNIT [onabotulinumtoxinA (cosmetic)]	91	bupivacaine-epinephrine soln 0.25% -1 200000	90
BOTOX SOLR 100 UNIT [onabotulinumtoxinA]	91	bupivacaine-epinephrine soln 0.5% -1 200000	90
BOTOX SOLR 200 UNIT [onabotulinumtoxinA]	91	buprenorphine hcl soln 0.3 mg/ml	47
BREVIBLOC IN NAACL SOLN 2000 MG/100ML [esmolol hcl-sodium chloride]	41	buprenorphine hcl-naloxone hcl subl 2-0.5 mg	47
BREVIBLOC IN NAACL SOLN 2500 MG/250ML [esmolol hcl-sodium chloride]	41	buprenorphine hcl-naloxone hcl subl 8-2 mg	47
BREVITAL SODIUM SOLR 500 MG [methohexital sodium]	58	bupropion hcl er (sr) tb12 100 mg	59
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	91	bupropion hcl er (sr) tb12 150 mg	59
BRILINTA TABS 90 MG [ticagrelor]	38	bupropion hcl er (sr) tb12 200 mg	59
brimonidine tartrate soln 0.2 %	79	bupropion hcl er (xl) tb24 150 mg	59
bromocriptine mesylate caps 5 mg	55	bupropion hcl er (xl) tb24 300 mg	59
bromocriptine mesylate tabs 2.5 mg	55	bupropion hcl tabs 100 mg	59
BRUKINSA CAPS 80 MG [zanubrutinib]	23	bupropion hcl tabs 75 mg	59
BSS PLUS SOLN [ophthalmic irrigation solution - intraocular]	79	bupropion hcl tabs 10 mg	56
		bupropion hcl tabs 15 mg	56
		bupropion hcl tabs 30 mg	56
		bupropion hcl tabs 5 mg	56
		bupropion hcl tabs 7.5 mg	56
		butorphanol tartrate soln 1 mg/ml	47
		butorphanol tartrate soln 2 mg/ml	47
		BUTTERFLY 25G X 3/4	68

C

CABENUVA SUER 400 & 600 MG/2ML
[cabotegravir & rilpivirine] 18

CABENUVA SUER 600 & 900 MG/3ML
[cabotegravir & rilpivirine] 18

cabergoline tabs 0.5 mg 55

CABOMETRYX TABS 20 MG *[cabozantinib s-malate]* 23

CABOMETRYX TABS 40 MG *[cabozantinib s-malate]* 23

CABOMETRYX TABS 60 MG *[cabozantinib s-malate]* 23

caffeine citrate soln 60 mg/3ml 51

calcipotriene crea 0.005 % 105

calcipotriene soln 0.005 % 105

calcitonin (salmon) soln 200 unit/act 88

calcitriol caps 0.25 mcg 108

calcitriol caps 0.5 mcg 108

calcium acetate (phos binder) caps 667 mg 74

calcium acetate tabs 667 mg 74

CALCIUM CHLORIDE SOLN 10 % *[calcium chloride (dihydrate)]* 74

CALCIUM GLUCONATE SOLN 10 % *[calcium gluconate]* 74

CALQUENCE CAPS 100 MG *[acalabrutinib]* 23

CALQUENCE TABS 100 MG *[acalabrutinib maleate]* 23

CAMPTOSAR SOLN 100 MG/5ML *[irinotecan hcl]* 23

CAMPTOSAR SOLN 40 MG/2ML *[irinotecan hcl]* 23

CANCIDAS SOLR 50 MG *[casprofungin acetate]* 16

CANCIDAS SOLR 70 MG *[casprofungin acetate]* 16

CANDIN SOLN *[candida albicans skin test antigen]* 71

CANTHARIDIN POW *[cantharidin]* 95

CAPASTAT SULFATE SOLR 1 GM
[capreomycin sulfate] 17

capecitabine tabs 150 mg 23

capecitabine tabs 500 mg 23

CAPRELSA TABS 100 MG *[vandetanib]* 23

CAPRELSA TABS 300 MG *[vandetanib]* 23

CARAFATE SUSP 1 GM/10ML *[sucralfate]* ... 81

carbamazepine chew 100 mg 52

carbamazepine er cp12 100 mg 52

carbamazepine er cp12 200 mg 52

carbamazepine er cp12 300 mg 52

carbamazepine er tb12 100 mg 52

carbamazepine er tb12 200 mg 52

carbamazepine er tb12 400 mg 52

CARBAMAZEPINE POWD *[carbamazepine]* 95

carbamazepine susp 100 mg/5ml 52

carbamazepine tabs 200 mg 52

carbidopa tabs 25 mg 55

carbidopa-levodopa er tbcr 25-100 mg 55

carbidopa-levodopa er tbcr 50-200 mg 55

carbidopa-levodopa tabs 10-100 mg 55

carbidopa-levodopa tabs 25-100 mg 55

carbidopa-levodopa tabs 25-250 mg 55

carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 55

carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 55

carbidopa-levodopa-entacapone tabs 25-100-200 mg 55

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 55

carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 55

carbidopa-levodopa-entacapone tabs 50-200-200 mg 55

CARDENE IV SOLN 20-0.86 MG/200ML-%
[nicardipine hcl in sodium chloride] 44

CARDENE IV SOLN 20-4.8 MG/200ML-%
[nicardipine hcl in dextrose] 44

CARDENE IV SOLN 40-0.83 MG/200ML-%
[nicardipine hcl in sodium chloride] 44

carmustine solr 100 mg 23

carvedilol tabs 12.5 mg 41

carvedilol tabs 25 mg 41

carvedilol tabs 3.125 mg 41

carvedilol tabs 6.25 mg 41

CATHFLO ACTIVASE SOLR 2 MG *[alteplase]*
 38

CAVERJECT IMPULSE KIT 10 MCG
[alprostadil (vasodilator)] 46

CAVERJECT IMPULSE KIT 20 MCG
[alprostadil (vasodilator)] 46

CAVERJECT SOLR 20 MCG *[alprostadil (vasodilator)]* 46

CAVERJECT SOLR 40 MCG *[alprostadil (vasodilator)]* 46

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 20 gm	12	2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	13
cefazolin sodium solr 500 mg	12	cefuroxime axetil tabs 250 mg	13
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	12	cefuroxime axetil tabs 500 mg	13
cefdinir susr 125 mg/5ml	12	cefuroxime sodium solr 1.5 gm	13
cefdinir susr 250 mg/5ml	12	cefuroxime sodium solr 750 mg	13
cefepime hcl solr 1 gm	12	CELONTIN CAPS 300 MG [methsuximide] ..	52
cefepime hcl solr 2 gm	12	cephalexin caps 250 mg	13
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	12	cephalexin caps 500 mg	13
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	12	cephalexin susr 125 mg/5ml	13
cefixime caps 400 mg	12	cephalexin susr 250 mg/5ml	13
cefixime susr 100 mg/5ml	12	cephalexin tabs 500 mg	13
cefotaxime sodium inj 10gm	12	CEQUA SOLN 0.09 % [cyclosporine (ophth)]	78
cefotaxime sodium solr 1 gm	12	CERDELGA CAPS 84 MG [eliglustat tartrate]	91
cefotaxime sodium solr 500 mg	12	CEREZYME SOLR 400 UNIT [imiglucerase] ..	77
cefotetan disodium solr 1 gm	12	CHANTIX CONTINUING MONTH PAK TABS 1 MG [varenicline tartrate]	31
cefotetan disodium solr 2 gm	12	CHANTIX STARTING MONTH PAK TBPK 0.5 MG X 11 & 1 MG X 42 [varenicline tartrate]	31
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	12	CHANTIX TABS 0.5 MG [varenicline tartrate]	31
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	12	CHANTIX TABS 1 MG [varenicline tartrate] ..	31
cefoxitin sodium solr 1 gm	12	CHEMET CAPS 100 MG [succimer]	82
cefoxitin sodium solr 10 gm	12	CHEMSTRIP 9 STRP [multiple urine tests] ..	71
cefoxitin sodium solr 2 gm	12	CHIRHOSTIM SOLR 16 MCG [secretin acetate (human)]	71
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	13	chloramphenicol sod succinate solr 1 gm ...	13
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	13	chlordiazepoxide hcl caps 10 mg	56
cefpodoxime proxetil susr 100 mg/5ml	13	chlordiazepoxide hcl caps 25 mg	56
cefpodoxime proxetil susr 50 mg/5ml	13	chlordiazepoxide hcl caps 5 mg	56
cefpodoxime proxetil tabs 100 mg	13	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [chlordiazepoxide hcl-clidinium bromide]	30
cefpodoxime proxetil tabs 200 mg	13	chlorhexidine gluconate soln 0.12 %	77
ceftriaxone sodium in dextrose soln 20 mg/ml	13	chloroprocaine hcl (pf) soln 2 %	90
ceftriaxone sodium in dextrose soln 40 mg/ml	13	chloroprocaine hcl inj 3%	90
ceftriaxone sodium solr 1 gm	13	chloroquine phosphate tabs 250 mg	17
ceftriaxone sodium solr 2 gm	13	chloroquine phosphate tabs 500 mg	17
ceftriaxone sodium solr 250 mg	13	CHLORPROMAZINE HCL POW HCL [chlorpromazine hcl]	96
ceftriaxone sodium solr 500 mg	13	chlorpromazine hcl soln 25 mg/ml	59
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	13	chlorpromazine hcl tabs 10 mg	59
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-		chlorpromazine hcl tabs 100 mg	59
		chlorpromazine hcl tabs 200 mg	59
		chlorpromazine hcl tabs 25 mg	59
		chlorpromazine hcl tabs 50 mg	59
		chlorthalidone tabs 25 mg	73

chlorthalidone tabs 50 mg	73	CLIMARA PTWK 0.1 MG/24HR [estradiol].....	87
CHOLESTEROL POWD [cholesterol]	96	clindamycin hcl caps 150 mg	13
cholestyramine light powd 4 gm/dose	40	clindamycin hcl caps 300 mg	14
cholestyramine pack 4 gm	40	CLINDAMYCIN HCL POWD [clindamycin hcl	
cholestyramine powd 4 gm/dose	40	(bulk)].....	96
choline magnesium trisalicylate tab 1000mg		clindamycin palmitate hcl solr 75 mg/5ml	14
.....	47	clindamycin phos-benzoyl perox gel 1.2-5 %	
CHROMIC CHLORIDE SOLN 40 MCG/10ML		.....	102
[chromic chloride]	75	clindamycin phos-benzoyl perox gel 1-5 %	102
cidofovir soln 75 mg/ml	18	clindamycin phosphate crea 2 %	102
CIMDUO TABS 300-300 MG [lamivudine-		clindamycin phosphate gel 1 %	102
tenofovir disoproxil fumarate]	18	clindamycin phosphate in d5w soln 600	
cimetidine hcl soln 300 mg/5ml	81	mg/50ml	14
cinacalcet hcl tabs 30 mg	91	clindamycin phosphate in d5w soln 900	
cinacalcet hcl tabs 60 mg	91	mg/50ml	14
cinacalcet hcl tabs 90 mg	91	clindamycin phosphate lotn 1 %	102
CINRYZE SOLR 500 UNIT [c1 esterase		clindamycin phosphate soln 1 %	102
inhibitor (human)]	91	CLINDAMYCIN PHOSPHATE SOLN 300	
ciprofloxacin hcl soln 0.3 %	77	MG/2ML [clindamycin phosphate]	14
ciprofloxacin hcl tabs 250 mg	13	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
ciprofloxacin hcl tabs 500 mg	13	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin hcl tabs 750 mg	13	in d5w]	73
ciprofloxacin in d5w soln 200 mg/100ml	13	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
ciprofloxacin in d5w soln 400 mg/200ml	13	[amino acid electrolyte w/ calcium infusion	
ciprofloxacin-dexamethasone susp 0.3-0.1 %		in d10w]	73
.....	78	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cisatracurium besylate (pf) soln 10 mg/5ml	32	[amino acid electrolyte w/ calcium infusion	
cisatracurium besylate (pf) soln 200 mg/20ml		in d15w]	73
.....	32	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
cisatracurium besylate soln 20 mg/10ml	32	[amino acid electrolyte w/ calcium infusion	
cisplatin soln 50 mg/50ml	23	in d20w]	73
citalopram hydrobromide soln 10 mg/5ml ...	59	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
citalopram hydrobromide tabs 10 mg	59	[amino acid infusion in d10w]	73
citalopram hydrobromide tabs 20 mg	59	clobetasol propionate crea 0.05 %	103
citalopram hydrobromide tabs 40 mg	59	clobetasol propionate foam 0.05 %	103
cladribine soln 10 mg/10ml	23	clobetasol propionate gel 0.05 %	104
clarithromycin susr 125 mg/5ml	13	clobetasol propionate lotn 0.05 %	104
clarithromycin susr 250 mg/5ml	13	clobetasol propionate oint 0.05 %	104
clarithromycin tabs 250 mg	13	CLOBETASOL PROPIONATE POW PROPIONA	
clarithromycin tabs 500 mg	13	[clobetasol propionate]	96
CLEVIPREX EMUL 25 MG/50ML [clevidipine]		clobetasol propionate soln 0.05 %	104
.....	42	CLOBEX LOTN 0.05 % [clobetasol propionate]	
CLEVIPREX EMUL 50 MG/100ML [clevidipine]		.....	104
.....	42	CLOBEX SPRAY LIQD 0.05 % [clobetasol	
CLIMARA PTWK 0.025 MG/24HR [estradiol]	87	propionate]	104
CLIMARA PTWK 0.0375 MG/24HR [estradiol]		clomiphene citrate tabs 50 mg	87
.....	87	clomipramine hcl caps 25 mg	60
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	87	clomipramine hcl caps 50 mg	60
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	87	clomipramine hcl caps 75 mg	60
CLIMARA PTWK 0.075 MG/24HR [estradiol]	87	clonazepam tabs 0.5 mg	52

clonazepam tabs 1 mg	52	CONRAY SOLN 60 % [iothalamate meglumine]	71
clonazepam tabs 2 mg	52	CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	68
clonidine hcl tabs 0.1 mg	44	COPIKTRA CAPS 15 MG [duvelisib]	23
clonidine hcl tabs 0.2 mg	44	COPIKTRA CAPS 25 MG [duvelisib]	23
clonidine hcl tabs 0.3 mg	44	CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	104
clonidine ptwk 0.1 mg/24hr	44	CORTISPORIN CREA 3.5-10000-0.5 [neomycin-polymyxin-hc]	104
clonidine ptwk 0.2 mg/24hr	44	CORTISPORIN OINT 1 % [bacitracin-polymyxin-neomycin hc]	104
clonidine ptwk 0.3 mg/24hr	44	CORTROSYN SOLR 0.25 MG [cosyntropin]	71
clopidogrel bisulfate tabs 75 mg	38	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	105
clorazepate dipotassium tabs 15 mg	56	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	106
clorazepate dipotassium tabs 3.75 mg	56	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	106
clorazepate dipotassium tabs 7.5 mg	56	COSENTYX SOSY 150 MG/ML [secukinumab]	106
CLOTRIMAZOLE CRYST [clotrimazole (topical)]	96	COSMEGEN SOLR 0.5 MG [dactinomycin]	23
CLOTRIMAZOLE POWD [clotrimazole (topical)]	96	COTELLIC TABS 20 MG [cobimetinib fumarate]	23
clotrimazole troc 10 mg	103	CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)]	82
clozapine tabs 100 mg	60	CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	82
clozapine tabs 200 mg	60	CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	82
clozapine tabs 25 mg	60	CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)]	71
clozapine tabs 50 mg	60	CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)]	82
COARTEM TABS 20-120 MG [artemether-lumefantrine]	17	CRIXIVAN CAPS 200 MG [indinavir sulfate]	18
CODEINE SULFATE TABS 15 MG [codeine sulfate]	47	CRIXIVAN CAPS 400 MG [indinavir sulfate]	19
CODEINE SULFATE TABS 30 MG [codeine sulfate]	47	CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	98
CODEINE SULFATE TABS 60 MG [codeine sulfate]	47	cromolyn sodium nebu 20 mg/2ml	97
colchicine tabs 0.6 mg	91	cromolyn sodium soln 4 %	78
colchicine-probenecid tabs 0.5-500 mg	77	C-TOPICAL SOLN 4 % [cocaine hcl]	80
colestipol hcl gran 5 gm	40	CUBICIN SOLR 500 MG [daptomycin]	14
colestipol hcl pack 5 gm	40	CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	75
colestipol hcl tabs 1 gm	40	CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	98
COLLODION FLEXIBLE LIQD [collodion flexible]	96	CUROSURF SUSP 240 MG/3ML [poractant alfa]	98
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	97	cyanocobalamin soln 1000 mcg/ml	107
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	23	cyclobenzaprine hcl tabs 10 mg	32
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	23		
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	23		
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	18		
CONDYLOX GEL 0.5 % [podofilox]	105		
CONRAY 43 INJ 43% [iothalamate meglumine]	71		

cyclobenzaprine hcl tabs 5 mg	32
cyclopentolate hcl soln 1 %	80
cyclopentolate hcl soln 2 %	80
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	23
CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	23
cyclophosphamide solr 1 gm	23
cyclophosphamide solr 2 gm	23
cyclophosphamide solr 500 mg	23
cycloserine caps 250 mg	17
cyclosporine emul 0.05 %	78
cyproheptadine hcl syrp 2 mg/5ml	22
cyproheptadine hcl tabs 4 mg	22
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	23
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	23
CYSTADANE POWD [betaine]	91
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	91
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	91
CYSTEAMINE HCL POWD [cysteamine hcl (bulk)]	96
CYTO-CONRAY II SOLN 17.2 % [iothalamate meglumine]	71
CYSTOGRAFIN SOLN 30 % [diatrizoate meglumine]	71
CYSTOGRAFIN-DILUTE SOLN 18 % [diatrizoate meglumine]	71
cytarabine (pf) soln 100 mg/ml	24
cytarabine (pf) soln 20 mg/ml	24
cytarabine soln 20 mg/ml	24
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	72

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d 9	
dacarbazine solr 100 mg	24
dacarbazine solr 200 mg	24
DACOGEN SOLR 50 MG [decitabine]	24
dactinomycin inj 0.5mg	24
DAKINS (1/4 STRENGTH) SOLN 0.125 % [sodium hypochlorite]	103
DAKINS (FULL STRENGTH) SOLN 0.5 % [sodium hypochlorite]	103
danazol caps 100 mg	84
danazol caps 200 mg	84
danazol caps 50 mg	84

dantrolene sodium caps 100 mg	32
dantrolene sodium caps 25 mg	32
dantrolene sodium caps 50 mg	32
dapsone tabs 100 mg	17
dapsone tabs 25 mg	17
DARAPRIM TABS 25 MG [pyrimethamine] ...	18
DARZALEX SOLN 100 MG/5ML [daratumumab]	24
DARZALEX SOLN 400 MG/20ML [daratumumab]	24
daunorubicin hcl soln 20 mg/4ml	24
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	88
deferasirox tabs 360 mg	82
deferasirox tabs 90 mg	82
deferoxamine mesylate solr 500 mg	82
DELESTROGEN OIL 10 MG/ML [estradiol valerate]	87
demeclocycline hcl tabs 150 mg	14
demeclocycline hcl tabs 300 mg	14
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	88
DESCOVY TABS 120-15 MG [emtricitabine- tenofovir alafenamide fumarate]	19
DESCOVY TABS 200-25 MG [emtricitabine- tenofovir alafenamide fumarate]	19
desipramine hcl tabs 10 mg	60
desipramine hcl tabs 100 mg	60
desipramine hcl tabs 150 mg	60
desipramine hcl tabs 25 mg	60
desipramine hcl tabs 50 mg	60
desipramine hcl tabs 75 mg	60
desmopressin ace spray refrig soln 0.01 %	88
desmopressin acetate soln 4 mcg/ml	88
desmopressin acetate spray soln 0.01 %	88
desmopressin acetate tabs 0.1 mg	88
desmopressin acetate tabs 0.2 mg	88
desonide oint 0.05 %	104
desoximetasone crea 0.25 %	104
dexamethasone elix 0.5 mg/5ml	83
DEXAMETHASONE POWD [dexamethasone (bulk)]	96
dexamethasone sodium phosphate soln 0.1 %	78
dexamethasone sodium phosphate soln 10 mg/ml	83
dexamethasone sodium phosphate soln 20 mg/5ml	83
dexamethasone tabs 0.5 mg	83

dexamethasone tabs 0.75 mg	83	MOSM/L [peritoneal dialysis solutions]	74
dexamethasone tabs 1 mg	83	DIASTAT ACUDIAL GEL 10 MG [diazepam	
dexamethasone tabs 1.5 mg	83	(anticonvulsant)	56
dexamethasone tabs 2 mg	83	DIASTAT ACUDIAL GEL 20 MG [diazepam	
dexamethasone tabs 4 mg	83	(anticonvulsant)	57
dexamethasone tabs 6 mg	83	DIASTAT PEDIATRIC GEL 2.5 MG [diazepam	
dexmethylphenidate hcl er cp24 10 mg	51	(anticonvulsant)	57
dexmethylphenidate hcl er cp24 15 mg	51	DIASTIX STRP [glucose urine test-(glucose	
dexmethylphenidate hcl er cp24 20 mg	51	oxidase)	71
dexmethylphenidate hcl er cp24 25 mg	51	diazepam soln 5 mg/5ml	57
dexmethylphenidate hcl er cp24 30 mg	51	diazepam soln 5 mg/ml	57
dexmethylphenidate hcl er cp24 35 mg	51	diazepam tabs 10 mg	57
dexmethylphenidate hcl er cp24 40 mg	51	diazepam tabs 2 mg	57
dexmethylphenidate hcl er cp24 5 mg	51	diazepam tabs 5 mg	57
dexmethylphenidate hcl tabs 10 mg	51	diclofenac sodium gel 1 %	106
dexmethylphenidate hcl tabs 2.5 mg	51	diclofenac sodium soln 0.1 %	78
dexmethylphenidate hcl tabs 5 mg	51	diclofenac sodium soln 1.5 %	106
dexrazoxane hcl solr 250 mg	91	dicloxacillin sodium caps 250 mg	14
dexrazoxane hcl solr 500 mg	91	dicloxacillin sodium caps 500 mg	14
dextroamphetamine sulfate er cp24 10 mg	51	dicyclomine hcl caps 10 mg	30
dextroamphetamine sulfate er cp24 15 mg	51	dicyclomine hcl soln 10 mg/5ml	30
dextroamphetamine sulfate er cp24 5 mg	51	dicyclomine hcl tabs 20 mg	30
dextroamphetamine sulfate tabs 10 mg	51	didanosine cap 125mg	19
dextroamphetamine sulfate tabs 5 mg	51	didanosine cpdr 250 mg	19
DEXTROSE IN LACTATED RINGERS SOLN 5		didanosine cpdr 400 mg	19
% [dextrose in lactated ringers]	75	DIFFERIN CREA 0.1 % [adapalene]	106
dextrose in ringers soln 5 %	75	DIFFERIN GEL 0.1 % [adapalene]	106
DEXTROSE SOLN 10 % [dextrose]	73	DIFFERIN GEL 0.3 % [adapalene]	106
DEXTROSE SOLN 20 % [dextrose]	73	DIGIFAB SOLR 40 MG [digoxin immune fab]	98
DEXTROSE SOLN 5 % [dextrose]	73	DIGOXIN SOLN 0.05 MG/ML [digoxin]	43
DEXTROSE SOLN 50 % [dextrose]	73	digoxin soln 0.25 mg/ml	43
DEXTROSE SOLN 70 % [dextrose]	73	digoxin tabs 125 mcg	43
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose		digoxin tabs 250 mcg	43
w/ sodium chloride]	75	dihydroergotamine mesylate soln 1 mg/ml	32
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/		dihydroergotamine mesylate soln 4 mg/ml	32
sodium chloride]	75	diltiazem hcl er cp12 120 mg	42
DEXTROSE-NACL SOLN 5-0.33 % [dextrose		diltiazem hcl er cp12 60 mg	42
w/ sodium chloride]	75	diltiazem hcl er cp12 90 mg	42
DEXTROSE-NACL SOLN 5-0.45 % [dextrose		diltiazem hcl er cp24 120 mg	42
w/ sodium chloride]	75	diltiazem hcl er cp24 180 mg	42
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/		diltiazem hcl er cp24 240 mg	42
sodium chloride]	75	diltiazem hcl soln 125 mg/25ml	42
DEXTROSE-SODIUM CHLORIDE SOLN 5-		diltiazem hcl soln 25 mg/5ml	42
0.225 % [dextrose w/ sodium chloride]	75	diltiazem hcl soln 50 mg/10ml	42
DIANEAL LOW CALCIUM/4.25% DEX SOLN		diltiazem hcl tabs 120 mg	42
483 MOSM/L [peritoneal dialysis solutions]	74	diltiazem hcl tabs 30 mg	42
DIANEAL PD-2/1.5% DEXTROSE SOLN 346		diltiazem hcl tabs 60 mg	42
MOSM/L [peritoneal dialysis solutions]	74	diltiazem hcl tabs 90 mg	42
DIANEAL PD-2/4.25% DEXTROSE SOLN 485		dimethyl fumarate cpdr 120 mg	91
		dimethyl fumarate cpdr 240 mg	91

dimethyl fumarate starter pack misc 120 & 240 mg	91	DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine]	19
diphenhydramine hcl soln 50 mg/ml	22	doxazosin mesylate tabs 1 mg	40
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	80	doxazosin mesylate tabs 2 mg	40
diphenoxylate-atropine tabs 2.5-0.025 mg	80	doxazosin mesylate tabs 4 mg	40
dipyridamole soln 5 mg/ml	46	doxazosin mesylate tabs 8 mg	40
dipyridamole tabs 25 mg	46	doxepin hcl caps 10 mg	60
dipyridamole tabs 50 mg	46	doxepin hcl caps 100 mg	60
dipyridamole tabs 75 mg	46	doxepin hcl caps 150 mg	60
disopyramide phosphate caps 100 mg	43	doxepin hcl caps 25 mg	60
disopyramide phosphate caps 150 mg	43	doxepin hcl caps 50 mg	60
DISPOSABLE POWER KIT [misc. devices]	68	doxepin hcl caps 75 mg	60
disulfiram tabs 250 mg	91	doxepin hcl conc 10 mg/ml	60
disulfiram tabs 500 mg	91	DOXIL INJ 2 MG/ML [doxorubicin hcl liposomal]	24
divalproex sodium csdr 125 mg	52	doxorubicin hcl liposomal inj 2 mg/ml	24
divalproex sodium tbec 125 mg	52	doxorubicin hcl soln 2 mg/ml	24
divalproex sodium tbec 250 mg	52	doxorubicin hcl solr 10 mg	24
divalproex sodium tbec 500 mg	52	doxorubicin hcl solr 50 mg	24
dobutamine hcl soln 250 mg/20ml	33	doxycycline hyclate caps 100 mg	14
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [dobutamine in d5w]	33	doxycycline hyclate caps 50 mg	14
DOBUTAMINE IN D5W SOLN 2 MG/ML [dobutamine in d5w]	33	doxycycline hyclate tabs 100 mg	14
docetaxel conc 80 mg/4ml	24	doxycycline hyclate tabs 20 mg	14
dofetilide caps 125 mcg	43	doxycycline monohydrate tabs 100 mg	14
dofetilide caps 250 mcg	43	doxycycline monohydrate tabs 50 mg	14
dofetilide caps 500 mcg	43	DRITHO-CREME HP CREA 1 % [anthralin]	106
donepezil hcl tabs 10 mg	31	dronabinol caps 10 mg	81
donepezil hcl tabs 5 mg	31	dronabinol caps 2.5 mg	81
donepezil hcl tbdp 10 mg	31	dronabinol caps 5 mg	81
donepezil hcl tbdp 5 mg	31	droperidol soln 2.5 mg/ml	57
DONNATAL ELIX 16.2 MG/5ML [phenobarbital-hyoscyamine-atropine-scopolamine]	30	drospirenone-ethinyl estradiol tabs 3-0.02 mg	86
DONNATAL TABS 16.2 MG [phenobarbital-hyoscyamine-atropine-scopolamine]	30	drospirenone-ethinyl estradiol tabs 3-0.03 mg	86
dopamine hcl inj 80mg/ml	33	DRYSOL SOLN 20 % [aluminum chloride]	105
dopamine hcl soln 160 mg/ml	33	duloxetine hcl cpep 20 mg	60
DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl]	33	duloxetine hcl cpep 30 mg	60
dopamine hcl soln 80 mg/ml	33	duloxetine hcl cpep 60 mg	60
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [dopamine in d5w]	33	DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]	55
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [dopamine in d5w]	33	DURAMORPH SOLN 0.5 MG/ML [morphine sulfate]	47
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [dopamine in d5w]	33	DURAMORPH SOLN 1 MG/ML [morphine sulfate]	47
dorzolamide hcl soln 2 %	79		
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	79		
		E	
		EDECIN TABS 25 MG [ethacrynic acid]	73
		EDEX KIT 40 MCG [alprostadil (vasodilator)]	46
		EDURANT TABS 25 MG [rilpivirine hcl]	19

EEMT HS TABS 0.625-1.25 MG [<i>esterified estrogens & methyltestosterone</i>]	87	<i>factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>	35
EEMT TABS 1.25-2.5 MG [<i>esterified estrogens & methyltestosterone</i>]	87	ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35
efavirenz caps 200 mg	19	ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
efavirenz caps 50 mg	19	EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	24
efavirenz tabs 600 mg	19	EMEND CAPS 40 MG [<i>aprepitant</i>]	81
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	19	EMEND CAPS 80 MG [<i>aprepitant</i>]	81
EFFER-K TBEF 25 MEQ [<i>potassium bicarbonate</i>]	75	EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	81
EFFIENT TABS 10 MG [<i>prasugrel hcl</i>]	38	<i>emtricitabine caps 200 mg</i>	19
EFFIENT TABS 5 MG [<i>prasugrel hcl</i>]	38	<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	19
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	77	<i>emtricitabine-tenofovir df tabs 133-200 mg</i>	19
eletriptan hydrobromide tabs 20 mg	54	<i>emtricitabine-tenofovir df tabs 167-250 mg</i>	19
eletriptan hydrobromide tabs 40 mg	54	<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	19
ELIGARD KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	88	EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	19
ELIGARD KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	88	<i>enalaprilat inj 1.25 mg/ml</i>	45
ELIGARD KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	88	ENBREL SOLR 25 MG [<i>etanercept</i>]	91
ELIGARD KIT 7.5 MG [<i>leuprolide acetate</i>]	88	ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	91
ELITEK SOLR 1.5 MG [<i>rasburicase</i>]	77	ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	92
ELITEK SOLR 7.5 MG [<i>rasburicase</i>]	77	ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	92
ELLA TABS 30 MG [<i>ulipristal acetate</i>]	86	ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	88
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	91	ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	100
ELOCTATE SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENGERIX-B SUSY 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	101
ELOCTATE SOLR 1500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENGERIX-B SUSY 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	101
ELOCTATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	24
ELOCTATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENTACAPONE TABS 200 MG [<i>entacapone</i>]	55
ELOCTATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	<i>entecavir tabs 0.5 mg</i>	19
ELOCTATE SOLR 4000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	<i>entecavir tabs 1 mg</i>	19
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	45
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	35	ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	45
		ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	45
		EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	71
		EPCLUSA PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	19
		EPCLUSA PACK 200-50 MG [<i>sofosbuvir-</i>	

velpatasvir]	19
EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir]	19
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	19
EPHEDRINE SULFATE SOLN 50 MG/ML [ephedrine sulfate (pressors)]	33
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	106
epinephrine hcl inj 1mg/ml	33
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	33
epinephrine soaj 0.15 mg/0.15ml	33
epinephrine soaj 0.3 mg/0.3ml	33
EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	33
EQUETRO CP12 200 MG [carbamazepine (mood)]	52
ERBITUX SOLN 100 MG/50ML [cetuximab] ..	24
ERBITUX SOLN 200 MG/100ML [cetuximab]	24
ERGOCALCIFEROL SOLN 200 MCG/ML [ergocalciferol]	108
ERIVEDGE CAPS 150 MG [vismodegib]	24
erlotinib hcl tabs 100 mg	24
erlotinib hcl tabs 150 mg	24
erlotinib hcl tabs 25 mg	24
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	24
ERYTHROCIN LACTOBIONATE SOLR 500 MG [erythromycin lactobionate]	14
erythromycin oint 5 mg/gm	77
erythromycin soln 2 %	103
escitalopram oxalate soln 5 mg/5ml	60
escitalopram oxalate tabs 10 mg	58
escitalopram oxalate tabs 20 mg	60
escitalopram oxalate tabs 5 mg	60
ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	41
ESTRADIOL POW [estradiol]	96
estradiol pttw 0.025 mg/24hr	87
estradiol pttw 0.0375 mg/24hr	87
estradiol pttw 0.05 mg/24hr	87
estradiol pttw 0.075 mg/24hr	87
estradiol pttw 0.1 mg/24hr	87
estradiol ptwk 0.1 mg/24hr	87
estradiol tabs 0.5 mg	87
estradiol tabs 1 mg	87
estradiol tabs 10 mcg	87
estradiol tabs 2 mg	87
estradiol valerate oil 20 mg/ml	87

estradiol valerate oil 40 mg/ml	87
ESTRING RING 2 MG [estradiol vaginal]	88
ethacrynic acid tabs 25 mg	73
ethambutol hcl tabs 100 mg	17
ethambutol hcl tabs 400 mg	17
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	45
ethosuximide caps 250 mg	52
ethosuximide soln 250 mg/5ml	52
etidronate disodium tabs 200 mg	92
etodolac caps 200 mg	47
etodolac caps 300 mg	47
etodolac tabs 400 mg	47
etodolac tabs 500 mg	47
etomidate soln 2 mg/ml	58
etoposide caps 50 mg	24
etravirine tabs 100 mg	19
etravirine tabs 200 mg	19
everolimus tabs 10 mg	24
everolimus tabs 2.5 mg	24
everolimus tabs 5 mg	24
everolimus tabs 7.5 mg	24
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	19
exemestane tabs 25 mg	24
EXJADE TBSO 125 MG [deferasirox]	82
EXJADE TBSO 250 MG [deferasirox]	82
EXJADE TBSO 500 MG [deferasirox]	83
EXTAVIA KIT 0.3 MG [interferon beta-1b]	92
EYLEA SOLN 2 MG/0.05ML [aflibercept]	79
EYLEA SOSY 2 MG/0.05ML [aflibercept]	79
ezetimibe tabs 10 mg	40

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FABRAZYME SOLR 35 MG [agalsidase beta]	77
FABRAZYME SOLR 5 MG [agalsidase beta]	77
famciclovir tabs 500 mg	19
famotidine (pf) soln 20 mg/2ml	81
famotidine premixed soln 20-0.9 mg/50ml-%	81
famotidine soln 40 mg/4ml	81
famotidine susr 40 mg/5ml	81
famotidine tabs 20 mg	81
famotidine tabs 40 mg	81
felbamate susp 600 mg/5ml	52
felbamate tabs 400 mg	52
felbamate tabs 600 mg	52
fenofibrate tabs 160 mg	40
fenofibrate tabs 54 mg	40

FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	47	<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	16
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML <i>[fentanyl citrate]</i>	47	<i>fluconazole susr 10 mg/ml</i>	16
<i>fentanyl pt72 100 mcg/hr</i>	47	<i>fluconazole susr 40 mg/ml</i>	16
<i>fentanyl pt72 12 mcg/hr</i>	47	<i>fluconazole tabs 100 mg</i>	16
<i>fentanyl pt72 25 mcg/hr</i>	48	<i>fluconazole tabs 150 mg</i>	16
<i>fentanyl pt72 50 mcg/hr</i>	48	<i>fluconazole tabs 200 mg</i>	16
<i>fentanyl pt72 75 mcg/hr</i>	48	<i>fluconazole tabs 50 mg</i>	17
FERREX 150 CAPS 150 MG <i>[polysaccharide iron complex]</i>	34	<i>flucytosine caps 250 mg</i>	17
<i>finasteride tabs 5 mg</i>	92	<i>flucytosine caps 500 mg</i>	17
FIRAZYR SOLN 30 MG/3ML <i>[icatibant acetate]</i>	92	<i>fludarabine phosphate solr 50 mg</i>	24
FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	14	<i>fludrocortisone acetate tabs 0.1 mg</i>	83
FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	14	<i>flumazenil soln 0.5 mg/5ml</i>	58
FLEBOGAMMA DIF SOLN 0.5 GM/10ML <i>[immune globulin (human) iv]</i>	98	FLUMIST QUADRIVALENT SUSP <i>[influenza virus vaccine live quadrivalent]</i>	101
FLEBOGAMMA DIF SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	98	<i>flunisolide soln 25 mcg/act (0.025%)</i>	78
FLEBOGAMMA DIF SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	98	<i>fluocinolone acetonide body oil 0.01 %</i>	104
FLEBOGAMMA DIF SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	98	<i>fluocinolone acetonide scalp oil 0.01 %</i>	104
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	99	<i>fluocinolone acetonide soln 0.01 %</i>	104
FLEBOGAMMA DIF SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	99	<i>fluocinonide crea 0.05 %</i>	104
<i>flecainide acetate tabs 100 mg</i>	43	<i>fluocinonide gel 0.05 %</i>	104
<i>flecainide acetate tabs 150 mg</i>	43	<i>fluocinonide oint 0.05 %</i>	104
<i>flecainide acetate tabs 50 mg</i>	43	<i>fluocinonide soln 0.05 %</i>	104
FLOVENT HFA AERO 44 MCG/ACT <i>[fluticasone propionate hfa]</i>	83	FLUORITAB CHEW 2.2 (1 F) MG <i>[sodium fluoride]</i>	92
FLUAD SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen adjuvant]</i>	101	<i>fluorometholone susp 0.1 %</i>	78
FLUARIX QUADRIVALENT SUSY 0.5 ML <i>[influenza virus vaccine split quadrivalent]</i>	101	FLUOROPLEX CREA 1 % <i>[fluorouracil (topical)]</i>	106
FLUCELVAX QUADRIVALENT SUSY 0.5 ML <i>[influenza virus vaccine tissue-cultured subunit quadrivalent]</i>	101	<i>fluorouracil crea 5 %</i>	106
<i>fluconazole in dextrose inj dex 200</i>	16	<i>fluorouracil soln 1 gm/20ml</i>	24
<i>fluconazole in nacl inj nacl 200</i>	16	<i>fluorouracil soln 2 %</i>	106
<i>fluconazole in nacl inj nacl 400</i>	16	<i>fluorouracil soln 2.5 gm/50ml</i>	24
<i>fluconazole in sodium chloride soln 100-0.9 mg/50ml-%</i>	14	<i>fluorouracil soln 5 %</i>	106
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	16	<i>fluorouracil soln 5 gm/100ml</i>	24
		<i>fluorouracil soln 500 mg/10ml</i>	24
		<i>fluoxetine hcl caps 10 mg</i>	60
		<i>fluoxetine hcl caps 20 mg</i>	60
		<i>fluoxetine hcl caps 40 mg</i>	60
		<i>fluoxetine hcl sol 20mg/5ml</i>	60
		<i>fluphenazine decanoate soln 25 mg/ml</i>	60
		<i>fluphenazine hcl conc 5 mg/ml</i>	60
		<i>fluphenazine hcl tabs 1 mg</i>	60
		<i>fluphenazine hcl tabs 10 mg</i>	60
		<i>fluphenazine hcl tabs 2.5 mg</i>	60
		<i>fluphenazine hcl tabs 5 mg</i>	60
		FLURA-DROPS SOLN 0.55 (0.25 F) MG/DROP <i>[sodium fluoride]</i>	92
		<i>flurbiprofen sodium soln 0.03 %</i>	78
		<i>flutamide caps 125 mg</i>	24
		<i>fluticasone propionate susp 50 mcg/act</i>	78

fluvoxamine maleate tabs 100 mg	60
fluvoxamine maleate tabs 25 mg	60
fluvoxamine maleate tabs 50 mg	60
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML [influenza virus vac split high-dose quad preservative free]	101
FLUZONE QUADRIVALENT SUSP 0.5 ML [influenza virus vaccine split quadrivalent]	101
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	78
FML OINT 0.1 % [fluorometholone (ophth)]	78
folic acid soln 5 mg/ml	108
FORANE SOLN [isoflurane]	58
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	88
fosamprenavir calcium tabs 700 mg	19
fosaprepitant dimeglumine solr 150 mg	81
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	19
fosphenytoin sodium soln 100 mg pe/2ml	52
fosphenytoin sodium soln 500 mg pe/10ml	52
FUL-GLO STRP 1 MG [fluorescein sodium topical]	71
fulvestrant sosy 250 mg/5ml	24
furosemide soln 10 mg/ml	73
FUROSEMIDE TABS 20 MG [furosemide]	73
FUROSEMIDE TABS 40 MG [furosemide]	73
furosemide tabs 80 mg	73
FUSILEV SOLR 50 MG [levoleucovorin calcium]	92
FUZEON SOLR 90 MG [enfuvirtide]	19

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gabapentin caps 100 mg	52
gabapentin caps 300 mg	52
gabapentin caps 400 mg	52
gabapentin soln 250 mg/5ml	52
gabapentin tabs 600 mg	52
gabapentin tabs 800 mg	53
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	32
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	32
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	32

GABLOFEN SOSY 40000 MCG/20ML [baclofen]	32
GABLOFEN SOSY 50 MCG/ML [baclofen]	32
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	71
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	71
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	71
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	71
galantamine hydrobromide er cp24 16 mg	31
galantamine hydrobromide er cp24 24 mg	31
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	31
galantamine hydrobromide tabs 12 mg	31
galantamine hydrobromide tabs 4 mg	31
galantamine hydrobromide tabs 8 mg	31
GAMASTAN INJ [immune globulin (human im)]	99
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	99
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	99
GAMMAGARD SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	99
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	99
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	99
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	99
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	99
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	99
GAMUNEX-C SOLN 20 GM/200ML [immune	

globulin (human) iv or subcutaneous	99	glipizide-metformin hcl tabs 2.5-500 mg	85
GAMUNEX-C SOLN 5 GM/50ML [immune		glipizide-metformin hcl tabs 5-500 mg	85
globulin (human) iv or subcutaneous	99	GLUCAGEN HYPOKIT SOLR 1 MG [glucagon	
ganciclovir sodium solr 500 mg	19	hcl (rdna)]	86
GARDASIL 9 SUSP [human papillomavirus		GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	
(hpv) 9-valent recombinant vaccine	101	.....	86
GARDASIL 9 SUSY [human papillomavirus		glucagon emergency kit 1 mg	86
(hpv) 9-valent recombinant vaccine	101	glyburide tabs 1.25 mg	85
GARDASIL INJ [human papillomavirus		glyburide tabs 2.5 mg	85
(hpv) quadrivalent recombinant vaccine		glyburide tabs 5 mg	85
.....	101	GLYCERIN LIQD [glycerin (bulk)]	96
GARDASIL SUSP [human papillomavirus		GLYCOPYRROLATE POWD [glycopyrrolate	
(hpv) quadrivalent recombinant vaccine		(bulk)]	96
.....	101	glycopyrrolate soln 0.2 mg/ml	30
GASTROGRAFIN SOLN 66-10 % [diatrizoate		glycopyrrolate soln 0.4 mg/2ml	30
meglumine & sodium	71	glycopyrrolate soln 1 mg/5ml	30
gatifloxacin soln 0.5 %	77	glycopyrrolate soln 4 mg/20ml	30
GAZYVA SOLN 1000 MG/40ML		glycopyrrolate tabs 1 mg	30
[obinutuzumab].....	24	glycopyrrolate tabs 2 mg	30
GELFOAM SPONGE SIZE 100 MISC [gelatin		GNP CASTOR OIL OIL 100 % [castor oil].....	81
absorbable	36	GOLYTELY SOLR 236 GM [peg 3350-kcl-sod	
gemcitabine hcl solr 200 mg	24	bicarb-sod chloride-sod sulfate]	81
gemfibrozil tabs 600 mg	40	GONAL-F RFF REDIJECT SOPN 300	
gentamicin in saline soln 0.8-0.9 mg/ml-% ..	14	UNIT/0.5ML [follitropin alfa]	88
gentamicin in saline soln 1.2-0.9 mg/ml-% ..	14	GONAL-F RFF REDIJECT SOPN 450	
gentamicin in saline soln 1.6-0.9 mg/ml-% ..	14	UNT/0.75ML [follitropin alfa]	88
gentamicin in saline soln 1-0.9 mg/ml-%	14	GONAL-F RFF REDIJECT SOPN 900	
gentamicin in saline soln 2-0.9 mg/ml-%	14	UNIT/1.5ML [follitropin alfa]	88
gentamicin sulfate crea 0.1 %	103	GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	
gentamicin sulfate oint 0.1 %	103	.....	88
gentamicin sulfate soln 0.3 %	77	GONAL-F SOLR 1050 UNIT [follitropin alfa]	88
gentamicin sulfate soln 10 mg/ml	14	GONAL-F SOLR 450 UNIT [follitropin alfa]	88
gentamicin sulfate soln 40 mg/ml	14	GRASTEK SUBL 2800 BAU [timothy grass	
GENTIAN VIOLET SOLN 1 % [gentian violet]		pollen allergen extract]	92
.....	103	griseofulvin microsize susp 125 mg/5ml	17
GENVOYA TABS 150-150-200-10 MG		griseofulvin microsize tabs 500 mg	17
[elvitegravir-cobicistat-emtricitabine-		griseofulvin ultramicrosize tabs 125 mg	17
tenofovir alafenamide]	19	griseofulvin ultramicrosize tabs 250 mg	17
GLEOSTINE CAPS 10 MG [lomustine]	24	GUAIFENESIN-CODEINE SOLN 100-10	
GLEOSTINE CAPS 100 MG [lomustine]	25	MG/5ML [guaifenesin-codeine]	97
GLEOSTINE CAPS 40 MG [lomustine]	25	guanfacine hcl er tb24 1 mg	58
glimepiride tabs 1 mg	85	guanfacine hcl er tb24 2 mg	58
glimepiride tabs 2 mg	85	guanfacine hcl er tb24 3 mg	58
glimepiride tabs 4 mg	85	guanfacine hcl er tb24 4 mg	58
glipizide tabs 10 mg	85	guanfacine hcl tabs 1 mg	32
glipizide tabs 5 mg	85	guanfacine hcl tabs 2 mg	32
glipizide tb24 10 mg	85		
glipizide tb24 2.5 mg	85		
glipizide tb24 5 mg	85		
glipizide-metformin hcl tabs 2.5-250 mg	85		

H

HAEGARDA SOLR 2000 UNIT [c1 esterase	
inhibitor (human)]	92

HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	92	UNIT/L-% [<i>heparin (porcine) in sodium chloride</i>]	38
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	25	HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [<i>heparin (porcine) in sodium chloride</i>]	38
<i>halobetasol propionate crea 0.05 %</i>	104	HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [<i>heparin sod (porcine) in d5w</i>]	38
<i>haloperidol decanoate soln 100 mg/ml</i>	60	HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	38
<i>haloperidol decanoate soln 50 mg/ml</i>	60	HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w</i>]	38
<i>haloperidol lactate conc 2 mg/ml</i>	60	HEPARIN SOD (PORK) LOCK FLUSH SOLN 1 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	38
<i>haloperidol lactate soln 5 mg/ml</i>	61	HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	38
HALOPERIDOL POWD [<i>haloperidol (bulk)</i>]	96	HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	38
<i>haloperidol tabs 0.5 mg</i>	61	<i>heparin sodium (porcine) lock flush soln</i>	38
<i>haloperidol tabs 1 mg</i>	61	HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	38
<i>haloperidol tabs 10 mg</i>	61	HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	38
<i>haloperidol tabs 2 mg</i>	61	HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [<i>heparin sodium (porcine)</i>]	38
<i>haloperidol tabs 20 mg</i>	61	HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [<i>heparin sodium (porcine)</i>]	39
<i>haloperidol tabs 5 mg</i>	61	HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	25
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	19	<i>hetastarch-nacl soln 6-0.9 %</i>	75
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	19	HEXTEND SOLN 6 % [<i>hetastarch in lactated electrolyte</i>]	75
HAVRIX SUSP 1440 EL U/ML [<i>hepatitis a vaccine</i>]	101	HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>]	101
HAVRIX SUSP 720 EL U/0.5ML [<i>hepatitis a vaccine</i>]	101	HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	99
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	79	HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	99
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	95	HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	99
HEMLIBRA SOLN 105 MG/0.7ML [<i>emicizumab-kxwh</i>]	36	HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	99
HEMLIBRA SOLN 150 MG/ML [<i>emicizumab-kxwh</i>]	36	HIZENTRA SOSY 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	100
HEMLIBRA SOLN 30 MG/ML [<i>emicizumab-kxwh</i>]	36	HIZENTRA SOSY 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	100
HEMLIBRA SOLN 60 MG/0.4ML [<i>emicizumab-kxwh</i>]	36	HIZENTRA SOSY 4 GM/20ML [<i>immune</i>	
HEMOFIL M INJ 220-400 [<i>antihemophilic factor (human)</i>]	36		
HEMOFIL M SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	36		
HEMOFIL M SOLR 1700 UNIT [<i>antihemophilic factor (human)</i>]	36		
HEMOFIL M SOLR 250 UNIT [<i>antihemophilic factor (human)</i>]	36		
HEMOFIL M SOLR 500 UNIT [<i>antihemophilic factor (human)</i>]	36		
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [<i>heparin (porcine) in sodium chloride</i>]	38		
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9			

globulin (human) subcutaneous	100	hydralazine hcl tabs 25 mg	44
HOMATROPAIRE SOLN 5 % [homatropine hbr].....	80	hydralazine hcl tabs 50 mg	44
HUMALOG SOLN 100 UNIT/ML [insulin lispro]	85	hydrochlorothiazide tabs 12.5 mg	44
HUMATE-P SOLR 1000-2400 UNIT [antihemophilic factor/von willebrand factor complex (human)]	36	hydrochlorothiazide tabs 25 mg	73
HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	36	hydrochlorothiazide tabs 50 mg	73
HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	36	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	48
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	92	hydrocodone-acetaminophen tabs 10-325 mg	48
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [adalimumab].....	92	hydrocodone-acetaminophen tabs 5-325 mg	48
HUMIRA PEN PNKT 40 MG/0.4ML [adalimumab]	92	hydrocodone-acetaminophen tabs 7.5-325 mg	48
HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	92	hydrocortisone crea 2.5 %	104
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [adalimumab].....	92	hydrocortisone lotn 2.5 %	104
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	92	hydrocortisone oint 2.5 %	104
HUMIRA PSKT 10 MG/0.1ML [adalimumab] ..	92	HYDROCORTISONE POWD [hydrocortisone (topical)].....	96
HUMIRA PSKT 10 MG/0.2ML [adalimumab] ..	92	hydrocortisone tabs 10 mg	83
HUMIRA PSKT 20 MG/0.2ML [adalimumab] ..	92	hydrocortisone tabs 20 mg	83
HUMIRA PSKT 20 MG/0.4ML [adalimumab] ..	92	hydrocortisone tabs 5 mg	83
HUMIRA PSKT 40 MG/0.4ML [adalimumab] ..	92	HYDROCORTISONE-IODOQUINOL CREA 1-1 % [idoquinol-hc].....	103
HUMIRA PSKT 40 MG/0.8ML [adalimumab] ..	92	hydromorphone hcl liqd 1 mg/ml	48
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	85	hydromorphone hcl pf soln 10 mg/ml	48
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)].....	85	HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	48
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	85	HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	48
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	85	HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	48
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	85	HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	48
HYCANTIN CAPS 0.25 MG [topotecan hcl] ..	25	hydromorphone hcl tabs 2 mg	48
HYCANTIN CAPS 1 MG [topotecan hcl]	25	hydromorphone hcl tabs 4 mg	48
hydralazine hcl soln 20 mg/ml	44	hydromorphone hcl tabs 8 mg	48
hydralazine hcl tabs 10 mg	44	HYDROXOCOBALAMIN POW [hydroxocobalamin (bulk)]	96
hydralazine hcl tabs 100 mg	44	hydroxychloroquine sulfate tabs 200 mg	18
		HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)].....	96
		hydroxyprogesterone caproate soln 1.25 gm/5ml	88
		hydroxyurea caps 500 mg	25
		hydroxyzine hcl soln 25 mg/ml	57
		hydroxyzine hcl soln 50 mg/ml	57
		hydroxyzine hcl syrp 10 mg/5ml	57
		hydroxyzine hcl tabs 10 mg	57
		hydroxyzine hcl tabs 25 mg	57

hydroxyzine hcl tabs 50 mg	57
hydroxyzine pamoate caps 100 mg	57
hydroxyzine pamoate caps 25 mg	57
hydroxyzine pamoate caps 50 mg	57
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	77
HYOSCYAMINE SULFATE ER TB12 0.375 MG [hyoscyamine sulfate]	30
HYOSCYAMINE SULFATE SUBL 0.125 MG [hyoscyamine sulfate]	30
HYOSCYAMINE SULFATE TABS 0.125 MG [hyoscyamine sulfate]	30
HYOSCYAMINE SULFATE TBDP 0.125 MG [hyoscyamine sulfate]	30
HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine sulfate]	30
HYOSYNE SOLN 0.125 MG/ML [hyoscyamine sulfate]	30
HYPERRAB S/D SOLN 300 UNIT/2ML [rabies immune globulin (human)]	100
HYPERRAB SOLN 300 UNIT/ML [rabies immune globulin (human)]	100
HYPERTET SOSY 250 UNIT/ML [tetanus immune globulin (human)]	100
HYPODERMIC NEEDLE MISC 25G X 1-1/2	69
HYPODERMIC NEEDLE MISC 26G X 1/2	69
HYPODERMIC NEEDLE MISC 26G X 3/8	69
HYPODERMIC NEEDLE MISC 27G X 1/2	69
HYPODERMIC NEEDLE MISC 30G X 1/2	69
HYSEPT SOLN 0.25 % [sodium hypochlorite]	103

I

IBRANCE CAPS 100 MG [palbociclib]	25
IBRANCE CAPS 125 MG [palbociclib]	25
IBRANCE CAPS 75 MG [palbociclib]	25
IBRANCE TABS 100 MG [palbociclib]	25
IBRANCE TABS 125 MG [palbociclib]	25
IBRANCE TABS 75 MG [palbociclib]	25
ibutilide fumarate soln 1 mg/10ml	43
icatibant acetate soln 30 mg/3ml	92
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin hcl]	25
IDELVION SOLR 1000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	36
IDELVION SOLR 2000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	36
IDELVION SOLR 250 UNIT [coagulation factor	

ix recomb albumin fusion protein (rix-fp)] 36	
IDELVION SOLR 500 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)] 36	
IFOSFAMIDE SOLR 1 GM [ifosfamide]	25
imatinib mesylate tabs 100 mg	25
imatinib mesylate tabs 400 mg	25
IMBRUVICA CAPS 140 MG [ibrutinib]	25
IMBRUVICA CAPS 70 MG [ibrutinib]	25
IMBRUVICA TABS 140 MG [ibrutinib]	25
IMBRUVICA TABS 280 MG [ibrutinib]	25
IMBRUVICA TABS 420 MG [ibrutinib]	25
IMBRUVICA TABS 560 MG [ibrutinib]	25
imipramine hcl tabs 10 mg	61
imipramine hcl tabs 25 mg	61
imipramine hcl tabs 50 mg	61
imiquimod crea 5 %	106
IMOGAM RABIES-HT SOLN 300 UNIT/2ML [rabies immune globulin (human)]	100
IMOVAX RABIES SUSR 2.5 UNIT/ML [rabies virus vaccine, hdc]	101
indapamide tabs 1.25 mg	73
indapamide tabs 2.5 mg	73
indigotindisulfonate sodium soln	71
indomethacin caps 25 mg	48
indomethacin caps 50 mg	48
indomethacin er cpcr 75 mg	48
INDOMETHACIN POWD [indomethacin]	96
INDOMETHACIN SODIUM SOLR 1 MG [indomethacin sodium]	48
INFANRIX SUSP 25-58-10 [diphtheria, acellular pertussis & tetanus toxoids]	100
INFED SOLN 50 MG/ML [iron dextran]	34
INFLECTRA SOLR 100 MG [infliximab-dyyb] 92	
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	48
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [morphine sulfate for continuous microinfusion]	48
INFUVITE ADULT INJ [multiple vitamin]	107
INFUVITE PEDIATRIC SOLN [pediatric multiple vitamins]	107
INSUFLOX MISC 25G X 0.71	69
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	39
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	39
INTELENCE TABS 25 MG [etravirine]	19
INTRALIPID EMUL 20 % [fat emulsion plant based (soy)]	73

INTRON A SOLN 10000000 UNIT/ML [interferon alfa-2b]	25
INTRON A SOLN 6000000 UNIT/ML [interferon alfa-2b]	25
INTRON A SOLR 10000000 UNIT [interferon alfa-2b]	25
INTRON A SOLR 18000000 UNIT [interferon alfa-2b]	25
INTRON A SOLR 50000000 UNIT [interferon alfa-2b]	25
INVANZ SOLR 1 GM [ertapenem sodium]	14
INVEGA SUSTENNA SUSY 117 MG/0.75ML [paliperidone palmitate]	61
INVEGA SUSTENNA SUSY 156 MG/ML [paliperidone palmitate]	61
INVEGA SUSTENNA SUSY 234 MG/1.5ML [paliperidone palmitate]	61
INVEGA SUSTENNA SUSY 39 MG/0.25ML [paliperidone palmitate]	61
INVEGA SUSTENNA SUSY 78 MG/0.5ML [paliperidone palmitate]	61
INVIRASE TABS 500 MG [saquinavir mesylate]	19
IOPIDINE SOLN 1 % [apraclonidine hcl]	79
IPOL INJ [poliovirus vaccine, ipv]	101
ipratropium bromide sol inhal	30
ipratropium bromide soln 0.03 %	30
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	33
IRESSA TABS 250 MG [gefitinib]	25
irinotecan hcl soln 500 mg/25ml	25
ISENTRESS CHEW 100 MG [raltegravir potassium]	19
ISENTRESS CHEW 25 MG [raltegravir potassium]	20
ISENTRESS HD TABS 600 MG [raltegravir potassium]	20
ISENTRESS TABS 400 MG [raltegravir potassium]	20
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	46
isosorbide dinitrate tabs 20 mg	46
isosorbide dinitrate tabs 30 mg	46
isosorbide dinitrate tabs 5 mg	46
isosorbide mononitrate er tb24 120 mg	46
isosorbide mononitrate er tb24 30 mg	46
isosorbide mononitrate er tb24 60 mg	46

ISTODAX (OVERFILL) SOLR 10 MG [romidepsin]	25
ivermectin tabs 3 mg	11
IXEMPRA KIT SOLR 15 MG [ixabepilone]	25
IXEMPRA KIT SOLR 45 MG [ixabepilone]	25
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed]	101

J

JADENU SPRINKLE PACK 180 MG [deferasirox]	83
JADENU SPRINKLE PACK 360 MG [deferasirox]	83
JADENU SPRINKLE PACK 90 MG [deferasirox]	83
JADENU TABS 180 MG [deferasirox]	83
JADENU TABS 360 MG [deferasirox]	83
JADENU TABS 90 MG [deferasirox]	83
JAKAFI TABS 10 MG [ruxolitinib phosphate]	25
JAKAFI TABS 15 MG [ruxolitinib phosphate]	25
JAKAFI TABS 20 MG [ruxolitinib phosphate]	25
JAKAFI TABS 25 MG [ruxolitinib phosphate]	25
JAKAFI TABS 5 MG [ruxolitinib phosphate]	25
JARDIANCE TABS 10 MG [empagliflozin]	85
JARDIANCE TABS 25 MG [empagliflozin]	85
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel]	25
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	20

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	25
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	25
KALYDECO PACK 25 MG [ivacaftor]	98
KALYDECO PACK 50 MG [ivacaftor]	98
KALYDECO PACK 75 MG [ivacaftor]	98
KALYDECO TABS 150 MG [ivacaftor]	92
KANJINTI SOLR 420 MG [trastuzumab-anns]	26
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	36
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 20-5-0.45	

MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	75	<i>factor (human)</i>	36
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	75	KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	36
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	75	KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	36
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	75	KOGENATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	36
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	75	KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	36
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated ringers</i>]	75	KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	36
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	83	KOVALTRY SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	83	KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	105	KOVALTRY SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	96	KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
<i>ketamine hcl soln 10 mg/ml</i>	58	K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	75
<i>ketamine hcl soln 100 mg/ml</i>	58	KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	18
<i>ketamine hcl soln 50 mg/ml</i>	58	K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	75
<i>ketoconazole crea 2 %</i>	103	KYNMOBI FILM 10 MG [<i>apomorphine hydrochloride</i>]	55
<i>ketoconazole sham 2 %</i>	103	KYNMOBI FILM 15 MG [<i>apomorphine hydrochloride</i>]	55
<i>ketoconazole tabs 200 mg</i>	17	KYNMOBI FILM 20 MG [<i>apomorphine hydrochloride</i>]	55
KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	71	KYNMOBI FILM 25 MG [<i>apomorphine hydrochloride</i>]	55
<i>ketorolac tromethamine soln 0.4 %</i>	78	KYNMOBI FILM 30 MG [<i>apomorphine hydrochloride</i>]	55
<i>ketorolac tromethamine soln 0.5 %</i>	78	KYNMOBI TITRATION KIT KIT 10/15/20/25/30 MG [<i>apomorphine hydrochloride</i>]	56
<i>ketorolac tromethamine soln 15 mg/ml</i>	48	KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	26
<i>ketorolac tromethamine soln 30 mg/ml</i>	48	KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	26
<i>ketorolac tromethamine soln 60 mg/2ml</i>	48	KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	26
KETOSTIX STRP [<i>acetone (urine) test</i>]	71		
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	26		
KINERET INJ [<i>anakinra</i>]	92		
KINRIX SUSP [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	101		
KINRIX SUSY 0.5 ML [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	101		
KLOR-CON TBCR 8 MEQ [<i>potassium chloride</i>]	76		
KOATE SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	36		
KOATE-DVI SOLR 500 UNIT [<i>antihemophilic factor (human)</i>]	36		

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<i>labetalol hcl soln 5 mg/ml</i>	41
<i>labetalol hcl tabs 100 mg</i>	41
<i>labetalol hcl tabs 200 mg</i>	41
<i>labetalol hcl tabs 300 mg</i>	41

LACTATED RINGERS SOLN [<i>lactated ringer's</i>]	76	<i>leucovorin calcium tabs 5 mg</i>	93
LACTIC ACID SOLN [<i>lactic acid (bulk)</i>]	96	LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	26
LACTOSE MONOHYDRATE POWD [<i>lactose monohydrate</i>]	96	LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	39
LACTOSE POWD [<i>lactose</i>]	96	<i>leuprolide acetate kit 1 mg/0.2ml</i>	26
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	72	<i>levetiracetam er tb24 500 mg</i>	53
<i>lactulose soln 10 gm/15ml</i>	72	<i>levetiracetam er tb24 750 mg</i>	53
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	53	LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML [<i>levetiracetam in sodium chloride</i>]	53
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	53	LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	53
<i>lamivudine soln 10 mg/ml</i>	20	LEVETIRACETAM IN NAACL SOLN 500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	53
<i>lamivudine tabs 100 mg</i>	20	<i>levetiracetam soln 100 mg/ml</i>	53
<i>lamivudine tabs 150 mg</i>	20	<i>levetiracetam soln 500 mg/5ml</i>	53
<i>lamivudine tabs 300 mg</i>	20	<i>levetiracetam tabs 1000 mg</i>	53
<i>lamivudine-zidovudine tabs 150-300 mg</i>	20	<i>levetiracetam tabs 250 mg</i>	53
<i>lamotrigine chew 25 mg</i>	53	<i>levetiracetam tabs 500 mg</i>	53
<i>lamotrigine chew 5 mg</i>	53	<i>levetiracetam tabs 750 mg</i>	53
<i>lamotrigine tabs 100 mg</i>	53	<i>levobunolol hcl soln 0.5 %</i>	79
<i>lamotrigine tabs 150 mg</i>	53	<i>levocarnitine inj 200mg/ml</i>	93
<i>lamotrigine tabs 200 mg</i>	53	LEVOCARNITINE SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	93
<i>lamotrigine tabs 25 mg</i>	53	LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	93
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	43	<i>levofloxacin in d5w soln 250 mg/50ml</i>	14
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	85	<i>levofloxacin in d5w soln 500 mg/100ml</i>	14
L-ARGININE POWD [<i>arginine</i>]	96	<i>levofloxacin in d5w soln 750 mg/150ml</i>	14
<i>latanoprost soln 0.005 %</i>	79	<i>levofloxacin soln 25 mg/ml</i>	14
L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	96	<i>levofloxacin tabs 250 mg</i>	14
<i>leflunomide tabs 10 mg</i>	92	<i>levofloxacin tabs 500 mg</i>	14
<i>leflunomide tabs 20 mg</i>	92	<i>levofloxacin tabs 750 mg</i>	14
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	26	LEVOTHYROXINE SODIUM SOLR 200 MCG [<i>levothyroxine sodium</i>]	89
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [<i>lenvatinib mesylate</i>]	26	LEVOTHYROXINE SODIUM SOLR 500 MCG [<i>levothyroxine sodium</i>]	89
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	26	<i>levothyroxine sodium tabs 100 mcg</i>	89
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	26	<i>levothyroxine sodium tabs 112 mcg</i>	89
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	26	<i>levothyroxine sodium tabs 125 mcg</i>	89
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	46	<i>levothyroxine sodium tabs 150 mcg</i>	89
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	46	<i>levothyroxine sodium tabs 175 mcg</i>	89
<i>letrozole tabs 2.5 mg</i>	26	<i>levothyroxine sodium tabs 200 mcg</i>	89
<i>leucovorin calcium solr 100 mg</i>	92	<i>levothyroxine sodium tabs 25 mcg</i>	89
<i>leucovorin calcium solr 350 mg</i>	93	<i>levothyroxine sodium tabs 300 mcg</i>	89
<i>leucovorin calcium solr 50 mg</i>	93	<i>levothyroxine sodium tabs 50 mcg</i>	89
<i>leucovorin calcium tabs 25 mg</i>	93	<i>levothyroxine sodium tabs 75 mcg</i>	89
		<i>levothyroxine sodium tabs 88 mcg</i>	89
		LEVOXYL TABS 137 MCG [<i>levothyroxine</i>]	

sodium]	89	lisinopril tabs 40 mg	45
LEVSIN SOLN 0.5 MG/ML [hyoscyamine sulfate]	30	lisinopril tabs 5 mg	45
LEVULAN KERASTICK SOLR 20 %		lisinopril-hydrochlorothiazide tabs 10-12.5 mg	45
[aminolevulinic acid hcl]	106	lisinopril-hydrochlorothiazide tabs 20-12.5 mg	45
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	72	lisinopril-hydrochlorothiazide tabs 20-25 mg	45
LIALDA TBEC 1.2 GM [mesalamine]	80	L-ISOLEUCINE POWD [isoleucine]	96
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML [lidocaine hcl (cardiac)]	90	lithium carbonate caps 150 mg	54
lidocaine hcl (cardiac) pf sosy 100 mg/5ml ..	43	LITHIUM CARBONATE CAPS 300 MG [lithium carbonate]	54
lidocaine hcl (cardiac) pf sosy 50 mg/5ml ...	90	lithium carbonate er tbcr 300 mg	54
lidocaine hcl (cardiac) sosy 50 mg/5ml	43	lithium carbonate er tbcr 450 mg	54
lidocaine hcl (pf) soln 0.5 %	90	LITHIUM CARBONATE TABS 300 MG [lithium carbonate]	54
lidocaine hcl (pf) soln 1 %	90	LITHIUM SOLN 8 MEQ/5ML [lithium]	54
lidocaine hcl (pf) soln 2 %	90	LITHOSTAT TABS 250 MG [acetohydroxamic acid]	72
lidocaine hcl (pf) soln 4 %	90	LIVTENCITY TABS 200 MG [maribavir]	20
LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	96	LODOSYN TABS 25 MG [carbidopa]	56
lidocaine hcl soln 0.5 %	90	LONSURF TABS 15-6.14 MG [trifluridine-tipiracil]	26
lidocaine hcl soln 1 %	90	LONSURF TABS 20-8.19 MG [trifluridine-tipiracil]	26
lidocaine hcl soln 2 %	90	lopinavir-ritonavir soln 400-100 mg/5ml	20
lidocaine hcl soln 4 %	104	lopinavir-ritonavir tabs 100-25 mg	20
lidocaine hcl urethral/mucosal gel 2 %	104	lopinavir-ritonavir tabs 200-50 mg	20
lidocaine hcl urethral/mucosal prsy 2 % ...	104	lorazepam soln 2 mg/ml	57
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%		lorazepam soln 4 mg/ml	57
[lidocaine in d5w]	43	lorazepam tabs 0.5 mg	57
lidocaine oint 5 %	104	lorazepam tabs 1 mg	57
lidocaine viscous hcl soln 2 %	80	lorazepam tabs 2 mg	57
lidocaine-epinephrine soln 0.5 %-1 200000	90	LORBRENA TABS 100 MG [lorlatinib]	26
lidocaine-epinephrine soln 1 %-1 100000	90	LORBRENA TABS 25 MG [lorlatinib]	26
lidocaine-epinephrine soln 1.5 %-1 200000	90	losartan potassium tabs 100 mg	45
lidocaine-epinephrine soln 2 %-1 100000	90	losartan potassium tabs 25 mg	45
lidocaine-epinephrine soln 2 %-1 200000	90	losartan potassium tabs 50 mg	45
lidocaine-prilocaine crea 2.5-2.5 %	105	losartan potassium-hctz tabs 100-12.5 mg ..	45
lidocaine-prilocaine kit 2.5-2.5 %	105	losartan potassium-hctz tabs 100-25 mg	45
linezolid soln 600 mg/300ml	14	losartan potassium-hctz tabs 50-12.5 mg	45
linezolid susr 100 mg/5ml	14	lovastatin tabs 10 mg	40
linezolid tabs 600 mg	14	lovastatin tabs 20 mg	40
liothyronine sodium tabs 25 mcg	89	lovastatin tabs 40 mg	40
liothyronine sodium tabs 5 mcg	89	LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	39
liothyronine sodium tabs 50 mcg	89	LOVENOX SOSY 100 MG/ML [enoxaparin sodium]	39
lisinopril tabs 10 mg	45	LOVENOX SOSY 120 MG/0.8ML [enoxaparin sodium]	39
lisinopril tabs 2.5 mg	45		
lisinopril tabs 20 mg	45		
lisinopril tabs 30 mg	45		

LOVENOX SOSY 150 MG/ML [<i>enoxaparin sodium</i>]	39
LOVENOX SOSY 30 MG/0.3ML [<i>enoxaparin sodium</i>]	39
LOVENOX SOSY 40 MG/0.4ML [<i>enoxaparin sodium</i>]	39
LOVENOX SOSY 60 MG/0.6ML [<i>enoxaparin sodium</i>]	39
LOVENOX SOSY 80 MG/0.8ML [<i>enoxaparin sodium</i>]	39
<i>loxapine succinate caps 10 mg</i>	61
<i>loxapine succinate caps 25 mg</i>	61
<i>loxapine succinate caps 5 mg</i>	61
<i>loxapine succinate caps 50 mg</i>	61
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	79
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	79
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	79
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	79
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	72
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	77
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	26
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	26
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	26
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	26
LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	26
LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	26
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	26
L-VALINE POWD [<i>valine</i>]	96
LYNPARZA TABS 100 MG [<i>olaparib</i>]	26
LYNPARZA TABS 150 MG [<i>olaparib</i>]	26

LYSODREN TABS 500 MG [<i>mitotane</i>]	26
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MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	22
MACUGEN SOLN 0.3 MG [<i>pegaptanib sodium</i>]	79
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [<i>magnesium sulfate in dextrose</i>]	76
MAGNESIUM SULFATE SOLN 20 GM/500ML [<i>magnesium sulfate</i>]	53
MAGNESIUM SULFATE SOLN 4 GM/100ML [<i>magnesium sulfate</i>]	53
MAGNESIUM SULFATE SOLN 4 GM/50ML [<i>magnesium sulfate</i>]	53
MAGNESIUM SULFATE SOLN 40 GM/1000ML [<i>magnesium sulfate</i>]	53
MAGNESIUM SULFATE SOLN 50 % [<i>magnesium sulfate</i>]	53
MANNITOL SOLN 25 % [<i>mannitol</i>]	73
MARQIBO SUSP 5 MG/31ML [<i>vincristine sulfate liposome</i>]	27
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	27
<i>meclizine hcl tabs 25 mg</i>	81
<i>meclofenamate sodium caps 100 mg</i>	48
<i>meclofenamate sodium caps 50 mg</i>	48
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	88
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	88
<i>medroxyprogesterone acetate tabs 10 mg</i>	89
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	89
<i>medroxyprogesterone acetate tabs 5 mg</i>	89
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8	69
<i>mefenamic acid caps 250 mg</i>	48
<i>mefloquine hcl tabs 250 mg</i>	18
<i>megestrol acetate susp 40 mg/ml</i>	27
<i>megestrol acetate susp 400 mg/10ml</i>	27
<i>megestrol acetate tabs 20 mg</i>	27
<i>megestrol acetate tabs 40 mg</i>	27
MEKINIST TABS 0.5 MG [<i>trametinib dimethyl sulfoxide</i>]	27
MEKINIST TABS 2 MG [<i>trametinib dimethyl sulfoxide</i>]	27
<i>meloxicam tabs 15 mg</i>	48
<i>meloxicam tabs 7.5 mg</i>	48
<i>melphalan hcl solr 50 mg</i>	27
<i>memantine hcl tabs 10 mg</i>	58
<i>memantine hcl tabs 5 mg</i>	58

MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	88
MENVEO SOLR [<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>]	101
<i>meperidine hcl soln 100 mg/ml</i>	48
<i>meperidine hcl soln 25 mg/ml</i>	49
<i>meperidine hcl soln 50 mg/ml</i>	49
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	108
<i>mercaptapurine tabs 50 mg</i>	27
<i>meropenem solr 1 gm</i>	14
<i>meropenem solr 500 mg</i>	14
<i>mesalamine enem 4 gm</i>	80
<i>mesalamine supp 1000 mg</i>	80
<i>mesalamine tbec 1.2 gm</i>	80
MESNA SOLN 100 MG/ML [<i>mesna</i>]	93
MESNEX TABS 400 MG [<i>mesna</i>]	93
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	31
<i>metaproterenol sulfate syrpf 10 mg/5ml</i>	33
<i>metformin hcl er tb24 500 mg</i>	85
<i>metformin hcl er tb24 750 mg</i>	85
<i>metformin hcl tabs 1000 mg</i>	85
<i>metformin hcl tabs 500 mg</i>	85
<i>metformin hcl tabs 850 mg</i>	85
METHADONE HCL POWD [<i>methadone hcl</i>]	96
METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	49
METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	49
METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	49
<i>methazolamide tabs 25 mg</i>	79
<i>methazolamide tabs 50 mg</i>	79
<i>methenamine hippurate tabs 1 gm</i>	22
<i>methimazole tabs 10 mg</i>	89
<i>methimazole tabs 5 mg</i>	89
<i>methocarbamol tabs 500 mg</i>	32
<i>methocarbamol tabs 750 mg</i>	32
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	27
METHOTREXATE SODIUM SOLN 50 MG/2ML [<i>methotrexate sodium</i>]	27
<i>methotrexate sodium solr 1 gm</i>	27
<i>methotrexate tabs 2.5 mg</i>	27
<i>methoxsalen rapid caps 10 mg</i>	105
<i>methyl dopa tabs 250 mg</i>	44
<i>methyl dopa tabs 500 mg</i>	44
METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	93
<i>methylergonovine maleate soln 0.2 mg/ml</i>	95
<i>methylergonovine maleate tabs 0.2 mg</i>	95
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	51
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	51
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	51
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	51
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	51
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	51
<i>methylphenidate hcl er (osm) tbcr 18 mg</i>	51
<i>methylphenidate hcl er (osm) tbcr 27 mg</i>	51
<i>methylphenidate hcl er (osm) tbcr 36 mg</i>	51
<i>methylphenidate hcl er (osm) tbcr 54 mg</i>	51
<i>methylphenidate hcl er tbcr 10 mg</i>	51
<i>methylphenidate hcl er tbcr 20 mg</i>	51
<i>methylphenidate hcl tabs 10 mg</i>	51
<i>methylphenidate hcl tabs 20 mg</i>	51
<i>methylphenidate hcl tabs 5 mg</i>	51
<i>methylprednisolone acetate susp 40 mg/ml</i>	83
<i>methylprednisolone acetate susp 80 mg/ml</i>	83
<i>methylprednisolone sodium succ solr 1000 mg</i>	83
<i>methylprednisolone sodium succ solr 125 mg</i>	83
<i>methylprednisolone sodium succ solr 40 mg</i>	84
<i>methylprednisolone tabs 16 mg</i>	84
<i>methylprednisolone tabs 32 mg</i>	84
<i>methylprednisolone tabs 4 mg</i>	84
<i>methylprednisolone tabs 8 mg</i>	84
<i>methylprednisolone tbpk 4 mg</i>	84
<i>methyltestosterone caps 10 mg</i>	85
<i>methyltestosterone tabs 10 mg</i>	85
METOCLOPRAMIDE HCL MONOHYDRATE POWD [<i>metoclopramide hcl monohydrate</i>]	96
<i>metoclopramide hcl soln 10 mg/10ml</i>	82
<i>metoclopramide hcl soln 5 mg/ml</i>	82
<i>metoclopramide hcl tabs 10 mg</i>	82
<i>metoclopramide hcl tabs 5 mg</i>	82
<i>metolazone tabs 10 mg</i>	73
<i>metolazone tabs 2.5 mg</i>	73
<i>metolazone tabs 5 mg</i>	73
METOPIRONE CAPS 250 MG [<i>metyrapone</i>]	72
<i>metoprolol succinate er tb24 100 mg</i>	41
<i>metoprolol succinate er tb24 200 mg</i>	41
<i>metoprolol succinate er tb24 25 mg</i>	41
<i>metoprolol succinate er tb24 50 mg</i>	41
<i>metoprolol tartrate soln 5 mg/5ml</i>	41
<i>metoprolol tartrate tabs 100 mg</i>	41
<i>metoprolol tartrate tabs 25 mg</i>	41
<i>metoprolol tartrate tabs 50 mg</i>	42
<i>metronidazole crea 0.75 %</i>	103
<i>metronidazole gel 0.75 %</i>	103

metronidazole lotn 0.75 %	103	virus vaccines]	101
METRONIDAZOLE SOLN 500 MG/100ML		modafinil tabs 100 mg	51
[metronidazole]	18	modafinil tabs 200 mg	51
metronidazole tabs 250 mg	18	mometasone furoate crea 0.1 %	104
metronidazole tabs 500 mg	18	mometasone furoate oint 0.1 %	104
mexiletine hcl caps 150 mg	43	mometasone furoate soln 0.1 %	104
mexiletine hcl caps 200 mg	43	MONOJECT INSULIN SYRINGE MISC 27G X	
mexiletine hcl caps 250 mg	43	1/2.....	69
MICRHOGAM ULTRA-FILTERED PLUS SOSY		MONOJECT SYRINGE REG LUER MISC 20 ML	
250 UNIT [rho d immune globulin (human)]		[syringe (disposable)]	69
.....	100	MONOJECT TB SYRINGE MISC 1 ML [syringe	
midazolam hcl (pf) soln 10 mg/2ml	57	(disposable)]	69
midazolam hcl (pf) soln 2 mg/2ml	57	MONONINE SOLR 1000 UNIT [coagulation	
midazolam hcl soln 10 mg/2ml	57	factor ix]	37
midazolam hcl soln 2 mg/2ml	57	montelukast sodium chew 4 mg	97
midazolam hcl syrp 2 mg/ml	57	montelukast sodium chew 5 mg	97
midodrine hcl tabs 10 mg	33	montelukast sodium pack 4 mg	97
midodrine hcl tabs 2.5 mg	33	montelukast sodium tabs 10 mg	97
midodrine hcl tabs 5 mg	33	morphine sulfate (concentrate) soln 100	
MIFEPREX TABS 200 MG [mifepristone]	95	mg/5ml	49
MIGRANAL SOLN 4 MG/ML		morphine sulfate (pf) soln 0.5 mg/ml	49
[dihydroergotamine mesylate]	32	morphine sulfate (pf) soln 1 mg/ml	49
milrinone lactate in dextrose soln 20-5		MORPHINE SULFATE (PF) SOLN 10 MG/ML	
mg/100ml-%	43	[morphine sulfate]	49
milrinone lactate in dextrose soln 40-5		MORPHINE SULFATE (PF) SOLN 2 MG/ML	
mg/200ml-%	43	[morphine sulfate]	49
milrinone lactate inj 1mg/ml	44	MORPHINE SULFATE (PF) SOLN 4 MG/ML	
milrinone lactate soln 10 mg/10ml	44	[morphine sulfate]	49
minocycline hcl caps 100 mg	15	morphine sulfate er tbcr 100 mg	49
minocycline hcl caps 50 mg	15	morphine sulfate er tbcr 15 mg	49
minocycline hcl caps 75 mg	15	morphine sulfate er tbcr 200 mg	49
minoxidil tabs 10 mg	44	morphine sulfate er tbcr 30 mg	49
minoxidil tabs 2.5 mg	44	morphine sulfate er tbcr 60 mg	49
MIOCHOL-E SOLR 20 MG [acetylcholine		MORPHINE SULFATE POWD [morphine	
chloride]	79	sulfate]	96
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	79	MORPHINE SULFATE SOLN 1 MG/ML	
MIRENA (52 MG) IUD 20 MCG/DAY		[morphine sulfate]	49
[levonorgestrel (iud)]	86	MORPHINE SULFATE SOLN 10 MG/5ML	
mirtazapine tabs 15 mg	61	[morphine sulfate]	49
mirtazapine tabs 30 mg	61	MORPHINE SULFATE SOLN 10 MG/ML	
mirtazapine tabs 45 mg	61	[morphine sulfate]	49
misoprostol tab 100mcg	81	MORPHINE SULFATE SOLN 15 MG/ML	
misoprostol tab 200mcg	81	[morphine sulfate]	49
mitomycin solr 20 mg	27	MORPHINE SULFATE SOLN 2 MG/ML	
mitomycin solr 40 mg	27	[morphine sulfate]	49
mitomycin solr 5 mg	27	MORPHINE SULFATE SOLN 25 MG/ML	
MITOSOL KIT 0.2 MG [mitomycin		[morphine sulfate]	49
(ophthalmic)]	79	MORPHINE SULFATE SOLN 4 MG/ML	
mitoxantrone hcl conc 25 mg/12.5ml	27	[morphine sulfate]	49
M-M-R II SOLR [measles, mumps & rubella		MORPHINE SULFATE SOLN 5 MG/ML	

[morphine sulfate]	49
MORPHINE SULFATE SOLN 50 MG/ML	
[morphine sulfate]	49
MORPHINE SULFATE SOLN 8 MG/ML	
[morphine sulfate]	49
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	49
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	49
MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	49
MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	49
MORPHINE SULFATE TABS 15 MG [morphine sulfate]	50
MORPHINE SULFATE TABS 30 MG [morphine sulfate]	50
moxifloxacin hcl soln 0.5 %	78
moxifloxacin hcl tabs 400 mg	15
MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	72
MULTITRACE-4 CONCENTRATE SOLN 0.01-1-0.5-5 MG/ML [trace minerals (cr-cu-mn-zn)]	76
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron] ...	107
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	107
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	107
MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	107
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	107
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	107
mupirocin oint 2 %	103
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	27
mycophenolate mofetil caps 250 mg	93
mycophenolate mofetil susr 200 mg/ml	93
mycophenolate mofetil tabs 500 mg	93
MYLERAN TABS 2 MG [busulfan]	27
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxib]	93
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxib]	93
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxib]	93
MYRBETRIQ SRER 8 MG/ML [mirabegron]	106

MYRBETRIQ TB24 25 MG [mirabegron]	106
MYRBETRIQ TB24 50 MG [mirabegron]	106

N

NABI-HB SOLN 312 UNIT/ML [hepatitis b immune globulin (human)]	100
nabumetone tabs 500 mg	50
nabumetone tabs 750 mg	50
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose] ... 15	
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	15
nafcillin sodium solr 1 gm	15
nafcillin sodium solr 10 gm	15
nafcillin sodium solr 2 gm	15
NAGLAZYME SOLN 1 MG/ML [galsulfase]	77
nalbuphine hcl soln 10 mg/ml	50
nalbuphine hcl soln 20 mg/ml	50
naloxone hcl liqd 4 mg/0.1ml	59
naloxone hcl soln 0.4 mg/ml	59
naloxone hcl sosy 2 mg/2ml	59
NALTREXONE HCL POWD [naltrexone hcl (bulk)]	59
naltrexone hcl tabs 50 mg	59
NAMENDA SOL 10MG/5ML [memantine hcl]	58
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	58
naproxen susp 125 mg/5ml	50
naproxen tabs 250 mg	50
naproxen tabs 375 mg	50
naproxen tabs 500 mg	50
naratriptan hcl tabs 1 mg	54
naratriptan hcl tabs 2.5 mg	54
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	90
NAROPIN SOLN 7.5 MG/ML [ropivacaine hcl]	90
NATACYN SUSP 5 % [natamycin]	78
NEBUPENT SOLR 300 MG [pentamidine isethionate]	18
nefazodone hcl tabs 100 mg	61
nefazodone hcl tabs 150 mg	61
nefazodone hcl tabs 200 mg	61
nefazodone hcl tabs 250 mg	61
nefazodone hcl tabs 50 mg	61
NEOMYCIN SULFATE POWD [neomycin sulfate (topical)]	96
neomycin sulfate tabs 500 mg	15
neomycin-bacitracin zn-polymyx oint 5-400-10000	78
neomycin-polymyxin b gu soln 40-200000	103

neomycin-polymyxin-dexameth oint 3.5-10000-0.1	78	NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	46
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	78	NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	46
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	78	NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	22
neomycin-polymyxin-hc soln 1 %	78	NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	22
neomycin-polymyxin-hc susp 3.5-10000-1 ..	78	NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	22
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	50	nitrofurantoin monohyd macro caps 100 mg	22
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	93	nitrofurantoin susp 25 mg/5ml	22
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate]	31	NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w]	46
neostigmine methylsulfate soln 5 mg/10ml	31	NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w]	46
NESACAINE SOLN 2 % [chlorprocaine hcl]	90	nitroglycerin soln 5 mg/ml	46
nevirapine er tb24 400 mg	20	nitroprusside sodium soln 25 mg/ml	44
nevirapine susp 50 mg/5ml	20	NITROSTAT SUBL 0.3 MG [nitroglycerin]	46
nevirapine tabs 200 mg	20	NITROSTAT SUBL 0.4 MG [nitroglycerin]	46
NEXAVAR TABS 200 MG [sorafenib tosylate]	27	NITROSTAT SUBL 0.6 MG [nitroglycerin]	46
NEXPLANON IMPL 68 MG [etonogestrel]	86	NITRO-TIME CPCR 2.5 MG [nitroglycerin]	46
NIACIN ER TBCR 250 MG [niacin]	108	NITRO-TIME CPCR 6.5 MG [nitroglycerin]	46
NIACIN TABS 100 MG [niacin]	108	NITRO-TIME CPCR 9 MG [nitroglycerin]	46
NIACIN TABS 250 MG [niacin]	108	NIVESTYM SOLN 300 MCG/ML [filgrastim-aafi]	39
NIACIN TABS 50 MG [niacin]	108	NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-aafi]	39
NIACIN TABS 500 MG [niacin]	108	NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-aafi]	39
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	42	NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-aafi]	39
NICORETTE LOZG 2 MG [nicotine polacrilex]	31	NOKOR VENTED NEEDLE MISC 16G X 1	69
NICORETTE LOZG 4 MG [nicotine polacrilex]	31	NOKOR VENTED NEEDLE MISC 18G X 1	69
NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	31	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML [somatropin]	89
nicotine polacrilex gum 2 mg	31	norepinephrine bitartrate soln 1 mg/ml	33
nicotine polacrilex gum 4 mg	31	norethindrone acetate tabs 5 mg	89
nicotine polacrilex lozg 4 mg	31	norethindrone tabs 0.35 mg	86
nicotine pt24 14 mg/24hr	31	NORPACE CR CP12 100 MG [disopyramide phosphate]	44
nicotine pt24 21 mg/24hr	31	NORPACE CR CP12 150 MG [disopyramide phosphate]	44
nicotine pt24 7 mg/24hr	31	nortriptyline hcl caps 10 mg	61
nifedipine caps 10 mg	43	nortriptyline hcl caps 25 mg	61
nifedipine caps 20 mg	43	nortriptyline hcl caps 50 mg	61
nifedipine er osmotic release tb24 30 mg ..	43	nortriptyline hcl caps 75 mg	61
nifedipine er osmotic release tb24 60 mg ..	43	nortriptyline hcl soln 10 mg/5ml	61
nifedipine er osmotic release tb24 90 mg ..	43	NORVIR SOLN 80 MG/ML [ritonavir]	20
nimodipine caps 30 mg	43	NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	88
NINLARO CAPS 2.3 MG [ixazomib citrate]	27		
NINLARO CAPS 3 MG [ixazomib citrate]	27		
NINLARO CAPS 4 MG [ixazomib citrate]	27		

NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	37
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	37
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	37
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	37
nystatin susp 100000 unit/ml	17
nystatin tabs 500000 unit	17
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	104
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	104

O

OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	100
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	100
octreotide acetate soln 100 mcg/ml	93
octreotide acetate soln 1000 mcg/ml	93
octreotide acetate soln 200 mcg/ml	93
octreotide acetate soln 50 mcg/ml	93
octreotide acetate soln 500 mcg/ml	93
octreotide acetate sosy 50 mcg/ml	93
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	100
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	20
ODOMZO CAPS 200 MG [sonidegib phosphate]	27
OFIRMEV SOLN 10 MG/ML [acetaminophen]	50
ofloxacin soln 0.3 %	78
olanzapine solr 10 mg	61
olanzapine tabs 10 mg	61
olanzapine tabs 15 mg	61
olanzapine tabs 2.5 mg	61
olanzapine tabs 20 mg	61
olanzapine tabs 5 mg	61
olanzapine tabs 7.5 mg	61
olopatadine hcl soln 0.1 %	78
omeprazole cpdr 10 mg	81
omeprazole cpdr 20 mg	81
omeprazole cpdr 40 mg	81
OMNIPAQUE INJ 300MG/ML [iohexol]	72
OMNIPAQUE INJ 350MG/ML [iohexol]	72
OMNIPAQUE SOLN 180 MG/ML [iohexol]	72

OMNIPAQUE SOLN 240 MG/ML [iohexol]	72
OMNIPAQUE SOLN 300 MG/ML [iohexol]	72
OMNIPAQUE SOLN 350 MG/ML [iohexol]	72
OMNITROPE PEN 5 INJ DEVICE MISC [injection device]	69
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	89
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	89
ondansetron hcl soln 4 mg/2ml	81
ondansetron hcl soln 4 mg/5ml	81
ondansetron hcl soln 40 mg/20ml	81
ondansetron hcl tabs 4 mg	81
ondansetron hcl tabs 8 mg	81
ondansetron tbdp 4 mg	81
ondansetron tbdp 8 mg	81
ONETOUCH DELICA LANCETS 33G MISC [lancets]	69
ONETOUCH FINEPOINT LANCETS MISC [lancets]	69
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	69
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	69
ONETOUCH ULTRA STRP [glucose blood]	72
ONETOUCH ULTRASOFT LANCETS MISC [lancets]	69
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	69
OPDIVO SOLN 100 MG/10ML [nivolumab]	27
OPDIVO SOLN 40 MG/4ML [nivolumab]	27
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	93
ORENCIA SOLR 250 MG [abatacept]	93
ORENCIA SOSY 125 MG/ML [abatacept]	93
ORENCIA SOSY 50 MG/0.4ML [abatacept]	93
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	93
ORKAMBI PACK 100-125 MG [lumacaftor-ivacaftor]	98
ORKAMBI PACK 150-188 MG [lumacaftor-ivacaftor]	98
ORKAMBI PACK 75-94 MG [lumacaftor-ivacaftor]	98
ORKAMBI TABS 100-125 MG [lumacaftor-ivacaftor]	98
ORKAMBI TABS 200-125 MG [lumacaftor-ivacaftor]	98
oseltamivir phosphate caps 30 mg	20
oseltamivir phosphate caps 45 mg	20
oseltamivir phosphate caps 75 mg	20

oseltamivir phosphate susr 6 mg/ml	20
OSMITROL SOLN 20 % [mannitol].....	73
OTEZLA TAB 10/20/30 [apremilast].....	93
OTEZLA TABS 30 MG [apremilast].....	93
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	93
OVIDREL INJ 250 MCG/0.5ML	
[choriogonadotropin alfa].....	88
OXACILLIN SODIUM IN DEXTROSE SOLN 1	
GM/50ML [oxacillin sodium in dextrose]..	15
OXACILLIN SODIUM IN DEXTROSE SOLN 2	
GM/50ML [oxacillin sodium in dextrose]..	15
oxaliplatin soln 100 mg/20ml	27
oxaliplatin soln 50 mg/10ml	27
oxazepam caps 10 mg	57
oxazepam caps 15 mg	57
oxazepam caps 30 mg	57
oxcarbazepine susp 300 mg/5ml	53
oxcarbazepine tabs 150 mg	53
oxcarbazepine tabs 300 mg	53
oxcarbazepine tabs 600 mg	53
oxybutynin chloride er tb24 10 mg	107
oxybutynin chloride er tb24 15 mg	107
oxybutynin chloride er tb24 5 mg	107
oxybutynin chloride syrps 5 mg/5ml	107
oxybutynin chloride tabs 5 mg	107
oxycodone hcl soln 5 mg/5ml	50
oxycodone hcl tabs 5 mg	50
oxycodone-acetaminophen tabs 10-325 mg	50
oxycodone-acetaminophen tabs 5-325 mg ..	50
oxycodone-acetaminophen tabs 7.5-325 mg	50
.....	50
OXYTOCIN SOLN 10 UNIT/ML [oxytocin].....	95
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2	
MG/1.5ML [semaglutide].....	86
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	
[semaglutide].....	86
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	
[semaglutide].....	86

P

paclitaxel conc 300 mg/50ml	27
PADCEV SOLR 20 MG [enfortumab vedotin- ejfv].....	27
PADCEV SOLR 30 MG [enfortumab vedotin- ejfv].....	27
pamidronate disodium soln 30 mg/10ml	93
pamidronate disodium soln 6 mg/ml	93
pamidronate disodium soln 90 mg/10ml	93
pamidronate disodium solr 30 mg	93
pamidronate disodium solr 90 mg	93

pancuronium bromide soln 1 mg/ml	32
pantoprazole sodium tbec 20 mg	81
pantoprazole sodium tbec 40 mg	81
PAPAVERINE HCL SOLN 30 MG/ML	
[papaverine hcl].....	46
paromomycin sulfate caps 250 mg	18
paroxetine hcl tabs 10 mg	62
paroxetine hcl tabs 20 mg	62
paroxetine hcl tabs 30 mg	62
paroxetine hcl tabs 40 mg	62
PEDIARIX SUSY [diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac].....	101
pediatric multivitamins w/fl chew	107
PEDIATRIC SMALL MASK MISC [masks].....	69
peg 3350/electrolytes solr 240 gm	82
peg 3350-kcl-na bicarb-nacl solr 420 gm	81
PEGASYS PROCLICK SOAJ 180 MCG/0.5ML	
[peginterferon alfa-2a].....	20
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].....	27
PEMETREXED DISODIUM SOLN 500 MG/20ML	
[pemetrexed disodium].....	27
penicillamine caps 250 mg	83
PENICILLIN G POT IN DEXTROSE SOLN	
20000 UNIT/ML [penicillin g pot in dextrose]	15
.....	15
PENICILLIN G POT IN DEXTROSE SOLN	
40000 UNIT/ML [penicillin g pot in dextrose]	15
.....	15
PENICILLIN G POT IN DEXTROSE SOLN	
60000 UNIT/ML [penicillin g pot in dextrose]	15
.....	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.].....	69
PENTAM SOLR 300 MG [pentamidine isethionate].....	18
PENTASA CPCR 250 MG [mesalamine].....	80
PENTASA CPCR 500 MG [mesalamine].....	80

pentostatin inj 10mg	27	[phenylephrine hcl (mydriatic)]	80
pentoxifylline er tbcr 400 mg	40	PHENYLHISTINE DH LIQ DH [pseudoeph-	
PEPTIC RELIEF CHEW 262 MG [bismuth		chlorphen w/ cod]	97
subsalsicylate]	80	phenytoin sodium extended caps 100 mg ...	53
PERJETA SOLN 420 MG/14ML [pertuzumab]		phenytoin sodium soln 50 mg/ml	53
.....	27	phenytoin susp 125 mg/5ml	53
permethrin crea 5 %	103	PHOSLYRA SOLN 667 MG/5ML [calcium	
permethrin lotn 1 %	103	acetate (phosphate binder)]	76
perphenazine tab 16mg	62	PHOSPHOLINE IODIDE SOLR 0.125 %	
perphenazine tabs 2 mg	62	[echothiophate iodide]	79
perphenazine tabs 4 mg	62	PHOTREXA-PHOTREXA VISCOUS KIT SOSY	
perphenazine tabs 8 mg	62	0.146 & 0.146-20 % [riboflavin5-phos sod &	
perphenazine-amitriptyline tabs 2-10 mg	62	riboflavin 5-phosphate sodium-dextran] ..	79
perphenazine-amitriptyline tabs 2-25 mg	62	PHYSOSTIGMINE SALICYLATE SOLN 1	
perphenazine-amitriptyline tabs 4-10 mg	62	MG/ML [physostigmine salicylate]	31
perphenazine-amitriptyline tabs 4-25 mg	62	phytonadione soln 1 mg/0.5ml	108
perphenazine-amitriptyline tabs 4-50 mg	62	pilocarpine hcl soln 1 %	79
phenelzine sulfate tabs 15 mg	62	pilocarpine hcl soln 2 %	79
PHENEX-1 POWD [nutritional supplements]		pilocarpine hcl soln 4 %	79
.....	73	pilocarpine hcl tabs 5 mg	31
PHENOBARBITAL ELIX 20 MG/5ML		pimecrolimus crea 1 %	106
[phenobarbital]	57	pimozide tabs 1 mg	62
PHENOBARBITAL POWD [phenobarbital] ... 96		pimozide tabs 2 mg	62
PHENOBARBITAL SODIUM SOLN 130 MG/ML		pioglitazone hcl tabs 15 mg	86
[phenobarbital sodium]	57	pioglitazone hcl tabs 30 mg	86
PHENOBARBITAL SODIUM SOLN 65 MG/ML		pioglitazone hcl tabs 45 mg	86
[phenobarbital sodium]	57	piperacillin sod-tazobactam so solr 2.25 (2-	
PHENOBARBITAL TABS 100 MG		0.25) gm	15
[phenobarbital]	57	piperacillin sod-tazobactam so solr 3.375 (3-	
PHENOBARBITAL TABS 15 MG		0.375) gm	15
[phenobarbital]	57	piperacillin sod-tazobactam so solr 4.5 (4-0.5)	
PHENOBARBITAL TABS 16.2 MG		gm	15
[phenobarbital]	57	piperacillin sod-tazobactam so solr 40.5 (36-	
PHENOBARBITAL TABS 30 MG		4.5) gm	15
[phenobarbital]	58	PLASMANATE SOLN 5 % [plasma protein	
PHENOBARBITAL TABS 32.4 MG		fraction]	34
[phenobarbital]	58	PLURONIC F127 GEL 20 % [pluronic f127	
PHENOBARBITAL TABS 60 MG		base]	96
[phenobarbital]	58	PNEUMOVAX 23 INJ 25 MCG/0.5ML	
PHENOBARBITAL TABS 64.8 MG		[pneumococcal vac polyvalent]	101
[phenobarbital]	58	PODOCON-25 SOLN 25 % [podophyllum	
PHENOBARBITAL TABS 97.2 MG		resin]	106
[phenobarbital]	58	podofilox soln 0.5 %	106
PHENOL LIQD [phenol]	105	PODOPHYLLUM RESIN POWD [podophyllum	
PHENOL LIQD 89 % [phenol]	105	resin]	96
phenoxybenzamine hcl caps 10 mg	33	POLYETHYLENE GLYCOL 400 LIQD	
phentolamine mesylate solr 5 mg	33	[polyethylene glycol 400]	96
PHENYLEPHRINE HCL SOLN 10 %		POLYFIN QR INFUSION SET 42	69
[phenylephrine hcl (mydriatic)]	80	polymyxin b-trimethoprim soln 10000-0.1	
PHENYLEPHRINE HCL SOLN 2.5 %		unit/ml-%	78

POMALYST CAPS 1 MG <i>[pomalidomide]</i>	27
POMALYST CAPS 2 MG <i>[pomalidomide]</i>	27
POMALYST CAPS 3 MG <i>[pomalidomide]</i>	27
POMALYST CAPS 4 MG <i>[pomalidomide]</i>	28
POTASSIUM ACETATE SOLN 2 MEQ/ML <i>[potassium acetate]</i>	76
<i>potassium chloride crys er tbcr 20 meq</i>	76
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% <i>[potassium chloride in dextrose]</i>	76
POTASSIUM CHLORIDE IN NACL SOLN 20- 0.45 MEQ/L-% <i>[potassium chloride in nacl]</i>	76
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% <i>[potassium chloride in nacl]</i>	76
POTASSIUM CHLORIDE IN NACL SOLN 40-0.9 MEQ/L-% <i>[potassium chloride in nacl]</i>	76
POTASSIUM CHLORIDE PACK 20 MEQ <i>[potassium chloride]</i>	76
<i>potassium chloride sol 10% sf</i>	76
<i>potassium chloride soln 10 meq/100ml</i>	76
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML <i>[potassium chloride]</i>	76
<i>potassium chloride soln 2 meq/ml</i>	76
<i>potassium chloride soln 20 meq/100ml</i>	76
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML <i>[potassium chloride]</i>	76
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML <i>[potassium chloride]</i>	76
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) <i>[potassium chloride]</i>	76
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) <i>[potassium citrate (alkalinizer)]</i>	72
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) <i>[potassium citrate (alkalinizer)]</i>	72
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML <i>[potassium phosphates]</i>	76
PRADAXA CAPS 110 MG <i>[dabigatran etexilate mesylate]</i>	39
PRADAXA CAPS 150 MG <i>[dabigatran etexilate mesylate]</i>	39
PRADAXA CAPS 75 MG <i>[dabigatran etexilate mesylate]</i>	39
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	56
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	56
<i>pramipexole dihydrochloride tabs 0.5 mg</i> ...	56
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	56
<i>pramipexole dihydrochloride tabs 1 mg</i>	56
<i>pramipexole dihydrochloride tabs 1.5 mg</i> ...	56
<i>pravastatin sodium tabs 10 mg</i>	40
<i>pravastatin sodium tabs 20 mg</i>	41
<i>pravastatin sodium tabs 40 mg</i>	41
<i>pravastatin sodium tabs 80 mg</i>	41
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	37
<i>prazosin hcl caps 1 mg</i>	40
<i>prazosin hcl caps 2 mg</i>	40
<i>prazosin hcl caps 5 mg</i>	40
PRECEDEX SOLN 200 MCG/2ML <i>[dexmedetomidine hcl]</i>	58
PRED MILD SUSP 0.12 % <i>[prednisolone acetate (ophth)]</i>	78
<i>prednisolone acetate susp 1 %</i>	78
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	84
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	84
<i>prednisolone soln 15 mg/5ml</i>	84
<i>prednisone soln 5 mg/5ml</i>	84
<i>prednisone tabs 1 mg</i>	84
<i>prednisone tabs 10 mg</i>	84
<i>prednisone tabs 2.5 mg</i>	84
<i>prednisone tabs 20 mg</i>	84
<i>prednisone tabs 5 mg</i>	84
<i>prednisone tabs 50 mg</i>	84
<i>prednisone tbpk 10 mg (21)</i>	84
<i>prednisone tbpk 5 mg (21)</i>	84
<i>pregabalin caps 100 mg</i>	53
<i>pregabalin caps 150 mg</i>	53
<i>pregabalin caps 200 mg</i>	54
<i>pregabalin caps 225 mg</i>	54
<i>pregabalin caps 25 mg</i>	54
<i>pregabalin caps 300 mg</i>	54
<i>pregabalin caps 50 mg</i>	54
<i>pregabalin caps 75 mg</i>	54
<i>pregabalin soln 20 mg/ml</i>	54
PREPIDIL GEL 0.5 MG/3GM <i>[dinoprostone]</i>	95
PRETOMANID TABS 200 MG <i>[pretomanid]</i> ..	17
PREVIDENT GEL 1.1 % <i>[sodium fluoride (dental)]</i>	93
PREVIDENT SOLN 0.2 % <i>[sodium fluoride (dental)]</i>	94
PREVNAR 13 SUSP <i>[pneumococcal 13-valent conjugate vaccine]</i>	102
PREVNAR 20 SUSY 0.5 ML <i>[pneumococcal 20-valent conjugate vaccine]</i>	102
PREVYMIS SOLN 240 MG/12ML <i>[letermovir]</i>	20
PREVYMIS SOLN 480 MG/24ML <i>[letermovir]</i>	20
PREVYMIS TABS 240 MG <i>[letermovir]</i>	20

PREVYMIS TABS 480 MG [<i>letermovir</i>]	20	PROGESTERONE MICRONIZED POWD	
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	20	[<i>progesterone micronized (bulk)</i>]	96
PREZISTA TABS 150 MG [<i>darunavir</i>]	20	PROGESTERONE OIL 50 MG/ML	
PREZISTA TABS 600 MG [<i>darunavir</i>]	20	[<i>progesterone</i>]	89
PREZISTA TABS 75 MG [<i>darunavir</i>]	20	PROGESTERONE WETTABLE POWD	
PREZISTA TABS 800 MG [<i>darunavir</i>]	20	[<i>progesterone (bulk)</i>]	97
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	17	PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	94
PRIMAQUINE PHOSPHATE TABS 26.3 (15		PROMACTA PACK 25 MG [<i>eltrombopag</i>	
Base) MG [<i>primaquine phosphate</i>]	18	<i>olamine</i>]	40
PRIMAXIN IV SOLR 500-500 MG [<i>imipenem-cilastatin</i>]	15	PROMACTA TABS 12.5 MG [<i>eltrombopag</i>	
<i>primidone tab 50mg</i>	54	<i>olamine</i>]	40
<i>primidone tabs 250 mg</i>	54	PROMACTA TABS 25 MG [<i>eltrombopag</i>	
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	100	<i>olamine</i>]	40
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	100	PROMACTA TABS 50 MG [<i>eltrombopag</i>	
<i>probenecid tabs 500 mg</i>	77	<i>olamine</i>]	40
<i>procainamide hcl soln 100 mg/ml</i>	44	<i>promethazine hcl soln 25 mg/ml</i>	22
<i>procainamide hcl soln 500 mg/ml</i>	44	<i>promethazine hcl tabs 25 mg</i>	22
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	62	<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	97
<i>prochlorperazine maleate tabs 10 mg</i>	62	<i>propafenone hcl tabs 150 mg</i>	44
<i>prochlorperazine maleate tabs 5 mg</i>	62	<i>propafenone hcl tabs 225 mg</i>	44
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	39	<i>propafenone hcl tabs 300 mg</i>	44
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	39	<i>propantheline bromide tabs 15 mg</i>	31
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	39	<i>proparacaine hcl soln 0.5 %</i>	80
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	39	<i>propofol emul 1000 mg/100ml</i>	58
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	39	<i>propofol emul 200 mg/20ml</i>	58
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	40	<i>propranolol hcl er cp24 120 mg</i>	42
PRODIGY CONTROL SOLUTION SOLN LOW		<i>propranolol hcl er cp24 160 mg</i>	42
[<i>blood glucose calibration</i>]	69	<i>propranolol hcl er cp24 60 mg</i>	42
PROFERRIN ES TABS 12 MG [<i>iron heme polypeptide</i>]	34	<i>propranolol hcl er cp24 80 mg</i>	42
PROFERRIN-FORTE TABS 12-1 MG [<i>iron heme polypeptide-folic acid</i>]	34	<i>propranolol hcl soln 1 mg/ml</i>	42
PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	37	<i>propranolol hcl soln 20 mg/5ml</i>	42
PROFILNINE SOLR 1500 UNIT [<i>factor ix complex</i>]	39	<i>propranolol hcl tabs 10 mg</i>	42
PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	37	<i>propranolol hcl tabs 20 mg</i>	42
<i>progesterone caps 100 mg</i>	89	<i>propranolol hcl tabs 40 mg</i>	42
<i>progesterone caps 200 mg</i>	89	<i>propranolol hcl tabs 60 mg</i>	42
		<i>propranolol hcl tabs 80 mg</i>	42
		PROPYLENE GLYCOL LIQD [<i>propylene glycol (bulk)</i>]	97
		<i>propylthiouracil tabs 50 mg</i>	89
		PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	102
		PROSOL SOLN 20 % [<i>amino acid infusion</i>]	73
		PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	95
		<i>protamine sulfate soln 10 mg/ml</i>	37
		PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	81
		<i>protriptyline hcl tabs 10 mg</i>	62
		<i>protriptyline hcl tabs 5 mg</i>	62

PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	84
PULMOZYME SOLN 2.5 MG/2.5ML [dornase alfa]	77
PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	28
pyrazinamide tabs 500 mg	17
pyridostigmine bromide er tbcr 180 mg	32
pyridostigmine bromide tabs 60 mg	32

Q

QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	32
quetiapine fumarate tabs 100 mg	62
quetiapine fumarate tabs 200 mg	62
quetiapine fumarate tabs 25 mg	62
quetiapine fumarate tabs 300 mg	62
quetiapine fumarate tabs 400 mg	62
quetiapine fumarate tabs 50 mg	62
QUINACRINE HCL POWD [quinacrine hcl]	97
quinidine gluconate er tbcr 324 mg	44
quinidine sulfate tabs 200 mg	44
quinidine sulfate tabs 300 mg	44

R

RABAVERT SUSR [rabies vaccine, pcec]	102
raloxifene hcl tabs 60 mg	88
RAPAMUNE SOLN 1 MG/ML [sirolimus]	94
rasagiline mesylate tabs 0.5 mg	56
rasagiline mesylate tabs 1 mg	56
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	94
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	94
READI-CAT 2 SUSP 2 % [barium sulfate]	72

READI-CAT 2 SUSP 2.1 % [barium sulfate] ..	72
RECOMBINATE SOLR 1241-1800 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBINATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBINATE SOLR 220-400 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBINATE SOLR 401-800 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBINATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIVAX HB SUSP 10 MCG/ML [hepatitis b vaccine (recomb)]	102
RECOMBIVAX HB SUSP 40 MCG/ML [hepatitis b vaccine (recomb)]	102
RECOMBIVAX HB SUSP 5 MCG/0.5ML [hepatitis b vaccine (recomb)]	102
RECOMBIVAX HB SUSY 10 MCG/ML [hepatitis b vaccine (recomb)]	102
RECOMBIVAX HB SUSY 5 MCG/0.5ML [hepatitis b vaccine (recomb)]	102
RECOTHROM SOLR 20000 UNIT [thrombin (recombinant)]	37
RECOTHROM SOLR 5000 UNIT [thrombin (recombinant)]	37
REGONOL SOLN 10 MG/2ML [pyridostigmine bromide]	32
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	20
REMICADE SOLR 100 MG [infliximab]	94
REMODULIN SOLN 100 MG/20ML [treprostinil]	46
REMODULIN SOLN 20 MG/20ML [treprostinil]	46
REMODULIN SOLN 200 MG/20ML [treprostinil]	46
REMODULIN SOLN 50 MG/20ML [treprostinil]	46
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	107
RESCRIPTOR TABS 200 MG [delavirdine mesylate]	20
reserpine tab 0.1mg	44
reserpine tab 0.25mg	44
RETIN-A CREA 0.025 % [tretinoin]	105

.....	97	vaccine recombinant adjuvanted]	102
SALSALATE TABS 500 MG [salsalate]	50	sildenafil citrate tabs 100 mg	46
SALSALATE TABS 750 MG [salsalate]	50	sildenafil citrate tabs 20 mg	47
SANDIMMUNE CAPS 100 MG [cyclosporine]	94	SILHOUETTE INFUSION SET 23.....	70
.....	94	SILVER SULFADIAZINE CREA 1 % [silver	
SANDIMMUNE CAPS 25 MG [cyclosporine]	94	sulfadiazine]	103
SANDIMMUNE SOLN 100 MG/ML		simvastatin tabs 10 mg	41
[cyclosporine]	94	simvastatin tabs 20 mg	41
SANDIMMUNE SOLN 50 MG/ML		simvastatin tabs 40 mg	41
[cyclosporine]	94	simvastatin tabs 5 mg	41
SANDOSTATIN LAR DEPOT KIT 10 MG		simvastatin tabs 80 mg	41
[octreotide acetate]	94	sirolimus soln 1 mg/ml	94
SANDOSTATIN LAR DEPOT KIT 20 MG		sirolimus tabs 0.5 mg	94
[octreotide acetate]	94	sirolimus tabs 1 mg	94
SANDOSTATIN LAR DEPOT KIT 30 MG		sirolimus tabs 2 mg	94
[octreotide acetate]	94	SKYRIZI PEN SOAJ 150 MG/ML	
SANTYL OINT 250 UNIT/GM [collagenase]	106	[risankizumab-rzaa]	106
SARCLISA SOLN 100 MG/5ML [isatuximab-		SKYRIZI SOSY 150 MG/ML [risankizumab-	
irfc]	28	rzaa]	106
SARCLISA SOLN 500 MG/25ML [isatuximab-		SLO-NIACIN TBCR 500 MG [niacin]	108
irfc]	28	SLO-NIACIN TBCR 750 MG [niacin]	108
scopolamine pt72 1 mg/3days	81	SOD CITRATE-CITRIC ACID SOLN 500-334	
selegiline hcl caps 5 mg	58	MG/5ML [sodium citrate & citric acid]	72
selegiline hcl tabs 5 mg	56	SODIUM ACETATE SOLN 2 MEQ/ML [sodium	
SELENIUM SOLN 40 MCG/ML [selenious acid]	76	acetate]	72
.....	76	SODIUM BENZOATE POWD [sodium	
selenium sulfide lotn 2.5 %	103	benzoate]	97
SELZENTRY TABS 150 MG [maraviroc]	21	SODIUM BICARBONATE SOLN 4.2 % [sodium	
SELZENTRY TABS 25 MG [maraviroc]	21	bicarbonate]	72
SELZENTRY TABS 300 MG [maraviroc]	21	SODIUM BICARBONATE SOLN 7.5 % [sodium	
SELZENTRY TABS 75 MG [maraviroc]	21	bicarbonate]	72
SENSORCAINE-MPF/EPINEPHRINE SOLN		SODIUM BICARBONATE SOLN 8.4 % [sodium	
0.75-1		bicarbonate]	72
200000 % [bupivacaine w/ epinephrine]	90	SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium	
SEREVENT DISKUS AEPB 50 MCG/ACT		chloride]	76
[salmeterol xinafoate]	33	SODIUM CHLORIDE NEBU 0.9 % [sodium	
SEROSTIM SOLR 4 MG [somatropin (non-		chloride (inhalant)]	97
refrigerated)]	89	SODIUM CHLORIDE NEBU 10 % [sodium	
SEROSTIM SOLR 5 MG [somatropin (non-		chloride (inhalant)]	97
refrigerated)]	89	SODIUM CHLORIDE NEBU 3 % [sodium	
SEROSTIM SOLR 6 MG [somatropin (non-		chloride (inhalant)]	98
refrigerated)]	89	SODIUM CHLORIDE NEBU 7 % [sodium	
sertraline hcl tabs 100 mg	62	chloride (inhalant)]	98
sertraline hcl tabs 25 mg	62	sodium chloride soln	76
sertraline hcl tabs 50 mg	63	SODIUM CHLORIDE SOLN 0.45 % [sodium	
sevelamer carbonate pack 2.4 gm	74	chloride]	76
sevelamer carbonate tabs 800 mg	74	SODIUM CHLORIDE SOLN 0.9 % [sodium	
SF 5000 PLUS CREA 1.1 % [sodium fluoride		chloride (gu irrigant)]	74
(dental)]	94	SODIUM CHLORIDE SOLN 0.9 % [sodium	
SHINGRIX SUSR 50 MCG/0.5ML [zoster		chloride]	76

SODIUM CHLORIDE SOLN 3 % [sodium chloride]	76	SOVALDI TABS 400 MG [sofosbuvir]	21
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	76	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate]	31
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	77	spironolactone tabs 100 mg	45
SODIUM EDECIN SOLR 50 MG [ethacrynate sodium]	74	spironolactone tabs 25 mg	45
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [sodium fluoride]	94	spironolactone tabs 50 mg	45
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	94	spironolactone-hctz tabs 25-25 mg	45
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	94	SPRYCEL TABS 100 MG [dasatinib]	28
sodium phenylbutyrate powd 3 gm/tsp	72	SPRYCEL TABS 140 MG [dasatinib]	28
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	77	SPRYCEL TABS 20 MG [dasatinib]	28
sodium polystyrene sulfonate powd	74	SPRYCEL TABS 50 MG [dasatinib]	28
sodium polystyrene sulfonate susp 15 gm/60ml	74	SPRYCEL TABS 70 MG [dasatinib]	28
SOF-SERTER INSERTION DEVICE MISC [insulin infusion pump supplies]	70	SPRYCEL TABS 80 MG [dasatinib]	28
solifenacin succinate tabs 10 mg	107	SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [squaric acid dibutylester]	97
solifenacin succinate tabs 5 mg	107	SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	89
SOLIRIS SOLN 300 MG/30ML [eculizumab]	94	stavudine caps 15 mg	21
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	84	stavudine caps 20 mg	21
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	84	stavudine caps 30 mg	21
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	84	stavudine caps 40 mg	21
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	84	STELARA SOLN 45 MG/0.5ML [ustekinumab]	106
SOLU-MEDROL SOLR 125 MG [methylprednisolone sod succ]	84	STELARA SOSY 45 MG/0.5ML [ustekinumab]	106
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	84	STELARA SOSY 90 MG/ML [ustekinumab]	106
SORBITOL SOLN 70 % [sorbitol (laxative)]	82	sterile water for injection soln	94
SORBITOL SOLN 70 % [sorbitol]	97	STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	74
sotalol hcl (af) tabs 120 mg	42	STIMATE SOLN 1.5 MG/ML [desmopressin acetate]	88
sotalol hcl (af) tabs 160 mg	42	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	98
sotalol hcl (af) tabs 80 mg	42	STIVARGA TABS 40 MG [regorafenib]	28
sotalol hcl tabs 120 mg	42	STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	77
sotalol hcl tabs 160 mg	42	STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	77
sotalol hcl tabs 240 mg	42	STRENSIQ SOLN 40 MG/ML [asfotase alfa]	77
sotalol hcl tabs 80 mg	42	STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	77
SOVALDI PACK 150 MG [sofosbuvir]	21	streptomycin sulfate solr 1 gm	15
SOVALDI PACK 200 MG [sofosbuvir]	21	STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	21
SOVALDI TABS 200 MG [sofosbuvir]	21	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl]	34
		sucralfate tabs 1 gm	81
		sufentanil citrate soln 50 mcg/ml	50
		sulfacetamide sodium soln 10 %	78

SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	105
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	105
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	78
<i>sulfadiazine tabs 500 mg</i>	15
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	15
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	15
<i>sulfasalazine tabs 500 mg</i>	15
<i>sulfasalazine tbec 500 mg</i>	15
SULFUR PRECIPITATED POWD [<i>sulfur (bulk)</i>]	97
<i>sulindac tabs 150 mg</i>	50
<i>sulindac tabs 200 mg</i>	50
<i>sumatriptan soln 20 mg/act</i>	55
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	55
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	55
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	55
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	55
<i>sumatriptan succinate tabs 100 mg</i>	55
<i>sumatriptan succinate tabs 25 mg</i>	55
<i>sumatriptan succinate tabs 50 mg</i>	55
<i>sunitinib malate caps 12.5 mg</i>	28
<i>sunitinib malate caps 25 mg</i>	28
<i>sunitinib malate caps 37.5 mg</i>	28
<i>sunitinib malate caps 50 mg</i>	28
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	70
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	70
SURVANTA SUSP 25-0.9 MG/ML-% [<i>beractant in nacl</i>]	98
SYLVANT SOLR 100 MG [<i>siltuximab</i>]	28
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	28
SYMBICORT AERO 160-4.5 MCG/ACT [<i>budesonide-formoterol fumarate dihydrate</i>]	84
SYMBICORT AERO 80-4.5 MCG/ACT [<i>budesonide-formoterol fumarate dihydrate</i>]	84
SYMDEKO TBPK 100-150 & 150 MG [<i>tezacaftor-ivacaftor</i>]	98
SYMDEKO TBPK 50-75 & 75 MG [<i>tezacaftor-</i>	

<i>ivacaftor</i>]	98
SYMFI LO TABS 400-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	21
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	21
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	21
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	21
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	21
SYNAREL SOLN 2 MG/ML [<i>nafarelin acetate</i>]	88
SYNERCID SOLR 150-350 MG [<i>quinupristin-dalfopristin</i>]	16
SYRINGE DISPOSABLE MISC 20 ML [<i>syringe (disposable)</i>]	70
SYRINGE MISC 20G X 1	70
SYRINGE MISC 20G X 1-1/2	70
SYRINGE MISC 21G X 1-1/2	70

T

TABLOID TABS 40 MG [<i>thioguanine</i>]	28
<i>tacrolimus caps 0.5 mg</i>	95
<i>tacrolimus caps 1 mg</i>	95
<i>tacrolimus caps 5 mg</i>	95
TACROLIMUS OINT 0.03 % [<i>tacrolimus (topical)</i>]	106
TACROLIMUS OINT 0.1 % [<i>tacrolimus (topical)</i>]	106
<i>tadalafil (pah) tabs 20 mg</i>	47
<i>tadalafil tabs 10 mg</i>	47
<i>tadalafil tabs 2.5 mg</i>	47
<i>tadalafil tabs 20 mg</i>	47
<i>tadalafil tabs 5 mg</i>	47
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	28
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	28
TAGRISSE TABS 40 MG [<i>osimertinib mesylate</i>]	28
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	28
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	95
TAKHZYRO SOSY 300 MG/2ML [<i>lanadelumab-flyo</i>]	95
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	21

tamoxifen citrate tabs 10 mg	28	TETRACYCLINE HCL CAPS 500 MG	
tamoxifen citrate tabs 20 mg	28	[tetracycline hcl]	16
tamsulosin hcl caps 0.4 mg	40	TETRAVISC SOLN 0.5 % [tetracaine hcl	
TARGRETIN CAPS 75 MG [bexarotene]	28	(ophth)]	80
TARGRETIN GEL 1 % [bexarotene (topical)]		THALOMID CAPS 100 MG [thalidomide]	95
.....	106	THALOMID CAPS 150 MG [thalidomide]	95
TASIGNA CAPS 150 MG [nilotinib hcl]	28	THALOMID CAPS 200 MG [thalidomide]	95
TASIGNA CAPS 200 MG [nilotinib hcl]	28	THALOMID CAPS 50 MG [thalidomide]	95
TAXOTERE INJ 80MG/2ML [docetaxel]	28	theophylline er tb12 100 mg	107
tazarotene crea 0.1 %	106	theophylline er tb12 200 mg	107
TAZORAC CREA 0.05 % [tazarotene]	106	theophylline er tb12 300 mg	107
TAZORAC GEL 0.05 % [tazarotene]	106	theophylline er tb12 450 mg	107
TAZORAC GEL 0.1 % [tazarotene]	106	theophylline er tb24 400 mg	107
TDVAX SUSP 2-2 LF/0.5ML [tetanus-		THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%	
diphtheria toxoids (td)]	100	[theophylline in dextrose]	107
TECENTRIQ SOLN 1200 MG/20ML		thiamine hcl soln 100 mg/ml	108
[atezolizumab]	28	THIOLA TABS 100 MG [tiopronin]	95
temazepam caps 15 mg	58	thioridazine hcl tabs 10 mg	63
temazepam caps 30 mg	58	thioridazine hcl tabs 100 mg	63
temozolomide caps 100 mg	29	thioridazine hcl tabs 25 mg	63
temozolomide caps 140 mg	29	thioridazine hcl tabs 50 mg	63
temozolomide caps 180 mg	29	thiotepa solr 15 mg	29
temozolomide caps 20 mg	29	thiothixene caps 1 mg	63
temozolomide caps 250 mg	29	thiothixene caps 10 mg	63
temozolomide caps 5 mg	29	thiothixene caps 2 mg	63
TENIPOSIDE SOLN 10 MG/ML [teniposide] ..	29	thiothixene caps 5 mg	63
tenofovir disoproxil fumarate tabs 300 mg ..	21	THROMBATE III SOLR 500 UNIT [antithrombin	
terazosin hcl caps 1 mg	40	iii (human)]	39
terazosin hcl caps 10 mg	40	THYMOL CRYST [thymol]	97
terazosin hcl caps 2 mg	40	THYROGEN SOLR 0.9 MG [thyrotropin alfa] 72	
terazosin hcl caps 5 mg	40	TICE BCG SUSR 50 MG [bcg live intravesical]	
terbinafine hcl tabs 250 mg	17	.....	102
terbutaline sulfate soln 1 mg/ml	34	timolol maleate soln 0.25 %	79
terbutaline sulfate tabs 2.5 mg	34	timolol maleate soln 0.5 %	79
terbutaline sulfate tabs 5 mg	34	TISSUEBLUE SOSY 0.025 % [brilliant blue g]	
TERUMO SYRINGE/NEEDLE/23G/1/2	70	.....	72
testosterone cypionate soln 200 mg/ml	85	TIVICAY PD TBSO 5 MG [dolutegravir	
testosterone enanthate soln 200 mg/ml	85	sodium]	21
testosterone gel 12.5 mg/act (1%)	85	TIVICAY TABS 10 MG [dolutegravir sodium] 21	
testosterone gel 20.25 mg/act (1.62%)	85	TIVICAY TABS 25 MG [dolutegravir sodium] 21	
testosterone gel 25 mg/2.5gm (1%)	85	TIVICAY TABS 50 MG [dolutegravir sodium] 21	
testosterone gel 50 mg/5gm (1%)	85	tizanidine hcl tabs 2 mg	32
TESTOSTERONE PROPIONATE POWD		tizanidine hcl tabs 4 mg	32
[testosterone propionate (bulk)]	97	TNKASE KIT 50 MG [tenecteplase]	39
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		TOBI PODHALER CAPS 28 MG [tobramycin]	
(ophth)]	80	.....	16
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		tobramycin nebu 300 mg/5ml	16
.....	90	tobramycin soln 0.3 %	78
TETRACYCLINE HCL CAPS 250 MG		tobramycin sulfate soln 10 mg/ml	16
[tetracycline hcl]	16	tobramycin sulfate soln 80 mg/2ml	16

tobramycin sulfate solr 1.2 gm	16	triamcinolone acetonide oint 0.5 %	104
TOBREX OINT 0.3 % [tobramycin (ophth)]	78	TRIAMCINOLONE ACETONIDE POWD	
topiramate csp 15 mg	54	[triamcinolone acetonide (topical)]	97
topiramate csp 25 mg	54	triamcinolone acetonide pste 0.1 %	104
topiramate tabs 100 mg	54	triamterene-hctz caps 37.5-25 mg	74
topiramate tabs 200 mg	54	TRIAMTERENE-HCTZ TABS 37.5-25 MG	
topiramate tabs 25 mg	54	[triamterene & hydrochlorothiazide]	74
topiramate tabs 50 mg	54	TRIAMTERENE-HCTZ TABS 75-50 MG	
topotecan hcl solr 4 mg	29	[triamterene & hydrochlorothiazide]	74
TORISEL SOLN 25 MG/ML [temsirolimus]	29	trifluoperazine hcl tabs 1 mg	63
torsemide tabs 10 mg	74	trifluoperazine hcl tabs 10 mg	63
torsemide tabs 100 mg	74	trifluoperazine hcl tabs 2 mg	63
torsemide tabs 20 mg	74	trifluoperazine hcl tabs 5 mg	63
torsemide tabs 5 mg	74	trifluridine soln 1 %	78
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [trace minerals (cr-cu-mn-zn)]	77	trihexyphenidyl hcl tabs 2 mg	56
TRACLEER TABS 125 MG [bosentan]	47	trihexyphenidyl hcl tabs 5 mg	56
TRACLEER TABS 62.5 MG [bosentan]	47	TRIKAFTA TBPK 100-50-75 & 150 MG	
TRACLEER TBSO 32 MG [bosentan]	98	[elexacaftor-tezacaftor-ivacaftor]	98
tramadol hcl tabs 50 mg	50	TRIKAFTA TBPK 50-25-37.5 & 75 MG	
tramadol-acetaminophen tabs 37.5-325 mg	50	[elexacaftor-tezacaftor-ivacaftor]	98
TRANEXAMIC ACID POWD [tranexamic acid (bulk)]	97	trimethoprim tabs 100 mg	22
tranexamic acid soln 1000 mg/10ml	37	trimipramine maleate caps 100 mg	63
tranexamic acid tabs 650 mg	37	trimipramine maleate caps 25 mg	63
TRANSDERM-SCOP PT72 1 MG/3DAYS		trimipramine maleate caps 50 mg	63
[scopolamine]	81	TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	29
tranylcyromine sulfate tabs 10 mg	63	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-dolutegravir-lamivudine]	21
TRAVASOL SOLN 10 % [amino acid infusion]	73	TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	21
trazodone hcl tabs 100 mg	63	TRI-VITE/FLUORIDE SOLN 0.5 MG/ML	
trazodone hcl tabs 150 mg	63	[pediatric vitamins acd w/ fluoride]	107
trazodone hcl tabs 50 mg	63	TRIZIVIR TABS 300-150-300 MG [abacavir sulfate-lamivudine-zidovudine]	21
TREANDA SOLR 100 MG [bendamustine hcl]	29	TROPHAMINE SOLN 10 % [amino acid infusion]	73
TRECATOR TABS 250 MG [ethionamide]	17	tropicamide soln 0.5 %	80
TREMFYA SOPN 100 MG/ML [guselkumab]	106	tropicamide soln 1 %	80
TREMFYA SOSY 100 MG/ML [guselkumab]	106	tropium chloride er cp24 60 mg	107
treprostinil soln 100 mg/20ml	47	tropium chloride tabs 20 mg	107
treprostinil soln 20 mg/20ml	47	TRUXIMA SOLN 100 MG/10ML [rituximab-abbs]	29
treprostinil soln 200 mg/20ml	47	TRUXIMA SOLN 500 MG/50ML [rituximab-abbs]	29
treprostinil soln 50 mg/20ml	47	TRUZONE PEAK FLOW METER DEVI [peak flow meter]	70
triamcinolone acetonide crea 0.025 %	104	TUBERCULIN SYRINGE MISC 25G X 5/8.....	70
triamcinolone acetonide crea 0.1 %	104	TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	72
triamcinolone acetonide crea 0.5 %	104	TUKYSA TABS 150 MG [tucatinib]	29
triamcinolone acetonide lotn 0.1 %	104		
triamcinolone acetonide oint 0.025 %	104		
triamcinolone acetonide oint 0.1 %	104		

TUKYSA TABS 50 MG [<i>tucatinib</i>]	29
TWINRIX SUSY 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>]	102
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	29
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	102
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	102
TYSABRI CONC 300 MG/15ML [<i>natalizumab</i>]	95
TYVASO SOLN 0.6 MG/ML [<i>treprostinil</i>]	47

U

ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	50
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	50
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	50
ULTOMIRIS SOLN 1100 MG/11ML [<i>ravulizumab-cwvz</i>]	95
ULTOMIRIS SOLN 300 MG/30ML [<i>ravulizumab-cwvz</i>]	95
ULTOMIRIS SOLN 300 MG/3ML [<i>ravulizumab-cwvz</i>]	95
ULTRA THIN LANCETS 30G MISC [<i>lancets</i>]	70
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLN 396 MOSM/L [<i>peritoneal dialysis solutions</i>]	74
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [<i>peritoneal dialysis solutions</i>]	74
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [<i>peritoneal dialysis solutions</i>]	74
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	29
UREA POWD [<i>urea (bulk)</i>]	97
<i>ursodiol tabs 250 mg</i>	82
<i>ursodiol tabs 500 mg</i>	82

V

<i>valacyclovir hcl tabs 1 gm</i>	21
<i>valacyclovir hcl tabs 500 mg</i>	21
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	21
<i>valganciclovir hcl tabs 450 mg</i>	21
<i>valproate sodium soln 100 mg/ml</i>	54
<i>valproic acid caps 250 mg</i>	54
<i>valproic acid soln 250 mg/5ml</i>	54

<i>valsartan tabs 160 mg</i>	45
<i>valsartan tabs 320 mg</i>	45
<i>valsartan tabs 40 mg</i>	45
<i>valsartan tabs 80 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	45
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	45
<i>vancomycin hcl caps 125 mg</i>	16
<i>vancomycin hcl caps 250 mg</i>	16
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [<i>vancomycin hcl-dextrose</i>]	16
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	16
<i>vancomycin hcl solr 1 gm</i>	16
<i>vancomycin hcl solr 10 gm</i>	16
<i>vancomycin hcl solr 5 gm</i>	16
<i>vancomycin hcl solr 500 mg</i>	16
VANISHPOINT SAFETY SYRINGE MISC 22G X 1-1/2	70
VANISHPOINT SAFETY SYRINGE MISC 23G X 1-1/2	70
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2	70
VAQTA SUSP 25 UNIT/0.5ML [<i>hepatitis a vaccine</i>]	102
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	102
<i>varenicline tartrate tabs 0.5 mg</i>	31
<i>varenicline tartrate tabs 1 mg</i>	31
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	45
VARIVAX INJ 1350 PFU/0.5ML [<i>varicella virus vaccine live</i>]	102
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	102
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	106
<i>vecuronium bromide solr 10 mg</i>	32
<i>vecuronium bromide solr 20 mg</i>	32
VEKLURY SOLN 100 MG/20ML [<i>remdesivir</i>]	21
VEKLURY SOLR 100 MG [<i>remdesivir</i>]	21
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	29

VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	29
VENCLEXTA TABS 10 MG [venetoclax]	29
VENCLEXTA TABS 100 MG [venetoclax]	29
VENCLEXTA TABS 50 MG [venetoclax]	29
venlafaxine hcl er cp24 150 mg	63
venlafaxine hcl er cp24 37.5 mg	63
venlafaxine hcl er cp24 75 mg	63
venlafaxine hcl tabs 100 mg	63
venlafaxine hcl tabs 25 mg	63
venlafaxine hcl tabs 37.5 mg	63
venlafaxine hcl tabs 50 mg	63
venlafaxine hcl tabs 75 mg	63
VENOFER SOLN 20 MG/ML [iron sucrose]	34
VENTAVIS SOLN 10 MCG/ML [iloprost]	47
VENTAVIS SOLN 20 MCG/ML [iloprost]	47
verapamil hcl er tbc 120 mg	43
verapamil hcl er tbc 180 mg	43
verapamil hcl er tbc 240 mg	43
verapamil hcl soln 2.5 mg/ml	43
verapamil hcl tabs 120 mg	43
verapamil hcl tabs 40 mg	43
verapamil hcl tabs 80 mg	43
VFEND IV SOLR 200 MG [voriconazole]	17
VICTOZA SOPN 18 MG/3ML [liraglutide]	86
VIMIZIM SOLN 5 MG/5ML [elosulfase alfa]	77
vincristine sulfate soln 1 mg/ml	29
vinorelbine tartrate soln 10 mg/ml	29
vinorelbine tartrate soln 50 mg/5ml	29
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]	79
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	108
vitamin k1 soln 1 mg/0.5ml	108
vitamin k1 soln 10 mg/ml	108
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [pediatric vitamins acd w/ fluoride]	107
VIVITROL SUSR 380 MG [naltrexone]	59
VIVOTIF CPDR [typhoid vaccine]	102
VOCABRIA TABS 30 MG [cabotegravir sodium]	21
VOLUMEN SUSP 0.1 % [barium sulfate]	72
VORAXAZE SOLR 1000 UNIT [glucarpidase]	77
voriconazole solr 200 mg	22
voriconazole tabs 200 mg	17
voriconazole tabs 50 mg	17

VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	22
VOTRIENT TABS 200 MG [pazopanib hcl]	29
VPRIV SOLR 400 UNIT [velaglucerase alfa]	77
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	51
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	52
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	52
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	52
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	52
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	52
VYVANSE CAPS 70 MG [lisdexamfetamine dimesylate]	52
VYVGART SOLN 400 MG/20ML [efgartigimod alfa-fcab]	95
VYXEOS SUSR 44-100 MG [daunorubicin-cytarabine liposome]	29

W

warfarin sodium tabs 1 mg	39
warfarin sodium tabs 10 mg	39
warfarin sodium tabs 2 mg	39
warfarin sodium tabs 2.5 mg	39
warfarin sodium tabs 3 mg	39
warfarin sodium tabs 4 mg	39
warfarin sodium tabs 5 mg	39
warfarin sodium tabs 6 mg	39
warfarin sodium tabs 7.5 mg	39
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	63
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	63
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	63
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	63
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	63
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	64
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	64
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	64
WILATE KIT 1000-1000 UNIT [antihemophilic	

factor/von willebrand factor complex (human)]	37
WILATE KIT 500-500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	37

X

XALKORI CAPS 200 MG [crizotinib]	29
XALKORI CAPS 250 MG [crizotinib]	29
XELJANZ TABS 10 MG [tofacitinib citrate] ...	95
XELJANZ TABS 5 MG [tofacitinib citrate]	95
XELJANZ XR TB24 11 MG [tofacitinib citrate]	95
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	105
XIFAXAN TABS 550 MG [rifaximin]	16
XTANDI CAPS 40 MG [enzalutamide]	29
XTANDI TABS 40 MG [enzalutamide]	29
XTANDI TABS 80 MG [enzalutamide]	29
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1 200000 [lidocaine w/ epinephrine]	90
XYNTHA KIT 1000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	37
XYNTHA KIT 2000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	37
XYNTHA KIT 250 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	38
XYNTHA KIT 500 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)] ..	38
XYNTHA SOLOFUSE KIT 3000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	38

Y

YF-VAX INJ [yellow fever vaccine]	102
YONDELIS SOLR 1 MG [trabectedin]	29

Z

ZANOSAR SOLR 1 GM [streptozocin]	29
ZARXIO SOSY 300 MCG/0.5ML [filgrastim-sndz]	40
ZARXIO SOSY 480 MCG/0.8ML [filgrastim-sndz]	40
ZEJULA CAPS 100 MG [niraparib tosylate] ..	29

ZELBORAF TABS 240 MG [vemurafenib]	29
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 3000-10000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 40000-126000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZENPEP CPEP 5000-24000 UNIT [pancrelipase (lipase-protease-amylase)]	82
ZIAGEN SOLN 20 MG/ML [abacavir sulfate] ..	22
zidovudine caps 100 mg	22
zidovudine syrp 50 mg/5ml	22
zidovudine tabs 300 mg	22
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride]	77
ZINC SULFATE GRAN [zinc sulfate]	97
ZINECARD SOLR 250 MG [dexrazoxane hcl] 95	
ZINECARD SOLR 500 MG [dexrazoxane hcl] 95	
ziprasidone hcl caps 20 mg	63
ziprasidone hcl caps 40 mg	63
ziprasidone hcl caps 60 mg	63
ziprasidone hcl caps 80 mg	63
ZITHROMAX PACK 1 GM [azithromycin]	16
zoledronic acid conc 4 mg/5ml	95
zoledronic acid soln 5 mg/100ml	95
zolpidem tartrate tabs 5 mg	58
zonisamide caps 100 mg	54
zonisamide caps 25 mg	54
zonisamide caps 50 mg	54
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] ..	16
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] ..	16
ZYDELIG TABS 100 MG [idelalisib]	29
ZYDELIG TABS 150 MG [idelalisib]	29
ZYKADIA CAPS 150 MG [ceritinib]	29
ZYKADIA TABS 150 MG [ceritinib]	30
ZYTIGA TABS 500 MG [abiraterone acetate] 30	

Language Assistance Services

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

Arabic

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

Armenian: Մենք օրը 24 ժամ, շաբաթը 7 օր, մեր 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 կյուլթեր իսկրել, որոնք Ձեզ համար անվճար են: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711** համարով:

Farsi

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

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

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

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

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

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

Navajo: Nih7 ata' halne'4 1k1'adoolwo[7g77 nihei h0l= t'11 j77k'4, t'11 naadiin d99' ah44'iilkeedgo, tsosts'id yisk32j8', nd1'anishgo oolki[biyi' g0n4. Ata' halne'4 nik1'adoolwo[na'7dikid nee h0l==go d77 ats'77s baa 1h1y32 bik'4st'7g77 bin1'7di[kidgo. !1d00 a[d0' naaltsoos l1 t'11 n7 nizaad k'ehji 1ln4ehgo t'11 j77k'4 1dooln77[. Nih7ch'i' hod77lnih koj8' **1-800-464-4000** j98go d00 t['4e' nidi, tsosts'id yisk32j8' dimoo na'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 ,ਹਫ਼ਤੇ ਦੇ 7ਦਿਨ ,ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਾਡੀ ਸਿਹਤ ਦੇਖਭਾਲ ਕਵਰੇਜ ਬਾਰੇ ਆਪਣੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਦੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ ,ਦਿਨ ਦੇ 24ਘੰਟੇ ,ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ)ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ (ਫੋਨ ਕਰੋ।TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** ਤੇ ਫੋਨ ਕਰਨ।

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

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

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

Thai: เรามีบริการสามฟรีสำหรับคุณตลอด 24 ชั่วโมง
ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้สามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและ
คุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000**
ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

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

您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週7天, 每天24小時均歡迎您打電話

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

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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



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
711 TTY for the hearing/speech impaired

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