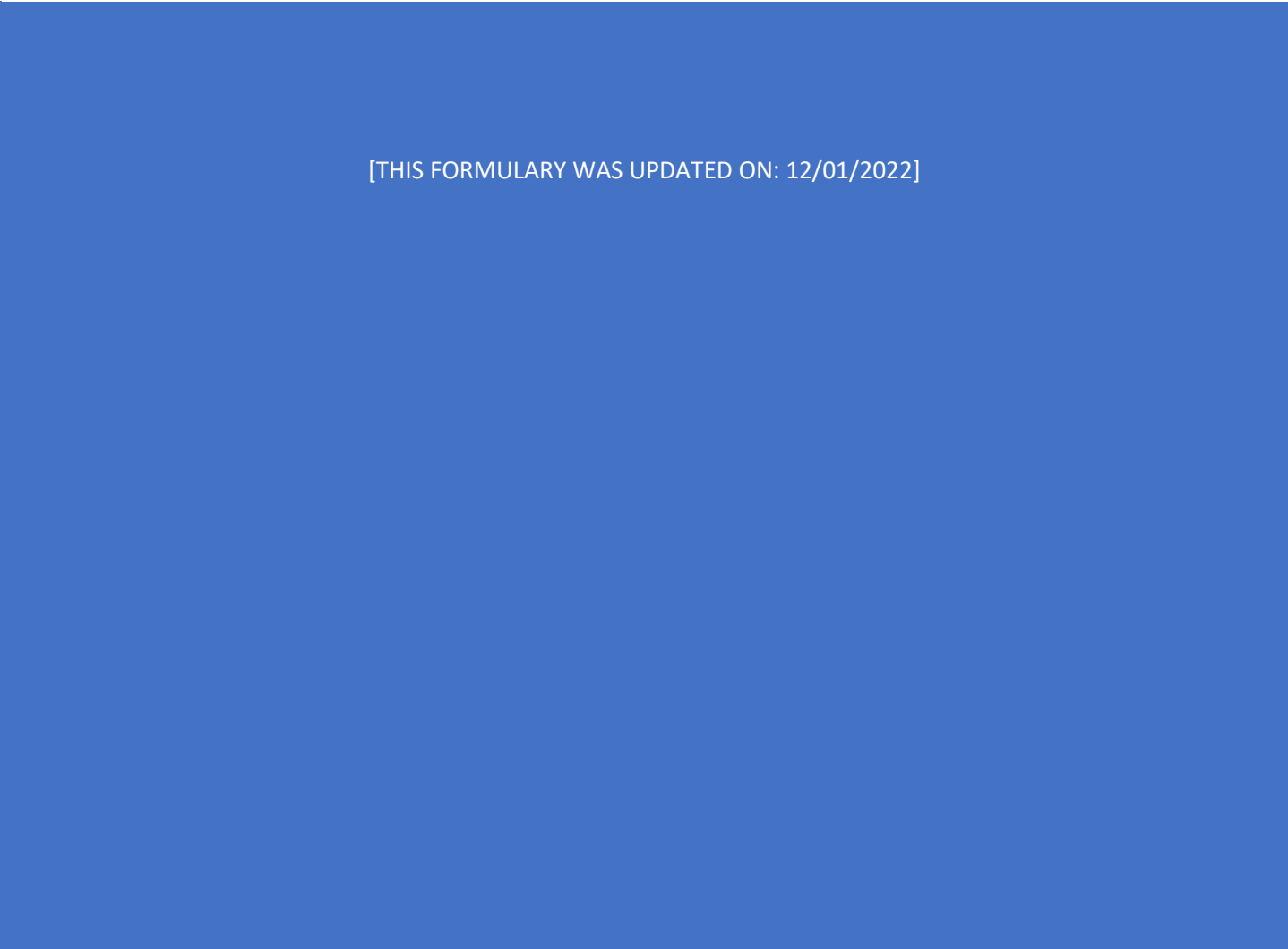




KAISER PERMANENTE: 2022 SOUTHERN CALIFORNIA COMMERCIAL HMO 2-TIER FORMULARY

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



2022 Southern California Commercial HMO 2-Tier Formulary

(List of Covered Drugs)

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

This prescription drug formulary is effective as of 12/06/2022. 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 <i>bold</i> and <i>italicized</i> 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 102. 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

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

What are generic drugs?

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

What are brand-name drugs?

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

What are Specialty drugs

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

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

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

Note: The tier in which a generic or brand drug is classified under may change at any time during

the year. Additionally, certain brand drugs may be covered at the cost share that applies for Tier 1 and certain generic drugs may be covered at the Tier 2 cost share. Specialty drugs are covered at a higher cost share.

Column 3:

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

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

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA TABS 200 MG [<i>albendazole</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 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin sus 125/5ml</i>	1	
<i>ampicillin sus 250/5ml</i>	1	
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<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	
<i>azithromycin susr 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	
<i>azithromycin tabs 500 mg</i>	1	
<i>azithromycin tabs 600 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	2	MB
cefdinir susr 125 mg/5ml	1	
cefdinir susr 250 mg/5ml	1	
cefepime hcl solr 1 gm	1	MB
cefepime hcl solr 2 gm	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	2	MB
cefixime caps 400 mg	1	
cefixime susr 100 mg/5ml	1	
cefotaxime sodium inj 10gm	1	MB
cefotetan disodium solr 1 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
cefoxitin sodium inj 1gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
ceftazidime solr 6 gm	1	MB
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 10 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
chloramphenicol sod succinate solr 1 gm	1	MB
CIPRO SUSR 250 MG/5ML (5%) [ciprofloxacin]	2	
CIPRO SUSR 500 MG/5ML (10%) [ciprofloxacin]	2	
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
clarithromycin tabs 500 mg	1	
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate in d5w soln 900 mg/50ml	1	MB
clindamycin phosphate soln 9000 mg/60ml	1	MB
CUBICIN SOLR 500 MG [daptomycin]	2	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate susr 25 mg/5ml	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	2	
FORTAZ SOLR 500 MG [ceftazidime]	2	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	2	MB
<i>gentamicin sulfate soln 40 mg/ml</i>	1	MB
INVANZ SOLR 1 GM <i>[ertapenem sodium]</i>	2	MB
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	MB
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	MB
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	MB
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	MB
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	
<i>meropenem solr 1 gm</i>	1	MB
<i>meropenem solr 500 mg</i>	1	MB
MINOCIN SOLR 100 MG <i>[minocycline hcl]</i>	2	MB
<i>minocycline hcl caps 100 mg</i>	1	
<i>minocycline hcl caps 50 mg</i>	1	
<i>minocycline hcl caps 75 mg</i>	1	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[nafcillin sodium in dextrose]</i>	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML <i>[nafcillin sodium in dextrose]</i>	2	MB
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
<i>oxacillin sodium solr 1 gm</i>	1	MB
<i>oxacillin sodium solr 2 gm</i>	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
<i>penicillin g potassium solr 2000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	2	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
<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
PRIMSOL SOLN 50 MG/5ML <i>[trimethoprim hcl]</i>	2	
<i>streptomycin sulfate solr 1 gm</i>	2	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	
[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>	2	
<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>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		
AMBISOME SUSR 50 MG <i>[amphotericin b liposome]</i>	2	MB
<i>amphotericin b solr 50 mg</i>	2	MB
<i>fluconazole in dextrose inj dex 200</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
SPORANOX SOLN 10 MG/ML [<i>itraconazole</i>]	2	
<i>terbinafine hcl tabs 250 mg</i>	1	
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		
<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	
RIFABUTIN CAPS 150 MG [<i>rifabutin</i>]	1	
[Isoniazid & Rifampin] RIFAMATE CAPS 150-300 MG	2	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>rifampin solr 600 mg</i>	1	MB
TRECATOR TABS 250 MG <i>[ethionamide]</i>	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML <i>[nitazoxanide]</i>	2	
ALINIA TABS 500 MG <i>[nitazoxanide]</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
COARTEM TABS 20-120 MG <i>[artemether-lumefantrine]</i>	2	
DARAPRIM TABS 25 MG <i>[pyrimethamine]</i>	2	QL - 30 day(s)
<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 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>	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
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>	2	
EPCLUSA PACK 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	2	
EPCLUSA TABS 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	2	QL - 30 day(s)
EPCLUSA TABS 400-100 MG <i>[sofosbuvir-velpatasvir]</i>	2	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML <i>[lamivudine (hbv)]</i>	2	
EPIVIR HBV TABS 100 MG <i>[lamivudine (hbv)]</i>	2	
<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>fosamprenavir calcium tabs 700 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
FOSCAVIR SOLN 6000 MG/250ML <i>[foscarnet sodium]</i>	2	MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG <i>[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]</i>	2	
HARVONI TABS 45-200 MG <i>[ledipasvir-sofosbuvir]</i>	2	QL - 30 day(s)
HARVONI TABS 90-400 MG <i>[ledipasvir-sofosbuvir]</i>	2	QL - 30 day(s)
INTELENCE TABS 25 MG <i>[etravirine]</i>	2	
INVIRASE TABS 500 MG <i>[saquinavir mesylate]</i>	2	
ISENTRESS CHEW 100 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS CHEW 25 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS HD TABS 600 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS TABS 400 MG <i>[raltegravir potassium]</i>	2	
JULUCA TABS 50-25 MG <i>[dolutegravir sodium-rilpivirine hcl]</i>	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LEXIVA TABS 700 MG <i>[fosamprenavir calcium]</i>	2	
LIVTENCITY TABS 200 MG <i>[maribavir]</i>	2	QL - 30 day(s)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir tabs 100-25 mg</i>	1	
<i>lopinavir-ritonavir tabs 200-50 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML <i>[ritonavir]</i>	2	
ODEFSEY TABS 200-25-25 MG <i>[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]</i>	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS PROCLICK SOAJ 180 MCG/0.5ML <i>[peginterferon alfa-2a]</i>	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML <i>[peginterferon alfa-2a]</i>	2	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML <i>[peginterferon alfa-2a]</i>	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML <i>[letermovir]</i>	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML <i>[letermovir]</i>	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG <i>[letermovir]</i>	2	QL - 30 day(s)
PREVYMIS TABS 480 MG <i>[letermovir]</i>	2	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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
valganciclovir hcl tabs 450 mg	1	
VEKLURY SOLN 100 MG/20ML [remdesivir]	2	
VEKLURY SOLR 100 MG [remdesivir]	2	
VIRACEPT TABS 250 MG [nelfinavir mesylate]	2	
VIRACEPT TABS 625 MG [nelfinavir mesylate]	2	
VIRAMUNE SUSP 50 MG/5ML [nevirapine]	2	
VOCABRIA TABS 30 MG [cabotegravir sodium]	2	
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir]	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML [abacavir sulfate]	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG [nitrofurantoin macrocrystal]	2	
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	1	
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl syrp 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
DIPHENHYDRAMINE HCL CAPS 25 MG [diphenhydramine hcl]	1	
DIPHENHYDRAMINE HCL CAPS 50 MG [diphenhydramine hcl]	1	
diphenhydramine hcl soln 50 mg/ml	1	MB
promethazine hcl soln 25 mg/ml	1	MB
promethazine hcl tabs 12.5 mg	1	
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
ADCETRIS SOLR 50 MG [brentuximab vedotin]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	2	QL - 30 day(s),OC
ALKERAN TABS 2 MG [<i>melphalan</i>]	2	OC
ALUNBRIG TABS 180 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
ALUNBRIG TBPk 90 & 180 MG [<i>brigatinib</i>]	2	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML [<i>calaspargase pegol-mknl</i>]	2	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	2	MB
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	2	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
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
CALQUENCE CAPS 100 MG [<i>acalabrutinib</i>]	2	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	2	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>]	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	2	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	2	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>]	2	MB
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	2	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
cyclophosphamide solr 2 gm	1	MB
cyclophosphamide solr 500 mg	1	MB
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	2	QL - 30 day(s),MB
dacarbazine solr 100 mg	1	MB
dacarbazine solr 200 mg	1	MB
dactinomycin inj 0.5mg	1	MB
DARZALEX SOLN 100 MG/5ML [daratumumab]	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [daratumumab]	2	QL - 30 day(s),MB
daunorubicin hcl soln 20 mg/4ml	1	MB
docetaxel conc 80 mg/4ml	1	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
EMCYT CAPS 140 MG [estramustine phosphate sodium]	2	QL - 30 day(s),OC
ENHERTU SOLR 100 MG [fam-trastuzumab deruxtecan-nxki]	2	MB
ERBITUX SOLN 100 MG/50ML [cetuximab]	2	MB
ERBITUX SOLN 200 MG/100ML [cetuximab]	2	MB
ERIVEDGE CAPS 150 MG [vismodegib]	2	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	2	MB
etoposide caps 50 mg	1	OC
everolimus tabs 10 mg	1	QL - 30 day(s),OC
everolimus tabs 2.5 mg	1	QL - 30 day(s),OC
everolimus tabs 5 mg	1	QL - 30 day(s),OC
everolimus tabs 7.5 mg	1	QL - 30 day(s),OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant sosy 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GLEOSTINE CAPS 10 MG [lomustine]	2	OC
GLEOSTINE CAPS 100 MG [lomustine]	2	OC
GLEOSTINE CAPS 40 MG [lomustine]	2	OC
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	2	MB
HERCEPTIN SOLR 150 MG [trastuzumab]	2	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG [topotecan hcl]	2	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [topotecan hcl]	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE TABS 100 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE TABS 125 MG [palbociclib]	2	QL - 30 day(s),OC
IBRANCE TABS 75 MG [palbociclib]	2	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin hcl]	2	MB
imatinib mesylate tabs 100 mg	1	QL - 30 day(s),OC
imatinib mesylate tabs 400 mg	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [ibrutinib]	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [ibrutinib]	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT [interferon alfa-2b]	2	QL - 30 day(s),MB
IRESSA TABS 250 MG [gefitinib]	2	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG [ixabepilone]	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [ixabepilone]	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG [ruxolitinib phosphate]	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel]	2	MB
KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [trastuzumab-anns]	2	MB
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG [carfilzomib]	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [carfilzomib]	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [carfilzomib]	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	2	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	2	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>[lenvatinib mesylate]</i>		
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG <i>[lenvatinib mesylate]</i>	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG <i>[lenvatinib mesylate]</i>	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG <i>[lenvatinib mesylate]</i>	2	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>	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG <i>[trifluridine-tipiracil]</i>	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG <i>[lorlatinib]</i>	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG <i>[lorlatinib]</i>	2	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) <i>[leuprolide acetate (cpp) (3 month)]</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>	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG <i>[olaparib]</i>	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG <i>[mitotane]</i>	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i>	2	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>	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MEKINIST TABS 2 MG <i>[trametinib dimethyl sulfoxide]</i>	2	QL - 30 day(s),OC
<i>mercaptopurine tabs 50 mg</i>	1	OC
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML <i>[methotrexate sodium]</i>	1	MB
<i>methotrexate tabs 2.5 mg</i>	1	OC
<i>mitomycin solr 20 mg</i>	1	MB
<i>mitomycin solr 40 mg</i>	1	MB
<i>mitomycin solr 5 mg</i>	1	MB
MVASI SOLN 100 MG/4ML <i>[bevacizumab-awwb]</i>	2	MB
MYLERAN TABS 2 MG <i>[busulfan]</i>	2	OC
NEXAVAR TABS 200 MG <i>[sorafenib tosylate]</i>	2	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG <i>[ixazomib citrate]</i>	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG <i>[ixazomib citrate]</i>	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG <i>[ixazomib citrate]</i>	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG <i>[sonidegib phosphate]</i>	2	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML <i>[pegaspargase]</i>	2	MB
OPDIVO SOLN 100 MG/10ML <i>[nivolumab]</i>	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML <i>[nivolumab]</i>	2	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>	2	
PADCEV SOLR 30 MG <i>[enfortumab vedotin-ejfv]</i>	2	
PEMETREXED DISODIUM SOLN 100 MG/4ML <i>[pemetrexed disodium]</i>	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML <i>[pemetrexed disodium]</i>	2	MB
PERJETA SOLN 420 MG/14ML <i>[pertuzumab]</i>	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG <i>[pomalidomide]</i>	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG <i>[pomalidomide]</i>	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG <i>[pomalidomide]</i>	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG <i>[pomalidomide]</i>	2	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT <i>[aldesleukin]</i>	2	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML <i>[mercaptopurine]</i>	2	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>	2	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML <i>[rituximab-arrx]</i>	2	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML <i>[rituximab]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RITUXAN SOLN 500 MG/50ML <i>[rituximab]</i>	2	MB
ROZLYTREK CAPS 100 MG <i>[entrectinib]</i>	2	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG <i>[entrectinib]</i>	2	QL - 30 day(s),OC
RYDAPT CAPS 25 MG <i>[midostaurin]</i>	2	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML <i>[isatuximab-irfc]</i>	2	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML <i>[isatuximab-irfc]</i>	2	QL - 30 day(s)
SPRYCEL TABS 100 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG <i>[dasatinib]</i>	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG <i>[regorafenib]</i>	2	QL - 30 day(s),OC
<i>sunitinib malate caps 12.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 25 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 37.5 mg</i>	1	QL - 30 day(s),OC
<i>sunitinib malate caps 50 mg</i>	1	QL - 30 day(s),OC
SYLVANT SOLR 100 MG <i>[siltuximab]</i>	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG <i>[siltuximab]</i>	2	QL - 30 day(s),MB
TABLOID TABS 40 MG <i>[thioguanine]</i>	2	OC
TAFINLAR CAPS 50 MG <i>[dabrafenib mesylate]</i>	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG <i>[dabrafenib mesylate]</i>	2	QL - 30 day(s),OC
TAGRISSE TABS 40 MG <i>[osimertinib mesylate]</i>	2	QL - 30 day(s),OC
TAGRISSE TABS 80 MG <i>[osimertinib mesylate]</i>	2	QL - 30 day(s),OC
<i>tamoxifen citrate tabs 10 mg</i>	1	OC,PREV
<i>tamoxifen citrate tabs 20 mg</i>	1	OC,PREV
TARGRETIN CAPS 75 MG <i>[bexarotene]</i>	2	OC
TASIGNA CAPS 150 MG <i>[nilotinib hcl]</i>	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG <i>[nilotinib hcl]</i>	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML <i>[docetaxel]</i>	2	MB
TECENTRIQ SOLN 1200 MG/20ML <i>[atezolizumab]</i>	2	QL - 30 day(s),MB
<i>temozolomide caps 100 mg</i>	1	OC
<i>temozolomide caps 140 mg</i>	1	OC
<i>temozolomide caps 180 mg</i>	1	OC
<i>temozolomide caps 20 mg</i>	1	OC
<i>temozolomide caps 250 mg</i>	1	OC
<i>temozolomide caps 5 mg</i>	1	OC
<i>thiotepa solr 15 mg</i>	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
<i>topotecan hcl solr 4 mg</i>	1	MB
TORISEL SOLN 25 MG/ML <i>[temsirolimus]</i>	2	MB
TREANDA SOLR 100 MG <i>[bendamustine hcl]</i>	2	MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TRISENOX SOLN 12 MG/6ML <i>[arsenic trioxide]</i>	2	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML <i>[rituximab-abbs]</i>	2	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML <i>[rituximab-abbs]</i>	2	QL - 30 day(s),MB
TUKYSA TABS 150 MG <i>[tucatinib]</i>	2	QL - 30 day(s),OC
TUKYSA TABS 50 MG <i>[tucatinib]</i>	2	QL - 30 day(s),OC
TYKERB TABS 250 MG <i>[lapatinib ditosylate]</i>	2	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML <i>[dinutuximab]</i>	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG <i>[bortezomib]</i>	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG <i>[venetoclax]</i>	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG <i>[venetoclax]</i>	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG <i>[venetoclax]</i>	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG <i>[venetoclax]</i>	2	QL - 30 day(s),OC
<i>vinblastine sulfate soln 1 mg/ml</i>	1	MB
<i>vincristine sulfate soln 1 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	MB
VOTRIENT TABS 200 MG <i>[pazopanib hcl]</i>	2	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG <i>[daunorubicin-cytarabine liposome]</i>	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG <i>[crizotinib]</i>	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG <i>[crizotinib]</i>	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG <i>[enzalutamide]</i>	2	QL - 30 day(s),OC
XTANDI TABS 40 MG <i>[enzalutamide]</i>	2	QL - 30 day(s),OC
XTANDI TABS 80 MG <i>[enzalutamide]</i>	2	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML <i>[ipilimumab]</i>	2	MB
YERVOY SOLN 50 MG/10ML <i>[ipilimumab]</i>	2	MB
YONDELIS SOLR 1 MG <i>[trabectedin]</i>	2	QL - 30 day(s),MB
ZEJULA CAPS 100 MG <i>[niraparib tosylate]</i>	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG <i>[vemurafenib]</i>	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG <i>[idelalisib]</i>	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG <i>[idelalisib]</i>	2	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG <i>[ceritinib]</i>	2	QL - 30 day(s),OC
ZYKADIA TABS 150 MG <i>[ceritinib]</i>	2	QL - 30 day(s),OC
ZYTIGA TABS 500 MG <i>[abiraterone acetate]</i>	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
BENTYL SOLN 10 MG/ML <i>[dicyclomine hcl]</i>	2	MB
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 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT <i>[tiotropium bromide monohydrate]</i>	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT <i>[tiotropium bromide-olodaterol hcl]</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS 1 MG <i>[varenicline tartrate]</i>	2	PREV
CHANTIX STARTING MONTH PAK TBPK 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 GUM 2 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE LOZG 2 MG <i>[nicotine polacrilex]</i>	2	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	
<i>varenicline tartrate tabs 0.5 mg</i>	1	PREV
<i>varenicline tartrate tabs 1 mg</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
<i>donepezil hcl tabs 5 mg</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG <i>[galantamine hydrobromide]</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
GUANIDINE HCL TABS 125 MG <i>[guanidine hcl]</i>	2	
MESTINON SOLN 60 MG/5ML <i>[pyridostigmine bromide]</i>	2	
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbc 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
dantrolene sodium caps 50 mg	1	
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	2	MB
GABLOFEN SOSY 50 MCG/ML [baclofen]	2	MB
methocarbamol tabs 500 mg	1	
methocarbamol tabs 750 mg	1	
QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	2	MB
rocuronium bromide soln 50 mg/5ml	1	MB
RYANODEX SUSR 250 MG [dantrolene sodium]	2	MB
tizanidine hcl tabs 2 mg	1	
tizanidine hcl tabs 4 mg	1	
vecuronium bromide solr 10 mg	1	MB
vecuronium bromide solr 20 mg	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
dihydroergotamine mesylate soln 1 mg/ml	1	QL - 30 day(s),MB
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
MIGRANAL SOLN 4 MG/ML [dihydroergotamine mesylate]	2	
phentolamine mesylate solr 5 mg	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol]	2	
ADVAIR HFA AERO 230-21 MCG/ACT [fluticasone-salmeterol]	2	
ADVAIR HFA AERO 45-21 MCG/ACT [fluticasone-salmeterol]	2	
albuterol sulfate hfa aers 108 (90 base) mcg/act	1	
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	1	
albuterol sulfate nebu (5 mg/ml) 0.5%	1	
albuterol sulfate nebu 0.63 mg/3ml	1	
albuterol sulfate nebu 1.25 mg/3ml	1	
albuterol sulfate nebu 2.5 mg/0.5ml	1	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	2	
dobutamine hcl soln 250 mg/20ml	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [dobutamine in d5w]	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [dobutamine in d5w]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
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
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>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	
S2 (RACEPINEPHRINE) NEBU 2.25 % <i>[racepinephrine hcl]</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT <i>[salmeterol xinafoate]</i>	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT <i>[olodaterol hcl]</i>	2	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	2	MB
ALBURX SOLN 5 % <i>[albumin, human]</i>	2	MB
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED SOLN 50 MG/ML <i>[iron dextran]</i>	2	MB
VENOFER SOLN 20 MG/ML <i>[iron sucrose]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
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</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(rcmb) fc fusion protein(bdd-rfviiiic)		
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiic)]	2	QL - 30 day(s),MB
GELFILM FILM [gelatin adsorbable (ophth)]	2	
GELFOAM SPONGE MISC 12-7 MM [gelatin absorbable]	2	
GELFOAM SPONGE SIZE 50 MISC [gelatin absorbable]	2	
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab-kxwh]	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML [emicizumab-kxwh]	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML [emicizumab-kxwh]	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-kxwh]	2	QL - 30 day(s)
HEMOFIL M INJ 220-400 [antihemophilic factor (human)]	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT [antihemophilic factor (human)]	2	MB
HEMOFIL M SOLR 1700 UNIT [antihemophilic factor (human)]	2	MB
HUMATE-P SOLR 1000-2400 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	2	MB
KOGENATE FS KIT 1000 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT [antihemophilic factor (recombinant) (rfviii)]	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	2	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	2	
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	2	MB
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	2	MB
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
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</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 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) SOLN 1000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
INTEGRILIN SOLN 20 MG/10ML <i>[eptifibatide]</i>	2	MB
INTEGRILIN SOLN 75 MG/100ML <i>[eptifibatide]</i>	2	MB
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
PRADAXA CAPS 110 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 150 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 75 MG <i>[dabigatran etexilate mesylate]</i>	2	
TNKASE KIT 50 MG <i>[tenecteplase]</i>	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	2	
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	2	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML [<i>filgrastim-aafi</i>]	2	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML [<i>filgrastim-aafi</i>]	2	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML [<i>filgrastim-aafi</i>]	2	
NIVESTYM SOSY 480 MCG/0.8ML [<i>filgrastim-aafi</i>]	2	
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	2	
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbc 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	
<i>terazosin hcl caps 2 mg</i>	1	
<i>terazosin hcl caps 5 mg</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>atorvastatin calcium tabs 20 mg</i>	1	PREV
<i>atorvastatin calcium tabs 40 mg</i>	1	PREV
<i>atorvastatin calcium tabs 80 mg</i>	1	PREV
<i>cholestyramine light pack 4 gm</i>	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	1	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% [<i>nicardipine hcl in dextrose</i>]	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% [<i>nicardipine hcl in sodium chloride</i>]	2	MB
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML [<i>clevudipine</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLEVIPREX EMUL 50 MG/100ML <i>[clevidipine]</i>	2	MB
<i>diltiazem hcl er coated beads cp24 180 mg</i>	1	
<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 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
<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>nifedipine er tb24 30 mg</i>	1	
<i>nifedipine er tb24 60 mg</i>	1	
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbcr 120 mg</i>	1	
<i>verapamil hcl er tbcr 180 mg</i>	1	
<i>verapamil hcl er tbcr 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 soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML <i>[digoxin]</i>	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% <i>[lidocaine in d5w]</i>	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% <i>[lidocaine in d5w]</i>	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG <i>[disopyramide phosphate]</i>	2	
NORPACE CR CP12 150 MG <i>[disopyramide phosphate]</i>	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROGLYCEM SUSP 50 MG/ML <i>[diazoxide]</i>	2	
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
ENTRESTO TABS 24-26 MG <i>[sacubitril-valsartan]</i>	2	
ENTRESTO TABS 49-51 MG <i>[sacubitril-valsartan]</i>	2	
ENTRESTO TABS 97-103 MG <i>[sacubitril-valsartan]</i>	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	
<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
VARITHENA FOAM 180 MG/18ML <i>[polidocanol (laureth-9)]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
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 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>]	2	QL - 30 day(s),LD
LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	2	QL - 30 day(s),LD
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	
NITRO-TIME CPCR 2.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 6.5 MG [<i>nitroglycerin</i>]	1	
NITRO-TIME CPCR 9 MG [<i>nitroglycerin</i>]	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [<i>nitroglycerin in d5w</i>]	2	MB
<i>nitroglycerin pt24 0.1 mg/hr</i>	1	
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	
<i>nitroglycerin soln 5 mg/ml</i>	2	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30 day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 30 day(s)
<i>sildenafil citrate tabs 50 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil (pah) tabs 20 mg</i>	1	
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30 day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30 day(s)
TRACLEER TABS 125 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TYVASO REFILL SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO STARTER SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	2	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	2	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>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
CODEINE SULFATE TABS 15 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 30 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 60 MG <i>[codeine sulfate]</i>	1	
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML <i>[fentanyl citrate]</i>	1	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)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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 50 mg/5ml</i>	1	MB
<i>hydromorphone hcl pf soln 500 mg/50ml</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	
<i>ibuprofen susp 100 mg/5ml</i>	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
<i>ketorolac tromethamine inj 15mg/ml</i>	1	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
<i>meperidine hcl soln 25 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>meperidine hcl soln 50 mg/ml</i>	1	MB
<i>methadone hcl soln 10 mg/5ml</i>	1	
METHADONE HCL SOLN 10 MG/ML <i>[methadone hcl]</i>	2	MB
<i>methadone hcl soln 5 mg/5ml</i>	1	
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
<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 20 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 50 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen lysine</i>]	2	MB
OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	1	
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-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)
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 60 MG [<i>methylphenidate hcl</i>]	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	
<i>methylphenidate hcl er (osm) tbcx 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcx 10 mg</i>	1	
<i>methylphenidate hcl er tbcx 20 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
<i>modafinil tabs 100 mg</i>	1	
<i>modafinil tabs 200 mg</i>	1	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG <i>[methsuximide]</i>	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium er tb24 250 mg</i>	1	
<i>divalproex sodium er tb24 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
LAMICTAL STARTER KIT 35 x 25 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG <i>[lamotrigine]</i>	2	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML	2	MB

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>zonisamide caps 50 mg</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate caps 600 mg</i>	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
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	
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	
<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 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>]	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>carbidopa-levodopa er tbc</i> 25-100 mg	1	
<i>carbidopa-levodopa er tbc</i> 50-200 mg	1	
<i>carbidopa-levodopa tabs</i> 10-100 mg	1	
<i>carbidopa-levodopa tabs</i> 25-100 mg	1	
<i>carbidopa-levodopa tabs</i> 25-250 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	2	MB
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	1	
KYNMOBI FILM 10 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
KYNMOBI FILM 15 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
KYNMOBI FILM 20 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
KYNMOBI FILM 25 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
KYNMOBI FILM 30 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
KYNMOBI TITRATION KIT KIT 10/15/20/25/30 MG [<i>apomorphine hydrochloride</i>]	2	QL - 30 day(s)
LODOSYN TABS 25 MG [<i>carbidopa</i>]	2	
<i>pramipexole dihydrochloride tabs</i> 0.125 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.25 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.5 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.75 mg	1	
<i>pramipexole dihydrochloride tabs</i> 1 mg	1	
<i>pramipexole dihydrochloride tabs</i> 1.5 mg	1	
<i>ropinirole hcl er tb</i> 12 mg	1	
<i>ropinirole hcl er tb</i> 2 mg	1	
<i>ropinirole hcl er tb</i> 4 mg	1	
<i>ropinirole hcl er tb</i> 6 mg	1	
<i>ropinirole hcl er tb</i> 8 mg	1	
<i>ropinirole hcl tabs</i> 0.25 mg	1	
<i>ropinirole hcl tabs</i> 0.5 mg	1	
<i>ropinirole hcl tabs</i> 1 mg	1	
<i>ropinirole hcl tabs</i> 2 mg	1	
<i>ropinirole hcl tabs</i> 3 mg	1	
<i>ropinirole hcl tabs</i> 4 mg	1	
<i>ropinirole hcl tabs</i> 5 mg	1	
<i>selegiline hcl tabs</i> 5 mg	1	
<i>trihexyphenidyl hcl soln</i> 0.4 mg/ml	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>midazolam hcl syrp 2 mg/ml</i>	1	
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML <i>[phenobarbital]</i>	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML <i>[phenobarbital sodium]</i>	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML <i>[phenobarbital sodium]</i>	1	MB
PHENOBARBITAL TABS 100 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 15 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 16.2 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 30 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 32.4 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 60 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 64.8 MG <i>[phenobarbital]</i>	1	
PHENOBARBITAL TABS 97.2 MG <i>[phenobarbital]</i>	1	
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<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>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	2	MB
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOL 10MG/5ML <i>[memantine hcl]</i>	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG <i>[memantine hcl]</i>	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl soln 10 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
<i>naltrexone hcl tabs 50 mg</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	1	
<i>amoxapine tabs 25 mg</i>	1	
<i>amoxapine tabs 50 mg</i>	1	
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	
ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	2	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>chlorpromazine hcl tabs 50 mg</i>	1	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10 mg</i>	1	
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	
<i>clomipramine hcl caps 25 mg</i>	1	
<i>clomipramine hcl caps 50 mg</i>	1	
<i>clomipramine hcl caps 75 mg</i>	1	
<i>clozapine tabs 100 mg</i>	1	
<i>clozapine tabs 200 mg</i>	1	
<i>clozapine tabs 25 mg</i>	1	
<i>clozapine tabs 50 mg</i>	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
<i>desipramine hcl tabs 10 mg</i>	1	
<i>desipramine hcl tabs 100 mg</i>	1	
<i>desipramine hcl tabs 150 mg</i>	1	
<i>desipramine hcl tabs 25 mg</i>	1	
<i>desipramine hcl tabs 50 mg</i>	1	
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<i>doxepin hcl caps 100 mg</i>	1	
<i>doxepin hcl caps 150 mg</i>	1	
<i>doxepin hcl caps 25 mg</i>	1	
<i>doxepin hcl caps 50 mg</i>	1	
<i>doxepin hcl caps 75 mg</i>	1	
<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 10 mg</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	
<i>fluoxetine hcl caps 10 mg</i>	1	
<i>fluoxetine hcl caps 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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	
<i>haloperidol lactate conc 2 mg/ml</i>	1	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	2	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	2	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>maprotiline hcl tabs 25 mg</i>	2	
<i>maprotiline hcl tabs 50 mg</i>	2	
<i>maprotiline hcl tabs 75 mg</i>	2	
<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 tabs 10 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>olanzapine tabs 15 mg</i>	1	
<i>olanzapine tabs 2.5 mg</i>	1	
<i>olanzapine tabs 20 mg</i>	1	
<i>olanzapine tabs 5 mg</i>	1	
<i>olanzapine tabs 7.5 mg</i>	1	
<i>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>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>	2	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG <i>[risperidone microspheres]</i>	2	MB
RISPERDAL CONSTA SRER 37.5 MG <i>[risperidone microspheres]</i>	2	MB
RISPERDAL CONSTA SRER 50 MG <i>[risperidone microspheres]</i>	2	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>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>wide seal]</i>		
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
DEVICES		
DEVICES		
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	
5ML SYRINGE/LUER-LOK MIS LUER-LOK <i>[syringe (disposable)]</i>	2	
AEROCHAMBER PLUS FLO-VU SMALL MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>[spacer/aerosol-holding chambers]</i>	2	
ASSESS FULL RANGE PEAK METER DEVI <i>[peak flow meter]</i>	2	MB
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 ALLERGY SYRINGE MISC 28G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2" MIS 28GX1/2" <i>[tuberculin/allergy syringes]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 19G X 1" <i>[needle (disp) 19 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 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 1-1/2" <i>[needle (disp) 25 g]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[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 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 MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	
[Insulin Syringes (disposable)] BD INSULIN SYRINGE SLIP TIP/U-100/1ML MIS 1ML	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</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	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</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" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD PLASTIPAK SYRINGE MISC 21G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 3 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 SLIP TIP MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
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	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM <i>[insulin pen needle]</i>	1	
CONTOUR NEXT CONTROL SOLN NORMAL <i>[blood glucose calibration]</i>	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<u>[syringe/needle (disp) 3 ml]</u>		
HYPODERMIC NEEDLE MISC 18G X 1-1/2" <u>[needle (disp) 18 g]</u>	2	
HYPODERMIC NEEDLE MISC 19G X 1" <u>[needle (disp) 19 g]</u>	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" <u>[needle (disp) 25 g]</u>	2	
MICROLET NEXT LANCING DEVICE MISC <u>[lancet devices]</u>	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT PHARMACY TRAY MISC 1 ML <u>[syringe (disposable)]</u>	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1" MIS 21GX1" <u>[syringe/needle (disp) 3 ml]</u>	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2" MIS 21GX1.5" <u>[syringe/needle (disp) 3 ml]</u>	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1" MIS 22GX1" <u>[syringe/needle (disp) 3 ml]</u>	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2" MIS 22GX1.5" <u>[syringe/needle (disp) 3 ml]</u>	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1" MIS 23GX1" <u>[syringe/needle (disp) 3 ml]</u>	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML <u>[tuberculin/allergy syringes]</u>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 29G X 1/2" 0.5 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML <u>[insulin syringe/needle u-100]</u>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML <u>[insulin syringe/needle u-100]</u>	2	
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM <u>[insulin pen needle]</u>	2	
OMNITROPE SOLR 5.8 MG <u>[somatropin]</u>	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH SURESOFT LANCING DEV MISC <i>[lancets misc.]</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 VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</i>	2	
POLY HUB NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
SAFETY-LOK SYRINGE MISC 5 ML <i>[syringe (disposable)]</i>	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SYRINGE DISPOSABLE MISC 10 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 20 ML <i>[syringe (disposable)]</i>	2	
SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
TRUZONE PEAK FLOW METER DEVI <i>[peak flow meter]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
ULTRA THIN LANCETS 30G MISC [lancets]	2	
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS [acetone (urine) test]	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	1	
BIO GLO STRP 1 MG [fluorescein sodium topical]	1	
CANDIN SOLN [candida albicans skin test antigen]	2	MB
[Gadoterate Meglumine] CLARISCAN SOLN 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 2.5 MMOL/5ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 5 MMOL/10ML	1	
[Gadoterate Meglumine] CLARISCAN SOSY 7.5 MMOL/15ML	1	
CONRAY SOLN 60 % [iothalamate meglumine]	2	MB
D-XYLOSE POWD [d-xylose]	2	
DIASTIX STRP [glucose urine test-(glucose oxidase)]	2	
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	2	MB
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	2	MB
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	2	MB
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	2	MB
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	2	MB
KETO-DIASTIX STRP [urine glucose-ketones test]	2	
KETOSTIX STRP [acetone (urine) test]	2	
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]	2	MB
LUMASON SUSR 60.7-25 MG [sulfur hexafluoride lipid-type a microspheres]	2	MB
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</i>	2	MB
ONETOUCH ULTRA STRP <i>[glucose blood]</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
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG <i>[potassium citrate-citric acid]</i>	1	
CYTRA-K SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	
NEUT SOLN 4 % <i>[sodium bicarbonate]</i>	2	MB
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	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</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 8.4 % <i>[sodium bicarbonate]</i>	1	MB
THAM SOLN 30 MEQ/100ML <i>[tromethamine]</i>	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML <i>[pot & sod citrates w/citric ac]</i>	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG <i>[sodium phenylbutyrate]</i>	2	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		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d10w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d15w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d20w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>acid infusion in d10w]</i>		
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid infusion in d5w]</i>	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % <i>[amino acid infusion in d15w]</i>	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % <i>[amino acid infusion in d20w]</i>	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 40 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based (soy)]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based (soy)]</i>	2	MB
PHENYLADE DRINK MIX POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PKU EXPRESS PACK <i>[nutritional supplements]</i>	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte infusion]</i>	2	MB
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 6 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	2	
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	
EDECRIIN TABS 25 MG <i>[ethacrynic acid]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG <i>[furosemide]</i>	1	
FUROSEMIDE TABS 40 MG <i>[furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>indapamide tabs 2.5 mg</i>	1	
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % <i>[mannitol]</i>	1	MB
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>torsemide tabs 10 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide 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		
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % <i>[acetic acid]</i>	1	MB
LACTATED RINGERS SOLN <i>[lactated ringer's (irrigation)]</i>	2	MB
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride (gu irrigant)]</i>	1	MB
STERILE WATER FOR IRRIGATION SOLN <i>[water for irrigation, sterile]</i>	1	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
<i>calcium chloride soln 10 %</i>	1	MB
CALCIUM GLUCONATE SOLN 10 % <i>[calcium gluconate]</i>	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML <i>[chromic chloride]</i>	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML <i>[cupric chloride]</i>	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN <i>[electrolyte-48 in dextrose]</i>	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % <i>[dextrose in lactated ringers]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DEXTROSE-NACL SOLN 10-0.45 % [dextrose w/ sodium chloride]	2	MB
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
hetastarch-nacl soln 6-0.9 %	1	MB
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	2	MB
HYPERLYTE-CR CONC [parenteral electrolytes]	2	MB
K-TAB TBCR 10 MEQ [potassium chloride]	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%- % [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML- % [magnesium sulfate in dextrose]	2	MB
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	2	MB
sodium chloride soln	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride crys er tbc 10 meq	1	
potassium chloride crys er tbc 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% [potassium chloride in dextrose]	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
potassium chloride sol 10% sf	1	
potassium chloride soln 10 meq/100ml	1	MB
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 40 MEQ/100ML [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 BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic &	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>monobasic)]</i>		
ZINC SULFATE SOLN 1 MG/ML [<i>zinc sulfate</i>]	2	MB
URICOSURIC AGENTS		
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [<i>laronidase</i>]	2	MB
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	2	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG [<i>agalsidase beta</i>]	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [<i>agalsidase beta</i>]	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	2	MB
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	2	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML [<i>dornase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	2	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglycerase alfa</i>]	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	
CEQUA SOLN 0.09 % [cyclosporine (ophth)]	2	
ciprofloxacin-dexamethasone susp 0.3-0.1 %	1	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	2	
cyclosporine emul 0.05 %	1	
dexamethasone sodium phosphate soln 0.1 %	1	
diclofenac sodium soln 0.1 %	1	
flunisolide soln 25 mcg/act (0.025%)	1	
fluorometholone susp 0.1 %	1	
flurbiprofen sodium soln 0.03 %	1	
fluticasone propionate susp 50 mcg/act	1	
FML OINT 0.1 % [fluorometholone (ophth)]	2	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	2	MB
PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]	2	
prednisolone acetate susp 1 %	1	
prednisolone sodium phosphate soln 1 %	2	
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	2	
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
olopatadine hcl soln 0.1 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
bimatoprost soln 0.03 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
methazolamide tabs 25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	2	MB
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	2	
pilocarpine hcl soln 1 %	1	
pilocarpine hcl soln 2 %	1	
pilocarpine hcl soln 4 %	1	
timolol maleate soln 0.25 %	1	
timolol maleate soln 0.5 %	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [acetic acid (otic)]	1	
apraclonidine hcl soln 0.5 %	1	
BSS SOLN [ophthalmic irrigation solution - intraocular]	2	MB
EYLEA SOLN 2 MG/0.05ML [aflibercept]	2	MB
EYLEA SOSY 2 MG/0.05ML [aflibercept]	2	
LACRISERT INST 5 MG [artificial tear insert]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [ranibizumab]	2	QL - 30 day(s),MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]	2	
VISUDYNE SOLR 15 MG [verteporfin]	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % [lidocaine hcl (ophth)]	2	
[Proparacaine Hcl] ALCALINE SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % [cocaine hcl]	2	
lidocaine viscous hcl soln 2 %	1	
proparacaine hcl soln 0.5 %	1	
TETRACALINE HCL SOLN 0.5 % [tetracaine hcl (ophth)]	1	
TETRAVISC SOLN 0.5 % [tetracaine hcl (ophth)]	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	1	
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
cyclopentolate hcl soln 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
<i>naphazoline hcl soln</i>	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
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	
PAREGORIC TINC 2 MG/5ML [<i>paregoric</i>]	2	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>famotidine (pf) soln 20 mg/2ml</i>	1	MB
<i>famotidine inj 10mg/ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium solr 40 mg</i>	1	MB
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
CASCARA SAGRADA EXTR 1 GM/ML [<i>cascara sagrada</i>]	2	
DOCUSATE SODIUM LIQD 50 MG/5ML [<i>docusate sodium</i>]	1	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	2	PREV
MILK OF MAGNESIA SUSP 7.75 % [<i>magnesium hydroxide</i>]	1	
<i>peg 3350-kcl-na bicarb-nacl solr 420 gm</i>	1	PREV
<i>peg 3350/electrolytes solr 240 gm</i>	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol tabs 250 mg</i>	1	
<i>ursodiol tabs 500 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000-19000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(lipase-protease-amylase)]</i>		
ZENPEP CPEP 15000-47000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 20000-63000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 25000-79000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 3000-10000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 40000-126000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 5000-24000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG <i>[auranofin]</i>	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG <i>[succimer]</i>	2	
<i>deferasirox tabs 360 mg</i>	1	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	1	QL - 30 day(s)
<i>deferoxamine mesylate inj 2gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
EXJADE TBSO 125 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
EXJADE TBSO 250 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
EXJADE TBSO 500 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 180 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 360 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 90 MG <i>[deferasirox]</i>	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
<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>cortisone acetate tabs 25 mg</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 4 mg/ml</i>	1	MB
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
FLOVENT HFA AERO 44 MCG/ACT [<i>fluticasone propionate hfa</i>]	2	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>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
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	2	
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
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	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	2	
<i>methyltestosterone tabs 10 mg</i>	2	
<i>methyltestosterone caps 10 mg</i>	1	
<i>oxandrolone tabs 10 mg</i>	1	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	
<i>testosterone enanthate soln 200 mg/ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG SOLN 100 UNIT/ML <i>[insulin lispro]</i>	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN N SUSP 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN R SOLN 100 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
metformin hcl tabs 850 mg	1	
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	
TRADJENTA TABS 5 MG [linagliptin]	2	
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
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.02 mg	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.03 mg	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG [ulipristal acetate]	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
[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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
NEXPLANON IMPL 68 MG <i>[etonogestrel]</i>	2	MB
<i>norethindrone tabs 0.35 mg</i>	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[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	
DELESTROGEN OIL 20 MG/ML <i>[estradiol valerate]</i>	2	
DELESTROGEN OIL 40 MG/ML <i>[estradiol valerate]</i>	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
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
MAKENA OIL 250 MG/ML <i>[hydroxyprogesterone caproate]</i>	2	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
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	2	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>	2	QL - 30 day(s)
SEROSTIM SOLR 5 MG <i>[somatropin (non-refrigerated)]</i>	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG <i>[somatropin (non-refrigerated)]</i>	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG <i>[levothyroxine sodium]</i>	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
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 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>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN INJ 10MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 5 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NESACAINE SOLN 1 % [<i>chloroprocaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	1	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
allopurinol tabs 100 mg	1	
allopurinol tabs 300 mg	1	
[Disulfiram] ANTABUSE TABS 250 MG	2	
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	2	MB
AVONEX KIT 30MCG [interferon beta-1a]	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	2	QL - 30 day(s),MB
azathioprine tabs 50 mg	1	
BETASERON KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
BOTOX SOLR 200 UNIT [onabotulinumtoxinA]	2	MB
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	2	MB
CERDELGA CAPS 84 MG [eliglustat tartrate]	2	QL - 30 day(s)
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s),MB
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	2	QL - 30 day(s)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	2	QL - 30 day(s)
etidronate disodium tabs 200 mg	2	
EXTAVIA KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	1	PREV
[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)
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML [<i>adalimumab</i>]	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>]	2	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	1	QL - 30 day(s)
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	2	MB
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
KINERET INJ [<i>anakinra</i>]	2	QL - 30 day(s)
<i>leflunomide tabs 10 mg</i>	1	
<i>leflunomide tabs 20 mg</i>	1	
<i>leucovorin calcium solr 100 mg</i>	1	MB
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	
<i>levocarnitine inj 200mg/ml</i>	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	1	
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	1	
<i>mesna soln 100 mg/ml</i>	1	MB
MESNEX TABS 400 MG [<i>mesna</i>]	2	QL - 30 day(s)
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil susr 200 mg/ml</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>octreotide acetate soln 100 mcg/ml</i>	1	MB
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MB
<i>octreotide acetate soln 200 mcg/ml</i>	1	MB
<i>octreotide acetate soln 50 mcg/ml</i>	1	MB
<i>octreotide acetate soln 500 mcg/ml</i>	1	MB
<i>octreotide acetate sosy 50 mcg/ml</i>	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOLR 250 MG <i>[abatacept]</i>	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML <i>[abatacept]</i>	2	
ORENCIA SOSY 50 MG/0.4ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML <i>[abatacept]</i>	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 <i>[apremilast]</i>	2	QL - 30 day(s)
OTEZLA TABS 30 MG <i>[apremilast]</i>	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG <i>[apremilast]</i>	2	QL - 30 day(s)
<i>pamidronate disodium solr 30 mg</i>	1	MB
<i>pamidronate disodium solr 90 mg</i>	1	MB
PREVIDENT 5000 PLUS CREA 1.1 % <i>[sodium fluoride (dental)]</i>	2	
PREVIDENT GEL 1.1 % <i>[sodium fluoride (dental)]</i>	2	
PREVIDENT SOLN 0.2 % <i>[sodium fluoride (dental)]</i>	2	
PROGRAF SOLN 5 MG/ML <i>[tacrolimus]</i>	2	MB
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>	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SANDIMMUNE SOLN 50 MG/ML <i>[cyclosporine]</i>	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG <i>[octreotide acetate]</i>	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % <i>[sodium fluoride (dental)]</i>	1	
<i>sirolimus soln 1 mg/ml</i>	1	
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG <i>[sodium fluoride]</i>	1	
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML <i>[sodium fluoride]</i>	1	PREV
SOLIRIS SOLN 300 MG/30ML <i>[eculizumab]</i>	2	MB
<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>	2	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML <i>[lanadelumab-flyo]</i>	2	QL - 30 day(s)
THALOMID CAPS 100 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 150 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 200 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THALOMID CAPS 50 MG <i>[thalidomide]</i>	2	QL - 30 day(s)
THIOLA TABS 100 MG <i>[tiopronin]</i>	2	
TRI-CHLOR LIQD 80 % <i>[trichloroacetic acid]</i>	2	
TYSABRI CONC 300 MG/15ML <i>[natalizumab]</i>	2	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML <i>[ravulizumab-cwvz]</i>	2	
ULTOMIRIS SOLN 300 MG/30ML <i>[ravulizumab-cwvz]</i>	2	
ULTOMIRIS SOLN 300 MG/3ML <i>[ravulizumab-cwvz]</i>	2	
VYVGART SOLN 400 MG/20ML <i>[efgartigimod alfa-fcab]</i>	2	QL - 30 day(s),MB
XELJANZ TABS 10 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
XELJANZ TABS 5 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG <i>[tofacitinib citrate]</i>	2	QL - 30 day(s)
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG <i>[dinoprostone]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
PROSTIN E2 SUPP 20 MG <i>[dinoprostone]</i>	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD <i>[alprostadil (bulk)]</i>	2	
BACLOFEN POWD <i>[baclofen]</i>	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN <i>[water for inject, bacteriostatic benzyl alcohol]</i>	2	MB
BIOTIN-D POWD <i>[biotin (bulk)]</i>	2	
BORIC ACID POWD <i>[boric acid (bulk)]</i>	2	
CHLOROFORM SOL <i>[chloroform]</i>	2	
CLOBETASOL PROPIONATE POW PROPIONA <i>[clobetasol propionate]</i>	2	
CLONIDINE HCL POWD <i>[clonidine hcl]</i>	2	
CLOTRIMAZOLE CRYST <i>[clotrimazole (topical)]</i>	2	
COAL TAR EXTRACT SOLN 20 % <i>[coal tar (crude)]</i>	2	
COLLODION FLEXIBLE LIQD <i>[collodion flexible]</i>	2	
DILTIAZEM HCL POWD <i>[diltiazem hcl (bulk)]</i>	2	
GABAPENTIN POWD <i>[gabapentin (bulk)]</i>	2	
GLYCERIN LIQD <i>[glycerin (bulk)]</i>	2	
GLYCOPYRROLATE POWD <i>[glycopyrrolate (bulk)]</i>	2	
HYDROCORTISONE POWD <i>[hydrocortisone (topical)]</i>	2	
HYDROPHILIC OINT <i>[hydrophilic ointment]</i>	2	
HYDROXYPROGESTERONE CAPROATE POWD <i>[hydroxyprogesterone caproate (bulk)]</i>	2	
ISOSORBIDE POWD <i>[isosorbide (bulk)]</i>	2	
KETAMINE HCL POWD <i>[ketamine hcl (bulk)]</i>	2	
KETOPROFEN POWD <i>[ketoprofen (bulk)]</i>	2	
L-CITRULLINE POWD <i>[citrulline (bulk)]</i>	2	
L-ISOLEUCINE POWD <i>[isoleucine]</i>	2	
L-PROLINE POWD <i>[proline]</i>	2	
LIDOCAINE HCL POWD <i>[lidocaine hcl (bulk)]</i>	2	
METRONIDAZOLE POWD <i>[metronidazole (bulk)]</i>	2	
PAPAVERINE HCL POWD <i>[papaverine hcl]</i>	2	
PHENTOLAMINE MESYLATE POWD <i>[phentolamine mesylate (bulk)]</i>	2	
POLYETHYLENE GLYCOL 8000 POWD <i>[polyethylene glycol 8000]</i>	2	
PROGESTERONE MICRONIZED POWD	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>[progesterone micronized (bulk)]</i>		
QUINACRINE HCL POW DIHYDRAT <i>[quinacrine hcl]</i>	2	
SALICYLIC ACID POWD <i>[salicylic acid (bulk)]</i>	2	
SORBITOL SOLN 70 % <i>[sorbitol]</i>	2	
STERILE WATER FOR INJECTION SOLN <i>[water for injection, sterile]</i>	1	MB
SULFUR PRECIPITATED POWD <i>[sulfur (bulk)]</i>	2	
TESTOSTERONE PROPIONATE POWD <i>[testosterone propionate (bulk)]</i>	2	
THYMOL CRYST <i>[thymol]</i>	2	
TRIAMCINOLONE ACETONIDE POWD <i>[triamcinolone acetonide (topical)]</i>	2	
VERAPAMIL HCL POWD <i>[verapamil hcl]</i>	2	
ZINC SULFATE HEPTAHYDRATE POWD <i>[zinc sulfate heptahydrate]</i>	2	
ZINC SULFATE MONOHYDRATE POWD <i>[zinc sulfate monohydrate]</i>	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT <i>[ciclesonide]</i>	2	
ALVESCO AERS 80 MCG/ACT <i>[ciclesonide]</i>	2	
<i>cromolyn sodium conc 100 mg/5ml</i>	1	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML <i>[guaifenesin-codeine]</i>	1	
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	1	
PHENYLHISTINE DH LIQ DH <i>[pseudoeph-chlorphen w/ cod]</i>	2	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML <i>[pseudoephedrine w/ codeine-gg]</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 3 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 7 % <i>[sodium chloride (inhalant)]</i>	1	
PULMONARY SURFACTANTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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>	2	QL - 30 day(s)
KALYDECO PACK 50 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
KALYDECO PACK 75 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI PACK 75-94 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
ORKAMBI TABS 200-125 MG <i>[lumacaftor-ivacaftor]</i>	2	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG <i>[tezacaftor-ivacaftor]</i>	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG <i>[tezacaftor-ivacaftor]</i>	2	
TRIKAFTA TBPK 100-50-75 & 150 MG <i>[elexacaftor-tezacaftor-ivacaftor]</i>	2	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG <i>[elexacaftor-tezacaftor-ivacaftor]</i>	2	QL - 30 day(s)
XOLAIR SOLR 150 MG <i>[omalizumab]</i>	2	QL - 30 day(s)
XOLAIR SOSY 150 MG/ML <i>[omalizumab]</i>	2	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML <i>[omalizumab]</i>	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG <i>[bosentan]</i>	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR <i>[crotalidae immune f(ab')2 (equine)]</i>	2	
CROFAB SOLR <i>[crotalidae polyvalent immune fab (ovine)]</i>	2	MB
CYTOGAM INJ 50 MG/ML <i>[cytomegalovirus immune globulin (human)]</i>	2	MB
DIGIFAB SOLR 40 MG <i>[digoxin immune fab]</i>	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML <i>[immune globulin (human) iv]</i>	2	MB
FLEBOGAMMA DIF SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	2	
HIZENTRA SOSY 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	2	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	2	
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
IMOGAM RABIES-HT SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
NABI-HB SOLN 312 UNIT/ML <i>[hepatitis b immune globulin (human)]</i>	2	MB
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 10 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(human) iv]</i>		
PRIVIGEN SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	2	MB
DIPHTHERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML <i>[diphtheria-tetanus toxoids (dt)]</i>	2	
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (300 MG TITRATION) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 (recombinant omv adjuvanted)]</i>	2	MB
ENGRIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGRIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGRIX-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
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
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
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</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
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
VAXCHORA SUSR <i>[cholera vaccine live attenuated]</i>	2	MB
VIVOTIF CPDR <i>[typhoid vaccine]</i>	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
BACITRACIN OINT 500 UNIT/GM <i>[bacitracin (topical)]</i>	1	
BACITRACIN ZINC OINT 500 UNIT/GM <i>[bacitracin zinc]</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
CLOBEX LOTN 0.05 % <i>[clobetasol propionate]</i>	2	
CLOBEX SPRAY LIQD 0.05 % <i>[clobetasol propionate]</i>	2	
<i>clotrimazole troc 10 mg</i>	1	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IDOQUINOL CREA 1-1 % <i>[idoquinol-hc]</i>	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
<i>nystatin crea 100000 unit/gm</i>	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>permethrin crea 5 %</i>	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	1	
SULFAMYLON CREA 85 MG/GM [<i>mafenide acetate</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
BETAMETHASONE VALERATE CREA 0.1 % [<i>betamethasone valerate</i>]	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE OINT 0.1 % [<i>betamethasone valerate</i>]	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<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	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</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 oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</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	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % <i>[pramoxine-hc]</i>	2	
PRAMOSONE OINT 1-2.5 % <i>[pramoxine-hc]</i>	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	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 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		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % <i>[hydrocortisone acetate w/ pramoxine]</i>	1	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<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	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % <i>[camphor & menthol]</i>	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>	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
OXSORALEN ULTRA CAPS 10 MG [<i>methoxsalen rapid</i>]	2	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % [<i>salicylic acid</i>]	2	
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<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 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>]	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [<i>secukinumab</i>]	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML [<i>secukinumab</i>]	2	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	
<i>fluocinonide gel 0.05 %</i>	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>imiquimod crea 5 %</i>	1	
LEVULAN KERASTICK SOLR 20 % [<i>aminolevulinic acid hcl</i>]	2	
<i>pimecrolimus crea 1 %</i>	1	
<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>]	2	
SKYRIZI SOSY 150 MG/ML [<i>risankizumab-rzaa</i>]	2	
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride</i>]	1	
STELARA SOLN 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 90 MG/ML [<i>ustekinumab</i>]	2	
<i>tacrolimus oint 0.03 %</i>	1	
<i>tacrolimus oint 0.1 %</i>	1	
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	2	
<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>]	2	
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	2	
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	
<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>trospium chloride er cp24 60 mg</i>	1	
<i>trospium 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	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>[theophylline in dextrose]</i>		
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	
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	
POLY-VI-SOL SOLN <i>[pediatric multiple vitamins]</i>	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric multiple vitamins w/ iron]</i>	2	
RENAL CAPS 1 MG <i>[b-complex w/ c & folic acid]</i>	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 <i>[pediatric vitamins adc]</i>	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acid w/ fluoride]</i>	1	
VITAMIN A		
AQUASOL A SOLN 15 MG/ML <i>[vitamin a]</i>	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER CPR 250 MG <i>[niacin]</i>	1	
NIACIN ER CPR 500 MG <i>[niacin]</i>	1	
NIACIN ER TBCR 250 MG <i>[niacin]</i>	1	
NIACIN TABS 100 MG <i>[niacin]</i>	1	
NIACIN TABS 250 MG <i>[niacin]</i>	1	
NIACIN TABS 50 MG <i>[niacin]</i>	1	
NIACIN TABS 500 MG <i>[niacin]</i>	1	
POTABA CAPS 500 MG <i>[potassium aminobenzoate]</i>	2	
<i>pyridoxine hcl soln 100 mg/ml</i>	1	MB
SLO-NIACIN TBCR 500 MG <i>[niacin]</i>	2	

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

Index

1	
1ML TUBERCULIN SYRINGE SLIP TIP MIS SLIP TIP <i>[syringe (disposable)]</i>	60
3	
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1	60
3ML SYRINGE LUER-LOK MIS LUER-LOK <i>[syringe (disposable)]</i>	60
5	
5ML SYRINGE/LUER-LOK MIS LUER-LOK <i>[syringe (disposable)]</i>	60
A	
<i>abacavir sulfate tabs 300 mg</i>	17
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	17
<i>abacavir-lamivudine-zidovudine tabs 300-150- 300 mg</i>	17
<i>abiraterone acetate tabs 250 mg</i>	21
<i>acamprosate calcium tbec 333 mg</i>	54
<i>acarbose tabs 100 mg</i>	79
<i>acarbose tabs 25 mg</i>	79
<i>acarbose tabs 50 mg</i>	79
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	35
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	44
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	44
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	44
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	44
<i>acetazolamide er cp12 500 mg</i>	72
<i>acetazolamide sodium solr 500 mg</i>	72
<i>acetazolamide tabs 125 mg</i>	72
<i>acetazolamide tabs 250 mg</i>	72
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	65
ACETIC ACID SOLN 0.25 % <i>[acetic acid]</i>	68
ACETIC ACID SOLN 2 % <i>[acetic acid (otic)]</i>	73
<i>acetylcysteine soln 10 %</i>	84
<i>acetylcysteine soln 20 %</i>	84
<i>acetylcysteine soln 200 mg/ml</i>	84
<i>acitretin caps 10 mg</i>	84
<i>acitretin caps 25 mg</i>	84

ACTHAR GEL 80 UNIT/ML <i>[corticotropin]</i>	82
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	94
ACTIMMUNE SOLN 2000000 UNIT/0.5ML <i>[interferon gamma-1b]</i>	84
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	35
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	35
<i>acyclovir caps 200 mg</i>	17
<i>acyclovir sodium soln 50 mg/ml</i>	17
<i>acyclovir susp 200 mg/5ml</i>	17
<i>acyclovir tabs 400 mg</i>	17
<i>acyclovir tabs 800 mg</i>	17
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	93
ADAKVEO SOLN 100 MG/10ML <i>[crizanlizumab-tmca]</i>	37
<i>adapalene gel 0.1 %</i>	98
<i>adapalene gel 0.3 %</i>	98
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	98
ADCETRIS SOLR 50 MG <i>[brentuximab vedotin]</i>	21
<i>adefovir dipivoxil tabs 10 mg</i>	17
<i>adenosine (diagnostic) soln 3 mg/ml</i>	65
<i>adenosine soln 12 mg/4ml</i>	40
<i>adenosine soln 6 mg/2ml</i>	40
ADVAIR DISKUS AEPB 250-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>	9
ADVAIR HFA AERO 115-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	31
ADVAIR HFA AERO 230-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	31
ADVAIR HFA AERO 45-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	31
ADVATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf- pfm)]</i>	33
AEROCHAMBER PLUS FLO-VU SMALL MISC <i>[spacer/aerosol-holding chambers]</i>	60
AEROCHAMBER Z-STAT PLUS MISC <i>[spacer/aerosol-holding chambers]</i>	60
AEROCHAMBER Z-STAT PLUS/LARGE MISC <i>[spacer/aerosol-holding chambers]</i>	60
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>[spacer/aerosol-holding chambers]</i>	60
AFLURIA QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	94
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33

AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	33
AGGRENOLX CP12 25-200 MG <i>[aspirin-dipyridamole]</i>	35
AKTEN GEL 3.5 % <i>[lidocaine hcl (ophth)]</i>	73
AKYNZEO CAPS 300-0.5 MG <i>[netupitant-palonosetron]</i>	74
ALBENZA TABS 200 MG <i>[albendazole]</i>	11
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	32
ALBURX SOLN 5 % <i>[albumin, human]</i>	32
ALBUTEROL SOLN 25 % <i>[albumin, human]</i>	32
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	31
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	31
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	31
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	31
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	31
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	31
<i>alclometasone dipropionate crea 0.05 %</i>	95
<i>alclometasone dipropionate oint 0.05 %</i>	96
ALDURAZYME SOLN 2.9 MG/5ML <i>[laronidase]</i>	71
ALECENSA CAPS 150 MG <i>[alectinib hcl]</i>	22
<i>alendronate sodium tabs 10 mg</i>	84
<i>alendronate sodium tabs 35 mg</i>	84
<i>alendronate sodium tabs 70 mg</i>	84
ALINIA SUSR 100 MG/5ML <i>[nitazoxanide]</i>	17
ALINIA TABS 500 MG <i>[nitazoxanide]</i>	17
ALKERAN TABS 2 MG <i>[melphalan]</i>	22
<i>allopurinol tabs 100 mg</i>	85
<i>allopurinol tabs 300 mg</i>	85
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	33
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	33
<i>alprazolam tabs 0.25 mg</i>	53
<i>alprazolam tabs 0.5 mg</i>	53
<i>alprazolam tabs 1 mg</i>	53
<i>alprazolam tabs 2 mg</i>	53
ALPROSTADIL POWD <i>[alprostadil (bulk)]</i> ...	89
<i>alprostadil soln 500 mcg/ml</i>	43
ALTAFLUOR BENOX SOLN 0.25-0.4 % <i>[fluorescein w/ benoxinate]</i>	65
ALUNBRIG TABS 180 MG <i>[brigatinib]</i>	22
ALUNBRIG TABS 30 MG <i>[brigatinib]</i>	22
ALUNBRIG TABS 90 MG <i>[brigatinib]</i>	22
ALUNBRIG TBPK 90 & 180 MG <i>[brigatinib]</i> ...	22
ALVESCO AERS 160 MCG/ACT <i>[ciclesonide]</i>	90
ALVESCO AERS 80 MCG/ACT <i>[ciclesonide]</i>	90
<i>amantadine hcl caps 100 mg</i>	51
<i>amantadine hcl soln 50 mg/5ml</i>	51
AMBISOME SUSR 50 MG <i>[amphotericin b liposome]</i>	15
<i>ambrisentan tabs 10 mg</i>	43
<i>ambrisentan tabs 5 mg</i>	43
<i>amikacin sulfate soln 500 mg/2ml</i>	11
<i>aminocaproic acid soln 250 mg/ml</i>	33
<i>aminophylline soln 25 mg/ml</i>	99
<i>amiodarone hcl soln 900 mg/18ml</i>	40
<i>amiodarone hcl tabs 200 mg</i>	40
<i>amitriptyline hcl tabs 10 mg</i>	55
<i>amitriptyline hcl tabs 100 mg</i>	55
<i>amitriptyline hcl tabs 150 mg</i>	55
<i>amitriptyline hcl tabs 25 mg</i>	55
<i>amitriptyline hcl tabs 50 mg</i>	55
<i>amitriptyline hcl tabs 75 mg</i>	55
<i>amlodipine besylate tabs 10 mg</i>	39
<i>amlodipine besylate tabs 2.5 mg</i>	39
<i>amlodipine besylate tabs 5 mg</i>	39
<i>amoxapine tabs 100 mg</i>	55
<i>amoxapine tabs 150 mg</i>	55
<i>amoxapine tabs 25 mg</i>	55
<i>amoxapine tabs 50 mg</i>	55
<i>amoxicillin caps 250 mg</i>	11
<i>amoxicillin caps 500 mg</i>	11
<i>amoxicillin chew 125 mg</i>	11
<i>amoxicillin chew 250 mg</i>	11
<i>amoxicillin susr 125 mg/5ml</i>	11
<i>amoxicillin susr 200 mg/5ml</i>	11
<i>amoxicillin susr 250 mg/5ml</i>	11
<i>amoxicillin susr 400 mg/5ml</i>	11
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	11
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	11
<i>amoxicillin-pot clavulanate susr 200-28.5</i>	11

mg/5ml	11		
amoxicillin-pot clavulanate susr 400-57			78
mg/5ml	11	ANDRODERM PT24 4 MG/24HR [testosterone]	78
amoxicillin-pot clavulanate susr 600-42.9			
mg/5ml	11	ANGIOMAX SOLR 250 MG [bivalirudin	
amoxicillin-pot clavulanate tabs 500-125 mg	11	trifluoroacetate]	35
amoxicillin-pot clavulanate tabs 875-125 mg	11	ANTACID PLUS ANTI-GAS RELIEF SUSP 200-	
amphetamine-dextroamphet er cp24 10 mg	47	200-20 MG/5ML [alum & mag hydrox-	
amphetamine-dextroamphet er cp24 15 mg	47	simethicone]	74
amphetamine-dextroamphet er cp24 20 mg	47	ANTACID PLUS ANTI-GAS RELIEF SUSP 400-	
amphetamine-dextroamphet er cp24 25 mg	47	400-40 MG/5ML [alum & mag hydrox-	
amphetamine-dextroamphet er cp24 30 mg	47	simethicone]	74
amphetamine-dextroamphet er cp24 5 mg	47	ANUCORT-HC SUPP 25 MG [hydrocortisone	
amphetamine-dextroamphetamine tabs 10 mg	47	acetate (rectal)]	96
amphetamine-dextroamphetamine tabs 12.5		APOKYN SOCT 30 MG/3ML [apomorphine	
mg	47	hydrochloride]	51
amphetamine-dextroamphetamine tabs 15 mg	47	apraclonidine hcl soln 0.5 %	73
amphetamine-dextroamphetamine tabs 20 mg	47	APTENSIO XR CP24 10 MG [methylphenidate	
amphetamine-dextroamphetamine tabs 30 mg	47	hcl]	47
amphetamine-dextroamphetamine tabs 5 mg	47	APTENSIO XR CP24 15 MG [methylphenidate	
amphetamine-dextroamphetamine tabs 7.5		hcl]	47
mg	47	APTENSIO XR CP24 20 MG [methylphenidate	
amphotericin b solr 50 mg	15	hcl]	47
ampicillin cap 250mg	11	APTENSIO XR CP24 30 MG [methylphenidate	
ampicillin caps 500 mg	11	hcl]	47
ampicillin sodium solr 1 gm	11	APTENSIO XR CP24 40 MG [methylphenidate	
ampicillin sodium solr 125 mg	11	hcl]	47
ampicillin sodium solr 2 gm	11	APTENSIO XR CP24 50 MG [methylphenidate	
ampicillin sodium solr 250 mg	11	hcl]	47
ampicillin sodium solr 500 mg	11	APTENSIO XR CP24 60 MG [methylphenidate	
ampicillin sus 125/5ml	11	hcl]	47
ampicillin sus 250/5ml	11	APTIVUS CAPS 250 MG [tipranavir]	17
ampicillin-sulbactam sodium solr 1.5 (1-0.5)		AQUASOL A SOLN 15 MG/ML [vitamin a] ...	100
gm	11	ARALAST NP SOLR 1000 MG [alpha1-	
ampicillin-sulbactam sodium solr 3 (2-1) gm	11	proteinase inhibitor (human)]	71
amp-sulbacta inj 1.5gm	11	ARALAST NP SOLR 500 MG [alpha1-	
anagrelide hcl caps 0.5 mg	35	proteinase inhibitor (human)]	91
anagrelide hcl caps 1 mg	35	aripiprazole tabs 10 mg	55
anastrozole tabs 1 mg	22	aripiprazole tabs 15 mg	55
ANAVIP SOLR [crotalidae immune f(ab')2		aripiprazole tabs 2 mg	55
(equine)]	91	aripiprazole tabs 20 mg	55
ANDRODERM PT24 2 MG/24HR [testosterone]		aripiprazole tabs 30 mg	55
		aripiprazole tabs 5 mg	55
		ARISTADA PRSY 1064 MG/3.9ML [aripiprazole	
		lauroxil]	55
		ARISTADA PRSY 441 MG/1.6ML [aripiprazole	
		lauroxil]	55
		ARISTADA PRSY 662 MG/2.4ML [aripiprazole	
		lauroxil]	55
		ARISTADA PRSY 882 MG/3.2ML [aripiprazole	
		lauroxil]	55

ASCORBIC ACID SOLN 500 MG/ML [<i>ascorbic acid</i>]	101
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	76
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	76
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	77
ASPARLAS SOLN 3750 UNIT/5ML [<i>calaspargase pegol-mknl</i>]	22
aspirin-dipyridamole er cp12 25-200 mg	35
ASSESS FULL RANGE PEAK METER DEVI [<i>peak flow meter</i>]	60
atazanavir sulfate caps 150 mg	17
atazanavir sulfate caps 200 mg	17
atazanavir sulfate caps 300 mg	17
atenolol tabs 100 mg	38
atenolol tabs 25 mg	38
atenolol tabs 50 mg	38
atenolol-chlorthalidone tabs 100-25 mg	38
atenolol-chlorthalidone tabs 50-25 mg	38
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	85
atomoxetine hcl caps 10 mg	54
atomoxetine hcl caps 100 mg	54
atomoxetine hcl caps 18 mg	54
atomoxetine hcl caps 25 mg	54
atomoxetine hcl caps 40 mg	54
atomoxetine hcl caps 60 mg	54
atomoxetine hcl caps 80 mg	54
atorvastatin calcium tabs 10 mg	37
atorvastatin calcium tabs 20 mg	38
atorvastatin calcium tabs 40 mg	38
atorvastatin calcium tabs 80 mg	38
atovaquone susp 750 mg/5ml	17
atovaquone-proguanil hcl tabs 250-100 mg	17
atovaquone-proguanil hcl tabs 62.5-25 mg	17
atracurium besylate soln 100 mg/10ml	30
atropine sulfate inj 1mg/ml	28
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	73
ATROPINE SULFATE SOLN 1 % [<i>atropine</i>	

<i>sulfate (ophthalmic)</i>]	73
ATROPINE SULFATE SOLN 8 MG/20ML [<i>atropine sulfate</i>]	28
ATROPINE SULFATE SOSY 0.5 MG/5ML [<i>atropine sulfate</i>]	28
ATROVENT HFA AERS 17 MCG/ACT [<i>ipratropium bromide hfa</i>]	28
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	11
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	22
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	11
AVITA CREA 0.025 % [<i>tretinoin</i>]	97
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	85
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	85
azathioprine tabs 50 mg	85
azelastine hcl soln 0.1 %	72
azithromycin solr 500 mg	11
azithromycin susr 100 mg/5ml	11
azithromycin susr 200 mg/5ml	11
azithromycin tabs 250 mg	11
azithromycin tabs 500 mg	11
azithromycin tabs 600 mg	11
aztreonam solr 1 gm	12
aztreonam solr 2 gm	12

B

bacitracin oint 500 unit/gm	71
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	95
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	95
bacitracin-polymyxin b oint 500-10000 unit/gm	71
BACLOFEN POWD [<i>baclofen</i>]	89
baclofen tabs 10 mg	30
baclofen tabs 20 mg	30
BACTERIOSTATIC WATER(BENZ ALC) SOLN [<i>water for inject, bacteriostatic benzyl alcohol</i>]	89
balsalazide disodium caps 750 mg	74
BAQSIMI TWO PACK POWD 3 MG/DOSE [<i>glucagon</i>]	80
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	17
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4	60
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4	60
BD ALLERGY SYRINGE MISC 28G X 1/2	60
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2	60

BD DISP NEEDLES MISC 18G X 1-1/2	60	BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)]	62
BD DISP NEEDLES MISC 19G X 1.....	60	BD SYRINGE LUER-LOK MISC 60 ML [syringe (disposable)]	62
BD DISP NEEDLES MISC 20G X 1.....	60	BD SYRINGE SLIP TIP MISC 25G X 5/8.....	62
BD DISP NEEDLES MISC 22G X 1-1/2	60	BD SYRINGE/NEEDLE MISC 22G X 1-1/2.....	62
BD HYPODERMIC NEEDLE MISC 18G X 1 ...	60	BD SYRINGE/NEEDLE MISC 23G X 1.....	62
BD HYPODERMIC NEEDLE MISC 21G X 1 ...	60	BD SYRINGE/NEEDLE MISC 25G X 5/8.....	62
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2	60	BD TB SYRINGE MISC 27G X 1/2	62
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2	60	BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	62
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8	61	BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64	62
BD INSULIN SYRINGE MISC 25G X 1	61	BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-30 MG [belladonna alkaloids & opium]	29
BD INSULIN SYRINGE MISC 27G X 1/2	61	BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG [belladonna alkaloids & opium]	29
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	61	benazepril hcl tabs 10 mg	42
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16	61	benazepril hcl tabs 20 mg	42
BD INSULIN SYRINGE U/F MISC 30G X 1/2..	61	benazepril hcl tabs 40 mg	42
BD INSULIN SYRINGE U/F MISC 31G X 5/16	61	benazepril hcl tabs 5 mg	42
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	61	BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	22
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2	61	BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	33
BD INTEGRA SYRINGE MISC 25G X 5/8.....	61	BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	33
BD LANCET ULTRAFINE 33G MISC [lancets]	61	BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	33
BD LUER-LOK SYRINGE MISC 18G X 1-1/2..	61	BENTYL SOLN 10 MG/ML [dicyclomine hcl]	29
BD LUER-LOK SYRINGE MISC 20G X 1.....	61	BENZOIN TINC [benzoin]	98
BD LUER-LOK SYRINGE MISC 20G X 1-1/2..	61	benzonatate caps 100 mg	90
BD LUER-LOK SYRINGE MISC 21G X 1-1/2..	61	benzoyl peroxide-erythromycin gel 5-3 %	95
BD LUER-LOK SYRINGE MISC 22G X 1.....	61	benztropine mesylate soln 1 mg/ml	51
BD LUER-LOK SYRINGE MISC 25G X 1.....	61	benztropine mesylate tabs 0.5 mg	51
BD LUER-LOK SYRINGE MISC 25G X 1-1/2..	61	benztropine mesylate tabs 1 mg	51
BD LUER-LOK SYRINGE MISC 25G X 5/8.....	62	benztropine mesylate tabs 2 mg	51
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	62	betamethasone dipropionate aug crea 0.05 %	96
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	62	betamethasone dipropionate aug gel 0.05 %	96
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	62	betamethasone dipropionate aug oint 0.05 %	96
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	62	betamethasone sod phos & acet susp 6 (3-3) mg/ml	77
BD PLASTIPAK SYRINGE MISC 21G X 1	62	BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	96
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2	62	betamethasone valerate foam 0.12 %	96
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	62	BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	96
BD SYRINGE LUER-LOK MISC 10 ML [syringe (disposable)]	62		

BETASERON KIT 0.3 MG [<i>interferon beta-1b</i>]	85
<i>betaxolol hcl soln 0.5 %</i>	72
<i>bethanechol chloride tabs 10 mg</i>	30
<i>bethanechol chloride tabs 25 mg</i>	30
<i>bethanechol chloride tabs 5 mg</i>	30
<i>bethanechol chloride tabs 50 mg</i>	30
BEXSERO SUSY [<i>meningococcal vac group b (recombinant omv adjuvanted)</i>]	94
<i>bicalutamide tabs 50 mg</i>	22
BICILLIN L-A SUSP 2400000 UNIT/4ML [<i>penicillin g benzathine</i>]	12
BICILLIN L-A SUSY 1200000 UNIT/2ML [<i>penicillin g benzathine</i>]	12
BICILLIN L-A SUSY 600000 UNIT/ML [<i>penicillin g benzathine</i>]	12
BICNU SOLR 100 MG [<i>carmustine</i>]	22
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	17
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	17
<i>bimatoprost soln 0.03 %</i>	72
BIO GLO STRP 1 MG [<i>fluorescein sodium topical</i>]	65
BIOTIN-D POWD [<i>biotin (bulk)</i>]	89
<i>bisoprolol fumarate tabs 10 mg</i>	38
<i>bisoprolol fumarate tabs 5 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	38
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	38
<i>bleomycin sulfate solr 15 unit</i>	22
BORIC ACID POWD [<i>boric acid (bulk)</i>]	89
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxinA</i>]	85
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	85
BRILINTA TABS 90 MG [<i>ticagrelor</i>]	36
<i>brimonidine tartrate soln 0.2 %</i>	72
<i>bromocriptine mesylate caps 5 mg</i>	51
<i>bromocriptine mesylate tabs 2.5 mg</i>	51
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	22
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	73
<i>budesonide cpep 3 mg</i>	77
<i>budesonide susp 0.25 mg/2ml</i>	77

<i>budesonide susp 0.5 mg/2ml</i>	77
BUPHENYL TABS 500 MG [<i>sodium phenylbutyrate</i>]	66
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [<i>bupivacaine hcl</i>]	84
<i>bupivacaine hcl (pf) soln 0.25 %</i>	84
<i>bupivacaine hcl (pf) soln 0.5 %</i>	84
<i>bupivacaine hcl (pf) soln 0.75 %</i>	84
<i>bupivacaine hcl soln 0.25 %</i>	84
<i>bupivacaine hcl soln 0.5 %</i>	84
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	84
<i>buprenorphine hcl soln 0.3 mg/ml</i>	44
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	44
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	44
<i>bupropion hcl er (sr) tb12 100 mg</i>	55
<i>bupropion hcl er (sr) tb12 150 mg</i>	55
<i>bupropion hcl er (sr) tb12 200 mg</i>	55
<i>bupropion hcl er (xl) tb24 150 mg</i>	55
<i>bupropion hcl er (xl) tb24 300 mg</i>	55
<i>bupropion hcl tabs 100 mg</i>	55
<i>bupropion hcl tabs 75 mg</i>	55
<i>buspirone hcl tabs 10 mg</i>	53
<i>buspirone hcl tabs 15 mg</i>	53
<i>buspirone hcl tabs 30 mg</i>	53
<i>buspirone hcl tabs 5 mg</i>	53
<i>butorphanol tartrate soln 1 mg/ml</i>	44
<i>butorphanol tartrate soln 2 mg/ml</i>	44

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CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	18
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	18
<i>cabergoline tabs 0.5 mg</i>	51
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	22
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	22
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	22
<i>caffeine citrate soln 60 mg/3ml</i>	47
<i>calcipotriene crea 0.005 %</i>	98
<i>calcipotriene soln 0.005 %</i>	98
<i>calcitonin (salmon) soln 200 unit/act</i>	82
<i>calcitriol caps 0.25 mcg</i>	101
<i>calcitriol caps 0.5 mcg</i>	101
<i>calcium acetate (phos binder) caps 667 mg</i>	68
<i>calcium acetate tabs 667 mg</i>	68

calcium chloride soln 10 %	68	carmustine solr 100 mg	22
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	68	carvedilol tabs 12.5 mg	38
CALQUENCE CAPS 100 MG [acalabrutinib]	22	carvedilol tabs 25 mg	38
CALQUENCE TABS 100 MG [acalabrutinib maleate]	22	carvedilol tabs 3.125 mg	39
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	22	carvedilol tabs 6.25 mg	39
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	22	CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	75
CANDIN SOLN [candida albicans skin test antigen]	65	CATHFLO ACTIVASE SOLR 2 MG [alteplase]	36
capecitabine tabs 150 mg	22	CAVERJECT IMPULSE KIT 10 MCG [alprostadil (vasodilator)]	43
capecitabine tabs 500 mg	22	CAVERJECT IMPULSE KIT 20 MCG [alprostadil (vasodilator)]	43
CAPRELSA TABS 100 MG [vandetanib]	22	CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)]	43
CAPRELSA TABS 300 MG [vandetanib]	22	CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)]	43
CARAFATE SUSP 1 GM/10ML [sucralfate]	74	cefaclor caps 250 mg	12
carbamazepine chew 100 mg	49	cefaclor caps 500 mg	12
carbamazepine er cp12 100 mg	49	cefadroxil caps 500 mg	12
carbamazepine er cp12 200 mg	49	cefazolin sodium solr 1 gm	12
carbamazepine er cp12 300 mg	49	cefazolin sodium solr 500 mg	12
carbamazepine er tb12 100 mg	49	CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	12
carbamazepine er tb12 200 mg	49	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	12
carbamazepine er tb12 400 mg	49	cefdinir susr 125 mg/5ml	12
carbamazepine susp 100 mg/5ml	49	cefdinir susr 250 mg/5ml	12
carbamazepine tabs 200 mg	49	cefepime hcl solr 1 gm	12
carbidopa tabs 25 mg	51	cefepime hcl solr 2 gm	12
carbidopa-levodopa er tbc 25-100 mg	52	CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	12
carbidopa-levodopa er tbc 50-200 mg	52	CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	12
carbidopa-levodopa tabs 10-100 mg	52	cefixime caps 400 mg	12
carbidopa-levodopa tabs 25-100 mg	52	cefixime susr 100 mg/5ml	12
carbidopa-levodopa tabs 25-250 mg	52	cefotaxime sodium inj 10gm	12
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	52	cefotetan disodium solr 1 gm	12
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	52	CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	12
carbidopa-levodopa-entacapone tabs 25-100-200 mg	52	cefoxitin sodium inj 1gm	12
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	52	cefoxitin sodium solr 10 gm	12
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	52	cefoxitin sodium solr 2 gm	12
carbidopa-levodopa-entacapone tabs 50-200-200 mg	52	cefpodoxime proxetil tabs 100 mg	12
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	39	cefpodoxime proxetil tabs 200 mg	12
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	39	ceftazidime solr 6 gm	12
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	39	ceftriaxone sodium in dextrose soln 20 mg/ml	12
		ceftriaxone sodium in dextrose soln 40 mg/ml	12

.....	12	chlorpromazine hcl tabs 200 mg	55
ceftriaxone sodium solr 1 gm	12	chlorpromazine hcl tabs 25 mg	55
ceftriaxone sodium solr 10 gm	12	chlorpromazine hcl tabs 50 mg	56
ceftriaxone sodium solr 2 gm	12	chlorthalidone tabs 25 mg	67
ceftriaxone sodium solr 250 mg	12	chlorthalidone tabs 50 mg	67
ceftriaxone sodium solr 500 mg	12	cholestyramine light pack 4 gm	38
CEFTRIAZONE SODIUM-DEXTROSE SOLR 1- 3.74 GM-%(50ML) [ceftriaxone sodium and dextrose].....	13	cholestyramine light powd 4 gm/dose	38
CEFTRIAZONE SODIUM-DEXTROSE SOLR 2- 2.22 GM-%(50ML) [ceftriaxone sodium and dextrose].....	13	cholestyramine pack 4 gm	38
cefuroxime axetil tabs 250 mg	13	cholestyramine powd 4 gm/dose	38
cefuroxime axetil tabs 500 mg	13	CHROMIC CHLORIDE SOLN 40 MCG/10ML [chromic chloride].....	68
cefuroxime sodium solr 1.5 gm	13	cidofovir soln 75 mg/ml	18
cefuroxime sodium solr 750 mg	13	CIMDUO TABS 300-300 MG [lamivudine- tenofovir disoproxil fumarate].....	18
CELONTIN CAPS 300 MG [methsuximide].....	49	cimetidine hcl soln 300 mg/5ml	74
cephalexin caps 250 mg	13	cinacalcet hcl tabs 30 mg	85
cephalexin caps 500 mg	13	cinacalcet hcl tabs 60 mg	85
cephalexin susr 125 mg/5ml	13	cinacalcet hcl tabs 90 mg	85
cephalexin susr 250 mg/5ml	13	CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)].....	85
CEQUA SOLN 0.09 % [cyclosporine (ophth)]	72	CIPRO SUSR 250 MG/5ML (5%) [ciprofloxacin].....	13
CERDELGA CAPS 84 MG [eliglustat tartrate]	85	CIPRO SUSR 500 MG/5ML (10%) [ciprofloxacin].....	13
CERVIDIL INST 10 MG [dinoprostone].....	88	ciprofloxacin hcl soln 0.3 %	71
CHANTIX CONTINUING MONTH PAK TABS 1 MG [varenicline tartrate].....	29	ciprofloxacin hcl tabs 250 mg	13
CHANTIX STARTING MONTH PAK TBPK 0.5 MG X 11 & 1 MG X 42 [varenicline tartrate]	29	ciprofloxacin hcl tabs 500 mg	13
CHANTIX TABS 0.5 MG [varenicline tartrate]	29	ciprofloxacin hcl tabs 750 mg	13
CHANTIX TABS 1 MG [varenicline tartrate]..	29	ciprofloxacin in d5w soln 400 mg/200ml	13
CHEMET CAPS 100 MG [succimer].....	76	ciprofloxacin-dexamethasone susp 0.3-0.1 %	72
chloramphenicol sod succinate solr 1 gm ..	13	cisatracurium besylate (pf) soln 10 mg/5ml	30
chlordiazepoxide hcl caps 10 mg	53	cisatracurium besylate (pf) soln 200 mg/20ml	30
chlordiazepoxide hcl caps 25 mg	53	cisatracurium besylate soln 20 mg/10ml	30
chlordiazepoxide hcl caps 5 mg	53	cisplatin soln 100 mg/100ml	22
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [chlordiazepoxide hcl-clidinium bromide].....	29	citalopram hydrobromide soln 10 mg/5ml ...	56
chlorhexidine gluconate soln 0.12 %	71	citalopram hydrobromide tabs 10 mg	56
CHLOROFORM SOL [chloroform].....	89	citalopram hydrobromide tabs 20 mg	56
chloroprocaine hcl (pf) soln 2 %	84	citalopram hydrobromide tabs 40 mg	56
chloroquine phosphate tabs 250 mg	17	cladribine soln 10 mg/10ml	22
chloroquine phosphate tabs 500 mg	17	clarithromycin susr 125 mg/5ml	13
chlorpromazine hcl soln 25 mg/ml	55	clarithromycin susr 250 mg/5ml	13
chlorpromazine hcl tabs 10 mg	55	clarithromycin tabs 250 mg	13
chlorpromazine hcl tabs 100 mg	55	clarithromycin tabs 500 mg	13
		CLEVIPREX EMUL 25 MG/50ML [clevipidine]	39
		CLEVIPREX EMUL 50 MG/100ML [clevipidine]	40
		CLICKFINE PEN NEEDLES MISC 31G X 6 MM	

[insulin pen needle]	62
CLIMARA PTWK 0.025 MG/24HR [estradiol] ..	81
CLIMARA PTWK 0.0375 MG/24HR [estradiol]	81
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	81
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	81
CLIMARA PTWK 0.075 MG/24HR [estradiol] ..	81
CLIMARA PTWK 0.1 MG/24HR [estradiol]	81
clindamycin hcl caps 150 mg	13
clindamycin hcl caps 300 mg	13
clindamycin palmitate hcl solr 75 mg/5ml ...	13
clindamycin phosphate crea 2 %	95
clindamycin phosphate gel 1 %	95
clindamycin phosphate in d5w soln 900 mg/50ml	13
clindamycin phosphate lotn 1 %	95
clindamycin phosphate soln 1 %	95
clindamycin phosphate soln 9000 mg/60ml ..	13
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	66
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	66
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d5w]	66
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	66
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	66
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	66
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % [amino acid infusion in d5w]	67
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	67
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	67
clobetasol propionate crea 0.05 %	96
clobetasol propionate gel 0.05 %	96
clobetasol propionate lotn 0.05 %	96
clobetasol propionate oint 0.05 %	96
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	89
clobetasol propionate soln 0.05 %	96
CLOBEX LOTN 0.05 % [clobetasol propionate]	95
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	95
clomiphene citrate tabs 50 mg	81
clomipramine hcl caps 25 mg	56
clomipramine hcl caps 50 mg	56
clomipramine hcl caps 75 mg	56
clonazepam tabs 0.5 mg	49
clonazepam tabs 1 mg	49
clonazepam tabs 2 mg	49
CLONIDINE HCL POWD [clonidine hcl]	89
clonidine hcl tabs 0.1 mg	41
clonidine hcl tabs 0.2 mg	41
clonidine hcl tabs 0.3 mg	41
clonidine ptwk 0.1 mg/24hr	41
clonidine ptwk 0.2 mg/24hr	41
clonidine ptwk 0.3 mg/24hr	41
clopidogrel bisulfate tabs 75 mg	36
clorazepate dipotassium tabs 15 mg	53
clorazepate dipotassium tabs 3.75 mg	53
clorazepate dipotassium tabs 7.5 mg	53
CLOTRIMAZOLE CRYs [clotrimazole (topical)]	89
clotrimazole troc 10 mg	95
clozapine tabs 100 mg	56
clozapine tabs 200 mg	56
clozapine tabs 25 mg	56
clozapine tabs 50 mg	56
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	89
COARTEM TABS 20-120 MG [artemether-lumefantrine]	17
CODEINE SULFATE TABS 15 MG [codeine sulfate]	44
CODEINE SULFATE TABS 30 MG [codeine sulfate]	44
CODEINE SULFATE TABS 60 MG [codeine sulfate]	44
colchicine tabs 0.6 mg	85
colestipol hcl gran 5 gm	38
colestipol hcl pack 5 gm	38
colestipol hcl tabs 1 gm	38
COLLODION FLEXIBLE LIQD [collodion flexible]	89
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	72
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	31
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	22
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20	

MG & 80 MG [cabozantinib s-malate]	22
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	22
COMPLERA TABS 200-25-300 MG [emtricitabine-rilpivirine-tenofovir disoproxil fumarate]	18
CONDYLOX GEL 0.5 % [podofilox]	98
CONRAY SOLN 60 % [iothalamate meglumine]	65
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	62
COPIKTRA CAPS 15 MG [duvelisib]	22
COPIKTRA CAPS 25 MG [duvelisib]	22
CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	96
cortisone acetate tabs 25 mg	77
CORTISPORIN OINT 1 % [bacitracin-polymyxin-neomycin hc]	96
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	98
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	98
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	98
COSENTYX SOSY 150 MG/ML [secukinumab]	98
COSMEGEN SOLR 0.5 MG [dactinomycin] ..	22
COTELLIC TABS 20 MG [cobimetinib fumarate]	22
CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)] ..	75
CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)] ..	75
CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)] ..	75
CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)] ..	75
CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)] ..	75
CRIXIVAN CAPS 200 MG [indinavir sulfate] ..	18
CRIXIVAN CAPS 400 MG [indinavir sulfate] ..	18
CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	91
cromolyn sodium conc 100 mg/5ml	90
cromolyn sodium nebu 20 mg/2ml	90
cromolyn sodium soln 4 %	72
C-TOPICAL SOLN 4 % [cocaine hcl]	73
CUBICIN SOLR 500 MG [daptomycin]	13
CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	68

CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	91
CUROSURF SUSP 240 MG/3ML [poractant alfa]	91
cyanocobalamin soln 1000 mcg/ml	100
cyclobenzaprine hcl tabs 10 mg	30
cyclobenzaprine hcl tabs 5 mg	30
cyclopentolate hcl soln 1 %	73
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	22
CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	22
cyclophosphamide solr 1 gm	22
cyclophosphamide solr 2 gm	23
cyclophosphamide solr 500 mg	23
cycloserine caps 250 mg	16
cyclosporine emul 0.05 %	72
cyproheptadine hcl syrp 2 mg/5ml	21
cyproheptadine hcl tabs 4 mg	21
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	23
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	23
CYSTADANE POWD [betaine]	85
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	85
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	85
CYTOGAM INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	91
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	66
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	66

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dacarbazine solr 100 mg	23
dacarbazine solr 200 mg	23
dactinomycin inj 0.5mg	23
danazol caps 100 mg	78
danazol caps 200 mg	78
danazol caps 50 mg	78
dantrolene sodium caps 100 mg	30
dantrolene sodium caps 25 mg	30
dantrolene sodium caps 50 mg	31
dapsone tabs 100 mg	16
dapsone tabs 25 mg	16
DARAPRIM TABS 25 MG [pyrimethamine] ...	17
DARZALEX SOLN 100 MG/5ML [daratumumab]	23

DARZALEX SOLN 400 MG/20ML		
[daratumumab]	23	
daunorubicin hcl soln 20 mg/4ml	23	
DDAVP RHINAL TUBE SOLN 0.01 %		
[desmopressin acetate refrigerated]	82	
deferasirox tabs 360 mg	76	
deferasirox tabs 90 mg	76	
deferoxamine mesylate inj 2gm	76	
deferoxamine mesylate solr 500 mg	76	
DELESTROGEN OIL 10 MG/ML [estradiol		
valerate]	81	
DELESTROGEN OIL 20 MG/ML [estradiol		
valerate]	81	
DELESTROGEN OIL 40 MG/ML [estradiol		
valerate]	81	
DEPO-PROVERA SUSP 400 MG/ML		
[medroxyprogesterone acetate		
(antineoplastic)]	83	
DESCOVY TABS 120-15 MG [emtricitabine-		
tenofovir alafenamide fumarate]	18	
DESCOVY TABS 200-25 MG [emtricitabine-		
tenofovir alafenamide fumarate]	18	
desipramine hcl tabs 10 mg	56	
desipramine hcl tabs 100 mg	56	
desipramine hcl tabs 150 mg	56	
desipramine hcl tabs 25 mg	56	
desipramine hcl tabs 50 mg	56	
desipramine hcl tabs 75 mg	56	
desmopressin ace spray refrig soln 0.01 %	82	
desmopressin acetate soln 4 mcg/ml	82	
desmopressin acetate spray soln 0.01 %	82	
desmopressin acetate tabs 0.1 mg	83	
desmopressin acetate tabs 0.2 mg	83	
desonide oint 0.05 %	96	
desoximetasone crea 0.25 %	96	
dexamethasone elix 0.5 mg/5ml	77	
dexamethasone sodium phosphate soln 0.1		
%	72	
dexamethasone sodium phosphate soln 10		
mg/ml	77	
dexamethasone sodium phosphate soln 4		
mg/ml	77	
dexamethasone soln 0.5 mg/5ml	77	
dexamethasone tabs 0.5 mg	77	
dexamethasone tabs 0.75 mg	77	
dexamethasone tabs 1 mg	77	
dexamethasone tabs 1.5 mg	77	
dexamethasone tabs 2 mg	77	
dexamethasone tabs 4 mg	77	
dexamethasone tabs 6 mg	77	
dexmethylphenidate hcl er cp24 10 mg	47	
dexmethylphenidate hcl er cp24 15 mg	47	
dexmethylphenidate hcl er cp24 20 mg	47	
dexmethylphenidate hcl er cp24 25 mg	47	
dexmethylphenidate hcl er cp24 30 mg	48	
dexmethylphenidate hcl er cp24 35 mg	48	
dexmethylphenidate hcl er cp24 40 mg	48	
dexmethylphenidate hcl er cp24 5 mg	48	
dexmethylphenidate hcl tabs 10 mg	48	
dexmethylphenidate hcl tabs 2.5 mg	48	
dexmethylphenidate hcl tabs 5 mg	48	
dextroamphetamine sulfate er cp24 10 mg ..	48	
dextroamphetamine sulfate er cp24 15 mg ..	48	
dextroamphetamine sulfate er cp24 5 mg ...	48	
dextroamphetamine sulfate tabs 10 mg	48	
dextroamphetamine sulfate tabs 5 mg	48	
DEXTROSE 5%/ELECTROLYTE #48 SOLN		
[electrolyte-48 in dextrose]	68	
DEXTROSE IN LACTATED RINGERS SOLN 5		
% [dextrose in lactated ringers]	68	
DEXTROSE SOLN 10 % [dextrose]	67	
DEXTROSE SOLN 20 % [dextrose]	67	
DEXTROSE SOLN 40 % [dextrose]	67	
DEXTROSE SOLN 5 % [dextrose]	67	
DEXTROSE SOLN 50 % [dextrose]	67	
DEXTROSE SOLN 70 % [dextrose]	67	
DEXTROSE-NACL SOLN 10-0.45 % [dextrose		
w/ sodium chloride]	69	
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose		
w/ sodium chloride]	69	
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/		
sodium chloride]	69	
DEXTROSE-NACL SOLN 5-0.33 % [dextrose		
w/ sodium chloride]	69	
DEXTROSE-NACL SOLN 5-0.45 % [dextrose		
w/ sodium chloride]	69	
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/		
sodium chloride]	69	
DIASTAT ACUDIAL GEL 10 MG [diazepam		
(anticonvulsant)]	53	
DIASTAT ACUDIAL GEL 20 MG [diazepam		
(anticonvulsant)]	53	
DIASTAT PEDIATRIC GEL 2.5 MG [diazepam		
(anticonvulsant)]	53	
DIASTIX STRP [glucose urine test-(glucose		
oxidase)]	65	
diazepam soln 5 mg/5ml	53	
diazepam soln 5 mg/ml	53	
diazepam tabs 10 mg	53	
diazepam tabs 2 mg	53	

diazepam tabs 5 mg	53	disulfiram tabs 500 mg	85
diclofenac sodium gel 1 %	98	divalproex sodium csdr 125 mg	49
diclofenac sodium soln 0.1 %	72	divalproex sodium er tb24 250 mg	49
diclofenac sodium soln 1.5 %	98	divalproex sodium er tb24 500 mg	49
dicloxacillin sodium caps 250 mg	13	divalproex sodium tbec 125 mg	49
dicloxacillin sodium caps 500 mg	13	divalproex sodium tbec 250 mg	49
dicyclomine hcl caps 10 mg	29	divalproex sodium tbec 500 mg	49
dicyclomine hcl soln 10 mg/5ml	29	dobutamine hcl soln 250 mg/20ml	31
dicyclomine hcl tabs 20 mg	29	DOBUTAMINE IN D5W SOLN 1-5 MG/ML-%	
didanosine cap 125mg	18	[dobutamine in d5w]	31
didanosine cpdr 250 mg	18	DOBUTAMINE IN D5W SOLN 2 MG/ML	
didanosine cpdr 400 mg	18	[dobutamine in d5w]	31
DIFFERIN CREA 0.1 % [adapalene]	98	docetaxel conc 80 mg/4ml	23
DIFFERIN GEL 0.1 % [adapalene]	98	DOCUSATE SODIUM LIQD 50 MG/5ML	
DIFFERIN GEL 0.3 % [adapalene]	98	[docusate sodium]	75
DIGIFAB SOLR 40 MG [digoxin immune fab]	91	dofetilide caps 125 mcg	40
DIGOXIN SOLN 0.05 MG/ML [digoxin]	40	dofetilide caps 250 mcg	40
digoxin tabs 125 mcg	40	dofetilide caps 500 mcg	40
digoxin tabs 250 mcg	40	donepezil hcl tabs 10 mg	30
dihydroergotamine mesylate soln 1 mg/ml	31	donepezil hcl tabs 5 mg	30
diltiazem hcl er coated beads cp24 180 mg	40	donepezil hcl tbdp 10 mg	30
diltiazem hcl er cp12 120 mg	40	donepezil hcl tbdp 5 mg	30
diltiazem hcl er cp12 60 mg	40	DONNATAL ELIX 16.2 MG/5ML [phenobarbital-	
diltiazem hcl er cp12 90 mg	40	hyoscyamine-atropine-scopolamine]	29
diltiazem hcl er cp24 120 mg	40	DONNATAL TABS 16.2 MG [phenobarbital-	
diltiazem hcl er cp24 180 mg	40	hyoscyamine-atropine-scopolamine]	29
diltiazem hcl er cp24 240 mg	40	DOPAMINE IN D5W SOLN 0.8-5 MG/ML-%	
DILTIAZEM HCL POWD [diltiazem hcl (bulk)]		[dopamine in d5w]	32
.....	89	DOPAMINE IN D5W SOLN 1.6-5 MG/ML-%	
diltiazem hcl tabs 120 mg	40	[dopamine in d5w]	32
diltiazem hcl tabs 30 mg	40	DOPAMINE IN D5W SOLN 3.2-5 MG/ML-%	
diltiazem hcl tabs 60 mg	40	[dopamine in d5w]	32
diltiazem hcl tabs 90 mg	40	dorzolamide hcl soln 2 %	72
DIPHENHYDRAMINE HCL CAPS 25 MG		dorzolamide hcl-timolol mal soln 22.3-6.8	
[diphenhydramine hcl]	21	mg/ml	72
DIPHENHYDRAMINE HCL CAPS 50 MG		DOVATO TABS 50-300 MG [dolutegravir	
[diphenhydramine hcl]	21	sodium-lamivudine]	18
diphenhydramine hcl soln 50 mg/ml	21	doxazosin mesylate tabs 1 mg	37
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml		doxazosin mesylate tabs 2 mg	37
.....	74	doxazosin mesylate tabs 4 mg	37
diphenoxylate-atropine tabs 2.5-0.025 mg	74	doxazosin mesylate tabs 8 mg	37
DIPHThERIA-TETANUS TOXOIDS DT SUSP		doxepin hcl caps 10 mg	56
25-5 LFU/0.5ML [diphtheria-tetanus toxoids		doxepin hcl caps 100 mg	56
(dt)]	93	doxepin hcl caps 150 mg	56
dipyridamole tabs 25 mg	43	doxepin hcl caps 25 mg	56
dipyridamole tabs 50 mg	43	doxepin hcl caps 50 mg	56
dipyridamole tabs 75 mg	43	doxepin hcl caps 75 mg	56
disopyramide phosphate caps 100 mg	40	doxepin hcl conc 10 mg/ml	56
disopyramide phosphate caps 150 mg	40	doxorubicin hcl liposomal inj 2 mg/ml	23
disulfiram tabs 250 mg	85	doxorubicin hcl soln 2 mg/ml	23

doxycycline hyclate tabs 20 mg	13
doxycycline monohydrate susr 25 mg/5ml ..	13
doxycycline monohydrate tabs 100 mg	13
doxycycline monohydrate tabs 50 mg	13
DRITHO-CREME HP CREA 1 % [anthralin] ..	98
droperidol soln 2.5 mg/ml	53
drospirenone-ethinyl estradiol tabs 3-0.02 mg	80
drospirenone-ethinyl estradiol tabs 3-0.03 mg	80
DRYSOL SOLN 20 % [aluminum chloride] ...	97
duloxetine hcl cpep 20 mg	56
duloxetine hcl cpep 30 mg	56
duloxetine hcl cpep 60 mg	56
DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]	52
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	44
D-XYLOSE POWD [d-xylose]	65
DYRENIUM CAPS 100 MG [triamterene]	67
DYRENIUM CAPS 50 MG [triamterene]	67

E

EASY TOUCH SAFETY SYRINGE MISC 20G X 1	62
EDECIN TABS 25 MG [ethacrynic acid]	67
EDEX KIT 40 MCG [alprostadil (vasodilator)]	43
EDURANT TABS 25 MG [rilpivirine hcl]	18
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	81
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	81
efavirenz caps 200 mg	18
efavirenz caps 50 mg	18
efavirenz tabs 600 mg	18
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	18
EFFIENT TABS 10 MG [prasugrel hcl]	36
EFFIENT TABS 5 MG [prasugrel hcl]	36
ELAPRASE SOLN 6 MG/3ML [idursulfase] ...	71
eletriptan hydrobromide tabs 20 mg	51
eletriptan hydrobromide tabs 40 mg	51
ELIGARD KIT 22.5 MG [leuprolide acetate (3 month)]	82
ELIGARD KIT 30 MG [leuprolide acetate (4 month)]	82
ELIGARD KIT 45 MG [leuprolide acetate (6 month)]	82
ELIGARD KIT 7.5 MG [leuprolide acetate]	82

ELLA TABS 30 MG [ulipristal acetate]	80
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	85
ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 2000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 3000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 4000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 5000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 6000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34
EMCYT CAPS 140 MG [estramustine phosphate sodium]	23
emtricitabine caps 200 mg	18
emtricitabine-tenofovir df tabs 100-150 mg ..	18
emtricitabine-tenofovir df tabs 133-200 mg ..	18
emtricitabine-tenofovir df tabs 167-250 mg ..	18
emtricitabine-tenofovir df tabs 200-300 mg ..	18
EMTRIVA SOLN 10 MG/ML [emtricitabine] ...	18
ENBREL SOLR 25 MG [etanercept]	85
ENBREL SOSY 25 MG/0.5ML [etanercept]	85
ENBREL SOSY 50 MG/ML [etanercept]	85
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	85
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	83
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)]	94

ENGERIX-B SUSY 10 MCG/0.5ML [hepatitis b vaccine (recomb)]	94	erwinia chrysanthemi]	23
ENGERIX-B SUSY 20 MCG/ML [hepatitis b vaccine (recomb)]	94	erythromycin oint 5 mg/gm	71
ENHERTU SOLR 100 MG [fam-trastuzumab deruxtecan-nxki]	23	erythromycin soln 2 %	95
ENTACAPONE TABS 200 MG [entacapone]	52	escitalopram oxalate soln 5 mg/5ml	56
entecavir tabs 0.5 mg	18	escitalopram oxalate tabs 10 mg	56
entecavir tabs 1 mg	18	escitalopram oxalate tabs 20 mg	56
ENTRESTO TABS 24-26 MG [sacubitril-valsartan]	42	escitalopram oxalate tabs 5 mg	56
ENTRESTO TABS 49-51 MG [sacubitril-valsartan]	42	ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	39
ENTRESTO TABS 97-103 MG [sacubitril-valsartan]	42	estradiol pttw 0.025 mg/24hr	81
EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	65	estradiol pttw 0.0375 mg/24hr	81
EPCLUSA PACK 150-37.5 MG [sofosbuvir-velpatasvir]	18	estradiol pttw 0.05 mg/24hr	81
EPCLUSA PACK 200-50 MG [sofosbuvir-velpatasvir]	18	estradiol pttw 0.075 mg/24hr	81
EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir]	18	estradiol pttw 0.1 mg/24hr	82
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	18	estradiol ptwk 0.05 mg/24hr	82
EPHEDRINE SULFATE SOLN 50 MG/ML [ephedrine sulfate (pressors)]	32	estradiol ptwk 0.075 mg/24hr	82
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	98	estradiol tabs 0.5 mg	82
epinephrine hcl inj 1mg/ml	32	estradiol tabs 1 mg	82
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	32	estradiol tabs 10 mcg	82
epinephrine soaj 0.15 mg/0.15ml	32	estradiol tabs 2 mg	82
epinephrine soaj 0.3 mg/0.3ml	32	estradiol valerate inj 10mg/ml	82
EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	32	estradiol valerate oil 20 mg/ml	82
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [epinephrine (anaphylaxis)]	32	estradiol valerate oil 40 mg/ml	82
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	18	ESTRING RING 2 MG [estradiol vaginal]	82
EPIVIR HBV TABS 100 MG [lamivudine (hbv)]	18	ethacrynic acid tabs 25 mg	67
ERBITUX SOLN 100 MG/50ML [cetuximab]	23	ethambutol hcl tabs 100 mg	16
ERBITUX SOLN 200 MG/100ML [cetuximab]	23	ethambutol hcl tabs 400 mg	16
ergotamine-caffeine tabs 1-100 mg	51	ETHAMOLIN SOLN 5 % [ethanolamine oleate]	42
ERIVEDGE CAPS 150 MG [vismodegib]	23	ethosuximide caps 250 mg	49
erlotinib hcl tabs 100 mg	23	ethosuximide soln 250 mg/5ml	49
erlotinib hcl tabs 150 mg	23	etidronate disodium tabs 200 mg	85
erlotinib hcl tabs 25 mg	23	etodolac caps 200 mg	44
ERWINAZE SOLR 10000 UNIT [asparaginase		etodolac caps 300 mg	44
		etodolac tabs 400 mg	44
		etodolac tabs 500 mg	44
		etoposide caps 50 mg	23
		etravirine tabs 100 mg	18
		etravirine tabs 200 mg	18
		everolimus tabs 10 mg	23
		everolimus tabs 2.5 mg	23
		everolimus tabs 5 mg	23
		everolimus tabs 7.5 mg	23
		EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	18
		exemestane tabs 25 mg	23
		EXJADE TBSO 125 MG [deferasirox]	76
		EXJADE TBSO 250 MG [deferasirox]	76
		EXJADE TBSO 500 MG [deferasirox]	76
		EXTAVIA KIT 0.3 MG [interferon beta-1b]	85

EYLEA SOLN 2 MG/0.05ML <i>[aflibercept]</i>	73
EYLEA SOSY 2 MG/0.05ML <i>[aflibercept]</i>	73
ezetimibe tabs 10 mg	38

F

FABRAZYME SOLR 35 MG <i>[agalsidase beta]</i>	71
FABRAZYME SOLR 5 MG <i>[agalsidase beta]</i>	71
famotidine (pf) soln 20 mg/2ml	75
famotidine inj 10mg/ml	75
famotidine premixed soln 20-0.9 mg/50ml-%	75
famotidine soln 40 mg/4ml	75
famotidine susr 40 mg/5ml	75
famotidine tabs 20 mg	75
famotidine tabs 40 mg	75
fenofibrate tabs 160 mg	38
fenofibrate tabs 54 mg	38
fentanyl citrate (pf) soct 100 mcg/2ml	44
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	44
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML <i>[fentanyl citrate]</i>	44
fentanyl pt72 100 mcg/hr	44
fentanyl pt72 12 mcg/hr	44
fentanyl pt72 25 mcg/hr	44
fentanyl pt72 50 mcg/hr	44
fentanyl pt72 75 mcg/hr	45
finasteride tabs 5 mg	85
FIRAZYR SOLN 30 MG/3ML <i>[icatibant acetate]</i>	85
FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	13
FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	13
FLEBOGAMMA DIF SOLN 0.5 GM/10ML <i>[immune globulin (human) iv]</i>	91
FLEBOGAMMA DIF SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	91
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	91
FLEBOGAMMA DIF SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	91
flecainide acetate tabs 100 mg	40
flecainide acetate tabs 150 mg	40
flecainide acetate tabs 50 mg	41
FLOVENT HFA AERO 44 MCG/ACT <i>[fluticasone propionate hfa]</i>	77
FLUAD SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen adjuvant]</i>	94

fluconazole in dextrose inj dex 200	15
fluconazole in nacl inj nacl 200	15
fluconazole in nacl inj nacl 400	16
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	16
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	16
fluconazole susr 10 mg/ml	16
fluconazole susr 40 mg/ml	16
fluconazole tabs 100 mg	16
fluconazole tabs 150 mg	16
fluconazole tabs 200 mg	16
fluconazole tabs 50 mg	16
flucytosine caps 250 mg	16
flucytosine caps 500 mg	16
fludarabine phosphate solr 50 mg	23
fludrocortisone acetate tabs 0.1 mg	77
flunisolide soln 25 mcg/act (0.025%)	72
fluocinolone acetonide body oil 0.01 %	96
fluocinolone acetonide scalp oil 0.01 %	96
fluocinolone acetonide soln 0.01 %	96
fluocinonide gel 0.05 %	98
fluocinonide oint 0.05 %	96
fluocinonide soln 0.05 %	96
FLUORITAB CHEW 2.2 (1 F) MG <i>[sodium fluoride]</i>	85
fluorometholone susp 0.1 %	72
FLUOROPLEX CREA 1 % <i>[fluorouracil (topical)]</i>	98
fluorouracil crea 5 %	98
fluorouracil soln 2 %	98
fluorouracil soln 5 %	98
fluorouracil soln 500 mg/10ml	23
fluoxetine hcl caps 10 mg	56
fluoxetine hcl caps 20 mg	56
fluoxetine hcl caps 40 mg	56
fluoxetine hcl soln 20 mg/5ml	56
fluphenazine decanoate soln 25 mg/ml	56
fluphenazine hcl conc 5 mg/ml	56
fluphenazine hcl tabs 1 mg	56
fluphenazine hcl tabs 10 mg	56
fluphenazine hcl tabs 2.5 mg	56
fluphenazine hcl tabs 5 mg	56
flurbiprofen sodium soln 0.03 %	72
flutamide caps 125 mg	23
fluticasone propionate crea 0.05 %	96
fluticasone propionate oint 0.005 %	96
fluticasone propionate susp 50 mcg/act	72
fluvoxamine maleate tabs 100 mg	57
fluvoxamine maleate tabs 25 mg	57

fluvoxamine maleate tabs 50 mg	57
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML [influenza virus vac split high-dose quad preservative free]	94
FLUZONE QUADRIVALENT SUSP 0.5 ML [influenza virus vaccine split quadrivalent]	94
FML OINT 0.1 % [fluorometholone (ophth)] .	72
folic acid soln 5 mg/ml	100
FORTAZ SOLR 500 MG [ceftazidime]	13
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	82
fosamprenavir calcium tabs 700 mg	18
fosaprepitant dimeglumine solr 150 mg	74
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	19
fulvestrant sosy 250 mg/5ml	23
furosemide soln 10 mg/ml	67
furosemide soln 8 mg/ml	67
FUROSEMIDE TABS 20 MG [furosemide]	67
FUROSEMIDE TABS 40 MG [furosemide]	67
furosemide tabs 80 mg	67

G

gabapentin caps 100 mg	49
gabapentin caps 300 mg	49
gabapentin caps 400 mg	49
GABAPENTIN POWD [gabapentin (bulk)] ...	89
gabapentin tabs 600 mg	49
gabapentin tabs 800 mg	49
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 50 MCG/ML [baclofen]	31
GADAVIST SOLN 1 MMOL/ML [gadobutrol] .	65
GADAVIST SOSY 10 MMOL/10ML [gadobutrol]	65
GADAVIST SOSY 15 MMOL/15ML [gadobutrol]	65
GADAVIST SOSY 7.5 MMOL/7.5ML [gadobutrol]	65

galantamine hydrobromide er cp24 16 mg ..	30
galantamine hydrobromide er cp24 24 mg ..	30
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	30
galantamine hydrobromide tabs 12 mg	30
galantamine hydrobromide tabs 4 mg	30
galantamine hydrobromide tabs 8 mg	30
GAMASTAN INJ [immune globulin (human) im]	91
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	91
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	92
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	92
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	92
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	92
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	92
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	92
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	92
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	92
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	92
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	92
ganciclovir sodium solr 500 mg	19
GARDASIL 9 SUSP [human papillomavirus (hvp) 9-valent recombinant vaccine]	94
GARDASIL 9 SUSY [human papillomavirus (hvp) 9-valent recombinant vaccine]	94
GARDASIL INJ [human papillomavirus (hvp) quadrivalent recombinant vaccine] .	94
gatifloxacin soln 0.5 %	71
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	23
GELFILM FILM [gelatin adsorbable (ophth)] ...	34
GELFOAM SPONGE MISC 12-7 MM [gelatin absorbable]	34
GELFOAM SPONGE SIZE 50 MISC [gelatin absorbable]	34
GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	74
gemcitabine hcl solr 200 mg	23
gemfibrozil tabs 600 mg	38

gentamicin in saline soln 0.8-0.9 mg/ml-% ..	13
gentamicin in saline soln 1.2-0.9 mg/ml-% ..	13
gentamicin in saline soln 1.6-0.9 mg/ml-% ..	14
gentamicin in saline soln 1-0.9 mg/ml-%	13
gentamicin in saline soln 2-0.9 mg/ml-%	14
gentamicin sulfate crea 0.1 %	95
gentamicin sulfate oint 0.1 %	95
gentamicin sulfate soln 0.3 %	71
gentamicin sulfate soln 40 mg/ml	14
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine- tenofovir alafenamide]	19
GLEOSTINE CAPS 10 MG [lomustine]	23
GLEOSTINE CAPS 100 MG [lomustine]	23
GLEOSTINE CAPS 40 MG [lomustine]	23
glimepiride tabs 1 mg	79
glimepiride tabs 2 mg	79
glimepiride tabs 4 mg	79
glipizide tabs 10 mg	79
glipizide tabs 5 mg	79
glipizide tb24 10 mg	79
glipizide tb24 2.5 mg	79
glipizide tb24 5 mg	79
glipizide-metformin hcl tabs 2.5-250 mg	79
glipizide-metformin hcl tabs 2.5-500 mg	79
glipizide-metformin hcl tabs 5-500 mg	79
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	80
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	80
glucagon emergency kit 1 mg	80
glyburide tabs 1.25 mg	79
glyburide tabs 2.5 mg	79
glyburide tabs 5 mg	79
GLYCERIN LIQD [glycerin (bulk)]	89
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	89
glycopyrrolate soln 0.4 mg/2ml	29
glycopyrrolate soln 1 mg/5ml	29
glycopyrrolate tabs 1 mg	29
glycopyrrolate tabs 2 mg	29
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	75
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML [follitropin alfa]	82
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML [follitropin alfa]	82
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML [follitropin alfa]	82
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	82
GONAL-F SOLR 1050 UNIT [follitropin alfa]	82
GONAL-F SOLR 450 UNIT [follitropin alfa]	82
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	85
griseofulvin microsize susp 125 mg/5ml	16
griseofulvin microsize tabs 500 mg	16
griseofulvin ultramicrosize tabs 125 mg	16
griseofulvin ultramicrosize tabs 250 mg	16
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [guaifenesin-codeine]	90
guanfacine hcl er tb24 1 mg	54
guanfacine hcl er tb24 2 mg	54
guanfacine hcl er tb24 3 mg	54
guanfacine hcl er tb24 4 mg	54
guanfacine hcl tabs 1 mg	41
guanfacine hcl tabs 2 mg	41
GUANIDINE HCL TABS 125 MG [guanidine hcl]	30
H	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	85
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	86
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	23
haloperidol decanoate soln 100 mg/ml	57
haloperidol decanoate soln 50 mg/ml	57
haloperidol lactate conc 2 mg/ml	57
haloperidol lactate soln 5 mg/ml	57
haloperidol tabs 0.5 mg	57
haloperidol tabs 1 mg	57
haloperidol tabs 10 mg	57
haloperidol tabs 2 mg	57
haloperidol tabs 20 mg	57
haloperidol tabs 5 mg	57
HARVONI TABS 45-200 MG [ledipasvir- sofosbuvir]	19
HARVONI TABS 90-400 MG [ledipasvir- sofosbuvir]	19
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	94
HAVRIX SUSP 720 EL U/0.5ML [hepatitis a vaccine]	94
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	89
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab- kxwh]	34
HEMLIBRA SOLN 150 MG/ML [emicizumab-	

kxwh]	34	(human) subcutaneous]	92
HEMLIBRA SOLN 30 MG/ML [emicizumab-		HIZENTRA SOSY 2 GM/10ML [immune	
kxwh]	34	globulin (human) subcutaneous]	92
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab-		HIZENTRA SOSY 4 GM/20ML [immune	
kxwh]	34	globulin (human) subcutaneous]	92
HEMOFIL M INJ 220-400 [antihemophilic		HOMATROPAIRE SOLN 5 % [homatropine	
factor (human)]	34	hbr]	74
HEMOFIL M SOLR 1000 UNIT [antihemophilic		HUMALOG SOLN 100 UNIT/ML [insulin lispro]	
factor (human)]	34		79
HEMOFIL M SOLR 1700 UNIT [antihemophilic		HUMATE-P SOLR 1000-2400 UNIT	
factor (human)]	34	[antihemophilic factor/von willebrand	
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9		factor complex (human)]	34
UT/500ML-% [heparin (porcine) in sodium		HUMATE-P SOLR 250-600 UNIT	
chloride]	36	[antihemophilic factor/von willebrand	
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9		factor complex (human)]	34
UNIT/L-% [heparin (porcine) in sodium		HUMATE-P SOLR 500-1200 UNIT	
chloride]	36	[antihemophilic factor/von willebrand	
HEPARIN SOD (PORCINE) IN D5W SOLN		factor complex (human)]	34
25000-5 UT/500ML-% [heparin sod (porcine)		HUMIRA PEDIATRIC CROHNS START PSKT	
in d5w]	36	80 MG/0.8ML & 40MG/0.4ML [adalimumab]	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5			86
UNIT/ML-% [heparin sod (porcine) in d5w]		HUMIRA PEDIATRIC CROHNS START PSKT	
.....	36	80 MG/0.8ML [adalimumab]	86
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10		HUMIRA PEN PNKT 40 MG/0.4ML	
UNIT/ML [heparin sodium (porcine) lock		[adalimumab]	86
flush]	36	HUMIRA PEN PNKT 40 MG/0.8ML	
HEPARIN SOD (PORK) LOCK FLUSH SOLN		[adalimumab]	86
100 UNIT/ML [heparin sodium (porcine)		HUMIRA PEN-CD/UC/HS STARTER PNKT 80	
lock flush]	36	MG/0.8ML [adalimumab]	86
HEPARIN SODIUM (PORCINE) SOLN 1000		HUMIRA PEN-PSOR/UVEIT STARTER PNKT	
UNIT/ML [heparin sodium (porcine)]	36	80 MG/0.8ML & 40MG/0.4ML [adalimumab]	
HEPARIN SODIUM (PORCINE) SOLN 10000			86
UNIT/ML [heparin sodium (porcine)]	36	HUMIRA PSKT 10 MG/0.1ML [adalimumab] ..	86
HEPARIN SODIUM (PORCINE) SOLN 20000		HUMIRA PSKT 10 MG/0.2ML [adalimumab] ..	86
UNIT/ML [heparin sodium (porcine)]	36	HUMIRA PSKT 20 MG/0.2ML [adalimumab] ..	86
HEPARIN SODIUM (PORCINE) SOLN 5000		HUMIRA PSKT 20 MG/0.4ML [adalimumab] ..	86
UNIT/ML [heparin sodium (porcine)]	36	HUMIRA PSKT 40 MG/0.4ML [adalimumab] ..	86
HERCEPTIN SOLR 150 MG [trastuzumab] ...	23	HUMIRA PSKT 40 MG/0.8ML [adalimumab] ..	86
hetastarch-nacl soln 6-0.9 %	69	HUMULIN 70/30 KWIKPEN SUPN (70-30) 100	
HEXTEND SOLN 6 % [hetastarch in lactated		UNIT/ML [insulin nph isophane & reg	
electrolyte]	69	(human)]	79
HIZENTRA SOLN 1 GM/5ML [immune globulin		HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	
(human) subcutaneous]	92	[insulin nph isophane & reg (human)]	79
HIZENTRA SOLN 10 GM/50ML [immune		HUMULIN N KWIKPEN SUPN 100 UNIT/ML	
globulin (human) subcutaneous]	92	[insulin nph (human) (isophane)]	79
HIZENTRA SOLN 2 GM/10ML [immune		HUMULIN N SUSP 100 UNIT/ML [insulin nph	
globulin (human) subcutaneous]	92	(human) (isophane)]	79
HIZENTRA SOLN 4 GM/20ML [immune		HUMULIN R SOLN 100 UNIT/ML [insulin	
globulin (human) subcutaneous]	92	regular (human)]	79
HIZENTRA SOSY 1 GM/5ML [immune globulin		HUMULIN R U-500 (CONCENTRATED) SOLN	

500 UNIT/ML [<i>insulin regular (human)</i>]	79
HUMULIN R U-500 KWIKPEN SOPN 500	
UNIT/ML [<i>insulin regular (human)</i>]	79
HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	23
HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	23
<i>hydralazine hcl soln 20 mg/ml</i>	41
<i>hydralazine hcl tabs 10 mg</i>	41
<i>hydralazine hcl tabs 100 mg</i>	41
<i>hydralazine hcl tabs 25 mg</i>	41
<i>hydralazine hcl tabs 50 mg</i>	41
<i>hydrochlorothiazide tabs 12.5 mg</i>	67
<i>hydrochlorothiazide tabs 25 mg</i>	67
<i>hydrochlorothiazide tabs 50 mg</i>	67
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	90
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	90
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	45
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	45
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	45
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	45
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	97
HYDROCORTISONE ACE-PRAMOXINE CREA	
2.5-1 % [<i>pramoxine-hc</i>]	96
<i>hydrocortisone crea 2.5 %</i>	96
<i>hydrocortisone enem 100 mg/60ml</i>	96
<i>hydrocortisone lotn 2.5 %</i>	96
<i>hydrocortisone oint 2.5 %</i>	96
HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>]	89
<i>hydrocortisone tabs 10 mg</i>	77
<i>hydrocortisone tabs 20 mg</i>	77
<i>hydrocortisone tabs 5 mg</i>	77
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	95
HYDROCORT-PRAMOXINE (PERIANAL) CREA	
2.5-1 % [<i>hydrocortisone acetate w/ pramoxine</i>]	97
<i>hydromorphone hcl liqd 1 mg/ml</i>	45
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	45
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	45
HYDROMORPHONE HCL SOLN 1 MG/ML	
[<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SOLN 2 MG/ML	
[<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SOLN 4 MG/ML	

[<i>hydromorphone hcl</i>]	45
HYDROMORPHONE HCL SUPP 3 MG	
[<i>hydromorphone hcl</i>]	45
<i>hydromorphone hcl tabs 2 mg</i>	45
<i>hydromorphone hcl tabs 4 mg</i>	45
<i>hydromorphone hcl tabs 8 mg</i>	45
HYDROPHILIC OINT [<i>hydrophilic ointment</i>]	89
<i>hydroxychloroquine sulfate tabs 200 mg</i>	17
HYDROXYPROGESTERONE CAPROATE	
POWD [<i>hydroxyprogesterone caproate (bulk)</i>]	89
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	83
<i>hydroxyurea caps 500 mg</i>	24
<i>hydroxyzine hcl soln 50 mg/ml</i>	53
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	53
<i>hydroxyzine hcl tabs 10 mg</i>	53
<i>hydroxyzine hcl tabs 25 mg</i>	53
<i>hydroxyzine hcl tabs 50 mg</i>	53
<i>hydroxyzine pamoate caps 100 mg</i>	53
<i>hydroxyzine pamoate caps 25 mg</i>	53
<i>hydroxyzine pamoate caps 50 mg</i>	53
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	71
HYOSCYAMINE SULFATE ER TB12 0.375 MG	
[<i>hyoscyamine sulfate</i>]	29
HYOSCYAMINE SULFATE SUBL 0.125 MG	
[<i>hyoscyamine sulfate</i>]	29
HYOSCYAMINE SULFATE TABS 0.125 MG	
[<i>hyoscyamine sulfate</i>]	29
HYOSCYAMINE SULFATE TBDP 0.125 MG	
[<i>hyoscyamine sulfate</i>]	29
HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	29
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	29
HYPERLYTE-CR CONC [<i>parenteral electrolytes</i>]	69
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	92
HYPODERMIC NEEDLE MISC 18G X 1-1/2	63
HYPODERMIC NEEDLE MISC 19G X 1	63
HYPODERMIC NEEDLE MISC 25G X 1-1/2	63

I

IBRANCE CAPS 100 MG [<i>palbociclib</i>]	24
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	24
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	24
IBRANCE TABS 100 MG [<i>palbociclib</i>]	24
IBRANCE TABS 125 MG [<i>palbociclib</i>]	24

IBRANCE TABS 75 MG [<i>palbociclib</i>]	24
<i>ibuprofen susp 100 mg/5ml</i>	45
<i>ibutilide fumarate soln 1 mg/10ml</i>	41
<i>icatibant acetate soln 30 mg/3ml</i>	86
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	24
IDELVION SOLR 1000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 2000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 250 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 500 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
<i>imatinib mesylate tabs 100 mg</i>	24
<i>imatinib mesylate tabs 400 mg</i>	24
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	24
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	24
<i>imipramine hcl tabs 10 mg</i>	57
<i>imipramine hcl tabs 25 mg</i>	57
<i>imipramine hcl tabs 50 mg</i>	57
<i>imiquimod crea 5 %</i>	99
IMOGAM RABIES-HT SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	92
<i>indapamide tabs 1.25 mg</i>	67
<i>indapamide tabs 2.5 mg</i>	68
<i>indomethacin caps 25 mg</i>	45
<i>indomethacin caps 50 mg</i>	45
<i>indomethacin er cpcr 75 mg</i>	45
INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	45
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	93
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	32
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	86
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	45
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	100
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	100
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	36
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	36
INTELENCE TABS 25 MG [<i>etravirine</i>]	19
INTRALIPID EMUL 20 % [<i>fat emulsion plant based (soy)</i>]	67
INTRALIPID EMUL 30 % [<i>fat emulsion plant based (soy)</i>]	67
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	24
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	24
INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	14
INVEGA SUSTENNA SUSY 117 MG/0.75ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 156 MG/ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 234 MG/1.5ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 39 MG/0.25ML [<i>paliperidone palmitate</i>]	54
INVEGA SUSTENNA SUSY 78 MG/0.5ML [<i>paliperidone palmitate</i>]	57
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	19
<i>ipratropium bromide soln 0.02 %</i>	29
<i>ipratropium bromide soln 0.03 %</i>	29
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	32
IRESSA TABS 250 MG [<i>gefitinib</i>]	24
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	19
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	19
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	19
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	19
<i>isoniazid soln 100 mg/ml</i>	16
<i>isoniazid syrp 50 mg/5ml</i>	16
<i>isoniazid tabs 100 mg</i>	16
<i>isoniazid tabs 300 mg</i>	16
<i>isoproterenol hcl soln 0.2 mg/ml</i>	32
<i>isosorbide dinitrate tabs 10 mg</i>	43
<i>isosorbide dinitrate tabs 20 mg</i>	43
<i>isosorbide dinitrate tabs 30 mg</i>	43

isosorbide dinitrate tabs 5 mg	43
isosorbide mononitrate er tb24 120 mg	43
isosorbide mononitrate er tb24 30 mg	43
isosorbide mononitrate er tb24 60 mg	43
ISOSORBIDE POWD [isosorbide (bulk)]	89
itraconazole caps 100 mg	16
ivermectin tabs 3 mg	11
IXEMPRA KIT SOLR 15 MG [ixabepilone].....	24
IXEMPRA KIT SOLR 45 MG [ixabepilone].....	24
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed].....	94

J

JADENU SPRINKLE PACK 180 MG [deferasirox].....	76
JADENU SPRINKLE PACK 360 MG [deferasirox].....	76
JADENU SPRINKLE PACK 90 MG [deferasirox].....	76
JADENU TABS 180 MG [deferasirox].....	76
JADENU TABS 360 MG [deferasirox].....	76
JADENU TABS 90 MG [deferasirox].....	76
JAKAFI TABS 10 MG [ruxolitinib phosphate]24	
JAKAFI TABS 15 MG [ruxolitinib phosphate]24	
JAKAFI TABS 20 MG [ruxolitinib phosphate]24	
JAKAFI TABS 25 MG [ruxolitinib phosphate]24	
JAKAFI TABS 5 MG [ruxolitinib phosphate].....	24
JARDIANCE TABS 10 MG [empagliflozin]	79
JARDIANCE TABS 25 MG [empagliflozin]	79
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel].....	24
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	19

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine].....	24
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine].....	24
KALYDECO PACK 25 MG [ivacaftor]	91
KALYDECO PACK 50 MG [ivacaftor]	91
KALYDECO PACK 75 MG [ivacaftor]	91
KALYDECO TABS 150 MG [ivacaftor].....	86
KANJINTI SOLR 420 MG [trastuzumab-anns]	24
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	34
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69

KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride].....	69
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers].....	69
KENALOG SUSP 10 MG/ML [triamcinolone acetonide]	77
KENALOG SUSP 40 MG/ML [triamcinolone acetonide]	77
KEPIVANCE SOLR 6.25 MG [palifermin].....	97
KERALYT GEL 6 % [salicylic acid]	98
KETAMINE HCL POWD [ketamine hcl (bulk)]	89
ketamine hcl soln 10 mg/ml	54
ketamine hcl soln 50 mg/ml	55
ketoconazole crea 2 %	95
ketoconazole sham 2 %	95
ketoconazole tabs 200 mg	16
KETO-DIASTIX STRP [urine glucose-ketones test]	65
KETOPROFEN POWD [ketoprofen (bulk)].....	89
ketorolac tromethamine inj 15mg/ml	45
ketorolac tromethamine soln 0.5 %	72
ketorolac tromethamine soln 15 mg/ml	45
ketorolac tromethamine soln 30 mg/ml	45
ketorolac tromethamine soln 60 mg/2ml	45
KETOSTIX STRP [acetone (urine) test].....	65
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	24
KINERET INJ [anakinra]	86
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	94
KINRIX SUSY 0.5 ML [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac].....	94

levetiracetam er tb24 500 mg	49	lidocaine hcl (cardiac) pf sosy 50 mg/5ml	84
levetiracetam er tb24 750 mg	49	lidocaine hcl (pf) soln 0.5 %	84
LEVETIRACETAM IN NACL SOLN 1000		lidocaine hcl (pf) soln 1 %	84
MG/100ML [levetiracetam in sodium		LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	
chloride]	49		89
LEVETIRACETAM IN NACL SOLN 1500		lidocaine hcl soln 0.5 %	84
MG/100ML [levetiracetam in sodium		lidocaine hcl soln 1 %	84
chloride]	49	lidocaine hcl soln 4 %	97
LEVETIRACETAM IN NACL SOLN 500		lidocaine hcl urethral/mucosal gel 2 %	97
MG/100ML [levetiracetam in sodium		lidocaine hcl urethral/mucosal prsy 2 %	97
chloride]	50	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
levetiracetam soln 100 mg/ml	50	[lidocaine in d5w]	41
levetiracetam soln 500 mg/5ml	50	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
levetiracetam tabs 1000 mg	50	[lidocaine in d5w]	41
levetiracetam tabs 250 mg	50	lidocaine oint 5 %	97
levetiracetam tabs 500 mg	50	lidocaine viscous hcl soln 2 %	73
levetiracetam tabs 750 mg	50	lidocaine-epinephrine soln 0.5 %-1	
levobunolol hcl soln 0.5 %	72	200000	84
levocarnitine inj 200mg/ml	86	lidocaine-epinephrine soln 1 %-1	
LEVOCARNITINE SOLN 1 GM/10ML		100000	84
[levocarnitine (metabolic modifiers)]	86	lidocaine-epinephrine soln 2 %-1	
LEVOCARNITINE TABS 330 MG [levocarnitine		100000	84
(metabolic modifiers)]	86	200000	84
levofloxacin in d5w soln 250 mg/50ml	14	lidocaine-prilocaine crea 2.5-2.5 %	97
levofloxacin in d5w soln 500 mg/100ml	14	lidocaine-prilocaine kit 2.5-2.5 %	97
levofloxacin in d5w soln 750 mg/150ml	14	linezolid soln 600 mg/300ml	14
levofloxacin soln 25 mg/ml	14	linezolid susr 100 mg/5ml	14
levofloxacin tabs 250 mg	14	linezolid tabs 600 mg	14
levofloxacin tabs 500 mg	14	liothyronine sodium tabs 25 mcg	83
levofloxacin tabs 750 mg	14	liothyronine sodium tabs 5 mcg	83
levothyroxine sodium tabs 100 mcg	83	liothyronine sodium tabs 50 mcg	83
levothyroxine sodium tabs 112 mcg	83	lisinopril tabs 10 mg	42
levothyroxine sodium tabs 125 mcg	83	lisinopril tabs 2.5 mg	42
levothyroxine sodium tabs 150 mcg	83	lisinopril tabs 20 mg	42
levothyroxine sodium tabs 175 mcg	83	lisinopril tabs 30 mg	42
levothyroxine sodium tabs 200 mcg	83	lisinopril tabs 40 mg	42
levothyroxine sodium tabs 25 mcg	83	lisinopril tabs 5 mg	42
levothyroxine sodium tabs 300 mcg	83	lisinopril-hydrochlorothiazide tabs 10-12.5	
levothyroxine sodium tabs 50 mcg	83	mg	42
levothyroxine sodium tabs 75 mcg	83	lisinopril-hydrochlorothiazide tabs 20-12.5	
levothyroxine sodium tabs 88 mcg	83	mg	42
LEVOXYL TABS 137 MCG [levothyroxine		lisinopril-hydrochlorothiazide tabs 20-25 mg	
sodium]	83		42
LEVULAN KERASTICK SOLR 20 %		L-ISOLEUCINE POWD [<i>isoleucine]</i>	89
[aminolevulinic acid hcl]	99	lithium carbonate caps 150 mg	51
LEXISCAN SOLN 0.4 MG/5ML [regadenoson]		LITHIUM CARBONATE CAPS 300 MG [<i>lithium</i>	
.....	65	carbonate]	51
LEXIVA TABS 700 MG [fosamprenavir		lithium carbonate caps 600 mg	51
calcium]	19	lithium carbonate er tbc 300 mg	51
LIALDA TBEC 1.2 GM [mesalamine]	74	lithium carbonate er tbc 450 mg	51

LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	51
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	51
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	66
LIVTENCITY TABS 200 MG [<i>maribavir</i>]	19
LODOSYN TABS 25 MG [<i>carbidopa</i>]	52
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	25
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	25
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	19
<i>lopinavir-ritonavir tabs 100-25 mg</i>	19
<i>lopinavir-ritonavir tabs 200-50 mg</i>	19
<i>lorazepam soln 2 mg/ml</i>	53
<i>lorazepam soln 4 mg/ml</i>	53
<i>lorazepam tabs 0.5 mg</i>	53
<i>lorazepam tabs 1 mg</i>	53
<i>lorazepam tabs 2 mg</i>	53
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	25
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	25
<i>losartan potassium tabs 100 mg</i>	42
<i>losartan potassium tabs 25 mg</i>	42
<i>losartan potassium tabs 50 mg</i>	42
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	42
<i>losartan potassium-hctz tabs 100-25 mg</i>	42
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	42
<i>lovastatin tabs 10 mg</i>	38
<i>lovastatin tabs 20 mg</i>	38
<i>lovastatin tabs 40 mg</i>	38
LOVENOX SOLN 300 MG/3ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 100 MG/ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 120 MG/0.8ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 150 MG/ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 30 MG/0.3ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 40 MG/0.4ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 60 MG/0.6ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOSY 80 MG/0.8ML [<i>enoxaparin sodium</i>]	36
<i>loxapine succinate caps 10 mg</i>	57
<i>loxapine succinate caps 25 mg</i>	57
<i>loxapine succinate caps 5 mg</i>	57
L-PROLINE POWD [<i>proline</i>]	89

LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	73
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	73
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	73
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	73
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	65
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	71
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	25
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	25
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	25
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	25
LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	25
LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	25
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp)</i>]	25
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [<i>leuprolide acetate (cpp)</i>]	25
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate (cpp)</i>]	25
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	25
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	25
LYNPARZA TABS 100 MG [<i>olaparib</i>]	25
LYNPARZA TABS 150 MG [<i>olaparib</i>]	25
LYSODREN TABS 500 MG [<i>mitotane</i>]	25

M

M.T.E.-5 CONCENTRATE INJ CONC [<i>trace minerals (cr-cu-mn-se-zn)</i>]	69
MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	21
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [<i>magnesium sulfate in dextrose</i>]	69
<i>magnesium sulfate soln 50 %</i>	50
MAKENA OIL 250 MG/ML	

<i>[hydroxyprogesterone caproate]</i>	83	<i>metformin hcl er tb24 500 mg</i>	79
<i>malathion lotn 0.5 %</i>	95	<i>metformin hcl er tb24 750 mg</i>	79
MANGANESE CHLORIDE SOLN 0.1 MG/ML		<i>metformin hcl tabs 1000 mg</i>	79
<i>[manganese chloride]</i>	69	<i>metformin hcl tabs 500 mg</i>	79
<i>maprotiline hcl tabs 25 mg</i>	57	<i>metformin hcl tabs 850 mg</i>	80
<i>maprotiline hcl tabs 50 mg</i>	57	<i>methadone hcl soln 10 mg/5ml</i>	46
<i>maprotiline hcl tabs 75 mg</i>	57	METHADONE HCL SOLN 10 MG/ML	
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i> 25		<i>[methadone hcl]</i>	46
<i>meclofenamate sodium caps 100 mg</i>	45	<i>methadone hcl soln 5 mg/5ml</i>	46
<i>meclofenamate sodium caps 50 mg</i>	45	METHADONE HCL TABS 10 MG <i>[methadone</i>	
MEDROL TABS 2 MG <i>[methylprednisolone]</i> 77		<i>hcl]</i>	46
<i>medroxyprogesterone acetate susp 150</i>		METHADONE HCL TABS 5 MG <i>[methadone</i>	
<i>mg/ml</i>	83	<i>hcl]</i>	46
<i>medroxyprogesterone acetate susy 150</i>		<i>methazolamide tabs 25 mg</i>	72
<i>mg/ml</i>	83	<i>methazolamide tabs 50 mg</i>	73
<i>medroxyprogesterone acetate tabs 10 mg</i> ..	83	<i>methenamine hippurate tabs 1 gm</i>	21
<i>medroxyprogesterone acetate tabs 2.5 mg</i> ..	83	<i>methimazole tabs 10 mg</i>	83
<i>medroxyprogesterone acetate tabs 5 mg</i>	83	<i>methimazole tabs 5 mg</i>	84
<i>mefenamic acid caps 250 mg</i>	45	<i>methocarbamol tabs 500 mg</i>	31
<i>mefloquine hcl tabs 250 mg</i>	17	<i>methocarbamol tabs 750 mg</i>	31
<i>megestrol acetate susp 40 mg/ml</i>	25	<i>methotrexate sodium (pf) soln 50 mg/2ml</i> ...	26
<i>megestrol acetate susp 400 mg/10ml</i>	25	METHOTREXATE SODIUM SOLN 50 MG/2ML	
<i>megestrol acetate tabs 20 mg</i>	25	<i>[methotrexate sodium]</i>	26
<i>megestrol acetate tabs 40 mg</i>	25	<i>methotrexate tabs 2.5 mg</i>	26
MEKINIST TABS 0.5 MG <i>[trametinib dimethyl</i>		<i>methoxsalen rapid caps 10 mg</i>	98
<i>sulfoxide]</i>	25	<i>methyldopa tabs 250 mg</i>	41
MEKINIST TABS 2 MG <i>[trametinib dimethyl</i>		<i>methyldopa tabs 500 mg</i>	41
<i>sulfoxide]</i>	26	METHYLENE BLUE SOLN 1 % <i>[methylene</i>	
<i>meloxicam tabs 15 mg</i>	45	<i>blue (antidote)]</i>	65
<i>meloxicam tabs 7.5 mg</i>	45	<i>methylergonovine maleate soln 0.2 mg/ml</i> ..	89
<i>memantine hcl tabs 10 mg</i>	54	<i>methylergonovine maleate tabs 0.2 mg</i>	89
<i>memantine hcl tabs 5 mg</i>	54	<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	48
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	82	<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	48
MENVEO SOLR <i>[meningococcal (a,c,y&w-</i>		<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	48
<i>135) oligosaccharide conjugate vac]</i>	94	<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	48
<i>meperidine hcl soln 100 mg/ml</i>	45	<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	48
<i>meperidine hcl soln 25 mg/ml</i>	45	<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	48
<i>meperidine hcl soln 50 mg/ml</i>	46	<i>methylphenidate hcl er (osm) tbcR 18 mg</i>	48
MEPHYTON TABS 5 MG <i>[phytonadione]</i>	101	<i>methylphenidate hcl er (osm) tbcR 27 mg</i>	48
<i>mercaptopurine tabs 50 mg</i>	26	<i>methylphenidate hcl er (osm) tbcR 36 mg</i>	48
<i>meropenem solr 1 gm</i>	14	<i>methylphenidate hcl er (osm) tbcR 54 mg</i>	48
<i>meropenem solr 500 mg</i>	14	<i>methylphenidate hcl er tbcR 10 mg</i>	48
<i>mesalamine enem 4 gm</i>	74	<i>methylphenidate hcl er tbcR 20 mg</i>	48
<i>mesalamine supp 1000 mg</i>	74	<i>methylphenidate hcl tabs 10 mg</i>	48
<i>mesalamine tbec 1.2 gm</i>	74	<i>methylphenidate hcl tabs 20 mg</i>	48
<i>mesna soln 100 mg/ml</i>	86	<i>methylphenidate hcl tabs 5 mg</i>	48
MESNEX TABS 400 MG <i>[mesna]</i>	86	<i>methylprednisolone acetate susp 40 mg/ml</i> 77	
MESTINON SOLN 60 MG/5ML <i>[pyridostigmine</i>		<i>methylprednisolone acetate susp 80 mg/ml</i> 77	
<i>bromide]</i>	30	<i>methylprednisolone sodium succ solr 1000</i>	
<i>metaproterenol sulfate syrp 10 mg/5ml</i>	32	<i>mg</i>	77

methylprednisolone sodium succ solr 125 mg	77	mg/100ml-%	41
methylprednisolone sodium succ solr 40 mg	77	milrinone lactate in dextrose soln 40-5	
methylprednisolone tabs 16 mg	77	mg/200ml-%	41
methylprednisolone tabs 32 mg	77	milrinone lactate inj 1mg/ml	41
methylprednisolone tabs 4 mg	77	milrinone lactate soln 10 mg/10ml	41
methylprednisolone tabs 8 mg	77	MINOCIN SOLR 100 MG [minocycline hcl] ...	14
methylprednisolone tbpk 4 mg	77	minocycline hcl caps 100 mg	14
methyltestosterone caps 10 mg	78	minocycline hcl caps 50 mg	14
methyltestosterone tabs 10 mg	78	minocycline hcl caps 75 mg	14
metoclopramide hcl soln 10 mg/10ml	76	minoxidil tabs 10 mg	41
metoclopramide hcl soln 5 mg/ml	76	minoxidil tabs 2.5 mg	41
metoclopramide hcl tabs 10 mg	76	MIOCHOL-E SOLR 20 MG [acetylcholine	
metoclopramide hcl tabs 5 mg	76	chloride]	73
metolazone tabs 10 mg	68	MIOSTAT SOLN 0.01 % [carbachol (ophth)] ..	73
metolazone tabs 2.5 mg	68	MIRENA (52 MG) IUD 20 MCG/DAY	
metolazone tabs 5 mg	68	[levonorgestrel (iud)]	80
metoprolol succinate er tb24 100 mg	39	mirtazapine tabs 15 mg	57
metoprolol succinate er tb24 200 mg	39	mirtazapine tabs 30 mg	57
metoprolol succinate er tb24 25 mg	39	mirtazapine tabs 45 mg	57
metoprolol succinate er tb24 50 mg	39	misoprostol tabs 100 mcg	75
metoprolol tartrate tabs 100 mg	39	misoprostol tabs 200 mcg	75
metoprolol tartrate tabs 25 mg	39	mitomycin solr 20 mg	26
metoprolol tartrate tabs 50 mg	39	mitomycin solr 40 mg	26
metoprolol-hydrochlorothiazide tabs 100-50		mitomycin solr 5 mg	26
mg	39	MITOSOL KIT 0.2 MG [mitomycin	
metronidazole crea 0.75 %	95	(ophthalmic)]	71
metronidazole gel 0.75 %	95	M-M-R II SOLR [measles, mumps & rubella	
METRONIDAZOLE POWD [metronidazole		virus vaccines]	94
(bulk)]	89	modafinil tabs 100 mg	48
METRONIDAZOLE SOLN 500 MG/100ML		modafinil tabs 200 mg	48
[metronidazole]	17	mometasone furoate crea 0.1 %	96
metronidazole tabs 250 mg	17	mometasone furoate oint 0.1 %	96
metronidazole tabs 500 mg	17	mometasone furoate soln 0.1 %	96
mexiletine hcl caps 150 mg	41	MONOJECT INSULIN SYRINGE MISC 25G X	
mexiletine hcl caps 200 mg	41	5/8	63
mexiletine hcl caps 250 mg	41	MONOJECT INSULIN SYRINGE MISC 27G X	
MICROLET NEXT LANCING DEVICE MISC		1/2	63
[lancet devices]	63	MONOJECT INSULIN SYRINGE MISC 29G X	
midazolam hcl syrp 2 mg/ml	54	1/2	63
midodrine hcl tabs 10 mg	32	MONOJECT PHARMACY TRAY MISC 1 ML	
midodrine hcl tabs 2.5 mg	32	[syringe (disposable)]	63
midodrine hcl tabs 5 mg	32	MONOJECT SAFETY	
MIFEPREX TABS 200 MG [mifepristone]	89	SYRINGE/SHIELD/NEEDLE/3ML/21G X 1 ..	63
MIGRANAL SOLN 4 MG/ML		MONOJECT SAFETY	
[dihydroergotamine mesylate]	31	SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2	
MILK OF MAGNESIA SUSP 7.75 %			63
[magnesium hydroxide]	75	MONOJECT SAFETY	
milrinone lactate in dextrose soln 20-5		SYRINGE/SHIELD/NEEDLE/3ML/22G X 1 ..	63
		MONOJECT SAFETY	
		SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2	

.....	63
MONOJECT SAFETY	
SYRINGE/SHIELD/NEEDLE/3ML/23G X 1..	63
MONOJECT TB SYRINGE MISC 28G X 1/2...	63
MONOJECT ULTRA COMFORT SYRINGE	
MISC 28G X 1/2.....	63
MONOJECT ULTRA COMFORT SYRINGE	
MISC 29G X 1/2.....	63
MONOJECT ULTRA COMFORT SYRINGE	
MISC 30G X 5/16.....	63
montelukast sodium chew 4 mg	90
montelukast sodium chew 5 mg	90
montelukast sodium pack 4 mg	90
montelukast sodium tabs 10 mg	90
morphine sulfate (concentrate) soln 100	
mg/5ml	46
morphine sulfate (pf) soln 0.5 mg/ml	46
morphine sulfate (pf) soln 1 mg/ml	46
morphine sulfate er tbc 100 mg	46
morphine sulfate er tbc 15 mg	46
morphine sulfate er tbc 200 mg	46
morphine sulfate er tbc 30 mg	46
morphine sulfate er tbc 60 mg	46
MORPHINE SULFATE SOLN 1 MG/ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 10 MG/5ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 10 MG/ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 15 MG/ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 2 MG/ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 20 MG/5ML	
[morphine sulfate]	46
MORPHINE SULFATE SOLN 50 MG/ML	
[morphine sulfate]	46
MORPHINE SULFATE SUPP 10 MG [morphine	
sulfate]	46
MORPHINE SULFATE SUPP 20 MG [morphine	
sulfate]	46
MORPHINE SULFATE SUPP 30 MG [morphine	
sulfate]	46
MORPHINE SULFATE SUPP 5 MG [morphine	
sulfate]	46
MORPHINE SULFATE TABS 15 MG [morphine	
sulfate]	46
MORPHINE SULFATE TABS 30 MG [morphine	
sulfate]	46
moxifloxacin hcl soln 0.5 %	71

moxifloxacin hcl tabs 400 mg	14
MULTIHANCE SOLN 529 MG/ML [gadobenate	
dimeglumine]	66
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10	
MG/ML [ped multivitamins w/fl & iron]	100
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	
[pediatric multivitamins w/fl]	100
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	
[pediatric multivitamins w/fl]	100
MULTIVITAMIN/FLUORIDE CHEW 1 MG	
[pediatric multivitamins w/fl]	100
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML	
[pediatric multivitamins w/fl]	100
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML	
[pediatric multivitamins w/fl]	100
mupirocin oint 2 %	95
MVASI SOLN 100 MG/4ML [bevacizumab-	
awwb]	26
mycophenolate mofetil caps 250 mg	86
mycophenolate mofetil susr 200 mg/ml	86
mycophenolate mofetil tabs 500 mg	86
MYLERAN TABS 2 MG [busulfan]	26
MYOBLOC SOLN 10000 UNIT/2ML	
[rimabotulinumtoxinb]	86
MYOBLOC SOLN 2500 UNIT/0.5ML	
[rimabotulinumtoxinb]	86
MYOBLOC SOLN 5000 UNIT/ML	
[rimabotulinumtoxinb]	86
MYRBETRIQ SRER 8 MG/ML [mirabegron] ..	99
MYRBETRIQ TB24 25 MG [mirabegron]	99
MYRBETRIQ TB24 50 MG [mirabegron]	99

N

NABI-HB SOLN 312 UNIT/ML [hepatitis b	
immune globulin (human)]	92
nabumetone tabs 500 mg	46
nabumetone tabs 750 mg	46
nadolol tabs 20 mg	39
nadolol tabs 40 mg	39
nadolol tabs 80 mg	39
NAFCILLIN SODIUM IN DEXTROSE SOLN 1	
GM/50ML [nafcillin sodium in dextrose] ...	14
NAFCILLIN SODIUM IN DEXTROSE SOLN 2	
GM/100ML [nafcillin sodium in dextrose] ..	14
nalbuphine hcl soln 10 mg/ml	46
nalbuphine hcl soln 20 mg/ml	46
naloxone hcl liqd 4 mg/0.1ml	55
naloxone hcl soln 0.4 mg/ml	55
naloxone hcl sosy 2 mg/2ml	55
naltrexone hcl tabs 50 mg	55

NAMENDA SOL 10MG/5ML [memantine hcl]	54
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	54
naphazoline hcl soln	74
naproxen susp 125 mg/5ml	46
naproxen tabs 250 mg	46
naproxen tabs 375 mg	47
naproxen tabs 500 mg	47
naproxen tbec 375 mg	47
naratriptan hcl tabs 1 mg	51
naratriptan hcl tabs 2.5 mg	51
NAROPIN INJ 10MG/ML [ropivacaine hcl]	84
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	84
NAROPIN SOLN 5 MG/ML [ropivacaine hcl]	84
NATACYN SUSP 5 % [natamycin]	71
NEBUPENT SOLR 300 MG [pentamidine isethionate]	17
nefazodone hcl tabs 100 mg	57
nefazodone hcl tabs 150 mg	57
nefazodone hcl tabs 200 mg	57
nefazodone hcl tabs 250 mg	57
nefazodone hcl tabs 50 mg	57
neomycin sulfate tabs 500 mg	14
neomycin-bacitracin zn-polymyx oint 5-400-10000	71
neomycin-polymyxin b gu soln 40-200000	95
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	72
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	72
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	71
neomycin-polymyxin-hc soln 1 %	72
neomycin-polymyxin-hc susp 3.5-10000-1	72
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	47
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	86
NESACAINE SOLN 1 % [chloroprocaine hcl]	84
NESACAINE SOLN 2 % [chloroprocaine hcl]	84
NEUT SOLN 4 % [sodium bicarbonate]	66
nevirapine susp 50 mg/5ml	19
nevirapine tabs 200 mg	19
NEXAVAR TABS 200 MG [sorafenib tosylate]	26
NEXPLANON IMPL 68 MG [etonogestrel]	81
NIACIN ER CPR 250 MG [niacin]	100
NIACIN ER CPR 500 MG [niacin]	100
NIACIN ER TBCR 250 MG [niacin]	100
NIACIN TABS 100 MG [niacin]	100
NIACIN TABS 250 MG [niacin]	100
NIACIN TABS 50 MG [niacin]	100
NIACIN TABS 500 MG [niacin]	100
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	40
NICORETTE GUM 2 MG [nicotine polacrilex]	29
NICORETTE LOZG 2 MG [nicotine polacrilex]	29
NICORETTE LOZG 4 MG [nicotine polacrilex]	30
NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	30
nicotine polacrilex gum 2 mg	30
nicotine polacrilex gum 4 mg	30
nicotine polacrilex lozg 2 mg	30
nicotine polacrilex lozg 4 mg	29
nicotine pt24 14 mg/24hr	30
nicotine pt24 21 mg/24hr	30
nicotine pt24 7 mg/24hr	30
nifedipine caps 10 mg	40
nifedipine caps 20 mg	40
nifedipine er osmotic release tb24 30 mg	40
nifedipine er osmotic release tb24 60 mg	40
nifedipine er osmotic release tb24 90 mg	40
nifedipine er tb24 30 mg	40
nifedipine er tb24 60 mg	40
nimodipine caps 30 mg	40
NINLARO CAPS 2.3 MG [ixazomib citrate]	26
NINLARO CAPS 3 MG [ixazomib citrate]	26
NINLARO CAPS 4 MG [ixazomib citrate]	26
NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	43
NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	43
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	21
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [nitrofurantoin macrocrystal]	21
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [nitrofurantoin macrocrystal]	21
nitrofurantoin monohyd macro caps 100 mg	21
nitrofurantoin susp 25 mg/5ml	21
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% [nitroglycerin in d5w]	43
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% [nitroglycerin in d5w]	43
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% [nitroglycerin in d5w]	43
nitroglycerin pt24 0.1 mg/hr	43
nitroglycerin pt24 0.2 mg/hr	43

nitroglycerin pt24 0.4 mg/hr	43
nitroglycerin pt24 0.6 mg/hr	43
nitroglycerin soln 5 mg/ml	43
NITROSTAT SUBL 0.3 MG [nitroglycerin]	43
NITROSTAT SUBL 0.4 MG [nitroglycerin]	43
NITROSTAT SUBL 0.6 MG [nitroglycerin]	43
NITRO-TIME CPCR 2.5 MG [nitroglycerin] ...	43
NITRO-TIME CPCR 6.5 MG [nitroglycerin] ...	43
NITRO-TIME CPCR 9 MG [nitroglycerin]	43
NIVESTYM SOLN 300 MCG/ML [filgrastim-aafi]	37
NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-aafi]	37
NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-aafi]	37
NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-aafi]	37
norethindrone acetate tabs 5 mg	83
norethindrone tabs 0.35 mg	81
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	70
NORPACE CR CP12 100 MG [disopyramide phosphate]	41
NORPACE CR CP12 150 MG [disopyramide phosphate]	41
nortriptyline hcl caps 10 mg	57
nortriptyline hcl caps 25 mg	57
nortriptyline hcl caps 50 mg	57
nortriptyline hcl caps 75 mg	57
nortriptyline hcl soln 10 mg/5ml	57
NORVIR SOLN 80 MG/ML [ritonavir]	19
NOVAREL SOLR 10000 UNIT [chorionic gonadotropin]	82
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM [insulin pen needle]	63
NOVOSEVEN RT SOLR 1 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 2 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 5 MG [coagulation factor viia (recombinant)]	35
NOVOSEVEN RT SOLR 8 MG [coagulation factor viia (recombinant)]	35
nystatin crea 100000 unit/gm	95
nystatin susp 100000 unit/ml	16
nystatin tabs 500000 unit	16

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OCTAGAM SOLN 1 GM/20ML [immune globulin (human) iv]	92
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OCTAGAM SOLN 2.5 GM/50ML [immune globulin (human) iv]	92
OCTAGAM SOLN 25 GM/500ML [immune globulin (human) iv]	92
octreotide acetate soln 100 mcg/ml	87
octreotide acetate soln 1000 mcg/ml	87
octreotide acetate soln 200 mcg/ml	87
octreotide acetate soln 50 mcg/ml	87
octreotide acetate soln 500 mcg/ml	87
octreotide acetate sosy 50 mcg/ml	87
ODACTRA SUBL 12 SQ-HDM [dust mite mixed allergen extract]	93
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	19
ODOMZO CAPS 200 MG [sonidegib phosphate]	26
OFIRMEV SOLN 10 MG/ML [acetaminophen]	47
ofloxacin soln 0.3 %	71
olanzapine tabs 10 mg	57
olanzapine tabs 15 mg	58
olanzapine tabs 2.5 mg	58
olanzapine tabs 20 mg	58
olanzapine tabs 5 mg	58
olanzapine tabs 7.5 mg	58
olopatadine hcl soln 0.1 %	72
omeprazole cpdr 10 mg	75
omeprazole cpdr 20 mg	75
omeprazole cpdr 40 mg	75
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	83
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	83
OMNITROPE SOLR 5.8 MG [somatropin]	63
ONCASPASOLN 750 UNIT/ML [pegaspargase]	26
ondansetron hcl soln 4 mg/2ml	74
ondansetron hcl soln 40 mg/20ml	74
ondansetron hcl tabs 4 mg	74
ondansetron hcl tabs 8 mg	74
ondansetron tbdp 4 mg	74
ondansetron tbdp 8 mg	74
ONETOUCH DELICA LANCETS 33G MISC [lancets]	64
ONETOUCH FINEPOINT LANCETS MISC [lancets]	64
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	64
ONETOUCH ULTRA CONTROL SOLN [blood	

glucose calibration]	64
ONETOUCH ULTRA MINI KIT W/DEVICE	
[blood glucose monitoring supplies]	64
ONETOUCH ULTRA STRP [glucose blood]	66
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	64
OPDIVO SOLN 100 MG/10ML [nivolumab] ...	26
OPDIVO SOLN 40 MG/4ML [nivolumab]	26
ORENCIA CLICKJECT SOAJ 125 MG/ML	
[abatacept]	87
ORENCIA SOLR 250 MG [abatacept]	87
ORENCIA SOSY 125 MG/ML [abatacept]	87
ORENCIA SOSY 50 MG/0.4ML [abatacept] ...	87
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	87
ORKAMBI PACK 100-125 MG [lumacaftor-ivacaftor]	91
ORKAMBI PACK 150-188 MG [lumacaftor-ivacaftor]	91
ORKAMBI PACK 75-94 MG [lumacaftor-ivacaftor]	91
ORKAMBI TABS 100-125 MG [lumacaftor-ivacaftor]	91
ORKAMBI TABS 200-125 MG [lumacaftor-ivacaftor]	91
oseltamivir phosphate caps 30 mg	19
oseltamivir phosphate caps 45 mg	19
oseltamivir phosphate caps 75 mg	19
oseltamivir phosphate susr 6 mg/ml	19
OSMITROL SOLN 20 % [mannitol]	68
OTEZLA TAB 10/20/30 [apremilast]	87
OTEZLA TABS 30 MG [apremilast]	87
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	87
OVIDREL INJ 250 MCG/0.5ML	
[choriogonadotropin alfa]	82
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose] ..	14
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose] ..	14
oxacillin sodium solr 1 gm	14
oxacillin sodium solr 2 gm	14
oxaliplatin soln 100 mg/20ml	26
oxaliplatin soln 50 mg/10ml	26
oxandrolone tabs 10 mg	78
oxandrolone tabs 2.5 mg	78
oxazepam caps 10 mg	54
oxazepam caps 15 mg	54
oxazepam caps 30 mg	54
oxcarbazepine susp 300 mg/5ml	50
oxcarbazepine tabs 150 mg	50
oxcarbazepine tabs 300 mg	50

oxcarbazepine tabs 600 mg	50
OXSORALEN ULTRA CAPS 10 MG	
[methoxsalen rapid]	98
oxybutynin chloride er tb24 10 mg	99
oxybutynin chloride er tb24 15 mg	99
oxybutynin chloride er tb24 5 mg	99
oxybutynin chloride syrp 5 mg/5ml	99
oxybutynin chloride tabs 5 mg	99
oxycodone hcl soln 5 mg/5ml	47
oxycodone hcl tabs 5 mg	47
oxycodone-acetaminophen tabs 10-325 mg	47
oxycodone-acetaminophen tabs 5-325 mg ..	47
oxycodone-acetaminophen tabs 7.5-325 mg	47
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML [semaglutide]	80
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	80
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	80
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	72

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paclitaxel conc 300 mg/50ml	26
PADCEV SOLR 20 MG [enfortumab vedotin-ejfv]	26
PADCEV SOLR 30 MG [enfortumab vedotin-ejfv]	26
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93

PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (300 MG TITRATION) PACK 300 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [peanut (arachis hypogaea) allergen powder-dnfp]	93
pamidronate disodium solr 30 mg	87
pamidronate disodium solr 90 mg	87
pantoprazole sodium solr 40 mg	75
pantoprazole sodium tbec 20 mg	75
pantoprazole sodium tbec 40 mg	75
PAPAVERINE HCL POWD [papaverine hcl]	89
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	43
PAREGORIC TINC 2 MG/5ML [paregoric]	74
paromomycin sulfate caps 250 mg	17
paroxetine hcl tabs 10 mg	58
paroxetine hcl tabs 20 mg	58
paroxetine hcl tabs 30 mg	58
paroxetine hcl tabs 40 mg	58
PEDIARIX SUSY [diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac]	94
peg 3350/electrolytes solr 240 gm	75
peg 3350-kcl-na bicarb-nacl solr 420 gm	75
PEGASYS PROCLICK SOAJ 180 MCG/0.5ML [peginterferon alfa-2a]	19
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	19
PEGASYS SOSY 180 MCG/0.5ML [peginterferon alfa-2a]	19
PEMETREXED DISODIUM SOLN 100 MG/4ML [pemetrexed disodium]	26
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	26
penicillamine caps 250 mg	76
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	14
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	14
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	14
penicillin g potassium solr 20000000 unit	14
penicillin g procaine susp 600000 unit/ml	14
penicillin v potassium solr 125 mg/5ml	14
penicillin v potassium solr 250 mg/5ml	14
penicillin v potassium tabs 250 mg	14
penicillin v potassium tabs 500 mg	14
PENLET II BLOOD SAMPLER KIT [lancets misc.]	64
PENTAM SOLR 300 MG [pentamidine isethionate]	17
PENTASA CPCR 250 MG [mesalamine]	74
PENTASA CPCR 500 MG [mesalamine]	74
pentazocine-naloxone hcl tabs 50-0.5 mg	47
pentoxifylline er tbcr 400 mg	37
PERJETA SOLN 420 MG/14ML [pertuzumab]	26
permethrin crea 5 %	96
perphenazine tab 16mg	58
perphenazine tabs 2 mg	58
perphenazine tabs 4 mg	58
perphenazine tabs 8 mg	58
phenelzine sulfate tabs 15 mg	58
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	54
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	54
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	54
PHENOBARBITAL TABS 100 MG [phenobarbital]	54
PHENOBARBITAL TABS 15 MG [phenobarbital]	54
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	54
PHENOBARBITAL TABS 30 MG [phenobarbital]	54
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	54
PHENOBARBITAL TABS 60 MG [phenobarbital]	54
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	54
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	54

PHENTOLAMINE MESYLATE POWD	
<i>[phentolamine mesylate (bulk)]</i>	89
<i>phentolamine mesylate solr 5 mg</i>	31
PHENYLADE DRINK MIX POWD <i>[nutritional</i>	
<i>supplements]</i>	67
PHENYLEPHRINE HCL SOLN 10 %	
<i>[phenylephrine hcl (mydriatic)]</i>	74
PHENYLEPHRINE HCL SOLN 2.5 %	
<i>[phenylephrine hcl (mydriatic)]</i>	74
PHENYLHISTINE DH LIQ DH <i>[pseudoeph-</i>	
<i>chlorphen w/ cod]</i>	90
<i>phenytoin sodium extended caps 100 mg</i> ..	50
<i>phenytoin sodium soln 50 mg/ml</i>	50
<i>phenytoin susp 125 mg/5ml</i>	50
PHLEXY-10 PACK <i>[nutritional supplements]</i>	
.....	67
PHOSLYRA SOLN 667 MG/5ML <i>[calcium</i>	
<i>acetate (phosphate binder)]</i>	70
PHOSPHOLINE IODIDE SOLR 0.125 %	
<i>[echothiophate iodide]</i>	73
PHOTREXA-PHOTREXA VISCOUS KIT SOSY	
0.146 & 0.146-20 % <i>[riboflavin5-phos sod &</i>	
<i>riboflavin 5-phosphate sodium-dextran]</i> ..	73
<i>phytonadione soln 1 mg/0.5ml</i>	101
<i>pilocarpine hcl soln 1 %</i>	73
<i>pilocarpine hcl soln 2 %</i>	73
<i>pilocarpine hcl soln 4 %</i>	73
<i>pilocarpine hcl tabs 5 mg</i>	30
<i>pimecrolimus crea 1 %</i>	99
<i>pimozide tabs 1 mg</i>	58
<i>pimozide tabs 2 mg</i>	58
<i>pioglitazone hcl tabs 15 mg</i>	80
<i>pioglitazone hcl tabs 30 mg</i>	80
<i>pioglitazone hcl tabs 45 mg</i>	80
<i>piperacillin sod-tazobactam so solr 2.25 (2-</i>	
<i>0.25) gm</i>	15
<i>piperacillin sod-tazobactam so solr 3.375 (3-</i>	
<i>0.375) gm</i>	15
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5)</i>	
<i>gm</i>	15
PKU EXPRESS PACK <i>[nutritional</i>	
<i>supplements]</i>	67
PLASMA-LYTE A SOLN <i>[electrolyte-a]</i>	70
PNEUMOVAX 23 INJ 25 MCG/0.5ML	
<i>[pneumococcal vac polyvalent]</i>	94
<i>podofilox soln 0.5 %</i>	99
POLY HUB NEEDLE MISC 18G X 1	64
POLYETHYLENE GLYCOL 8000 POWD	
<i>[polyethylene glycol 8000]</i>	89
<i>polymyxin b-trimethoprim soln 10000-0.1</i>	
<i>unit/ml-%</i>	71
POLY-VI-SOL SOLN <i>[pediatric multiple</i>	
<i>vitamins]</i>	100
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric</i>	
<i>multiple vitamins w/ iron]</i>	100
POMALYST CAPS 1 MG <i>[pomalidomide]</i>	26
POMALYST CAPS 2 MG <i>[pomalidomide]</i>	26
POMALYST CAPS 3 MG <i>[pomalidomide]</i>	26
POMALYST CAPS 4 MG <i>[pomalidomide]</i>	26
PORTAGEN POW <i>[nutritional</i>	
<i>supplements]</i>	67
POTABA CAPS 500 MG <i>[potassium</i>	
<i>aminobenzoate]</i>	100
POTASSIUM ACETATE SOLN 2 MEQ/ML	
<i>[potassium acetate]</i>	70
<i>potassium chloride crys er tbc 10 meq</i>	70
<i>potassium chloride crys er tbc 20 meq</i>	70
<i>potassium chloride er cpcr 10 meq</i>	70
<i>potassium chloride er cpcr 8 meq</i>	70
POTASSIUM CHLORIDE IN DEXTROSE SOLN	
20-5 MEQ/L-% <i>[potassium chloride in</i>	
<i>dextrose]</i>	70
POTASSIUM CHLORIDE IN DEXTROSE SOLN	
40-5 MEQ/L-% <i>[potassium chloride in</i>	
<i>dextrose]</i>	70
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9	
MEQ/L-% <i>[potassium chloride in nacl]</i>	70
POTASSIUM CHLORIDE PACK 20 MEQ	
<i>[potassium chloride]</i>	70
<i>potassium chloride sol 10% sf</i>	70
<i>potassium chloride soln 10 meq/100ml</i>	70
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML	
<i>[potassium chloride]</i>	70
<i>potassium chloride soln 2 meq/ml</i>	70
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	
<i>[potassium chloride]</i>	70
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML	
<i>[potassium chloride]</i>	70
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML	
(20%) <i>[potassium chloride]</i>	70
POTASSIUM CITRATE ER TBCR 10 MEQ	
(1080 MG) <i>[potassium citrate (alkalinizer)]</i>	
.....	66
POTASSIUM CITRATE ER TBCR 5 MEQ (540	
MG) <i>[potassium citrate (alkalinizer)]</i>	66
POTASSIUM CITRATE-CITRIC ACID SOLN	
1100-334 MG/5ML <i>[potassium citrate-citric</i>	
<i>acid]</i>	66
POTASSIUM PHOSPHATES SOLN 45	
MMOLE/15ML <i>[potassium phosphates]</i>	70

PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	36
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	36
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	36
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	52
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	52
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	52
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	52
<i>pramipexole dihydrochloride tabs 1 mg</i>	52
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	52
PRAMOSONE OINT 1-1 % [<i>pramoxine-hc</i>]	97
PRAMOSONE OINT 1-2.5 % [<i>pramoxine-hc</i>]	97
<i>pravastatin sodium tabs 10 mg</i>	38
<i>pravastatin sodium tabs 20 mg</i>	38
<i>pravastatin sodium tabs 40 mg</i>	38
<i>pravastatin sodium tabs 80 mg</i>	38
PRAXBIND SOLN 2.5 GM/50ML [<i>idarucizumab</i>]	35
<i>prazosin hcl caps 1 mg</i>	37
<i>prazosin hcl caps 2 mg</i>	37
<i>prazosin hcl caps 5 mg</i>	37
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	72
<i>prednisolone acetate susp 1 %</i>	72
<i>prednisolone sodium phosphate soln 1 %</i>	72
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	78
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	78
<i>prednisone soln 5 mg/5ml</i>	78
<i>prednisone tabs 1 mg</i>	78
<i>prednisone tabs 10 mg</i>	78
<i>prednisone tabs 2.5 mg</i>	78
<i>prednisone tabs 20 mg</i>	78
<i>prednisone tabs 5 mg</i>	78
<i>prednisone tabs 50 mg</i>	78
<i>prednisone tbpk 5 mg (21)</i>	78
<i>pregabalin caps 100 mg</i>	50
<i>pregabalin caps 150 mg</i>	50
<i>pregabalin caps 200 mg</i>	50
<i>pregabalin caps 225 mg</i>	50
<i>pregabalin caps 25 mg</i>	50
<i>pregabalin caps 300 mg</i>	50
<i>pregabalin caps 50 mg</i>	50
<i>pregabalin caps 75 mg</i>	50
<i>pregabalin soln 20 mg/ml</i>	50
PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	82
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	16
PREVIDENT 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	87
PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	87
PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	87
PREVNAR 13 SUSP [<i>pneumococcal 13-valent conjugate vaccine</i>]	94
PREVNAR 20 SUSY 0.5 ML [<i>pneumococcal 20-valent conjugate vaccine</i>]	94
PREVYMIS SOLN 240 MG/12ML [<i>letermovir</i>]	19
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	19
PREVYMIS TABS 240 MG [<i>letermovir</i>]	19
PREVYMIS TABS 480 MG [<i>letermovir</i>]	19
PREZCOBIX TABS 800-150 MG [<i>darunavir-cobicistat</i>]	19
PREZISTA TABS 150 MG [<i>darunavir</i>]	19
PREZISTA TABS 600 MG [<i>darunavir</i>]	19
PREZISTA TABS 75 MG [<i>darunavir</i>]	20
PREZISTA TABS 800 MG [<i>darunavir</i>]	20
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	16
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [<i>primaquine phosphate</i>]	17
<i>primidone tab 50mg</i>	50
<i>primidone tabs 250 mg</i>	50
PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	15
PRIVIGEN SOLN 10 GM/100ML [<i>immune globulin (human) iv</i>]	92
PRIVIGEN SOLN 20 GM/200ML [<i>immune globulin (human) iv</i>]	93
PRIVIGEN SOLN 5 GM/50ML [<i>immune globulin (human) iv</i>]	93
<i>probenecid tabs 500 mg</i>	71
<i>procainamide hcl soln 100 mg/ml</i>	41
<i>procainamide hcl soln 500 mg/ml</i>	41
PROCALAMINE SOLN 3 % [<i>amino acid electrolyte infusion</i>]	67
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	58
<i>prochlorperazine maleate tabs 10 mg</i>	58
<i>prochlorperazine maleate tabs 5 mg</i>	58
PROCRT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	37
PROCRT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	37
PROCRT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	37
PROCRT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	37

PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	37
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	37
PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	35
PROFILNINE SOLR 1500 UNIT [<i>factor ix complex</i>]	35
PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	35
<i>progesterone caps 100 mg</i>	83
<i>progesterone caps 200 mg</i>	83
PROGESTERONE MICRONIZED POWD [<i>progesterone micronized (bulk)</i>]	89
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	83
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	42
PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	87
PROLEUKIN SOLR 22000000 UNIT [<i>aldesleukin</i>]	26
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	37
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	37
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	37
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	37
<i>promethazine hcl soln 25 mg/ml</i>	21
<i>promethazine hcl tabs 12.5 mg</i>	21
<i>promethazine hcl tabs 25 mg</i>	21
<i>propafenone hcl tabs 150 mg</i>	41
<i>propafenone hcl tabs 225 mg</i>	41
<i>propafenone hcl tabs 300 mg</i>	41
<i>propantheline bromide tabs 15 mg</i>	29
<i>proparacaine hcl soln 0.5 %</i>	73
<i>propofol emul 1000 mg/100ml</i>	55
<i>propranolol hcl soln 1 mg/ml</i>	39
<i>propranolol hcl soln 20 mg/5ml</i>	39
<i>propranolol hcl tabs 10 mg</i>	39
<i>propranolol hcl tabs 20 mg</i>	39
<i>propranolol hcl tabs 40 mg</i>	39
<i>propranolol hcl tabs 60 mg</i>	39
<i>propranolol hcl tabs 80 mg</i>	39
<i>propylthiouracil tabs 50 mg</i>	84
PROQUAD SUSR [<i>measles-mumps-rubella-varicella virus vaccines</i>]	95
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	89
<i>protriptyline hcl tabs 10 mg</i>	58
<i>protriptyline hcl tabs 5 mg</i>	58

PULMICORT FLEXHALER AEPB 180 MCG/ACT [<i>budesonide (inhalation)</i>]	78
PULMOZYME SOLN 2.5 MG/2.5ML [<i>dornase alfa</i>]	71
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	26
<i>pyrazinamide tabs 500 mg</i>	16
<i>pyridostigmine bromide er tbc 180 mg</i>	30
<i>pyridostigmine bromide tabs 60 mg</i>	30
<i>pyridoxine hcl soln 100 mg/ml</i>	100

Q

QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	31
<i>quetiapine fumarate tabs 100 mg</i>	58
<i>quetiapine fumarate tabs 200 mg</i>	58
<i>quetiapine fumarate tabs 25 mg</i>	58
<i>quetiapine fumarate tabs 300 mg</i>	58
<i>quetiapine fumarate tabs 400 mg</i>	58
<i>quetiapine fumarate tabs 50 mg</i>	58
QUINACRINE HCL POW DIHYDRAT [<i>quinacrine hcl</i>]	90
<i>quinidine gluconate er tbc 324 mg</i>	41
<i>quinidine sulfate tabs 200 mg</i>	41
<i>quinidine sulfate tabs 300 mg</i>	41

R

<i>raloxifene hcl tabs 60 mg</i>	82
RAPAMUNE SOLN 1 MG/ML [<i>sirolimus</i>]	87
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	87
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	87
RECOMBIMATE SOLR 1241-1800 UNIT [<i>antihemophilic factor (recombinant)</i>]	

(rfviii)]	35
RECOMBINATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant) (rfviii)]	35
RECOMBINATE SOLR 220-400 UNIT [antihemophilic factor (recombinant) (rfviii)]	35
RECOMBINATE SOLR 401-800 UNIT [antihemophilic factor (recombinant) (rfviii)]	35
RECOMBINATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant) (rfviii)]	35
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	20
REMICADE SOLR 100 MG [infliximab]	87
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	100
reserpine tab 0.1mg	42
reserpine tab 0.25mg	42
RETIN-A CREA 0.025 % [tretinoin]	97
RETIN-A CREA 0.05 % [tretinoin]	97
RETIN-A CREA 0.1 % [tretinoin]	97
RETIN-A GEL 0.01 % [tretinoin]	97
RETIN-A GEL 0.025 % [tretinoin]	97
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	97
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	97
RETROVIR SOLN 10 MG/ML [zidovudine]	20
REVLIMID CAPS 10 MG [lenalidomide]	26
REVLIMID CAPS 15 MG [lenalidomide]	26
REVLIMID CAPS 2.5 MG [lenalidomide]	26
REVLIMID CAPS 20 MG [lenalidomide]	26
REVLIMID CAPS 25 MG [lenalidomide]	26
REVLIMID CAPS 5 MG [lenalidomide]	26
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	93
RIABNI SOLN 100 MG/10ML [rituximab-arrx]	26
RIABNI SOLN 500 MG/50ML [rituximab-arrx]	26
RIASTAP SOLR [fibrinogen concentrate (human)]	35
ribavirin caps 200 mg	20
RIDAURA CAPS 3 MG [auranofin]	76
RIFABUTIN CAPS 150 MG [rifabutin]	16
rifampin caps 150 mg	16
rifampin caps 300 mg	16
rifampin solr 600 mg	17
riluzole tabs 50 mg	54
rimantadine hcl tabs 100 mg	20

RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	87
RINGERS SOLN [ringer's]	70
RISPERDAL CONSTA SRER 12.5 MG [risperidone microspheres]	58
RISPERDAL CONSTA SRER 25 MG [risperidone microspheres]	58
RISPERDAL CONSTA SRER 37.5 MG [risperidone microspheres]	58
RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	58
RISPERIDONE SOLN 1 MG/ML [risperidone]	58
RISPERIDONE TABS 0.25 MG [risperidone]	58
risperidone tabs 0.5 mg	58
risperidone tabs 1 mg	58
risperidone tabs 2 mg	58
risperidone tabs 3 mg	58
risperidone tabs 4 mg	58
ritonavir tabs 100 mg	20
RITUXAN SOLN 100 MG/10ML [rituximab]	26
RITUXAN SOLN 500 MG/50ML [rituximab]	27
rizatriptan benzoate tabs 10 mg	51
rizatriptan benzoate tabs 5 mg	51
rizatriptan benzoate tbdp 10 mg	51
rizatriptan benzoate tbdp 5 mg	51
rocuronium bromide soln 50 mg/5ml	31
ropinirole hcl er tb24 12 mg	52
ropinirole hcl er tb24 2 mg	52
ropinirole hcl er tb24 4 mg	52
ropinirole hcl er tb24 6 mg	52
ropinirole hcl er tb24 8 mg	52
ropinirole hcl tabs 0.25 mg	52
ropinirole hcl tabs 0.5 mg	52
ropinirole hcl tabs 1 mg	52
ropinirole hcl tabs 2 mg	52
ropinirole hcl tabs 3 mg	52
ropinirole hcl tabs 4 mg	52
ropinirole hcl tabs 5 mg	52
rosuvastatin calcium tabs 10 mg	38
rosuvastatin calcium tabs 20 mg	38
rosuvastatin calcium tabs 40 mg	38
rosuvastatin calcium tabs 5 mg	38
ROTARIX SUSR [rotavirus vaccine, live oral]	95
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	95
ROZLYTREK CAPS 100 MG [entrectinib]	27
ROZLYTREK CAPS 200 MG [entrectinib]	27
rufinamide susp 40 mg/ml	50
rufinamide tabs 200 mg	50
rufinamide tabs 400 mg	50

RYANODEX SUSR 250 MG [dantrolene sodium]	31
RYDAPT CAPS 25 MG [midostaurin]	27

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	32
SABRIL PACK 500 MG [vigabatrin]	50
SAFETY-LOK SYRINGE MISC 5 ML [syringe (disposable)]	64
SAFETY-LOK TB SYRINGE MISC 27G X 1/2	64
SALICYLIC ACID POWD [salicylic acid (bulk)]	90
SALSALATE TABS 500 MG [salsalate]	47
SALSALATE TABS 750 MG [salsalate]	47
SANDIMMUNE CAPS 100 MG [cyclosporine]	87
SANDIMMUNE CAPS 25 MG [cyclosporine]	87
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	87
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	88
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	88
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	88
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	88
SANTYL OINT 250 UNIT/GM [collagenase]	99
SARCLISA SOLN 100 MG/5ML [isatuximab-irfc]	27
SARCLISA SOLN 500 MG/25ML [isatuximab-irfc]	27
SARNA LOTN 0.5-0.5 % [camphor & menthol]	97
scopolamine pt72 1 mg/3days	74
selegiline hcl caps 5 mg	54
selegiline hcl tabs 5 mg	52
SELENIUM SOLN 40 MCG/ML [selenious acid]	70
selenium sulfide lotn 2.5 %	96
SELZENTRY TABS 150 MG [maraviroc]	20
SELZENTRY TABS 25 MG [maraviroc]	20
SELZENTRY TABS 300 MG [maraviroc]	20
SELZENTRY TABS 75 MG [maraviroc]	20
SEREVENT DISKUS AEPB 50 MCG/ACT [salmeterol xinafoate]	32
SEROSTIM SOLR 4 MG [somatropin (non-refrigerated)]	83
SEROSTIM SOLR 5 MG [somatropin (non-	

refrigerated)]	83
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	83
sertraline hcl tabs 100 mg	58
sertraline hcl tabs 25 mg	58
sertraline hcl tabs 50 mg	59
sevelamer carbonate pack 2.4 gm	68
sevelamer carbonate tabs 800 mg	68
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	88
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	95
sildenafil citrate tabs 100 mg	44
sildenafil citrate tabs 20 mg	44
sildenafil citrate tabs 50 mg	44
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	96
simvastatin tabs 10 mg	38
simvastatin tabs 20 mg	38
simvastatin tabs 40 mg	38
simvastatin tabs 5 mg	38
simvastatin tabs 80 mg	38
sirolimus soln 1 mg/ml	88
sirolimus tabs 0.5 mg	88
sirolimus tabs 1 mg	88
sirolimus tabs 2 mg	88
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	99
SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	99
SLO-NIACIN TBCR 500 MG [niacin]	100
SLO-NIACIN TBCR 750 MG [niacin]	101
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	66
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	66
SODIUM BICARBONATE SOLN 8.4 % [sodium bicarbonate]	66
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	70
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	70
SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	90
SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	90
SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	90
sodium chloride soln	69
SODIUM CHLORIDE SOLN 0.45 % [sodium	

chloride]	70	SOVALDI TABS 200 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	68	SOVALDI TABS 400 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	70	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate]	29
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	70	spironolactone tabs 100 mg	42
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	70	spironolactone tabs 25 mg	42
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	70	spironolactone tabs 50 mg	42
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	99	spironolactone-hctz tabs 25-25 mg	42
SODIUM EDECRIN SOLR 50 MG [ethacrynate sodium]	68	SPORANOX SOLN 10 MG/ML [itraconazole]	16
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [sodium fluoride]	88	SPRYCEL TABS 100 MG [dasatinib]	27
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	88	SPRYCEL TABS 140 MG [dasatinib]	27
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	88	SPRYCEL TABS 20 MG [dasatinib]	27
sodium phenylbutyrate powd 3 gm/tsp	66	SPRYCEL TABS 50 MG [dasatinib]	27
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	70	SPRYCEL TABS 70 MG [dasatinib]	27
sodium polystyrene sulfonate powd	68	SPRYCEL TABS 80 MG [dasatinib]	27
sodium polystyrene sulfonate susp 15 gm/60ml	68	SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	84
solifenacin succinate tabs 10 mg	99	stavudine caps 15 mg	20
solifenacin succinate tabs 5 mg	99	stavudine caps 20 mg	20
SOLIRIS SOLN 300 MG/30ML [eculizumab]	88	stavudine caps 30 mg	20
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	78	stavudine caps 40 mg	20
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	78	STELARA SOLN 45 MG/0.5ML [ustekinumab]	99
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	78	STELARA SOSY 45 MG/0.5ML [ustekinumab]	99
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	78	STELARA SOSY 90 MG/ML [ustekinumab]	99
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	78	STERILE WATER FOR INJECTION SOLN [water for injection, sterile]	90
SORBITOL SOLN 70 % [sorbitol (laxative)] ..	75	STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	68
SORBITOL SOLN 70 % [sorbitol]	90	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	29
sotalol hcl (af) tabs 80 mg	39	STIVARGA TABS 40 MG [regorafenib]	27
sotalol hcl tabs 120 mg	39	STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	71
sotalol hcl tabs 160 mg	39	STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	71
sotalol hcl tabs 240 mg	39	STRENSIQ SOLN 40 MG/ML [asfotase alfa] ..	71
sotalol hcl tabs 80 mg	39	STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	71
SOVALDI PACK 150 MG [sofosbuvir]	20	streptomycin sulfate solr 1 gm	15
SOVALDI PACK 200 MG [sofosbuvir]	20	STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	20
		STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl]	32
		sucalfate tabs 1 gm	75
		sulfacetamide sodium soln 10 %	71
		SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [sulfacetamide sodium w/ sulfur]	98

SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	98
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	98
sulfacetamide-prednisolone soln 10-0.23 %	72
sulfadiazine tabs 500 mg	15
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	15
sulfamethoxazole-trimethoprim tabs 400-80 mg	15
sulfamethoxazole-trimethoprim tabs 800-160 mg	15
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	96
sulfasalazine tabs 500 mg	15
sulfasalazine tbec 500 mg	15
SULFUR PRECIPITATED POWD [sulfur (bulk)]	90
sulindac tabs 150 mg	47
sulindac tabs 200 mg	47
sumatriptan soln 20 mg/act	51
sumatriptan succinate refill soct 6 mg/0.5ml	51
sumatriptan succinate soaj 6 mg/0.5ml	51
sumatriptan succinate soln 6 mg/0.5ml	51
sumatriptan succinate tabs 100 mg	51
sumatriptan succinate tabs 25 mg	51
sumatriptan succinate tabs 50 mg	51
sunitinib malate caps 12.5 mg	27
sunitinib malate caps 25 mg	27
sunitinib malate caps 37.5 mg	27
sunitinib malate caps 50 mg	27
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	64
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	64
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	64
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	91
SYLVANT SOLR 100 MG [siltuximab]	27
SYLVANT SOLR 400 MG [siltuximab]	27
SYMBICORT AERO 160-4.5 MCG/ACT [budesonide-formoterol fumarate dihydrate]	78
SYMBICORT AERO 80-4.5 MCG/ACT [budesonide-formoterol fumarate dihydrate]	78
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	91
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-ivacaftor]	91
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	20
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	20
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	20
SYNAGIS SOLN 100 MG/ML [palivizumab]	20
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	20
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	82
SYRINGE DISPOSABLE MISC 10 ML [syringe (disposable)]	64
SYRINGE DISPOSABLE MISC 20 ML [syringe (disposable)]	64
SYRINGE MISC 20G X 1-1/2	64
SYRINGE MISC 21G X 1-1/2	64
T	
TABLOID TABS 40 MG [thioguanine]	27
tacrolimus caps 0.5 mg	88
tacrolimus caps 1 mg	88
tacrolimus caps 5 mg	88
tacrolimus oint 0.03 %	99
tacrolimus oint 0.1 %	99
tadalafil (pah) tabs 20 mg	44
tadalafil tabs 10 mg	44
tadalafil tabs 2.5 mg	44
tadalafil tabs 20 mg	44
tadalafil tabs 5 mg	44
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	27
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	27
TAGRISSO TABS 40 MG [osimertinib mesylate]	27
TAGRISSO TABS 80 MG [osimertinib mesylate]	27
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	88

TAKHZYRO SOSY 300 MG/2ML [<i>lanadelumab-flyo</i>]	88	<i>[tetracycline hcl]</i>	15
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	20	TETRACYCLINE HCL CAPS 500 MG	
<i>tamoxifen citrate tabs 10 mg</i>	27	<i>[tetracycline hcl]</i>	15
<i>tamoxifen citrate tabs 20 mg</i>	27	TETRAVISC SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	73
<i>tamsulosin hcl caps 0.4 mg</i>	37	THALOMID CAPS 100 MG [<i>thalidomide</i>]	88
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	27	THALOMID CAPS 150 MG [<i>thalidomide</i>]	88
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	99	THALOMID CAPS 200 MG [<i>thalidomide</i>]	88
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	27	THALOMID CAPS 50 MG [<i>thalidomide</i>]	88
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	27	THAM SOLN 30 MEQ/100ML [<i>tromethamine</i>]	66
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	27	<i>theophylline er tb12 100 mg</i>	99
<i>tazarotene crea 0.1 %</i>	99	<i>theophylline er tb12 200 mg</i>	99
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	99	<i>theophylline er tb12 300 mg</i>	99
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	99	<i>theophylline er tb12 450 mg</i>	99
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	99	THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%	
TDVAX SUSP 2-2 LF/0.5ML [<i>tetanus-diphtheria toxoids (td)</i>]	94	<i>[theophylline in dextrose]</i>	99
TECENTRIQ SOLN 1200 MG/20ML		<i>thiamine hcl soln 100 mg/ml</i>	101
<i>[atezolizumab]</i>	27	THIOLA TABS 100 MG [<i>tiopronin</i>]	88
<i>temazepam caps 15 mg</i>	54	<i>thioridazine hcl tabs 10 mg</i>	59
<i>temazepam caps 30 mg</i>	54	<i>thioridazine hcl tabs 100 mg</i>	59
<i>temozolomide caps 100 mg</i>	27	<i>thioridazine hcl tabs 25 mg</i>	59
<i>temozolomide caps 140 mg</i>	27	<i>thioridazine hcl tabs 50 mg</i>	59
<i>temozolomide caps 180 mg</i>	27	<i>thiotepa solr 15 mg</i>	27
<i>temozolomide caps 20 mg</i>	27	<i>thiothixene caps 1 mg</i>	59
<i>temozolomide caps 250 mg</i>	27	<i>thiothixene caps 10 mg</i>	59
<i>temozolomide caps 5 mg</i>	27	<i>thiothixene caps 2 mg</i>	59
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	20	<i>thiothixene caps 5 mg</i>	59
<i>terazosin hcl caps 1 mg</i>	37	THROMBIN-JMI KIT 20000 UNIT [<i>thrombin</i>]	35
<i>terazosin hcl caps 10 mg</i>	37	THROMBIN-JMI SOLR 20000 UNIT [<i>thrombin</i>]	35
<i>terazosin hcl caps 2 mg</i>	37	THROMBIN-JMI SOLR 5000 UNIT [<i>thrombin</i>]	35
<i>terazosin hcl caps 5 mg</i>	37	THYMOL CRYST [<i>thymol</i>]	90
<i>terbinafine hcl tabs 250 mg</i>	16	THYROGEN SOLR 0.9 MG [<i>thyrotropin alfa</i>]	66
<i>terbutaline sulfate soln 1 mg/ml</i>	32	TICE BCG SUSR 50 MG [<i>bcg live intravesical</i>]	95
<i>terbutaline sulfate tabs 2.5 mg</i>	32		
<i>terbutaline sulfate tabs 5 mg</i>	32	<i>timolol maleate soln 0.25 %</i>	73
<i>testosterone cypionate soln 200 mg/ml</i>	78	<i>timolol maleate soln 0.5 %</i>	73
<i>testosterone enanthate soln 200 mg/ml</i>	78	TISSUEBLUE SOSY 0.025 % [<i>brilliant blue g</i>]	66
<i>testosterone gel 12.5 mg/act (1%)</i>	79		
<i>testosterone gel 20.25 mg/act (1.62%)</i>	79	TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	20
<i>testosterone gel 25 mg/2.5gm (1%)</i>	79	TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	20
<i>testosterone gel 50 mg/5gm (1%)</i>	79	TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	20
TESTOSTERONE PROPIONATE POWD		TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	20
<i>[testosterone propionate (bulk)]</i>	90	<i>tizanidine hcl tabs 2 mg</i>	31
TETRACAINE HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	73	<i>tizanidine hcl tabs 4 mg</i>	31
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	84	TNKASE KIT 50 MG [<i>tenecteplase</i>]	36
TETRACYCLINE HCL CAPS 250 MG		TOBI PODHALER CAPS 28 MG [<i>tobramycin</i>]	15
		TOBRADEX OINT 0.3-0.1 % [<i>tobramycin-</i>	

dexamethasone]	72	TRIAMTERENE-HCTZ TABS 75-50 MG	
tobramycin nebu 300 mg/5ml	15	[triamterene & hydrochlorothiazide]	68
tobramycin sulfate soln 10 mg/ml	15	TRI-CHLOR LIQD 80 % [trichloroacetic acid]	
tobramycin sulfate soln 80 mg/2ml	15		88
topiramate csp 15 mg	50	TRICITRATES SOLN 550-500-334 MG/5ML [pot	
topiramate csp 25 mg	50	& sod citrates w/citric ac]	66
topiramate tabs 100 mg	50	trifluoperazine hcl tabs 1 mg	59
topiramate tabs 200 mg	50	trifluoperazine hcl tabs 10 mg	59
topiramate tabs 25 mg	50	trifluoperazine hcl tabs 2 mg	59
topiramate tabs 50 mg	50	trifluoperazine hcl tabs 5 mg	59
topotecan hcl solr 4 mg	27	trifluridine soln 1 %	71
TORISEL SOLN 25 MG/ML [temsirolimus] ..	27	trihexyphenidyl hcl soln 0.4 mg/ml	52
torsemide tabs 10 mg	68	trihexyphenidyl hcl tabs 2 mg	53
torsemide tabs 100 mg	68	trihexyphenidyl hcl tabs 5 mg	53
torsemide tabs 20 mg	68	TRIKAFTA TBPK 100-50-75 & 150 MG	
torsemide tabs 5 mg	68	[elexacaftor-tezacaftor-ivacaftor]	91
TRACLEER TABS 125 MG [bosentan]	44	TRIKAFTA TBPK 50-25-37.5 & 75 MG	
TRACLEER TABS 62.5 MG [bosentan]	44	[elexacaftor-tezacaftor-ivacaftor]	91
TRACLEER TBSO 32 MG [bosentan]	91	trimethoprim tabs 100 mg	21
TRADJENTA TABS 5 MG [linagliptin]	80	TRISENOX SOLN 12 MG/6ML [arsenic	
tramadol hcl tabs 50 mg	47	trioxide]	28
tramadol-acetaminophen tabs 37.5-325 mg	47	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-	
tranexamic acid soln 1000 mg/10ml	35	dolutegravir-lamivudine]	20
tranexamic acid tabs 650 mg	35	TRIUMEQ TABS 600-50-300 MG [abacavir-	
TRANSDERM-SCOP PT72 1 MG/3DAYS		dolutegravir-lamivudine]	20
[scopolamine]	74	TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric	
tranylcypromine sulfate tabs 10 mg	59	vitamins adc]	100
TRAVASOL SOLN 10 % [amino acid infusion]		TRI-VITE/FLUORIDE SOLN 0.5 MG/ML	
.....	67	[pediatric vitamins acd w/ fluoride]	100
trazodone hcl tabs 100 mg	59	TRIZIVIR TABS 300-150-300 MG [abacavir	
trazodone hcl tabs 150 mg	59	sulfate-lamivudine-zidovudine]	20
trazodone hcl tabs 50 mg	59	TROPHAMINE SOLN 10 % [amino acid	
TREANDA SOLR 100 MG [bendamustine hcl]		infusion]	67
.....	27	TROPHAMINE SOLN 6 % [amino acid	
TRECATOR TABS 250 MG [ethionamide]	17	infusion]	67
TREMFYA SOPN 100 MG/ML [guselkumab] ..	99	tropicamide soln 1 %	74
TREMFYA SOSY 100 MG/ML [guselkumab] ..	99	tropium chloride er cp24 60 mg	99
tretinoin caps 10 mg	27	tropium chloride tabs 20 mg	99
triamcinolone acetonide crea 0.025 %	97	TRUXIMA SOLN 100 MG/10ML [rituximab-	
triamcinolone acetonide crea 0.1 %	97	abbs]	28
triamcinolone acetonide crea 0.5 %	97	TRUXIMA SOLN 500 MG/50ML [rituximab-	
triamcinolone acetonide oint 0.025 %	97	abbs]	28
triamcinolone acetonide oint 0.1 %	97	TRUZONE PEAK FLOW METER DEVI [peak	
triamcinolone acetonide oint 0.5 %	97	flow meter]	64
TRIAMCINOLONE ACETONIDE POWD		TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin	
[triamcinolone acetonide (topical)]	90	ppd]	66
triamcinolone acetonide pste 0.1 %	97	TUKYSA TABS 150 MG [tucatinib]	28
triamterene-hctz caps 37.5-25 mg	68	TUKYSA TABS 50 MG [tucatinib]	28
TRIAMTERENE-HCTZ TABS 37.5-25 MG		TYKERB TABS 250 MG [lapatinib ditosylate]	
[triamterene & hydrochlorothiazide]	68		28

TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	95
TYPHIM VI SOSY 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	95
TYSABRI CONC 300 MG/15ML [natalizumab]	88
TYVASO REFILL SOLN 0.6 MG/ML [treprostinil]	44
TYVASO SOLN 0.6 MG/ML [treprostinil]	44
TYVASO STARTER SOLN 0.6 MG/ML [treprostinil]	44

U

ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8	65
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	88
ULTOMIRIS SOLN 300 MG/30ML [ravulizumab-cwvz]	88
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	88
ULTRA THIN LANCETS 30G MISC [lancets]	65
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16	65
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	28
ursodiol tabs 250 mg	75
ursodiol tabs 500 mg	75

V

valacyclovir hcl tabs 1 gm	20
valacyclovir hcl tabs 500 mg	20
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	20
valganciclovir hcl tabs 450 mg	21
valproic acid caps 250 mg	50
valproic acid soln 250 mg/5ml	50
valsartan tabs 160 mg	42
valsartan tabs 320 mg	42
valsartan tabs 40 mg	42
valsartan tabs 80 mg	42
valsartan-hydrochlorothiazide tabs 160-12.5 mg	42
valsartan-hydrochlorothiazide tabs 160-25 mg	42
valsartan-hydrochlorothiazide tabs 320-12.5 mg	42
valsartan-hydrochlorothiazide tabs 320-25 mg	42

valsartan-hydrochlorothiazide tabs 80-12.5 mg	42
vancomycin hcl caps 125 mg	15
vancomycin hcl caps 250 mg	15
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	15
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	15
vancomycin hcl solr 1 gm	15
vancomycin hcl solr 10 gm	15
vancomycin hcl solr 5 gm	15
vancomycin hcl solr 500 mg	15
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2	65
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	95
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	95
varenicline tartrate tabs 0.5 mg	30
varenicline tartrate tabs 1 mg	30
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	42
VAXCHORA SUSR [cholera vaccine live attenuated]	95
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	99
vecuronium bromide solr 10 mg	31
vecuronium bromide solr 20 mg	31
VEKLURY SOLN 100 MG/20ML [remdesivir]	21
VEKLURY SOLR 100 MG [remdesivir]	21
VELCADE SOLR 3.5 MG [bortezomib]	28
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [venetoclax]	28
VENCLEXTA TABS 10 MG [venetoclax]	28
VENCLEXTA TABS 100 MG [venetoclax]	28
VENCLEXTA TABS 50 MG [venetoclax]	28
venlafaxine hcl er cp24 150 mg	59
venlafaxine hcl er cp24 37.5 mg	59
venlafaxine hcl er cp24 75 mg	59
venlafaxine hcl tabs 100 mg	59
venlafaxine hcl tabs 25 mg	59
venlafaxine hcl tabs 37.5 mg	59
venlafaxine hcl tabs 50 mg	59
venlafaxine hcl tabs 75 mg	59
VENOFER SOLN 20 MG/ML [iron sucrose]	32
VENTAVIS SOLN 10 MCG/ML [iloprost]	44
VENTAVIS SOLN 20 MCG/ML [iloprost]	44
verapamil hcl er tbc 120 mg	40
verapamil hcl er tbc 180 mg	40

verapamil hcl er tbc 240 mg	40
VERAPAMIL HCL POWD [verapamil hcl]	90
verapamil hcl soln 2.5 mg/ml	40
verapamil hcl tabs 120 mg	40
verapamil hcl tabs 40 mg	40
verapamil hcl tabs 80 mg	40
VFEND IV SOLR 200 MG [voriconazole]	16
VICTOZA SOPN 18 MG/3ML [liraglutide]	80
VIMIZIM SOLN 5 MG/5ML [elosulfase alfa]	71
vinblastine sulfate soln 1 mg/ml	28
vincristine sulfate soln 1 mg/ml	28
vinorelbine tartrate soln 10 mg/ml	28
vinorelbine tartrate soln 50 mg/5ml	28
VIRACEPT TABS 250 MG [nelfinavir mesylate]	21
VIRACEPT TABS 625 MG [nelfinavir mesylate]	21
VIRAMUNE SUSP 50 MG/5ML [nevirapine] ..	21
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [pseudoephedrine w/ codeine-gg]	90
VISUDYNE SOLR 15 MG [verteporfin]	73
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	101
vitamin k1 soln 1 mg/0.5ml	101
vitamin k1 soln 10 mg/ml	101
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [pediatric vitamins acd w/ fluoride]	100
VIVOTIF CPDR [typhoid vaccine]	95
VOCABRIA TABS 30 MG [cabotegravir sodium]	21
VORAXAZE SOLR 1000 UNIT [glucarpidase] ..	71
voriconazole tabs 200 mg	16
voriconazole tabs 50 mg	16
VOSEVI TABS 400-100-100 MG [sofosbuvir- velpatasvir-voxilaprevir]	21
VOTRIENT TABS 200 MG [pazopanib hcl] ..	28
VPRIV SOLR 400 UNIT [velaglucerase alfa] ..	71
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	48
VYVANSE CAPS 70 MG [lisdexamfetamine	

dimesylate]	48
VYVGART SOLN 400 MG/20ML [efgartigimod alfa-fcab]	88
VYXEOS SUSR 44-100 MG [daunorubicin- cytarabine liposome]	28

W

warfarin sodium tabs 1 mg	36
warfarin sodium tabs 10 mg	36
warfarin sodium tabs 2 mg	36
warfarin sodium tabs 2.5 mg	37
warfarin sodium tabs 3 mg	37
warfarin sodium tabs 4 mg	37
warfarin sodium tabs 5 mg	37
warfarin sodium tabs 6 mg	37
warfarin sodium tabs 7.5 mg	37
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	59
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	60

X

XALKORI CAPS 200 MG [crizotinib]	28
XALKORI CAPS 250 MG [crizotinib]	28
XELJANZ TABS 10 MG [tofacitinib citrate] ..	88
XELJANZ TABS 5 MG [tofacitinib citrate]	88
XELJANZ XR TB24 11 MG [tofacitinib citrate]	88
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	97
XIFAXAN TABS 550 MG [rifaximin]	15
XOLAIR SOLR 150 MG [omalizumab]	91
XOLAIR SOSY 150 MG/ML [omalizumab]	91
XOLAIR SOSY 75 MG/0.5ML [omalizumab] ..	91
XTANDI CAPS 40 MG [enzalutamide]	28
XTANDI TABS 40 MG [enzalutamide]	28
XTANDI TABS 80 MG [enzalutamide]	28

Y

YERVOY SOLN 200 MG/40ML [<i>ipilimumab</i>]	28
YERVOY SOLN 50 MG/10ML [<i>ipilimumab</i>]	28
YONDELIS SOLR 1 MG [<i>trabectedin</i>]	28

Z

ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	37
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	37
ZEJULA CAPS 100 MG [<i>niraparib tosylate</i>]	28
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	28
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	75
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZENPEP CPEP 3000-10000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	21
zidovudine caps 100 mg	21

zidovudine syrp 50 mg/5ml	21
zidovudine tabs 300 mg	21
ZINC SULFATE HEPTAHYDRATE POWD [<i>zinc sulfate heptahydrate</i>]	90
ZINC SULFATE MONOHYDRATE POWD [<i>zinc sulfate monohydrate</i>]	90
ZINC SULFATE SOLN 1 MG/ML [<i>zinc sulfate</i>]	71
ziprasidone hcl caps 20 mg	59
ziprasidone hcl caps 40 mg	59
ziprasidone hcl caps 60 mg	59
ziprasidone hcl caps 80 mg	59
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	15
zoledronic acid conc 4 mg/5ml	88
zoledronic acid soln 5 mg/100ml	88
zolpidem tartrate tabs 5 mg	54
zonisamide caps 100 mg	50
zonisamide caps 25 mg	50
zonisamide caps 50 mg	51
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	15
ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	15
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	28
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	28
ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	28
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	28
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	28

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

Farsi

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

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

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

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

Khmer: យើងផ្តល់សេវានៃអ្នកបកប្រែ ដោយឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុងម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយឆ្លើយសំណួរបស់អ្នក អំពីការរ៉ាប់រងថែទាំ សុខភាព របស់យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសាខ្មែរ ដោយឥតគិតថ្លៃដល់អ្នកដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។

អ្នកប្រើ TTY ហៅលេខ 711 ។

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

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

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

24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, 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 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ)ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ (ਫ਼ੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** ' ਤੇ ਫ਼ੋਨ ਕਰਨ।

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

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

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

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง

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

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

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

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

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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

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

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

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



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

Please recycle. A small recycling symbol consisting of three chasing arrows forming a triangle.

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