KAISER PERMANENTE: 2026 SOUTHERN CALIFORNIA COMMERCIAL HMO FORMULARY

[THIS FORMULARY WAS UPDATED ON: 11/01/2026]

2026 Southern California Commercial HMO 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 11/03/2026. This formulary document may vary depending on your benefit plan. Refer to your Evidence of Coverage (EOC) to see which formulary applies to your benefit plan and the cost share that applies for each drug tier. This formulary is subject to change and all previous versions of the formulary no longer apply and 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 Member Services 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 formulary 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 EOC. You can obtain an EOC for your benefit plan as follows:

- **Individual plans offered directly by Kaiser Permanente:** kp.org/plandocuments
- **Small and large group plans offered directly by Kaiser Permanente:** Contact Member Services at 1-844-554-9181 to request your 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 description for your coverage for FDA-approved outpatient prescription drugs, devices, and products can be found in your EOC.

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

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

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

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

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

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

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Informational

Definitions

Term

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

does not have a requirement for PA.
Step Therapy (ST) is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. Note: Kaiser Foundation Health Plan does not have a requirement for Step Therapy.
Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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

What drugs are covered?

Kaiser Permanente covers brand, generic, and specialty drugs listed on the California Commercial Formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other coverage rules are followed.
If you are prescribed a drug on the California Commercial Formulary, that drug will be covered under the terms of your drug benefit.

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

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

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

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

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

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

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

Are there any restrictions on the drugs covered on the Formulary?
Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. Additionally, current law limits the cost share (per prescription maximum) on oral anti-cancer drugs to no more than $250 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 and we cannot mail drugs to all 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 the provider directory at **kp.org/facilities** 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 100. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Formulary Legend

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

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

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

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

Example	
Generic drug	***atorvastatin calcium tabs 40 mg***
Generic drug marketed with a brand name	[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR HFA AERO 230-21 MCG/ACT ***[fluticasone-salmeterol]***

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

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

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

Tier 1	Most generic drugs (includes certain brand-name drugs)
Tier 2	Most brand-name drugs (includes certain generic drugs)
Tier 4	High-cost brand-name or generic drugs

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

What are generic drugs?

A generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. Generally, generic drugs cost less than brand-name drugs.

What are brand-name drugs?

A brand name drug is a drug that is marketed under a proprietary, trademark protected name. Brand-name drugs are usually 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 on Tier 4 of the formulary.

Cost Share for covered drugs

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

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

Note: The tier in which a generic or brand drug is classified under may change at any time during the year. Additionally, certain brand drugs may be covered at the cost share that applies for Tier 1 and certain generic drugs may be covered at the Tier 2 cost share. Tier 4 is for specialty drugs that are covered at a higher cost share.

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

Key to Formulary Abbreviations
QL = Quantity Limits for certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.
LD = Limited Distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, refer to the provider directory at **kp.org/facilities** 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 $250 per 30-day supply. Please see your Summary of Benefits for more detailed information.
PREV = Preventive health drugs are select drugs required by federal law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of "A" or "B."
MB = A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole tabs 200 mg	1	
ivermectin tabs 3 mg	1	
ANTIBACTERIALS		
amikacin sulfate soln 500 mg/2ml	1	MB
amoxicillin caps 250 mg	1	
amoxicillin caps 500 mg	1	
amoxicillin chew 125 mg	1	
amoxicillin chew 250 mg	1	
amoxicillin susr 125 mg/5ml	1	
amoxicillin susr 200 mg/5ml	1	
amoxicillin susr 250 mg/5ml	1	
amoxicillin susr 400 mg/5ml	1	
amoxicillin-pot clavulanate chew 200-28.5 mg	1	
amoxicillin-pot clavulanate chew 400-57 mg	1	
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	1	
amoxicillin-pot clavulanate susr 250-62.5 mg/5ml	1	
amoxicillin-pot clavulanate susr 400-57 mg/5ml	1	
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate tabs 500-125 mg	1	
amoxicillin-pot clavulanate tabs 875-125 mg	1	
amp-sulbacta inj 1.5gm	1	MB
ampicillin caps 500 mg	1	
ampicillin sodium solr 1 gm	1	MB
ampicillin sodium solr 125 mg	1	MB
ampicillin sodium solr 2 gm	1	MB
ampicillin sodium solr 250 mg	1	MB
ampicillin sodium solr 500 mg	1	MB
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	1	MB
ampicillin-sulbactam sodium solr 3 (2-1) gm	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML ***[amoxicillin & pot clavulanate]***	2	
azithromycin solr 500 mg	1	MB
azithromycin susr 100 mg/5ml	1	
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
BICILLIN L-A SUSY 1200000 UNIT/2ML ***[penicillin g benzathine]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BICILLIN L-A SUSY 2400000 UNIT/4ML ***[penicillin g benzathine]***	2	MB
BICILLIN L-A SUSY 600000 UNIT/ML ***[penicillin g benzathine]***	2	MB
CAYSTON SOLR 75 MG ***[aztreonam lysine]***	4	QL - 30 day(s),LD
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
cefoxitin sodium inj 1gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
CLEOCIN PHOSPHATE SOLN 300 MG/2ML ***[clindamycin phosphate]***	2	MB
CLEOCIN PHOSPHATE SOLN 600 MG/4ML ***[clindamycin phosphate]***	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate in d5w soln 900 mg/50ml	1	MB
daptomycin solr 500 mg	1	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate caps 100 mg	1	
doxycycline hyclate tabs 100 mg	1	
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	
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
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	2	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ INJ 1GM ***[ertapenem sodium]***	4	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
MINOCIN SOLR 100 MG ***[minocycline hcl]***	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl in nacl soln 400 mg/250ml	1	MB
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[nafcillin sodium in dextrose]***	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML ***[nafcillin sodium in dextrose]***	2	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[oxacillin sodium in dextrose]***	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML ***[oxacillin sodium in dextrose]***	2	MB
oxacillin sodium solr 1 gm	1	MB
oxacillin sodium solr 2 gm	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
penicillin g potassium solr 20000000 unit	1	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
SULFATRIM PEDIATRIC SUSP 200-40 MG/5ML ***[sulfamethoxazole-trimethoprim]***	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
tetracycline hcl caps 250 mg	1	
tetracycline hcl caps 500 mg	1	
TOBI PODHALER CAPS 28 MG ***[tobramycin]***	4	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% ***[vancomycin hcl-dextrose]***	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% ***[vancomycin hcl-dextrose]***	2	MB
vancomycin hcl solr 1 gm	1	MB
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB
XIFAXAN TABS 550 MG ***[rifaximin]***	2	QL - 30 day(s)
ZITHROMAX PACK 1 GM ***[azithromycin]***	2	
ZOSYN SOLN 2-0.25 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ZOSYN SOLN 3-0.375 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ANTIFUNGALS		
AMBISOME SUSR 50 MG ***[amphotericin b liposome]***	4	MB
amphotericin b solr 50 mg	2	MB
CANCIDAS SOLR 50 MG ***[caspofungin acetate]***	4	MB
CANCIDAS SOLR 70 MG ***[caspofungin acetate]***	4	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
fluconazole in dextrose inj dex 200	1	MB
fluconazole in nacl inj nacl 200	1	MB
fluconazole in nacl inj nacl 400	1	MB
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	1	MB
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	1	MB
fluconazole susr 10 mg/ml	1	
fluconazole susr 40 mg/ml	1	
fluconazole tabs 100 mg	1	
fluconazole tabs 150 mg	1	
fluconazole tabs 200 mg	1	
fluconazole tabs 50 mg	1	
flucytosine caps 250 mg	1	
flucytosine caps 500 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs 125 mg	1	
griseofulvin ultramicrosize tabs 250 mg	1	
itraconazole caps 100 mg	1	
ketoconazole tabs 200 mg	1	
micafungin sodium solr 100 mg	1	
micafungin sodium solr 50 mg	1	
nystatin susp 100000 unit/ml	1	
nystatin tabs 500000 unit	1	
SPORANOX SOLN 10 MG/ML ***[itraconazole]***	2	
terbinafine hcl tabs 250 mg	1	
voriconazole tabs 200 mg	1	
voriconazole tabs 50 mg	1	
ANTIMYCOBACTERIALS		
cycloserine caps 250 mg	1	
dapsone tabs 100 mg	1	
dapsone tabs 25 mg	1	
ethambutol hcl tabs 100 mg	1	
ethambutol hcl tabs 400 mg	1	
isoniazid soln 100 mg/ml	1	MB
isoniazid syrp 50 mg/5ml	1	
isoniazid tabs 100 mg	1	
isoniazid tabs 300 mg	1	
PRETOMANID TABS 200 MG ***[pretomanid]***	2	
PRIFTIN TABS 150 MG ***[rifapentine]***	2	
pyrazinamide tabs 500 mg	1	
rifabutin caps 150 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
rifampin caps 150 mg	1	
rifampin caps 300 mg	1	
rifampin solr 600 mg	1	MB
TRECATOR TABS 250 MG ***[ethionamide]***	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML ***[nitazoxanide]***	2	
ALINIA TABS 500 MG ***[nitazoxanide]***	2	
atovaquone susp 750 mg/5ml	1	
atovaquone-proguanil hcl tabs 250-100 mg	1	
atovaquone-proguanil hcl tabs 62.5-25 mg	1	
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG ***[artemether-lumefantrine]***	2	
DARAPRIM TABS 25 MG ***[pyrimethamine]***	2	QL - 30 day(s)
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
hydroxychloroquine sulfate tabs 200 mg	1	
LIKMEZ SUSP 500 MG/5ML ***[metronidazole]***	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE SOLN 500 MG/100ML ***[metronidazole]***	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG ***[pentamidine isethionate]***	2	
PENTAM SOLR 300 MG ***[pentamidine isethionate]***	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG ***[primaquine phosphate]***	2	
ANTIVIRALS		
abacavir sulfate tabs 300 mg	1	
abacavir sulfate-lamivudine tabs 600-300 mg	1	
acyclovir caps 200 mg	1	
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG ***[tipranavir]***	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
BARACLUDE SOLN 0.05 MG/ML ***[entecavir]***	4	
BEYFORTUS SOSY 100 MG/ML ***[nirsevimab-alip]***	2	MB
BEYFORTUS SOSY 50 MG/0.5ML ***[nirsevimab-alip]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BIKTARVY TABS 30-120-15 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]***	2	
BIKTARVY TABS 50-200-25 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]***	2	
CABENUVA SUER 400 & 600 MG/2ML ***[cabotegravir & rilpivirine]***	2	
CABENUVA SUER 600 & 900 MG/3ML ***[cabotegravir & rilpivirine]***	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG ***[lamivudine-tenofovir disoproxil fumarate]***	2	
COMPLERA TABS 200-25-300 MG ***[emtricitabine-rilpivirine-tenofovir disoproxil fumarate]***	2	
darunavir tabs 600 mg	1	
darunavir tabs 800 mg	1	
DESCOVY TABS 120-15 MG ***[emtricitabine-tenofovir alafenamide fumarate]***	2	
DESCOVY TABS 200-25 MG ***[emtricitabine-tenofovir alafenamide fumarate]***	2	PREV
DOVATO TABS 50-300 MG ***[dolutegravir sodium-lamivudine]***	2	
EDURANT TABS 25 MG ***[rilpivirine hcl]***	2	
efavirenz tabs 600 mg	1	
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	1	
emtricitabine caps 200 mg	1	
emtricitabine-tenofovir df tabs 100-150 mg	1	
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
emtricitabine-tenofovir df tabs 200-300 mg	1	PREV
EMTRIVA SOLN 10 MG/ML ***[emtricitabine]***	2	
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA PACK 150-37.5 MG ***[sofosbuvir-velpatasvir]***	4	
EPCLUSA PACK 200-50 MG ***[sofosbuvir-velpatasvir]***	4	
EPCLUSA TABS 200-50 MG ***[sofosbuvir-velpatasvir]***	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG ***[sofosbuvir-velpatasvir]***	4	QL - 30 day(s)
etravirine tabs 100 mg	1	
etravirine tabs 200 mg	1	
EVOTAZ TABS 300-150 MG ***[atazanavir sulfate-cobicistat]***	2	
fosamprenavir calcium tabs 700 mg	1	
FOSCAVIR SOLN 6000 MG/250ML ***[foscarnet sodium]***	2	MB
ganciclovir sodium solr 500 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GENVOYA TABS 150-150-200-10 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
HARVONI TABS 45-200 MG ***[ledipasvir-sofosbuvir]***	4	QL - 30 day(s)
HARVONI TABS 90-400 MG ***[ledipasvir-sofosbuvir]***	4	QL - 30 day(s)
INTELENCE TABS 25 MG ***[etravirine]***	2	
ISENTRESS CHEW 100 MG ***[raltegravir potassium]***	2	
ISENTRESS CHEW 25 MG ***[raltegravir potassium]***	2	
ISENTRESS HD TABS 600 MG ***[raltegravir potassium]***	2	
ISENTRESS TABS 400 MG ***[raltegravir potassium]***	2	
JULUCA TABS 50-25 MG ***[dolutegravir sodium-rilpivirine hcl]***	2	
lamivudine soln 10 mg/ml	1	
lamivudine tabs 100 mg	1	
lamivudine tabs 150 mg	1	
lamivudine tabs 300 mg	1	
lamivudine-zidovudine tabs 150-300 mg	1	
LIVTENCITY TABS 200 MG ***[maribavir]***	4	QL - 30 day(s)
lopinavir-ritonavir soln 400-100 mg/5ml	1	
lopinavir-ritonavir tabs 100-25 mg	1	
lopinavir-ritonavir tabs 200-50 mg	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
ODEFSEY TABS 200-25-25 MG ***[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]***	2	
oseltamivir phosphate caps 30 mg	1	
oseltamivir phosphate caps 45 mg	1	
oseltamivir phosphate caps 75 mg	1	
oseltamivir phosphate susr 6 mg/ml	1	
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]***	2	
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG ***[nirmatrelvir-ritonavir]***	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]***	2	
PEGASYS SOLN 180 MCG/ML ***[peginterferon alfa-2a]***	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML ***[peginterferon alfa-2a]***	4	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML ***[letermovir]***	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML ***[letermovir]***	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG ***[letermovir]***	4	QL - 30 day(s)
PREVYMIS TABS 480 MG ***[letermovir]***	4	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG ***[darunavir-cobicistat]***	2	
PREZISTA TABS 75 MG ***[darunavir]***	2	
RELENZA DISKHALER AEPB 5 MG/ACT ***[zanamivir]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RETROVIR SOLN 10 MG/ML ***[zidovudine]***	2	MB
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG ***[maraviroc]***	2	
SELZENTRY TABS 300 MG ***[maraviroc]***	2	
SOVALDI PACK 150 MG ***[sofosbuvir]***	4	QL - 30 day(s)
SOVALDI PACK 200 MG ***[sofosbuvir]***	4	QL - 30 day(s)
SOVALDI TABS 200 MG ***[sofosbuvir]***	4	QL - 30 day(s)
SOVALDI TABS 400 MG ***[sofosbuvir]***	4	QL - 30 day(s)
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir df]***	2	
SYMFI LO TABS 400-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	2	
SYMFI TABS 600-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	2	
SYMTUZA TABS 800-150-200-10 MG ***[darunavir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY PD TBSO 5 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 50 MG ***[dolutegravir sodium]***	2	
TRIUMEQ PD TBSO 60-5-30 MG ***[abacavir-dolutegravir-lamivudine]***	2	
TRIUMEQ TABS 600-50-300 MG ***[abacavir-dolutegravir-lamivudine]***	2	
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML ***[valganciclovir hcl]***	4	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VEKLURY SOLN 100 MG/20ML ***[remdesivir]***	4	
VEKLURY SOLR 100 MG ***[remdesivir]***	4	
VIRACEPT TABS 250 MG ***[nelfinavir mesylate]***	2	
VIRACEPT TABS 625 MG ***[nelfinavir mesylate]***	2	
VOCABRIA TABS 30 MG ***[cabotegravir sodium]***	2	
voriconazole solr 200 mg	1	MB
VOSEVI TABS 400-100-100 MG ***[sofosbuvir-velpatasvir-voxilaprevir]***	4	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML ***[abacavir sulfate]***	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG ***[nitrofurantoin macrocrystal]***	1	
nitrofurantoin macrocrystal caps 25 mg	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		
BANOPHEN CAPS 50 MG ***[diphenhydramine hcl]***	1	
cyproheptadine hcl syrp 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
diphenhydramine hcl soln 50 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	OC
ADCETRIS SOLR 50 MG ***[brentuximab vedotin]***	2	MB
ALECENSA CAPS 150 MG ***[alectinib hcl]***	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG ***[melphalan]***	2	OC
ALUNBRIG TABS 180 MG ***[brigatinib]***	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG ***[brigatinib]***	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG ***[brigatinib]***	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG ***[brigatinib]***	4	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML ***[calaspargase pegol-mknl]***	4	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML ***[bevacizumab]***	4	MB
azacitidine susr 100 mg	1	MB
bendamustine hcl solr 100 mg	1	MB
bicalutamide tabs 50 mg	1	OC
bleomycin sulfate solr 15 unit	1	MB
BLINCYTO SOLR 35 MCG ***[blinatumomab]***	4	QL - 30 day(s),MB
BRUKINSA TABS 160 MG ***[zanubrutinib]***	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG ***[acalabrutinib maleate]***	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CAMPTOSAR SOLN 100 MG/5ML ***[irinotecan hcl]***	2	MB
CAMPTOSAR SOLN 40 MG/2ML ***[irinotecan hcl]***	2	MB
capecitabine tabs 150 mg	1	OC
capecitabine tabs 500 mg	1	OC
CAPRELSA TABS 100 MG ***[vandetanib]***	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG ***[vandetanib]***	4	QL - 30 day(s),OC
carboplatin soln 150 mg/15ml	1	MB
carboplatin soln 450 mg/45ml	1	MB
carboplatin soln 50 mg/5ml	1	MB
carboplatin soln 600 mg/60ml	1	MB
carmustine solr 100 mg	1	MB
cisplatin soln 100 mg/100ml	1	MB
cladribine soln 10 mg/10ml	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ***[cabozantinib s-malate]***	4	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG ***[duvelisib]***	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG ***[duvelisib]***	4	QL - 30 day(s),OC
COTELLIC TABS 20 MG ***[cobimetinib fumarate]***	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG ***[cyclophosphamide]***	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG ***[cyclophosphamide]***	1	OC
cyclophosphamide solr 1 gm	1	MB
cyclophosphamide solr 2 gm	1	MB
cyclophosphamide solr 500 mg	1	MB
CYRAMZA SOLN 100 MG/10ML ***[ramucirumab]***	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML ***[ramucirumab]***	4	QL - 30 day(s),MB
cytarabine soln 20 mg/ml	1	MB
dacarbazine solr 100 mg	1	MB
dacarbazine solr 200 mg	1	MB
DARZALEX SOLN 100 MG/5ML ***[daratumumab]***	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML ***[daratumumab]***	4	QL - 30 day(s),MB
dasatinib tabs 100 mg	1	QL - 30 day(s),OC
dasatinib tabs 140 mg	1	QL - 30 day(s),OC
dasatinib tabs 20 mg	1	QL - 30 day(s),OC
dasatinib tabs 50 mg	1	QL - 30 day(s),OC
dasatinib tabs 70 mg	1	QL - 30 day(s),OC
dasatinib tabs 80 mg	1	QL - 30 day(s),OC
daunorubicin hcl soln 20 mg/4ml	1	MB
docetaxel conc 80 mg/4ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
doxorubicin hcl liposomal susp 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
ELAHERE SOLN 100 MG/20ML ***[mirvetuximab soravtansine-gynx]***	4	QL - 30 day(s),MB
EMCYT CAPS 140 MG ***[estramustine phosphate sodium]***	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG ***[fam-trastuzumab deruxtecan-nxki]***	4	MB
ERBITUX SOLN 100 MG/50ML ***[cetuximab]***	4	MB
ERBITUX SOLN 200 MG/100ML ***[cetuximab]***	4	MB
ERIVEDGE CAPS 150 MG ***[vismodegib]***	4	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
etoposide caps 50 mg	1	OC
etoposide soln 100 mg/5ml	1	MB
everolimus tabs 10 mg	1	OC
everolimus tabs 2.5 mg	1	OC
everolimus tabs 5 mg	1	OC
everolimus tabs 7.5 mg	1	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 5 gm/100ml	1	MB
fluorouracil soln 500 mg/10ml	1	MB
fulvestrant sosy 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML ***[obinutuzumab]***	4	QL - 30 day(s),MB
gemcitabine hcl soln 1 gm/26.3ml	1	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]***	4	QL - 30 day(s),MB
HERCESSI SOLR 150 MG ***[trastuzumab-strf]***	4	QL - 30 day(s),MB
HERCESSI SOLR 420 MG ***[trastuzumab-strf]***	4	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG ***[topotecan hcl]***	4	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG ***[topotecan hcl]***	4	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IBRANCE CAPS 125 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IBRANCE CAPS 75 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IBRANCE TABS 100 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IBRANCE TABS 125 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IBRANCE TABS 75 MG ***[palbociclib]***	4	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML ***[idarubicin hcl]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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]***	4	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG ***[ibrutinib]***	4	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG ***[ibrutinib]***	4	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG ***[ibrutinib]***	4	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG ***[ibrutinib]***	4	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG ***[ibrutinib]***	4	QL - 30 day(s),OC
INTRON A SOLR 10000000 UNIT ***[interferon alfa-2b]***	4	QL - 30 day(s),MB
INTRON-A W/DILUENT INJ 18MU ***[interferon alfa-2b]***	4	QL - 30 day(s),MB
INTRON-A W/DILUENT INJ 50MU ***[interferon alfa-2b]***	4	QL - 30 day(s),MB
IRESSA TABS 250 MG ***[gefitinib]***	4	QL - 30 day(s),OC
irinotecan hcl soln 500 mg/25ml	1	MB
IXEMPRA KIT SOLR 15 MG ***[ixabepilone]***	4	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG ***[ixabepilone]***	4	QL - 30 day(s),MB
JAKAFI TABS 10 MG ***[ruxolitinib phosphate]***	4	QL - 30 day(s),OC
JAKAFI TABS 15 MG ***[ruxolitinib phosphate]***	4	QL - 30 day(s),OC
JAKAFI TABS 20 MG ***[ruxolitinib phosphate]***	4	QL - 30 day(s),OC
JAKAFI TABS 25 MG ***[ruxolitinib phosphate]***	4	QL - 30 day(s),OC
JAKAFI TABS 5 MG ***[ruxolitinib phosphate]***	4	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML ***[cabazitaxel]***	4	MB
KADCYLA SOLR 100 MG ***[ado-trastuzumab emtansine]***	4	QL - 30 day(s),MB
KADCYLA SOLR 160 MG ***[ado-trastuzumab emtansine]***	4	QL - 30 day(s),MB
KEYTRUDA SOLN 100 MG/4ML ***[pembrolizumab]***	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	4	QL - 30 day(s),OC
KISQALI (400 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	4	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPK 200 MG ***[ribociclib succinate]***	4	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG ***[carfilzomib]***	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG ***[carfilzomib]***	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG ***[carfilzomib]***	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG ***[lenvatinib mesylate]***	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG ***[lenvatinib mesylate]***	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG ***[lenvatinib mesylate]***	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG ***[lenvatinib mesylate]***	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG ***[lenvatinib mesylate]***	4	QL - 30 day(s),OC
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG ***[chlorambucil]***	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LIBTAYO SOLN 350 MG/7ML ***[cemiplimab-rwlc]***	4	QL - 30 day(s),MB
LONSURF TABS 15-6.14 MG ***[trifluridine-tipiracil]***	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG ***[trifluridine-tipiracil]***	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG ***[lorlatinib]***	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG ***[lorlatinib]***	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG ***[leuprolide acetate]***	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG ***[leuprolide acetate]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG ***[leuprolide acetate (4 month)]***	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG ***[leuprolide acetate (6 month)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp) (3 month)]***	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG ***[leuprolide acetate (cpp) (3 month)]***	2	MB
LYNPARZA TABS 100 MG ***[olaparib]***	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG ***[olaparib]***	4	QL - 30 day(s),OC
LYSODREN TABS 500 MG ***[mitotane]***	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG ***[procarbazine hcl]***	4	QL - 30 day(s),OC
megestrol acetate susp 40 mg/ml	1	OC
megestrol acetate susp 400 mg/10ml	1	OC
megestrol acetate tabs 20 mg	1	OC
megestrol acetate tabs 40 mg	1	OC
MEKINIST SOLR 0.05 MG/ML ***[trametinib dimethyl sulfoxide]***	2	OC
MEKINIST TABS 0.5 MG ***[trametinib dimethyl sulfoxide]***	4	QL - 30 day(s),OC
MEKINIST TABS 2 MG ***[trametinib dimethyl sulfoxide]***	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mercaptopurine tabs 50 mg	1	OC
methotrexate sodium (pf) soln 50 mg/2ml	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML ***[methotrexate sodium]***	1	MB
methotrexate sodium tabs 2.5 mg	1	OC
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
MVASI SOLN 100 MG/4ML ***[bevacizumab-awwb]***	4	MB
MYLERAN TABS 2 MG ***[busulfan]***	4	OC
NINLARO CAPS 2.3 MG ***[ixazomib citrate]***	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG ***[ixazomib citrate]***	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG ***[ixazomib citrate]***	4	QL - 30 day(s),OC
NUBEQA TABS 300 MG ***[darolutamide]***	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG ***[sonidegib phosphate]***	4	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML ***[pegaspargase]***	4	MB
OPDIVO SOLN 100 MG/10ML ***[nivolumab]***	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML ***[nivolumab]***	4	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
paclitaxel protein-bound part susr 100 mg	1	MB
PADCEV SOLR 20 MG ***[enfortumab vedotin-ejfv]***	4	
PADCEV SOLR 30 MG ***[enfortumab vedotin-ejfv]***	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML ***[pemetrexed disodium]***	2	MB
PEMETREXED DISODIUM SOLN 500 MG/20ML ***[pemetrexed disodium]***	2	MB
PERJETA SOLN 420 MG/14ML ***[pertuzumab]***	4	QL - 30 day(s),MB
pomalidomide caps 1 mg	1	QL - 30 day(s),OC
pomalidomide caps 2 mg	1	QL - 30 day(s),OC
pomalidomide caps 3 mg	1	QL - 30 day(s),OC
pomalidomide caps 4 mg	1	QL - 30 day(s),OC
POMALYST CAPS 1 MG ***[pomalidomide]***	4	QL - 30 day(s),OC
POMALYST CAPS 2 MG ***[pomalidomide]***	4	QL - 30 day(s),OC
POMALYST CAPS 3 MG ***[pomalidomide]***	4	QL - 30 day(s),OC
POMALYST CAPS 4 MG ***[pomalidomide]***	4	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT ***[aldesleukin]***	4	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML ***[mercaptopurine]***	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG ***[lenalidomide]***	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG ***[lenalidomide]***	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
REVLIMID CAPS 5 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
RIABNI SOLN 100 MG/10ML ***[rituximab-arrx]***	4	QL - 30 day(s),MB
RIABNI SOLN 500 MG/50ML ***[rituximab-arrx]***	4	QL - 30 day(s),MB
RITUXAN SOLN 100 MG/10ML ***[rituximab]***	2	MB
RITUXAN SOLN 500 MG/50ML ***[rituximab]***	2	MB
romidepsin solr 10 mg	1	MB
ROZLYTREK CAPS 100 MG ***[entrectinib]***	4	QL - 30 day(s),OC
ROZLYTREK CAPS 200 MG ***[entrectinib]***	4	QL - 30 day(s),OC
RYDAPT CAPS 25 MG ***[midostaurin]***	4	QL - 30 day(s),OC
SARCLISA SOLN 100 MG/5ML ***[isatuximab-irfc]***	4	QL - 30 day(s)
SARCLISA SOLN 500 MG/25ML ***[isatuximab-irfc]***	4	QL - 30 day(s)
sorafenib tosylate tabs 200 mg	1	QL - 30 day(s),OC
STIVARGA TABS 40 MG ***[regorafenib]***	4	QL - 30 day(s),OC
sunitinib malate caps 12.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 25 mg	1	QL - 30 day(s),OC
sunitinib malate caps 37.5 mg	1	QL - 30 day(s),OC
sunitinib malate caps 50 mg	1	QL - 30 day(s),OC
SYLVANT SOLR 100 MG ***[siltuximab]***	4	QL - 30 day(s),MB
SYLVANT SOLR 400 MG ***[siltuximab]***	4	QL - 30 day(s),MB
TABLOID TABS 40 MG ***[thioguanine]***	2	OC
TAFINLAR CAPS 50 MG ***[dabrafenib mesylate]***	4	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG ***[dabrafenib mesylate]***	4	QL - 30 day(s),OC
TAFINLAR TBSO 10 MG ***[dabrafenib mesylate]***	4	QL - 30 day(s),OC
TAGRISSO TABS 40 MG ***[osimertinib mesylate]***	4	QL - 30 day(s),OC
TAGRISSO TABS 80 MG ***[osimertinib mesylate]***	4	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARGRETIN CAPS 75 MG ***[bexarotene]***	4	OC
TASIGNA CAPS 150 MG ***[nilotinib hcl]***	4	QL - 30 day(s),OC
TASIGNA CAPS 200 MG ***[nilotinib hcl]***	4	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML ***[docetaxel]***	4	MB
TECENTRIQ SOLN 1200 MG/20ML ***[atezolizumab]***	4	QL - 30 day(s),MB
temozolomide caps 100 mg	1	OC
temozolomide caps 140 mg	1	OC
temozolomide caps 180 mg	1	OC
temozolomide caps 20 mg	1	OC
temozolomide caps 250 mg	1	OC
temozolomide caps 5 mg	1	OC
thiotepa solr 15 mg	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML ***[temsirolimus]***	4	MB
tretinoin caps 10 mg	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML ***[arsenic trioxide]***	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TUKYSA TABS 150 MG ***[tucatinib]***	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG ***[tucatinib]***	4	QL - 30 day(s),OC
TYKERB TABS 250 MG ***[lapatinib ditosylate]***	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML ***[dinutuximab]***	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG ***[bortezomib]***	4	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG ***[venetoclax]***	4	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG ***[venetoclax]***	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG ***[venetoclax]***	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG ***[venetoclax]***	4	QL - 30 day(s),OC
vinblastine sulfate soln 1 mg/ml	1	MB
vincristine sulfate soln 1 mg/ml	1	MB
vincristine sulfate soln 2 mg/2ml	1	MB
vinorelbine tartrate soln 10 mg/ml	1	MB
vinorelbine tartrate soln 50 mg/5ml	1	MB
VOTRIENT TABS 200 MG ***[pazopanib hcl]***	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG ***[daunorubicin-cytarabine liposome]***	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG ***[crizotinib]***	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG ***[crizotinib]***	4	QL - 30 day(s),OC
XTANDI CAPS 40 MG ***[enzalutamide]***	4	QL - 30 day(s),OC
XTANDI TABS 40 MG ***[enzalutamide]***	4	QL - 30 day(s),OC
XTANDI TABS 80 MG ***[enzalutamide]***	4	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML ***[ipilimumab]***	4	MB
YERVOY SOLN 50 MG/10ML ***[ipilimumab]***	4	MB
YONDELIS SOLR 1 MG ***[trabectedin]***	4	QL - 30 day(s),MB
ZEJULA TABS 100 MG ***[niraparib tosylate]***	4	QL - 30 day(s),OC
ZEJULA TABS 200 MG ***[niraparib tosylate]***	4	QL - 30 day(s),OC
ZEJULA TABS 300 MG ***[niraparib tosylate]***	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG ***[vemurafenib]***	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG ***[idelalisib]***	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG ***[idelalisib]***	4	QL - 30 day(s),OC
ZYKADIA TABS 150 MG ***[ceritinib]***	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG ***[abiraterone acetate]***	4	OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate inj 1mg/ml	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML ***[atropine sulfate]***	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML ***[atropine sulfate]***	2	MB
ATROVENT HFA AERS 17 MCG/ACT ***[ipratropium bromide hfa]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG ***[belladonna alkaloids & opium]***	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG ***[belladonna alkaloids & opium]***	2	
BENTYL SOLN 10 MG/ML ***[dicyclomine hcl]***	2	MB
chlordiazepoxide-clidinium caps 5-2.5 mg	1	
dicyclomine hcl caps 10 mg	1	
dicyclomine hcl soln 10 mg/5ml	1	
dicyclomine hcl tabs 20 mg	1	
DONNATAL ELIX 16.2 MG/5ML ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	2	
DONNATAL TABS 16.2 MG ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	2	
glycopyrrolate soln 0.4 mg/2ml	1	MB
glycopyrrolate soln 1 mg/5ml	1	
glycopyrrolate tabs 1 mg	1	
glycopyrrolate tabs 2 mg	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSYNE ELIX 0.125 MG/5ML ***[hyoscyamine sulfate]***	1	
HYOSYNE SOLN 0.125 MG/ML ***[hyoscyamine sulfate]***	1	
ipratropium bromide soln 0.02 %	1	
ipratropium bromide soln 0.03 %	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ***[tiotropium bromide]***	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT ***[tiotropium bromide-olodaterol hcl]***	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
nicotine polacrilex lozg 4 mg	1	PREV
nicotine polacrilex gum 2 mg	1	PREV
nicotine polacrilex gum 4 mg	1	PREV
nicotine polacrilex lozg 2 mg	1	PREV
nicotine pt24 14 mg/24hr	1	PREV
NICOTINE PT24 21 MG/24HR ***[nicotine]***	1	PREV
nicotine pt24 7 mg/24hr	1	
varenicline tartrate tabs 0.5 mg	1	PREV
varenicline tartrate tabs 1 mg	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 10 mg	1	
bethanechol chloride tabs 25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
bethanechol chloride tabs 5 mg	1	
bethanechol chloride tabs 50 mg	1	
donepezil hcl tabs 10 mg	1	
donepezil hcl tabs 5 mg	1	
donepezil hcl tbdp 10 mg	1	
donepezil hcl tbdp 5 mg	1	
galantamine hydrobromide er cp24 16 mg	1	
galantamine hydrobromide er cp24 24 mg	1	
galantamine hydrobromide er cp24 8 mg	1	
galantamine hydrobromide tabs 12 mg	1	
galantamine hydrobromide tabs 4 mg	1	
galantamine hydrobromide tabs 8 mg	1	
MESTINON SOLN 60 MG/5ML ***[pyridostigmine bromide]***	2	
pilocarpine hcl tabs 5 mg	1	
pyridostigmine bromide er tbcr 180 mg	1	
pyridostigmine bromide tabs 60 mg	1	
SKELETAL MUSCLE RELAXANTS		
atracurium besylate soln 100 mg/10ml	1	MB
baclofen tabs 10 mg	1	
baclofen tabs 20 mg	1	
cisatracurium besylate (pf) soln 10 mg/5ml	1	MB
cisatracurium besylate (pf) soln 200 mg/20ml	1	MB
cisatracurium besylate soln 20 mg/10ml	1	MB
cyclobenzaprine hcl tabs 10 mg	1	
cyclobenzaprine hcl tabs 5 mg	1	
dantrolene sodium caps 100 mg	1	
dantrolene sodium caps 25 mg	1	
dantrolene sodium caps 50 mg	1	
GABLOFEN SOLN 10000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 20000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 40000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 10000 MCG/20ML ***[baclofen]***	2	MB
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
tizanidine hcl tabs 4 mg	1	
vecuronium bromide solr 10 mg	1	MB
vecuronium bromide solr 20 mg	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24 10 mg	1	
dihydroergotamine mesylate inj 1mg/ml	1	QL - 30 day(s),MB
dihydroergotamine mesylate soln 1 mg/ml	1	QL - 30 day(s),MB
dihydroergotamine mesylate soln 4 mg/ml	1	
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
guanfacine hcl tabs 1 mg	1	
guanfacine hcl tabs 2 mg	1	
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	
AKOVAZ SOLN 50 MG/ML ***[ephedrine sulfate (pressors)]***	1	MB
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	
AUVI-Q SOAJ 0.1 MG/0.1ML ***[epinephrine (anaphylaxis)]***	1	MB
AUVI-Q SOAJ 0.15 MG/0.15ML ***[epinephrine (anaphylaxis)]***	1	MB
AUVI-Q SOAJ 0.3 MG/0.3ML ***[epinephrine (anaphylaxis)]***	1	MB
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT ***[ipratropium-albuterol]***	2	
dobutamine hcl soln 12.5 mg/ml	1	MB
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-% ***[dobutamine in dextrose]***	1	MB
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-% ***[dobutamine in dextrose]***	1	MB
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-% ***[dopamine in dextrose]***	1	MB
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-% ***[dopamine in dextrose]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-% ***[dopamine in dextrose]***	1	MB
epinephrine hcl inj 1mg/ml	1	
EPINEPHRINE PF SOLN 1 MG/ML ***[epinephrine]***	2	
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	1	
isoproterenol hcl soln 0.2 mg/ml	1	MB
midodrine hcl tabs 10 mg	1	
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % ***[racepinephrine hcl]***	2	
SEREVENT DISKUS AEPB 50 MCG/ACT ***[salmeterol xinafoate]***	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT ***[olodaterol hcl]***	2	
terbutaline sulfate soln 1 mg/ml	1	MB
terbutaline sulfate tabs 2.5 mg	1	
terbutaline sulfate tabs 5 mg	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % ***[albumin, human]***	2	MB
ALBURX SOLN 5 % ***[albumin, human]***	2	MB
ALBUTEIN SOLN 25 % ***[albumin, human]***	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED SOLN 50 MG/ML ***[iron dextran]***	2	MB
VENOFER SOLN 20 MG/ML ***[iron sucrose]***	2	MB
ANTIHEMORRHAGIC AGENTS		
AFSTYLA KIT 1000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AFSTYLA KIT 3000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
ALPHANATE SOLR 1000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
ALPHANATE SOLR 1500 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
ALPHANATE SOLR 2000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
ALPHANINE SD SOLR 500 UNIT ***[coagulation factor ix]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 1000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 2000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 250 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 3000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 4000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 500 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]***	2	QL - 30 day(s),MB
aminocaproic acid soln 250 mg/ml	1	MB
BENEFIX KIT 1000 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
BENEFIX KIT 250 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
BENEFIX KIT 500 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
FIBRYGA SOLR ***[fibrinogen concentrate (human)]***	2	
FIBRYGA SOLR 2 GM ***[fibrinogen concentrate (human)]***	2	
HEMLIBRA SOLN 105 MG/0.7ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMLIBRA SOLN 12 MG/0.4ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMLIBRA SOLN 300 MG/2ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML ***[emicizumab-kxwh]***	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 ***[antihemophilic factor (human)]***	2	QL - 30 day(s),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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
KOVALTRY SOLR 250 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]***	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 2 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 5 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 8 MG ***[coagulation factor viia (recombinant)]***	2	MB
PRAXBIND SOLN 2.5 GM/50ML ***[idarucizumab]***	4	MB
PROFILNINE SOLR 1000 UNIT ***[factor ix complex]***	2	MB
PROFILNINE SOLR 1500 UNIT ***[factor ix complex]***	2	MB
PROFILNINE SOLR 500 UNIT ***[factor ix complex]***	2	MB
RECOMBINATE SOLR 1241-1800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RECOMBINATE SOLR 220-400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT ***[antihemophilic factor (recombinant) (rfviii)]***	2	QL - 30 day(s),MB
THROMBIN-JMI KIT 20000 UNIT ***[thrombin]***	2	
THROMBIN-JMI SOLR 20000 UNIT ***[thrombin]***	2	
THROMBIN-JMI SOLR 5000 UNIT ***[thrombin]***	2	
tranexamic acid soln 1000 mg/10ml	1	MB
tranexamic acid tabs 650 mg	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML ***[anticoagulant citrate dextrose solution a]***	2	
ACTIVASE SOLR 100 MG ***[alteplase]***	2	MB
ACTIVASE SOLR 50 MG ***[alteplase]***	2	MB
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
aspirin-dipyridamole er cp12 25-200 mg	1	
bivalirudin trifluoroacetate solr 250 mg	1	MB
CATHFLO ACTIVASE SOLR 2 MG ***[alteplase]***	2	MB
cilostazol tabs 100 mg	1	
cilostazol tabs 50 mg	1	
clopidogrel bisulfate tabs 75 mg	1	
dabigatran etexilate mesylate caps 110 mg	1	
dabigatran etexilate mesylate caps 150 mg	1	
dabigatran etexilate mesylate caps 75 mg	1	
EFFIENT TABS 10 MG ***[prasugrel hcl]***	2	
EFFIENT TABS 5 MG ***[prasugrel hcl]***	2	
eptifibatide soln 20 mg/10ml	1	MB
eptifibatide soln 75 mg/100ml	1	MB
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% ***[heparin (porcine) in sodium chloride]***	1	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% ***[heparin (porcine) in sodium chloride]***	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
heparin sodium (porcine) soln 1000 unit/ml	1	MB
heparin sodium (porcine) soln 10000 unit/ml	1	MB
heparin sodium (porcine) soln 20000 unit/ml	1	MB
heparin sodium (porcine) soln 5000 unit/ml	1	MB
LOVENOX SOLN 300 MG/3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
ticagrelor tabs 90 mg	1	
TNKASE KIT 50 MG ***[tenecteplase]***	2	MB
warfarin sodium tabs 1 mg	1	
warfarin sodium tabs 10 mg	1	
warfarin sodium tabs 2 mg	1	
warfarin sodium tabs 2.5 mg	1	
warfarin sodium tabs 3 mg	1	
warfarin sodium tabs 4 mg	1	
warfarin sodium tabs 5 mg	1	
warfarin sodium tabs 6 mg	1	
warfarin sodium tabs 7.5 mg	1	
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG ***[eltrombopag choline]***	4	QL - 30 day(s)
ALVAIZ TABS 36 MG ***[eltrombopag choline]***	4	QL - 30 day(s)
ALVAIZ TABS 54 MG ***[eltrombopag choline]***	4	QL - 30 day(s)
ALVAIZ TABS 9 MG ***[eltrombopag choline]***	4	QL - 30 day(s)
eltrombopag olamine pack 12.5 mg	1	QL - 30 day(s)
eltrombopag olamine pack 25 mg	1	QL - 30 day(s)
eltrombopag olamine tabs 12.5 mg	1	QL - 30 day(s)
eltrombopag olamine tabs 25 mg	1	QL - 30 day(s)
eltrombopag olamine tabs 50 mg	1	QL - 30 day(s)
eltrombopag olamine tabs 75 mg	1	QL - 30 day(s)
FILKRI SOSY 300 MCG/0.5ML ***[filgrastim-laha]***	2	
FILKRI SOSY 480 MCG/0.8ML ***[filgrastim-laha]***	2	
GRANIX SOLN 300 MCG/ML ***[tbo-filgrastim]***	2	
GRANIX SOLN 480 MCG/1.6ML ***[tbo-filgrastim]***	2	
GRANIX SOSY 300 MCG/0.5ML ***[tbo-filgrastim]***	2	
GRANIX SOSY 480 MCG/0.8ML ***[tbo-filgrastim]***	2	
LEUKINE SOLR 250 MCG ***[sargramostim]***	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROCRIT SOLN 10000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG ***[eltrombopag olamine]***	4	QL - 30 day(s)
HEMORRHEOLOGIC AGENTS		
pentoxifylline er tbcr 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate tabs 1 mg	1	
doxazosin mesylate tabs 2 mg	1	
doxazosin mesylate tabs 4 mg	1	
doxazosin mesylate tabs 8 mg	1	
prazosin hcl caps 1 mg	1	
prazosin hcl caps 2 mg	1	
prazosin hcl caps 5 mg	1	
tamsulosin hcl caps 0.4 mg	1	
terazosin hcl caps 1 mg	1	
terazosin hcl caps 10 mg	1	
terazosin hcl caps 2 mg	1	
terazosin hcl caps 5 mg	1	
ANTILIPEMIC AGENTS		
atorvastatin calcium tabs 10 mg	1	PREV
atorvastatin calcium tabs 20 mg	1	PREV
atorvastatin calcium tabs 40 mg	1	PREV
atorvastatin calcium tabs 80 mg	1	PREV
cholestyramine light pack 4 gm	1	
cholestyramine light powd 4 gm/dose	1	
cholestyramine pack 4 gm	1	
cholestyramine powd 4 gm/dose	1	
colestipol hcl gran 5 gm	1	
colestipol hcl pack 5 gm	1	
colestipol hcl tabs 1 gm	1	
ezetimibe tabs 10 mg	1	
fenofibrate tabs 160 mg	1	
fenofibrate tabs 54 mg	1	
gemfibrozil tabs 600 mg	1	
lovastatin tabs 10 mg	1	PREV
lovastatin tabs 20 mg	1	PREV
lovastatin tabs 40 mg	1	PREV
pravastatin sodium tabs 10 mg	1	PREV

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
nadolol tabs 80 mg	1	
propranolol hcl soln 1 mg/ml	1	MB
propranolol hcl soln 20 mg/5ml	1	
propranolol hcl tabs 10 mg	1	
propranolol hcl tabs 20 mg	1	
propranolol hcl tabs 40 mg	1	
propranolol hcl tabs 60 mg	1	
propranolol hcl tabs 80 mg	1	
sotalol hcl (af) tabs 80 mg	1	
sotalol hcl tabs 120 mg	1	
sotalol hcl tabs 160 mg	1	
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate tabs 10 mg	1	
amlodipine besylate tabs 2.5 mg	1	
amlodipine besylate tabs 5 mg	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% ***[nicardipine hcl in dextrose]***	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
[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 ***[clevidipine]***	2	MB
CLEVIPREX EMUL 50 MG/100ML ***[clevidipine]***	2	MB
diltiazem hcl er coated beads cp24 180 mg	1	
diltiazem hcl er cp12 120 mg	1	
diltiazem hcl er cp12 60 mg	1	
diltiazem hcl er cp12 90 mg	1	
diltiazem hcl er cp24 120 mg	1	
diltiazem hcl er cp24 180 mg	1	
diltiazem hcl er cp24 240 mg	1	
diltiazem hcl tabs 120 mg	1	
diltiazem hcl tabs 30 mg	1	
diltiazem hcl tabs 60 mg	1	
diltiazem hcl tabs 90 mg	1	
NICARDIPINE HCL SOLN 2.5 MG/ML ***[nicardipine hcl]***	1	MB
nifedipine caps 10 mg	1	
nifedipine caps 20 mg	1	
nifedipine er osmotic release tb24 30 mg	1	
nifedipine er osmotic release tb24 60 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
nifedipine er osmotic release tb24 90 mg	1	
nifedipine er tb24 30 mg	1	
nifedipine er tb24 60 mg	1	
nimodipine caps 30 mg	1	
verapamil hcl er tbcr 120 mg	1	
verapamil hcl er tbcr 180 mg	1	
verapamil hcl er tbcr 240 mg	1	
verapamil hcl soln 2.5 mg/ml	1	MB
verapamil hcl tabs 120 mg	1	
verapamil hcl tabs 40 mg	1	
verapamil hcl tabs 80 mg	1	
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	1	MB
adenosine soln 6 mg/2ml	1	MB
amiodarone hcl soln 900 mg/18ml	1	MB
amiodarone hcl tabs 200 mg	1	
digoxin soln 0.05 mg/ml	1	
digoxin tabs 125 mcg	1	
digoxin tabs 250 mcg	1	
disopyramide phosphate caps 100 mg	1	
disopyramide phosphate caps 150 mg	1	
dofetilide caps 125 mcg	1	
dofetilide caps 250 mcg	1	
dofetilide caps 500 mcg	1	
flecainide acetate tabs 100 mg	1	
flecainide acetate tabs 150 mg	1	
flecainide acetate tabs 50 mg	1	
ibutilide fumarate soln 1 mg/10ml	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML ***[digoxin]***	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% ***[lidocaine in d5w]***	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% ***[lidocaine in d5w]***	1	MB
mexiletine hcl caps 150 mg	1	
mexiletine hcl caps 200 mg	1	
mexiletine hcl caps 250 mg	1	
milrinone lactate in dextrose soln 20-5 mg/100ml-%	1	MB
milrinone lactate in dextrose soln 40-5 mg/200ml-%	1	MB
milrinone lactate inj 1mg/ml	1	MB
milrinone lactate soln 10 mg/10ml	1	MB
NORPACE CR CP12 100 MG ***[disopyramide phosphate]***	2	
NORPACE CR CP12 150 MG ***[disopyramide phosphate]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
procainamide hcl soln 100 mg/ml	1	MB
procainamide hcl soln 500 mg/ml	1	MB
propafenone hcl tabs 150 mg	1	
propafenone hcl tabs 225 mg	1	
propafenone hcl tabs 300 mg	1	
quinidine gluconate er tbcr 324 mg	1	
quinidine sulfate tab 300mg	1	
quinidine sulfate tabs 200 mg	1	
HYPOTENSIVE AGENTS		
clonidine hcl tabs 0.1 mg	1	
clonidine hcl tabs 0.2 mg	1	
clonidine hcl tabs 0.3 mg	1	
clonidine ptwk 0.1 mg/24hr	1	
clonidine ptwk 0.2 mg/24hr	1	
clonidine ptwk 0.3 mg/24hr	1	
hydralazine hcl soln 20 mg/ml	1	MB
hydralazine hcl tabs 10 mg	1	
hydralazine hcl tabs 100 mg	1	
hydralazine hcl tabs 25 mg	1	
hydralazine hcl tabs 50 mg	1	
methyldopa tabs 250 mg	1	
methyldopa tabs 500 mg	1	
minoxidil tabs 10 mg	1	
minoxidil tabs 2.5 mg	1	
PROGLYCEM SUSP 50 MG/ML ***[diazoxide]***	4	
reserpine tab 0.1mg	2	
reserpine tab 0.25mg	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl tabs 10 mg	1	
benazepril hcl tabs 20 mg	1	
benazepril hcl tabs 40 mg	1	
benazepril hcl tabs 5 mg	1	
lisinopril tabs 10 mg	1	
lisinopril tabs 2.5 mg	1	
lisinopril tabs 20 mg	1	
lisinopril tabs 30 mg	1	
lisinopril tabs 40 mg	1	
lisinopril tabs 5 mg	1	
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-25 mg	1	
losartan potassium tabs 100 mg	1	
losartan potassium tabs 25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
losartan potassium tabs 50 mg	1	
losartan potassium-hctz tabs 100-12.5 mg	1	
losartan potassium-hctz tabs 100-25 mg	1	
losartan potassium-hctz tabs 50-12.5 mg	1	
sacubitril-valsartan tabs 24-26 mg	1	
sacubitril-valsartan tabs 49-51 mg	1	
sacubitril-valsartan tabs 97-103 mg	1	
spironolactone tabs 100 mg	1	
spironolactone tabs 25 mg	1	
spironolactone tabs 50 mg	1	
spironolactone-hctz tabs 25-25 mg	1	
valsartan tabs 160 mg	1	
valsartan tabs 320 mg	1	
valsartan tabs 40 mg	1	
valsartan tabs 80 mg	1	
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 160-25 mg	1	
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 320-25 mg	1	
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % ***[ethanolamine oleate]***	2	MB
VARITHENA FOAM 180 MG/18ML ***[polidocanol (laureth-9)]***	2	MB
VASODILATING AGENTS		
alprostadil soln 500 mcg/ml	1	MB
ambrisentan tabs 10 mg	1	QL - 30 day(s),LD
ambrisentan tabs 5 mg	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT IMPULSE KIT 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 40 MCG ***[alprostadil (vasodilator)]***	2	MB
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX (2 CARTRIDGE) KIT 40 MCG ***[alprostadil (vasodilator)]***	2	MB
isosorbide dinitrate tabs 10 mg	1	
isosorbide dinitrate tabs 20 mg	1	
isosorbide dinitrate tabs 30 mg	1	
isosorbide dinitrate tabs 5 mg	1	
isosorbide mononitrate er tb24 120 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
isosorbide mononitrate er tb24 30 mg	1	
isosorbide mononitrate er tb24 60 mg	1	
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR ***[nitroglycerin]***	2	
NITRO-DUR PT24 0.8 MG/HR ***[nitroglycerin]***	2	
NITRO-TIME CPCR 2.5 MG ***[nitroglycerin]***	1	
NITRO-TIME CPCR 6.5 MG ***[nitroglycerin]***	1	
NITRO-TIME CPCR 9 MG ***[nitroglycerin]***	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
nitroglycerin pt24 0.1 mg/hr	1	
nitroglycerin pt24 0.2 mg/hr	1	
nitroglycerin pt24 0.4 mg/hr	1	
nitroglycerin pt24 0.6 mg/hr	1	
nitroglycerin soln 5 mg/ml	2	MB
NITROSTAT SUBL 0.3 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.4 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.6 MG ***[nitroglycerin]***	2	
PAPAVERINE HCL SOLN 30 MG/ML ***[papaverine hcl]***	2	MB
sildenafil citrate tabs 100 mg	1	QL - 8/30 day(s)
sildenafil citrate tabs 20 mg	1	QL - 30 day(s)
sildenafil citrate tabs 50 mg	1	QL - 8/30 day(s)
tadalafil (pah) tabs 20 mg	1	
tadalafil tabs 10 mg	1	QL - 8/30 day(s)
tadalafil tabs 2.5 mg	1	QL - 8/30 day(s)
tadalafil tabs 20 mg	1	QL - 8/30 day(s)
tadalafil tabs 5 mg	1	QL - 8/30 day(s)
TRACLEER TABS 125 MG ***[bosentan]***	4	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG ***[bosentan]***	4	QL - 30 day(s),LD
TYVASO REFILL KIT SOLN 0.6 MG/ML ***[treprostinil]***	4	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML ***[treprostinil]***	2	QL - 30 day(s)
TYVASO STARTER KIT SOLN 0.6 MG/ML ***[treprostinil]***	4	QL - 30 day(s)
VENTAVIS SOLN 10 MCG/ML ***[iloprost]***	4	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML ***[iloprost]***	4	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen soln 10 mg/ml	1	MB
acetaminophen-codeine soln 120-12 mg/5ml	1	
acetaminophen-codeine soln 300-30 mg/12.5ml	1	
acetaminophen-codeine tabs 300-15 mg	1	
acetaminophen-codeine tabs 300-30 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
acetaminophen-codeine tabs 300-60 mg	1	
buprenorphine hcl soln 0.3 mg/ml	1	MB
buprenorphine hcl-naloxone hcl film 12-3 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 2-0.5 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 4-1 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl film 8-2 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl subl 8-2 mg	1	QL - 30 day(s)
buprenorphine ptwk 10 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 15 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 20 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 5 mcg/hr	1	QL - 30 day(s)
buprenorphine ptwk 7.5 mcg/hr	1	QL - 30 day(s)
butorphanol tartrate soln 1 mg/ml	1	MB
butorphanol tartrate soln 2 mg/ml	1	MB
celecoxib caps 100 mg	1	
celecoxib caps 200 mg	1	
celecoxib caps 400 mg	1	
celecoxib caps 50 mg	1	
CODEINE SULFATE TABS 15 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 30 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 60 MG ***[codeine sulfate]***	1	
DURAMORPH SOLN 1 MG/ML ***[morphine sulfate]***	1	MB
etodolac caps 200 mg	1	
etodolac caps 300 mg	1	
etodolac tabs 400 mg	1	
etodolac tabs 500 mg	1	
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML ***[fentanyl citrate]***	1	MB
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML ***[fentanyl citrate]***	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML ***[fentanyl citrate]***	1	MB
fentanyl pt72 100 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 12 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 25 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 50 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 75 mcg/hr	1	QL - 30 day(s)
hydrocodone-acetaminophen soln 10-300 mg/15ml	2	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 10-325 mg	1	
hydrocodone-acetaminophen tabs 5-325 mg	1	
hydrocodone-acetaminophen tabs 7.5-325 mg	1	
hydromorphone hcl liqd 1 mg/ml	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
morphine sulfate er tbcr 100 mg	1	
morphine sulfate er tbcr 15 mg	1	
morphine sulfate er tbcr 200 mg	1	
morphine sulfate er tbcr 30 mg	1	
morphine sulfate er tbcr 60 mg	1	
MORPHINE SULFATE SOLN 10 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 15 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 2 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 50 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SUPP 10 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 20 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 30 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 5 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 15 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 30 MG ***[morphine sulfate]***	2	
nabumetone tabs 500 mg	1	
nabumetone tabs 750 mg	1	
nalbuphine hcl soln 10 mg/ml	1	MB
nalbuphine hcl soln 20 mg/ml	1	MB
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg	1	
naproxen tabs 375 mg	1	
naproxen tabs 500 mg	1	
naproxen tbec 375 mg	1	
NEOPROFEN SOLN 10 MG/ML ***[ibuprofen lysine]***	2	MB
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tabs 5 mg	1	
oxycodone-acetaminophen tabs 10-325 mg	1	
oxycodone-acetaminophen tabs 5-325 mg	1	
oxycodone-acetaminophen tabs 7.5-325 mg	1	
pentazocine-naloxone hcl tabs 50-0.5 mg	1	
SALSALATE TABS 500 MG ***[salsalate]***	1	
SALSALATE TABS 750 MG ***[salsalate]***	1	
sulindac tabs 150 mg	1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VYVANSE CAPS 60 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
VYVANSE CAPS 70 MG ***[lisdexamfetamine dimesylate]***	2	QL - 30 day(s)
ANTICONVULSANTS		
carbamazepine chew 100 mg	1	
carbamazepine er cp12 100 mg	1	
carbamazepine er cp12 200 mg	1	
carbamazepine er cp12 300 mg	1	
carbamazepine er tb12 100 mg	1	
carbamazepine er tb12 200 mg	1	
carbamazepine er tb12 400 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
CELONTIN CAPS 300 MG ***[methsuximide]***	2	
clonazepam tabs 0.5 mg	1	
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
divalproex sodium csdr 125 mg	1	
divalproex sodium er tb24 250 mg	1	
divalproex sodium er tb24 500 mg	1	
divalproex sodium tbec 125 mg	1	
divalproex sodium tbec 250 mg	1	
divalproex sodium tbec 500 mg	1	
ethosuximide caps 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin soln 250 mg/5ml	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	
lacosamide soln 10 mg/ml	1	
lacosamide soln 200 mg/20ml	1	
lacosamide tabs 100 mg	1	
lacosamide tabs 150 mg	1	
lacosamide tabs 200 mg	1	
lacosamide tabs 50 mg	1	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG ***[lamotrigine]***	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG ***[lamotrigine]***	2	
lamotrigine chew 25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
LEVETIRACETAM IN NACL SOLN 500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	
levetiracetam tabs 500 mg	1	
levetiracetam tabs 750 mg	1	
MAGNESIUM SULFATE SOLN 4 GM/100ML ***[magnesium sulfate]***	2	MB
MAGNESIUM SULFATE SOLN 50 % ***[magnesium sulfate]***	1	MB
oxcarbazepine susp 300 mg/5ml	1	
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 300 mg	1	
oxcarbazepine tabs 600 mg	1	
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG	1	
phenytoin sodium extended caps 100 mg	1	
phenytoin sodium soln 50 mg/ml	1	MB
phenytoin susp 100 mg/4ml	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
rufinamide tabs 200 mg	1	
rufinamide tabs 400 mg	1	
SABRIL PACK 500 MG ***[vigabatrin]***	4	QL - 30 day(s)
topiramate cpsp 15 mg	1	
topiramate cpsp 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	
zonisamide caps 100 mg	1	
zonisamide caps 25 mg	1	
zonisamide caps 50 mg	1	
ANTIMANIC AGENTS		
lithium carbonate caps 150 mg	1	
LITHIUM CARBONATE CAPS 300 MG ***[lithium carbonate]***	1	
lithium carbonate caps 600 mg	1	
lithium carbonate er tbcr 300 mg	1	
lithium carbonate er tbcr 450 mg	1	
LITHIUM CARBONATE TABS 300 MG ***[lithium carbonate]***	1	
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML ***[fremanezumab-vfrm]***	2	
AJOVY SOSY 225 MG/1.5ML ***[fremanezumab-vfrm]***	2	
eletriptan hydrobromide tabs 20 mg	1	
eletriptan hydrobromide tabs 40 mg	1	
ergotamine-caffeine tabs 1-100 mg	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
naratriptan hcl tabs 1 mg	1	
naratriptan hcl tabs 2.5 mg	1	
rizatriptan benzoate tabs 10 mg	1	
rizatriptan benzoate tabs 5 mg	1	
rizatriptan benzoate tbdp 10 mg	1	
rizatriptan benzoate tbdp 5 mg	1	
sumatriptan soln 20 mg/act	1	
sumatriptan succinate refill soct 6 mg/0.5ml	1	
sumatriptan succinate soaj 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ropinirole hcl tabs 2 mg	1	
ropinirole hcl tabs 3 mg	1	
ropinirole hcl tabs 4 mg	1	
ropinirole hcl tabs 5 mg	1	
selegiline hcl tabs 5 mg	1	
trihexyphenidyl hcl soln 0.4 mg/ml	1	
trihexyphenidyl hcl tabs 2 mg	1	
trihexyphenidyl hcl tabs 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	1	QL - 30 day(s)
alprazolam tabs 0.5 mg	1	QL - 30 day(s)
alprazolam tabs 1 mg	1	QL - 30 day(s)
alprazolam tabs 2 mg	1	QL - 30 day(s)
buspirone hcl tabs 10 mg	1	
buspirone hcl tabs 15 mg	1	
buspirone hcl tabs 30 mg	1	
buspirone hcl tabs 5 mg	1	
buspirone hcl tabs 7.5 mg	1	
chlordiazepoxide hcl caps 10 mg	1	
chlordiazepoxide hcl caps 25 mg	1	
chlordiazepoxide hcl caps 5 mg	1	
clorazepate dipotassium tabs 15 mg	1	
clorazepate dipotassium tabs 3.75 mg	1	
clorazepate dipotassium tabs 7.5 mg	1	
DIASTAT ACUDIAL GEL 10 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT ACUDIAL GEL 20 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT PEDIATRIC GEL 2.5 MG ***[diazepam (anticonvulsant)]***	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
diazepam soln 5 mg/5ml	1	
diazepam soln 5 mg/ml	1	MB
diazepam tabs 10 mg	1	
diazepam tabs 2 mg	1	
diazepam tabs 5 mg	1	
doxepin hcl tabs 3 mg	1	
doxepin hcl tabs 6 mg	1	
droperidol soln 2.5 mg/ml	1	MB
hydroxyzine hcl soln 50 mg/ml	1	MB
hydroxyzine hcl syrp 10 mg/5ml	1	
hydroxyzine hcl tabs 10 mg	1	
hydroxyzine hcl tabs 25 mg	1	
hydroxyzine hcl tabs 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydroxyzine pamoate caps 100 mg	1	
hydroxyzine pamoate caps 25 mg	1	
hydroxyzine pamoate caps 50 mg	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
lorazepam soln 2 mg/ml	1	MB
LORAZEPAM SOLN 4 MG/ML ***[lorazepam]***	1	MB
lorazepam tabs 0.5 mg	1	QL - 30 day(s)
lorazepam tabs 1 mg	1	QL - 30 day(s)
lorazepam tabs 2 mg	1	QL - 30 day(s)
midazolam hcl syrp 2 mg/ml	1	
oxazepam caps 10 mg	1	QL - 30 day(s)
oxazepam caps 15 mg	1	QL - 30 day(s)
oxazepam caps 30 mg	1	QL - 30 day(s)
pentobarbital sodium soln 50 mg/ml	2	MB
PHENOBARBITAL ELIX 20 MG/5ML ***[phenobarbital]***	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML ***[phenobarbital sodium]***	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML ***[phenobarbital sodium]***	1	MB
PHENOBARBITAL TABS 100 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 15 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 16.2 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 30 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 32.4 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 60 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 64.8 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 97.2 MG ***[phenobarbital]***	1	
ramelteon tabs 8 mg	1	
temazepam caps 15 mg	1	QL - 30 day(s)
temazepam caps 30 mg	1	QL - 30 day(s)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML ***[diazepam (anticonvulsant)]***	2	QL - 30 day(s)
zolpidem tartrate tabs 5 mg	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acamprosate calcium tbec 333 mg	1	
atomoxetine hcl caps 10 mg	1	
atomoxetine hcl caps 100 mg	1	
atomoxetine hcl caps 18 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
atomoxetine hcl caps 25 mg	1	
atomoxetine hcl caps 40 mg	1	
atomoxetine hcl caps 60 mg	1	
atomoxetine hcl caps 80 mg	1	
guanfacine hcl er tb24 1 mg	1	
guanfacine hcl er tb24 2 mg	1	
guanfacine hcl er tb24 3 mg	1	
guanfacine hcl er tb24 4 mg	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML ***[paliperidone palmitate]***	4	MB
memantine hcl tabs 10 mg	1	
memantine hcl tabs 28 x 5 mg & 21 x 10 mg	2	
memantine hcl tabs 5 mg	1	
NAMENDA SOL 10MG/5ML ***[memantine hcl]***	2	
riluzole tabs 50 mg	1	
selegiline hcl caps 5 mg	1	
tetrabenazine tabs 12.5 mg	1	
tetrabenazine tabs 25 mg	1	
GENERAL ANESTHETICS		
ketamine hcl soln 10 mg/ml	1	MB
ketamine hcl soln 50 mg/ml	1	MB
propofol emul 1000 mg/100ml	1	MB
OPIATE ANTAGONISTS		
escitalopram oxalate tabs 10 mg	1	
naloxone hcl liqd 4 mg/0.1ml	1	
naloxone hcl soln 0.4 mg/ml	1	MB
naloxone hcl sosy 2 mg/2ml	1	MB
naltrexone hcl tabs 50 mg	1	
PSYCHOTHERAPEUTIC AGENTS		
amitriptyline hcl tabs 10 mg	1	
amitriptyline hcl tabs 100 mg	1	
amitriptyline hcl tabs 150 mg	1	
amitriptyline hcl tabs 25 mg	1	
amitriptyline hcl tabs 50 mg	1	
amitriptyline hcl tabs 75 mg	1	
aripiprazole tabs 10 mg	1	
aripiprazole tabs 15 mg	1	
aripiprazole tabs 2 mg	1	
aripiprazole tabs 20 mg	1	
aripiprazole tabs 30 mg	1	
aripiprazole tabs 5 mg	1	
ARISTADA PRSY 1064 MG/3.9ML ***[aripiprazole lauroxil]***	4	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ARISTADA PRSY 441 MG/1.6ML ***[aripiprazole lauroxil]***	4	MB
ARISTADA PRSY 662 MG/2.4ML ***[aripiprazole lauroxil]***	4	MB
ARISTADA PRSY 882 MG/3.2ML ***[aripiprazole lauroxil]***	4	MB
bupropion hcl er (sr) tb12 100 mg	1	
bupropion hcl er (sr) tb12 150 mg	1	PREV
bupropion hcl er (sr) tb12 200 mg	1	
bupropion hcl er (xl) tb24 150 mg	1	PREV
bupropion hcl er (xl) tb24 300 mg	1	
bupropion hcl tabs 100 mg	1	
bupropion hcl tabs 75 mg	1	
chlorpromazine hcl soln 25 mg/ml	1	MB
chlorpromazine hcl tabs 10 mg	1	
chlorpromazine hcl tabs 100 mg	1	
chlorpromazine hcl tabs 200 mg	1	
chlorpromazine hcl tabs 25 mg	1	
chlorpromazine hcl tabs 50 mg	1	
citalopram hydrobromide soln 10 mg/5ml	1	
citalopram hydrobromide tabs 10 mg	1	
citalopram hydrobromide tabs 20 mg	1	
citalopram hydrobromide tabs 40 mg	1	
clomipramine hcl caps 25 mg	1	
clomipramine hcl caps 50 mg	1	
clomipramine hcl caps 75 mg	1	
clozapine tabs 100 mg	1	
clozapine tabs 200 mg	1	
clozapine tabs 25 mg	1	
clozapine tabs 50 mg	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
desipramine hcl tabs 10 mg	1	
desipramine hcl tabs 100 mg	1	
desipramine hcl tabs 150 mg	1	
desipramine hcl tabs 25 mg	1	
desipramine hcl tabs 50 mg	1	
desipramine hcl tabs 75 mg	1	
doxepin hcl caps 10 mg	1	
doxepin hcl caps 100 mg	1	
doxepin hcl caps 150 mg	1	
doxepin hcl caps 25 mg	1	
doxepin hcl caps 50 mg	1	
doxepin hcl caps 75 mg	1	
doxepin hcl conc 10 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
duloxetine hcl cpep 20 mg	1	
duloxetine hcl cpep 30 mg	1	
duloxetine hcl cpep 60 mg	1	
escitalopram oxalate soln 5 mg/5ml	1	
escitalopram oxalate tabs 20 mg	1	
escitalopram oxalate tabs 5 mg	1	
fluoxetine hcl caps 10 mg	1	
fluoxetine hcl caps 20 mg	1	
fluoxetine hcl caps 40 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	
fluphenazine decanoate soln 25 mg/ml	1	MB
fluphenazine hcl conc 5 mg/ml	1	
fluphenazine hcl tabs 1 mg	1	
fluphenazine hcl tabs 10 mg	1	
fluphenazine hcl tabs 2.5 mg	1	
fluphenazine hcl tabs 5 mg	1	
fluvoxamine maleate tabs 100 mg	1	
fluvoxamine maleate tabs 25 mg	1	
fluvoxamine maleate tabs 50 mg	1	
haloperidol decanoate soln 100 mg/ml	1	MB
haloperidol decanoate soln 50 mg/ml	1	MB
haloperidol lactate conc 2 mg/ml	1	
haloperidol lactate soln 5 mg/ml	1	MB
haloperidol tabs 0.5 mg	1	
haloperidol tabs 1 mg	1	
haloperidol tabs 10 mg	1	
haloperidol tabs 2 mg	1	
haloperidol tabs 20 mg	1	
haloperidol tabs 5 mg	1	
imipramine hcl tabs 10 mg	1	
imipramine hcl tabs 25 mg	1	
imipramine hcl tabs 50 mg	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML ***[paliperidone palmitate]***	4	MB
INVEGA SUSTENNA SUSY 156 MG/ML ***[paliperidone palmitate]***	4	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML ***[paliperidone palmitate]***	4	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML ***[paliperidone palmitate]***	4	MB
loxapine succinate caps 10 mg	1	
loxapine succinate caps 25 mg	1	
loxapine succinate caps 5 mg	1	
lurasidone hcl tabs 120 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
lurasidone hcl tabs 20 mg	1	
lurasidone hcl tabs 40 mg	1	
lurasidone hcl tabs 60 mg	1	
lurasidone hcl tabs 80 mg	1	
mirtazapine tabs 15 mg	1	
mirtazapine tabs 30 mg	1	
mirtazapine tabs 45 mg	1	
nefazodone hcl tabs 100 mg	1	
nefazodone hcl tabs 150 mg	1	
nefazodone hcl tabs 200 mg	1	
nefazodone hcl tabs 250 mg	1	
nefazodone hcl tabs 50 mg	1	
nortriptyline hcl caps 10 mg	1	
nortriptyline hcl caps 25 mg	1	
nortriptyline hcl caps 50 mg	1	
nortriptyline hcl caps 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
olanzapine solr 10 mg	1	MB
olanzapine tabs 10 mg	1	
olanzapine tabs 15 mg	1	
olanzapine tabs 2.5 mg	1	
olanzapine tabs 20 mg	1	
olanzapine tabs 5 mg	1	
olanzapine tabs 7.5 mg	1	
paliperidone er tb24 1.5 mg	1	
paliperidone er tb24 3 mg	1	
paliperidone er tb24 6 mg	1	
paliperidone er tb24 9 mg	1	
paroxetine hcl tabs 10 mg	1	
paroxetine hcl tabs 20 mg	1	
paroxetine hcl tabs 30 mg	1	
paroxetine hcl tabs 40 mg	1	
perphenazine tabs 16 mg	1	
perphenazine tabs 2 mg	1	
perphenazine tabs 4 mg	1	
perphenazine tabs 8 mg	1	
phenelzine sulfate tabs 15 mg	1	
pimozide tabs 1 mg	1	
pimozide tabs 2 mg	1	
prochlorperazine edisylate soln 10 mg/2ml	1	MB
prochlorperazine maleate tabs 10 mg	1	
prochlorperazine maleate tabs 5 mg	1	
protriptyline hcl tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
protriptyline hcl tabs 5 mg	1	
quetiapine fumarate er tb24 150 mg	1	
quetiapine fumarate er tb24 200 mg	1	
quetiapine fumarate er tb24 300 mg	1	
quetiapine fumarate er tb24 400 mg	1	
quetiapine fumarate er tb24 50 mg	1	
quetiapine fumarate tabs 100 mg	1	
quetiapine fumarate tabs 200 mg	1	
quetiapine fumarate tabs 25 mg	1	
quetiapine fumarate tabs 300 mg	1	
quetiapine fumarate tabs 400 mg	1	
quetiapine fumarate tabs 50 mg	1	
RISPERDAL CONSTA SRER 12.5 MG ***[risperidone microspheres]***	4	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG ***[risperidone microspheres]***	4	MB
RISPERDAL CONSTA SRER 37.5 MG ***[risperidone microspheres]***	4	MB
RISPERDAL CONSTA SRER 50 MG ***[risperidone microspheres]***	4	MB
RISPERIDONE SOLN 1 MG/ML ***[risperidone]***	1	
risperidone tabs 0.25 mg	1	
risperidone tabs 0.5 mg	1	
risperidone tabs 1 mg	1	
risperidone tabs 2 mg	1	
risperidone tabs 3 mg	1	
risperidone tabs 4 mg	1	
sertraline hcl tabs 100 mg	1	
sertraline hcl tabs 25 mg	1	
sertraline hcl tabs 50 mg	1	
thioridazine hcl tabs 10 mg	1	
thioridazine hcl tabs 100 mg	1	
thioridazine hcl tabs 25 mg	1	
thioridazine hcl tabs 50 mg	1	
thiothixene caps 1 mg	1	
thiothixene caps 10 mg	1	
thiothixene caps 2 mg	1	
thiothixene caps 5 mg	1	
tranylcypromine sulfate tabs 10 mg	1	
trazodone hcl tabs 100 mg	1	
trazodone hcl tabs 150 mg	1	
trazodone hcl tabs 50 mg	1	
trifluoperazine hcl tabs 1 mg	1	
trifluoperazine hcl tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
trifluoperazine hcl tabs 2 mg	1	
trifluoperazine hcl tabs 5 mg	1	
UZEDY SUSY 100 MG/0.28ML ***[risperidone]***	4	MB
UZEDY SUSY 125 MG/0.35ML ***[risperidone]***	4	MB
UZEDY SUSY 150 MG/0.42ML ***[risperidone]***	4	MB
UZEDY SUSY 200 MG/0.56ML ***[risperidone]***	4	MB
UZEDY SUSY 250 MG/0.7ML ***[risperidone]***	4	MB
UZEDY SUSY 50 MG/0.14ML ***[risperidone]***	4	MB
UZEDY SUSY 75 MG/0.21ML ***[risperidone]***	4	MB
venlafaxine hcl er cp24 150 mg	1	
venlafaxine hcl er cp24 37.5 mg	1	
venlafaxine hcl er cp24 75 mg	1	
venlafaxine hcl tabs 100 mg	1	
venlafaxine hcl tabs 25 mg	1	
venlafaxine hcl tabs 37.5 mg	1	
venlafaxine hcl tabs 50 mg	1	
venlafaxine hcl tabs 75 mg	1	
ziprasidone hcl caps 20 mg	1	
ziprasidone hcl caps 40 mg	1	
ziprasidone hcl caps 60 mg	1	
ziprasidone hcl caps 80 mg	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % ***[diaphragm wide seal]***	2	PREV
DEVICES		
DEVICES		
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1" MIS 25GX1" ***[syringe/needle (disp) 3 ml]***	2	
3ML SYRINGE LUER-LOK MIS LUER-LOK ***[syringe (disposable)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ACCU-CHEK FASTCLIX LANCET KIT ***[lancets misc.]***	2	
AEROCHAMBER PLUS FLO-VU SMALL MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC ***[spacer/aerosol-holding chambers]***	2	
ASSESS FULL RANGE PEAK FLOW METER MIS FULL RNG ***[peak flow meter]***	2	MB
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2" MIS 20GX1.5" ***[syringe/needle (disp) 3 ml]***	2	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4" MIS 21GX1.25 ***[syringe/needle (disp) 3 ml]***	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 ***[syringe/needle (disp) 3 ml]***	2	
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2" MIS 28GX1/2" ***[tuberculin/allergy syringes]***	2	
BD CATHETER TIP SYRINGE MISC 50 ML ***[catheter syringes]***	2	
BD DISP NEEDLES MISC 18G X 1-1/2" ***[needle (disp) 18 g]***	2	
BD DISP NEEDLES MISC 19G X 1" ***[needle (disp) 19 g]***	2	
BD DISP NEEDLES MISC 20G X 1" ***[needle (disp) 20 g]***	2	
BD DISP NEEDLES MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" ***[needle (disp) 21 g]***	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
BD INS SYR ULTRAFINE 1/2UNIT MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML ***[insulin syringe/needle u-100]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC U-100 1 ML ***[insulin syringes (disposable)]***	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML ***[insulin syringe/needle u-500]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INTEGRA SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 10 ML ***[syringe (disposable)]***	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD PEN NEEDLE MINI ULTRAFINE MISC 31G X 5 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE NANO ULTRAFINE MISC 32G X 4 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM ***[insulin pen needle]***	2	
BD PEN NEEDLE SHORT ULTRAFINE MISC 31G X 8 MM ***[insulin pen needle]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD PLASTIPAK SYRINGE MISC 21G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE LUER-LOK MISC 1 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 20 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 3 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 5 ML ***[syringe (disposable)]***	2	
[Syringe (disposable)] BD SYRINGE LUER-LOK TIP MIS LUER-LOK	2	
BD SYRINGE MISC 50 ML ***[syringe (disposable)]***	2	
BD SYRINGE SLIP TIP MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 1 ML ***[insulin syringe/needle u-100]***	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM ***[insulin pen needle]***	1	
CONTOUR NEXT CONTROL SOLN NORMAL ***[blood glucose calibration]***	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
HYPODERMIC NEEDLE MISC 19G X 1" ***[needle (disp) 19 g]***	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8"/1ML MIS 25GX5/8" ***[syringe/needle (disp) 1 ml]***	2	
MICROLET NEXT LANCING DEVICE MISC ***[lancet devices]***	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML ***[insulin syringe/needle u-100]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1" MIS 21GX1" ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2" MIS 21GX1.5" ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1" MIS 22GX1" ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2" MIS 22GX1.5" ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1" MIS 23GX1" ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML ***[syringe (disposable)]***	2	
MONOJECT TB SYRINGE MISC 1 ML ***[syringe (disposable)]***	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM ***[insulin pen needle]***	2	
OMNITROPE PEN 5 INJECTION DEVICE MIS DEVICE ***[injection device]***	2	
OMNITROPE SOLR 5.8 MG ***[somatropin]***	2	
ONETOUCH DELICA PLUS LANCET33G MISC ***[lancets]***	2	
ONETOUCH SURESOFT LANCING DEVICE/GENTLE MIS LANC DEV ***[lancet devices]***	2	
ONETOUCH SURESOFT LANCING DEVICE/REGULAR MIS LANC DEV ***[lancet devices]***	2	
ONETOUCH ULTRA CONTROL LIQD ***[blood glucose calibration]***	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC ***[lancets]***	2	
ONETOUCH ULTRASOFT LANCETS MISC ***[lancets]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ONETOUCH VERIO FLEX SYSTEM DEVI ***[blood glucose monitoring supplies]***	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ***[blood glucose monitoring supplies]***	2	
ONETOUCH VERIO LIQD HIGH ***[blood glucose calibration]***	2	
POLY HUB NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2" MIS 27GX1/2" ***[tuberculin/allergy syringes]***	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SYRINGE MISC 20G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
TRUZONE PEAK FLOW METER DEVI ***[peak flow meter]***	2	MB
TUBERCULIN SYRINGE MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	2	
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 MMOL/ML ***[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
GASTROGRAFIN SOLN 66-10 % ***[diatrizoate meglumine & sodium]***	2	
KETO-DIASTIX STRP ***[urine glucose-ketones test]***	2	
KETOSTIX STRP ***[acetone (urine) test]***	2	
LEXISCAN SOLN 0.4 MG/5ML ***[regadenoson]***	2	MB
MULTIHANCE SOLN 529 MG/ML ***[gadobenate dimeglumine]***	2	MB
OMNIPAQUE SOLN 180 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 240 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 300 MG/ML ***[iohexol]***	2	MB
OMNIPAQUE SOLN 350 MG/ML ***[iohexol]***	2	MB
ONETOUCH ULTRA TEST STRP ***[glucose blood]***	2	
THYROGEN SOLR 0.9 MG ***[thyrotropin alfa]***	2	MB
TISSUEBLUE SOSY 0.025 % ***[brilliant blue g]***	2	
TUBERSOL SOLN 5 UNIT/0.1ML ***[tuberculin ppd]***	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG ***[potassium citrate-citric acid]***	1	
CYTRA-K SOLN 1100-334 MG/5ML ***[potassium citrate-citric acid]***	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) ***[potassium citrate (alkalinizer)]***	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) ***[potassium citrate (alkalinizer)]***	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML ***[potassium citrate-citric acid]***	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML ***[sodium citrate & citric acid]***	1	
SODIUM ACETATE SOLN 2 MEQ/ML ***[sodium acetate]***	2	MB
sodium bicarbonate soln 8.4 %	1	MB
THAM SOLN 30 MEQ/100ML ***[tromethamine]***	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML ***[pot & sod citrates w/citric ac]***	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG ***[sodium phenylbutyrate]***	4	QL - 30 day(s)
lactulose encephalopathy soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG ***[acetohydroxamic acid]***	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d5w]***	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d10w]***	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d15w]***	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d20w]***	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid infusion in d10w]***	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % ***[amino acid infusion in d15w]***	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % ***[amino acid infusion in d20w]***	2	MB
DEXTROSE SOLN 10 % ***[dextrose]***	1	MB
DEXTROSE SOLN 20 % ***[dextrose]***	2	MB
DEXTROSE SOLN 5 % ***[dextrose]***	1	MB
DEXTROSE SOLN 50 % ***[dextrose]***	1	MB
DEXTROSE SOLN 70 % ***[dextrose]***	1	MB
INTRALIPID EMUL 20 % ***[fat emulsion plant based (soy)]***	2	MB
INTRALIPID EMUL 30 % ***[fat emulsion plant based (soy)]***	2	MB
PHENYLADE DRINK MIX POWD ***[nutritional supplements]***	2	
PHLEXY-10 PACK ***[nutritional supplements]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PKU EXPRESS PAK ***[nutritional supplements]***	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW ***[nutritional supplements]***	2	
TRAVASOL SOLN 10 % ***[amino acid infusion]***	2	MB
TROPHAMINE SOLN 10 % ***[amino acid infusion]***	2	MB
DIURETICS		
bumetanide tabs 1 mg	1	
bumetanide tabs 2 mg	1	
chlorthalidone tabs 25 mg	1	
chlorthalidone tabs 50 mg	1	
DYRENIUM CAPS 50 MG ***[triamterene]***	2	
ethacrynic acid tabs 25 mg	1	
furosemide soln 10 mg/ml	1	MB
furosemide soln 8 mg/ml	1	
FUROSEMIDE TABS 20 MG ***[furosemide]***	1	
FUROSEMIDE TABS 40 MG ***[furosemide]***	1	
furosemide tabs 80 mg	1	
hydrochlorothiazide tabs 12.5 mg	1	
hydrochlorothiazide tabs 25 mg	1	
hydrochlorothiazide tabs 50 mg	1	
indapamide tabs 1.25 mg	1	
indapamide tabs 2.5 mg	1	
metolazone tabs 10 mg	1	
metolazone tabs 2.5 mg	1	
metolazone tabs 5 mg	1	
OSMITROL SOLN 20 % ***[mannitol]***	1	MB
SODIUM EDECRIN SOLR 50 MG ***[ethacrynate sodium]***	2	MB
torsemide tabs 10 mg	1	
torsemide tabs 100 mg	1	
torsemide tabs 20 mg	1	
torsemide tabs 5 mg	1	
triamterene caps 100 mg	1	
triamterene-hctz caps 37.5-25 mg	1	
triamterene-hctz tabs 37.5-25 mg	1	
triamterene-hctz tabs 75-50 mg	1	
ION-REMOVING AGENTS		
sevelamer carbonate pack 2.4 gm	1	
sevelamer carbonate tabs 800 mg	1	
sodium polystyrene sulfonate powd	1	
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 15 GM/60ML	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 30 GM/120ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % ***[acetic acid]***	1	MB
LACTATED RINGERS SOLN ***[lactated ringer's (irrigation)]***	2	MB
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride (gu irrigant)]***	1	MB
STERILE WATER FOR IRRIGATION SOLN ***[water for irrigation, sterile]***	1	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
calcium acetate tabs 667 mg	1	
calcium chloride soln 10 %	1	MB
CALCIUM GLUCONATE SOLN 10 % ***[calcium gluconate]***	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML ***[chromic chloride]***	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML ***[cupric chloride]***	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % ***[dextrose in lactated ringers]***	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 % ***[dextrose w/ sodium chloride]***	2	MB
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 % ***[dextrose w/ sodium chloride]***	2	MB
dextrose-sodium chloride soln 5-0.3 %	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 % ***[dextrose w/ sodium chloride]***	1	MB
hetastarch-nacl soln 6-0.9 %	1	MB
HEXTEND SOLN 6 % ***[hetastarch (hes /0.7 or /0.75) in electrolytes]***	2	MB
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% ***[magnesium sulfate in dextrose]***	2	MB
sodium chloride soln	1	MB
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 tbcr 10 meq	1	
potassium chloride crys er tbcr 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
potassium chloride er tbcr 10 meq	1	
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 40 MEQ/15ML (20%) ***[potassium chloride]***	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L ***[potassium chloride in dextrose]***	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML ***[potassium phosphates]***	1	MB
RINGERS SOLN ***[ringer's]***	1	MB
SELENIOUS ACID SOLN 40 MCG/ML ***[selenious acid]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 & monobasic)]***	1	MB
WES-PHOS 250 NEUTRAL TABS 155-852-130 MG ***[pot phosphate monobasic w/ sod phosphate dibasic & monobasic]***	1	
URICOSURIC AGENTS		
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML ***[laronidase]***	4	MB
ARALAST NP SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML ***[idursulfase]***	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT ***[taliglucerase alfa]***	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG ***[rasburicase]***	4	MB
ELITEK SOLR 7.5 MG ***[rasburicase]***	4	MB
FABRAZYME SOLR 35 MG ***[agalsidase beta]***	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG ***[agalsidase beta]***	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML ***[hyaluronidase human]***	2	MB
LUMIZYME SOLR 50 MG ***[alglucosidase alfa]***	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML ***[dornase alfa]***	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML ***[asfotase alfa]***	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML ***[asfotase alfa]***	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML ***[asfotase alfa]***	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML ***[asfotase alfa]***	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML ***[elosulfase alfa]***	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT ***[glucarpidase]***	4	QL - 30 day(s),MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin oint 500 unit/gm	2	
bacitracin-polymyxin b oint 500-10000 unit/gm	1	
chlorhexidine gluconate soln 0.12 %	1	
ciprofloxacin hcl soln 0.3 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
erythromycin oint 5 mg/gm	1	
gatifloxacin soln 0.5 %	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
gentamicin sulfate soln 0.3 %	1	
MITOSOL KIT 0.2 MG ***[mitomycin (ophthalmic)]***	2	
moxifloxacin hcl soln 0.5 %	1	
NATACYN SUSP 5 % ***[natamycin]***	2	
neomycin-bacitracin zn-polymyx oint 5-400-10000	1	
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	1	
ofloxacin soln 0.3 %	1	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	1	
sulfacetamide sodium soln 10 %	1	
trifluridine soln 1 %	1	
ANTI-INFLAMMATORY AGENTS		
CEQUA SOLN 0.09 % ***[cyclosporine (ophth)]***	2	
ciprofloxacin-dexamethasone susp 0.3-0.1 %	1	
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML ***[neomycin-colistin-hc-thonzonium]***	2	
cyclosporine (pf) 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	
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)]***	4	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	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
bimatoprost soln 0.03 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 2-0.5 %	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG ***[acetylcholine chloride]***	2	MB
MIOSTAT SOLN 0.01 % ***[carbachol (ophth)]***	2	MB
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 %	1	
apraclonidine hcl soln 0.5 %	1	
BSS SOLN ***[ophthalmic irrigation solution - intraocular]***	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML ***[ranibizumab-nuna]***	2	MB
CIMERLI SOLN 0.3 MG/0.05ML ***[ranibizumab-eqrn]***	4	QL - 30 day(s),MB
CIMERLI SOLN 0.5 MG/0.05ML ***[ranibizumab-eqrn]***	4	QL - 30 day(s),MB
EYLEA SOLN 2 MG/0.05ML ***[aflibercept]***	4	MB
EYLEA SOSY 2 MG/0.05ML ***[aflibercept]***	4	
LACRISERT INST 5 MG ***[artificial tear insert]***	2	
LUCENTIS SOSY 0.3 MG/0.05ML ***[ranibizumab]***	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML ***[ranibizumab]***	4	QL - 30 day(s),MB
PAVBLU SOLN 2 MG/0.05ML ***[aflibercept-ayyh]***	4	MB
PAVBLU SOSY 2 MG/0.05ML ***[aflibercept-ayyh]***	4	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] ALCAINE SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % ***[cocaine hcl]***	2	
lidocaine viscous hcl soln 2 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
proparacaine hcl soln 0.5 %	1	
TETRACAINE HCL SOLN 0.5 % ***[tetracaine hcl (ophth)]***	1	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % ***[atropine sulfate (ophthalmic)]***	1	
atropine sulfate soln 1 %	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
cyclopentolate hcl soln 1 %	1	
HOMATROPAIRE SOLN 5 % ***[homatropine hbr]***	1	
tropicamide soln 1 %	1	
VASOCONSTRICTORS		
phenylephrine hcl soln 10 %	1	
phenylephrine hcl soln 2.5 %	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
GELUSIL CHEW 200-200-25 MG ***[alum & mag hydrox-simethicone]***	2	
GNP ANTACID & ANTI-GAS SUSP 400-400-40 MG/5ML ***[alum & mag hydrox-simethicone]***	1	
GNP ANTACID REGULAR STRENGTH SUSP 200-200-20 MG/5ML ***[alum & mag hydrox-simethicone]***	1	
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium caps 750 mg	1	
mesalamine enem 4 gm	1	
mesalamine supp 1000 mg	1	
mesalamine tbec 1.2 gm	1	
PENTASA CPCR 250 MG ***[mesalamine]***	2	
PENTASA CPCR 500 MG ***[mesalamine]***	2	
ANTIDIARRHEA AGENTS		
diphenoxylate-atropine tabs 2.5-0.025 mg	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG ***[netupitant-palonosetron]***	2	
aprepitant caps 40 mg	1	QL - 30 day(s)
aprepitant caps 80 mg	1	QL - 30 day(s)
dronabinol caps 10 mg	1	
dronabinol caps 2.5 mg	1	
dronabinol caps 5 mg	1	
fosaprepitant dimeglumine solr 150 mg	1	MB
granisetron hcl tabs 1 mg	1	
ondansetron hcl soln 4 mg/2ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ondansetron hcl soln 4 mg/5ml	1	
ondansetron hcl soln 40 mg/20ml	1	MB
ondansetron hcl tabs 4 mg	1	
ondansetron hcl tabs 8 mg	1	
ondansetron tbdp 4 mg	1	
ondansetron tbdp 8 mg	1	
scopolamine pt72 1 mg/3days	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML ***[sucralfate]***	2	
cimetidine hcl soln 300 mg/5ml	1	
famotidine (pf) soln 20 mg/2ml	1	MB
famotidine premixed soln 20-0.9 mg/50ml-%	1	MB
famotidine soln 40 mg/4ml	1	MB
famotidine susr 40 mg/5ml	1	
famotidine tabs 40 mg	1	
misoprostol tabs 100 mcg	1	
misoprostol tabs 200 mcg	1	
omeprazole cpdr 10 mg	1	
omeprazole cpdr 40 mg	1	
pantoprazole sodium solr 40 mg	1	MB
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		
DOCUSATE SODIUM LIQD 50 MG/5ML ***[docusate sodium]***	1	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	1	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
lubiprostone caps 24 mcg	1	
lubiprostone caps 8 mcg	1	
MILK OF MAGNESIA SUSP 7.75 % ***[magnesium hydroxide]***	1	
na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml	1	PREV
peg 3350-kcl-na bicarb-nacl solr 420 gm	1	PREV
SORBITOL SOLN 70 % ***[sorbitol (laxative)]***	2	
CHOLELITHOLYTIC AGENTS		
ursodiol tabs 250 mg	1	
ursodiol tabs 500 mg	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CREON CPEP 24000-76000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 3000-9500 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 36000-114000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 6000-19000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 10000-32000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 15000-47000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 20000-63000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 25000-79000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 3000-10000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 40000-126000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 5000-24000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 60000-189600 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
PROKINETIC AGENTS		
metoclopramide hcl soln 10 mg/10ml	1	
metoclopramide hcl soln 5 mg/ml	1	MB
metoclopramide hcl tabs 10 mg	1	
metoclopramide hcl tabs 5 mg	1	
prucalopride succinate tabs 1 mg	1	
prucalopride succinate tabs 2 mg	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG ***[auranofin]***	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG ***[succimer]***	4	
deferasirox tabs 360 mg	1	
deferasirox tabs 90 mg	1	
deferoxamine mesylate inj 2gm	1	MB
deferoxamine mesylate solr 500 mg	1	MB
EXJADE TBSO 125 MG ***[deferasirox]***	4	QL - 30 day(s)
EXJADE TBSO 250 MG ***[deferasirox]***	4	QL - 30 day(s)
EXJADE TBSO 500 MG ***[deferasirox]***	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG ***[deferasirox]***	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
JADENU SPRINKLE PACK 360 MG ***[deferasirox]***	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG ***[deferasirox]***	4	QL - 30 day(s)
JADENU TABS 180 MG ***[deferasirox]***	4	QL - 30 day(s)
penicillamine caps 250 mg	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX HFA AERO 100 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX HFA AERO 200 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
betamethasone sod phos & acet susp 6 (3-3) mg/ml	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
budesonide cpep 3 mg	1	
budesonide susp 0.25 mg/2ml	1	
budesonide susp 0.5 mg/2ml	1	
cortisone acetate tabs 25 mg	1	
dexamethasone elix 0.5 mg/5ml	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
dexamethasone sodium phosphate soln 10 mg/ml	1	MB
dexamethasone sodium phosphate soln 4 mg/ml	1	MB
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 0.5 mg	1	
dexamethasone tabs 0.75 mg	1	
dexamethasone tabs 1 mg	1	
dexamethasone tabs 1.5 mg	1	
dexamethasone tabs 2 mg	1	
dexamethasone tabs 4 mg	1	
dexamethasone tabs 6 mg	1	
fludrocortisone acetate tabs 0.1 mg	1	
fluticasone propionate hfa aero 44 mcg/act	1	
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KENALOG-10 SUSP 10 MG/ML ***[triamcinolone acetonide]***	2	MB
KENALOG-40 SUSP 40 MG/ML ***[triamcinolone acetonide]***	2	MB
MEDROL TABS 2 MG ***[methylprednisolone]***	2	
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 5 mg/5ml	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	2	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 5 mg (21)	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT ***[budesonide (inhalation)]***	2	
SOLU-CORTEF SOLR 100 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 1000 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 250 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 500 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-MEDROL SOLR 500 MG ***[methylprednisolone sod succ]***	2	MB
ANDROGENS		
danazol caps 100 mg	1	
danazol caps 200 mg	1	
danazol caps 50 mg	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
methyltestosterone tabs 10 mg	1	
methyltestosterone caps 10 mg	1	
oxandrolone tab 10mg	1	
oxandrolone tab 2.5mg	1	
testosterone cypionate soln 200 mg/ml	1	
testosterone gel 1.62 %	1	
testosterone gel 12.5 mg/act (1%)	1	
testosterone gel 25 mg/2.5gm (1%)	1	
testosterone gel 50 mg/5gm (1%)	1	
ANTIDIABETIC AGENTS		
acarbose tabs 100 mg	1	
acarbose tabs 25 mg	1	
acarbose tabs 50 mg	1	
dapagliflozin tabs 10 mg	1	
dapagliflozin tabs 5 mg	1	
glimepiride tabs 1 mg	1	
glimepiride tabs 2 mg	1	
glimepiride tabs 4 mg	1	
glipizide tabs 10 mg	1	
glipizide tabs 5 mg	1	
glipizide tb24 10 mg	1	
glipizide tb24 2.5 mg	1	
glipizide tb24 5 mg	1	
glipizide-metformin hcl tabs 2.5-250 mg	1	
glipizide-metformin hcl tabs 2.5-500 mg	1	
glipizide-metformin hcl tabs 5-500 mg	1	
glyburide tabs 1.25 mg	1	
glyburide tabs 2.5 mg	1	
glyburide tabs 5 mg	1	
HUMALOG SOLN 100 UNIT/ML ***[insulin lispro]***	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML ***[insulin nph (human) (isophane)]***	2	
HUMULIN N SUSP 100 UNIT/ML ***[insulin nph (human) (isophane)]***	2	
HUMULIN R SOLN 100 UNIT/ML ***[insulin regular (human)]***	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML ***[insulin regular (human)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML ***[insulin regular (human)]***	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML ***[insulin glargine-yfgn]***	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML ***[insulin glargine-yfgn]***	2	
JARDIANCE TABS 10 MG ***[empagliflozin]***	2	
JARDIANCE TABS 25 MG ***[empagliflozin]***	2	
KIRSTY SOLN 100 UNIT/ML ***[insulin aspart-xjhz]***	1	
KIRSTY SOPN 100 UNIT/ML ***[insulin aspart-xjhz]***	1	
liraglutide sopn 18 mg/3ml	1	QL - 30 day(s)
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML ***[semaglutide]***	2	
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	
sitagliptin tabs 100 mg	1	
sitagliptin tabs 25 mg	1	
sitagliptin tabs 50 mg	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML ***[insulin degludec]***	2	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML ***[insulin degludec]***	2	
TRESIBA SOLN 100 UNIT/ML ***[insulin degludec]***	2	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE ***[glucagon]***	2	
GLUCAGEN HYPOKIT SOLR 1 MG ***[glucagon hcl]***	2	MB
GLUCAGEN INJ 1MG ***[glucagon hcl (rdna)]***	2	MB
glucagon emergency solr 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] BLISOVI FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
[Ethynodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] KURVELO TABS 0.15-30 MG-MCG	1	PREV
levonorgestrel-ethinyl estrad tabs 0.1-20 mg-mcg	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 21 MCG/DAY ***[levonorgestrel (iud)]***	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11-28 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG ***[etonogestrel]***	2	PREV,MB
[Drospirenone-ethinyl Estradiol] NIKKI TABS 3-0.02 MG	1	PREV
norethindrone tabs 0.35 mg	1	PREV
norgestimate-eth estradiol tabs 0.25-35 mg-mcg	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
PARAGARD INTRAUTERINE COPPER IUD ***[copper (iud)]***	2	PREV,MB
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-MARZIA 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
[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35 (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.0375 MG/24HR ***[estradiol]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLIMARA PTWK 0.05 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.06 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.075 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.1 MG/24HR ***[estradiol]***	2	
clomiphene citrate tabs 50 mg	1	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	
EEMT HS TABS 0.625-1.25 MG ***[esterified estrogens & methyltestosterone]***	1	
EEMT TABS 1.25-2.5 MG ***[esterified estrogens & methyltestosterone]***	1	
[Estradiol Vaginal] ESTRACE CREA 0.01 %	2	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	
estradiol pttw 0.1 mg/24hr	1	
estradiol ptwk 0.05 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 oil 10 mg/ml	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 7.5 MCG/24HR ***[estradiol vaginal]***	2	
PREMARIN SOLR 25 MG ***[estrogens, conjugated]***	2	MB
raloxifene hcl tabs 60 mg	1	OC,PREV
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT ***[chorionic gonadotropin]***	2	MB
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	
ganirelix acetate sosy 250 mcg/0.5ml	1	
GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML ***[follitropin alfa]***	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.72ML ***[follitropin alfa]***	2	
GONAL-F RFF REDIJECT SOPN 900 UNT/1.44ML ***[follitropin alfa]***	2	
GONAL-F RFF SOLR 75 UNIT ***[follitropin alfa]***	2	
GONAL-F SOLR 1050 UNIT ***[follitropin alfa]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GONAL-F SOLR 450 UNIT ***[follitropin alfa]***	2	MB
MENOPUR SOLR 75 UNIT ***[menotropins]***	2	
OVIDREL SOSY 250 MCG/0.5ML ***[choriogonadotropin alfa]***	2	
SYNAREL SOLN 2 MG/ML ***[nafarelin acetate]***	4	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	
FORTEO SOPN 560 MCG/2.24ML ***[teriparatide]***	2	MB
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML ***[corticotropin]***	4	LD,MB
desmopressin ace spray refrig soln 0.01 %	1	
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML ***[desmopressin acetate]***	2	
desmopressin acetate soln 4 mcg/ml	1	MB
desmopressin acetate spray soln 0.01 %	1	
desmopressin acetate tabs 0.1 mg	1	
desmopressin acetate tabs 0.2 mg	1	
PROGESTINS		
ENDOMETRIN INST 100 MG ***[progesterone (vaginal)]***	1	
medroxyprogesterone acetate susp 150 mg/ml	1	PREV,MB
medroxyprogesterone acetate susy 150 mg/ml	1	MB
medroxyprogesterone acetate tabs 10 mg	1	OC
medroxyprogesterone acetate tabs 2.5 mg	1	OC
medroxyprogesterone acetate tabs 5 mg	1	OC
norethindrone acetate tabs 5 mg	1	
progesterone caps 100 mg	1	OC
progesterone caps 200 mg	1	OC
PROGESTERONE OIL 50 MG/ML ***[progesterone]***	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOCT 10 MG/1.5ML ***[somatropin]***	2	
OMNITROPE SOCT 5 MG/1.5ML ***[somatropin]***	2	
SEROSTIM SOLR 4 MG ***[somatropin (non-refrigerated)]***	4	QL - 30 day(s)
SEROSTIM SOLR 5 MG ***[somatropin (non-refrigerated)]***	4	QL - 30 day(s)
SEROSTIM SOLR 6 MG ***[somatropin (non-refrigerated)]***	4	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium tabs 100 mcg	1	
levothyroxine sodium tabs 112 mcg	1	
levothyroxine sodium tabs 125 mcg	1	
levothyroxine sodium tabs 137 mcg	1	
levothyroxine sodium tabs 150 mcg	1	
levothyroxine sodium tabs 175 mcg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
levothyroxine sodium tabs 200 mcg	1	
levothyroxine sodium tabs 25 mcg	1	
levothyroxine sodium tabs 300 mcg	1	
levothyroxine sodium tabs 50 mcg	1	
levothyroxine sodium tabs 75 mcg	1	
levothyroxine sodium tabs 88 mcg	1	
liothyronine sodium tabs 25 mcg	1	
liothyronine sodium tabs 5 mcg	1	
liothyronine sodium tabs 50 mcg	1	
methimazole tabs 10 mg	1	
methimazole tabs 5 mg	1	
propylthiouracil tabs 50 mg	1	
SSKI SOLN 1 GM/ML ***[potassium iodide (expectorant)]***	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
bupivacaine hcl (pf) soln 0.5 %	1	MB
bupivacaine hcl (pf) soln 0.75 %	1	MB
bupivacaine hcl soln 0.25 %	1	MB
bupivacaine hcl soln 0.5 %	1	MB
bupivacaine in dextrose soln 0.75-8.25 %	1	MB
chloroprocaine hcl (pf) soln 2 %	1	MB
lidocaine hcl (cardiac) pf sosy 50 mg/5ml	2	MB
lidocaine hcl (pf) soln 0.5 %	1	MB
lidocaine hcl (pf) soln 1 %	1	MB
lidocaine hcl soln 0.5 %	1	MB
lidocaine hcl soln 1 %	1	MB
lidocaine hcl soln 2 %	1	MB
lidocaine-epinephrine (pf) soln 2 %-1:200000	1	MB
lidocaine-epinephrine soln 0.5 %-1:200000	1	MB
lidocaine-epinephrine soln 1 %-1:100000	1	MB
lidocaine-epinephrine soln 2 %-1:100000	1	MB
NAROPIN SOLN 2 MG/ML ***[ropivacaine hcl]***	2	MB
NAROPIN SOLN 5 MG/ML ***[ropivacaine hcl]***	2	MB
NESACAINE SOLN 1 % ***[chloroprocaine hcl]***	2	MB
NESACAINE SOLN 2 % ***[chloroprocaine hcl]***	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
TETRACAINE HCL SOLN 1 % ***[tetracaine hcl]***	1	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
acetylcysteine soln 200 mg/ml	1	MB
acitretin caps 10 mg	1	
ACTIMMUNE SOLN 100 MCG/0.5ML ***[interferon gamma-1b]***	4	QL - 30 day(s)
alendronate sodium tabs 10 mg	1	
alendronate sodium tabs 35 mg	1	
alendronate sodium tabs 70 mg	1	
allopurinol tabs 100 mg	1	
allopurinol tabs 300 mg	1	
AMJEVITA SOAJ 40 MG/0.4ML ***[adalimumab-atto]***	2	
AMJEVITA SOAJ 80 MG/0.8ML ***[adalimumab-atto]***	2	
AMJEVITA SOSY 40 MG/0.4ML ***[adalimumab-atto]***	2	
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML ***[adalimumab-atto]***	2	
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML ***[adalimumab-atto]***	2	
ATGAM SOLN 50 MG/ML ***[lymphocyte immune globulin,anti-thymocyte globulin (equine)]***	2	MB
AVONEX KIT 30MCG ***[interferon beta-1a]***	4	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML ***[interferon beta-1a]***	4	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 100 UNIT ***[onabotulinumtoxina]***	2	MB
BOTOX SOLR 200 UNIT ***[onabotulinumtoxina]***	2	MB
BREYANZI SUSP 70000000 CELLS/ML ***[lisocabtagene maraleucel]***	4	MB
BRIDION SOLN 200 MG/2ML ***[sugammadex sodium]***	2	MB
CARVYKTI SUSP 100000000 CELLS ***[ciltacabtagene autoleucel]***	4	MB
CERDELGA CAPS 84 MG ***[eliglustat tartrate]***	4	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)]***	4	QL - 30 day(s),MB
colchicine tabs 0.6 mg	1	
CYSTADANE POWD ***[betaine]***	4	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)
DAXXIFY SOLR 100 UNIT ***[daxibotulinumtoxina-lanm]***	2	MB
dimethyl fumarate cpdr 120 mg	1	
dimethyl fumarate cpdr 240 mg	1	
dimethyl fumarate starter pack cdpk 120 & 240 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG ***[pentosan polysulfate sodium]***	2	
ENBREL INJ 25MG ***[etanercept]***	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML ***[etanercept]***	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML ***[etanercept]***	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML ***[etanercept]***	4	QL - 30 day(s)
EPYSQLI SOLN 300 MG/30ML ***[eculizumab-aagh]***	4	QL - 30 day(s),MB
EXTAVIA KIT 0.3 MG ***[interferon beta-1b]***	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
fingolimod hcl caps 0.5 mg	1	
[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	
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
GRASTEK SUBL 2800 BAU ***[timothy grass pollen allergen extract]***	2	
HAEGARDA SOLR 2000 UNIT ***[c1 esterase inhibitor (human)]***	4	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT ***[c1 esterase inhibitor (human)]***	4	QL - 30 day(s)
icatibant acetate sosy 30 mg/3ml	1	
INFLECTRA SOLR 100 MG ***[infliximab-dyyb]***	4	MB
KINERET INJ ***[anakinra]***	4	QL - 30 day(s)
leflunomide tabs 10 mg	1	
leflunomide tabs 20 mg	1	
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
levocarnitine soln 1 gm/10ml	1	
levocarnitine tabs 330 mg	1	
mesna soln 100 mg/ml	1	MB
MESNEX TABS 400 MG ***[mesna]***	2	QL - 30 day(s)
methylene blue (antidote) soln 1 %	1	MB
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	
mycophenolate sodium tbec 180 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mycophenolate sodium tbec 360 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 5000 UNIT/ML ***[rimabotulinumtoxinb]***	2	MB
NEORAL SOLN 100 MG/ML ***[cyclosporine modified (for microemulsion)]***	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
octreotide acetate sosy 50 mcg/ml	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML ***[abatacept]***	4	QL - 30 day(s)
ORENCIA SOLR 250 MG ***[abatacept]***	4	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML ***[abatacept]***	4	
ORENCIA SOSY 50 MG/0.4ML ***[abatacept]***	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML ***[abatacept]***	4	QL - 30 day(s)
OTEZLA TABS 30 MG ***[apremilast]***	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG ***[apremilast]***	4	QL - 30 day(s)
pamidronate disodium soln 30 mg/10ml	1	MB
pamidronate disodium soln 6 mg/ml	1	MB
pamidronate disodium soln 90 mg/10ml	1	MB
PREVIDENT GEL 1.1 % ***[sodium fluoride (dental)]***	2	
PREVIDENT SOLN 0.2 % ***[sodium fluoride (dental)]***	2	
PROGRAF SOLN 5 MG/ML ***[tacrolimus]***	2	MB
RASUVO SOAJ 10 MG/0.2ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 12.5 MG/0.25ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 15 MG/0.3ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 17.5 MG/0.35ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 20 MG/0.4ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 22.5 MG/0.45ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 25 MG/0.5ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 30 MG/0.6ML ***[methotrexate (antirheumatic)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML ***[methotrexate (antirheumatic)]***	2	
RIMSO-50 SOLN 50 % ***[dimethyl sulfoxide]***	2	MB
SANDIMMUNE CAPS 100 MG ***[cyclosporine]***	2	
SANDIMMUNE CAPS 25 MG ***[cyclosporine]***	2	
SANDIMMUNE SOLN 100 MG/ML ***[cyclosporine]***	2	
SANDIMMUNE SOLN 50 MG/ML ***[cyclosporine]***	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG ***[octreotide acetate]***	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG ***[octreotide acetate]***	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG ***[octreotide acetate]***	4	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % ***[sodium fluoride (dental)]***	1	
sirolimus soln 1 mg/ml	1	
sirolimus tabs 0.5 mg	1	
sirolimus tabs 1 mg	1	
sirolimus tabs 2 mg	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG ***[sodium fluoride]***	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG ***[sodium fluoride]***	1	
SODIUM FLUORIDE CHEW 2.2 (1 F) MG ***[sodium fluoride]***	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML ***[sodium fluoride]***	1	PREV
tacrolimus caps 0.5 mg	1	
tacrolimus caps 1 mg	1	
tacrolimus caps 5 mg	1	
TAKHZYRO SOLN 300 MG/2ML ***[lanadelumab-flyo]***	4	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML ***[lanadelumab-flyo]***	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML ***[lanadelumab-flyo]***	4	QL - 30 day(s)
THALOMID CAPS 100 MG ***[thalidomide]***	4	QL - 30 day(s)
THALOMID CAPS 50 MG ***[thalidomide]***	4	QL - 30 day(s)
THIOLA TABS 100 MG ***[tiopronin]***	4	
tofacitinib citrate er tb24 11 mg	1	
tofacitinib citrate tabs 10 mg	1	
tofacitinib citrate tabs 5 mg	1	
TYSABRI CONC 300 MG/15ML ***[natalizumab]***	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML ***[ravulizumab-cwvz]***	4	
ULTOMIRIS SOLN 300 MG/3ML ***[ravulizumab-cwvz]***	4	
VYVGART SOLN 400 MG/20ML ***[efgartigimod alfa-fcab]***	4	QL - 30 day(s),MB
WEGOVY HD SOAJ 7.2 MG/0.75ML ***[semaglutide (weight management)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
WEGOVY SOAJ 0.25 MG/0.5ML ***[semaglutide (weight management)]***	2	
WEGOVY SOAJ 0.5 MG/0.5ML ***[semaglutide (weight management)]***	2	
WEGOVY SOAJ 1 MG/0.5ML ***[semaglutide (weight management)]***	2	
WEGOVY SOAJ 1.7 MG/0.75ML ***[semaglutide (weight management)]***	2	
WEGOVY SOAJ 2.4 MG/0.75ML ***[semaglutide (weight management)]***	2	
YESCARTA SUSP 200000000 CELLS ***[axicabtagene ciloleucel]***	4	MB
zoledronic acid conc 4 mg/5ml	1	MB
zoledronic acid soln 5 mg/100ml	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG ***[dinoprostone]***	2	
HEMABATE SOLN 250 MCG/ML ***[carboprost tromethamine]***	2	MB
methylergonovine maleate soln 0.2 mg/ml	1	MB
methylergonovine maleate tabs 0.2 mg	1	
MIFEPREX TABS 200 MG ***[mifepristone]***	2	PREV
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD ***[alprostadil (bulk)]***	2	
BACLOFEN POWD ***[baclofen]***	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN ***[water for inject, bacteriostatic benzyl alcohol]***	2	MB
BIOTIN-D POWD ***[biotin (bulk)]***	2	
BORIC ACID POWD ***[boric acid (bulk)]***	2	
CLOBETASOL PROPIONATE POW PROPIONA ***[clobetasol propionate]***	2	
CLONIDINE HCL POWD ***[clonidine hcl]***	2	
CLOTRIMAZOLE CRYS ***[clotrimazole (topical)]***	2	
COAL TAR EXTRACT SOLN 20 % ***[coal tar (crude)]***	2	
COLLODION FLEXIBLE LIQD ***[collodion flexible]***	2	
DILTIAZEM HCL POWD ***[diltiazem hcl (bulk)]***	2	
GABAPENTIN POWD ***[gabapentin (bulk)]***	2	
GLYCERIN LIQD ***[glycerin (bulk)]***	2	
GLYCOPYRROLATE POWD ***[glycopyrrolate (bulk)]***	2	
HYDROCORTISONE POWD ***[hydrocortisone (bulk)]***	2	
HYDROPHILIC OINT ***[hydrophilic ointment]***	2	
HYDROXYPROGESTERONE CAPROATE POWD ***[hydroxyprogesterone caproate (bulk)]***	2	
ISOSORBIDE POWD ***[isosorbide (bulk)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KETAMINE HCL POWD ***[ketamine hcl (bulk)]***	2	
KETOPROFEN POWD ***[ketoprofen (bulk)]***	2	
L-CITRULLINE POWD ***[citrulline (bulk)]***	2	
L-ISOLEUCINE POWD ***[isoleucine]***	2	
L-PROLINE POWD ***[proline]***	2	
LIDOCAINE HCL POWD ***[lidocaine hcl (bulk)]***	2	
METRONIDAZOLE POWD ***[metronidazole (bulk)]***	2	
PHENTOLAMINE MESYLATE POWD ***[phentolamine mesylate (bulk)]***	2	
PROGESTERONE MICRONIZED POWD ***[progesterone micronized (bulk)]***	2	
QUINACRINE HCL POW DIHYDRAT ***[quinacrine hcl]***	2	
SALICYLIC ACID POWD ***[salicylic acid (bulk)]***	2	
SORBITOL SOLN 70 % ***[sorbitol]***	2	
STERILE WATER FOR INJECTION SOLN ***[water for injection, sterile]***	1	MB
SULFUR PRECIPITATED (BULK) POWD ***[sulfur (bulk)]***	2	
TESTOSTERONE PROPIONATE POWD ***[testosterone propionate (bulk)]***	2	
THYMOL CRYS ***[thymol]***	2	
TRIAMCINOLONE ACETONIDE POWD ***[triamcinolone acetonide (topical)]***	2	
ZINC SULFATE HEPTAHYDRATE POWD ***[zinc sulfate heptahydrate]***	2	
ZINC SULFATE MONOHYDRATE POWD ***[zinc sulfate monohydrate]***	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT ***[ciclesonide]***	2	
ALVESCO AERS 80 MCG/ACT ***[ciclesonide]***	2	
cromolyn sodium conc 100 mg/5ml	1	
cromolyn sodium nebu 20 mg/2ml	1	
montelukast sodium chew 4 mg	1	
montelukast sodium chew 5 mg	1	
montelukast sodium pack 4 mg	1	
montelukast sodium tabs 10 mg	1	
ANTITUSSIVES		
benzonatate caps 100 mg	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML ***[guaifenesin-codeine]***	1	
hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr tabs 5-1.5 mg	1	
MUCOLYTIC AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SODIUM CHLORIDE NEBU 0.9 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 3 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 7 % ***[sodium chloride (inhalant)]***	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML ***[poractant alfa]***	2	MB
CUROSURF SUSP 240 MG/3ML ***[poractant alfa]***	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% ***[beractant in nacl]***	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ALYFTREK TABS 4-20-50 MG ***[vanzacaftor-tezacaftor-deutivacaftor]***	4	QL - 30 day(s)
ARALAST NP SOLR 500 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
KALYDECO PACK 13.4 MG ***[ivacaftor]***	4	QL - 30 day(s)
KALYDECO PACK 25 MG ***[ivacaftor]***	4	QL - 30 day(s)
KALYDECO PACK 5.8 MG ***[ivacaftor]***	4	QL - 30 day(s)
KALYDECO PACK 50 MG ***[ivacaftor]***	4	QL - 30 day(s)
KALYDECO PACK 75 MG ***[ivacaftor]***	4	QL - 30 day(s)
KALYDECO TABS 150 MG ***[ivacaftor]***	4	QL - 30 day(s)
ORKAMBI PACK 100-125 MG ***[lumacaftor-ivacaftor]***	4	QL - 30 day(s)
ORKAMBI PACK 150-188 MG ***[lumacaftor-ivacaftor]***	4	QL - 30 day(s)
ORKAMBI PACK 75-94 MG ***[lumacaftor-ivacaftor]***	4	QL - 30 day(s)
ORKAMBI TABS 100-125 MG ***[lumacaftor-ivacaftor]***	4	QL - 30 day(s)
ORKAMBI TABS 200-125 MG ***[lumacaftor-ivacaftor]***	4	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG ***[tezacaftor-ivacaftor]***	4	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG ***[tezacaftor-ivacaftor]***	4	
TRIKAFTA TBPK 100-50-75 & 150 MG ***[elexacaftor-tezacaftor-ivacaftor]***	4	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]***	4	QL - 30 day(s)
TRIKAFTA THPK 100-50-75 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]***	4	QL - 30 day(s)
TRIKAFTA THPK 80-40-60 & 59.5 MG ***[elexacaftor-tezacaftor-ivacaftor]***	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG ***[bosentan]***	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CYTOGAM SOLN 50 MG/ML ***[cytomegalovirus immune globulin (human)]***	2	MB
DIGIFAB SOLR 40 MG ***[digoxin immune fab]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
FLEBOGAMMA DIF SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
GAMASTAN SOLN ***[immune globulin (human) im]***	2	MB
GAMMAGARD ERC SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM ***[immune globulin (human) iv]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM ***[immune globulin (human) iv]***	2	MB
GAMMAGARD SOLN 30 GM/300ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAPLEX SOLN 10 GM/200ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 5 GM/100ML ***[immune globulin (human) iv]***	2	MB
GAMUNEX-C SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
HIZENTRA SOLN 1 GM/5ML ***[immune globulin (human) subcutaneous]***	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML ***[immune globulin (human) subcutaneous]***	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML ***[immune globulin (human) subcutaneous]***	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML ***[immune globulin (human) subcutaneous]***	4	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML ***[immune globulin (human) subcutaneous]***	4	
HIZENTRA SOSY 10 GM/50ML ***[immune globulin (human) subcutaneous]***	4	
HIZENTRA SOSY 2 GM/10ML ***[immune globulin (human) subcutaneous]***	4	
HIZENTRA SOSY 4 GM/20ML ***[immune globulin (human) subcutaneous]***	4	
NABI-HB SOLN 312 UNIT/ML ***[hepatitis b immune globulin (human)]***	2	MB
OCTAGAM SOLN 1 GM/20ML ***[immune globulin (human) iv]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OCTAGAM SOLN 2.5 GM/50ML ***[immune globulin (human) iv]***	2	MB
OCTAGAM SOLN 25 GM/500ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 10 GM/100ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 20 GM/200ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 5 GM/50ML ***[immune globulin (human) iv]***	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML ***[rho d immune globulin (human)]***	2	MB
TOXOIDS		
ODACTRA SUBL 12 SQ-HDM ***[dust mite mixed allergen extract]***	2	
VACCINES		
MODERNA COVID-19 VAC 6M-11Y SUSY 25 MCG/0.25ML ***[covid-19 (sars-cov-2) mrna virus vaccine]***	2	MB
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML ***[covid-19 (sars-cov-2) subunit (spike) protein virus vaccine]***	2	MB
VIVOTIF CPDR ***[typhoid vaccine]***	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
alclometasone dipropionate crea 0.05 %	1	
BACITRACIN OINT 500 UNIT/GM ***[bacitracin (topical)]***	1	
BACITRACIN ZINC OINT 500 UNIT/GM ***[bacitracin zinc]***	1	
benzoyl peroxide-erythromycin gel 5-3 %	1	
clindamycin phos (twice-daily) gel 1 %	1	
clindamycin phosphate crea 2 %	1	
clindamycin phosphate lotn 1 %	1	
clindamycin phosphate soln 1 %	1	
CLOBEX SPRAY LIQD 0.05 % ***[clobetasol propionate]***	2	
clotrimazole troc 10 mg	1	
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % ***[iodoquinol-hc]***	1	
ketoconazole crea 2 %	1	
ketoconazole sham 2 %	1	
malathion lotn 0.5 %	1	
metronidazole crea 0.75 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
metronidazole gel 0.75 %	1	
mupirocin oint 2 %	1	
neomycin-polymyxin b gu soln 40-200000	1	MB
nystatin crea 100000 unit/gm	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
permethrin crea 5 %	1	
selenium sulfide lotn 2.5 %	1	
silver sulfadiazine crea 1 %	1	
SULFAMYLON CREA 85 MG/GM ***[mafenide acetate]***	2	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate oint 0.05 %	1	
ANUCORT-HC SUPP 25 MG ***[hydrocortisone acetate (rectal)]***	1	
betamethasone dipropionate aug crea 0.05 %	1	
betamethasone dipropionate aug gel 0.05 %	1	
betamethasone dipropionate aug oint 0.05 %	1	
BETAMETHASONE VALERATE CREA 0.1 % ***[betamethasone valerate]***	1	
betamethasone valerate foam 0.12 %	1	
BETAMETHASONE VALERATE OINT 0.1 % ***[betamethasone valerate]***	1	
clobetasol propionate crea 0.05 %	1	
clobetasol propionate gel 0.05 %	1	
clobetasol propionate lotn 0.05 %	1	
clobetasol propionate oint 0.05 %	1	
clobetasol propionate soln 0.05 %	1	
CORDRAN TAPE 4 MCG/SQCM ***[flurandrenolide]***	2	
desonide crea 0.05 %	1	
desonide oint 0.05 %	1	
desoximetasone crea 0.25 %	1	
fluocinolone acetonide body oil 0.01 %	1	
fluocinolone acetonide scalp oil 0.01 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	
fluticasone propionate crea 0.05 %	1	
fluticasone propionate oint 0.005 %	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % ***[pramoxine-hc]***	1	
hydrocortisone crea 2.5 %	1	
hydrocortisone enem 100 mg/60ml	1	
hydrocortisone lotn 2.5 %	1	
hydrocortisone oint 2.5 %	1	
mometasone furoate crea 0.1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mometasone furoate oint 0.1 %	1	
mometasone furoate soln 0.1 %	1	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % ***[pramoxine-hc]***	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	
triamcinolone acetonide crea 0.025 %	1	
triamcinolone acetonide crea 0.1 %	1	
triamcinolone acetonide crea 0.5 %	1	
triamcinolone acetonide oint 0.025 %	1	
triamcinolone acetonide oint 0.1 %	1	
triamcinolone acetonide oint 0.5 %	1	
triamcinolone acetonide pste 0.1 %	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[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 % ***[hydrocortisone acetate w/ pramoxine]***	1	
hydrocortisone ace-pramoxine crea 1-1 %	1	
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine ptch 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % ***[camphor & menthol]***	2	
ASTRINGENTS		
DRYSOL SOLN 20 % ***[aluminum chloride]***	2	
XERAC AC SOLN 6.25 % ***[aluminum chloride in alcohol]***	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOTN 0.05 % ***[tretinoin]***	2	
AVITA CREA 0.025 % ***[tretinoin]***	1	
KEPIVANCE SOLR 6.25 MG ***[palifermin]***	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % ***[tretinoin]***	2	
RETIN-A CREA 0.05 % ***[tretinoin]***	2	
RETIN-A CREA 0.1 % ***[tretinoin]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RETIN-A GEL 0.01 % ***[tretinoin]***	2	
RETIN-A GEL 0.025 % ***[tretinoin]***	2	
RETIN-A MICRO GEL 0.04 % ***[tretinoin microsphere]***	2	
RETIN-A MICRO GEL 0.1 % ***[tretinoin microsphere]***	2	
DEPIGMENTING AND PIGMENTING AGENTS		
methoxsalen rapid caps 10 mg	1	
KERATOLYTIC AGENTS		
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % ***[sulfacetamide sodium w/ sulfur]***	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % ***[sulfacetamide sodium w/ sulfur]***	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % ***[sulfacetamide sodium w/ sulfur]***	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin caps 25 mg	1	
adapalene gel 0.1 %	1	
adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
BENZOIN TINC ***[benzoin]***	2	
bexarotene gel 1 %	1	
calcipotriene crea 0.005 %	1	
calcipotriene oint 0.005 %	1	
calcipotriene soln 0.005 %	1	
calcitriol oint 3 mcg/gm	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % ***[podofilox]***	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML ***[secukinumab]***	4	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML ***[secukinumab]***	4	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML ***[secukinumab]***	4	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML ***[secukinumab]***	4	QL - 30 day(s)
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % ***[adapalene]***	2	
DIFFERIN GEL 0.3 % ***[adapalene]***	2	
DRITHO-CREME HP CRE HP 1% ***[anthralin]***	2	
EPIDUO FORTE GEL 0.3-2.5 % ***[adapalene-benzoyl peroxide]***	2	
fluocinonide gel 0.05 %	1	
fluorouracil crea 5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % ***[aminolevulinic acid hcl]***	2	
pimecrolimus crea 1 %	1	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM ***[collagenase]***	2	
SKYRIZI PEN SOAJ 150 MG/ML ***[risankizumab-rzaa]***	4	
SKYRIZI SOCT 180 MG/1.2ML ***[risankizumab-rzaa (crohn's)]***	4	
SKYRIZI SOCT 360 MG/2.4ML ***[risankizumab-rzaa (crohn's)]***	4	
SKYRIZI SOSY 150 MG/ML ***[risankizumab-rzaa]***	4	
SODIUM CHLORIDE TABS 1 GM ***[sodium chloride]***	1	
tacrolimus oint 0.03 %	1	
tacrolimus oint 0.1 %	1	
tazarotene crea 0.05 %	1	
tazarotene crea 0.1 %	1	
tazarotene gel 0.05 %	1	
tazarotene gel 0.1 %	1	
TREMFYA ONE-PRESS SOPN 100 MG/ML ***[guselkumab]***	4	
TREMFYA PEN SOAJ 100 MG/ML ***[guselkumab]***	2	
TREMFYA PEN SOAJ 200 MG/2ML ***[guselkumab (gastrointestinal)]***	4	QL - 30 day(s)
TREMFYA SOLN 200 MG/20ML ***[guselkumab (gastrointestinal)]***	4	MB
TREMFYA SOSY 100 MG/ML ***[guselkumab]***	4	
TREMFYA SOSY 200 MG/2ML ***[guselkumab (gastrointestinal)]***	4	
YESINTEK SOLN 130 MG/26ML ***[ustekinumab-kfce (iv)]***	2	
YESINTEK SOLN 45 MG/0.5ML ***[ustekinumab-kfce]***	2	
YESINTEK SOSY 45 MG/0.5ML ***[ustekinumab-kfce]***	2	
YESINTEK SOSY 90 MG/ML ***[ustekinumab-kfce]***	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
mirabegron er tb24 25 mg	1	
MYRBETRIQ SRER 8 MG/ML ***[mirabegron]***	2	
MYRBETRIQ TB24 50 MG ***[mirabegron]***	2	
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
oxybutynin chloride soln 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
solifenacin succinate tabs 10 mg	1	
solifenacin succinate tabs 5 mg	1	
trospium chloride er cp24 60 mg	1	
trospium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
theophylline er tb24 400 mg	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT SOLN ***[multiple vitamin]***	2	MB
INFUVITE PEDIATRIC SOLN ***[pediatric multiple vitamins]***	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML ***[ped multivitamins w/fl & iron]***	1	
MULTI-VITAMIN/FLUORIDE SUSP 0.25 MG/ML ***[pediatric multivitamins w/fl]***	1	
MULTI-VITAMIN/FLUORIDE SUSP 0.5 MG/ML ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]***	1	
POLY-VI-SOL SOLN ***[pediatric multiple vitamins]***	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML ***[pediatric multiple vitamins w/ iron]***	2	
RENAL CAPS 1 MG ***[b-complex w/ c & folic acid]***	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 ***[pediatric vitamins adc]***	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	
VITAMIN A		
AQUASOL A SOLN 50000 UNIT/ML ***[vitamin a]***	2	MB
VITAMIN B COMPLEX		
cyanocobalamin soln 1000 mcg/ml	1	MB
folic acid soln 5 mg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
NIACIN ER CPCR 250 MG ***[niacin]***	1	
NIACIN ER TBCR 250 MG ***[niacin]***	1	
NIACIN TABS 100 MG ***[niacin]***	1	
NIACIN TABS 250 MG ***[niacin]***	1	
NIACIN TABS 50 MG ***[niacin]***	1	
NIACIN TABS 500 MG ***[niacin]***	1	
niacin td cap 500mg td	1	
pyridoxine hcl soln 100 mg/ml	1	MB
SLO-NIACIN TBCR 500 MG ***[niacin]***	2	
SLO-NIACIN TBCR 750 MG ***[niacin]***	2	
thiamine hcl soln 100 mg/ml	1	MB
VITAMIN D		
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG ***[phytonadione]***	2	
phytonadione soln 1 mg/0.5ml	1	MB
vitamin k1 soln 1 mg/0.5ml	1	MB
vitamin k1 soln 10 mg/ml	1	MB

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[Amino Acid Infusion] PLENAMINE SOLN 15 % 68
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT..... 77
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT..... 77
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %..... 84
[Ceftazidime] TAZICEF SOLR 1 GM 15
[Ceftazidime] TAZICEF SOLR 2 GM 15
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML 13
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 % 74
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %..... 74
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG..... 86
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[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG..... 81
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML..... 77
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[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML..... 53
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[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG..... 51
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML..... 82
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[Gadoterate Meglumine] CLARISCAN SOLN 5 MMOL/10ML 66
[Gadoterate Meglumine] CLARISCAN SOLN 7.5 MMOL/15ML 66
[Gadoterate Meglumine] CLARISCAN SOSY 10 MMOL/20ML 66
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[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML 86
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 % 95
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 % 95
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %.....95
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[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM..... 94
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[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM..... 75
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acyclovir susp 200 mg/5ml 17
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adenosine soln 12 mg/4ml 40
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ALBURX SOLN 5 % ***[albumin, human]*** 32
ALBUTEIN SOLN 25 % ***[albumin, human]*** 32
albuterol sulfate hfa aers 108 (90 base) mcg/act 31
albuterol sulfate nebu (2.5 mg/3ml) 0.083% .31
albuterol sulfate nebu (5 mg/ml) 0.5% 31
albuterol sulfate nebu 0.63 mg/3ml 31
albuterol sulfate nebu 1.25 mg/3ml 31
albuterol sulfate nebu 2.5 mg/0.5ml 31
alclometasone dipropionate crea 0.05 % 93
alclometasone dipropionate oint 0.05 % 94
ALDURAZYME SOLN 2.9 MG/5ML ***[laronidase]*** 71
ALECENSA CAPS 150 MG ***[alectinib hcl]*** 21
alendronate sodium tabs 10 mg 85
alendronate sodium tabs 35 mg 85
alendronate sodium tabs 70 mg 85
alfuzosin hcl er tb24 10 mg 31
ALINIA SUSR 100 MG/5ML ***[nitazoxanide]*** 17
ALINIA TABS 500 MG ***[nitazoxanide]*** 17
ALKERAN TABS 2 MG ***[melphalan]*** 21
allopurinol tabs 100 mg 85

allopurinol tabs 300 mg 85
ALPHANATE SOLR 1000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 33
ALPHANATE SOLR 1500 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 33
ALPHANATE SOLR 2000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 33
ALPHANINE SD SOLR 500 UNIT ***[coagulation factor ix]*** 33
alprazolam tabs 0.25 mg 53
alprazolam tabs 0.5 mg 53
alprazolam tabs 1 mg 53
alprazolam tabs 2 mg 53
ALPROSTADIL POWD ***[alprostadil (bulk)]*** ... 89
alprostadil soln 500 mcg/ml 42
ALTAFLUOR BENOX SOLN 0.25-0.4 % ***[fluorescein w/ benoxinate]*** 65
ALTRENO LOTN 0.05 % ***[tretinoin]*** 95
ALTUVIIIO SOLR 1000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALTUVIIIO SOLR 2000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALTUVIIIO SOLR 250 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALTUVIIIO SOLR 3000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALTUVIIIO SOLR 4000 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALTUVIIIO SOLR 500 UNIT ***[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]*** 33
ALUNBRIG TABS 180 MG ***[brigatinib]*** 21
ALUNBRIG TABS 30 MG ***[brigatinib]*** 21
ALUNBRIG TABS 90 MG ***[brigatinib]*** 21
ALUNBRIG TBPK 90 & 180 MG ***[brigatinib]*** .. 21
ALVAIZ TABS 18 MG ***[eltrombopag choline]*** 36
ALVAIZ TABS 36 MG ***[eltrombopag choline]*** 36
ALVAIZ TABS 54 MG ***[eltrombopag choline]*** 36
ALVAIZ TABS 9 MG ***[eltrombopag choline]*** .. 36
ALVESCO AERS 160 MCG/ACT ***[ciclesonide]*** 90
ALVESCO AERS 80 MCG/ACT ***[ciclesonide]*** 90
ALYFTREK TABS 4-20-50 MG ***[vanzacaftor-tezacaftor-deutivacaftor]*** 91
amantadine hcl caps 100 mg 52
amantadine hcl soln 50 mg/5ml 52
AMBISOME SUSR 50 MG ***[amphotericin b liposome]*** 15
ambrisentan tabs 10 mg 42
ambrisentan tabs 5 mg 42
amikacin sulfate soln 500 mg/2ml 11
aminocaproic acid soln 250 mg/ml 33
aminophylline soln 25 mg/ml 98
amiodarone hcl soln 900 mg/18ml 40
amiodarone hcl tabs 200 mg 40
amitriptyline hcl tabs 10 mg 55
amitriptyline hcl tabs 100 mg 55
amitriptyline hcl tabs 150 mg 55
amitriptyline hcl tabs 25 mg 55
amitriptyline hcl tabs 50 mg 55
amitriptyline hcl tabs 75 mg 55
AMJEVITA SOAJ 40 MG/0.4ML ***[adalimumab-atto]*** 85
AMJEVITA SOAJ 80 MG/0.8ML ***[adalimumab-atto]*** 85
AMJEVITA SOSY 40 MG/0.4ML ***[adalimumab-atto]*** 85
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML ***[adalimumab-atto]*** 85
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML ***[adalimumab-atto]*** 85
amlodipine besylate tabs 10 mg 39
amlodipine besylate tabs 2.5 mg 39
amlodipine besylate tabs 5 mg 39
amoxicillin caps 250 mg 11
amoxicillin caps 500 mg 11
amoxicillin chew 125 mg 11
amoxicillin chew 250 mg 11
amoxicillin susr 125 mg/5ml 11
amoxicillin susr 200 mg/5ml 11
amoxicillin susr 250 mg/5ml 11
amoxicillin susr 400 mg/5ml 11
amoxicillin-pot clavulanate chew 200-28.5 mg 11
amoxicillin-pot clavulanate chew 400-57 mg 11
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml 11
amoxicillin-pot clavulanate susr 250-62.5 mg/5ml 11
amoxicillin-pot clavulanate susr 400-57 mg/5ml 11

amoxicillin-pot clavulanate susr 600-42.9 mg/5ml 11
amoxicillin-pot clavulanate tabs 500-125 mg 11
amoxicillin-pot clavulanate tabs 875-125 mg 11
amphetamine-dextroamphet er cp24 10 mg 47
amphetamine-dextroamphet er cp24 15 mg 47
amphetamine-dextroamphet er cp24 20 mg 47
amphetamine-dextroamphet er cp24 25 mg 47
amphetamine-dextroamphet er cp24 30 mg 47
amphetamine-dextroamphet er cp24 5 mg .. 47
amphetamine-dextroamphetamine tabs 10 mg 47
amphetamine-dextroamphetamine tabs 12.5 mg 47
amphetamine-dextroamphetamine tabs 15 mg 47
amphetamine-dextroamphetamine tabs 20 mg 47
amphetamine-dextroamphetamine tabs 30 mg 47
amphetamine-dextroamphetamine tabs 5 mg 47
amphetamine-dextroamphetamine tabs 7.5 mg 47
amphotericin b solr 50 mg 15
ampicillin caps 500 mg 11
ampicillin sodium solr 1 gm 11
ampicillin sodium solr 125 mg 11
ampicillin sodium solr 2 gm 11
ampicillin sodium solr 250 mg 11
ampicillin sodium solr 500 mg 11
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm 11
ampicillin-sulbactam sodium solr 3 (2-1) gm 11
amp-sulbacta inj 1.5gm 11
anagrelide hcl caps 0.5 mg 35
anagrelide hcl caps 1 mg 35
anastrozole tabs 1 mg 21
ANUCORT-HC SUPP 25 MG ***[hydrocortisone acetate (rectal)]*** 94
APOKYN SOCT 30 MG/3ML ***[apomorphine hydrochloride]*** 52
apraclonidine hcl soln 0.5 % 73
aprepitant caps 40 mg 74
aprepitant caps 80 mg 74
APTENSIO XR CP24 10 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 15 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 20 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 30 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 40 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 50 MG ***[methylphenidate hcl]*** 47
APTENSIO XR CP24 60 MG ***[methylphenidate hcl]*** 47
APTIVUS CAPS 250 MG ***[tipranavir]*** 17
AQUASOL A SOLN 50000 UNIT/ML ***[vitamin a]*** 98
ARALAST NP SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]*** 71
ARALAST NP SOLR 500 MG ***[alpha1-proteinase inhibitor (human)]*** 91
aripiprazole tabs 10 mg 55
aripiprazole tabs 15 mg 55
aripiprazole tabs 2 mg 55
aripiprazole tabs 20 mg 55
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]*** 56
ARISTADA PRSY 662 MG/2.4ML ***[aripiprazole lauroxil]*** 56
ARISTADA PRSY 882 MG/3.2ML ***[aripiprazole lauroxil]*** 56
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]*** 77
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT ***[mometasone furoate (inhalation)]*** 77
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT ***[mometasone furoate (inhalation)]*** 77
ASMANEX HFA AERO 100 MCG/ACT ***[mometasone furoate (inhalation)]*** 77
ASMANEX HFA AERO 200 MCG/ACT ***[mometasone furoate (inhalation)]*** 77
ASPARLAS SOLN 3750 UNIT/5ML ***[calaspargase pegol-mknl]*** 21
aspirin-dipyridamole er cp12 25-200 mg 35
ASSESS FULL RANGE PEAK FLOW METER

MIS FULL RNG ***[peak flow meter]*** 61
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 SOLN 50 MG/ML ***[lymphocyte immune globulin,anti-thymocyte globulin (equine)]*** 85
atomoxetine hcl caps 10 mg 54
atomoxetine hcl caps 100 mg 54
atomoxetine hcl caps 18 mg 54
atomoxetine hcl caps 25 mg 55
atomoxetine hcl caps 40 mg 55
atomoxetine hcl caps 60 mg 55
atomoxetine hcl caps 80 mg 55
atorvastatin calcium tabs 10 mg 37
atorvastatin calcium tabs 20 mg 37
atorvastatin calcium tabs 40 mg 9, 37
atorvastatin calcium tabs 80 mg 37
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 % ***[atropine sulfate (ophthalmic)]*** 74
atropine sulfate soln 1 % 74
ATROPINE SULFATE SOLN 8 MG/20ML ***[atropine sulfate]*** 28
ATROPINE SULFATE SOSY 0.5 MG/5ML ***[atropine sulfate]*** 28
ATROVENT HFA AERS 17 MCG/ACT ***[ipratropium bromide hfa]*** 28
AUGMENTIN SUSR 125-31.25 MG/5ML ***[amoxicillin & pot clavulanate]*** 11
AUVI-Q SOAJ 0.1 MG/0.1ML ***[epinephrine (anaphylaxis)]*** 31
AUVI-Q SOAJ 0.15 MG/0.15ML ***[epinephrine (anaphylaxis)]*** 31
AUVI-Q SOAJ 0.3 MG/0.3ML ***[epinephrine (anaphylaxis)]*** 31
AVASTIN SOLN 100 MG/4ML ***[bevacizumab]*** 21
AVITA CREA 0.025 % ***[tretinoin]*** 95
AVONEX KIT 30MCG ***[interferon beta-1a]*** . 85
AVONEX PEN AJKT 30 MCG/0.5ML ***[interferon beta-1a]*** 85
azacitidine susr 100 mg 21
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 11
aztreonam solr 2 gm 11

B

bacitracin oint 500 unit/gm 71
BACITRACIN OINT 500 UNIT/GM ***[bacitracin (topical)]*** 93
BACITRACIN ZINC OINT 500 UNIT/GM ***[bacitracin zinc]*** 93
bacitracin-polymyxin b oint 500-10000 unit/gm 71
BACLOFEN POWD ***[baclofen]*** 89
baclofen tabs 10 mg 30
baclofen tabs 20 mg 30
BACTERIOSTATIC WATER(BENZ ALC) SOLN ***[water for inject, bacteriostatic benzyl alcohol]*** 89
balsalazide disodium caps 750 mg 74
BANOPHEN CAPS 50 MG ***[diphenhydramine hcl]*** 21
BAQSIMI TWO PACK POWD 3 MG/DOSE ***[glucagon]*** 80
BARACLUDE SOLN 0.05 MG/ML ***[entecavir]*** . 17
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2 61
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4 61
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4 61
BD ALLERGY SYRINGE MISC 28G X 1/2 61
BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2 61
BD CATHETER TIP SYRINGE MISC 50 ML ***[catheter syringes]*** 61
BD DISP NEEDLES MISC 18G X 1-1/2 61
BD DISP NEEDLES MISC 19G X 1 61
BD DISP NEEDLES MISC 20G X 1 61
BD DISP NEEDLES MISC 22G X 1-1/2 61
BD ECLIPSE SYRINGE/NEEDLE MISC 22G X 1 61
BD HYPODERMIC NEEDLE MISC 18G X 1 61
BD HYPODERMIC NEEDLE MISC 21G X 1 61
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2 61

BD HYPODERMIC NEEDLE MISC 25G X 1-1/2 61
BD INS SYR ULTRAFINE 1/2UNIT MISC 31G X 5/16..... 61
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8 61
BD INSULIN SYRINGE MISC 27G X 1/2..... 62
BD INSULIN SYRINGE MISC U-100 1 ML ***[insulin syringes (disposable)]*** 62
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML ***[insulin syringe/needle u-500]***..... 62
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2 62
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16 62
BD INTEGRA SYRINGE MISC 21G X 1-1/2.... 62
BD INTEGRA SYRINGE MISC 25G X 5/8..... 62
BD LUER-LOK SYRINGE MISC 10 ML ***[syringe (disposable)]*** 62
BD LUER-LOK SYRINGE MISC 18G X 1-1/2.. 62
BD LUER-LOK SYRINGE MISC 20G X 1..... 62
BD LUER-LOK SYRINGE MISC 21G X 1-1/2.. 62
BD LUER-LOK SYRINGE MISC 22G X 1..... 62
BD LUER-LOK SYRINGE MISC 25G X 1..... 62
BD LUER-LOK SYRINGE MISC 25G X 1-1/2.. 62
BD LUER-LOK SYRINGE MISC 25G X 5/8..... 62
BD PEN NEEDLE MINI ULTRAFINE MISC 31G X 5 MM ***[insulin pen needle]***..... 62
BD PEN NEEDLE NANO ULTRAFINE MISC 32G X 4 MM ***[insulin pen needle]*** 62
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM ***[insulin pen needle]***..... 62
BD PEN NEEDLE SHORT ULTRAFINE MISC 31G X 8 MM ***[insulin pen needle]*** 62
BD PLASTIPAK SYRINGE MISC 21G X 1 63
BD SYRINGE LUER-LOK MISC 1 ML ***[syringe (disposable)]*** 63
BD SYRINGE LUER-LOK MISC 20 ML ***[syringe (disposable)]*** 63
BD SYRINGE LUER-LOK MISC 3 ML ***[syringe (disposable)]*** 63
BD SYRINGE LUER-LOK MISC 5 ML ***[syringe (disposable)]*** 63
BD SYRINGE MISC 50 ML ***[syringe (disposable)]*** 63
BD SYRINGE SLIP TIP MISC 25G X 5/8 63
BD SYRINGE/NEEDLE MISC 22G X 1-1/2 63
BD SYRINGE/NEEDLE MISC 23G X 1 63
BD SYRINGE/NEEDLE MISC 25G X 5/8 63
BD TB SYRINGE MISC 27G X 1/2..... 63
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....63
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64.....63
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG ***[belladonna alkaloids & opium]***.....29
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG ***[belladonna alkaloids & opium]***.....29
benazepril hcl tabs 10 mg 41
benazepril hcl tabs 20 mg 41
benazepril hcl tabs 40 mg 41
benazepril hcl tabs 5 mg 41
bendamustine hcl solr 100 mg.....21
BENEFIX KIT 1000 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 250 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENEFIX KIT 500 UNIT ***[coagulation factor ix (recombinant)]***.....33
BENTYL SOLN 10 MG/ML ***[dicyclomine hcl]***.29
BENZOIN TINC ***[benzoin]***.....96
benzonatate caps 100 mg.....90
benzoyl peroxide-erythromycin gel 5-3 %....93
benztropine mesylate soln 1 mg/ml.....52
benztropine mesylate tabs 0.5 mg.....52
benztropine mesylate tabs 1 mg.....52
benztropine mesylate tabs 2 mg.....52
betamethasone dipropionate aug crea 0.05 % 94
betamethasone dipropionate aug gel 0.05 % 94
betamethasone dipropionate aug oint 0.05 % 94
betamethasone sod phos & acet susp 6 (3-3) mg/ml.....77
BETAMETHASONE VALERATE CREA 0.1 % ***[betamethasone valerate]*** 94
betamethasone valerate foam 0.12 %.....94
BETAMETHASONE VALERATE OINT 0.1 % ***[betamethasone valerate]*** 94
BETASERON KIT 0.3 MG ***[interferon beta-1b]*** 85
betaxolol hcl soln 0.5 %.....73
bethanechol chloride tabs 10 mg 29
bethanechol chloride tabs 25 mg 29
bethanechol chloride tabs 5 mg 30
bethanechol chloride tabs 50 mg 30
bexarotene gel 1 %.....96
BEYFORTUS SOSY 100 MG/ML ***[nirsevimab-alip]***.....17

BEYFORTUS SOSY 50 MG/0.5ML ***[nirsevimab-alip]*** 17
bicalutamide tabs 50 mg 21
BICILLIN L-A SUSY 1200000 UNIT/2ML ***[penicillin g benzathine]*** 11
BICILLIN L-A SUSY 2400000 UNIT/4ML ***[penicillin g benzathine]*** 12
BICILLIN L-A SUSY 600000 UNIT/ML ***[penicillin g benzathine]*** 12
BIKTARVY TABS 30-120-15 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]*** 18
BIKTARVY TABS 50-200-25 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]*** 18
bimatoprost soln 0.03 % 73
BIO GLO STRP 1 MG ***[fluorescein sodium topical]*** 65
BIOTIN-D POWD ***[biotin (bulk)]*** 89
bisoprolol fumarate tabs 10 mg 38
bisoprolol fumarate tabs 5 mg 38
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg 38
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg 38
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg 38
bivalirudin trifluoroacetate solr 250 mg 35
bleomycin sulfate solr 15 unit 21
BLINCYTO SOLR 35 MCG ***[blinatumomab]*** .. 21
BORIC ACID POWD ***[boric acid (bulk)]*** 89
BOTOX SOLR 100 UNIT ***[onabotulinumtoxina]*** 85
BOTOX SOLR 200 UNIT ***[onabotulinumtoxina]*** 85
BREVIBLOC IN NACL SOLN 2500 MG/250ML ***[esmolol hcl-sodium chloride]*** 38
BREYANZI SUSP 70000000 CELLS/ML ***[lisocabtagene maraleucel]*** 85
BRIDION SOLN 200 MG/2ML ***[sugammadex sodium]*** 85
brimonidine tartrate soln 0.2 % 73
bromocriptine mesylate caps 5 mg 52
bromocriptine mesylate tabs 2.5 mg 52
BRUKINSA TABS 160 MG ***[zanubrutinib]*** 21
BSS SOLN ***[ophthalmic irrigation solution - intraocular]*** 73
budesonide cpep 3 mg 77
budesonide susp 0.25 mg/2ml 77
budesonide susp 0.5 mg/2ml 77
bumetanide tabs 1 mg 68
bumetanide tabs 2 mg 68
BUPHENYL TABS 500 MG ***[sodium phenylbutyrate]*** 67
bupivacaine hcl (pf) soln 0.5 % 84
bupivacaine hcl (pf) soln 0.75 % 84
bupivacaine hcl soln 0.25 % 84
bupivacaine hcl soln 0.5 % 84
bupivacaine in dextrose soln 0.75-8.25 % 84
buprenorphine hcl soln 0.3 mg/ml 44
buprenorphine hcl-naloxone hcl film 12-3 mg 44
buprenorphine hcl-naloxone hcl film 2-0.5 mg 44
buprenorphine hcl-naloxone hcl film 4-1 mg 44
buprenorphine hcl-naloxone hcl film 8-2 mg 44
buprenorphine hcl-naloxone hcl subl 2-0.5 mg 44
buprenorphine hcl-naloxone hcl subl 8-2 mg 44
buprenorphine ptwk 10 mcg/hr 44
buprenorphine ptwk 15 mcg/hr 44
buprenorphine ptwk 20 mcg/hr 44
buprenorphine ptwk 5 mcg/hr 44
buprenorphine ptwk 7.5 mcg/hr 44
bupropion hcl er (sr) tb12 100 mg 56
bupropion hcl er (sr) tb12 150 mg 56
bupropion hcl er (sr) tb12 200 mg 56
bupropion hcl er (xl) tb24 150 mg 56
bupropion hcl er (xl) tb24 300 mg 56
bupropion hcl tabs 100 mg 56
bupropion hcl tabs 75 mg 56
buspirone hcl tabs 10 mg 53
buspirone hcl tabs 15 mg 53
buspirone hcl tabs 30 mg 53
buspirone hcl tabs 5 mg 53
buspirone hcl tabs 7.5 mg 53
butorphanol tartrate soln 1 mg/ml 44
butorphanol tartrate soln 2 mg/ml 44
BYOOVIZ SOLN 0.5 MG/0.05ML ***[ranibizumab-nuna]*** 73

C

CABENUVA SUER 400 & 600 MG/2ML ***[cabotegravir & rilpivirine]*** 18
CABENUVA SUER 600 & 900 MG/3ML ***[cabotegravir & rilpivirine]*** 18
cabergoline tabs 0.5 mg 52

CABOMETYX TABS 20 MG ***[cabozantinib s-malate]*** 21
CABOMETYX TABS 40 MG ***[cabozantinib s-malate]*** 21
CABOMETYX TABS 60 MG ***[cabozantinib s-malate]*** 21
caffeine citrate soln 60 mg/3ml 47
calcipotriene crea 0.005 % 96
calcipotriene oint 0.005 % 96
calcipotriene soln 0.005 % 96
calcitonin (salmon) soln 200 unit/act 83
calcitriol caps 0.25 mcg 99
calcitriol caps 0.5 mcg 99
calcitriol oint 3 mcg/gm 96
calcium acetate (phos binder) caps 667 mg 69
calcium acetate tabs 667 mg 69
calcium chloride soln 10 % 69
CALCIUM GLUCONATE SOLN 10 % ***[calcium gluconate]*** 69
CALQUENCE TABS 100 MG ***[acalabrutinib maleate]*** 21
CAMPTOSAR SOLN 100 MG/5ML ***[irinotecan hcl]*** 22
CAMPTOSAR SOLN 40 MG/2ML ***[irinotecan hcl]*** 22
CANCIDAS SOLR 50 MG ***[caspofungin acetate]*** 15
CANCIDAS SOLR 70 MG ***[caspofungin acetate]*** 15
CANDIN SOLN ***[candida albicans skin test antigen]*** 66
capecitabine tabs 150 mg 22
capecitabine tabs 500 mg 22
CAPRELSA TABS 100 MG ***[vandetanib]*** 22
CAPRELSA TABS 300 MG ***[vandetanib]*** 22
CARAFATE SUSP 1 GM/10ML ***[sucralfate]*** ... 75
carbamazepine chew 100 mg 49
carbamazepine er cp12 100 mg 49
carbamazepine er cp12 200 mg 49
carbamazepine er cp12 300 mg 49
carbamazepine er tb12 100 mg 49
carbamazepine er tb12 200 mg 49
carbamazepine er tb12 400 mg 49
carbamazepine susp 100 mg/5ml 49
carbamazepine tabs 200 mg 49
carbidopa tabs 25 mg 52
carbidopa-levodopa er tbcr 25-100 mg 52
carbidopa-levodopa er tbcr 50-200 mg 52
carbidopa-levodopa tabs 10-100 mg 52
carbidopa-levodopa tabs 25-100 mg 52
carbidopa-levodopa tabs 25-250 mg 52
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 52
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 52
carbidopa-levodopa-entacapone tabs 25-100-200 mg 52
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 52
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 52
carbidopa-levodopa-entacapone tabs 50-200-200 mg 52
carboplatin soln 150 mg/15ml 22
carboplatin soln 450 mg/45ml 22
carboplatin soln 50 mg/5ml 22
carboplatin soln 600 mg/60ml 22
CARDENE IV SOLN 20-0.86 MG/200ML-% ***[nicardipine hcl in sodium chloride]*** 39
CARDENE IV SOLN 20-4.8 MG/200ML-% ***[nicardipine hcl in dextrose]*** 39
CARDENE IV SOLN 40-0.83 MG/200ML-% ***[nicardipine hcl in sodium chloride]*** 39
carmustine solr 100 mg 22
carvedilol tabs 12.5 mg 38
carvedilol tabs 25 mg 38
carvedilol tabs 3.125 mg 38
carvedilol tabs 6.25 mg 38
CARVYKTI SUSP 100000000 CELLS ***[ciltacabtagene autoleucel]*** 85
CATHFLO ACTIVASE SOLR 2 MG ***[alteplase]*** 35
CAVERJECT IMPULSE KIT 10 MCG ***[alprostadil (vasodilator)]*** 42
CAVERJECT IMPULSE KIT 20 MCG ***[alprostadil (vasodilator)]*** 42
CAVERJECT SOLR 20 MCG ***[alprostadil (vasodilator)]*** 42
CAVERJECT SOLR 40 MCG ***[alprostadil (vasodilator)]*** 42
CAYSTON SOLR 75 MG ***[aztreonam lysine]*** . 12
cefaclor caps 250 mg 12
cefaclor caps 500 mg 12
cefadroxil caps 500 mg 12
cefazolin sodium solr 1 gm 12
cefazolin sodium solr 500 mg 12
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% ***[cefazolin sodium-dextrose]*** . 12
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) ***[cefazolin sodium-dextrose]*** 12

cefdinir susr 125 mg/5ml 12
cefdinir susr 250 mg/5ml 12
cefepime hcl solr 1 gm 12
cefepime hcl solr 2 gm 12
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) ***[cefepime hcl-dextrose]*** 12
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) ***[cefepime hcl-dextrose]*** 12
cefixime caps 400 mg 12
cefixime susr 100 mg/5ml 12
cefotaxime sodium inj 10gm 12
cefotetan disodium solr 1 gm 12
cefoxitin sodium inj 1gm 12
cefoxitin sodium solr 10 gm 12
cefoxitin sodium solr 2 gm 12
cefpodoxime proxetil susr 100 mg/5ml 12
cefpodoxime proxetil tabs 100 mg 12
cefpodoxime proxetil tabs 200 mg 12
ceftazidime solr 6 gm 12
ceftriaxone sodium in dextrose soln 20 mg/ml 12
ceftriaxone sodium in dextrose soln 40 mg/ml 12
ceftriaxone sodium solr 1 gm 12
ceftriaxone sodium solr 10 gm 12
ceftriaxone sodium solr 2 gm 12
ceftriaxone sodium solr 250 mg 12
ceftriaxone sodium solr 500 mg 12
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) ***[ceftriaxone sodium and dextrose]*** 12
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) ***[ceftriaxone sodium and dextrose]*** 12
cefuroxime axetil tabs 250 mg 13
cefuroxime axetil tabs 500 mg 13
cefuroxime sodium solr 1.5 gm 13
cefuroxime sodium solr 750 mg 13
celecoxib caps 100 mg 44
celecoxib caps 200 mg 44
celecoxib caps 400 mg 44
celecoxib caps 50 mg 44
CELONTIN CAPS 300 MG ***[methsuximide]*** ... 49
cephalexin caps 250 mg 13
cephalexin caps 500 mg 13
cephalexin susr 125 mg/5ml 13
cephalexin susr 250 mg/5ml 13
CEQUA SOLN 0.09 % ***[cyclosporine (ophth)]*** 72
CERDELGA CAPS 84 MG ***[eliglustat tartrate]*** 85
CERVIDIL INST 10 MG ***[dinoprostone]*** 89
CHEMET CAPS 100 MG ***[succimer]*** 76
chloramphenicol sod succinate solr 1 gm ... 13
chlordiazepoxide hcl caps 10 mg 53
chlordiazepoxide hcl caps 25 mg 53
chlordiazepoxide hcl caps 5 mg 53
chlordiazepoxide-clidinium caps 5-2.5 mg .. 29
chlorhexidine gluconate soln 0.12 % 71
chloroprocaine hcl (pf) soln 2 % 84
chloroquine phosphate tabs 250 mg 17
chloroquine phosphate tabs 500 mg 17
chlorpromazine hcl soln 25 mg/ml 56
chlorpromazine hcl tabs 10 mg 56
chlorpromazine hcl tabs 100 mg 56
chlorpromazine hcl tabs 200 mg 56
chlorpromazine hcl tabs 25 mg 56
chlorpromazine hcl tabs 50 mg 56
chlorthalidone tabs 25 mg 68
chlorthalidone tabs 50 mg 68
cholestyramine light pack 4 gm 37
cholestyramine light powd 4 gm/dose 37
cholestyramine pack 4 gm 37
cholestyramine powd 4 gm/dose 37
CHORIONIC GONADOTROPIN SOLR 10000 UNIT ***[chorionic gonadotropin]*** 82
CHROMIC CHLORIDE SOLN 40 MCG/10ML ***[chromic chloride]*** 69
cidofovir soln 75 mg/ml 18
cilostazol tabs 100 mg 35
cilostazol tabs 50 mg 35
CIMDUO TABS 300-300 MG ***[lamivudine-tenofovir disoproxil fumarate]*** 18
CIMERLI SOLN 0.3 MG/0.05ML ***[ranibizumab-eqrn]*** 73
CIMERLI SOLN 0.5 MG/0.05ML ***[ranibizumab-eqrn]*** 73
cimetidine hcl soln 300 mg/5ml 75
cinacalcet hcl tabs 30 mg 85
cinacalcet hcl tabs 60 mg 85
cinacalcet hcl tabs 90 mg 85
CINRYZE SOLR 500 UNIT ***[c1 esterase inhibitor (human)]*** 85
CIPRO SUSR 250 MG/5ML (5%) ***[ciprofloxacin]*** 13
CIPRO SUSR 500 MG/5ML (10%) ***[ciprofloxacin]*** 13
ciprofloxacin hcl soln 0.3 % 71
ciprofloxacin hcl tabs 250 mg 13
ciprofloxacin hcl tabs 500 mg 13

ciprofloxacin hcl tabs 750 mg 13
ciprofloxacin in d5w soln 400 mg/200ml 13
ciprofloxacin-dexamethasone susp 0.3-0.1 % 72
cisatracurium besylate (pf) soln 10 mg/5ml 30
cisatracurium besylate (pf) soln 200 mg/20ml 30
cisatracurium besylate soln 20 mg/10ml 30
cisplatin soln 100 mg/100ml 22
citalopram hydrobromide soln 10 mg/5ml ... 56
citalopram hydrobromide tabs 10 mg 56
citalopram hydrobromide tabs 20 mg 56
citalopram hydrobromide tabs 40 mg 56
cladribine soln 10 mg/10ml 22
clarithromycin susr 125 mg/5ml 13
clarithromycin susr 250 mg/5ml 13
clarithromycin tabs 250 mg 13
clarithromycin tabs 500 mg 13
CLEOCIN PHOSPHATE SOLN 300 MG/2ML ***[clindamycin phosphate]*** 13
CLEOCIN PHOSPHATE SOLN 600 MG/4ML ***[clindamycin phosphate]*** 13
CLEVIPREX EMUL 25 MG/50ML ***[clevidipine]*** 39
CLEVIPREX EMUL 50 MG/100ML ***[clevidipine]*** 39
CLICKFINE PEN NEEDLES MISC 31G X 6 MM ***[insulin pen needle]*** 63
CLIMARA PTWK 0.025 MG/24HR ***[estradiol]*** 81
CLIMARA PTWK 0.0375 MG/24HR ***[estradiol]*** 81
CLIMARA PTWK 0.05 MG/24HR ***[estradiol]*** .. 82
CLIMARA PTWK 0.06 MG/24HR ***[estradiol]*** .. 82
CLIMARA PTWK 0.075 MG/24HR ***[estradiol]*** 82
CLIMARA PTWK 0.1 MG/24HR ***[estradiol]*** 82
clindamycin hcl caps 150 mg 13
clindamycin hcl caps 300 mg 13
clindamycin palmitate hcl solr 75 mg/5ml ... 13
clindamycin phos (twice-daily) gel 1 %..... 93
clindamycin phosphate crea 2 % 93
clindamycin phosphate in d5w soln 900 mg/50ml 13
clindamycin phosphate lotn 1 % 93
clindamycin phosphate soln 1 % 93
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d5w]*** 67
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d10w]*** 67
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d15w]***.....67
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d20w]***.....67
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid infusion in d10w]*** 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 % 94
clobetasol propionate gel 0.05 %.....94
clobetasol propionate lotn 0.05 % 94
clobetasol propionate oint 0.05 % 94
CLOBETASOL PROPIONATE POW PROPIONA ***[clobetasol propionate]***.....89
clobetasol propionate soln 0.05 % 94
CLOBEX SPRAY LIQD 0.05 % ***[clobetasol propionate]*** 93
clomiphene citrate tabs 50 mg.....82
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 35
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.....93
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 37
colestipol hcl pack 5 gm 37
colestipol hcl tabs 1 gm 37
COLLODION FLEXIBLE LIQD ***[collodion flexible]*** 89
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]*** 96
CONRAY SOLN 60 % ***[iothalamate meglumine]*** 66
CONTOUR NEXT CONTROL SOLN NORMAL ***[blood glucose calibration]*** 63
COPIKTRA CAPS 15 MG ***[duvelisib]*** 22
COPIKTRA CAPS 25 MG ***[duvelisib]*** 22
CORDRAN TAPE 4 MCG/SQCM ***[flurandrenolide]*** 94
cortisone acetate tabs 25 mg 77
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML ***[neomycin-colistin-hc-thonzonium]*** 72
CORTROPHIN GEL 80 UNIT/ML ***[corticotropin]*** 83
COSENTYX (300 MG DOSE) SOSY 150 MG/ML ***[secukinumab]*** 96
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML ***[secukinumab]*** 96
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML ***[secukinumab]*** 96
COSENTYX SOSY 150 MG/ML ***[secukinumab]*** 96
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)]*** 76
CREON CPEP 3000-9500 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
CREON CPEP 36000-114000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
CREON CPEP 6000-19000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
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
CUPRIC CHLORIDE SOLN 0.4 MG/ML ***[cupric chloride]*** 69
CUROSURF SUSP 120 MG/1.5ML ***[poractant alfa]*** 91
CUROSURF SUSP 240 MG/3ML ***[poractant alfa]*** 91
cyanocobalamin soln 1000 mcg/ml 98
cyclobenzaprine hcl tabs 10 mg 30
cyclobenzaprine hcl tabs 5 mg 30
cyclopentolate hcl soln 1 % 74
CYCLOPHOSPHAMIDE CAPS 25 MG ***[cyclophosphamide]*** 22
CYCLOPHOSPHAMIDE CAPS 50 MG ***[cyclophosphamide]*** 22
cyclophosphamide solr 1 gm 22
cyclophosphamide solr 2 gm 22
cyclophosphamide solr 500 mg 22
cycloserine caps 250 mg 16
cyclosporine (pf) emul 0.05 % 72
cyproheptadine hcl syrp 2 mg/5ml 21
cyproheptadine hcl tabs 4 mg 21
CYRAMZA SOLN 100 MG/10ML ***[ramucirumab]*** 22
CYRAMZA SOLN 500 MG/50ML ***[ramucirumab]*** 22
CYSTADANE POWD ***[betaine]*** 85
CYSTAGON CAPS 150 MG ***[cysteamine bitartrate]*** 85
CYSTAGON CAPS 50 MG ***[cysteamine bitartrate]*** 85
cytarabine soln 20 mg/ml 22
CYTOGAM SOLN 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

D

dabigatran etexilate mesylate caps 110 mg 35
dabigatran etexilate mesylate caps 150 mg 35
dabigatran etexilate mesylate caps 75 mg .. 35
dacarbazine solr 100 mg 22
dacarbazine solr 200 mg 22
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 30
dapagliflozin tabs 10 mg 79
dapagliflozin tabs 5 mg 79
dapsone tabs 100 mg 16
dapsone tabs 25 mg 16
daptomycin solr 500 mg 13
DARAPRIM TABS 25 MG ***[pyrimethamine]*** ... 17
darunavir tabs 600 mg 18
darunavir tabs 800 mg 18
DARZALEX SOLN 100 MG/5ML ***[daratumumab]*** 22
DARZALEX SOLN 400 MG/20ML ***[daratumumab]*** 22
dasatinib tabs 100 mg 22
dasatinib tabs 140 mg 22
dasatinib tabs 20 mg 22
dasatinib tabs 50 mg 22
dasatinib tabs 70 mg 22
dasatinib tabs 80 mg 22
daunorubicin hcl soln 20 mg/4ml 22
DAXXIFY SOLR 100 UNIT ***[daxibotulinumtoxina-lanm]*** 85
deferasirox tabs 360 mg 76
deferasirox tabs 90 mg 76
deferoxamine mesylate inj 2gm 76
deferoxamine mesylate solr 500 mg 76
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 % 83
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML ***[desmopressin acetate]*** 83
desmopressin acetate soln 4 mcg/ml 83
desmopressin acetate spray soln 0.01 % 83
desmopressin acetate tabs 0.1 mg 83
desmopressin acetate tabs 0.2 mg 83
desonide crea 0.05 % 94
desonide oint 0.05 % 94
desoximetasone crea 0.25 % 94
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 47
dexmethylphenidate hcl er cp24 35 mg 47
dexmethylphenidate hcl er cp24 40 mg 47
dexmethylphenidate hcl er cp24 5 mg 47
dexmethylphenidate hcl tabs 10 mg 47
dexmethylphenidate hcl tabs 2.5 mg 47
dexmethylphenidate hcl tabs 5 mg 47
dextroamphetamine sulfate er cp24 10 mg ..47
dextroamphetamine sulfate er cp24 15 mg ..47
dextroamphetamine sulfate er cp24 5 mg 47
dextroamphetamine sulfate tabs 10 mg 47
dextroamphetamine sulfate tabs 5 mg 47
DEXTROSE IN LACTATED RINGERS SOLN 5 % ***[dextrose in lactated ringers]*** 69
DEXTROSE SOLN 10 % ***[dextrose]*** 67
DEXTROSE SOLN 20 % ***[dextrose]*** 67
DEXTROSE SOLN 5 % ***[dextrose]*** 67
DEXTROSE SOLN 50 % ***[dextrose]*** 67
DEXTROSE SOLN 70 % ***[dextrose]*** 67
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 % ***[dextrose w/ sodium chloride]*** 69
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % ***[dextrose w/ sodium chloride]*** 69
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2

% ***[dextrose w/ sodium chloride]*** 69
dextrose-sodium chloride soln 5-0.3 % 69
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 % ***[dextrose w/ sodium chloride]*** 69
DEXTROSE-SODIUM CHLORIDE 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)]*** 66
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
diclofenac sodium soln 0.1 % 72
diclofenac sodium soln 1.5 % 96
dicloxacillin sodium caps 250 mg 13
dicloxacillin sodium caps 500 mg 13
dicyclomine hcl caps 10 mg 29
dicyclomine hcl soln 10 mg/5ml 29
dicyclomine hcl tabs 20 mg 29
DIFFERIN CREA 0.1 % ***[adapalene]*** 96
DIFFERIN GEL 0.3 % ***[adapalene]*** 96
DIGIFAB SOLR 40 MG ***[digoxin immune fab]*** 91
digoxin soln 0.05 mg/ml 40
digoxin tabs 125 mcg 40
digoxin tabs 250 mcg 40
dihydroergotamine mesylate inj 1mg/ml 31
dihydroergotamine mesylate soln 1 mg/ml . 31
dihydroergotamine mesylate soln 4 mg/ml . 31
diltiazem hcl er coated beads cp24 180 mg . 39
diltiazem hcl er cp12 120 mg 39
diltiazem hcl er cp12 60 mg 39
diltiazem hcl er cp12 90 mg 39
diltiazem hcl er cp24 120 mg 39
diltiazem hcl er cp24 180 mg 39
diltiazem hcl er cp24 240 mg 39
DILTIAZEM HCL POWD ***[diltiazem hcl (bulk)]*** 89
diltiazem hcl tabs 120 mg 39
diltiazem hcl tabs 30 mg 39
diltiazem hcl tabs 60 mg 39
diltiazem hcl tabs 90 mg 39
dimethyl fumarate cpdr 120 mg 85
dimethyl fumarate cpdr 240 mg 85
dimethyl fumarate starter pack cdpk 120 & 240 mg 85
diphenhydramine hcl soln 50 mg/ml 21
diphenoxylate-atropine tabs 2.5-0.025 mg ... 74
dipyridamole tabs 25 mg 42
dipyridamole tabs 50 mg 42
dipyridamole tabs 75 mg 42
disopyramide phosphate caps 100 mg 40
disopyramide phosphate caps 150 mg 40
disulfiram tabs 250 mg 86
disulfiram tabs 500 mg 86
divalproex sodium csdr 125 mg 49
divalproex sodium er tb24 250 mg 49
divalproex sodium er tb24 500 mg 49
divalproex sodium tbec 125 mg 49
divalproex sodium tbec 250 mg 49
divalproex sodium tbec 500 mg 49
dobutamine hcl soln 12.5 mg/ml 31
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-% ***[dobutamine in dextrose]*** 31
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-% ***[dobutamine in dextrose]*** 31
docetaxel conc 80 mg/4ml 22
DOCUSATE SODIUM LIQD 50 MG/5ML ***[docusate sodium]*** 75
dofetilide caps 125 mcg 40
dofetilide caps 250 mcg 40
dofetilide caps 500 mcg 40
donepezil hcl tabs 10 mg 30
donepezil hcl tabs 5 mg 30
donepezil hcl tbdp 10 mg 30
donepezil hcl tbdp 5 mg 30
DONNATAL ELIX 16.2 MG/5ML ***[phenobarbital-hyoscyamine-atropine-scopolamine]*** 29
DONNATAL TABS 16.2 MG ***[phenobarbital-hyoscyamine-atropine-scopolamine]*** 29
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-% ***[dopamine in dextrose]*** 31
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-% ***[dopamine in dextrose]*** 31
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-% ***[dopamine in dextrose]*** 32
dorzolamide hcl soln 2 % 73
dorzolamide hcl-timolol mal soln 2-0.5 % 73
DOVATO TABS 50-300 MG ***[dolutegravir sodium-lamivudine]*** 18
doxazosin mesylate tabs 1 mg 37
doxazosin mesylate tabs 2 mg 37
doxazosin mesylate tabs 4 mg 37
doxazosin mesylate tabs 8 mg 37

doxepin hcl caps 10 mg 56
doxepin hcl caps 100 mg 56
doxepin hcl caps 150 mg 56
doxepin hcl caps 25 mg 56
doxepin hcl caps 50 mg 56
doxepin hcl caps 75 mg 56
doxepin hcl conc 10 mg/ml 56
doxepin hcl tabs 3 mg 53
doxepin hcl tabs 6 mg 53
doxorubicin hcl liposomal susp 2 mg/ml 23
doxorubicin hcl soln 2 mg/ml 23
doxycycline hyclate caps 100 mg 13
doxycycline hyclate tabs 100 mg 13
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 CRE HP 1% ***[anthralin]*** 96
dronabinol caps 10 mg 74
dronabinol caps 2.5 mg 74
dronabinol caps 5 mg 74
droperidol soln 2.5 mg/ml 53
drospirenone-ethinyl estradiol tabs 3-0.03 mg 81
DRYSOL SOLN 20 % ***[aluminum chloride]*** ... 95
duloxetine hcl cpep 20 mg 57
duloxetine hcl cpep 30 mg 57
duloxetine hcl cpep 60 mg 57
DUOPA SUSP 4.63-20 MG/ML ***[carbidopa-levodopa]*** 52
DURAMORPH SOLN 1 MG/ML ***[morphine sulfate]*** 44
D-XYLOSE POWD ***[d-xylose]*** 66
DYRENIUM CAPS 50 MG ***[triamterene]*** 68

E

EASY TOUCH SAFETY SYRINGE MISC 20G X 1 63
EDEX (2 CARTRIDGE) KIT 40 MCG ***[alprostadil (vasodilator)]*** 42
EDURANT TABS 25 MG ***[rilpivirine hcl]*** 18
EEMT HS TABS 0.625-1.25 MG ***[esterified estrogens & methyltestosterone]*** 82
EEMT TABS 1.25-2.5 MG ***[esterified estrogens & methyltestosterone]*** 82
efavirenz tabs 600 mg 18
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg 18
EFFIENT TABS 10 MG ***[prasugrel hcl]*** 35
EFFIENT TABS 5 MG ***[prasugrel hcl]*** 35
ELAHERE SOLN 100 MG/20ML ***[mirvetuximab soravtansine-gynx]*** 23
ELAPRASE SOLN 6 MG/3ML ***[idursulfase]*** ... 71
ELELYSO SOLR 200 UNIT ***[taliglucerase alfa]*** 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
ELITEK SOLR 1.5 MG ***[rasburicase]*** 71
ELITEK SOLR 7.5 MG ***[rasburicase]*** 71
ELLA TABS 30 MG ***[ulipristal acetate]*** 81
ELMIRON CAPS 100 MG ***[pentosan polysulfate sodium]*** 86
eltrombopag olamine pack 12.5 mg 36
eltrombopag olamine pack 25 mg 36
eltrombopag olamine tabs 12.5 mg 36
eltrombopag olamine tabs 25 mg 36
eltrombopag olamine tabs 50 mg 36
eltrombopag olamine tabs 75 mg 36
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 INJ 25MG ***[etanercept]*** 86
ENBREL SOSY 25 MG/0.5ML ***[etanercept]*** 86
ENBREL SOSY 50 MG/ML ***[etanercept]*** 86
ENBREL SURECLICK SOAJ 50 MG/ML ***[etanercept]*** 86
ENDOMETRIN INST 100 MG ***[progesterone (vaginal)]*** 83
ENHERTU SOLR 100 MG ***[fam-trastuzumab deruxtecan-nxki]*** 23
entacapone tabs 200 mg 52
entecavir tabs 0.5 mg 18
entecavir tabs 1 mg 18
EOVIST SOLN 0.25 MMOL/ML ***[gadoxetate disodium]*** 66
EPCLUSA PACK 150-37.5 MG ***[sofosbuvir-velpatasvir]*** 18

EPCLUSA PACK 200-50 MG ***[sofosbuvir-velpatasvir]*** 18
EPCLUSA TABS 200-50 MG ***[sofosbuvir-velpatasvir]*** 18
EPCLUSA TABS 400-100 MG ***[sofosbuvir-velpatasvir]*** 18
EPIDUO FORTE GEL 0.3-2.5 % ***[adapalene-benzoyl peroxide]*** 96
epinephrine hcl inj 1mg/ml 32
EPINEPHRINE PF SOLN 1 MG/ML ***[epinephrine]*** 32
eptifibatide soln 20 mg/10ml 35
eptifibatide soln 75 mg/100ml 35
EPYSQLI SOLN 300 MG/30ML ***[eculizumab-aagh]*** 86
ERBITUX SOLN 100 MG/50ML ***[cetuximab]*** .. 23
ERBITUX SOLN 200 MG/100ML ***[cetuximab]*** 23
ergotamine-caffeine tabs 1-100 mg 51
ERIVEDGE CAPS 150 MG ***[vismodegib]*** 23
erlotinib hcl tabs 100 mg 23
erlotinib hcl tabs 150 mg 23
erlotinib hcl tabs 25 mg 23
erythromycin oint 5 mg/gm 72
erythromycin soln 2 % 93
escitalopram oxalate soln 5 mg/5ml 57
escitalopram oxalate tabs 10 mg 55
escitalopram oxalate tabs 20 mg 57
escitalopram oxalate tabs 5 mg 57
ESMOLOL HCL SOLN 100 MG/10ML ***[esmolol hcl]*** 38
estradiol pttw 0.025 mg/24hr 82
estradiol pttw 0.0375 mg/24hr 82
estradiol pttw 0.05 mg/24hr 82
estradiol pttw 0.075 mg/24hr 82
estradiol pttw 0.1 mg/24hr 82
estradiol ptwk 0.05 mg/24hr 82
estradiol ptwk 0.075 mg/24hr 82
estradiol tabs 0.5 mg 82
estradiol tabs 1 mg 82
estradiol tabs 10 mcg 82
estradiol tabs 2 mg 82
estradiol valerate oil 10 mg/ml 82
estradiol valerate oil 20 mg/ml 82
estradiol valerate oil 40 mg/ml 82
ESTRING RING 7.5 MCG/24HR ***[estradiol vaginal]*** 82
ethacrynic acid tabs 25 mg 68
ethambutol hcl tabs 100 mg 16
ethambutol hcl tabs 400 mg 16
ETHAMOLIN SOLN 5 % ***[ethanolamine oleate]*** 42
ethosuximide caps 250 mg 49
ethosuximide soln 250 mg/5ml 49
etodolac caps 200 mg 44
etodolac caps 300 mg 44
etodolac tabs 400 mg 44
etodolac tabs 500 mg 44
etoposide caps 50 mg 23
etoposide soln 100 mg/5ml 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]*** 86
EYLEA SOLN 2 MG/0.05ML ***[aflibercept]*** 73
EYLEA SOSY 2 MG/0.05ML ***[aflibercept]*** 73
ezetimibe tabs 10 mg 37

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FABRAZYME SOLR 35 MG ***[agalsidase beta]*** 71
FABRAZYME SOLR 5 MG ***[agalsidase beta]*** .71
famotidine (pf) soln 20 mg/2ml 75
famotidine premixed soln 20-0.9 mg/50ml-% 75
famotidine soln 40 mg/4ml 75
famotidine susr 40 mg/5ml 75
famotidine tabs 40 mg 75
fenofibrate tabs 160 mg 37
fenofibrate tabs 54 mg 37
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML ***[fentanyl citrate]*** 44
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML ***[fentanyl citrate]*** 44
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML ***[fentanyl citrate]*** 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 44
FIBRYGA SOLR ***[fibrinogen concentrate***

(human)] 33
FIBRYGA SOLR 2 GM ***[fibrinogen concentrate (human)]*** 33
FILKRI SOSY 300 MCG/0.5ML ***[filgrastim-laha]*** 36
FILKRI SOSY 480 MCG/0.8ML ***[filgrastim-laha]*** 36
finasteride tabs 5 mg 86
fingolimod hcl caps 0.5 mg 86
FIRVANQ SOLR 25 MG/ML ***[vancomycin hcl]*** 13
FIRVANQ SOLR 50 MG/ML ***[vancomycin hcl]*** 13
FLEBOGAMMA DIF SOLN 20 GM/400ML ***[immune globulin (human) iv]*** 92
flecainide acetate tabs 100 mg 40
flecainide acetate tabs 150 mg 40
flecainide acetate tabs 50 mg 40
fluconazole in dextrose inj dex 200 16
fluconazole in nacl inj nacl 200 16
fluconazole in nacl inj nacl 400 16
fluconazole in sodium chloride soln 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 % 94
fluocinolone acetonide scalp oil 0.01 % 94
fluocinolone acetonide soln 0.01 % 94
fluocinonide gel 0.05 % 96
fluocinonide oint 0.05 % 94
fluocinonide soln 0.05 % 94
fluorometholone susp 0.1 % 72
fluorouracil crea 5 % 96
fluorouracil soln 2 % 97
fluorouracil soln 5 % 97
fluorouracil soln 5 gm/100ml 23
fluorouracil soln 500 mg/10ml 23
fluoxetine hcl caps 10 mg 57
fluoxetine hcl caps 20 mg 57
fluoxetine hcl caps 40 mg 57
fluoxetine hcl soln 20 mg/5ml 57
fluphenazine decanoate soln 25 mg/ml 57
fluphenazine hcl conc 5 mg/ml 57
fluphenazine hcl tabs 1 mg 57
fluphenazine hcl tabs 10 mg 57
fluphenazine hcl tabs 2.5 mg 57
fluphenazine hcl tabs 5 mg 57
flurbiprofen sodium soln 0.03 % 72
fluticasone propionate crea 0.05 % 94
fluticasone propionate hfa aero 44 mcg/act 77
fluticasone propionate oint 0.005 % 94
fluvoxamine maleate tabs 100 mg 57
fluvoxamine maleate tabs 25 mg 57
fluvoxamine maleate tabs 50 mg 57
folic acid soln 5 mg/ml 98
FORTEO SOPN 560 MCG/2.24ML ***[teriparatide]*** 83
fosamprenavir calcium tabs 700 mg 18
fosaprepitant dimeglumine solr 150 mg 74
FOSCAVIR SOLN 6000 MG/250ML ***[foscarnet sodium]*** 18
fulvestrant sosy 250 mg/5ml 23
furosemide soln 10 mg/ml 68
furosemide soln 8 mg/ml 68
FUROSEMIDE TABS 20 MG ***[furosemide]*** 68
FUROSEMIDE TABS 40 MG ***[furosemide]*** 68
furosemide tabs 80 mg 68

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gabapentin caps 100 mg 49
gabapentin caps 300 mg 49
gabapentin caps 400 mg 49
GABAPENTIN POWD ***[gabapentin (bulk)]*** 89
gabapentin soln 250 mg/5ml 49
gabapentin tabs 600 mg 49
gabapentin tabs 800 mg 49
GABLOFEN SOLN 10000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOLN 20000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOLN 40000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 10000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 20000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 40000 MCG/20ML ***[baclofen]*** 30
GABLOFEN SOSY 50 MCG/ML ***[baclofen]*** 30

GADAVIST SOLN 1 MMOL/ML ***[gadobutrol]*** . 66
GADAVIST SOSY 10 MMOL/10ML ***[gadobutrol]*** 66
GADAVIST SOSY 15 MMOL/15ML ***[gadobutrol]*** 66
GADAVIST SOSY 7.5 MMOL/7.5ML ***[gadobutrol]*** 66
galantamine hydrobromide er cp24 16 mg .. 30
galantamine hydrobromide er cp24 24 mg .. 30
galantamine hydrobromide er cp24 8 mg 30
galantamine hydrobromide tabs 12 mg 30
galantamine hydrobromide tabs 4 mg 30
galantamine hydrobromide tabs 8 mg 30
GAMASTAN SOLN ***[immune globulin (human) im]*** 92
GAMMAGARD ERC SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]*** 92
GAMMAGARD S/D LESS IGA SOLR 10 GM ***[immune globulin (human) iv]*** 92
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 18
ganirelix acetate sosy 250 mcg/0.5ml 82
GASTROGRAFIN SOLN 66-10 % ***[diatrizoate meglumine & sodium]*** 66
gatifloxacin soln 0.5 % 72
GAZYVA SOLN 1000 MG/40ML ***[obinutuzumab]*** 23
GELUSIL CHEW 200-200-25 MG ***[alum & mag hydrox-simethicone]*** 74
gemcitabine hcl soln 1 gm/26.3ml 23
gemcitabine hcl solr 200 mg 23
gemfibrozil tabs 600 mg 37
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 % 93
gentamicin sulfate oint 0.1 % 93
gentamicin sulfate soln 0.3 % 72
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]*** 80
GLUCAGEN INJ 1MG ***[glucagon hcl (rdna)]*** 80
glucagon emergency solr 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
GNP ANTACID & ANTI-GAS SUSP 400-400-40 MG/5ML ***[alum & mag hydrox-simethicone]*** 74
GNP ANTACID REGULAR STRENGTH SUSP 200-200-20 MG/5ML ***[alum & mag hydrox-simethicone]*** 74
GONAL-F RFF REDIJECT SOPN 300

UNT/0.48ML ***[follitropin alfa]*** 82
GONAL-F RFF REDIJECT SOPN 450 UNT/0.72ML ***[follitropin alfa]*** 82
GONAL-F RFF REDIJECT SOPN 900 UNT/1.44ML ***[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]*** ... 83
granisetron hcl tabs 1 mg 74
GRANIX SOLN 300 MCG/ML ***[tbo-filgrastim]*** 36
GRANIX SOLN 480 MCG/1.6ML ***[tbo-filgrastim]*** 36
GRANIX SOSY 300 MCG/0.5ML ***[tbo-filgrastim]*** 36
GRANIX SOSY 480 MCG/0.8ML ***[tbo-filgrastim]*** 36
GRASTEK SUBL 2800 BAU ***[timothy grass pollen allergen extract]*** 86
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 55
guanfacine hcl er tb24 2 mg 55
guanfacine hcl er tb24 3 mg 55
guanfacine hcl er tb24 4 mg 55
guanfacine hcl tabs 1 mg 31
guanfacine hcl tabs 2 mg 31

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HAEGARDA SOLR 2000 UNIT ***[c1 esterase inhibitor (human)]*** 86
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
HEMABATE SOLN 250 MCG/ML ***[carboprost tromethamine]*** 89
HEMLIBRA SOLN 105 MG/0.7ML ***[emicizumab-kxwh]*** 33
HEMLIBRA SOLN 12 MG/0.4ML ***[emicizumab-kxwh]*** 33
HEMLIBRA SOLN 150 MG/ML ***[emicizumab-kxwh]*** 33
HEMLIBRA SOLN 30 MG/ML ***[emicizumab-kxwh]*** 33
HEMLIBRA SOLN 300 MG/2ML ***[emicizumab-kxwh]*** 33
HEMLIBRA SOLN 60 MG/0.4ML ***[emicizumab-kxwh]*** 33
HEMOFIL M INJ 220-400 ***[antihemophilic factor (human)]*** 33
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% ***[heparin (porcine) in sodium chloride]*** 35
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% ***[heparin (porcine) in sodium chloride]*** 35
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 35
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 35
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% ***[heparin sod (porcine) in d5w]*** 35
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% ***[heparin sod (porcine) in d5w]*** 35
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 35
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]*** 36
heparin sodium (porcine) soln 1000 unit/ml 36
heparin sodium (porcine) soln 10000 unit/ml 36
heparin sodium (porcine) soln 20000 unit/ml 36
heparin sodium (porcine) soln 5000 unit/ml 36
HERCESSI SOLR 150 MG ***[trastuzumab-strf]***

.....23
HERCESSI SOLR 420 MG ***[trastuzumab-strf]*** 23
hetastarch-nacl soln 6-0.9 % 69
HEXTEND SOLN 6 % ***[hetastarch (hes /0.7 or /0.75) in electrolytes]*** 69
HIZENTRA SOLN 1 GM/5ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOLN 10 GM/50ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOLN 2 GM/10ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOLN 4 GM/20ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOSY 1 GM/5ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOSY 10 GM/50ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOSY 2 GM/10ML ***[immune globulin (human) subcutaneous]*** 92
HIZENTRA SOSY 4 GM/20ML ***[immune globulin (human) subcutaneous]*** 92
HOMATROPAIRE SOLN 5 % ***[homatropine hbr]*** 74
HUMALOG SOLN 100 UNIT/ML ***[insulin lispro]*** 79
HUMATE-P SOLR 1000-2400 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 33
HUMATE-P SOLR 250-600 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 33
HUMATE-P SOLR 500-1200 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]*** 34
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]*** 79
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]*** 79
HUMULIN N KWIKPEN SUPN 100 UNIT/ML ***[insulin nph (human) (isophane)]*** 79
HUMULIN N SUSP 100 UNIT/ML ***[insulin nph (human) (isophane)]*** 79
HUMULIN R SOLN 100 UNIT/ML ***[insulin regular (human)]*** 79
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML ***[insulin regular (human)]*** 79
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML ***[insulin regular (human)]*** 80
HYCAMTIN CAPS 0.25 MG ***[topotecan hcl]*** 23
HYCAMTIN CAPS 1 MG ***[topotecan hcl]*** 23
hydralazine hcl soln 20 mg/ml 41
hydralazine hcl tabs 10 mg 41
hydralazine hcl tabs 100 mg 41
hydralazine hcl tabs 25 mg 41
hydralazine hcl tabs 50 mg 41
hydrochlorothiazide tabs 12.5 mg 68
hydrochlorothiazide tabs 25 mg 68
hydrochlorothiazide tabs 50 mg 68
hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml 90
hydrocodone bit-homatrop mbr tabs 5-1.5 mg 90
hydrocodone-acetaminophen soln 10-300 mg/15ml 44
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 44
hydrocodone-acetaminophen tabs 10-325 mg 44
hydrocodone-acetaminophen tabs 5-325 mg 44
hydrocodone-acetaminophen tabs 7.5-325 mg 44
hydrocortisone ace-pramoxine crea 1-1 % 95
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % ***[pramoxine-hc]*** 94
hydrocortisone crea 2.5 % 94
hydrocortisone enem 100 mg/60ml 94
hydrocortisone lotn 2.5 % 94
hydrocortisone oint 2.5 % 94
HYDROCORTISONE POWD ***[hydrocortisone (bulk)]*** 89
hydrocortisone tabs 10 mg 77
hydrocortisone tabs 20 mg 77
hydrocortisone tabs 5 mg 77
HYDROCORTISONE-IODOQUINOL CREA 1-1 % ***[iodoquinol-hc]*** 93
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % ***[hydrocortisone acetate w/ pramoxine]*** 95
hydromorphone hcl liqd 1 mg/ml 44
hydromorphone hcl pf soln 500 mg/50ml 45
HYDROMORPHONE HCL SOLN 1 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SOLN 2 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SOLN 4 MG/ML ***[hydromorphone hcl]*** 45
HYDROMORPHONE HCL SUPP 3 MG

[hydromorphone hcl] 45
hydromorphone hcl tabs 2 mg 45
hydromorphone hcl tabs 4 mg 45
hydromorphone hcl tabs 8 mg 45
HYDROPHILIC OINT ***[hydrophilic ointment]*** 89
hydroxychloroquine sulfate tabs 200 mg 17
HYDROXYPROGESTERONE CAPROATE POWD ***[hydroxyprogesterone caproate (bulk)]*** 89
hydroxyurea caps 500 mg 23
hydroxyzine hcl soln 50 mg/ml 53
hydroxyzine hcl syrp 10 mg/5ml 53
hydroxyzine hcl tabs 10 mg 53
hydroxyzine hcl tabs 25 mg 53
hydroxyzine hcl tabs 50 mg 53
hydroxyzine pamoate caps 100 mg 54
hydroxyzine pamoate caps 25 mg 54
hydroxyzine pamoate caps 50 mg 54
HYLENEX SOLN 150 UNIT/ML ***[hyaluronidase human]*** 71
HYOSCYAMINE SULFATE ER TB12 0.375 MG ***[hyoscyamine sulfate]*** 29
HYOSCYAMINE SULFATE SUBL 0.125 MG ***[hyoscyamine sulfate]*** 29
HYOSCYAMINE SULFATE TBDP 0.125 MG ***[hyoscyamine sulfate]*** 29
HYOSYNE ELIX 0.125 MG/5ML ***[hyoscyamine sulfate]*** 29
HYOSYNE SOLN 0.125 MG/ML ***[hyoscyamine sulfate]*** 29
HYPODERMIC NEEDLE MISC 19G X 1 63
HYPODERMIC NEEDLE MISC 25G X 1-1/2 ... 63

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IBRANCE CAPS 100 MG ***[palbociclib]*** 23
IBRANCE CAPS 125 MG ***[palbociclib]*** 23
IBRANCE CAPS 75 MG ***[palbociclib]*** 23
IBRANCE TABS 100 MG ***[palbociclib]*** 23
IBRANCE TABS 125 MG ***[palbociclib]*** 23
IBRANCE TABS 75 MG ***[palbociclib]*** 23
ibuprofen susp 100 mg/5ml 45
ibutilide fumarate soln 1 mg/10ml 40
icatibant acetate sosy 30 mg/3ml 86
IDAMYCIN PFS SOLN 20 MG/20ML ***[idarubicin hcl]*** 23
IDELVION SOLR 1000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 2000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 250 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
IDELVION SOLR 500 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]*** 34
imatinib mesylate tabs 100 mg 24
imatinib mesylate tabs 400 mg 24
IMBRUVICA CAPS 140 MG ***[ibrutinib]*** 24
IMBRUVICA CAPS 70 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 140 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 280 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 420 MG ***[ibrutinib]*** 24
IMBRUVICA TABS 560 MG ***[ibrutinib]*** 24
imipramine hcl tabs 10 mg 57
imipramine hcl tabs 25 mg 57
imipramine hcl tabs 50 mg 57
imiquimod crea 5 % 97
indapamide tabs 1.25 mg 68
indapamide tabs 2.5 mg 68
indomethacin caps 25 mg 45
indomethacin caps 50 mg 45
indomethacin er cpcr 75 mg 45
INDOMETHACIN SODIUM SOLR 1 MG ***[indomethacin sodium]*** 45
INFED SOLN 50 MG/ML ***[iron dextran]*** 32
INFLECTRA SOLR 100 MG ***[infliximab-dyyb]*** 86
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) ***[morphine sulfate for continuous microinfusion]*** 45
INFUVITE ADULT SOLN ***[multiple vitamin]*** .. 98
INFUVITE PEDIATRIC SOLN ***[pediatric multiple vitamins]*** 98
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML ***[insulin glargine-yfgn]*** 80
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML ***[insulin glargine-yfgn]*** 80
INTELENCE TABS 25 MG ***[etravirine]*** 19
INTRALIPID EMUL 20 % ***[fat emulsion plant based (soy)]*** 67
INTRALIPID EMUL 30 % ***[fat emulsion plant based (soy)]*** 67
INTRON A SOLR 10000000 UNIT ***[interferon alfa-2b]*** 24
INTRON-A W/DILUENT INJ 18MU ***[interferon alfa-2b]*** 24
INTRON-A W/DILUENT INJ 50MU ***[interferon alfa-2b]*** 24
INVANZ INJ 1GM ***[ertapenem sodium]*** 14
INVEGA SUSTENNA SUSY 117 MG/0.75ML ***[paliperidone palmitate]*** 57

INVEGA SUSTENNA SUSY 156 MG/ML ***[paliperidone palmitate]*** 57
INVEGA SUSTENNA SUSY 234 MG/1.5ML ***[paliperidone palmitate]*** 57
INVEGA SUSTENNA SUSY 39 MG/0.25ML ***[paliperidone palmitate]*** 55
INVEGA SUSTENNA SUSY 78 MG/0.5ML ***[paliperidone palmitate]*** 57
ipratropium bromide soln 0.02 % 29
ipratropium bromide soln 0.03 % 29
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml 32
IRESSA TABS 250 MG ***[gefitinib]*** 24
irinotecan hcl soln 500 mg/25ml 24
ISENTRESS CHEW 100 MG ***[raltegravir potassium]*** 19
ISENTRESS CHEW 25 MG ***[raltegravir potassium]*** 19
ISENTRESS HD TABS 600 MG ***[raltegravir potassium]*** 19
ISENTRESS TABS 400 MG ***[raltegravir potassium]*** 19
isoniazid soln 100 mg/ml 16
isoniazid syrp 50 mg/5ml 16
isoniazid tabs 100 mg 16
isoniazid tabs 300 mg 16
isoproterenol hcl soln 0.2 mg/ml 32
isosorbide dinitrate tabs 10 mg 42
isosorbide dinitrate tabs 20 mg 42
isosorbide dinitrate tabs 30 mg 42
isosorbide dinitrate tabs 5 mg 42
isosorbide mononitrate er tb24 120 mg 42
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

J

JADENU SPRINKLE PACK 180 MG ***[deferasirox]*** 76
JADENU SPRINKLE PACK 360 MG ***[deferasirox]*** 77
JADENU SPRINKLE PACK 90 MG ***[deferasirox]*** 77
JADENU TABS 180 MG ***[deferasirox]*** 77
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]*** 80
JARDIANCE TABS 25 MG ***[empagliflozin]*** 80
JEVTANA SOLN 60 MG/1.5ML ***[cabazitaxel]*** .24
JULUCA TABS 50-25 MG ***[dolutegravir sodium-rilpivirine hcl]*** 19

K

KADCYLA SOLR 100 MG ***[ado-trastuzumab emtansine]*** 24
KADCYLA SOLR 160 MG ***[ado-trastuzumab emtansine]*** 24
KALYDECO PACK 13.4 MG ***[ivacaftor]*** 91
KALYDECO PACK 25 MG ***[ivacaftor]*** 91
KALYDECO PACK 5.8 MG ***[ivacaftor]*** 91
KALYDECO PACK 50 MG ***[ivacaftor]*** 91
KALYDECO PACK 75 MG ***[ivacaftor]*** 91
KALYDECO TABS 150 MG ***[ivacaftor]*** 91
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]*** 70
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 70
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]*** 70
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L ***[potassium chloride in d5w lactated ringers]*** 70
KENALOG-10 SUSP 10 MG/ML ***[triamcinolone acetonide]*** 78
KENALOG-40 SUSP 40 MG/ML ***[triamcinolone acetonide]*** 78

KEPIVANCE SOLR 6.25 MG ***[palifermin]*** 95
KETAMINE HCL POWD ***[ketamine hcl (bulk)]*** 90
ketamine hcl soln 10 mg/ml 55
ketamine hcl soln 50 mg/ml 55
ketoconazole crea 2 % 93
ketoconazole sham 2 % 93
ketoconazole tabs 200 mg 16
KETO-DIASTIX STRP ***[urine glucose-ketones test]*** 66
KETOPROFEN POWD ***[ketoprofen (bulk)]*** .. 90
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]*** 66
KEYTRUDA SOLN 100 MG/4ML ***[pembrolizumab]*** 24
KINERET INJ ***[anakinra]*** 86
KIRSTY SOLN 100 UNIT/ML ***[insulin aspart-xjhz]*** 80
KIRSTY SOPN 100 UNIT/ML ***[insulin aspart-xjhz]*** 80
KISQALI (200 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 24
KISQALI (400 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 24
KISQALI (600 MG DOSE) TBPK 200 MG ***[ribociclib succinate]*** 24
KLOR-CON TBCR 8 MEQ ***[potassium chloride]*** 70
KOGENATE FS KIT 1000 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
KOGENATE FS KIT 2000 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
KOGENATE FS KIT 250 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
KOGENATE FS KIT 500 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
KOVALTRY SOLR 1000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 34
KOVALTRY SOLR 2000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 34
KOVALTRY SOLR 250 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 34
KOVALTRY SOLR 3000 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 34
KOVALTRY SOLR 500 UNIT ***[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]*** 34
KYPROLIS SOLR 10 MG ***[carfilzomib]*** 24
KYPROLIS SOLR 30 MG ***[carfilzomib]*** 24
KYPROLIS SOLR 60 MG ***[carfilzomib]*** 24

L

labetalol hcl soln 5 mg/ml 38
labetalol hcl tabs 100 mg 38
labetalol hcl tabs 200 mg 38
labetalol hcl tabs 300 mg 38
lacosamide soln 10 mg/ml 49
lacosamide soln 200 mg/20ml 49
lacosamide tabs 100 mg 49
lacosamide tabs 150 mg 49
lacosamide tabs 200 mg 49
lacosamide tabs 50 mg 49
LACRISERT INST 5 MG ***[artificial tear insert]*** 73
LACTATED RINGERS SOLN ***[lactated ringer's (irrigation)]*** 69
LACTATED RINGERS SOLN ***[lactated ringer's]*** 70
lactulose encephalopathy soln 10 gm/15ml .67
lactulose soln 10 gm/15ml 67
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG ***[lamotrigine]*** 49
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG ***[lamotrigine]*** 49
lamivudine soln 10 mg/ml 19
lamivudine tabs 100 mg 19
lamivudine tabs 150 mg 19
lamivudine tabs 300 mg 19
lamivudine-zidovudine tabs 150-300 mg 19
lamotrigine chew 25 mg 49
lamotrigine chew 5 mg 50
lamotrigine tabs 100 mg 50
lamotrigine tabs 150 mg 50
lamotrigine tabs 200 mg 50
lamotrigine tabs 25 mg 50
LANOXIN PEDIATRIC SOLN 0.1 MG/ML ***[digoxin]*** 40
latanoprost soln 0.005 % 73
L-CITRULLINE POWD ***[citrulline (bulk)]*** 90
leflunomide tabs 10 mg 86
leflunomide tabs 20 mg 86
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG

[lenvatinib mesylate] 24
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG ***[lenvatinib mesylate]*** 24
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG ***[lenvatinib mesylate]*** 24
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG ***[lenvatinib mesylate]*** 24
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG ***[lenvatinib mesylate]*** 25
letrozole tabs 2.5 mg 25
leucovorin calcium solr 100 mg 86
leucovorin calcium solr 350 mg 86
leucovorin calcium solr 50 mg 86
leucovorin calcium tabs 25 mg 86
leucovorin calcium tabs 5 mg 86
LEUKERAN TABS 2 MG ***[chlorambucil]*** 25
LEUKINE SOLR 250 MCG ***[sargramostim]*** ... 36
leuprolide acetate kit 1 mg/0.2ml 25
levetiracetam er tb24 500 mg 50
levetiracetam er tb24 750 mg 50
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML ***[levetiracetam in sodium chloride]*** 50
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML ***[levetiracetam in sodium chloride]*** 50
LEVETIRACETAM IN NACL SOLN 500 MG/100ML ***[levetiracetam in sodium chloride]*** 50
levetiracetam soln 100 mg/ml 50
levetiracetam soln 500 mg/5ml 50
levetiracetam tabs 1000 mg 50
levetiracetam tabs 250 mg 50
levetiracetam tabs 500 mg 50
levetiracetam tabs 750 mg 50
levobunolol hcl soln 0.5 % 73
levocarnitine inj 200mg/ml 86
levocarnitine soln 1 gm/10ml 86
levocarnitine tabs 330 mg 86
levofloxacin in d5w soln 250 mg/50ml 14
levofloxacin in d5w soln 500 mg/100ml 14
levofloxacin in d5w soln 750 mg/150ml 14
levofloxacin soln 25 mg/ml 14
levofloxacin tabs 250 mg 14
levofloxacin tabs 500 mg 14
levofloxacin tabs 750 mg 14
levonorgestrel-ethinyl estrad tabs 0.1-20 mg-mcg 81
levothyroxine sodium tabs 100 mcg 83
levothyroxine sodium tabs 112 mcg 83
levothyroxine sodium tabs 125 mcg 83
levothyroxine sodium tabs 137 mcg 83
levothyroxine sodium tabs 150 mcg 83
levothyroxine sodium tabs 175 mcg 83
levothyroxine sodium tabs 200 mcg 84
levothyroxine sodium tabs 25 mcg 84
levothyroxine sodium tabs 300 mcg 84
levothyroxine sodium tabs 50 mcg 84
levothyroxine sodium tabs 75 mcg 84
levothyroxine sodium tabs 88 mcg 84
LEVULAN KERASTICK SOLR 20 % ***[aminolevulinic acid hcl]*** 97
LEXISCAN SOLN 0.4 MG/5ML ***[regadenoson]*** 66
LIBTAYO SOLN 350 MG/7ML ***[cemiplimab-rwlc]*** 25
lidocaine hcl (cardiac) pf sosy 50 mg/5ml 84
lidocaine hcl (pf) soln 0.5 % 84
lidocaine hcl (pf) soln 1 % 84
LIDOCAINE HCL POWD ***[lidocaine hcl (bulk)]*** 90
lidocaine hcl soln 0.5 % 84
lidocaine hcl soln 1 % 84
lidocaine hcl soln 2 % 84
lidocaine hcl soln 4 % 95
lidocaine hcl urethral/mucosal gel 2 % 95
lidocaine hcl urethral/mucosal prsy 2 % 95
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% ***[lidocaine in d5w]*** 40
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% ***[lidocaine in d5w]*** 40
lidocaine oint 5 % 95
lidocaine ptch 5 % 95
lidocaine viscous hcl soln 2 % 73
lidocaine-epinephrine (pf) soln 2 %-1 200000 84
lidocaine-epinephrine soln 0.5 %-1 200000 84
lidocaine-epinephrine soln 1 %-1 100000 84
lidocaine-epinephrine soln 2 %-1 100000 84
lidocaine-prilocaine crea 2.5-2.5 % 95
lidocaine-prilocaine kit 2.5-2.5 % 95
LIKMEZ SUSP 500 MG/5ML ***[metronidazole]*** 17
linezolid soln 600 mg/300ml 14
linezolid susr 100 mg/5ml 14
linezolid tabs 600 mg 14
liothyronine sodium tabs 25 mcg 84
liothyronine sodium tabs 5 mcg 84

liothyronine sodium tabs 50 mcg 84
liraglutide sopn 18 mg/3ml 80
lisdexamfetamine dimesylate caps 10 mg ... 47
lisdexamfetamine dimesylate caps 20 mg ... 47
lisdexamfetamine dimesylate caps 30 mg ... 48
lisdexamfetamine dimesylate caps 40 mg ... 48
lisdexamfetamine dimesylate caps 50 mg ... 48
lisdexamfetamine dimesylate caps 60 mg ... 48
lisdexamfetamine dimesylate caps 70 mg ... 48
lisinopril tabs 10 mg 41
lisinopril tabs 2.5 mg 41
lisinopril tabs 20 mg 41
lisinopril tabs 30 mg 41
lisinopril tabs 40 mg 41
lisinopril tabs 5 mg 41
lisinopril-hydrochlorothiazide tabs 10-12.5 mg 41
lisinopril-hydrochlorothiazide tabs 20-12.5 mg 41
lisinopril-hydrochlorothiazide tabs 20-25 mg 41
L-ISOLEUCINE POWD ***[isoleucine]*** 90
lithium carbonate caps 150 mg 51
LITHIUM CARBONATE CAPS 300 MG ***[lithium carbonate]*** 51
lithium carbonate caps 600 mg 51
lithium carbonate er tbcr 300 mg 51
lithium carbonate er tbcr 450 mg 51
LITHIUM CARBONATE TABS 300 MG ***[lithium carbonate]*** 51
LITHOSTAT TABS 250 MG ***[acetohydroxamic acid]*** 67
LIVTENCITY TABS 200 MG ***[maribavir]*** 19
LONSURF TABS 15-6.14 MG ***[trifluridine-tipiracil]*** 25
LONSURF TABS 20-8.19 MG ***[trifluridine-tipiracil]*** 25
lopinavir-ritonavir soln 400-100 mg/5ml 19
lopinavir-ritonavir tabs 100-25 mg 19
lopinavir-ritonavir tabs 200-50 mg 19
lorazepam soln 2 mg/ml 54
LORAZEPAM SOLN 4 MG/ML ***[lorazepam]*** ... 54
lorazepam tabs 0.5 mg 54
lorazepam tabs 1 mg 54
lorazepam tabs 2 mg 54
LORBRENA TABS 100 MG ***[lorlatinib]*** 25
LORBRENA TABS 25 MG ***[lorlatinib]*** 25
losartan potassium tabs 100 mg 41
losartan potassium tabs 25 mg 41
losartan potassium tabs 50 mg 42
losartan potassium-hctz tabs 100-12.5 mg ..42
losartan potassium-hctz tabs 100-25 mg 42
losartan potassium-hctz tabs 50-12.5 mg 42
lovastatin tabs 10 mg 37
lovastatin tabs 20 mg 37
lovastatin tabs 40 mg 37
LOVENOX SOLN 300 MG/3ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 100 MG/ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 120 MG/0.8ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 150 MG/ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 30 MG/0.3ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 40 MG/0.4ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 60 MG/0.6ML ***[enoxaparin sodium]*** 36
LOVENOX SOSY 80 MG/0.8ML ***[enoxaparin sodium]*** 36
loxapine succinate caps 10 mg 57
loxapine succinate caps 25 mg 57
loxapine succinate caps 5 mg 57
L-PROLINE POWD ***[proline]*** 90
lubiprostone caps 24 mcg 75
lubiprostone caps 8 mcg 75
LUCENTIS SOSY 0.3 MG/0.05ML ***[ranibizumab]*** 73
LUCENTIS SOSY 0.5 MG/0.05ML ***[ranibizumab]*** 73
LUMIZYME SOLR 50 MG ***[alglucosidase alfa]*** 71
LUPRON DEPOT (1-MONTH) KIT 3.75 MG ***[leuprolide acetate]*** 25
LUPRON DEPOT (1-MONTH) KIT 7.5 MG ***[leuprolide acetate]*** 25
LUPRON DEPOT (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (3 month)]*** 25
LUPRON DEPOT (3-MONTH) KIT 22.5 MG ***[leuprolide acetate (3 month)]*** 25
LUPRON DEPOT (4-MONTH) KIT 30 MG ***[leuprolide acetate (4 month)]*** 25
LUPRON DEPOT (6-MONTH) KIT 45 MG ***[leuprolide acetate (6 month)]*** 25
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp)]*** 25
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG ***[leuprolide acetate (cpp)]*** 25

LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG ***[leuprolide acetate (cpp)]*** 25
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp) (3 month)]*** ... 25
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG ***[leuprolide acetate (cpp) (3 month)]*** 25
lurasidone hcl tabs 120 mg 57
lurasidone hcl tabs 20 mg 58
lurasidone hcl tabs 40 mg 58
lurasidone hcl tabs 60 mg 58
lurasidone hcl tabs 80 mg 58
LYNPARZA TABS 100 MG ***[olaparib]*** 25
LYNPARZA TABS 150 MG ***[olaparib]*** 25
LYSODREN TABS 500 MG ***[mitotane]*** 25

M

MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% ***[magnesium sulfate in dextrose]*** 70
MAGNESIUM SULFATE SOLN 4 GM/100ML ***[magnesium sulfate]*** 50
MAGNESIUM SULFATE SOLN 50 % ***[magnesium sulfate]*** 50
malathion lotn 0.5 % 93
MATULANE CAPS 50 MG ***[procarbazine hcl]*** 25
meclofenamate sodium caps 100 mg 45
meclofenamate sodium caps 50 mg 45
MEDROL TABS 2 MG ***[methylprednisolone]*** 78
medroxyprogesterone acetate susp 150 mg/ml 83
medroxyprogesterone acetate susy 150 mg/ml 83
medroxyprogesterone acetate tabs 10 mg .. 83
medroxyprogesterone acetate tabs 2.5 mg . 83
medroxyprogesterone acetate tabs 5 mg 83
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8 .. 63
mefenamic acid caps 250 mg 45
mefloquine hcl tabs 250 mg 17
megestrol acetate susp 40 mg/ml 25
megestrol acetate susp 400 mg/10ml 25
megestrol acetate tabs 20 mg 25
megestrol acetate tabs 40 mg 25
MEKINIST SOLR 0.05 MG/ML ***[trametinib dimethyl sulfoxide]*** 25
MEKINIST TABS 0.5 MG ***[trametinib dimethyl sulfoxide]*** 25
MEKINIST TABS 2 MG ***[trametinib dimethyl sulfoxide]*** 25
meloxicam tabs 15 mg 45
meloxicam tabs 7.5 mg 45
memantine hcl tabs 10 mg 55
memantine hcl tabs 28 x 5 mg & 21 x 10 mg 55
memantine hcl tabs 5 mg 55
MENOPUR SOLR 75 UNIT ***[menotropins]*** 83
meperidine hcl soln 100 mg/ml 45
meperidine hcl soln 25 mg/ml 45
meperidine hcl soln 50 mg/ml 45
MEPHYTON TABS 5 MG ***[phytonadione]*** 99
mercaptopurine tabs 50 mg 26
meropenem solr 1 gm 14
meropenem solr 500 mg 14
mesalamine enem 4 gm 74
mesalamine supp 1000 mg 74
mesalamine tbec 1.2 gm 74
mesna soln 100 mg/ml 86
MESNEX TABS 400 MG ***[mesna]*** 86
MESTINON SOLN 60 MG/5ML ***[pyridostigmine bromide]*** 30
metformin hcl er tb24 500 mg 80
metformin hcl er tb24 750 mg 80
metformin hcl tabs 1000 mg 80
metformin hcl tabs 500 mg 80
metformin hcl tabs 850 mg 80
methadone hcl soln 10 mg/5ml 45
METHADONE HCL SOLN 10 MG/ML ***[methadone hcl]*** 45
methadone hcl soln 5 mg/5ml 45
methadone hcl tabs 10 mg 45
methadone hcl tabs 5 mg 45
methazolamide tabs 25 mg 73
methazolamide tabs 50 mg 73
methenamine hippurate tabs 1 gm 21
methimazole tabs 10 mg 84
methimazole tabs 5 mg 84
methocarbamol tabs 500 mg 30
methocarbamol tabs 750 mg 30
methotrexate sodium (pf) soln 50 mg/2ml ... 26
METHOTREXATE SODIUM SOLN 50 MG/2ML ***[methotrexate sodium]*** 26
methotrexate sodium tabs 2.5 mg 26
methoxsalen rapid caps 10 mg 96
methyldopa tabs 250 mg 41
methyldopa tabs 500 mg 41
methylene blue (antidote) soln 1 % 86
methylergonovine maleate soln 0.2 mg/ml .. 89
methylergonovine maleate tabs 0.2 mg 89
methylphenidate hcl er (cd) cpcr 10 mg 48
methylphenidate hcl er (cd) cpcr 20 mg 48
methylphenidate hcl er (cd) cpcr 30 mg 48
methylphenidate hcl er (cd) cpcr 40 mg 48

methylphenidate hcl er (cd) cpcr 50 mg 48
methylphenidate hcl er (cd) cpcr 60 mg 48
methylphenidate hcl er (osm) tbcr 18 mg 48
methylphenidate hcl er (osm) tbcr 27 mg 48
methylphenidate hcl er (osm) tbcr 36 mg 48
methylphenidate hcl er (osm) tbcr 54 mg 48
methylphenidate hcl er tbcr 10 mg..... 48
methylphenidate hcl er tbcr 20 mg..... 48
methylphenidate hcl tabs 10 mg 48
methylphenidate hcl tabs 20 mg 48
methylphenidate hcl tabs 5 mg 48
methylprednisolone acetate susp 40 mg/ml 78
methylprednisolone acetate susp 80 mg/ml 78
methylprednisolone sodium succ solr 1000 mg 78
methylprednisolone sodium succ solr 125 mg 78
methylprednisolone sodium succ solr 40 mg 78
methylprednisolone tabs 16 mg..... 78
methylprednisolone tabs 32 mg..... 78
methylprednisolone tabs 4 mg..... 78
methylprednisolone tabs 8 mg..... 78
methylprednisolone tbpk 4 mg..... 78
methyltestosterone caps 10 mg 79
methyltestosterone tabs 10 mg 79
metoclopramide hcl soln 10 mg/10ml..... 76
metoclopramide hcl soln 5 mg/ml..... 76
metoclopramide hcl tabs 10 mg 76
metoclopramide hcl tabs 5 mg 76
metolazone tabs 10 mg 68
metolazone tabs 2.5 mg 68
metolazone tabs 5 mg 68
metoprolol succinate er tb24 100 mg..... 38
metoprolol succinate er tb24 200 mg..... 38
metoprolol succinate er tb24 25 mg..... 38
metoprolol succinate er tb24 50 mg..... 38
metoprolol tartrate tabs 100 mg 38
metoprolol tartrate tabs 25 mg 38
metoprolol tartrate tabs 50 mg 38
metronidazole crea 0.75 %..... 93
metronidazole gel 0.75 %..... 94
METRONIDAZOLE POWD ***[metronidazole (bulk)]***..... 90
METRONIDAZOLE SOLN 500 MG/100ML ***[metronidazole]***..... 17
metronidazole tabs 250 mg..... 17
metronidazole tabs 500 mg..... 17
mexiletine hcl caps 150 mg 40
mexiletine hcl caps 200 mg 40
mexiletine hcl caps 250 mg.....40
micafungin sodium solr 100 mg 16
micafungin sodium solr 50 mg 16
MICROLET NEXT LANCING DEVICE MISC ***[lancet devices]*** 63
midazolam hcl syrp 2 mg/ml 54
midodrine hcl tabs 10 mg.....32
midodrine hcl tabs 2.5 mg.....32
midodrine hcl tabs 5 mg.....32
MIFEPREX TABS 200 MG ***[mifepristone]***.....89
MILK OF MAGNESIA SUSP 7.75 % ***[magnesium hydroxide]***.....75
milrinone lactate in dextrose soln 20-5 mg/100ml-% 40
milrinone lactate in dextrose soln 40-5 mg/200ml-% 40
milrinone lactate inj 1mg/ml.....40
milrinone lactate soln 10 mg/10ml.....40
MINOCIN SOLR 100 MG ***[minocycline hcl]***...14
minocycline hcl caps 100 mg.....14
minocycline hcl caps 50 mg.....14
minocycline hcl caps 75 mg.....14
minoxidil tabs 10 mg.....41
minoxidil tabs 2.5 mg.....41
MIOCHOL-E SOLR 20 MG ***[acetylcholine chloride]***.....73
MIOSTAT SOLN 0.01 % ***[carbachol (ophth)]***.73
mirabegron er tb24 25 mg 97
MIRENA (52 MG) IUD 21 MCG/DAY ***[levonorgestrel (iud)]***.....81
mirtazapine tabs 15 mg 58
mirtazapine tabs 30 mg 58
mirtazapine tabs 45 mg 58
misoprostol tabs 100 mcg.....75
misoprostol tabs 200 mcg.....75
mitomycin solr 20 mg 26
mitomycin solr 40 mg 26
mitomycin solr 5 mg 26
MITOSOL KIT 0.2 MG ***[mitomycin (ophthalmic)]***.....72
modafinil tabs 100 mg 48
modafinil tabs 200 mg 48
MODERNA COVID-19 VAC 6M-11Y SUSY 25 MCG/0.25ML ***[covid-19 (sars-cov-2) mrna virus vaccine]*** 93
mometasone furoate crea 0.1 % 94
mometasone furoate oint 0.1 % 95
mometasone furoate soln 0.1 % 95
MONOJECT INSULIN SYRINGE MISC 25G X 5/8 63

MONOJECT INSULIN SYRINGE MISC 27G X 1/2 64
MONOJECT INSULIN SYRINGE MISC 29G X 1/2 64
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1 .. 64
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/21G X 1-1/2 64
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1 .. 64
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/22G X 1-1/2 64
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/3ML/23G X 1 .. 64
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML ***[syringe (disposable)]*** 64
MONOJECT TB SYRINGE MISC 1 ML ***[syringe (disposable)]*** 64
MONOJECT TB SYRINGE MISC 28G X 1/2 ... 64
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2 64
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16 64
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 45
morphine sulfate (pf) soln 0.5 mg/ml 45
morphine sulfate (pf) soln 1 mg/ml 45
morphine sulfate er tbcr 100 mg 46
morphine sulfate er tbcr 15 mg 46
morphine sulfate er tbcr 200 mg 46
morphine sulfate er tbcr 30 mg 46
morphine sulfate er tbcr 60 mg 46
MORPHINE SULFATE SOLN 10 MG/5ML ***[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 in nacl soln 400 mg/250ml 14
moxifloxacin hcl soln 0.5 % 72
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]*** 98
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]*** 98
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]*** 98
MULTIVITAMIN/FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]*** 98
MULTI-VITAMIN/FLUORIDE SUSP 0.25 MG/ML ***[pediatric multivitamins w/fl]*** 98
MULTI-VITAMIN/FLUORIDE SUSP 0.5 MG/ML ***[pediatric multivitamins w/fl]*** 98
mupirocin oint 2 % 94
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
mycophenolate sodium tbec 180 mg 86
mycophenolate sodium tbec 360 mg 87
MYLERAN TABS 2 MG ***[busulfan]*** 26
MYOBLOC SOLN 10000 UNIT/2ML ***[rimabotulinumtoxinb]*** 87
MYOBLOC SOLN 2500 UNIT/0.5ML ***[rimabotulinumtoxinb]*** 87
MYOBLOC SOLN 5000 UNIT/ML ***[rimabotulinumtoxinb]*** 87
MYRBETRIQ SRER 8 MG/ML ***[mirabegron]*** .. 97
MYRBETRIQ TB24 50 MG ***[mirabegron]*** 97

N

na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml 75
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 38
nadolol tabs 40 mg 38
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]*** 55
naproxen susp 125 mg/5ml 46
naproxen tabs 250 mg 46
naproxen tabs 375 mg 46
naproxen tabs 500 mg 46
naproxen tbec 375 mg 46
naratriptan hcl tabs 1 mg 51
naratriptan hcl tabs 2.5 mg 51
NAROPIN SOLN 2 MG/ML ***[ropivacaine hcl]*** . 84
NAROPIN SOLN 5 MG/ML ***[ropivacaine hcl]*** . 84
NATACYN SUSP 5 % ***[natamycin]*** 72
NEBUPENT SOLR 300 MG ***[pentamidine isethionate]*** 17
nefazodone hcl tabs 100 mg 58
nefazodone hcl tabs 150 mg 58
nefazodone hcl tabs 200 mg 58
nefazodone hcl tabs 250 mg 58
nefazodone hcl tabs 50 mg 58
neomycin sulfate tabs 500 mg 14
neomycin-bacitracin zn-polymyx oint 5-400-10000 72
neomycin-polymyxin b gu soln 40-200000 .. 94
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 72
neomycin-polymyxin-hc soln 1 % 72
neomycin-polymyxin-hc susp 3.5-10000-1 .. 72
NEOPROFEN SOLN 10 MG/ML ***[ibuprofen lysine]*** 46
NEORAL SOLN 100 MG/ML ***[cyclosporine modified (for microemulsion)]*** 87
NESACAINE SOLN 1 % ***[chloroprocaine hcl]*** 84
NESACAINE SOLN 2 % ***[chloroprocaine hcl]*** 84
nevirapine susp 50 mg/5ml 19
nevirapine tabs 200 mg 19
NEXPLANON IMPL 68 MG ***[etonogestrel]*** 81
NIACIN ER CPCR 250 MG ***[niacin]*** 99
NIACIN ER TBCR 250 MG ***[niacin]*** 99
NIACIN TABS 100 MG ***[niacin]*** 99
NIACIN TABS 250 MG ***[niacin]*** 99
NIACIN TABS 50 MG ***[niacin]*** 99
NIACIN TABS 500 MG ***[niacin]*** 99
niacin td cap 500mg td 99
NICARDIPINE HCL SOLN 2.5 MG/ML ***[nicardipine hcl]*** 39
nicotine polacrilex gum 2 mg 29
nicotine polacrilex gum 4 mg 29
nicotine polacrilex lozg 2 mg 29
nicotine polacrilex lozg 4 mg 29
nicotine pt24 14 mg/24hr 29
NICOTINE PT24 21 MG/24HR ***[nicotine]*** 29
nicotine pt24 7 mg/24hr 29
nifedipine caps 10 mg 39
nifedipine caps 20 mg 39
nifedipine er osmotic release tb24 30 mg 39
nifedipine er osmotic release tb24 60 mg 39
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 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 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
norethindrone acetate tabs 5 mg 83
norethindrone tabs 0.35 mg 81
norgestimate-eth estradiol tabs 0.25-35 mg-mcg 81
NORMAL SALINE FLUSH SOLN 0.9 % ***[sodium chloride flush]*** 70
NORPACE CR CP12 100 MG ***[disopyramide phosphate]*** 40
NORPACE CR CP12 150 MG ***[disopyramide phosphate]*** 40
nortriptyline hcl caps 10 mg 58
nortriptyline hcl caps 25 mg 58
nortriptyline hcl caps 50 mg 58
nortriptyline hcl caps 75 mg 58
nortriptyline hcl soln 10 mg/5ml 58
NOVOFINE AUTOCOVER PEN NEEDLE MISC 30G X 8 MM ***[insulin pen needle]*** 64
NOVOSEVEN RT SOLR 1 MG ***[coagulation factor viia (recombinant)]*** 34
NOVOSEVEN RT SOLR 2 MG ***[coagulation factor viia (recombinant)]*** 34
NOVOSEVEN RT SOLR 5 MG ***[coagulation factor viia (recombinant)]*** 34
NOVOSEVEN RT SOLR 8 MG ***[coagulation factor viia (recombinant)]*** 34
NUBEQA TABS 300 MG ***[darolutamide]*** 26
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML ***[covid-19 (sars-cov-2) subunit (spike) protein virus vaccine]*** 93
nystatin crea 100000 unit/gm 94
nystatin susp 100000 unit/ml 16
nystatin tabs 500000 unit 16

O

OCTAGAM SOLN 1 GM/20ML ***[immune globulin (human) iv]*** 92
OCTAGAM SOLN 2.5 GM/50ML ***[immune globulin (human) iv]*** 93
OCTAGAM SOLN 25 GM/500ML ***[immune globulin (human) iv]*** 93
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
ofloxacin soln 0.3 % 72
olanzapine solr 10 mg 58
olanzapine tabs 10 mg 58
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
omeprazole cpdr 10 mg 75
omeprazole cpdr 40 mg 75
OMNIPAQUE SOLN 180 MG/ML ***[iohexol]*** 66
OMNIPAQUE SOLN 240 MG/ML ***[iohexol]*** 66
OMNIPAQUE SOLN 300 MG/ML ***[iohexol]*** 66
OMNIPAQUE SOLN 350 MG/ML ***[iohexol]*** 66
OMNITROPE PEN 5 INJECTION DEVICE MIS DEVICE ***[injection device]*** 64
OMNITROPE SOCT 10 MG/1.5ML ***[somatropin]*** 83
OMNITROPE SOCT 5 MG/1.5ML ***[somatropin]*** 83
OMNITROPE SOLR 5.8 MG ***[somatropin]*** 64
ONCASPAR SOLN 750 UNIT/ML ***[pegaspargase]*** 26
ondansetron hcl soln 4 mg/2ml 74
ondansetron hcl soln 4 mg/5ml 75
ondansetron hcl soln 40 mg/20ml 75
ondansetron hcl tabs 4 mg 75
ondansetron hcl tabs 8 mg 75
ondansetron tbdp 4 mg 75
ondansetron tbdp 8 mg 75
ONETOUCH DELICA PLUS LANCET33G MISC ***[lancets]*** 64
ONETOUCH SURESOFT LANCING DEVICE/GENTLE MIS LANC DEV ***[lancet devices]*** 64
ONETOUCH SURESOFT LANCING DEVICE/REGULAR MIS LANC DEV ***[lancet devices]*** 64
ONETOUCH ULTRA CONTROL LIQD ***[blood glucose calibration]*** 64
ONETOUCH ULTRA TEST STRP ***[glucose***

blood] 66
ONETOUCH ULTRASOFT 2 LANCETS MISC ***[lancets]*** 64
ONETOUCH ULTRASOFT LANCETS MISC ***[lancets]*** 64
ONETOUCH VERIO FLEX SYSTEM DEVI ***[blood glucose monitoring supplies]*** 65
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ***[blood glucose monitoring supplies]*** 65
ONETOUCH VERIO LIQD HIGH ***[blood glucose calibration]*** 65
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 TABS 30 MG ***[apremilast]*** 87
OTEZLA TBPK 10 & 20 & 30 MG ***[apremilast]*** 87
OVIDREL SOSY 250 MCG/0.5ML ***[choriogonadotropin alfa]*** 83
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 tab 10mg 79
oxandrolone tab 2.5mg 79
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
oxybutynin chloride er tb24 10 mg 97
oxybutynin chloride er tb24 15 mg 97
oxybutynin chloride er tb24 5 mg 97
oxybutynin chloride soln 5 mg/5ml 98
oxybutynin chloride tabs 5 mg 98
oxycodone hcl soln 5 mg/5ml 46
oxycodone hcl tabs 5 mg 46
oxycodone-acetaminophen tabs 10-325 mg 46
oxycodone-acetaminophen tabs 5-325 mg .. 46
oxycodone-acetaminophen tabs 7.5-325 mg 46
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML ***[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

P

paclitaxel conc 300 mg/50ml 26
paclitaxel protein-bound part susr 100 mg .. 26
PADCEV SOLR 20 MG ***[enfortumab vedotin-ejfv]*** 26
PADCEV SOLR 30 MG ***[enfortumab vedotin-ejfv]*** 26
paliperidone er tb24 1.5 mg 58
paliperidone er tb24 3 mg 58
paliperidone er tb24 6 mg 58
paliperidone er tb24 9 mg 58
pamidronate disodium soln 30 mg/10ml 87
pamidronate disodium soln 6 mg/ml 87
pamidronate disodium soln 90 mg/10ml 87
pantoprazole sodium solr 40 mg 75
pantoprazole sodium tbec 20 mg 75
pantoprazole sodium tbec 40 mg 75
PAPAVERINE HCL SOLN 30 MG/ML ***[papaverine hcl]*** 43
PARAGARD INTRAUTERINE COPPER IUD ***[copper (iud)]*** 81
paroxetine hcl tabs 10 mg 58
paroxetine hcl tabs 20 mg 58
paroxetine hcl tabs 30 mg 58

paroxetine hcl tabs 40 mg 58
PAVBLU SOLN 2 MG/0.05ML ***[aflibercept-ayyh]*** 73
PAVBLU SOSY 2 MG/0.05ML ***[aflibercept-ayyh]*** 73
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]*** 19
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG ***[nirmatrelvir-ritonavir]*** .. 19
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG ***[nirmatrelvir-ritonavir]*** 19
peg 3350-kcl-na bicarb-nacl solr 420 gm 75
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 77
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 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
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 ... 46
pentobarbital sodium soln 50 mg/ml 54
pentoxifylline er tbcr 400 mg 37
PERJETA SOLN 420 MG/14ML ***[pertuzumab]*** 26
permethrin crea 5 % 94
perphenazine tabs 16 mg 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
phentermine hcl caps 15 mg 48
phentermine hcl caps 30 mg 48
phentermine hcl caps 37.5 mg 48
phentermine hcl tabs 37.5 mg 48
PHENTOLAMINE MESYLATE POWD ***[phentolamine mesylate (bulk)]*** 90
phentolamine mesylate solr 5 mg 31
PHENYLADE DRINK MIX POWD ***[nutritional supplements]*** 67
phenylephrine hcl soln 10 % 74
phenylephrine hcl soln 2.5 % 74
phenytoin sodium extended caps 100 mg ... 50
phenytoin sodium soln 50 mg/ml 50
phenytoin susp 100 mg/4ml 50
phenytoin susp 125 mg/5ml 50
PHLEXY-10 PACK ***[nutritional supplements]*** 67
PHOSLYRA SOLN 667 MG/5ML ***[calcium acetate (phosphate binder)]*** 70
PHOSPHOLINE IODIDE SOLR 0.125 % ***[echothiophate iodide]*** 73
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 &0.146-20 % ***[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]*** .. 73
phytonadione soln 1 mg/0.5ml 99
pilocarpine hcl soln 1 % 73
pilocarpine hcl soln 2 % 73
pilocarpine hcl soln 4 % 73

pilocarpine hcl tabs 5 mg 30
pimecrolimus crea 1 % 97
pimozide tabs 1 mg 58
pimozide tabs 2 mg 58
pioglitazone hcl tabs 15 mg 80
pioglitazone hcl tabs 30 mg 80
pioglitazone hcl tabs 45 mg 80
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm 15
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm 15
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm 15
PKU EXPRESS PAK ***[nutritional supplements]*** 68
PLASMA-LYTE A SOLN ***[electrolyte-a]*** 70
podofilox soln 0.5 % 97
POLY HUB NEEDLE MISC 18G X 1 65
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-% 72
POLY-VI-SOL SOLN ***[pediatric multiple vitamins]*** 98
POLY-VI-SOL/IRON SOLN 11 MG/ML ***[pediatric multiple vitamins w/ iron]*** 98
pomalidomide caps 1 mg 26
pomalidomide caps 2 mg 26
pomalidomide caps 3 mg 26
pomalidomide caps 4 mg 26
POMALYST CAPS 1 MG ***[pomalidomide]*** 26
POMALYST CAPS 2 MG ***[pomalidomide]*** 26
POMALYST CAPS 3 MG ***[pomalidomide]*** 26
POMALYST CAPS 4 MG ***[pomalidomide]*** 26
PORTAGEN POW ***[nutritional supplements]*** 68
POTASSIUM ACETATE SOLN 2 MEQ/ML ***[potassium acetate]*** 70
potassium chloride crys er tbcr 10 meq 70
potassium chloride crys er tbcr 20 meq 70
potassium chloride er cpcr 10 meq 70
potassium chloride er cpcr 8 meq 70
potassium chloride er tbcr 10 meq 70
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% ***[potassium chloride in nacl]*** 70
POTASSIUM CHLORIDE PACK 20 MEQ ***[potassium chloride]*** 70
potassium chloride sol 10% sf 70
potassium chloride soln 10 meq/100ml 70
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML ***[potassium chloride]*** 70
potassium chloride soln 2 meq/ml 70
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) ***[potassium chloride]*** 70
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) ***[potassium citrate (alkalinizer)]*** 67
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) ***[potassium citrate (alkalinizer)]*** 67
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML ***[potassium citrate-citric acid]*** 67
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L ***[potassium chloride in dextrose]*** 70
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML ***[potassium phosphates]*** 70
pramipexole dihydrochloride tabs 0.125 mg 52
pramipexole dihydrochloride tabs 0.25 mg 52
pramipexole dihydrochloride tabs 0.5 mg 52
pramipexole dihydrochloride tabs 0.75 mg 52
pramipexole dihydrochloride tabs 1 mg 52
pramipexole dihydrochloride tabs 1.5 mg 52
PRAMOSONE OINT 1-1 % ***[pramoxine-hc]*** 95
pravastatin sodium tabs 10 mg 37
pravastatin sodium tabs 20 mg 38
pravastatin sodium tabs 40 mg 38
pravastatin sodium tabs 80 mg 38
PRAXBIND SOLN 2.5 GM/50ML ***[idarucizumab]*** 34
prazosin hcl caps 1 mg 37
prazosin hcl caps 2 mg 37
prazosin hcl caps 5 mg 37
PRED MILD SUSP 0.12 % ***[prednisolone acetate (ophth)]*** 72
prednisolone acetate susp 1 % 72
prednisolone sodium phosphate soln 1 % 72
prednisolone sodium phosphate soln 15 mg/5ml 78
prednisolone sodium phosphate soln 5 mg/5ml 78
prednisone soln 5 mg/5ml 78
prednisone tabs 1 mg 78
prednisone tabs 10 mg 78
prednisone tabs 2.5 mg 78
prednisone tabs 20 mg 78
prednisone tabs 5 mg 78
prednisone tabs 50 mg 78
prednisone tbpk 5 mg (21) 78
pregabalin caps 100 mg 50
pregabalin caps 150 mg 50
pregabalin caps 200 mg 50

pregabalin caps 225 mg 50
pregabalin caps 25 mg 50
pregabalin caps 300 mg 50
pregabalin caps 50 mg 50
pregabalin caps 75 mg 50
pregabalin soln 20 mg/ml 50
PREMARIN SOLR 25 MG ***[estrogens, conjugated]*** 82
PRETOMANID TABS 200 MG ***[pretomanid]*** .. 16
PREVIDENT GEL 1.1 % ***[sodium fluoride (dental)]*** 87
PREVIDENT SOLN 0.2 % ***[sodium fluoride (dental)]*** 87
PREVYMIS SOLN 240 MG/12ML ***[letermovir]*** 19
PREVYMIS SOLN 480 MG/24ML ***[letermovir]*** 19
PREVYMIS TABS 240 MG ***[letermovir]*** 19
PREVYMIS TABS 480 MG ***[letermovir]*** 19
PREZCOBIX TABS 800-150 MG ***[darunavir-cobicistat]*** 19
PREZISTA TABS 75 MG ***[darunavir]*** 19
PRIFTIN TABS 150 MG ***[rifapentine]*** 16
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG ***[primaquine phosphate]*** 17
primidone tab 50mg 50
primidone tabs 250 mg 50
PRIVIGEN SOLN 10 GM/100ML ***[immune globulin (human) iv]*** 93
PRIVIGEN SOLN 20 GM/200ML ***[immune globulin (human) iv]*** 93
PRIVIGEN SOLN 5 GM/50ML ***[immune globulin (human) iv]*** 93
probenecid tabs 500 mg 71
procainamide hcl soln 100 mg/ml 41
procainamide hcl soln 500 mg/ml 41
prochlorperazine edisylate soln 10 mg/2ml . 58
prochlorperazine maleate tabs 10 mg 58
prochlorperazine maleate tabs 5 mg 58
PROCRIT SOLN 10000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 2000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 20000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 3000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 4000 UNIT/ML ***[epoetin alfa]*** 37
PROCRIT SOLN 40000 UNIT/ML ***[epoetin alfa]*** 37
PROFILNINE SOLR 1000 UNIT ***[factor ix complex]*** 34
PROFILNINE SOLR 1500 UNIT ***[factor ix complex]*** 34
PROFILNINE SOLR 500 UNIT ***[factor ix complex]*** 34
progesterone caps 100 mg 83
progesterone caps 200 mg 83
PROGESTERONE MICRONIZED POWD ***[progesterone micronized (bulk)]*** 90
PROGESTERONE OIL 50 MG/ML ***[progesterone]*** 83
PROGLYCEM SUSP 50 MG/ML ***[diazoxide]*** .. 41
PROGRAF SOLN 5 MG/ML ***[tacrolimus]*** 87
PROLEUKIN SOLR 22000000 UNIT ***[aldesleukin]*** 26
PROMACTA PACK 25 MG ***[eltrombopag olamine]*** 37
promethazine hcl tabs 12.5 mg 21
promethazine hcl tabs 25 mg 21
propafenone hcl tabs 150 mg 41
propafenone hcl tabs 225 mg 41
propafenone hcl tabs 300 mg 41
proparacaine hcl soln 0.5 % 74
propofol emul 1000 mg/100ml 55
propranolol hcl soln 1 mg/ml 39
propranolol hcl soln 20 mg/5ml 39
propranolol hcl tabs 10 mg 39
propranolol hcl tabs 20 mg 39
propranolol hcl tabs 40 mg 39
propranolol hcl tabs 60 mg 39
propranolol hcl tabs 80 mg 39
propylthiouracil tabs 50 mg 84
protriptyline hcl tabs 10 mg 58
protriptyline hcl tabs 5 mg 59
prucalopride succinate tabs 1 mg 76
prucalopride succinate tabs 2 mg 76
PULMICORT FLEXHALER AEPB 180 MCG/ACT ***[budesonide (inhalation)]*** 78
PULMOZYME SOLN 2.5 MG/2.5ML ***[dornase alfa]*** 71
PURIXAN SUSP 2000 MG/100ML ***[mercaptopurine]*** 26
pyrazinamide tabs 500 mg 16
pyridostigmine bromide er tbcr 180 mg 30
pyridostigmine bromide tabs 60 mg 30
pyridoxine hcl soln 100 mg/ml 99

Q

QSYMIA CP24 11.25-69 MG ***[phentermine hcl-topiramate]*** 48

QSYMIA CP24 15-92 MG ***[phentermine hcl-topiramate]*** 48
QSYMIA CP24 3.75-23 MG ***[phentermine hcl-topiramate]*** 48
QSYMIA CP24 7.5-46 MG ***[phentermine hcl-topiramate]*** 48
QUELICIN SOLN 20 MG/ML ***[succinylcholine chloride]*** 30
quetiapine fumarate er tb24 150 mg 59
quetiapine fumarate er tb24 200 mg 59
quetiapine fumarate er tb24 300 mg 59
quetiapine fumarate er tb24 400 mg 59
quetiapine fumarate er tb24 50 mg 59
quetiapine fumarate tabs 100 mg 59
quetiapine fumarate tabs 200 mg 59
quetiapine fumarate tabs 25 mg 59
quetiapine fumarate tabs 300 mg 59
quetiapine fumarate tabs 400 mg 59
quetiapine fumarate tabs 50 mg 59
QUINACRINE HCL POW DIHYDRAT ***[quinacrine hcl]*** 90
quinidine gluconate er tbcr 324 mg 41
quinidine sulfate tab 300mg 41
quinidine sulfate tabs 200 mg 41

R

raloxifene hcl tabs 60 mg 82
ramelteon tabs 8 mg 54
rasagiline mesylate tabs 0.5 mg 52
rasagiline mesylate tabs 1 mg 52
RASUVO SOAJ 10 MG/0.2ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 12.5 MG/0.25ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 15 MG/0.3ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 17.5 MG/0.35ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 20 MG/0.4ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 22.5 MG/0.45ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 25 MG/0.5ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 30 MG/0.6ML ***[methotrexate (antirheumatic)]*** 87
RASUVO SOAJ 7.5 MG/0.15ML ***[methotrexate (antirheumatic)]*** 88
RECOMBINATE SOLR 1241-1800 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
RECOMBINATE SOLR 1801-2400 UNIT ***[antihemophilic factor (recombinant) (rfviii)]*** 34
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]*** 19
RENAL CAPS 1 MG ***[b-complex w/ c & folic acid]*** 98
reserpine tab 0.1mg 41
reserpine tab 0.25mg 41
RETIN-A CREA 0.025 % ***[tretinoin]*** 95
RETIN-A CREA 0.05 % ***[tretinoin]*** 95
RETIN-A CREA 0.1 % ***[tretinoin]*** 95
RETIN-A GEL 0.01 % ***[tretinoin]*** 96
RETIN-A GEL 0.025 % ***[tretinoin]*** 96
RETIN-A MICRO GEL 0.04 % ***[tretinoin microsphere]*** 96
RETIN-A MICRO GEL 0.1 % ***[tretinoin microsphere]*** 96
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]*** 27
RHOPHYLAC SOSY 1500 UNIT/2ML ***[rho d immune globulin (human)]*** 93
RIABNI SOLN 100 MG/10ML ***[rituximab-arrx]*** 27
RIABNI SOLN 500 MG/50ML ***[rituximab-arrx]*** 27
ribavirin caps 200 mg 20
RIDAURA CAPS 3 MG ***[auranofin]*** 76
rifabutin caps 150 mg 16
rifampin caps 150 mg 17
rifampin caps 300 mg 17
rifampin solr 600 mg 17
riluzole tabs 50 mg 55
rimantadine hcl tabs 100 mg 20
RIMSO-50 SOLN 50 % ***[dimethyl sulfoxide]*** 88
RINGERS SOLN ***[ringer's]*** 70
RISPERDAL CONSTA SRER 12.5 MG

[risperidone microspheres] 59
RISPERDAL CONSTA SRER 25 MG ***[risperidone microspheres]*** 59
RISPERDAL CONSTA SRER 37.5 MG ***[risperidone microspheres]*** 59
RISPERDAL CONSTA SRER 50 MG ***[risperidone microspheres]*** 59
RISPERIDONE SOLN 1 MG/ML ***[risperidone]*** 59
risperidone tabs 0.25 mg 59
risperidone tabs 0.5 mg 59
risperidone tabs 1 mg 59
risperidone tabs 2 mg 59
risperidone tabs 3 mg 59
risperidone tabs 4 mg 59
ritonavir tabs 100 mg 20
RITUXAN SOLN 100 MG/10ML ***[rituximab]*** ... 27
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 30
romidepsin solr 10 mg 27
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 53
ropinirole hcl tabs 3 mg 53
ropinirole hcl tabs 4 mg 53
ropinirole hcl tabs 5 mg 53
rosuvastatin calcium tabs 10 mg 38
rosuvastatin calcium tabs 20 mg 38
rosuvastatin calcium tabs 40 mg 38
rosuvastatin calcium tabs 5 mg 38
ROZLYTREK CAPS 100 MG ***[entrectinib]*** 27
ROZLYTREK CAPS 200 MG ***[entrectinib]*** 27
rufinamide susp 40 mg/ml 50
rufinamide tabs 200 mg 51
rufinamide tabs 400 mg 51
RYANODEX SUSR 250 MG ***[dantrolene sodium]*** 30
RYDAPT CAPS 25 MG ***[midostaurin]*** 27

S

S2 (RACEPINEPHRINE) NEBU 2.25 % ***[racepinephrine hcl]*** 32
SABRIL PACK 500 MG ***[vigabatrin]*** 51
sacubitril-valsartan tabs 24-26 mg 42
sacubitril-valsartan tabs 49-51 mg 42
sacubitril-valsartan tabs 97-103 mg 42
SAFETY-LOK TB SYRINGE PERM NEEDLE 1ML 27GX1/2 65
SALICYLIC ACID POWD ***[salicylic acid (bulk)]*** 90
SALSALATE TABS 500 MG ***[salsalate]*** 46
SALSALATE TABS 750 MG ***[salsalate]*** 46
SANDIMMUNE CAPS 100 MG ***[cyclosporine]*** 88
SANDIMMUNE CAPS 25 MG ***[cyclosporine]*** .88
SANDIMMUNE SOLN 100 MG/ML ***[cyclosporine]*** 88
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]*** ... 97
SARCLISA SOLN 100 MG/5ML ***[isatuximab-irfc]*** 27
SARCLISA SOLN 500 MG/25ML ***[isatuximab-irfc]*** 27
SARNA LOTN 0.5-0.5 % ***[camphor & menthol]*** 95
scopolamine pt72 1 mg/3days 75
selegiline hcl caps 5 mg 55
selegiline hcl tabs 5 mg 53
SELENIOUS ACID SOLN 40 MCG/ML ***[selenious acid]*** 70
selenium sulfide lotn 2.5 % 94
SELZENTRY TABS 150 MG ***[maraviroc]*** 20
SELZENTRY TABS 300 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 59
sertraline hcl tabs 25 mg 59
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
sildenafil citrate tabs 100 mg 43
sildenafil citrate tabs 20 mg 43
sildenafil citrate tabs 50 mg 43
silver sulfadiazine crea 1 % 94
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
sitagliptin tabs 100 mg 80
sitagliptin tabs 25 mg 80
sitagliptin tabs 50 mg 80
SKYRIZI PEN SOAJ 150 MG/ML ***[risankizumab-rzaa]*** 97
SKYRIZI SOCT 180 MG/1.2ML ***[risankizumab-rzaa (crohn's)]*** 97
SKYRIZI SOCT 360 MG/2.4ML ***[risankizumab-rzaa (crohn's)]*** 97
SKYRIZI SOSY 150 MG/ML ***[risankizumab-rzaa]*** 97
SLO-NIACIN TBCR 500 MG ***[niacin]*** 99
SLO-NIACIN TBCR 750 MG ***[niacin]*** 99
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML ***[sodium citrate & citric acid]*** 67
SODIUM ACETATE SOLN 2 MEQ/ML ***[sodium acetate]*** 67
sodium bicarbonate soln 8.4 % 67
SODIUM CHLORIDE (PF) SOLN 0.9 % ***[sodium chloride]*** 71
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % ***[bacteriostatic sodium chloride]*** 71
SODIUM CHLORIDE NEBU 0.9 % ***[sodium chloride (inhalant)]*** 91
SODIUM CHLORIDE NEBU 3 % ***[sodium chloride (inhalant)]*** 91
SODIUM CHLORIDE NEBU 7 % ***[sodium chloride (inhalant)]*** 91
sodium chloride soln 70
SODIUM CHLORIDE SOLN 0.45 % ***[sodium chloride]*** 71
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride (gu irrigant)]*** 69
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride]*** 71
SODIUM CHLORIDE SOLN 3 % ***[sodium chloride]*** 71
SODIUM CHLORIDE SOLN 4 MEQ/ML ***[sodium chloride]*** 71
SODIUM CHLORIDE SOLN 5 % ***[sodium chloride]*** 71
SODIUM CHLORIDE TABS 1 GM ***[sodium chloride]*** 97
SODIUM EDECRIN SOLR 50 MG ***[ethacrynate sodium]*** 68
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG ***[sodium fluoride]*** 88
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG ***[sodium fluoride]*** 88
SODIUM FLUORIDE CHEW 2.2 (1 F) MG ***[sodium fluoride]*** 88
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML ***[sodium fluoride]*** 88
sodium phenylbutyrate powd 3 gm/tsp 67
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML ***[sodium phosphates (sodium phosphate dibasic & monobasic)]*** 71
sodium polystyrene sulfonate powd 68
solifenacin succinate tabs 10 mg 98
solifenacin succinate tabs 5 mg 98
SOLU-CORTEF SOLR 100 MG ***[hydrocortisone sod succinate]*** 78
SOLU-CORTEF SOLR 1000 MG ***[hydrocortisone sod succinate]*** 78
SOLU-CORTEF SOLR 250 MG ***[hydrocortisone sod succinate]*** 78
SOLU-CORTEF SOLR 500 MG ***[hydrocortisone sod succinate]*** 78
SOLU-MEDROL SOLR 500 MG ***[methylprednisolone sod succ]*** 78
sorafenib tosylate tabs 200 mg 27
SORBITOL SOLN 70 % ***[sorbitol (laxative)]*** 75
SORBITOL SOLN 70 % ***[sorbitol]*** 90
sotalol hcl (af) tabs 80 mg 39
sotalol hcl tabs 120 mg 39
sotalol hcl tabs 160 mg 39
sotalol hcl tabs 240 mg 39
sotalol hcl tabs 80 mg 39
SOVALDI PACK 150 MG ***[sofosbuvir]*** 20
SOVALDI PACK 200 MG ***[sofosbuvir]*** 20
SOVALDI TABS 200 MG ***[sofosbuvir]*** 20
SOVALDI TABS 400 MG ***[sofosbuvir]*** 20
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT

[tiotropium bromide]..... 29
spironolactone tabs 100 mg 42
spironolactone tabs 25 mg 42
spironolactone tabs 50 mg 42
spironolactone-hctz tabs 25-25 mg..... 42
SPORANOX SOLN 10 MG/ML ***[itraconazole]*** 16
SSKI SOLN 1 GM/ML ***[potassium iodide (expectorant)]***..... 84
stavudine caps 30 mg 20
stavudine caps 40 mg 20
STERILE WATER FOR INJECTION SOLN ***[water for injection, sterile]*** 90
STERILE WATER FOR IRRIGATION SOLN ***[water for irrigation, sterile]*** 69
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT ***[tiotropium bromide-olodaterol hcl]*** 29
STIVARGA TABS 40 MG ***[regorafenib]***..... 27
STRENSIQ SOLN 18 MG/0.45ML ***[asfotase alfa]*** 71
STRENSIQ SOLN 28 MG/0.7ML ***[asfotase alfa]*** 71
STRENSIQ SOLN 40 MG/ML ***[asfotase alfa]*** . 71
STRENSIQ SOLN 80 MG/0.8ML ***[asfotase alfa]*** 71
streptomycin sulfate solr 1 gm..... 15
STRIBILD TABS 150-150-200-300 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir df]***..... 20
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT ***[olodaterol hcl]***..... 32
sucralfate tabs 1 gm..... 75
sulfacetamide sodium soln 10 %..... 72
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % ***[sulfacetamide sodium w/ sulfur]***..... 96
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % ***[sulfacetamide sodium w/ sulfur]***..... 96
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % ***[sulfacetamide sodium w/ sulfur]***..... 96
sulfacetamide-prednisolone soln 10-0.23 % 72
sulfadiazine tabs 500 mg 15
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml 15
sulfamethoxazole-trimethoprim tabs 400-80 mg 15
sulfamethoxazole-trimethoprim tabs 800-160 mg 15
SULFAMYLON CREA 85 MG/GM ***[mafenide acetate]***..... 94
sulfasalazine tabs 500 mg..... 15
sulfasalazine tbec 500 mg..... 15
SULFATRIM PEDIATRIC SUSP 200-40 MG/5ML ***[sulfamethoxazole-trimethoprim]***.....15
SULFUR PRECIPITATED (BULK) POWD ***[sulfur (bulk)]*** 90
sulindac tabs 150 mg.....46
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 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.....65
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2.....65
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2.....65
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16.....65
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16.....65
SURVANTA SUSP 25-0.9 MG/ML-% ***[beractant in nacl]***.....91
SYLVANT SOLR 100 MG ***[siltuximab]*** 27
SYLVANT SOLR 400 MG ***[siltuximab]*** 27
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
SYNAREL SOLN 2 MG/ML ***[nafarelin acetate]*** 83
SYRINGE MISC 20G X 1.....65
SYRINGE MISC 20G X 1-1/2.....65
SYRINGE MISC 21G X 1-1/2.....65

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 % 97
tacrolimus oint 0.1 % 97
tadalafil (pah) tabs 20 mg 43
tadalafil tabs 10 mg 43
tadalafil tabs 2.5 mg 43
tadalafil tabs 20 mg 43
tadalafil tabs 5 mg 43
TAFINLAR CAPS 50 MG ***[dabrafenib mesylate]*** 27
TAFINLAR CAPS 75 MG ***[dabrafenib mesylate]*** 27
TAFINLAR TBSO 10 MG ***[dabrafenib mesylate]*** 27
TAGRISSO TABS 40 MG ***[osimertinib mesylate]*** 27
TAGRISSO TABS 80 MG ***[osimertinib mesylate]*** 27
TAKHZYRO SOLN 300 MG/2ML ***[lanadelumab-flyo]*** 88
TAKHZYRO SOSY 150 MG/ML ***[lanadelumab-flyo]*** 88
TAKHZYRO SOSY 300 MG/2ML ***[lanadelumab-flyo]*** 88
tamoxifen citrate tabs 10 mg 27
tamoxifen citrate tabs 20 mg 27
tamsulosin hcl caps 0.4 mg 37
TARGRETIN CAPS 75 MG ***[bexarotene]*** 27
TASIGNA CAPS 150 MG ***[nilotinib hcl]*** 27
TASIGNA CAPS 200 MG ***[nilotinib hcl]*** 27
TAXOTERE INJ 80MG/2ML ***[docetaxel]*** 27
tazarotene crea 0.05 % 97
tazarotene crea 0.1 % 97
tazarotene gel 0.05 % 97
tazarotene gel 0.1 % 97
TECENTRIQ SOLN 1200 MG/20ML ***[atezolizumab]*** 27
temazepam caps 15 mg 54
temazepam caps 30 mg 54
temozolomide caps 100 mg 27
temozolomide caps 140 mg 27
temozolomide caps 180 mg 27
temozolomide caps 20 mg 27
temozolomide caps 250 mg 27
temozolomide caps 5 mg 27
tenofovir disoproxil fumarate tabs 300 mg .. 20
terazosin hcl caps 1 mg 37
terazosin hcl caps 10 mg 37
terazosin hcl caps 2 mg 37
terazosin hcl caps 5 mg 37
terbinafine hcl tabs 250 mg 16
terbutaline sulfate soln 1 mg/ml 32
terbutaline sulfate tabs 2.5 mg 32
terbutaline sulfate tabs 5 mg 32
testosterone cypionate soln 200 mg/ml 79
testosterone gel 1.62 % 79
testosterone gel 12.5 mg/act (1%) 79
testosterone gel 25 mg/2.5gm (1%) 79
testosterone gel 50 mg/5gm (1%) 79
TESTOSTERONE PROPIONATE POWD ***[testosterone propionate (bulk)]*** 90
tetrabenazine tabs 12.5 mg 55
tetrabenazine tabs 25 mg 55
TETRACAINE HCL SOLN 0.5 % ***[tetracaine hcl (ophth)]*** 74
TETRACAINE HCL SOLN 1 % ***[tetracaine hcl]*** 84
tetracycline hcl caps 250 mg 15
tetracycline hcl caps 500 mg 15
THALOMID CAPS 100 MG ***[thalidomide]*** 88
THALOMID CAPS 50 MG ***[thalidomide]*** 88
THAM SOLN 30 MEQ/100ML ***[tromethamine]*** 67
theophylline er tb12 100 mg 98
theophylline er tb12 200 mg 98
theophylline er tb12 300 mg 98
theophylline er tb12 450 mg 98
theophylline er tb24 400 mg 98
thiamine hcl soln 100 mg/ml 99
THIOLA TABS 100 MG ***[tiopronin]*** 88
thioridazine hcl tabs 10 mg 59
thioridazine hcl tabs 100 mg 59
thioridazine hcl tabs 25 mg 59
thioridazine hcl tabs 50 mg 59
thiotepa solr 15 mg 27
thiothixene caps 1 mg 59
thiothixene caps 10 mg 59
thiothixene caps 2 mg 59
thiothixene caps 5 mg 59
THROMBIN-JMI KIT 20000 UNIT ***[thrombin]*** .35
THROMBIN-JMI SOLR 20000 UNIT ***[thrombin]*** 35
THROMBIN-JMI SOLR 5000 UNIT ***[thrombin]*** 35
THYMOL CRYS ***[thymol]*** 90
THYROGEN SOLR 0.9 MG ***[thyrotropin alfa]*** 66
ticagrelor tabs 90 mg 36
timolol maleate soln 0.25 % 73

timolol maleate soln 0.5 % 73
TISSUEBLUE SOSY 0.025 % ***[brilliant blue g]*** 66
TIVICAY PD TBSO 5 MG ***[dolutegravir sodium]*** 20
TIVICAY TABS 50 MG ***[dolutegravir sodium]*** 20
tizanidine hcl tabs 2 mg 30
tizanidine hcl tabs 4 mg 31
TNKASE KIT 50 MG ***[tenecteplase]*** 36
TOBI PODHALER CAPS 28 MG ***[tobramycin]*** 15
TOBRADEX OINT 0.3-0.1 % ***[tobramycin-dexamethasone]*** 72
tobramycin nebu 300 mg/5ml 15
tobramycin sulfate soln 10 mg/ml 15
tobramycin sulfate soln 80 mg/2ml 15
tofacitinib citrate er tb24 11 mg 88
tofacitinib citrate tabs 10 mg 88
tofacitinib citrate tabs 5 mg 88
topiramate cpsp 15 mg 51
topiramate cpsp 25 mg 51
topiramate tabs 100 mg 51
topiramate tabs 200 mg 51
topiramate tabs 25 mg 51
topiramate tabs 50 mg 51
topotecan hcl solr 4 mg 27
TORISEL SOLN 25 MG/ML ***[temsirolimus]*** ... 27
torsemide tabs 10 mg 68
torsemide tabs 100 mg 68
torsemide tabs 20 mg 68
torsemide tabs 5 mg 68
TRACLEER TABS 125 MG ***[bosentan]*** 43
TRACLEER TABS 62.5 MG ***[bosentan]*** 43
TRACLEER TBSO 32 MG ***[bosentan]*** 91
tramadol hcl tabs 50 mg 47
tramadol-acetaminophen tabs 37.5-325 mg 47
tranexamic acid soln 1000 mg/10ml 35
tranexamic acid tabs 650 mg 35
tranylcypromine sulfate tabs 10 mg 59
TRAVASOL SOLN 10 % ***[amino acid infusion]*** 68
trazodone hcl tabs 100 mg 59
trazodone hcl tabs 150 mg 59
trazodone hcl tabs 50 mg 59
TRECATOR TABS 250 MG ***[ethionamide]*** 17
TREMFYA ONE-PRESS SOPN 100 MG/ML ***[guselkumab]*** 97
TREMFYA PEN SOAJ 100 MG/ML ***[guselkumab]*** 97
TREMFYA PEN SOAJ 200 MG/2ML ***[guselkumab (gastrointestinal)]*** 97
TREMFYA SOLN 200 MG/20ML ***[guselkumab (gastrointestinal)]*** 97
TREMFYA SOSY 100 MG/ML ***[guselkumab]*** .97
TREMFYA SOSY 200 MG/2ML ***[guselkumab (gastrointestinal)]*** 97
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML ***[insulin degludec]*** 80
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML ***[insulin degludec]*** 80
TRESIBA SOLN 100 UNIT/ML ***[insulin degludec]*** 80
tretinoin caps 10 mg 27
triamcinolone acetonide crea 0.025 % 95
triamcinolone acetonide crea 0.1 % 95
triamcinolone acetonide crea 0.5 % 95
triamcinolone acetonide oint 0.025 % 95
triamcinolone acetonide oint 0.1 % 95
triamcinolone acetonide oint 0.5 % 95
TRIAMCINOLONE ACETONIDE POWD ***[triamcinolone acetonide (topical)]*** 90
triamcinolone acetonide pste 0.1 % 95
triamterene caps 100 mg 68
triamterene-hctz caps 37.5-25 mg 68
triamterene-hctz tabs 37.5-25 mg 68
triamterene-hctz tabs 75-50 mg 68
TRICITRATES SOLN 550-500-334 MG/5ML ***[pot & sod citrates w/citric ac]*** 67
trifluoperazine hcl tabs 1 mg 59
trifluoperazine hcl tabs 10 mg 59
trifluoperazine hcl tabs 2 mg 60
trifluoperazine hcl tabs 5 mg 60
trifluridine soln 1 % 72
trihexyphenidyl hcl soln 0.4 mg/ml 53
trihexyphenidyl hcl tabs 2 mg 53
trihexyphenidyl hcl tabs 5 mg 53
TRIKAFTA TBPK 100-50-75 & 150 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 91
TRIKAFTA TBPK 50-25-37.5 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 91
TRIKAFTA THPK 100-50-75 & 75 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 91
TRIKAFTA THPK 80-40-60 & 59.5 MG ***[elexacaftor-tezacaftor-ivacaftor]*** 91
trimethoprim tabs 100 mg 21
TRISENOX SOLN 12 MG/6ML ***[arsenic trioxide]*** 27
TRIUMEQ PD TBSO 60-5-30 MG ***[abacavir-dolutegravir-lamivudine]*** 20
TRIUMEQ TABS 600-50-300 MG ***[abacavir-***

dolutegravir-lamivudine] 20
TRI-VI-SOL A/C/D SOLN 250-50-10 ***[pediatric vitamins adc]*** 98
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML ***[pediatric vitamins acd w/ fluoride]*** 98
TROPHAMINE SOLN 10 % ***[amino acid infusion]*** 68
tropicamide soln 1 % 74
trospium chloride er cp24 60 mg 98
trospium chloride tabs 20 mg 98
TRUZONE PEAK FLOW METER DEVI ***[peak flow meter]*** 65
TUBERCULIN SYRINGE MISC 25G X 5/8 65
TUBERSOL SOLN 5 UNIT/0.1ML ***[tuberculin ppd]*** 66
TUKYSA TABS 150 MG ***[tucatinib]*** 28
TUKYSA TABS 50 MG ***[tucatinib]*** 28
TYKERB TABS 250 MG ***[lapatinib ditosylate]*** 28
TYSABRI CONC 300 MG/15ML ***[natalizumab]*** 88
TYVASO REFILL KIT SOLN 0.6 MG/ML ***[treprostinil]*** 43
TYVASO SOLN 0.6 MG/ML ***[treprostinil]*** 43
TYVASO STARTER KIT SOLN 0.6 MG/ML ***[treprostinil]*** 43

U

ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8 65
ULTOMIRIS SOLN 1100 MG/11ML ***[ravulizumab-cwvz]*** 88
ULTOMIRIS SOLN 300 MG/3ML ***[ravulizumab-cwvz]*** 88
UNITUXIN SOLN 17.5 MG/5ML ***[dinutuximab]*** 28
ursodiol tabs 250 mg 75
ursodiol tabs 500 mg 75
UZEDY SUSY 100 MG/0.28ML ***[risperidone]*** 60
UZEDY SUSY 125 MG/0.35ML ***[risperidone]*** 60
UZEDY SUSY 150 MG/0.42ML ***[risperidone]*** 60
UZEDY SUSY 200 MG/0.56ML ***[risperidone]*** 60
UZEDY SUSY 250 MG/0.7ML ***[risperidone]*** .. 60
UZEDY SUSY 50 MG/0.14ML ***[risperidone]*** .. 60
UZEDY SUSY 75 MG/0.21ML ***[risperidone]*** .. 60

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 20
valproic acid caps 250 mg 51
valproic acid soln 250 mg/5ml 51
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
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML ***[diazepam (anticonvulsant)]*** 54
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML ***[diazepam (anticonvulsant)]*** 54
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML ***[diazepam (anticonvulsant)]*** 54
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML ***[diazepam (anticonvulsant)]*** 54
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
varenicline tartrate tabs 0.5 mg 29
varenicline tartrate tabs 1 mg 29
VARITHENA FOAM 180 MG/18ML ***[polidocanol (laureth-9)]*** 42
vecuronium bromide solr 10 mg 31
vecuronium bromide solr 20 mg 31
VEKLURY SOLN 100 MG/20ML ***[remdesivir]*** .20
VEKLURY SOLR 100 MG ***[remdesivir]*** 20
VELCADE SOLR 3.5 MG ***[bortezomib]*** 28
VENCLEXTA STARTING PACK TBPK 10 & 50

& 100 MG ***[venetoclax]*** 28
VENCLEXTA TABS 10 MG ***[venetoclax]*** 28
VENCLEXTA TABS 100 MG ***[venetoclax]*** 28
VENCLEXTA TABS 50 MG ***[venetoclax]*** 28
venlafaxine hcl er cp24 150 mg 60
venlafaxine hcl er cp24 37.5 mg 60
venlafaxine hcl er cp24 75 mg 60
venlafaxine hcl tabs 100 mg 60
venlafaxine hcl tabs 25 mg 60
venlafaxine hcl tabs 37.5 mg 60
venlafaxine hcl tabs 50 mg 60
venlafaxine hcl tabs 75 mg 60
VENOFER SOLN 20 MG/ML ***[iron sucrose]*** .. 32
VENTAVIS SOLN 10 MCG/ML ***[iloprost]*** 43
VENTAVIS SOLN 20 MCG/ML ***[iloprost]*** 43
verapamil hcl er tbcr 120 mg 40
verapamil hcl er tbcr 180 mg 40
verapamil hcl er tbcr 240 mg 40
verapamil hcl soln 2.5 mg/ml 40
verapamil hcl tabs 120 mg 40
verapamil hcl tabs 40 mg 40
verapamil hcl tabs 80 mg 40
VIMIZIM SOLN 5 MG/5ML ***[elosulfase alfa]*** ... 71
vinblastine sulfate soln 1 mg/ml 28
vincristine sulfate soln 1 mg/ml 28
vincristine sulfate soln 2 mg/2ml 28
vinorelbine tartrate soln 10 mg/ml 28
vinorelbine tartrate soln 50 mg/5ml 28
VIRACEPT TABS 250 MG ***[nelfinavir mesylate]*** 20
VIRACEPT TABS 625 MG ***[nelfinavir mesylate]*** 20
VISUDYNE SOLR 15 MG ***[verteporfin]*** 73
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut) 99
vitamin k1 soln 1 mg/0.5ml 99
vitamin k1 soln 10 mg/ml 99
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML ***[pediatric vitamins acd w/ fluoride]*** 98
VIVOTIF CPDR ***[typhoid vaccine]*** 93
VOCABRIA TABS 30 MG ***[cabotegravir sodium]*** 20
VORAXAZE SOLR 1000 UNIT ***[glucarpidase]*** 71
voriconazole solr 200 mg 20
voriconazole tabs 200 mg 16
voriconazole tabs 50 mg 16
VOSEVI TABS 400-100-100 MG ***[sofosbuvir-velpatasvir-voxilaprevir]*** 20
VOTRIENT TABS 200 MG ***[pazopanib hcl]*** ... 28
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]*** 49
VYVANSE CAPS 70 MG ***[lisdexamfetamine dimesylate]*** 49
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 36
warfarin sodium tabs 3 mg 36
warfarin sodium tabs 4 mg 36
warfarin sodium tabs 5 mg 36
warfarin sodium tabs 6 mg 36
warfarin sodium tabs 7.5 mg 36
WEGOVY HD SOAJ 7.2 MG/0.75ML ***[semaglutide (weight management)]*** 88
WEGOVY SOAJ 0.25 MG/0.5ML ***[semaglutide (weight management)]*** 89
WEGOVY SOAJ 0.5 MG/0.5ML ***[semaglutide (weight management)]*** 89
WEGOVY SOAJ 1 MG/0.5ML ***[semaglutide (weight management)]*** 89
WEGOVY SOAJ 1.7 MG/0.75ML ***[semaglutide (weight management)]*** 89
WEGOVY SOAJ 2.4 MG/0.75ML ***[semaglutide (weight management)]*** 89
WES-PHOS 250 NEUTRAL TABS 155-852-130 MG ***[pot phosphate monobasic w/ sod phosphate dibasic & monobasic]*** 71
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % ***[diaphragm wide seal]*** 60
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % ***[diaphragm wide seal]*** 60
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % ***[diaphragm wide seal]*** 60
WIDE-SEAL DIAPHRAGM 75 DPRH 2 %

[diaphragm wide seal] 60
WIDE-SEAL DIAPHRAGM 80 DPRH 2 %
[diaphragm wide seal] 60
WIDE-SEAL DIAPHRAGM 85 DPRH 2 %
[diaphragm wide seal] 60
WIDE-SEAL DIAPHRAGM 90 DPRH 2 %
[diaphragm wide seal] 60
WIDE-SEAL DIAPHRAGM 95 DPRH 2 %
[diaphragm wide seal] 60

X

XALKORI CAPS 200 MG ***[crizotinib]*** 28
XALKORI CAPS 250 MG ***[crizotinib]*** 28
XERAC AC SOLN 6.25 % ***[aluminum chloride in alcohol]*** 95
XIFAXAN TABS 550 MG ***[rifaximin]*** 15
XTANDI CAPS 40 MG ***[enzalutamide]*** 28
XTANDI TABS 40 MG ***[enzalutamide]*** 28
XTANDI TABS 80 MG ***[enzalutamide]*** 28

Y

YERVOY SOLN 200 MG/40ML ***[ipilimumab]*** . 28
YERVOY SOLN 50 MG/10ML ***[ipilimumab]*** ... 28
YESCARTA SUSP 200000000 CELLS ***[axicabtagene ciloleucel]*** 89
YESINTEK SOLN 130 MG/26ML ***[ustekinumab-kfce (iv)]*** 97
YESINTEK SOLN 45 MG/0.5ML ***[ustekinumab-kfce]*** 97
YESINTEK SOSY 45 MG/0.5ML ***[ustekinumab-kfce]*** 97
YESINTEK SOSY 90 MG/ML ***[ustekinumab-kfce]*** 97
YONDELIS SOLR 1 MG ***[trabectedin]*** 28

Z

ZEJULA TABS 100 MG ***[niraparib tosylate]*** .. 28
ZEJULA TABS 200 MG ***[niraparib tosylate]*** .. 28
ZEJULA TABS 300 MG ***[niraparib tosylate]*** .. 28
ZELBORAF TABS 240 MG ***[vemurafenib]*** 28
ZENPEP CPEP 10000-32000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 15000-47000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 20000-63000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 25000-79000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 3000-10000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 40000-126000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 5000-24000 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZENPEP CPEP 60000-189600 UNIT ***[pancrelipase (lipase-protease-amylase)]*** 76
ZIAGEN SOLN 20 MG/ML ***[abacavir sulfate]*** .20
zidovudine caps 100 mg 20
zidovudine syrp 50 mg/5ml 20
zidovudine tabs 300 mg 20
ZINC SULFATE HEPTAHYDRATE POWD ***[zinc sulfate heptahydrate]*** 90
ZINC SULFATE MONOHYDRATE POWD ***[zinc sulfate monohydrate]*** 90
ziprasidone hcl caps 20 mg 60
ziprasidone hcl caps 40 mg 60
ziprasidone hcl caps 60 mg 60
ziprasidone hcl caps 80 mg 60
ZITHROMAX PACK 1 GM ***[azithromycin]*** 15
zoledronic acid conc 4 mg/5ml 89
zoledronic acid soln 5 mg/100ml 89
zolpidem tartrate tabs 5 mg 54
zonisamide caps 100 mg 51
zonisamide caps 25 mg 51
zonisamide caps 50 mg 51
ZOSYN SOLN 2-0.25 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]*** .15
ZOSYN SOLN 3-0.375 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]*** .15
ZYDELIG TABS 100 MG ***[idelalisib]*** 28
ZYDELIG TABS 150 MG ***[idelalisib]*** 28
ZYKADIA TABS 150 MG ***[ceritinib]*** 28
ZYTIGA TABS 500 MG ***[abiraterone acetate]*** 28

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week.
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  California Department of Health Care Services Office of Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  U.S. Department of Health and Human Services Office of Civil Rights Complaint forms are available at: https://www.hhs.gov/ocr/office/file/index.html
- **Online:** Visit the **Office of Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Notice of Language Assistance

English: ATTENTION. Language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضًا طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضاء لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY **711**)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-800-443-0815** (TTY **711**), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal՝ **1-855-839-7613** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը՝ **1-800-464-4000** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր

Chinese：请注意，我们有免费语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部以获取帮助。重要节假日期间会员服务不开放。

- Medicare，包括 D-SNP：**1-800-443-0815** (TTY **711**)，每周 7 天，上午 8 点至晚上 8 点
- Medi-Cal：**1-855-839-7613** (TTY 711)，每周 7 天，每天 24 小时
- 所有其他保险计划：**1-800-757-7585** (TTY **711**)，每周 7 天，每天 24 小时

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-800-443-0815** (TTY **711**) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره **1-855-839-7613** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره **1-800-464-4000** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंगुवेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: **1-800-443-0815** (TTY **711**), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: **1-855-839-7613** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: **1-800-464-4000** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnub so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815** (TTY **711**), 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnub hauv ib lub vij
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij

Japanese: ご注意。言語サポートは無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービスは主要な休日では営業しておりません。

- D-SNP を含む Medicare：**1-800-443-0815**（TTY **711**）、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal：**1-855-839-7613**（TTY **711**）、24 時間、年中無休
- その他全て：**1-800-464-4000**（TTY **711**）、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ដាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare, រួមទាំង D-SNP: **1-800-443-0815** (TTY **711**) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- Medi-Cal: **1-855-839-7613** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- ផ្សេងៗទៀត៖ **1-800-464-4000** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍

Korean: 안내 사항. 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 부서에 도움을 요청하시기 바랍니다. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815** (TTY **711**) 번으로 문의
- Medi-Cal: **1-855-839-7613** (TTY **711**), 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000** (TTY **711**), 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ທ່ານສ າມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ, ສຽງ, ຫຼື ການພິມຂະໜາດໃ ຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກ ເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເ ພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແ ມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815** (TTY **711**), 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih corc haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hluo, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815** (TTY **711**), yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: GIHA. Tséé' naalkáah sidá'ígíí éí doo tł'éé' íił'į' dah sidáa'ígíí. Tł'éé'góó tł'ízí'ígíí éí tséé' naalkáah sidá'ígíí bikáa' dah sidaaígíí, t'á'ii bik'eh dah na'ałkaígíí. T'á'ii éí tł'éé'góó tł'ízí'ígíí bik'eh dah deidiyós, t'á'ii éí bi'éé' bik'eh dah na'ałkaígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'ałkaígíí bikáa' dah na'ałkaígíí t'áá ałtso bik'eh dah deidiyós. Bi'éé' naalkáah sidá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'ałkaígíí éí bik'eh dah naazhjaa'ígíí bik'eh dah na'ałkaígíí.

- Medicare, bikáa' dah deidiyós D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. góó 8 p.m., 7 jį t'ááłá'í damóo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í jį, 7 jį t'ááłá'í damóo
- T'áá ał'ąą: **1-800-464-4000** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í jį, 7 jį t'ááłá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗੁਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾੱਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815** (TTY **711**), ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815** (TTY **711**), без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613** (TTY **711**), круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000** (TTY **711**), круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815** (TTY **711**), los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613** (TTY **711**), las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616** (TTY **711**), las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo

Thai: ส่งถึง มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare **รวมถึง** D-SNP: **1-800-443-0815** (TTY **711**) 8.00 **น.** ถึง 20.00 **น.** **หรือ** 7 **วันต่อสัปดาห์**
- Medi-Cal: **1-855-839-7613** (TTY **711**) **ตลอด** 24 **ชั่วโมง หรือ** 7 **วันต่อสัปดาห์**
- **อื่นๆ ทั้งหมด: 1-800-464-4000** (TTY **711**) **ตลอด** 24 **ชั่วโมง หรือ** 7 **วันต่อสัปดาห์**

Ukrainian: УВАГА! Послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів. Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815** (TTY **711**), з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613** (TTY **711**), цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000** (TTY **711**), цілодобово, без вихідних.

Vietnamese: LƯU Ý. Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815** (TTY **711**), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần.

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