



KAISER PERMANENTE: 2025 COMMERCIAL MARKETPLACE FORMULARY

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2025 Commercial Marketplace 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 09/02/2025. 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 through Covered California:** coveredca.com
- **Individual plans offered directly by Kaiser Permanente:** kp.org/plandocuments
- **Plans offered by Covered California for Small Business:** coveredca.com/forsmallbusiness
- **Small group plans offered by California Choice:** www.calchoice.com
- **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 <i>bold</i> and <i>italicized</i> lowercase letters.
Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug,

the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior Authorization (PA) is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. Note: Kaiser Foundation Health Plan does not have a requirement for PA.
Step Therapy (ST) is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. Note: Kaiser Foundation Health Plan does not have a requirement for Step Therapy.
Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

What is the Kaiser Permanente California Commercial Formulary?

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

What drugs are covered?

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

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

What drugs are covered under the Medical vs. the Outpatient Prescription Drug Benefit?

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

Getting an exception to the formulary

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

You may consult with your Plan provider if an exception to the formulary is needed. You and your Plan

provider are best able to determine your medication needs.

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

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

How do I ask for a coverage determination?

You, your appointed representative, your Kaiser Permanente or affiliated doctor, or another prescriber can request a coverage determination.

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

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

Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. Additionally, current law limits the cost share (per prescription maximum) on oral anti-cancer drugs to no more than \$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 112. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Formulary Legend

Column 1:

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

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

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

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

Example	
Generic drug	<i>atorvastatin calcium tabs 20 mg</i>
Generic drug marketed with a brand name	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR HFA AERO 230-21 MCG/ACT <i>[fluticasone-salmeterol]</i>

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

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

Column 2:

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California Commercial Marketplace 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		
<i>albendazole tabs 200 mg</i>	1	
BILTRICIDE TABS 600 MG [<i>praziquantel</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTI-HIV AGENTS		
<i>abacavir sulfate tabs 300 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
BIKTARVY TABS 30-120-15 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
CABENUVA SUER 400 & 600 MG/2ML [<i>cabotegravir & rilpivirine</i>]	2	
CABENUVA SUER 600 & 900 MG/3ML [<i>cabotegravir & rilpivirine</i>]	2	
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	2	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
<i>darunavir tabs 600 mg</i>	1	
<i>darunavir tabs 800 mg</i>	1	
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	2	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	2	
<i>efavirenz caps 200 mg</i>	1	
<i>efavirenz caps 50 mg</i>	1	
<i>efavirenz tabs 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df tabs 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir df tabs 100-150 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
EMTRIVA SOLN 10 MG/ML [emtricitabine]	2	
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	
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
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 150 mg	1	
lamivudine tabs 300 mg	1	
lamivudine-zidovudine tabs 150-300 mg	1	
lopinavir-ritonavir soln 400-100 mg/5ml	1	
lopinavir-ritonavir tabs 100-25 mg	1	
lopinavir-ritonavir tabs 200-50 mg	1	
nevirapine er tb24 400 mg	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
NORVIR SOLN 80 MG/ML [ritonavir]	2	
ODEFSEY TABS 200-25-25 MG [emtricitabine-rilpivirine-tenofovir alafenamide fumarate]	2	
PREZCOBIX TABS 800-150 MG [darunavir-cobicistat]	2	
PREZISTA TABS 75 MG [darunavir]	2	
RETROVIR SOLN 10 MG/ML [zidovudine]	2	MB
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG [maraviroc]	2	
SELZENTRY TABS 25 MG [maraviroc]	2	
SELZENTRY TABS 300 MG [maraviroc]	2	
SELZENTRY TABS 75 MG [maraviroc]	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	2	
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	2	
<i>zidovudine caps 100 mg</i>	1	
<i>zidovudine syrp 50 mg/5ml</i>	1	
<i>zidovudine tabs 300 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	1	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 10 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ampicillin sodium solr 2 gm	1	MB
ampicillin sodium solr 250 mg	1	MB
ampicillin sodium solr 500 mg	1	MB
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	1	MB
ampicillin-sulbactam sodium solr 15 (10-5) gm	1	MB
ampicillin-sulbactam sodium solr 3 (2-1) gm	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	2	
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
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
cefactor caps 250 mg	1	
cefactor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 10 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	1	MB
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	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
cefotaxime sodium inj 10gm	1	MB
CEFOTAXIME SODIUM SOLR 1 GM [cefotaxime sodium]	1	MB
cefotetan disodium solr 1 gm	1	MB
cefotetan disodium solr 2 gm	1	MB
cefoxitin sodium solr 1 gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil susr 50 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
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
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
cephalexin tabs 500 mg	1	
chloramphenicol sod succinate solr 1 gm	1	MB
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>ciprofloxacin hcl tabs 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	1	MB
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	MB
<i>clarithromycin susr 125 mg/5ml</i>	1	
<i>clarithromycin susr 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg</i>	1	
<i>clarithromycin tabs 500 mg</i>	1	
CLEOCIN PHOSPHATE SOLN 300 MG/2ML <i>[clindamycin phosphate]</i>	2	MB
CLEOCIN PHOSPHATE SOLN 600 MG/4ML <i>[clindamycin phosphate]</i>	2	MB
CLEOCIN PHOSPHATE SOLN 900 MG/6ML <i>[clindamycin phosphate]</i>	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
<i>clindamycin hcl caps 150 mg</i>	1	
<i>clindamycin hcl caps 300 mg</i>	1	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	1	MB
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	1	MB
<i>daptomycin solr 500 mg</i>	1	MB
<i>demeclocycline hcl tabs 150 mg</i>	1	
<i>dicloxacillin sodium caps 250 mg</i>	1	
<i>dicloxacillin sodium caps 500 mg</i>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
<i>doxycycline hyclate caps 100 mg</i>	1	
<i>doxycycline hyclate caps 50 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg</i>	1	
<i>doxycycline monohydrate susr 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tabs 100 mg</i>	1	
<i>doxycycline monohydrate tabs 50 mg</i>	1	
ERYTHROCIN LACTOBIONATE SOLR 500 MG <i>[erythromycin lactobionate]</i>	2	MB
FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	2	
FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	2	
<i>fluconazole in sodium chloride soln 100-0.9 mg/50ml-%</i>	1	MB
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	1	MB
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
gentamicin sulfate soln 10 mg/ml	1	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM [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
nafcillin sodium solr 1 gm	1	MB
nafcillin sodium solr 10 gm	1	MB
nafcillin sodium solr 2 gm	1	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose]	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [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 g potassium solr 5000000 unit	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
penicillin g procaine susp 600000 unit/ml	1	MB
penicillin g sodium solr 5000000 unit	1	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
[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
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	1	MB
PRIMAXIN IV SOLR 500-500 MG [imipenem-cilastatin]	2	MB
streptomycin sulfate solr 1 gm	1	MB
sulfadiazine tabs 500 mg	1	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
[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
tobramycin sulfate solr 1.2 gm	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	2	MB
vancomycin hcl solr 1 gm	1	MB
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)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZITHROMAX PACK 1 GM <i>[azithromycin]</i>	2	
ZOSYN SOLN 2-0.25 GM/50ML <i>[piperacillin sodium-tazobactam sodium in dextrose]</i>	2	MB
ZOSYN SOLN 3-0.375 GM/50ML <i>[piperacillin sodium-tazobactam sodium in dextrose]</i>	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML <i>[amphotericin b lipid]</i>	2	MB
AMBISOME SUSR 50 MG <i>[amphotericin b liposome]</i>	4	MB
<i>amphotericin b solr 50 mg</i>	1	MB
CANCIDAS SOLR 50 MG <i>[caspofungin acetate]</i>	4	MB
CANCIDAS SOLR 70 MG <i>[caspofungin acetate]</i>	4	MB
<i>fluconazole in dextrose inj dex 200</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
SPORANOX SOLN 10 MG/ML <i>[itraconazole]</i>	2	
<i>terbinafine hcl tabs 250 mg</i>	1	
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIHEPATITIS C AGENTS		
HARVONI TABS 45-200 MG <i>[ledipasvir-sofosbuvir]</i>	4	QL - 30 day(s)
HARVONI TABS 90-400 MG <i>[ledipasvir-sofosbuvir]</i>	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PEG-INTRON REDIPEN KIT 120 RP <i>[peginterferon alfa-2b]</i>	4	QL - 30 day(s)
PEG-INTRON REDIPEN KIT 150 RP <i>[peginterferon alfa-2b]</i>	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML <i>[peginterferon alfa-2a]</i>	4	QL - 30 day(s)
PEGASYS SOSY 180 MCG/0.5ML <i>[peginterferon alfa-2a]</i>	4	QL - 30 day(s)
SOVALDI PACK 150 MG <i>[sofosbuvir]</i>	4	QL - 30 day(s)
SOVALDI PACK 200 MG <i>[sofosbuvir]</i>	4	QL - 30 day(s)
SOVALDI TABS 200 MG <i>[sofosbuvir]</i>	4	QL - 30 day(s)
SOVALDI TABS 400 MG <i>[sofosbuvir]</i>	4	QL - 30 day(s)
ANTIMYCOBACTERIALS		
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB
<i>isoniazid syrp 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG <i>[pretomanid]</i>	2	
PRIFTIN TABS 150 MG <i>[rifapentine]</i>	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	1	MB
TRECTOR TABS 250 MG <i>[ethionamide]</i>	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML <i>[nitazoxanide]</i>	2	
ALINIA TABS 500 MG <i>[nitazoxanide]</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
COARTEM TABS 20-120 MG <i>[artemether-lumefantrine]</i>	2	
DARAPRIM TABS 25 MG <i>[pyrimethamine]</i>	2	
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LIKMEZ SUSP 500 MG/5ML <i>[metronidazole]</i>	2	
<i>mefloquine hcl tabs 250 mg</i>	1	
METRONIDAZOLE SOLN 500 MG/100ML <i>[metronidazole]</i>	1	MB
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG <i>[pentamidine isethionate]</i>	2	
PENTAM SOLR 300 MG <i>[pentamidine isethionate]</i>	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG <i>[primaquine phosphate]</i>	2	
ANTIVIRALS		
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
BARACLUDE SOLN 0.05 MG/ML <i>[entecavir]</i>	4	
BEYFORTUS SOSY 100 MG/ML <i>[nirsevimab-alip]</i>	2	MB
BEYFORTUS SOSY 50 MG/0.5ML <i>[nirsevimab-alip]</i>	2	MB
<i>cidofovir soln 75 mg/ml</i>	1	MB
<i>emtricitabine-tenofovir df tabs 200-300 mg</i>	1	PREV
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA PACK 150-37.5 MG <i>[sofosbuvir-velpatasvir]</i>	4	
EPCLUSA PACK 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	4	
EPCLUSA TABS 200-50 MG <i>[sofosbuvir-velpatasvir]</i>	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG <i>[sofosbuvir-velpatasvir]</i>	4	
EPIVIR HBV SOLN 5 MG/ML <i>[lamivudine (hbv)]</i>	2	
<i>famciclovir tabs 500 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML <i>[foscarnet sodium]</i>	2	MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
<i>lamivudine tabs 100 mg</i>	1	
LIVTENCITY TABS 200 MG <i>[maribavir]</i>	4	QL - 30 day(s)
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG <i>[nirmatrelvir-ritonavir]</i>	2	
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG <i>[nirmatrelvir-ritonavir]</i>	2	
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG <i>[nirmatrelvir-ritonavir]</i>	2	
PREVYMIS SOLN 240 MG/12ML <i>[letefmovir]</i>	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML <i>[letefmovir]</i>	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG <i>[letefmovir]</i>	4	QL - 30 day(s)
PREVYMIS TABS 480 MG <i>[letefmovir]</i>	4	QL - 30 day(s)
RELENZA DISKHALER AEPB 5 MG/ACT <i>[zanamivir]</i>	2	
<i>ribavirin caps 200 mg</i>	1	
<i>rimantadine hcl tabs 100 mg</i>	1	
<i>stavudine caps 30 mg</i>	1	
<i>stavudine caps 40 mg</i>	1	
SYNAGIS SOLN 100 MG/ML <i>[palivizumab]</i>	4	MB
SYNAGIS SOLN 50 MG/0.5ML <i>[palivizumab]</i>	4	MB
TAMIFLU CAPS 75 MG <i>[oseltamivir phosphate]</i>	2	
<i>valacyclovir hcl tabs 1 gm</i>	1	
<i>valacyclovir hcl tabs 500 mg</i>	1	
VALCYTE SOLR 50 MG/ML <i>[valganciclovir hcl]</i>	4	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	1	
VEKLURY SOLN 100 MG/20ML <i>[remdesivir]</i>	4	
VEKLURY SOLR 100 MG <i>[remdesivir]</i>	4	
VIRAZOLE SOLR 6 GM <i>[ribavirin]</i>	4	
<i>voriconazole solr 200 mg</i>	1	MB
VOSEVI TABS 400-100-100 MG <i>[sofosbuvir-velpatasvir-voxilaprevir]</i>	4	QL - 30 day(s)
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tabs 1 gm</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin macrocrystal caps 25 mg</i>	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG <i>[nitrofurantoin macrocrystal]</i>	1	
<i>nitrofurantoin monohyd macro caps 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tabs 100 mg</i>	1	
ANTI-HISTAMINE DRUGS		
FIRST GENERATION ANTI-HISTAMINES		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>promethazine hcl soln 25 mg/ml</i>	1	MB
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250 mg</i>	1	OC
ABRAXANE SUSR 100 MG [<i>paclitaxel protein-bound particles</i>]	4	MB
ADCETRIS SOLR 50 MG [<i>brentuximab vedotin</i>]	2	MB
ALECENSA CAPS 150 MG [<i>alelectinib hcl</i>]	4	QL - 30 day(s),OC
ALKERAN TABS 2 MG [<i>melphalan</i>]	2	OC
ALUNBRIG TABS 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ASPARLAS SOLN 3750 UNIT/5ML [<i>calaspargase pegol-mknl</i>]	4	QL - 30 day(s),MB
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	4	MB
AVASTIN SOLN 400 MG/16ML [<i>bevacizumab</i>]	4	MB
<i>azacitidine susr 100 mg</i>	1	MB
<i>bendamustine hcl solr 100 mg</i>	1	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
<i>bleomycin sulfate solr 15 unit</i>	1	MB
<i>bleomycin sulfate solr 30 unit</i>	1	MB
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	4	QL - 30 day(s),MB
BRUKINSA CAPS 80 MG [<i>zanubrutinib</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 20 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 40 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CABOMETYX TABS 60 MG [<i>cabozantinib s-malate</i>]	4	QL - 30 day(s),OC
CALQUENCE TABS 100 MG [<i>acalabrutinib maleate</i>]	4	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML [<i>irinotecan hcl</i>]	2	MB
CAMPTOSAR SOLN 40 MG/2ML [<i>irinotecan hcl</i>]	2	MB
<i>capecitabine tabs 150 mg</i>	1	OC
<i>capecitabine tabs 500 mg</i>	1	OC
CAPRELSA TABS 100 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
CAPRELSA TABS 300 MG [<i>vandetanib</i>]	4	QL - 30 day(s),OC
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</i>	1	MB
<i>cisplatin soln 50 mg/50ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG <i>[cabozantinib s-malate]</i>	4	QL - 30 day(s),LD,OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG <i>[cabozantinib s-malate]</i>	4	QL - 30 day(s),LD,OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG <i>[cabozantinib s-malate]</i>	4	QL - 30 day(s),LD,OC
COPIKTRA CAPS 15 MG <i>[duvelisib]</i>	4	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG <i>[duvelisib]</i>	4	QL - 30 day(s),OC
COTELLIC TABS 20 MG <i>[cobimetinib fumarate]</i>	4	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG <i>[cyclophosphamide]</i>	2	OC
CYCLOPHOSPHAMIDE CAPS 50 MG <i>[cyclophosphamide]</i>	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML <i>[ramucirumab]</i>	4	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML <i>[ramucirumab]</i>	4	QL - 30 day(s),MB
<i>cytarabine (pf) soln 100 mg/ml</i>	1	MB
<i>cytarabine (pf) soln 20 mg/ml</i>	1	MB
<i>cytarabine soln 20 mg/ml</i>	1	MB
<i>dacarbazine solr 100 mg</i>	1	MB
<i>dacarbazine solr 200 mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML <i>[daratumumab]</i>	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML <i>[daratumumab]</i>	4	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>decitabine solr 50 mg</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
<i>doxorubicin hcl liposomal susp 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
<i>doxorubicin hcl solr 10 mg</i>	1	MB
<i>doxorubicin hcl solr 50 mg</i>	1	MB
ELAHERE SOLN 100 MG/20ML <i>[mirvetuximab soravtansine-gynx]</i>	4	QL - 30 day(s),MB
EMCYT CAPS 140 MG <i>[estramustine phosphate sodium]</i>	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG <i>[fam-trastuzumab deruxtecan-nxki]</i>	4	MB
ERBITUX SOLN 100 MG/50ML <i>[cetuximab]</i>	4	MB
ERBITUX SOLN 200 MG/100ML <i>[cetuximab]</i>	4	MB
ERIVEDGE CAPS 150 MG <i>[vismodegib]</i>	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
everolimus tabs 10 mg	1	QL - 30 day(s),OC
everolimus tabs 2.5 mg	1	QL - 30 day(s),OC
everolimus tabs 5 mg	1	QL - 30 day(s),OC
everolimus tabs 7.5 mg	1	QL - 30 day(s),OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 1 gm/20ml	1	MB
fluorouracil soln 2.5 gm/50ml	1	MB
fluorouracil soln 5 gm/100ml	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant sosy 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	4	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GLEOSTINE CAPS 10 MG [lomustine]	2	OC
GLEOSTINE CAPS 100 MG [lomustine]	2	OC
GLEOSTINE CAPS 40 MG [lomustine]	2	OC
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	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
IFOSFAMIDE SOLR 1 GM [ifosfamide]	1	MB
imatinib mesylate tabs 100 mg	1	OC
imatinib mesylate tabs 400 mg	1	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
IMBRUVICA TABS 560 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
INTRON A SOLR 10000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
IRESSA TABS 250 MG <i>[gefitinib]</i>	4	QL - 30 day(s),OC
<i>irinotecan hcl soln 500 mg/25ml</i>	1	MB
IXEMPRA KIT SOLR 15 MG <i>[ixabepilone]</i>	4	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG <i>[ixabepilone]</i>	4	QL - 30 day(s),MB
JAKAFI TABS 10 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 15 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 20 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 25 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JAKAFI TABS 5 MG <i>[ruxolitinib phosphate]</i>	4	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML <i>[cabazitaxel]</i>	4	MB
KADCYLA SOLR 100 MG <i>[ado-trastuzumab emtansine]</i>	4	QL - 30 day(s),MB
KADCYLA SOLR 160 MG <i>[ado-trastuzumab emtansine]</i>	4	QL - 30 day(s),MB
KEYTRUDA SOLN 100 MG/4ML <i>[pembrolizumab]</i>	4	QL - 30 day(s),MB
KISQALI (200 MG DOSE) TBPK 200 MG <i>[ribociclib succinate]</i>	4	QL - 30 day(s),OC
KISQALI (400 MG DOSE) TBPK 200 MG <i>[ribociclib succinate]</i>	4	QL - 30 day(s),OC
KISQALI (600 MG DOSE) TBPK 200 MG <i>[ribociclib succinate]</i>	4	QL - 30 day(s),OC
KYPROLIS SOLR 10 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG <i>[carfilzomib]</i>	4	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG <i>[lenvatinib mesylate]</i>	4	OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG <i>[lenvatinib mesylate]</i>	4	QL - 30 day(s),OC
<i>letrozole tabs 2.5 mg</i>	1	OC
LEUKERAN TABS 2 MG <i>[chlorambucil]</i>	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB
LIBTAYO SOLN 350 MG/7ML <i>[cemiplimab-rwlc]</i>	4	QL - 30 day(s),MB
LONSURF TABS 15-6.14 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG <i>[trifluridine-tipiracil]</i>	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LORBRENA TABS 100 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG <i>[lorlatinib]</i>	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG <i>[leuprolide acetate (cpp)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG <i>[leuprolide acetate (cpp) (3 month)]</i>	2	MB
LYNPARZA TABS 100 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYNPARZA TABS 150 MG <i>[olaparib]</i>	4	QL - 30 day(s),OC
LYSODREN TABS 500 MG <i>[mitotane]</i>	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG <i>[procarbazine hcl]</i>	4	QL - 30 day(s),OC
<i>megestrol acetate susp 40 mg/ml</i>	1	OC
<i>megestrol acetate susp 400 mg/10ml</i>	1	OC
<i>megestrol acetate tabs 20 mg</i>	1	OC
<i>megestrol acetate tabs 40 mg</i>	1	OC
MEKINIST SOLR 0.05 MG/ML <i>[trametinib dimethyl sulfoxide]</i>	2	OC
MEKINIST TABS 0.5 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
MEKINIST TABS 2 MG <i>[trametinib dimethyl sulfoxide]</i>	4	QL - 30 day(s),OC
<i>melphalan hcl solr 50 mg</i>	1	MB
<i>mercaptopurine tabs 50 mg</i>	1	OC
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML <i>[methotrexate sodium]</i>	1	MB
<i>methotrexate sodium solr 1 gm</i>	1	MB
<i>methotrexate sodium tabs 2.5 mg</i>	1	OC
<i>mitomycin solr 20 mg</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
mitoxantrone hcl conc 25 mg/12.5ml	1	MB
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	4	MB
MYLERAN TABS 2 MG [busulfan]	4	OC
nelarabine soln 5 mg/ml	1	MB
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
ONCASPARG 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
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]	4	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [lenalidomide]	2	QL - 30 day(s),OC
REVLIMID CAPS 15 MG [lenalidomide]	2	QL - 30 day(s),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),OC
REVLIMID CAPS 5 MG [lenalidomide]	2	QL - 30 day(s),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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	4	MB
tretinoin caps 10 mg	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	4	QL - 30 day(s),MB
TUKYSA TABS 150 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TUKYSA TABS 50 MG [<i>tucatinib</i>]	4	QL - 30 day(s),OC
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	4	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	4	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	4	MB
VENCLEXTA STARTING PACK TBP 10 & 50 & 100 MG [<i>venetoclax</i>]	4	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	4	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	4	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	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 [<i>pazopanib hcl</i>]	4	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	4	QL - 30 day(s),MB
XALKORI CAPS 200 MG [<i>crizotinib</i>]	4	QL - 30 day(s),OC
XALKORI CAPS 250 MG [<i>crizotinib</i>]	4	QL - 30 day(s),OC
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	4	QL - 30 day(s),OC
XTANDI TABS 40 MG [<i>enzalutamide</i>]	4	QL - 30 day(s),OC
XTANDI TABS 80 MG [<i>enzalutamide</i>]	4	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML [<i>ipilimumab</i>]	4	MB
YERVOY SOLN 50 MG/10ML [<i>ipilimumab</i>]	4	MB
YONDELIS SOLR 1 MG [<i>trabectedin</i>]	4	QL - 30 day(s),MB
ZEJULA TABS 100 MG [<i>niraparib tosylate</i>]	4	QL - 30 day(s),OC
ZEJULA TABS 200 MG [<i>niraparib tosylate</i>]	4	QL - 30 day(s),OC
ZEJULA TABS 300 MG [<i>niraparib tosylate</i>]	4	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	4	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	4	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	4	QL - 30 day(s),OC
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	4	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	4	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate inj 1mg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
BENTYL SOLN 10 MG/ML <i>[dicyclomine hcl]</i>	2	MB
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	1	
<i>dicyclomine hcl caps 10 mg</i>	1	
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
DONNATAL ELIX 16.2 MG/5ML <i>[phenobarbital-hyoscyamine-atropine-scopolamine]</i>	2	
DONNATAL TABS 16.2 MG <i>[phenobarbital-hyoscyamine-atropine-scopolamine]</i>	2	
<i>glycopyrrolate soln 0.2 mg/ml</i>	1	MB
<i>glycopyrrolate soln 0.4 mg/2ml</i>	1	MB
<i>glycopyrrolate soln 1 mg/5ml</i>	1	MB
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide soln 0.02 %</i>	1	
<i>ipratropium bromide soln 0.03 %</i>	1	
LEVSIN SOLN 0.5 MG/ML <i>[hyoscyamine sulfate]</i>	2	MB
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT <i>[tiotropium bromide monohydrate]</i>	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT <i>[tiotropium bromide-olodaterol hcl]</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
NICOTINE PT24 21 MG/24HR [<i>nicotine</i>]	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	PREV
<i>varenicline tartrate tabs 0.5 mg</i>	1	PREV
<i>varenicline tartrate tabs 1 mg</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	
<i>donepezil hcl tabs 5 mg</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [<i>galantamine hydrobromide</i>]	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [<i>neostigmine methylsulfate</i>]	2	MB
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbc 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
REGONOL SOLN 10 MG/2ML [<i>pyridostigmine bromide</i>]	2	MB
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>atracurium besylate soln 50 mg/5ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 100 mg/10ml	1	MB
rocuronium bromide soln 50 mg/5ml	1	MB
RYANODEX SUSR 250 MG [dantrolene sodium]	2	MB
tizanidine hcl tabs 2 mg	1	
tizanidine hcl tabs 4 mg	1	
vecuronium bromide solr 10 mg	1	MB
vecuronium bromide solr 20 mg	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24 10 mg	1	
dihydroergotamine mesylate soln 1 mg/ml	1	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	
phenoxybenzamine hcl caps 10 mg	1	
phentolamine mesylate solr 5 mg	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
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	
albuterol sulfate syrp 2 mg/5ml	1	
albuterol sulfate tabs 2 mg	1	
albuterol sulfate tabs 4 mg	1	
AUVI-Q SOAJ 0.1 MG/0.1ML [epinephrine (anaphylaxis)]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AUVI-Q SOAJ 0.15 MG/0.15ML <i>[epinephrine (anaphylaxis)]</i>	1	MB
AUVI-Q SOAJ 0.3 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	1	MB
<i>dobutamine hcl soln 250 mg/20ml</i>	1	MB
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-% <i>[dobutamine in dextrose]</i>	1	MB
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-% <i>[dobutamine in dextrose]</i>	1	MB
DOPAMINE HCL SOLN 40 MG/ML <i>[dopamine hcl]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-% <i>[dopamine in dextrose]</i>	1	MB
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML <i>[ephedrine sulfate (pressors)]</i>	1	MB
<i>epinephrine hcl inj 1mg/ml</i>	1	MB
EPINEPHRINE PF SOLN 1 MG/ML <i>[epinephrine]</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
<i>norepinephrine bitartrate soln 1 mg/ml</i>	1	MB
S2 (RACEPINEPHRINE) NEBU 2.25 % <i>[racepinephrine hcl]</i>	2	
SEREVENT DISKUS AEPB 50 MCG/ACT <i>[salmeterol xinafoate]</i>	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT <i>[olodaterol hcl]</i>	2	
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	
<i>terbutaline sulfate tabs 5 mg</i>	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 250-50 MCG/ACT	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 500-50 MCG/ACT	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % <i>[albumin, human]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ALBURX SOLN 5 % <i>[albumin, human]</i>	2	MB
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
FERREX 150 CAPS 150 MG <i>[polysaccharide iron complex]</i>	1	
INFED SOLN 50 MG/ML <i>[iron dextran]</i>	2	MB
PROFERRIN ES TABS 12 MG <i>[iron heme polypeptide]</i>	2	
PROFERRIN-FORTE TABS 12-1 MG <i>[iron heme polypeptide-folic acid]</i>	2	
VENOFER SOLN 20 MG/ML <i>[iron sucrose]</i>	2	MB
ANTIHEMORRHAGIC AGENTS		
AFSTYLA KIT 1000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	MB
AFSTYLA KIT 250 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANATE SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE SOLR 1500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE SOLR 2000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANINE SD SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ALTUVIIIO SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]</i>	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]</i>	2	QL - 30 day(s),MB
ALTUVIIIO SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl]</i>	2	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 2000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 250 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 3000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
BENEFIX KIT 500 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	MB
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 12 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PHENOL LIQD 89 % <i>[phenol]</i>	2	QL - 30 day(s)
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	4	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
WILATE KIT 1000-1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML <i>[anticoagulant citrate dextrose solution a]</i>	2	
ACTIVASE SOLR 100 MG <i>[alteplase]</i>	2	MB
ACTIVASE SOLR 50 MG <i>[alteplase]</i>	2	MB
<i>anagrelide hcl caps 0.5 mg</i>	1	
<i>anagrelide hcl caps 1 mg</i>	1	
ANGIOMAX SOLR 250 MG <i>[bivalirudin trifluoroacetate]</i>	2	MB
ARGATROBAN SOLN 250 MG/2.5ML <i>[argatroban]</i>	2	MB
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	
CATHFLO ACTIVASE SOLR 2 MG <i>[alteplase]</i>	2	MB
<i>cilostazol tabs 100 mg</i>	1	
<i>cilostazol tabs 50 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	
<i>dabigatran etexilate mesylate caps 110 mg</i>	1	
<i>dabigatran etexilate mesylate caps 150 mg</i>	1	
<i>dabigatran etexilate mesylate caps 75 mg</i>	1	
EFFIENT TABS 10 MG <i>[prasugrel hcl]</i>	2	
EFFIENT TABS 5 MG <i>[prasugrel hcl]</i>	2	
<i>eptifibatide soln 20 mg/10ml</i>	1	MB
<i>eptifibatide soln 75 mg/100ml</i>	1	MB
<i>heparin sodium (porcine) lock flush soln</i>	1	MB
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN (PORCINE) IN NACL SOLN 25000-0.45 UT/250ML-% <i>[heparin (porcine) in sodium chloride]</i>	1	MB
HEPARIN NA (PORK) LOCK FLUSH PF SOLN 1 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN NA (PORK) LOCK FLUSH PF SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN NA (PORK) LOCK FLUSH PF SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML <i>[heparin sod (porcine) in d5w]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML <i>[heparin sodium (porcine)]</i>	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML <i>[heparin sodium (porcine)]</i>	1	MB
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	1	MB
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	1	MB
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
THROMBATE III SOLR 500 UNIT <i>[antithrombin iii (human)]</i>	2	MB
<i>ticagrelor tabs 90 mg</i>	1	
TNKASE KIT 50 MG <i>[tenecteplase]</i>	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG <i>[eltrombopag choline]</i>	4	QL - 30 day(s)
ALVAIZ TABS 36 MG <i>[eltrombopag choline]</i>	4	QL - 30 day(s)
ALVAIZ TABS 54 MG <i>[eltrombopag choline]</i>	4	QL - 30 day(s)
ALVAIZ TABS 9 MG <i>[eltrombopag choline]</i>	4	QL - 30 day(s)
GRANIX SOLN 300 MCG/ML <i>[tbo-filgrastim]</i>	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GRANIX SOLN 480 MCG/1.6ML <i>[tbo-filgrastim]</i>	2	QL - 30 day(s)
GRANIX SOSY 300 MCG/0.5ML <i>[tbo-filgrastim]</i>	2	QL - 30 day(s)
GRANIX SOSY 480 MCG/0.8ML <i>[tbo-filgrastim]</i>	2	QL - 30 day(s)
LEUKINE SOLR 250 MCG <i>[sargramostim]</i>	4	QL - 30 day(s),MB
PROCRIT SOLN 10000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML <i>[epoetin alfa]</i>	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG <i>[eltrombopag olamine]</i>	4	QL - 30 day(s)
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbc</i> 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs</i> 1 mg	1	
<i>doxazosin mesylate tabs</i> 2 mg	1	
<i>doxazosin mesylate tabs</i> 4 mg	1	
<i>doxazosin mesylate tabs</i> 8 mg	1	
<i>prazosin hcl caps</i> 1 mg	1	
<i>prazosin hcl caps</i> 2 mg	1	
<i>prazosin hcl caps</i> 5 mg	1	
<i>tamsulosin hcl caps</i> 0.4 mg	1	
<i>terazosin hcl caps</i> 1 mg	1	
<i>terazosin hcl caps</i> 10 mg	1	
<i>terazosin hcl caps</i> 2 mg	1	
<i>terazosin hcl caps</i> 5 mg	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs</i> 10 mg	1	PREV
<i>atorvastatin calcium tabs</i> 20 mg	1	PREV
<i>atorvastatin calcium tabs</i> 40 mg	1	PREV
<i>atorvastatin calcium tabs</i> 80 mg	1	PREV
<i>cholestyramine light pack</i> 4 gm	1	
<i>cholestyramine light powd</i> 4 gm/dose	1	
<i>cholestyramine pack</i> 4 gm	1	
<i>cholestyramine powd</i> 4 gm/dose	1	
<i>colestipol hcl gran</i> 5 gm	1	
<i>colestipol hcl pack</i> 5 gm	1	
<i>colestipol hcl tabs</i> 1 gm	1	
<i>ezetimibe tabs</i> 10 mg	1	
<i>fenofibrate tabs</i> 160 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
BREVIBLOC IN NACL SOLN 2000 MG/100ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
BREVIBLOC IN NACL SOLN 2500 MG/250ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	MB
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl er cp24 120 mg</i>	1	
<i>propranolol hcl er cp24 160 mg</i>	1	
<i>propranolol hcl er cp24 60 mg</i>	1	
<i>propranolol hcl er cp24 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 120 mg</i>	1	
<i>sotalol hcl (af) tabs 160 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	
<i>amlodipine besylate tabs 5 mg</i>	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% <i>[nicardipine hcl in sodium chloride]</i>	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% <i>[nicardipine hcl in dextrose]</i>	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% <i>[nicardipine hcl in sodium chloride]</i>	2	MB
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML <i>[clevidipine]</i>	2	MB
CLEVIPREX EMUL 50 MG/100ML <i>[clevidipine]</i>	2	MB
<i>diltiazem hcl er coated beads cp24 180 mg</i>	1	
<i>diltiazem hcl er cp12 120 mg</i>	1	
<i>diltiazem hcl er cp12 60 mg</i>	1	
<i>diltiazem hcl er cp12 90 mg</i>	1	
<i>diltiazem hcl er cp24 120 mg</i>	1	
<i>diltiazem hcl er cp24 180 mg</i>	1	
<i>diltiazem hcl er cp24 240 mg</i>	1	
<i>diltiazem hcl soln 125 mg/25ml</i>	1	MB
<i>diltiazem hcl soln 25 mg/5ml</i>	1	MB
<i>diltiazem hcl soln 50 mg/10ml</i>	1	MB
<i>diltiazem hcl tabs 120 mg</i>	1	
<i>diltiazem hcl tabs 30 mg</i>	1	
<i>diltiazem hcl tabs 60 mg</i>	1	
<i>diltiazem hcl tabs 90 mg</i>	1	
NICARDIPINE HCL SOLN 2.5 MG/ML <i>[nicardipine hcl]</i>	1	MB
<i>nifedipine caps 10 mg</i>	1	
<i>nifedipine caps 20 mg</i>	1	
<i>nifedipine er osmotic release tb24 30 mg</i>	1	
<i>nifedipine er osmotic release tb24 60 mg</i>	1	
<i>nifedipine er osmotic release tb24 90 mg</i>	1	
<i>nifedipine er tb24 30 mg</i>	1	
<i>nifedipine er tb24 60 mg</i>	1	
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbc 120 mg</i>	1	
<i>verapamil hcl er tbc 180 mg</i>	1	
<i>verapamil hcl er tbc 240 mg</i>	1	
<i>verapamil hcl soln 2.5 mg/ml</i>	1	MB
<i>verapamil hcl tabs 120 mg</i>	1	
<i>verapamil hcl tabs 40 mg</i>	1	
<i>verapamil hcl tabs 80 mg</i>	1	
CARDIAC DRUGS		
<i>adenosine soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 150 mg/3ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
<i>digoxin soln 0.05 mg/ml</i>	1	
<i>digoxin soln 0.25 mg/ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
<i>quinidine sulfate tab 300mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	MB
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	4	
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
<i>captopril tabs 100 mg</i>	1	
<i>captopril tabs 12.5 mg</i>	1	
<i>captopril tabs 25 mg</i>	1	
<i>captopril tabs 50 mg</i>	1	
<i>enalaprilat soln 1.25 mg/ml</i>	1	MB
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>ramipril caps 10 mg</i>	1	
<i>ramipril caps 2.5 mg</i>	1	
<i>ramipril caps 5 mg</i>	1	
<i>spironolactone tabs 100 mg</i>	1	
<i>spironolactone tabs 25 mg</i>	1	
<i>spironolactone tabs 50 mg</i>	1	
<i>spironolactone-hctz tabs 25-25 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	
<i>valsartan tabs 320 mg</i>	1	
<i>valsartan tabs 40 mg</i>	1	
<i>valsartan tabs 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 320-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 80-12.5 mg</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % <i>[ethanolamine oleate]</i>	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML <i>[polidocanol (laureth-9)]</i>	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD
CAVERJECT SOLR 20 MCG <i>[alprostadil (vasodilator)]</i>	2	MB
CAVERJECT SOLR 40 MCG <i>[alprostadil (vasodilator)]</i>	2	MB
<i>dipyridamole soln 5 mg/ml</i>	1	MB
<i>dipyridamole tabs 25 mg</i>	1	
<i>dipyridamole tabs 50 mg</i>	1	
<i>dipyridamole tabs 75 mg</i>	1	
EDEX KIT 10 MCG <i>[alprostadil (vasodilator)]</i>	2	MB
EDEX KIT 20 MCG <i>[alprostadil (vasodilator)]</i>	2	MB
EDEX KIT 40 MCG <i>[alprostadil (vasodilator)]</i>	2	MB
<i>isosorbide dinitrate tabs 10 mg</i>	1	
<i>isosorbide dinitrate tabs 20 mg</i>	1	
<i>isosorbide dinitrate tabs 30 mg</i>	1	
<i>isosorbide dinitrate tabs 5 mg</i>	1	
<i>isosorbide mononitrate er tb24 120 mg</i>	1	
<i>isosorbide mononitrate er tb24 30 mg</i>	1	
<i>isosorbide mononitrate er tb24 60 mg</i>	1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [morphine sulfate for continuous microinfusion]	2	MB
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	2	
meclofenamate sodium caps 100 mg	1	
meclofenamate sodium caps 50 mg	1	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
methadone hcl soln 10 mg/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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	1	MB
<i>morphine sulfate (pf) soln 1 mg/ml</i>	1	MB
MORPHINE SULFATE (PF) SOLN 10 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE (PF) SOLN 2 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE (PF) SOLN 4 MG/ML <i>[morphine sulfate]</i>	2	MB
<i>morphine sulfate er tbc 100 mg</i>	1	
<i>morphine sulfate er tbc 15 mg</i>	1	
<i>morphine sulfate er tbc 200 mg</i>	1	
<i>morphine sulfate er tbc 30 mg</i>	1	
<i>morphine sulfate er tbc 60 mg</i>	1	
MORPHINE SULFATE SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 15 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 2 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 4 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 50 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SUPP 10 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 20 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 30 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 5 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 15 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 30 MG <i>[morphine sulfate]</i>	2	
<i>nabumetone tabs 500 mg</i>	1	
<i>nabumetone tabs 750 mg</i>	1	
<i>nalbuphine hcl soln 10 mg/ml</i>	1	MB
<i>nalbuphine hcl soln 20 mg/ml</i>	1	MB
<i>naproxen sodium tabs 275 mg</i>	1	
<i>naproxen sodium tabs 550 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg</i>	1	
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen lysine</i>]	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	1	
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sufentanil citrate soln 50 mcg/ml</i>	1	MB
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphet er cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
APTENSIO XR CP24 60 MG <i>[methylphenidate hcl]</i>	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	
<i>dexmethylphenidate hcl tabs 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tabs 5 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>lisdexamfetamine dimesylate caps 10 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 20 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 30 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 40 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 50 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 60 mg</i>	1	QL - 30 day(s)
<i>lisdexamfetamine dimesylate caps 70 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcx 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcx 10 mg</i>	1	
<i>methylphenidate hcl er tbcx 20 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
<i>modafinil tabs 100 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
modafinil tabs 200 mg	1	
phentermine hcl caps 15 mg	1	
phentermine hcl caps 30 mg	1	
phentermine hcl caps 37.5 mg	1	
phentermine hcl tabs 37.5 mg	1	
QSYMIA CP24 11.25-69 MG [phentermine hcl-topiramate]	2	
QSYMIA CP24 15-92 MG [phentermine hcl-topiramate]	2	
QSYMIA CP24 3.75-23 MG [phentermine hcl-topiramate]	2	
QSYMIA CP24 7.5-46 MG [phentermine hcl-topiramate]	2	
VYVANSE CAPS 10 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 20 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 30 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 40 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 50 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 60 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
VYVANSE CAPS 70 MG [lisdexamfetamine dimesylate]	2	QL - 30 day(s)
ANTICONVULSANTS		
BRIVIACT TABS 10 MG [brivaracetam]	4	
BRIVIACT TABS 100 MG [brivaracetam]	4	
BRIVIACT TABS 25 MG [brivaracetam]	4	
BRIVIACT TABS 50 MG [brivaracetam]	4	
BRIVIACT TABS 75 MG [brivaracetam]	4	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 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	
felbamate susp 600 mg/5ml	1	
felbamate tabs 400 mg	1	
felbamate tabs 600 mg	1	
fosphenytoin sodium soln 100 mg pe/2ml	1	MB
fosphenytoin sodium soln 500 mg pe/10ml	1	MB
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin soln 250 mg/5ml	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	
lacosamide soln 10 mg/ml	1	
lacosamide soln 200 mg/20ml	1	
lacosamide tabs 100 mg	1	
lacosamide tabs 150 mg	1	
lacosamide tabs 200 mg	1	
lacosamide tabs 50 mg	1	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	2	
lamotrigine chew 25 mg	1	
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproate sodium soln 100 mg/ml</i>	1	MB
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
<i>zonisamide caps 100 mg</i>	1	
<i>zonisamide caps 25 mg</i>	1	
<i>zonisamide caps 50 mg</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate caps 600 mg</i>	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML [<i>fremanezumab-vfrm</i>]	2	
AJOVY SOSY 225 MG/1.5ML [<i>fremanezumab-vfrm</i>]	2	
<i>eletriptan hydrobromide tabs 20 mg</i>	1	
<i>eletriptan hydrobromide tabs 40 mg</i>	1	
<i>ergoloid mesylates tabs 1 mg</i>	1	
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
<i>naratriptan hcl tabs 1 mg</i>	1	
<i>naratriptan hcl tabs 2.5 mg</i>	1	
<i>rizatriptan benzoate tabs 10 mg</i>	1	
<i>rizatriptan benzoate tabs 5 mg</i>	1	
<i>rizatriptan benzoate tbdp 10 mg</i>	1	
<i>rizatriptan benzoate tbdp 5 mg</i>	1	
<i>sumatriptan soln 20 mg/act</i>	1	
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
UBRELVY TABS 100 MG [<i>ubrogepant</i>]	4	
UBRELVY TABS 50 MG [<i>ubrogepant</i>]	4	
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)
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 tbc 25-100 mg	1	
carbidopa-levodopa er tbc 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 [entacapone]	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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs 10 mg</i>	1	
<i>hydroxyzine hcl tabs 25 mg</i>	1	
<i>hydroxyzine hcl tabs 50 mg</i>	1	
<i>hydroxyzine pamoate caps 100 mg</i>	1	
<i>hydroxyzine pamoate caps 25 mg</i>	1	
<i>hydroxyzine pamoate caps 50 mg</i>	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam soln 2 mg/ml</i>	1	MB
LORAZEPAM SOLN 4 MG/ML [<i>lorazepam</i>]	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	1	MB
<i>midazolam hcl (pf) soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl (pf) soln 5 mg/ml</i>	1	MB
<i>midazolam hcl soln 10 mg/2ml</i>	1	MB
<i>midazolam hcl soln 2 mg/2ml</i>	1	MB
<i>midazolam hcl syrp 2 mg/ml</i>	1	
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>pentobarbital sodium soln 50 mg/ml</i>	2	MB
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>]	1	MB
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	
PRECEDEX SOLN 200 MCG/2ML [<i>dexmedetomidine hcl</i>]	2	MB
SILENOR TABS 3 MG [<i>doxepin hcl (sleep)</i>]	2	
SILENOR TABS 6 MG [<i>doxepin hcl (sleep)</i>]	2	
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
atomoxetine hcl caps 25 mg	1	
atomoxetine hcl caps 40 mg	1	
atomoxetine hcl caps 60 mg	1	
atomoxetine hcl caps 80 mg	1	
flumazenil soln 0.5 mg/5ml	1	MB
guanfacine hcl er tb24 1 mg	1	
guanfacine hcl er tb24 2 mg	1	
guanfacine hcl er tb24 3 mg	1	
guanfacine hcl er tb24 4 mg	1	
memantine hcl tabs 10 mg	1	
memantine hcl tabs 5 mg	1	
NAMENDA SOL 10MG/5ML [memantine hcl]	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	2	
riluzole tabs 50 mg	1	
selegiline hcl caps 5 mg	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG [methohexital sodium]	2	MB
etomidate soln 2 mg/ml	1	MB
FORANE SOLN [isoflurane]	2	
ketamine hcl soln 10 mg/ml	1	MB
ketamine hcl soln 100 mg/ml	1	MB
ketamine hcl soln 50 mg/ml	1	MB
propofol emul 1000 mg/100ml	1	MB
propofol emul 200 mg/20ml	1	MB
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG [interferon beta-1a]	4	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AVONEX PEN AJKT 30 MCG/0.5ML <i>[interferon beta-1a]</i>	4	QL - 30 day(s),MB
BETASERON KIT 0.3 MG <i>[interferon beta-1b]</i>	2	QL - 30 day(s)
<i> fingolimod hcl caps 0.5 mg</i>	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
OPIATE ANTAGONISTS		
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>naloxone hcl liqd 4 mg/0.1ml</i>	1	
<i>naloxone hcl soct 0.4 mg/ml</i>	1	MB
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
NALTREXONE HCL POWD <i>[naltrexone hcl (bulk)]</i>	2	
<i>naltrexone hcl tabs 50 mg</i>	1	
VIVITROL SUSR 380 MG <i>[naltrexone]</i>	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	
<i>amitriptyline hcl tabs 100 mg</i>	1	
<i>amitriptyline hcl tabs 150 mg</i>	1	
<i>amitriptyline hcl tabs 25 mg</i>	1	
<i>amitriptyline hcl tabs 50 mg</i>	1	
<i>amitriptyline hcl tabs 75 mg</i>	1	
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	
ARISTADA PRSY 1064 MG/3.9ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 441 MG/1.6ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 662 MG/2.4ML <i>[aripiprazole lauroxil]</i>	4	MB
ARISTADA PRSY 882 MG/3.2ML <i>[aripiprazole lauroxil]</i>	4	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	
<i>fluvoxamine maleate tabs 100 mg</i>	1	
<i>fluvoxamine maleate tabs 25 mg</i>	1	
<i>fluvoxamine maleate tabs 50 mg</i>	1	
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MB
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MB
<i>haloperidol lactate conc 2 mg/ml</i>	1	
<i>haloperidol lactate soln 5 mg/ml</i>	1	MB
<i>haloperidol tabs 0.5 mg</i>	1	
<i>haloperidol tabs 1 mg</i>	1	
<i>haloperidol tabs 10 mg</i>	1	
<i>haloperidol tabs 2 mg</i>	1	
<i>haloperidol tabs 20 mg</i>	1	
<i>haloperidol tabs 5 mg</i>	1	
<i>imipramine hcl tabs 10 mg</i>	1	
<i>imipramine hcl tabs 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 156 MG/ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	4	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML <i>[paliperidone palmitate]</i>	4	MB
<i>loxapine succinate caps 10 mg</i>	1	
<i>loxapine succinate caps 25 mg</i>	1	
<i>loxapine succinate caps 5 mg</i>	1	
<i>loxapine succinate caps 50 mg</i>	1	
<i>lurasidone hcl tabs 120 mg</i>	1	
<i>lurasidone hcl tabs 20 mg</i>	1	
<i>lurasidone hcl tabs 40 mg</i>	1	
<i>lurasidone hcl tabs 60 mg</i>	1	
<i>lurasidone hcl tabs 80 mg</i>	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	4	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	4	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
<i>risperidone tabs 0.25 mg</i>	1	
<i>risperidone tabs 0.5 mg</i>	1	
<i>risperidone tabs 1 mg</i>	1	
<i>risperidone tabs 2 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	
<i>risperidone tabs 4 mg</i>	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
UZEDY SUSY 100 MG/0.28ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 125 MG/0.35ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 150 MG/0.42ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 200 MG/0.56ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 250 MG/0.7ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 50 MG/0.14ML <i>[risperidone]</i>	4	MB
UZEDY SUSY 75 MG/0.21ML <i>[risperidone]</i>	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 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % <i>[diaphragm wide seal]</i>	2	PREV
DEVICES		
DEVICES		
ACCU-CHEK FASTCLIX LANCET KIT <i>[lancets misc.]</i>	2	
AEROCHAMBER PLUS FLO-VU SMALL MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS MISC <i>[spacer/aerosol-holding chambers]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AEROCHAMBER Z-STAT PLUS/LARGE MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers]	2	
AEROTRACH PLUS MISC [respiratory therapy supplies]	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 [syringe/needle (disp) 3 ml]	2	
BD DISP NEEDLE MISC 25G X 1" [needle (disp) 25 g]	2	
BD DISP NEEDLES MISC 18G X 1-1/2" [needle (disp) 18 g]	2	
BD DISP NEEDLES MISC 21G X 1-1/2" [needle (disp) 21 g]	2	
BD DISP NEEDLES MISC 25G X 5/8" [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	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
BD INSULIN SYRINGE U-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 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	
BD LANCET DEVICE MIS DEVICE [lancet devices]	2	
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	2	
BD PEN NEEDLE MINI ULTRAFINE MISC 31G X 5 MM [insulin pen needle]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD PEN NEEDLE NANO ULTRAFINE MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT ULTRAFINE MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML <i>[syringe/needle (disp) 1 ml]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 30 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 5 ML <i>[syringe (disposable)]</i>	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM <i>[insulin pen needle]</i>	1	
CONTOUR NEXT CONTROL SOLN NORMAL <i>[blood glucose calibration]</i>	2	
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8"/1ML MIS 25GX5/8" <i>[syringe/needle (disp) 1 ml]</i>	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML <i>[syringe (disposable)]</i>	2	
MONOJECT TB SYRINGE MISC 1 ML <i>[syringe (disposable)]</i>	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection device]</i>	2	
ONETOUCH DELICA PLUS LANCET33G MISC <i>[lancets]</i>	2	
ONETOUCH SURESOFT LANCING DEV MISC <i>[lancets misc.]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ONETOUCH ULTRA CONTROL LIQD <i>[blood glucose calibration]</i>	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	
ONETOUCH VERIO FLEX SYSTEM DEVI <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	
ONETOUCH VERIO LIQD HIGH <i>[blood glucose calibration]</i>	2	
PEDIATRIC SMALL MASK MISC <i>[masks]</i>	2	
PRODIGY CONTROL SOLUTION SOLN LOW <i>[blood glucose calibration]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
[Insulin Syringe/needle U-100] TERUMO INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MIS 0.5/27G	2	
TRUZONE PEAK FLOW METER DEVI <i>[peak flow meter]</i>	2	MB
TUBERCULIN SYRINGE MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine (diagnostic) soln 3 mg/ml</i>	1	MB
AK-FLUOR SOLN 10 % <i>[fluorescein sodium injection]</i>	1	MB
ALBUSTIX STRP <i>[albumin (urine) test]</i>	2	
ALTAFLUOR BENOX SOLN 0.25-0.4 % <i>[fluorescein w/ benoxinate]</i>	1	
BIO GLO STRP 1 MG <i>[fluorescein sodium topical]</i>	1	
CANDIN SOLN <i>[candida albicans skin test antigen]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CHEMSTRIP 9 STRP <i>[multiple urine tests]</i>	2	
CHIRHOSTIM SOLR 16 MCG <i>[secretin acetate (human)]</i>	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 % <i>[iothalamate meglumine]</i>	2	MB
CORTROSYN SOLR 0.25 MG <i>[cosyntropin]</i>	2	MB
CYSTO-CONRAY II SOLN 17.2 % <i>[iothalamate meglumine]</i>	2	MB
CYSTOGRAFIN SOLN 30 % <i>[diatrizoate meglumine]</i>	2	MB
CYSTOGRAFIN-DILUTE SOLN 18 % <i>[diatrizoate meglumine]</i>	2	MB
D-XYLOSE POWD <i>[d-xylose]</i>	2	
DIASTIX STRP <i>[glucose urine test-(glucose oxidase)]</i>	2	
EOVIST SOLN 0.25 MMOL/ML <i>[gadoxetate disodium]</i>	2	MB
GADAVIST SOLN 1 MMOL/ML <i>[gadobutrol]</i>	2	MB
GASTROGRAFIN SOLN 66-10 % <i>[diatrizoate meglumine & sodium]</i>	2	
KETO-DIASTIX STRP <i>[urine glucose-ketones test]</i>	2	
KETOSTIX STRP <i>[acetone (urine) test]</i>	2	
LEXISCAN SOLN 0.4 MG/5ML <i>[regadenoson]</i>	2	MB
LUMASON SUSR 60.7-25 MG <i>[sulfur hexafluoride lipid-type a microspheres]</i>	2	MB
METOPIRONE CAPS 250 MG <i>[metyrapone]</i>	2	
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</i>	2	MB
NEULUMEX SUSP 0.1 % <i>[barium sulfate]</i>	2	
OMNIPAQUE SOLN 180 MG/ML <i>[iohexol]</i>	2	MB
OMNIPAQUE SOLN 240 MG/ML <i>[iohexol]</i>	2	MB
OMNIPAQUE SOLN 300 MG/ML <i>[iohexol]</i>	2	MB
OMNIPAQUE SOLN 350 MG/ML <i>[iohexol]</i>	2	MB
ONETOUCH ULTRA TEST STRP <i>[glucose blood]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
READI-CAT 2 SUSP 2 % <i>[barium sulfate]</i>	2	
THYROGEN SOLR 0.9 MG <i>[thyrotropin alfa]</i>	2	MB
TISSUEBLUE SOSY 0.025 % <i>[brilliant blue g]</i>	2	
TUBERSOL SOLN 5 UNIT/0.1ML <i>[tuberculin ppd]</i>	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG <i>[potassium citrate-citric acid]</i>	1	
CYTRA-K SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) <i>[potassium citrate (alkalinizer)]</i>	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) <i>[potassium citrate (alkalinizer)]</i>	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML <i>[sodium citrate & citric acid]</i>	1	
SODIUM ACETATE SOLN 2 MEQ/ML <i>[sodium acetate]</i>	2	MB
<i>sodium bicarbonate soln 4.2 %</i>	1	MB
<i>sodium bicarbonate soln 8.4 %</i>	1	MB
THAM SOLN 30 MEQ/100ML <i>[tromethamine]</i>	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML <i>[pot & sod citrates w/citric ac]</i>	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG <i>[sodium phenylbutyrate]</i>	4	QL - 30 day(s)
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
LITHOSTAT TABS 250 MG <i>[acetohydroxamic acid]</i>	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN II SOLN 10 % <i>[amino acid infusion]</i>	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d10w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d15w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d20w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid infusion in d10w]</i>	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % <i>[amino acid infusion in d15w]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLINIMIX/DEXTROSE (5/20) SOLN 5 % <i>[amino acid infusion in d20w]</i>	2	MB
[Amino Acid Infusion] CLINISOL SF SOLN 15 %	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based (soy)]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based (soy)]</i>	2	MB
PHENEX-1 POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	MB
DIURETICS		
<i>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	1	
<i>bumetanide soln 0.25 mg/ml</i>	1	MB
<i>bumetanide tabs 0.5 mg</i>	1	
<i>bumetanide tabs 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG <i>[furosemide]</i>	1	
FUROSEMIDE TABS 40 MG <i>[furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	
<i>indapamide tabs 2.5 mg</i>	1	
MANNITOL SOLN 25 % <i>[mannitol]</i>	1	MB
<i>metolazone tabs 10 mg</i>	1	
<i>metolazone tabs 2.5 mg</i>	1	
<i>metolazone tabs 5 mg</i>	1	
OSMITROL SOLN 20 % <i>[mannitol]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>torsemide tabs 10 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide tabs 5 mg</i>	1	
<i>triamterene caps 100 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
TRIAMTERENE-HCTZ TABS 75-50 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 15 GM/60ML	1	
[Sodium Polystyrene Sulfonate] SPS (SODIUM POLYSTYRENE SULF) SUSP 30 GM/120ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % <i>[acetic acid]</i>	1	MB
DIANEAL LOW CALCIUM/1.5% DEX SOLN 344 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL PD-2/2.5% DEXTROSE SOLN 396 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL PD-2/4.25% DEXTROSE SOLN 485 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
LACTATED RINGERS SOLN <i>[lactated ringer's (irrigation)]</i>	2	MB
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride (gu irrigant)]</i>	1	MB
STERILE WATER FOR IRRIGATION SOLN <i>[water for irrigation, sterile]</i>	1	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
CALCIUM CHLORIDE SOLN 10 % <i>[calcium chloride (dihydrate)]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CALCIUM GLUCONATE SOLN 10 % <i>[calcium gluconate]</i>	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML <i>[chromic chloride]</i>	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML <i>[cupric chloride]</i>	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % <i>[dextrose in lactated ringers]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 % <i>[dextrose w/ sodium chloride]</i>	2	MB
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9 % <i>[dextrose w/ sodium chloride]</i>	1	MB
EFFER-K TBEF 25 MEQ <i>[potassium bicarbonate]</i>	1	
<i>hetastarch-nacl soln 6-0.9 %</i>	1	MB
HEXTEND SOLN 6 % <i>[hetastarch (hes /0.7 or /0.75) in electrolytes]</i>	2	MB
K-PHOS TABS 500 MG <i>[potassium phosphate monobasic]</i>	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L <i>[potassium chloride in d5w lactated ringers]</i>	2	MB
KLOR-CON TBCR 8 MEQ <i>[potassium chloride]</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LACTATED RINGERS SOLN <i>[lactated ringer's]</i>	2	MB
[Dextran 40 In Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% <i>[magnesium sulfate in dextrose]</i>	2	MB
NORMAL SALINE FLUSH SOLN 0.9 % <i>[sodium chloride flush]</i>	1	MB
PHOSLYRA SOLN 667 MG/5ML <i>[calcium acetate (phosphate binder)]</i>	2	
PLASMA-LYTE A SOLN <i>[electrolyte-a]</i>	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML <i>[potassium acetate]</i>	1	MB
<i>potassium chloride crys er tbc 10 meq</i>	1	
<i>potassium chloride crys er tbc 20 meq</i>	1	
<i>potassium chloride er cpcr 10 meq</i>	1	
<i>potassium chloride er cpcr 8 meq</i>	1	
<i>potassium chloride er tbc 10 meq</i>	1	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.45 MEQ/L-% <i>[potassium chloride in nacl]</i>	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% <i>[potassium chloride in nacl]</i>	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 40-0.9 MEQ/L-% <i>[potassium chloride in nacl]</i>	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ <i>[potassium chloride]</i>	1	
<i>potassium chloride sol 10% sf</i>	1	
<i>potassium chloride soln 10 meq/100ml</i>	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML <i>[potassium chloride]</i>	2	MB
<i>potassium chloride soln 2 meq/ml</i>	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML <i>[potassium chloride]</i>	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) <i>[potassium chloride]</i>	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L <i>[potassium chloride in dextrose]</i>	1	MB
<i>potassium phosphate inj 3mm/ml</i>	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML <i>[potassium phosphates]</i>	1	MB
RINGERS SOLN <i>[ringer's]</i>	1	MB
SELENIOUS ACID SOLN 40 MCG/ML <i>[selenious acid]</i>	1	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % <i>[bacteriostatic sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 0.45 % <i>[sodium chloride]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 3 % <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML <i>[sodium chloride]</i>	1	MB
SODIUM CHLORIDE SOLN 5 % <i>[sodium chloride]</i>	1	MB
SODIUM PHOSPHATES SOLN 45 MMOL/15ML <i>[sodium phosphates (sodium phosphate dibasic & monobasic)]</i>	1	MB
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML <i>[trace minerals (cr-cu-mn-zn)]</i>	2	MB
WES-PHOS 250 NEUTRAL TABS 155-852-130 MG <i>[pot phosphate monobasic w/ sod phosphate dibasic & monobasic]</i>	1	
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs 0.5-500 mg</i>	1	
<i>probenecid tabs 500 mg</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML <i>[laronidase]</i>	4	MB
ARALAST NP SOLR 1000 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT <i>[imiglucerase]</i>	4	MB
ELAPRASE SOLN 6 MG/3ML <i>[idursulfase]</i>	4	QL - 30 day(s),MB
ELELYSO SOLR 200 UNIT <i>[taliglucerase alfa]</i>	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG <i>[rasburicase]</i>	4	MB
ELITEK SOLR 7.5 MG <i>[rasburicase]</i>	4	MB
FABRAZYME SOLR 35 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG <i>[agalsidase beta]</i>	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML <i>[hyaluronidase human]</i>	2	MB
LUMIZYME SOLR 50 MG <i>[alglucosidase alfa]</i>	4	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML <i>[galsulfase]</i>	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML <i>[dornase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML <i>[asfotase alfa]</i>	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML <i>[elosulfase alfa]</i>	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT <i>[glucarpidase]</i>	4	QL - 30 day(s),MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
MITOSOL KIT 0.2 MG <i>[mitomycin (ophthalmic)]</i>	2	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % <i>[natamycin]</i>	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBREX OINT 0.3 % <i>[tobramycin (ophth)]</i>	2	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
CEQUA SOLN 0.09 % <i>[cyclosporine (ophth)]</i>	2	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML <i>[neomycin-colistin-hc-thonzonium]</i>	2	
<i>cyclosporine emul 0.05 %</i>	1	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	1	
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>flunisolide soln 25 mcg/act (0.025%)</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	
<i>flurbiprofen sodium soln 0.03 %</i>	1	
FML FORTE SUSP 0.25 % <i>[fluorometholone (ophth)]</i>	2	
<i>ketorolac tromethamine soln 0.4 %</i>	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1	
OZURDEX IMPL 0.7 MG <i>[dexamethasone (ophth)]</i>	4	MB
PRED MILD SUSP 0.12 % <i>[prednisolone acetate (ophth)]</i>	2	
<i>prednisolone acetate susp 1 %</i>	1	
<i>prednisolone sodium phosphate soln 1 %</i>	2	
RETISERT IMPL 0.59 MG <i>[fluocinolone acetonide (ophth)]</i>	4	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	2	
ANTIALLERGIC AGENTS		
ALOCRIOL SOLN 2 % [nedocromil sodium (ophth)]	2	
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
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 % [acetic acid (otic)]	1	
apraclonidine hcl soln 0.5 %	1	
BSS PLUS SOLN [ophthalmic irrigation solution - intraocular]	2	MB
BSS SOLN [ophthalmic irrigation solution - intraocular]	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML [ranibizumab-nuna]	2	MB
EYLEA SOLN 2 MG/0.05ML [aflibercept]	4	MB
EYLEA SOSY 2 MG/0.05ML [aflibercept]	4	
IOPIDINE SOLN 1 % [apraclonidine hcl]	2	
LACRISERT INST 5 MG [artificial tear insert]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LUCENTIS SOSY 0.3 MG/0.05ML <i>[ranibizumab]</i>	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML <i>[ranibizumab]</i>	4	QL - 30 day(s),MB
PAVBLU SOLN 2 MG/0.05ML <i>[aflibercept-ayyh]</i>	4	MB
PAVBLU SOSY 2 MG/0.05ML <i>[aflibercept-ayyh]</i>	4	MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % <i>[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]</i>	2	
VISUDYNE SOLR 15 MG <i>[verteporfin]</i>	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % <i>[lidocaine hcl (ophth)]</i>	2	
[Proparacaine Hcl] ALCaine SOLN 0.5 %	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	
<i>proparacaine hcl soln 0.5 %</i>	1	
TETRACaine HCL SOLN 0.5 % <i>[tetracaine hcl (ophth)]</i>	1	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % <i>[atropine sulfate (ophthalmic)]</i>	1	
ATROPINE SULFATE SOLN 1 % <i>[atropine sulfate (ophthalmic)]</i>	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<i>cyclopentolate hcl soln 1 %</i>	1	
<i>cyclopentolate hcl soln 2 %</i>	1	
HOMATROPAIRE SOLN 5 % <i>[homatropine hbr]</i>	1	
<i>tropicamide soln 0.5 %</i>	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
PHENYLEPHRINE HCL SOLN 10 % <i>[phenylephrine hcl (mydriatic)]</i>	1	
PHENYLEPHRINE HCL SOLN 2.5 % <i>[phenylephrine hcl (mydriatic)]</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
GELUSIL CHEW 200-200-25 MG <i>[alum & mag hydrox-simethicone]</i>	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine supp 1000 mg</i>	1	
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPR 250 MG <i>[mesalamine]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	
<i>aprepitant caps 125 mg</i>	1	QL - 30 day(s)
<i>aprepitant caps 40 mg</i>	1	QL - 30 day(s)
<i>aprepitant caps 80 mg</i>	1	QL - 30 day(s)
<i>dronabinol caps 10 mg</i>	1	
<i>dronabinol caps 2.5 mg</i>	1	
<i>dronabinol caps 5 mg</i>	1	
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>granisetron hcl tabs 1 mg</i>	1	
<i>meclizine hcl tabs 25 mg</i>	1	
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 4 mg/5ml</i>	1	
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>famotidine (pf) soln 20 mg/2ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 40 mg</i>	1	
<i>misoprostol tabs 100 mcg</i>	1	
<i>misoprostol tabs 200 mcg</i>	1	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 40 mg</i>	1	
<i>pantoprazole sodium tbec 20 mg</i>	1	
<i>pantoprazole sodium tbec 40 mg</i>	1	
PROTONIX SOLR 40 MG [<i>pantoprazole sodium</i>]	2	MB
<i>sucralfate tabs 1 gm</i>	1	
CATHARTICS AND LAXATIVES		
AMITIZA CAPS 24 MCG [<i>lubiprostone</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AMITIZA CAPS 8 MCG [<i>lubiprostone</i>]	2	
[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
peg 3350-kcl-na bicarb-nacl solr 420 gm	1	PREV
SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	2	
CHOLELITHOLYTIC AGENTS		
URSO FORTE TABS 500 MG [<i>ursodiol</i>]	2	
ursodiol tabs 250 mg	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000-19000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 3000-10000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 60000-189600 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
PROKINETIC AGENTS		
metoclopramide hcl soln 10 mg/10ml	1	
metoclopramide hcl soln 5 mg/ml	1	MB
metoclopramide hcl tabs 10 mg	1	
metoclopramide hcl tabs 5 mg	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL SOLN 100 MG/ML <i>[dimercaprol]</i>	2	MB
CHEMET CAPS 100 MG <i>[succimer]</i>	4	
<i>deferasirox tabs 360 mg</i>	1	
<i>deferasirox tabs 90 mg</i>	1	
<i>deferoxamine mesylate solr 2 gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
EXJADE TBSO 125 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
EXJADE TBSO 250 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
EXJADE TBSO 500 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
JADENU TABS 180 MG <i>[deferasirox]</i>	4	QL - 30 day(s)
<i>penicillamine caps 250 mg</i>	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX HFA AERO 100 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX HFA AERO 200 MCG/ACT <i>[mometasone furoate (inhalation)]</i>	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	MB
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 160-4.5 MCG/ACT	1	
[Budesonide-formoterol Fumarate Dihydrate] BREYNA AERO 80-4.5 MCG/ACT	1	
<i>budesonide cpep 3 mg</i>	1	
<i>budesonide susp 0.25 mg/2ml</i>	1	
<i>budesonide susp 0.5 mg/2ml</i>	1	QL - 30 day(s)
<i>cortisone acetate tabs 25 mg</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	1	MB
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	MB
<i>dexamethasone soln 0.5 mg/5ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	
<i>fluticasone propionate hfa aero 44 mcg/act</i>	2	
<i>hydrocortisone tabs 10 mg</i>	1	
<i>hydrocortisone tabs 20 mg</i>	1	
<i>hydrocortisone tabs 5 mg</i>	1	
KENALOG-10 SUSP 10 MG/ML [<i>triamcinolone acetanide</i>]	2	MB
KENALOG-40 SUSP 40 MG/ML [<i>triamcinolone acetanide</i>]	2	MB
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	2	
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	MB
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	MB
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 125 mg</i>	1	MB
<i>methylprednisolone sodium succ solr 40 mg</i>	1	MB
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 32 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tabs 8 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5 mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 10 mg (21)</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	2	
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	2	MB
SOLU-MEDROL (PF) SOLR 125 MG [methylprednisolone sod succ]	2	MB
SOLU-MEDROL (PF) SOLR 500 MG [methylprednisolone sod succ]	2	MB
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ]	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR [testosterone]	2	
ANDRODERM PT24 4 MG/24HR [testosterone]	2	
danazol caps 100 mg	1	
danazol caps 200 mg	1	
danazol caps 50 mg	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
methyltestosterone tabs 10 mg	1	
methyltestosterone caps 10 mg	1	
oxandrolone tabs 10 mg	1	
oxandrolone tabs 2.5 mg	1	
testosterone cypionate soln 200 mg/ml	1	MB
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML <i>[insulin lispro protamine & lispro]</i>	2	
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML <i>[insulin lispro protamine & lispro]</i>	2	
HUMALOG SOLN 100 UNIT/ML <i>[insulin lispro]</i>	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML <i>[insulin nph isophane & reg (human)]</i>	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN N SUSP 100 UNIT/ML <i>[insulin nph (human) (isophane)]</i>	2	
HUMULIN R SOLN 100 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML <i>[insulin regular (human)]</i>	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML <i>[insulin glargine-yfgn]</i>	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML <i>[insulin glargine-yfgn]</i>	2	
JARDIANCE TABS 10 MG <i>[empagliflozin]</i>	2	
JARDIANCE TABS 25 MG <i>[empagliflozin]</i>	2	
<i>liraglutide sopn 18 mg/3ml</i>	1	QL - 30 day(s)
<i>metformin hcl er tb24 500 mg</i>	1	
<i>metformin hcl er tb24 750 mg</i>	1	
<i>metformin hcl tabs 1000 mg</i>	1	
<i>metformin hcl tabs 500 mg</i>	1	
<i>metformin hcl tabs 850 mg</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML <i>[semaglutide]</i>	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML <i>[semaglutide]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	2	
sitagliptin tabs 25 mg	2	
sitagliptin tabs 50 mg	2	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	2	
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	2	MB
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	2	MB
glucagon emergency kit 1 mg	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[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
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	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Ethinodiol 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 20 MCG/DAY [levonorgestrel (iud)]	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11-28 TAB 10/11-28	1	PREV
NEXPLANON IMPL 68 MG [etonogestrel]	2	PREV,MB
[Drospirenone-ethinyl Estradiol] NIKKI TABS 3-0.02 MG	1	PREV
norethindrone tabs 0.35 mg	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>norgestimate-eth estradiol tabs 0.25-35 mg-mcg</i>	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
PARAGARD INTRAUTERINE COPPER IUD <i>[copper (iud)]</i>	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
[Ethinodiol 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 <i>[estradiol]</i>	2	
CLIMARA PTWK 0.0375 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.05 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.06 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.075 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.1 MG/24HR <i>[estradiol]</i>	2	
<i>clomiphene citrate tabs 50 mg</i>	1	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	MB
EEMT HS TABS 0.625-1.25 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
EEMT TABS 1.25-2.5 MG <i>[esterified estrogens & methyltestosterone]</i>	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
<i>estradiol pttw 0.025 mg/24hr</i>	1	
<i>estradiol pttw 0.0375 mg/24hr</i>	1	
<i>estradiol pttw 0.05 mg/24hr</i>	1	
<i>estradiol pttw 0.075 mg/24hr</i>	1	
<i>estradiol pttw 0.1 mg/24hr</i>	1	
<i>estradiol ptwk 0.05 mg/24hr</i>	1	
<i>estradiol ptwk 0.075 mg/24hr</i>	1	
<i>estradiol ptwk 0.1 mg/24hr</i>	1	
<i>estradiol tabs 0.5 mg</i>	1	
<i>estradiol tabs 1 mg</i>	1	
<i>estradiol tabs 10 mcg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
estradiol tabs 2 mg	1	
estradiol valerate oil 10 mg/ml	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 2 MG [estradiol vaginal]	2	
PREMARIN SOLR 25 MG [estrogens, conjugated]	2	
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	
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
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	QL - 30 day(s),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)]	2	
medroxyprogesterone acetate susp 150 mg/ml	1	PREV,MB
medroxyprogesterone acetate susy 150 mg/ml	1	PREV,MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML [<i>somatropin</i>]	4	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	2	
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	2	
OMNITROPE SOLR 5.8 MG [<i>somatropin</i>]	2	
SEROSTIM SOLR 4 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
SEROSTIM SOLR 5 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
SEROSTIM SOLR 6 MG [<i>somatropin (non-refrigerated)</i>]	4	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLR 200 MCG [<i>levothyroxine sodium</i>]	2	MB
LEVOTHYROXINE SODIUM SOLR 500 MCG [<i>levothyroxine sodium</i>]	2	MB
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 137 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
<i>lithyronine sodium tabs 25 mcg</i>	1	
<i>lithyronine sodium tabs 5 mcg</i>	1	
<i>lithyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
IMMUNOLOGICAL AGENTS		
ANTIRHEUMATIC AGENTS		
ENBREL SOLR 25 MG [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
KINERET INJ [<i>anakinra</i>]	4	QL - 30 day(s),LD
<i>leflunomide tabs 20 mg</i>	1	
ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	4	
ORENCIA SOSY 50 MG/0.4ML [<i>abatacept</i>]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [<i>abatacept</i>]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	4	QL - 30 day(s)
RASUVO SOAJ 10 MG/0.2ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 12.5 MG/0.25ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 15 MG/0.3ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 17.5 MG/0.35ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 20 MG/0.4ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 22.5 MG/0.45ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 25 MG/0.5ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 30 MG/0.6ML [<i>methotrexate (antirheumatic)</i>]	2	
RASUVO SOAJ 7.5 MG/0.15ML [<i>methotrexate (antirheumatic)</i>]	2	
IMMUNE SUPPRESSANTS		
ATGAM SOLN 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	2	MB
<i>azathioprine tabs 50 mg</i>	1	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil susr 200 mg/ml</i>	1	
<i>mycophenolate sodium tbec 180 mg</i>	1	
<i>mycophenolate sodium tbec 360 mg</i>	1	
NEORAL SOLN 100 MG/ML [<i>cyclosporine modified (for microemulsion)</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PROGRAF SOLN 5 MG/ML <i>[tacrolimus]</i>	2	MB
SANDIMMUNE CAPS 100 MG <i>[cyclosporine]</i>	2	
SANDIMMUNE CAPS 25 MG <i>[cyclosporine]</i>	2	
SANDIMMUNE SOLN 100 MG/ML <i>[cyclosporine]</i>	2	
SANDIMMUNE SOLN 50 MG/ML <i>[cyclosporine]</i>	2	MB
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	MB
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (pf) soln 4 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine hcl soln 2 %</i>	1	MB
<i>lidocaine-epinephrine (pf) soln 1.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine (pf) soln 2 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
NAROPIN SOLN 2 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 5 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 7.5 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NESACAINE SOLN 1 % <i>[chloroprocaine hcl]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
NESACAINE SOLN 2 % [chloroprocaine hcl]	2	MB
[Mepivacaine Hcl] POLOCAINE SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE SOLN 2 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 2 %	1	MB
[Bupivacaine Hcl] SENSORCAINE-MPF SOLN 0.25 %	1	MB
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % [bupivacaine w/ epinephrine]	2	MB
TETRACAINE HCL SOLN 1 % [tetracaine hcl]	1	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 [lidocaine w/ epinephrine]	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	
acetylcysteine soln 200 mg/ml	1	MB
ACTIMMUNE SOLN 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	
BOTOX COSMETIC SOLR 100 UNIT [onabotulinumtoxina (cosmetic)]	2	MB
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CINRYZE SOLR 500 UNIT <i>[c1 esterase inhibitor (human)]</i>	4	QL - 30 day(s),MB
<i>colchicine tabs 0.6 mg</i>	1	
CYSTADANE POWD <i>[betaine]</i>	4	QL - 30 day(s)
CYSTAGON CAPS 150 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
CYSTAGON CAPS 50 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
DAXXIFY SOLR 100 UNIT <i>[daxibotulinumtoxina-lanm]</i>	2	MB
<i>dexrazoxane hcl solr 250 mg</i>	1	MB
<i>dexrazoxane hcl solr 500 mg</i>	1	MB
<i>dimethyl fumarate cpdr 120 mg</i>	1	
<i>dimethyl fumarate cpdr 240 mg</i>	1	
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	1	
<i>disulfiram tabs 250 mg</i>	1	
<i>disulfiram tabs 500 mg</i>	1	
ELMIRON CAPS 100 MG <i>[pentosan polysulfate sodium]</i>	2	
EPYSQLI SOLN 300 MG/30ML <i>[eculizumab-aagh]</i>	4	QL - 30 day(s),MB
EXTAVIA KIT 0.3 MG <i>[interferon beta-1b]</i>	2	QL - 30 day(s)
<i>finasteride tabs 5 mg</i>	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
GRASSTEK SUBL 2800 BAU <i>[timothy grass pollen allergen extract]</i>	2	
HAEGARDA SOLR 2000 UNIT <i>[c1 esterase inhibitor (human)]</i>	4	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT <i>[c1 esterase inhibitor (human)]</i>	4	QL - 30 day(s)
<i>icatibant acetate sosy 30 mg/3ml</i>	1	MB
INFLECTRA SOLR 100 MG <i>[infliximab-dyyb]</i>	4	MB
<i>leflunomide tabs 10 mg</i>	1	
<i>leucovorin calcium solr 100 mg</i>	1	MB
<i>leucovorin calcium solr 350 mg</i>	1	MB
<i>leucovorin calcium solr 50 mg</i>	1	MB
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	
<i>levocarnitine inj 200mg/ml</i>	1	MB
LEVOCARNITINE SOLN 1 GM/10ML <i>[levocarnitine (metabolic modifiers)]</i>	1	
LEVOCARNITINE TABS 330 MG <i>[levocarnitine (metabolic modifiers)]</i>	1	
MESNA SOLN 100 MG/ML <i>[mesna]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MESNEX TABS 400 MG <i>[mesna]</i>	2	QL - 30 day(s)
METHYLENE BLUE (ANTIDOTE) SOLN 1 % <i>[methylene blue (antidote)]</i>	1	MB
<i>mycophenolate mofetil tabs 500 mg</i>	1	
MYOBLOC SOLN 10000 UNIT/2ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 5000 UNIT/ML <i>[rimabotulinumtoxinb]</i>	2	MB
<i>octreotide acetate soln 100 mcg/ml</i>	1	MB
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MB
<i>octreotide acetate soln 200 mcg/ml</i>	1	MB
<i>octreotide acetate soln 50 mcg/ml</i>	1	MB
<i>octreotide acetate soln 500 mcg/ml</i>	1	MB
<i>octreotide acetate sosy 50 mcg/ml</i>	1	MB
ORENCIA SOLR 250 MG <i>[abatacept]</i>	4	QL - 30 day(s),MB
<i>pamidronate disodium soln 30 mg/10ml</i>	1	MB
<i>pamidronate disodium soln 6 mg/ml</i>	1	MB
<i>pamidronate disodium soln 90 mg/10ml</i>	1	MB
PREVIDENT GEL 1.1 % <i>[sodium fluoride (dental)]</i>	2	
PREVIDENT SOLN 0.2 % <i>[sodium fluoride (dental)]</i>	2	
RIMSO-50 SOLN 50 % <i>[dimethyl sulfoxide]</i>	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG <i>[octreotide acetate]</i>	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG <i>[octreotide acetate]</i>	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG <i>[octreotide acetate]</i>	4	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % <i>[sodium fluoride (dental)]</i>	1	
<i>sirolimus soln 1 mg/ml</i>	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE CHEW 2.2 (1 F) MG <i>[sodium fluoride]</i>	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML <i>[sodium fluoride]</i>	1	PREV
<i>sterile water for injection soln</i>	1	MB
TAKHZYRO SOLN 300 MG/2ML <i>[lanadelumab-flyo]</i>	4	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML <i>[lanadelumab-flyo]</i>	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML <i>[lanadelumab-flyo]</i>	4	QL - 30 day(s)
THALOMID CAPS 100 MG <i>[thalidomide]</i>	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
THALOMID CAPS 50 MG <i>[thalidomide]</i>	4	QL - 30 day(s)
THIOLA TABS 100 MG <i>[tiopronin]</i>	4	LD
TYSABRI CONC 300 MG/15ML <i>[natalizumab]</i>	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML <i>[ravulizumab-cwvz]</i>	4	
ULTOMIRIS SOLN 300 MG/3ML <i>[ravulizumab-cwvz]</i>	4	
VYVGART SOLN 400 MG/20ML <i>[efgartigimod alfa-fcab]</i>	4	QL - 30 day(s),MB
XELJANZ TABS 10 MG <i>[tofacitinib citrate]</i>	4	
XELJANZ TABS 5 MG <i>[tofacitinib citrate]</i>	4	QL - 30 day(s)
XELJANZ XR TB24 11 MG <i>[tofacitinib citrate]</i>	4	QL - 30 day(s)
YESCARTA SUSP 200000000 CELLS <i>[axicabtagene ciloleucel]</i>	4	MB
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG <i>[dinoprostone]</i>	2	
HEMABATE SOLN 250 MCG/ML <i>[carboprost tromethamine]</i>	2	MB
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	MB
<i>methylergonovine maleate tabs 0.2 mg</i>	1	
MIFEPREX TABS 200 MG <i>[mifepristone]</i>	2	
OXYTOCIN SOLN 10 UNIT/ML <i>[oxytocin]</i>	1	MB
PREPIDIL GEL 0.5 MG/3GM <i>[dinoprostone]</i>	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD <i>[aloe vera (bulk)]</i>	2	
ALPROSTADIL POWD <i>[alprostadil (bulk)]</i>	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT <i>[atropine sulfate monohydrate]</i>	2	
BACLOFEN POWD <i>[baclofen]</i>	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN <i>[water for inject, bacteriostatic benzyl alcohol]</i>	2	MB
BIOTIN-D POWD <i>[biotin (bulk)]</i>	2	
BORIC ACID POWD <i>[boric acid (bulk)]</i>	2	
CANTHARIDIN POW <i>[cantharidin]</i>	2	
CARBAMAZEPINE POWD <i>[carbamazepine]</i>	2	
CHLORPROMAZINE HCL POW HCL <i>[chlorpromazine hcl]</i>	2	
CHOLESTEROL POWD <i>[cholesterol]</i>	2	
CLINDAMYCIN HCL POWD <i>[clindamycin hcl (bulk)]</i>	2	
CLOBETASOL PROPIONATE POW PROPIONA <i>[clobetasol propionate]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLONIDINE HCL POWD <i>[clonidine hcl]</i>	2	
CLOTRIMAZOLE CRYST <i>[clotrimazole (topical)]</i>	2	
COAL TAR EXTRACT SOLN 20 % <i>[coal tar (crude)]</i>	2	
COLLODION FLEXIBLE LIQD <i>[collodion flexible]</i>	2	
CYSTEAMINE HCL POWD <i>[cysteamine hcl (bulk)]</i>	2	
DEXAMETHASONE POWD <i>[dexamethasone (bulk)]</i>	2	
DILTIAZEM HCL POWD <i>[diltiazem hcl (bulk)]</i>	2	
GABAPENTIN POWD <i>[gabapentin (bulk)]</i>	2	
GLYCERIN LIQD <i>[glycerin (bulk)]</i>	2	
GLYCOPYRROLATE POWD <i>[glycopyrrolate (bulk)]</i>	2	
HALOPERIDOL POWD <i>[haloperidol (bulk)]</i>	2	
HYDROCORTISONE POWD <i>[hydrocortisone (bulk)]</i>	2	
HYDROPHILIC OINT <i>[hydrophilic ointment]</i>	2	
HYDROXOCOBALAMIN POW <i>[hydroxocobalamin (bulk)]</i>	2	
HYDROXYPROGESTERONE CAPROATE POWD <i>[hydroxyprogesterone caproate (bulk)]</i>	2	
INDOMETHACIN POWD <i>[indomethacin]</i>	2	
ISOSORBIDE POWD <i>[isosorbide (bulk)]</i>	2	
KETAMINE HCL POWD <i>[ketamine hcl (bulk)]</i>	2	
KETOPROFEN POWD <i>[ketoprofen (bulk)]</i>	2	
L-ARGININE POWD <i>[arginine]</i>	2	
L-CITRULLINE POWD <i>[citrulline (bulk)]</i>	2	
L-ISOLEUCINE POWD <i>[isoleucine]</i>	2	
L-PROLINE POWD <i>[proline]</i>	2	
L-VALINE POWD <i>[valine]</i>	2	
LACTIC ACID SOLN <i>[lactic acid (bulk)]</i>	2	
LACTOSE MONOHYDRATE POWD <i>[lactose monohydrate]</i>	2	
LACTOSE POWD <i>[lactose]</i>	2	
LIDOCAINE HCL POWD <i>[lidocaine hcl (bulk)]</i>	2	
METRONIDAZOLE POWD <i>[metronidazole (bulk)]</i>	2	
MORPHINE SULFATE POWD <i>[morphine sulfate]</i>	2	
PHENOBARBITAL POWD <i>[phenobarbital]</i>	2	
PHENTOLAMINE MESYLATE POWD <i>[phentolamine mesylate (bulk)]</i>	2	
POLYETHYLENE GLYCOL 400 LIQD <i>[polyethylene glycol 400]</i>	2	
PROGESTERONE MICRONIZED POWD <i>[progesterone micronized (bulk)]</i>	2	
PROGESTERONE WETTABLE POWD <i>[progesterone (bulk)]</i>	2	
PROPYLENE GLYCOL LIQD <i>[propylene glycol (bulk)]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
QUINACRINE HCL POWD [<i>quinacrine hcl</i>]	2	
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	2	
SODIUM BENZOATE POWD [<i>sodium benzoate</i>]	2	
SORBITOL SOLN 70 % [<i>sorbitol</i>]	2	
SQUARIC ACID DIBUTYLESTER POW DIBUTYLS [<i>squaric acid dibutylester</i>]	2	
STERILE WATER FOR INJECTION SOLN [<i>water for injection, sterile</i>]	1	MB
SULFUR PRECIPITATED (BULK) POWD [<i>sulfur (bulk)</i>]	2	
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	
THYMOL CRYSTALS [<i>thymol</i>]	2	
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	2	
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
UREA POWD [<i>urea (bulk)</i>]	2	
ZINC SULFATE HEPTAHYDRATE POWD [<i>zinc sulfate heptahydrate</i>]	2	
ZINC SULFATE MONOHYDRATE POWD [<i>zinc sulfate monohydrate</i>]	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ADVAIR HFA AERO 115-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ADVAIR HFA AERO 45-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	2	
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>]	2	
<i>cromolyn sodium conc 100 mg/5ml</i>	1	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydrocodone bit-homatrop mbr tabs 5-1.5 mg	1	
promethazine-codeine soln 6.25-10 mg/5ml	1	
promethazine-dm syrp 6.25-15 mg/5ml	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	1	
SODIUM CHLORIDE NEBU 10 % [sodium chloride (inhalant)]	1	
SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	1	
SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	2	MB
CUROSURF SUSP 240 MG/3ML [poractant alfa]	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
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
DALIRESP TABS 500 MCG [roflumilast]	2	
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)
OFEV CAPS 100 MG [nintedanib esylate]	4	
OFEV CAPS 150 MG [nintedanib esylate]	4	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TRIKAFTA THPK 80-40-60 & 59.5 MG <i>[elxacaftor-tezacaftor-ivacaftor]</i>	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG <i>[bosentan]</i>	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR <i>[crotalidae immune f(ab')2 (equine)]</i>	2	
ANTIVENIN LATRODECTUS MACTANS KIT <i>[antivenin latrodictus mactans]</i>	2	MB
CROFAB SOLR <i>[crotalidae polyvalent immune fab (ovine)]</i>	2	MB
CYTOGAM SOLN 50 MG/ML <i>[cytomegalovirus immune globulin (human)]</i>	2	MB
DIGIFAB SOLR 40 MG <i>[digoxin immune fab]</i>	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMASTAN INJ <i>[immune globulin (human) im]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM <i>[immune globulin (human) iv]</i>	2	MB
GAMMAGARD SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAGARD SOLN 30 GM/300ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAKED SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMMAPLEX SOLN 10 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 20 GM/400ML <i>[immune globulin (human) iv]</i>	2	MB
GAMMAPLEX SOLN 5 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
GAMUNEX-C SOLN 1 GM/10ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 10 GM/100ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	QL - 30 day(s)
HIZENTRA SOSY 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	4	
HIZENTRA SOSY 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	4	
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
HYPERTET SOSY 250 UNIT/ML <i>[tetanus immune globulin (human)]</i>	2	MB
HYQVIA KIT 10 GM/100ML <i>[immune globulin (human)-hyaluronidase (human recombinant)]</i>	4	QL - 30 day(s)
HYQVIA KIT 2.5 GM/25ML <i>[immune globulin (human)-hyaluronidase (human recombinant)]</i>	4	QL - 30 day(s)
HYQVIA KIT 20 GM/200ML <i>[immune globulin (human)-hyaluronidase (human recombinant)]</i>	4	QL - 30 day(s)
HYQVIA KIT 30 GM/300ML <i>[immune globulin (human)-hyaluronidase (human recombinant)]</i>	4	QL - 30 day(s)
HYQVIA KIT 5 GM/50ML <i>[immune globulin (human)-hyaluronidase (human recombinant)]</i>	4	QL - 30 day(s)
IMOGAM RABIES-HT SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 1500 UNIT/10ML <i>[rabies immune globulin (human)]</i>	2	MB
KEDRAB SOLN 300 UNIT/2ML <i>[rabies immune globulin (human)]</i>	2	MB
MICRHOGAM ULTRA-FILTERED PLUS SOSY 250 UNIT <i>[rho d immune globulin (human)]</i>	2	MB
NABI-HB SOLN 312 UNIT/ML <i>[hepatitis b immune globulin (human)]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 10 GM/100ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	2	MB
PRIVIGEN SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	2	MB
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT <i>[rho d immune globulin (human)]</i>	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	2	MB
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (300 MG TITRATION) PACK 300 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG <i>[peanut (arachis hypogaea) allergen powder-dnfp]</i>	4	QL - 30 day(s)
TENIVAC INJ 5-2 LFU <i>[tetanus-diphtheria toxoids (td)]</i>	2	MB
VACCINES		
ABRYSCO SOLR 120 MCG/0.5ML <i>[rsv pre-fusion f a&b protein vaccine recombinant]</i>	2	MB
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	2	MB
AFLURIA PRESERVATIVE FREE SUSY 0.5 ML <i>[influenza virus vaccine split preservative free]</i>	2	MB
AREXVY SUSR 120 MCG/0.5ML <i>[rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]</i>	2	MB
BEXSERO SUSY 0.5 ML <i>[meningococcal vac group b (recombinant omv adjuvanted)]</i>	2	MB
ENGRIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGRIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGRIX-B SUSY 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML <i>[influenza virus vaccine split high-dose preservative free]</i>	2	MB
FLUZONE SUSP <i>[influenza virus vaccine split]</i>	2	MB
FLUZONE SUSY 0.5 ML <i>[influenza virus vaccine split preservative free]</i>	2	MB
GARDASIL 9 SUSP 0.5 ML <i>[human papillomavirus (hvp) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY 0.5 ML <i>[human papillomavirus (hvp) 9-valent recombinant vaccine]</i>	2	MB
HAVRIX SUSP 1440 EL U/ML <i>[hepatitis a vaccine]</i>	2	MB
HAVRIX SUSY 720 EL U/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
HIBERIX SOLR 10 MCG <i>[haemophilus b polysac conj vac]</i>	2	MB
IMOVAX RABIES SUSR 2.5 UNIT/ML <i>[rabies virus vaccine, hdc]</i>	2	MB
IPOV INJ <i>[poliovirus vaccine, ipv]</i>	2	MB
IXIARO SUSP <i>[japanese encephalitis vaccine inactivated adsorbed]</i>	2	MB
KINRIX SUSY 0.5 ML <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MENVEO SOLN <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
MENVEO SOLR <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
MODERNA COVID-19 VAC 6M-11Y SUSY 25 MCG/0.25ML <i>[covid-19 (sars-cov-2) mrna virus vaccine]</i>	2	MB
PEDIARIX SUSY <i>[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]</i>	2	MB
PNEUMOVAX 23 SOSY 25 MCG/0.5ML <i>[pneumococcal vac polyvalent]</i>	2	MB
PREVNAR 20 SUSY 0.5 ML <i>[pneumococcal 20-valent conjugate vaccine]</i>	2	MB
PRIORIX SUSR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	2	MB
QUADRACEL SUSP <i>[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]</i>	2	MB
RABAVERT SUSR <i>[rabies vaccine, pcec]</i>	2	MB
RECOMBIVAX HB SUSP 10 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
RECOMBIVAX HB SUSP 40 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
RECOMBIVAX HB SUSP 5 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
RECOMBIVAX HB SUSY 5 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ROTARIX SUSP <i>[rotavirus vaccine, live oral]</i>	2	MB
ROTATEQ SOLN <i>[rotavirus vaccine, live oral pentavalent]</i>	2	MB
SHINGRIX SUSR 50 MCG/0.5ML <i>[zoster vaccine recombinant adjuvanted]</i>	2	MB
TICE BCG SUSR 50 MG <i>[bcg live intravesical]</i>	2	MB
TICOVAC SUSY 1.2 MCG/0.25ML <i>[tick-borne encephalitis virus vaccine, inactivated]</i>	2	MB
TICOVAC SUSY 2.4 MCG/0.5ML <i>[tick-borne encephalitis virus vaccine, inactivated]</i>	2	MB
TWINRIX SUSY 720-20 ELU-MCG/ML <i>[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]</i>	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML <i>[typhoid vi polysaccharide vaccine]</i>	2	MB
TYPHIM VI SOSY 25 MCG/0.5ML <i>[typhoid vi polysaccharide vaccine]</i>	2	MB
VAQTA SUSP 25 UNIT/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
VAQTA SUSP 50 UNIT/ML <i>[hepatitis a vaccine]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VARIVAX SUSR 1350 PFU/0.5ML <i>[varicella virus vaccine live]</i>	2	MB
VAXCHORA SUSR <i>[cholera vaccine live attenuated]</i>	2	MB
VIVOTIF CPDR <i>[typhoid vaccine]</i>	2	MB
YF-VAX INJ <i>[yellow fever vaccine]</i>	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phos (twice-daily) gel 1 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1-5 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
<i>clotrimazole troc 10 mg</i>	1	
DAKINS (1/4 STRENGTH) SOLN 0.125 % <i>[sodium hypochlorite]</i>	2	
DAKINS (FULL STRENGTH) SOLN 0.5 % <i>[sodium hypochlorite]</i>	2	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
GENTIAN VIOLET SOLN 1 % <i>[gentian violet]</i>	2	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % <i>[iodoquinol-hc]</i>	1	
HYSEPT 25 SOLN 0.25 % <i>[sodium hypochlorite]</i>	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>permethrin liqd 1 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>metronidazole lotn 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	1	MB
<i>nystatin crea 100000 unit/gm</i>	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
<i>permethrin crea 5 %</i>	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % <i>[silver sulfadiazine]</i>	1	
SULFAMYLON CREA 85 MG/GM <i>[mafenide acetate]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
<i>alclometasone dipropionate oint 0.05 %</i>	1	
ANUCORT-HC SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug lotn 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
BETAMETHASONE DIPROPIONATE CREA 0.05 % [<i>betamethasone dipropionate (topical)</i>]	1	
BETAMETHASONE VALERATE CREA 0.1 % [<i>betamethasone valerate</i>]	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE LOTN 0.1 % [<i>betamethasone valerate</i>]	1	
BETAMETHASONE VALERATE OINT 0.1 % [<i>betamethasone valerate</i>]	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<i>clobetasol propionate foam 0.05 %</i>	1	
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	
<i>desonide crea 0.05 %</i>	1	
<i>desonide lotn 0.05 %</i>	1	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halobetasol propionate crea 0.05 %</i>	1	
<i>halobetasol propionate oint 0.05 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	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)] PROCTOSOL HC CREA 2.5 %	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	
<i>triamcinolone acetonide lotn 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.025 %</i>	1	
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTI-PRURITICS 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	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
PHENOL LIQD [phenol]	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % [camphor & menthol]	2	
ASTRINGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DRYSOL SOLN 20 % <i>[aluminum chloride]</i>	2	
XERAC AC SOLN 6.25 % <i>[aluminum chloride in alcohol]</i>	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOTN 0.05 % <i>[tretinoin]</i>	2	
AVITA CREA 0.025 % <i>[tretinoin]</i>	1	
KEPIVANCE SOLR 6.25 MG <i>[palifermin]</i>	4	QL - 30 day(s),MB
RETIN-A CREA 0.025 % <i>[tretinoin]</i>	2	
RETIN-A CREA 0.05 % <i>[tretinoin]</i>	2	
RETIN-A CREA 0.1 % <i>[tretinoin]</i>	2	
RETIN-A GEL 0.01 % <i>[tretinoin]</i>	2	
RETIN-A GEL 0.025 % <i>[tretinoin]</i>	2	
RETIN-A MICRO GEL 0.04 % <i>[tretinoin microsphere]</i>	2	
RETIN-A MICRO GEL 0.1 % <i>[tretinoin microsphere]</i>	2	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
KERATOLYTIC AGENTS		
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	
<i>acitretin caps 25 mg</i>	1	
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
BENZOIN COMPOUND TINC <i>[benzoin compound]</i>	1	
BENZOIN TINC <i>[benzoin]</i>	2	
<i>bexarotene gel 1 %</i>	1	
<i>calcipotriene crea 0.005 %</i>	1	
<i>calcipotriene oint 0.005 %</i>	1	
<i>calcipotriene soln 0.005 %</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % <i>[podofilox]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	4	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	4	QL - 30 day(s)
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 CREA 1 % [anthralin]	2	
EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	2	
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	2	
fluorouracil crea 5 %	1	
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % [aminolevulinic acid hcl]	2	
pimecrolimus crea 1 %	1	
PODOCON-25 SOLN 25 % [podophyllum resin]	2	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM [collagenase]	2	
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	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 % [tacrolimus (topical)]	1	
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	1	
tazarotene crea 0.05 %	1	
tazarotene crea 0.1 %	1	
tazarotene gel 0.05 %	1	
tazarotene gel 0.1 %	1	
TREMFYA ONE-PRESS SOAJ 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TREMFYA SOSY 100 MG/ML <i>[guselkumab]</i>	4	
TREMFYA SOSY 200 MG/2ML <i>[guselkumab (gastrointestinal)]</i>	4	
YESINTEK SOLN 130 MG/26ML <i>[ustekinumab-kfce (iv)]</i>	2	
YESINTEK SOLN 45 MG/0.5ML <i>[ustekinumab-kfce]</i>	2	
YESINTEK SOSY 45 MG/0.5ML <i>[ustekinumab-kfce]</i>	2	
YESINTEK SOSY 90 MG/ML <i>[ustekinumab-kfce]</i>	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>mirabegron er tb24 25 mg</i>	1	
MYRBETRIQ SRER 8 MG/ML <i>[mirabegron]</i>	2	
MYRBETRIQ TB24 50 MG <i>[mirabegron]</i>	2	
<i>oxybutynin chloride er tb24 10 mg</i>	1	
<i>oxybutynin chloride er tb24 15 mg</i>	1	
<i>oxybutynin chloride er tb24 5 mg</i>	1	
<i>oxybutynin chloride soln 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>trospium chloride er cp24 60 mg</i>	1	
<i>trospium chloride tabs 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline soln 25 mg/ml</i>	1	MB
<i>theophylline er tb12 100 mg</i>	1	
<i>theophylline er tb12 200 mg</i>	1	
<i>theophylline er tb12 300 mg</i>	1	
<i>theophylline er tb12 450 mg</i>	1	
<i>theophylline er tb24 400 mg</i>	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT SOLN <i>[multiple vitamin]</i>	2	MB
INFUVITE PEDIATRIC SOLN <i>[pediatric multiple vitamins]</i>	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML <i>[ped multivitamins w/fl & iron]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	1	
[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	1	
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
NIACIN ER CPR 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 C		
ASCORBIC ACID SOLN 500 MG/ML [ascorbic acid]	2	MB
VITAMIN D		
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	
ERGOCALCIFEROL SOLN 200 MCG/ML [ergocalciferol]	1	
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [phytonadione]	2	
phytonadione soln 1 mg/0.5ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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alfuzosin hcl er tb24 10 mg	33
ALINIA SUSR 100 MG/5ML [nitazoxanide]	20
ALINIA TABS 500 MG [nitazoxanide]	20
ALKERAN TABS 2 MG [melphalan]	23
allopurinol tabs 100 mg	92
allopurinol tabs 300 mg	92
ALOCRIOL SOLN 2 % [nedocromil sodium (ophth)]	78
ALOE VERA POWD [aloe vera (bulk)]	95
ALPHANATE SOLR 1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35
ALPHANATE SOLR 1500 UNIT [antihemophilic factor/von willebrand factor complex	

(human)]	35
ALPHANATE SOLR 2000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	35
ALPHANINE SD SOLR 1000 UNIT [coagulation factor ix]	35
ALPHANINE SD SOLR 1500 UNIT [coagulation factor ix]	35
ALPHANINE SD SOLR 500 UNIT [coagulation factor ix]	35
alprazolam tabs 0.25 mg	58
alprazolam tabs 0.5 mg	58
alprazolam tabs 1 mg	58
alprazolam tabs 2 mg	58
ALPROSTADIL POWD [alprostadil (bulk)]	95
alprostadil soln 500 mcg/ml	46
ALTAFLUOR BENOX SOLN 0.25-0.4 % [fluorescein w/ benoxinate]	69
ALTRENO LOTN 0.05 % [tretinoin]	107
ALTUVIIIIO SOLR 1000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	35
ALTUVIIIIO SOLR 2000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	35
ALTUVIIIIO SOLR 250 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	35
ALTUVIIIIO SOLR 3000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	36
ALTUVIIIIO SOLR 4000 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	36
ALTUVIIIIO SOLR 500 UNIT [antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1]	36
ALUNBRIG TABS 180 MG [brigatinib]	23
ALUNBRIG TABS 30 MG [brigatinib]	23
ALUNBRIG TABS 90 MG [brigatinib]	23
ALUNBRIG TBPK 90 & 180 MG [brigatinib]	23
ALVAIZ TABS 18 MG [eltrombopag choline]	39
ALVAIZ TABS 36 MG [eltrombopag choline]	39
ALVAIZ TABS 54 MG [eltrombopag choline]	39
ALVAIZ TABS 9 MG [eltrombopag choline]	39
ALVESCO AERS 160 MCG/ACT [ciclesonide]	97
ALVESCO AERS 80 MCG/ACT [ciclesonide]	97
ALYFTREK TABS 4-20-50 MG [vanzacaftor-tezacaftor-deutivacaftor]	98

amantadine hcl caps 100 mg	57	mg/5ml	13
amantadine hcl soln 50 mg/5ml	57	amoxicillin-pot clavulanate susr 250-62.5	
AMBISOME SUSR 50 MG [amphotericin b		mg/5ml	13
liposome]	19	amoxicillin-pot clavulanate susr 400-57	
ambrisentan tabs 10 mg	46	mg/5ml	13
ambrisentan tabs 5 mg	46	amoxicillin-pot clavulanate susr 600-42.9	
amikacin sulfate soln 500 mg/2ml	13	mg/5ml	13
amiloride-hydrochlorothiazide tabs 5-50 mg		amoxicillin-pot clavulanate tabs 250-125 mg	
.....	72	.....	13
aminocaproic acid soln 250 mg/ml	36	amoxicillin-pot clavulanate tabs 500-125 mg	
aminophylline soln 25 mg/ml	109	.....	13
AMINOSYN II SOLN 10 % [amino acid		amoxicillin-pot clavulanate tabs 875-125 mg	
infusion]	71	.....	13
amiodarone hcl soln 150 mg/3ml	43	amphetamine-dextroamphet er cp24 10 mg	51
amiodarone hcl soln 900 mg/18ml	43	amphetamine-dextroamphet er cp24 15 mg	51
amiodarone hcl tabs 200 mg	43	amphetamine-dextroamphet er cp24 20 mg	51
AMITIZA CAPS 24 MCG [lubiprostone]	80	amphetamine-dextroamphet er cp24 25 mg	51
AMITIZA CAPS 8 MCG [lubiprostone]	81	amphetamine-dextroamphet er cp24 30 mg	51
amitriptyline hcl tabs 10 mg	61	amphetamine-dextroamphet er cp24 5 mg ..	51
amitriptyline hcl tabs 100 mg	61	amphetamine-dextroamphetamine tabs 10 mg	
amitriptyline hcl tabs 150 mg	61	.....	51
amitriptyline hcl tabs 25 mg	61	amphetamine-dextroamphetamine tabs 12.5	
amitriptyline hcl tabs 50 mg	61	mg	51
amitriptyline hcl tabs 75 mg	61	amphetamine-dextroamphetamine tabs 15 mg	
AMJEVITA SOAJ 40 MG/0.4ML [adalimumab-		.....	51
atto]	92	amphetamine-dextroamphetamine tabs 20 mg	
AMJEVITA SOAJ 80 MG/0.8ML [adalimumab-		.....	51
atto]	92	amphetamine-dextroamphetamine tabs 30 mg	
AMJEVITA SOSY 40 MG/0.4ML [adalimumab-		.....	51
atto]	92	amphetamine-dextroamphetamine tabs 5 mg	
AMJEVITA-PED 10KG TO <15KG SOSY 10		.....	51
MG/0.2ML [adalimumab-atto]	92	amphetamine-dextroamphetamine tabs 7.5	
AMJEVITA-PED 15KG TO <30KG SOSY 20		mg	51
MG/0.2ML [adalimumab-atto]	92	amphotericin b solr 50 mg	19
amlodipine besylate tabs 10 mg	42	ampicillin caps 500 mg	13
amlodipine besylate tabs 2.5 mg	42	ampicillin sodium solr 1 gm	13
amlodipine besylate tabs 5 mg	42	ampicillin sodium solr 10 gm	13
amoxicillin caps 250 mg	13	ampicillin sodium solr 125 mg	13
amoxicillin caps 500 mg	13	ampicillin sodium solr 2 gm	14
amoxicillin chew 125 mg	13	ampicillin sodium solr 250 mg	14
amoxicillin chew 250 mg	13	ampicillin sodium solr 500 mg	14
amoxicillin susr 125 mg/5ml	13	ampicillin-sulbactam sodium solr 1.5 (1-0.5)	
amoxicillin susr 200 mg/5ml	13	gm	14
amoxicillin susr 250 mg/5ml	13	ampicillin-sulbactam sodium solr 15 (10-5)	
amoxicillin susr 400 mg/5ml	13	gm	14
amoxicillin-pot clavulanate chew 200-28.5 mg		ampicillin-sulbactam sodium solr 3 (2-1) gm	
.....	13	.....	14
amoxicillin-pot clavulanate chew 400-57 mg		amp-sulbacta inj 1.5gm	13
.....	13	anagrelide hcl caps 0.5 mg	38
amoxicillin-pot clavulanate susr 200-28.5		anagrelide hcl caps 1 mg	38

anastrozole tabs 1 mg	23	aripiprazole tabs 5 mg	61
ANAVIP SOLR [crotalidae immune f(ab')2 (equine)]	99	ARISTADA PRSY 1064 MG/3.9ML [aripiprazole lauroxil]	61
ANDRODERM PT24 2 MG/24HR [testosterone]	84	ARISTADA PRSY 441 MG/1.6ML [aripiprazole lauroxil]	61
ANDRODERM PT24 4 MG/24HR [testosterone]	84	ARISTADA PRSY 662 MG/2.4ML [aripiprazole lauroxil]	61
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	38	ARISTADA PRSY 882 MG/3.2ML [aripiprazole lauroxil]	61
ANTIVENIN LATRODECTUS MACTANS KIT [antivenin latrodectus mactans]	99	ASCORBIC ACID SOLN 500 MG/ML [ascorbic acid].....	110
ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	105	ASMANEX (120 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)].....	82
APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride].....	57	ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT [mometasone furoate (inhalation)].....	82
apraclonidine hcl soln 0.5 %	78	ASMANEX (60 METERED DOSES) AEPB 220 MCG/ACT [mometasone furoate (inhalation)].....	82
aprepitant caps 125 mg	80	ASMANEX HFA AERO 100 MCG/ACT [mometasone furoate (inhalation)].....	82
aprepitant caps 40 mg	80	ASMANEX HFA AERO 200 MCG/ACT [mometasone furoate (inhalation)].....	82
aprepitant caps 80 mg	80	ASPARLAS SOLN 3750 UNIT/5ML [calaspargase pegol-mknl]	23
APTENSIO XR CP24 10 MG [methylphenidate hcl]	51	aspirin-dipyridamole er cp12 25-200 mg	38
APTENSIO XR CP24 15 MG [methylphenidate hcl]	51	atazanavir sulfate caps 150 mg	11
APTENSIO XR CP24 20 MG [methylphenidate hcl]	51	atazanavir sulfate caps 200 mg	11
APTENSIO XR CP24 30 MG [methylphenidate hcl]	51	atazanavir sulfate caps 300 mg	21
APTENSIO XR CP24 40 MG [methylphenidate hcl]	51	atenolol tabs 100 mg	41
APTENSIO XR CP24 50 MG [methylphenidate hcl]	51	atenolol tabs 25 mg	41
APTENSIO XR CP24 60 MG [methylphenidate hcl]	52	atenolol tabs 50 mg	41
APTIVUS CAPS 250 MG [tipranavir]	11	atenolol-chlorthalidone tabs 100-25 mg	41
AQUASOL A SOLN 50000 UNIT/ML [vitamin a]	110	atenolol-chlorthalidone tabs 50-25 mg	41
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	76	ATGAM SOLN 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	90
ARALAST NP SOLR 500 MG [alpha1-proteinase inhibitor (human)]	98	atomoxetine hcl caps 10 mg	60
AREXVY SUSR 120 MCG/0.5ML [rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted].....	102	atomoxetine hcl caps 100 mg	60
ARGATROBAN SOLN 250 MG/2.5ML [argatroban].....	38	atomoxetine hcl caps 18 mg	60
aripiprazole tabs 10 mg	61	atomoxetine hcl caps 25 mg	60
aripiprazole tabs 15 mg	61	atomoxetine hcl caps 40 mg	60
aripiprazole tabs 2 mg	61	atomoxetine hcl caps 60 mg	60
aripiprazole tabs 20 mg	61	atomoxetine hcl caps 80 mg	60
aripiprazole tabs 30 mg	61	atorvastatin calcium tabs 10 mg	40
		atorvastatin calcium tabs 20 mg	9, 40
		atorvastatin calcium tabs 40 mg	40
		atorvastatin calcium tabs 80 mg	40
		atovaquone susp 750 mg/5ml	20

atovaquone-proguanil hcl tabs 250-100 mg	20
atovaquone-proguanil hcl tabs 62.5-25 mg	20
atracurium besylate soln 100 mg/10ml	32
atracurium besylate soln 50 mg/5ml	32
atropine sulfate inj 1mg/ml	30
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [atropine sulfate monohydrate]	95
ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	79
ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	79
ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	31
ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	31
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa]	31
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	14
AUVI-Q SOAJ 0.1 MG/0.1ML [epinephrine (anaphylaxis)]	33
AUVI-Q SOAJ 0.15 MG/0.15ML [epinephrine (anaphylaxis)]	34
AUVI-Q SOAJ 0.3 MG/0.3ML [epinephrine (anaphylaxis)]	34
AVASTIN SOLN 100 MG/4ML [bevacizumab]	23
AVASTIN SOLN 400 MG/16ML [bevacizumab]	23
AVITA CREA 0.025 % [tretinoin]	107
AVONEX KIT 30MCG [interferon beta-1a]	60
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	61
azacitidine susr 100 mg	23
azathioprine tabs 50 mg	90
azelastine hcl soln 0.1 %	78
azithromycin solr 500 mg	14
azithromycin susr 100 mg/5ml	14
azithromycin susr 200 mg/5ml	14
azithromycin tabs 250 mg	14
azithromycin tabs 500 mg	14
azithromycin tabs 600 mg	14
aztreonam solr 1 gm	14
aztreonam solr 2 gm	14

B

bacitracin oint 500 unit/gm	76
bacitracin-polymyxin b oint 500-10000 unit/gm	76
BACLOFEN POWD [baclofen]	95

baclofen tabs 10 mg	32
baclofen tabs 20 mg	32
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	95
BAL IN OIL SOLN 100 MG/ML [dimercaprol]	82
balsalazide disodium caps 750 mg	79
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	86
BARACLUDE SOLN 0.05 MG/ML [entecavir]	21
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4	67
BD DISP NEEDLE MISC 25G X 1	67
BD DISP NEEDLES MISC 18G X 1-1/2	67
BD DISP NEEDLES MISC 21G X 1-1/2	67
BD DISP NEEDLES MISC 25G X 5/8	67
BD INS SYR ULTRAFINE 1/2UNIT MISC 31G X 5/16	67
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8	67
BD INSULIN SYRINGE MISC 25G X 1	67
BD INSULIN SYRINGE MISC 27G X 1/2	67
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	67
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2	67
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16	67
BD INTEGRA SYRINGE MISC 25G X 5/8	67
BD LANCET DEVICE MIS DEVICE [lancet devices]	67
BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	67
BD PEN NEEDLE MINI ULTRAFINE MISC 31G X 5 MM [insulin pen needle]	67
BD PEN NEEDLE NANO ULTRAFINE MISC 32G X 4 MM [insulin pen needle]	68
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM [insulin pen needle]	68
BD PEN NEEDLE SHORT ULTRAFINE MISC 31G X 8 MM [insulin pen needle]	68
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2	68
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8	68
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	68
BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	68
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	68

BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64	68
BD VEO INSULIN SYR ULTRAFINE MISC 31G X 15/64	68
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2- 30 MG [belladonna alkaloids & opium]	31
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2- 60 MG [belladonna alkaloids & opium]	31
benazepril hcl tabs 10 mg	45
benazepril hcl tabs 20 mg	45
benazepril hcl tabs 40 mg	45
benazepril hcl tabs 5 mg	45
bendamustine hcl solr 100 mg	23
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	36
BENEFIX KIT 2000 UNIT [coagulation factor ix (recombinant)]	36
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	36
BENEFIX KIT 3000 UNIT [coagulation factor ix (recombinant)]	36
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	36
BENTYL SOLN 10 MG/ML [dicyclomine hcl] ..	31
BENZOIN COMPOUND TINC [benzoin compound]	107
BENZOIN TINC [benzoin]	107
benzonatate caps 100 mg	97
benzoyl peroxide-erythromycin gel 5-3 % ..	104
benztropine mesylate soln 1 mg/ml	57
benztropine mesylate tabs 0.5 mg	57
benztropine mesylate tabs 1 mg	57
benztropine mesylate tabs 2 mg	57
betamethasone dipropionate aug crea 0.05 %	105
betamethasone dipropionate aug gel 0.05 %	105
betamethasone dipropionate aug lotn 0.05 %	105
betamethasone dipropionate aug oint 0.05 %	105
BETAMETHASONE DIPROPIONATE CREA 0.05 % [betamethasone dipropionate (topical)]	105
betamethasone sod phos & acet susp 6 (3-3) mg/ml	82
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	105
betamethasone valerate foam 0.12 %	105
BETAMETHASONE VALERATE LOTN 0.1 % [betamethasone valerate]	105
BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	105
BETASERON KIT 0.3 MG [interferon beta-1b]	61
betaxolol hcl soln 0.5 %	78
bethanechol chloride tabs 10 mg	32
bethanechol chloride tabs 25 mg	32
bethanechol chloride tabs 5 mg	32
bethanechol chloride tabs 50 mg	32
bexarotene gel 1 %	107
BEXSERO SUSY 0.5 ML [meningococcal vac group b (recombinant omv adjuvanted)] ...	102
BEYFORTUS SOSY 100 MG/ML [nirsevimab- alip]	21
BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab- alip]	21
bicalutamide tabs 50 mg	23
BICILLIN L-A SUSY 1200000 UNIT/2ML [penicillin g benzathine]	14
BICILLIN L-A SUSY 2400000 UNIT/4ML [penicillin g benzathine]	14
BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	14
BIKTARVY TABS 30-120-15 MG [bictegravir- emtricitabine-tenofovir alafenamide fumarate]	11
BIKTARVY TABS 50-200-25 MG [bictegravir- emtricitabine-tenofovir alafenamide fumarate]	11
BILTRICIDE TABS 600 MG [praziquantel]	11
bimatoprost soln 0.03 %	78
BIO GLO STRP 1 MG [fluorescein sodium topical]	69
BIOTIN-D POWD [biotin (bulk)]	95
bisoprolol fumarate tabs 10 mg	41
bisoprolol fumarate tabs 5 mg	41
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	41
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	41
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	41
bleomycin sulfate solr 15 unit	23
bleomycin sulfate solr 30 unit	23
BLINCYTO SOLR 35 MCG [blinatumomab] ..	23
BORIC ACID POWD [boric acid (bulk)]	95
BOTOX COSMETIC SOLR 100 UNIT [onabotulinumtoxin (cosmetic)]	92
BOTOX SOLR 100 UNIT [onabotulinumtoxin]	

.....	92
BOTOX SOLR 200 UNIT <i>[onabotulinumtoxinA]</i>	92
.....	92
BREVIBLOC IN NACL SOLN 2000 MG/100ML <i>[esmolol hcl-sodium chloride]</i>	41
BREVIBLOC IN NACL SOLN 2500 MG/250ML <i>[esmolol hcl-sodium chloride]</i>	41
BREVITAL SODIUM SOLR 500 MG <i>[methohexital sodium]</i>	60
BREYANZI SUSP 70000000 CELLS/ML <i>[lisocabtagene maraleucel]</i>	92
BRIDION SOLN 200 MG/2ML <i>[sugammadex sodium]</i>	92
<i>brimonidine tartrate soln 0.2 %</i>	78
BRIVIACT TABS 10 MG <i>[brivaracetam]</i>	53
BRIVIACT TABS 100 MG <i>[brivaracetam]</i>	53
BRIVIACT TABS 25 MG <i>[brivaracetam]</i>	53
BRIVIACT TABS 50 MG <i>[brivaracetam]</i>	53
BRIVIACT TABS 75 MG <i>[brivaracetam]</i>	53
<i>bromocriptine mesylate caps 5 mg</i>	57
<i>bromocriptine mesylate tabs 2.5 mg</i>	57
BRUKINSA CAPS 80 MG <i>[zanubrutinib]</i>	23
BSS PLUS SOLN <i>[ophthalmic irrigation solution - intraocular]</i>	78
BSS SOLN <i>[ophthalmic irrigation solution - intraocular]</i>	78
<i>budesonide cpep 3 mg</i>	82
<i>budesonide susp 0.25 mg/2ml</i>	82
<i>budesonide susp 0.5 mg/2ml</i>	82
<i>bumetanide soln 0.25 mg/ml</i>	72
<i>bumetanide tabs 0.5 mg</i>	72
<i>bumetanide tabs 1 mg</i>	72
<i>bumetanide tabs 2 mg</i>	72
BUPHENYL TABS 500 MG <i>[sodium phenylbutyrate]</i>	71
<i>bupivacaine hcl (pf) soln 0.5 %</i>	91
<i>bupivacaine hcl (pf) soln 0.75 %</i>	91
<i>bupivacaine hcl soln 0.25 %</i>	91
<i>bupivacaine hcl soln 0.5 %</i>	91
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	91
<i>bupivacaine-epinephrine (pf) soln 0.25% -1 200000</i>	91
<i>bupivacaine-epinephrine (pf) soln 0.5% -1 200000</i>	91
<i>bupivacaine-epinephrine soln 0.25% -1 200000</i>	91
<i>bupivacaine-epinephrine soln 0.5% -1 200000</i>	91
<i>buprenorphine hcl soln 0.3 mg/ml</i>	48
<i>buprenorphine hcl subl 2 mg</i>	48

<i>buprenorphine hcl subl 8 mg</i>	48
<i>buprenorphine hcl-naloxone hcl film 12-3 mg</i>	48
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg</i>	48
<i>buprenorphine hcl-naloxone hcl film 4-1 mg</i>	48
<i>buprenorphine hcl-naloxone hcl film 8-2 mg</i>	48
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	48
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	48
<i>buprenorphine ptwk 10 mcg/hr</i>	48
<i>buprenorphine ptwk 15 mcg/hr</i>	48
<i>buprenorphine ptwk 20 mcg/hr</i>	48
<i>buprenorphine ptwk 5 mcg/hr</i>	48
<i>buprenorphine ptwk 7.5 mcg/hr</i>	48
<i>bupropion hcl er (sr) tb12 100 mg</i>	61
<i>bupropion hcl er (sr) tb12 150 mg</i>	61
<i>bupropion hcl er (sr) tb12 200 mg</i>	61
<i>bupropion hcl er (xl) tb24 150 mg</i>	61
<i>bupropion hcl er (xl) tb24 300 mg</i>	61
<i>bupropion hcl tabs 100 mg</i>	61
<i>bupropion hcl tabs 75 mg</i>	62
<i>buspirone hcl tabs 10 mg</i>	58
<i>buspirone hcl tabs 15 mg</i>	58
<i>buspirone hcl tabs 30 mg</i>	58
<i>buspirone hcl tabs 5 mg</i>	58
<i>buspirone hcl tabs 7.5 mg</i>	58
<i>butorphanol tartrate soln 1 mg/ml</i>	48
<i>butorphanol tartrate soln 2 mg/ml</i>	48
BYOOVIZ SOLN 0.5 MG/0.05ML <i>[ranibizumab-nuna]</i>	78

C

CABENUVA SUER 400 & 600 MG/2ML <i>[cabotegravir & rilpivirine]</i>	11
CABENUVA SUER 600 & 900 MG/3ML <i>[cabotegravir & rilpivirine]</i>	11
<i>cabergoline tabs 0.5 mg</i>	57
CABOMETYX TABS 20 MG <i>[cabozantinib s-malate]</i>	23
CABOMETYX TABS 40 MG <i>[cabozantinib s-malate]</i>	23
CABOMETYX TABS 60 MG <i>[cabozantinib s-malate]</i>	23
<i>caffeine citrate soln 60 mg/3ml</i>	52
<i>calcipotriene crea 0.005 %</i>	107
<i>calcipotriene oint 0.005 %</i>	107

calcipotriene soln 0.005 %	107	200 mg	57
calcitonin (salmon) soln 200 unit/act	88	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	57
calcitriol caps 0.25 mcg	110	carbidopa-levodopa-entacapone tabs 25-100-200 mg	57
calcitriol caps 0.5 mcg	110	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	57
calcitriol oint 3 mcg/gm	107	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	57
calcium acetate (phos binder) caps 667 mg	73	carbidopa-levodopa-entacapone tabs 50-200-200 mg	57
calcium acetate tabs 667 mg	73	CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride].....	42
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)].....	73	CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose].....	42
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate].....	74	CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride].....	42
CALQUENCE TABS 100 MG [acalabrutinib maleate].....	23	carmustine solr 100 mg	23
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl].....	23	carvedilol tabs 12.5 mg	41
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl].....	23	carvedilol tabs 25 mg	41
CANCIDAS SOLR 50 MG [caspofungin acetate].....	19	carvedilol tabs 3.125 mg	41
CANCIDAS SOLR 70 MG [caspofungin acetate].....	19	carvedilol tabs 6.25 mg	41
CANDIN SOLN [candida albicans skin test antigen].....	69	CATHFLO ACTIVASE SOLR 2 MG [alteplase].....	38
CANTHARIDIN POW [cantharidin].....	95	CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)].....	46
capecitabine tabs 150 mg	23	CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)].....	46
capecitabine tabs 500 mg	23	CAYSTON SOLR 75 MG [aztreonam lysine].....	14
CAPRELSA TABS 100 MG [vandetanib].....	23	cefaclor caps 250 mg	14
CAPRELSA TABS 300 MG [vandetanib].....	23	cefaclor caps 500 mg	14
captopril tabs 100 mg	45	cefadroxil caps 500 mg	14
captopril tabs 12.5 mg	45	cefazolin sodium solr 1 gm	14
captopril tabs 25 mg	45	cefazolin sodium solr 10 gm	14
captopril tabs 50 mg	45	cefazolin sodium solr 500 mg	14
CARAFATE SUSP 1 GM/10ML [sucralfate].....	80	CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose].....	14
carbamazepine chew 100 mg	53	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose].....	14
carbamazepine er cp12 100 mg	53	cefdinir susr 125 mg/5ml	14
carbamazepine er cp12 200 mg	53	cefdinir susr 250 mg/5ml	14
carbamazepine er cp12 300 mg	53	cefepime hcl solr 1 gm	14
carbamazepine er tb12 100 mg	53	cefepime hcl solr 2 gm	14
carbamazepine er tb12 200 mg	53	CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose].....	14
carbamazepine er tb12 400 mg	53	CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose].....	14
CARBAMAZEPINE POWD [carbamazepine].....	95	cefixime caps 400 mg	14
carbamazepine susp 100 mg/5ml	53	cefixime susr 100 mg/5ml	14
carbamazepine tabs 200 mg	53	cefotaxime sodium inj 10gm	15
carbidopa tabs 25 mg	57		
carbidopa-levodopa er tbc 25-100 mg	57		
carbidopa-levodopa er tbc 50-200 mg	57		
carbidopa-levodopa tabs 10-100 mg	57		
carbidopa-levodopa tabs 25-100 mg	57		
carbidopa-levodopa tabs 25-250 mg	57		
carbidopa-levodopa-entacapone tabs 12.5-50-			

CEFOTAXIME SODIUM SOLR 1 GM		
<i>[cefotaxime sodium]</i>	15	
<i>cefotetan disodium solr 1 gm</i>	15	
<i>cefotetan disodium solr 2 gm</i>	15	
<i>cefoxitin sodium solr 1 gm</i>	15	
<i>cefoxitin sodium solr 10 gm</i>	15	
<i>cefoxitin sodium solr 2 gm</i>	15	
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4		
GM-%(50ML) <i>[cefoxitin sodium and</i>		
<i>dextrose]</i>	15	
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2		
GM-%(50ML) <i>[cefoxitin sodium and</i>		
<i>dextrose]</i>	15	
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	15	
<i>cefpodoxime proxetil susr 50 mg/5ml</i>	15	
<i>cefpodoxime proxetil tabs 100 mg</i>	15	
<i>cefpodoxime proxetil tabs 200 mg</i>	15	
<i>ceftazidime solr 6 gm</i>	15	
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>		
.....	15	
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>		
.....	15	
<i>ceftriaxone sodium solr 1 gm</i>	15	
<i>ceftriaxone sodium solr 10 gm</i>	15	
<i>ceftriaxone sodium solr 2 gm</i>	15	
<i>ceftriaxone sodium solr 250 mg</i>	15	
<i>ceftriaxone sodium solr 500 mg</i>	15	
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-		
3.74 GM-%(50ML) <i>[ceftriaxone sodium and</i>		
<i>dextrose]</i>	15	
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-		
2.22 GM-%(50ML) <i>[ceftriaxone sodium and</i>		
<i>dextrose]</i>	15	
<i>cefuroxime axetil tabs 250 mg</i>	15	
<i>cefuroxime axetil tabs 500 mg</i>	15	
<i>cefuroxime sodium solr 1.5 gm</i>	15	
<i>cefuroxime sodium solr 750 mg</i>	15	
CELONTIN CAPS 300 MG <i>[methsuximide]</i> ...	53	
<i>cephalexin caps 250 mg</i>	15	
<i>cephalexin caps 500 mg</i>	15	
<i>cephalexin susr 125 mg/5ml</i>	15	
<i>cephalexin susr 250 mg/5ml</i>	15	
<i>cephalexin tabs 500 mg</i>	15	
CEQUA SOLN 0.09 % <i>[cyclosporine (ophth)]</i>		
.....	77	
CERDELGA CAPS 84 MG <i>[eliglustat tartrate]</i>		
.....	92	
CEREZYME SOLR 400 UNIT <i>[imiglucerase]</i> .	76	
CERVIDIL INST 10 MG <i>[dinoprostone]</i>	95	
CHEMET CAPS 100 MG <i>[succimer]</i>	82	
CHEMSTRIP 9 STRP <i>[multiple urine tests]</i> .	70	
CHIRHOSTIM SOLR 16 MCG <i>[secretin acetate</i>		
<i>(human)]</i>	70	
<i>chloramphenicol sod succinate solr 1 gm</i> ...	15	
<i>chlordiazepoxide hcl caps 10 mg</i>	58	
<i>chlordiazepoxide hcl caps 25 mg</i>	58	
<i>chlordiazepoxide hcl caps 5 mg</i>	58	
<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i> ..	31	
<i>chlorhexidine gluconate soln 0.12 %</i>	76	
<i>chloroprocaine hcl (pf) soln 2 %</i>	91	
<i>chloroquine phosphate tabs 250 mg</i>	20	
<i>chloroquine phosphate tabs 500 mg</i>	20	
CHLORPROMAZINE HCL POW HCL		
<i>[chlorpromazine hcl]</i>	95	
<i>chlorpromazine hcl soln 25 mg/ml</i>	62	
<i>chlorpromazine hcl tabs 10 mg</i>	62	
<i>chlorpromazine hcl tabs 100 mg</i>	62	
<i>chlorpromazine hcl tabs 200 mg</i>	62	
<i>chlorpromazine hcl tabs 25 mg</i>	62	
<i>chlorpromazine hcl tabs 50 mg</i>	62	
<i>chlorthalidone tabs 25 mg</i>	72	
<i>chlorthalidone tabs 50 mg</i>	72	
CHOLESTEROL POWD <i>[cholesterol]</i>	95	
<i>cholestyramine light pack 4 gm</i>	40	
<i>cholestyramine light powd 4 gm/dose</i>	40	
<i>cholestyramine pack 4 gm</i>	40	
<i>cholestyramine powd 4 gm/dose</i>	40	
CHORIONIC GONADOTROPIN SOLR 10000		
UNIT <i>[chorionic gonadotropin]</i>	88	
CHROMIC CHLORIDE SOLN 40 MCG/10ML		
<i>[chromic chloride]</i>	74	
<i>cidofovir soln 75 mg/ml</i>	21	
<i>cilostazol tabs 100 mg</i>	38	
<i>cilostazol tabs 50 mg</i>	38	
CIMDUO TABS 300-300 MG <i>[lamivudine-</i>		
<i>tenofovir disoproxil fumarate]</i>	11	
<i>cimetidine hcl soln 300 mg/5ml</i>	80	
<i>cinacalcet hcl tabs 30 mg</i>	92	
<i>cinacalcet hcl tabs 60 mg</i>	92	
<i>cinacalcet hcl tabs 90 mg</i>	92	
CINRYZE SOLR 500 UNIT <i>[c1 esterase</i>		
<i>inhibitor (human)]</i>	93	
CIPRO SUSR 250 MG/5ML (5%)		
<i>[ciprofloxacin]</i>	15	
CIPRO SUSR 500 MG/5ML (10%)		
<i>[ciprofloxacin]</i>	15	
<i>ciprofloxacin hcl soln 0.3 %</i>	77	
<i>ciprofloxacin hcl tabs 250 mg</i>	15	
<i>ciprofloxacin hcl tabs 500 mg</i>	15	
<i>ciprofloxacin hcl tabs 750 mg</i>	16	

ciprofloxacin in d5w soln 200 mg/100ml	16
ciprofloxacin in d5w soln 400 mg/200ml	16
ciprofloxacin-dexamethasone susp 0.3-0.1 %	77
cisatracurium besylate (pf) soln 10 mg/5ml	32
cisatracurium besylate (pf) soln 200 mg/20ml	32
cisatracurium besylate soln 20 mg/10ml	32
cisplatin soln 100 mg/100ml	23
cisplatin soln 50 mg/50ml	23
citalopram hydrobromide soln 10 mg/5ml ...	62
citalopram hydrobromide tabs 10 mg	62
citalopram hydrobromide tabs 20 mg	62
citalopram hydrobromide tabs 40 mg	62
cladribine soln 10 mg/10ml	24
clarithromycin susr 125 mg/5ml	16
clarithromycin susr 250 mg/5ml	16
clarithromycin tabs 250 mg	16
clarithromycin tabs 500 mg	16
CLEOCIN PHOSPHATE SOLN 300 MG/2ML [clindamycin phosphate]	16
CLEOCIN PHOSPHATE SOLN 600 MG/4ML [clindamycin phosphate]	16
CLEOCIN PHOSPHATE SOLN 900 MG/6ML [clindamycin phosphate]	16
CLEVIPREX EMUL 25 MG/50ML [clevidipine]	43
CLEVIPREX EMUL 50 MG/100ML [clevidipine]	43
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	68
CLIMARA PTWK 0.025 MG/24HR [estradiol]	87
CLIMARA PTWK 0.0375 MG/24HR [estradiol]	87
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	87
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	87
CLIMARA PTWK 0.075 MG/24HR [estradiol]	87
CLIMARA PTWK 0.1 MG/24HR [estradiol]	87
clindamycin hcl caps 150 mg	16
clindamycin hcl caps 300 mg	16
CLINDAMYCIN HCL POWD [clindamycin hcl (bulk)]	95
clindamycin palmitate hcl solr 75 mg/5ml ...	16
clindamycin phos (twice-daily) gel 1 %	104
clindamycin phos-benzoyl perox gel 1.2-5 %	104
clindamycin phos-benzoyl perox gel 1-5 %	104
clindamycin phosphate crea 2 %	104
clindamycin phosphate in d5w soln 600 mg/50ml	16
clindamycin phosphate in d5w soln 900 mg/50ml	16
clindamycin phosphate lotn 1 %	104
clindamycin phosphate soln 1 %	104
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % [amino acid electrolyte w/ calcium infusion in d5w]	71
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid electrolyte w/ calcium infusion in d10w]	71
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d15w]	71
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % [amino acid electrolyte w/ calcium infusion in d20w]	71
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % [amino acid infusion in d10w]	71
CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	71
CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	72
clobetasol propionate crea 0.05 %	105
clobetasol propionate foam 0.05 %	105
clobetasol propionate gel 0.05 %	105
clobetasol propionate lotn 0.05 %	105
clobetasol propionate oint 0.05 %	105
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	95
clobetasol propionate soln 0.05 %	105
CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	105
clomiphene citrate tabs 50 mg	87
clomipramine hcl caps 25 mg	62
clomipramine hcl caps 50 mg	62
clomipramine hcl caps 75 mg	62
clonazepam tabs 0.5 mg	53
clonazepam tabs 1 mg	54
clonazepam tabs 2 mg	54
CLONIDINE HCL POWD [clonidine hcl]	96
clonidine hcl tabs 0.1 mg	44
clonidine hcl tabs 0.2 mg	44
clonidine hcl tabs 0.3 mg	44
clonidine ptwk 0.1 mg/24hr	44
clonidine ptwk 0.2 mg/24hr	44
clonidine ptwk 0.3 mg/24hr	44
clopidogrel bisulfate tabs 75 mg	38
clorazepate dipotassium tabs 15 mg	58
clorazepate dipotassium tabs 3.75 mg	58
clorazepate dipotassium tabs 7.5 mg	58

CLOTRIMAZOLE CRYST [clotrimazole (topical)]	96	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	108
clotrimazole troc 10 mg	104	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	108
clozapine tabs 100 mg	62	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	108
clozapine tabs 200 mg	62	COSENTYX SOSY 150 MG/ML [secukinumab]	108
clozapine tabs 25 mg	62		
clozapine tabs 50 mg	62		
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	96	COTELLIC TABS 20 MG [cobimetinib fumarate]	24
COARTEM TABS 20-120 MG [artemether-lumefantrine]	20	CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)]	81
CODEINE SULFATE TABS 15 MG [codeine sulfate]	48	CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	81
CODEINE SULFATE TABS 30 MG [codeine sulfate]	48	CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	81
CODEINE SULFATE TABS 60 MG [codeine sulfate]	48	CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)]	81
colchicine tabs 0.6 mg	93	CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)]	81
colchicine-probenecid tabs 0.5-500 mg	76	CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	99
colestipol hcl gran 5 gm	40	cromolyn sodium conc 100 mg/5ml	97
colestipol hcl pack 5 gm	40	cromolyn sodium nebu 20 mg/2ml	97
colestipol hcl tabs 1 gm	40	cromolyn sodium soln 4 %	78
COLLODION FLEXIBLE LIQD [collodion flexible]	96	CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	74
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	97	CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	98
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	24	CUROSURF SUSP 240 MG/3ML [poractant alfa]	98
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	24	cyanocobalamin soln 1000 mcg/ml	110
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	24	cyclobenzaprine hcl tabs 10 mg	32
COMPLERA TABS 200-25-300 MG [emtricitabine-ribovirine-tenofovir disoproxil fumarate]	11	cyclobenzaprine hcl tabs 5 mg	32
CONDYLOX GEL 0.5 % [podofilox]	107	cyclopentolate hcl soln 1 %	79
CONRAY SOLN 60 % [iothalamate meglumine]	70	cyclopentolate hcl soln 2 %	79
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	68	CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	24
COPIKTRA CAPS 15 MG [duvelisib]	24	CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	24
COPIKTRA CAPS 25 MG [duvelisib]	24	cyclophosphamide solr 1 gm	24
CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	105	cyclophosphamide solr 2 gm	24
cortisone acetate tabs 25 mg	82	cyclophosphamide solr 500 mg	24
CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	77	cycloserine caps 250 mg	20
CORTROPHIN GEL 80 UNIT/ML [corticotropin]	88	cyclosporine emul 0.05 %	77
CORTROSYN SOLR 0.25 MG [cosyntropin]	70	cyproheptadine hcl syrp 2 mg/5ml	22
		cyproheptadine hcl tabs 4 mg	22
		CYRAMZA SOLN 100 MG/10ML [ramucirumab]	24
		CYRAMZA SOLN 500 MG/50ML [ramucirumab]	24

.....	24
CYSTADANE POWD [<i>betaine</i>]	93
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	93
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	93
CYSTEAMINE HCL POWD [<i>cysteamine hcl (bulk)</i>]	96
CYSTO-CONRAY II SOLN 17.2 % [<i>iothalamate meglumine</i>]	70
CYSTOGRAFIN SOLN 30 % [<i>diatrizoate meglumine</i>]	70
CYSTOGRAFIN-DILUTE SOLN 18 % [<i>diatrizoate meglumine</i>]	70
cytarabine (pf) soln 100 mg/ml	24
cytarabine (pf) soln 20 mg/ml	24
cytarabine soln 20 mg/ml	24
CYTOGAM SOLN 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	99
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	71
CYTRA-K SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	71

D

dabigatran etexilate mesylate caps 110 mg	38
dabigatran etexilate mesylate caps 150 mg	38
dabigatran etexilate mesylate caps 75 mg	38
dacarbazine solr 100 mg	24
dacarbazine solr 200 mg	24
DAKINS (1/4 STRENGTH) SOLN 0.125 % [<i>sodium hypochlorite</i>]	104
DAKINS (FULL STRENGTH) SOLN 0.5 % [<i>sodium hypochlorite</i>]	104
DALIRESP TABS 500 MCG [<i>roflumilast</i>]	98
danazol caps 100 mg	84
danazol caps 200 mg	84
danazol caps 50 mg	84
dantrolene sodium caps 100 mg	33
dantrolene sodium caps 25 mg	33
dantrolene sodium caps 50 mg	33
dapsone tabs 100 mg	20
dapsone tabs 25 mg	20
daptomycin solr 500 mg	16
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	20
darunavir tabs 600 mg	11
darunavir tabs 800 mg	11
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	24
DARZALEX SOLN 400 MG/20ML	

[<i>daratumumab</i>]	24
daunorubicin hcl soln 20 mg/4ml	24
DAXXIFY SOLR 100 UNIT [<i>daxibotulinumtoxina-lanm</i>]	93
decitabine solr 50 mg	24
deferasirox tabs 360 mg	82
deferasirox tabs 90 mg	82
deferoxamine mesylate solr 2 gm	82
deferoxamine mesylate solr 500 mg	82
demeclocycline hcl tabs 150 mg	16
DESCOVY TABS 120-15 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	11
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	11
desipramine hcl tabs 10 mg	62
desipramine hcl tabs 100 mg	62
desipramine hcl tabs 150 mg	62
desipramine hcl tabs 25 mg	62
desipramine hcl tabs 50 mg	62
desipramine hcl tabs 75 mg	62
desmopressin ace spray refrig soln 0.01 %	88
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML [<i>desmopressin acetate</i>]	88
desmopressin acetate soln 4 mcg/ml	88
desmopressin acetate spray soln 0.01 %	88
desmopressin acetate tabs 0.1 mg	88
desmopressin acetate tabs 0.2 mg	88
desonide crea 0.05 %	105
desonide lotn 0.05 %	105
desonide oint 0.05 %	105
desoximetasone crea 0.25 %	105
dexamethasone elix 0.5 mg/5ml	82
DEXAMETHASONE POWD [<i>dexamethasone (bulk)</i>]	96
dexamethasone sodium phosphate soln 0.1 %	77
dexamethasone sodium phosphate soln 10 mg/ml	82
dexamethasone sodium phosphate soln 20 mg/5ml	82
dexamethasone soln 0.5 mg/5ml	82
dexamethasone tabs 0.5 mg	83
dexamethasone tabs 0.75 mg	83
dexamethasone tabs 1 mg	83
dexamethasone tabs 1.5 mg	83
dexamethasone tabs 2 mg	83
dexamethasone tabs 4 mg	83
dexamethasone tabs 6 mg	83
dexmethylphenidate hcl er cp24 10 mg	52
dexmethylphenidate hcl er cp24 15 mg	52

dexmethylphenidate hcl er cp24 20 mg	52	DIASTAT PEDIATRIC GEL 2.5 MG [diazepam	
dexmethylphenidate hcl er cp24 25 mg	52	(anticonvulsant)]	58
dexmethylphenidate hcl er cp24 30 mg	52	DIASTIX STRP [glucose urine test-(glucose	
dexmethylphenidate hcl er cp24 35 mg	52	oxidase)]	70
dexmethylphenidate hcl er cp24 40 mg	52	diazepam soln 5 mg/5ml	58
dexmethylphenidate hcl er cp24 5 mg	52	diazepam soln 5 mg/ml	58
dexmethylphenidate hcl tabs 10 mg	52	diazepam tabs 10 mg	58
dexmethylphenidate hcl tabs 2.5 mg	52	diazepam tabs 2 mg	58
dexmethylphenidate hcl tabs 5 mg	52	diazepam tabs 5 mg	58
dexrazoxane hcl solr 250 mg	93	diclofenac sodium soln 0.1 %	77
dexrazoxane hcl solr 500 mg	93	diclofenac sodium soln 1.5 %	108
dextroamphetamine sulfate er cp24 10 mg .	52	dicloxacillin sodium caps 250 mg	16
dextroamphetamine sulfate er cp24 15 mg .	52	dicloxacillin sodium caps 500 mg	16
dextroamphetamine sulfate er cp24 5 mg ...	52	dicyclomine hcl caps 10 mg	31
dextroamphetamine sulfate tabs 10 mg	52	dicyclomine hcl soln 10 mg/5ml	31
dextroamphetamine sulfate tabs 5 mg	52	dicyclomine hcl tabs 20 mg	31
DEXTROSE IN LACTATED RINGERS SOLN 5		didanosine cap 125mg	11
% [dextrose in lactated ringers]	74	didanosine cpdr 250 mg	11
DEXTROSE SOLN 10 % [dextrose]	72	didanosine cpdr 400 mg	11
DEXTROSE SOLN 20 % [dextrose]	72	DIFFERIN CREA 0.1 % [adapalene]	108
DEXTROSE SOLN 5 % [dextrose]	72	DIFFERIN GEL 0.3 % [adapalene]	108
DEXTROSE SOLN 50 % [dextrose]	72	DIGIFAB SOLR 40 MG [digoxin immune fab] 99	
DEXTROSE SOLN 70 % [dextrose]	72	digoxin soln 0.05 mg/ml	43
DEXTROSE-SODIUM CHLORIDE SOLN 10-		digoxin soln 0.25 mg/ml	43
0.45 % [dextrose w/ sodium chloride]	74	digoxin tabs 125 mcg	44
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-		digoxin tabs 250 mcg	44
0.45 % [dextrose w/ sodium chloride]	74	dihydroergotamine mesylate soln 1 mg/ml ..	33
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2		dihydroergotamine mesylate soln 4 mg/ml ..	33
% [dextrose w/ sodium chloride]	74	diltiazem hcl er coated beads cp24 180 mg .	43
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.33		diltiazem hcl er cp12 120 mg	43
% [dextrose w/ sodium chloride]	74	diltiazem hcl er cp12 60 mg	43
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45		diltiazem hcl er cp12 90 mg	43
% [dextrose w/ sodium chloride]	74	diltiazem hcl er cp24 120 mg	43
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.9		diltiazem hcl er cp24 180 mg	43
% [dextrose w/ sodium chloride]	74	diltiazem hcl er cp24 240 mg	43
DIANEAL LOW CALCIUM/1.5% DEX SOLN 344		DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	
MOSM/L [peritoneal dialysis solutions] ...	73	.....	96
DIANEAL LOW CALCIUM/4.25% DEX SOLN		diltiazem hcl soln 125 mg/25ml	43
483 MOSM/L [peritoneal dialysis solutions]		diltiazem hcl soln 25 mg/5ml	43
.....	73	diltiazem hcl soln 50 mg/10ml	43
DIANEAL PD-2/1.5% DEXTROSE SOLN 346		diltiazem hcl tabs 120 mg	43
MOSM/L [peritoneal dialysis solutions] ...	73	diltiazem hcl tabs 30 mg	43
DIANEAL PD-2/2.5% DEXTROSE SOLN 396		diltiazem hcl tabs 60 mg	43
MOSM/L [peritoneal dialysis solutions] ...	73	diltiazem hcl tabs 90 mg	43
DIANEAL PD-2/4.25% DEXTROSE SOLN 485		dimethyl fumarate cpdr 120 mg	93
MOSM/L [peritoneal dialysis solutions] ...	73	dimethyl fumarate cpdr 240 mg	93
DIASTAT ACUDIAL GEL 10 MG [diazepam		dimethyl fumarate starter pack cdpk 120 &	
(anticonvulsant)]	58	240 mg	93
DIASTAT ACUDIAL GEL 20 MG [diazepam		diphenhydramine hcl soln 50 mg/ml	22
(anticonvulsant)]	58	diphenoxylate-atropine tabs 2.5-0.025 mg ...	80

dipyridamole soln 5 mg/ml	46
dipyridamole tabs 25 mg	46
dipyridamole tabs 50 mg	46
dipyridamole tabs 75 mg	46
disopyramide phosphate caps 100 mg	44
disopyramide phosphate caps 150 mg	44
disulfiram tabs 250 mg	93
disulfiram tabs 500 mg	93
divalproex sodium csdr 125 mg	54
divalproex sodium er tb24 250 mg	54
divalproex sodium er tb24 500 mg	54
divalproex sodium tbec 125 mg	54
divalproex sodium tbec 250 mg	54
divalproex sodium tbec 500 mg	54
dobutamine hcl soln 250 mg/20ml	34
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML- % [dobutamine in dextrose]	34
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML- % [dobutamine in dextrose]	34
docetaxel conc 80 mg/4ml	24
dofetilide caps 125 mcg	44
dofetilide caps 250 mcg	44
dofetilide caps 500 mcg	44
donepezil hcl tabs 10 mg	32
donepezil hcl tabs 5 mg	32
donepezil hcl tbdp 10 mg	32
donepezil hcl tbdp 5 mg	32
DONNATAL ELIX 16.2 MG/5ML [phenobarbital- hyoscyamine-atropine-scopolamine]	31
DONNATAL TABS 16.2 MG [phenobarbital- hyoscyamine-atropine-scopolamine]	31
DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl]	34
DOPAMINE-DEXTROSE SOLN 0.8-5 MG/ML-% [dopamine in dextrose]	34
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-% [dopamine in dextrose]	34
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-% [dopamine in dextrose]	34
dorzolamide hcl soln 2 %	78
dorzolamide hcl-timolol mal soln 2-0.5 %	78
DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine]	11
doxazosin mesylate tabs 1 mg	40
doxazosin mesylate tabs 2 mg	40
doxazosin mesylate tabs 4 mg	40
doxazosin mesylate tabs 8 mg	40
doxepin hcl caps 10 mg	62
doxepin hcl caps 100 mg	62
doxepin hcl caps 150 mg	62

doxepin hcl caps 25 mg	62
doxepin hcl caps 50 mg	62
doxepin hcl caps 75 mg	62
doxepin hcl conc 10 mg/ml	62
doxepin hcl tabs 3 mg	58
doxepin hcl tabs 6 mg	58
doxorubicin hcl liposomal susp 2 mg/ml	24
doxorubicin hcl soln 2 mg/ml	24
doxorubicin hcl solr 10 mg	24
doxorubicin hcl solr 50 mg	24
doxycycline hyclate caps 100 mg	16
doxycycline hyclate caps 50 mg	16
doxycycline hyclate tabs 100 mg	16
doxycycline hyclate tabs 20 mg	16
doxycycline monohydrate susr 25 mg/5ml ..	16
doxycycline monohydrate tabs 100 mg	16
doxycycline monohydrate tabs 50 mg	16
DRITHO-CREME HP CREA 1 % [anthralin] ..	108
dronabinol caps 10 mg	80
dronabinol caps 2.5 mg	80
dronabinol caps 5 mg	80
droperidol soln 2.5 mg/ml	58
drospirenone-ethinyl estradiol tabs 3-0.03 mg	86
DRYSOL SOLN 20 % [aluminum chloride] ..	107
duloxetine hcl cpep 20 mg	62
duloxetine hcl cpep 30 mg	62
duloxetine hcl cpep 60 mg	62
DUOPA SUSP 4.63-20 MG/ML [carbidopa- levodopa]	57
DURAMORPH SOLN 0.5 MG/ML [morphine sulfate]	48
DURAMORPH SOLN 1 MG/ML [morphine sulfate]	48
D-XYLOSE POWD [d-xylose]	70
DYRENIUM CAPS 50 MG [triamterene]	72

E

EDEX KIT 10 MCG [alprostadil (vasodilator)]	46
EDEX KIT 20 MCG [alprostadil (vasodilator)]	46
EDEX KIT 40 MCG [alprostadil (vasodilator)]	46
EDURANT TABS 25 MG [rilpivirine hcl]	11
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone]	87
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone]	87
efavirenz caps 200 mg	11

efavirenz caps 50 mg	11	deruxtecan-nxki]	24
efavirenz tabs 600 mg	11	ENTACAPONE TABS 200 MG [entacapone]	57
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	11	entecavir tabs 0.5 mg	21
EFFER-K TBEF 25 MEQ [potassium bicarbonate]	74	entecavir tabs 1 mg	21
EFFIENT TABS 10 MG [prasugrel hcl].....	38	ENTRESTO TABS 24-26 MG [sacubitril-valsartan]	45
EFFIENT TABS 5 MG [prasugrel hcl].....	38	ENTRESTO TABS 49-51 MG [sacubitril-valsartan]	45
ELAHERE SOLN 100 MG/20ML [mirvetuximab soravtansine-gynx]	24	ENTRESTO TABS 97-103 MG [sacubitril-valsartan]	45
ELAPRASE SOLN 6 MG/3ML [idursulfase] ...	76	EOVIST SOLN 0.25 MMOL/ML [gadoxetate disodium]	70
ELELYSO SOLR 200 UNIT [taliglucerase alfa]	76	EPCLUSA PACK 150-37.5 MG [sofosbuvir-velpatasvir]	21
eletriptan hydrobromide tabs 20 mg	56	EPCLUSA PACK 200-50 MG [sofosbuvir-velpatasvir]	21
eletriptan hydrobromide tabs 40 mg	56	EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir]	21
ELIGARD KIT 22.5 MG [leuprolide acetate (3 month)]	88	EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	21
ELIGARD KIT 30 MG [leuprolide acetate (4 month)]	88	EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [ephedrine sulfate (pressors)]	34
ELIGARD KIT 45 MG [leuprolide acetate (6 month)]	88	EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide].....	108
ELIGARD KIT 7.5 MG [leuprolide acetate]....	88	epinephrine hcl inj 1mg/ml	34
ELITEK SOLR 1.5 MG [rasburicase]	76	EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	34
ELITEK SOLR 7.5 MG [rasburicase]	76	EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)].....	21
ELLA TABS 30 MG [ulipristal acetate]	86	eptifibatide soln 20 mg/10ml	38
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	93	eptifibatide soln 75 mg/100ml	38
EMCYT CAPS 140 MG [estramustine phosphate sodium].....	24	EPYSQI SOLN 300 MG/30ML [eculizumab-aagh]	93
emtricitabine caps 200 mg	11	ERBITUX SOLN 100 MG/50ML [cetuximab]	24
emtricitabine-tenofovir df tabs 100-150 mg	11	ERBITUX SOLN 200 MG/100ML [cetuximab]	24
emtricitabine-tenofovir df tabs 133-200 mg	12	ERGOCALCIFEROL SOLN 200 MCG/ML [ergocalciferol]	110
emtricitabine-tenofovir df tabs 167-250 mg	12	ergoloid mesylates tabs 1 mg	56
emtricitabine-tenofovir df tabs 200-300 mg	21	ergotamine-caffeine tabs 1-100 mg	56
EMTRIVA SOLN 10 MG/ML [emtricitabine] ...	12	ERIVEDGE CAPS 150 MG [vismodegib]	24
enalaprilat soln 1.25 mg/ml	45	erlotinib hcl tabs 100 mg	24
ENBREL SOLR 25 MG [etanercept]	90	erlotinib hcl tabs 150 mg	25
ENBREL SOSY 25 MG/0.5ML [etanercept] ...	90	erlotinib hcl tabs 25 mg	25
ENBREL SOSY 50 MG/ML [etanercept]	90	ERYTHROCIN LACTOBIONATE SOLR 500 MG [erythromycin lactobionate]	16
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	90	erythromycin oint 5 mg/gm	77
ENDOMETRIN INST 100 MG [progesterone (vaginal)].....	88	erythromycin soln 2 %	104
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)]	102	escitalopram oxalate soln 5 mg/5ml	62
ENGERIX-B SUSY 10 MCG/0.5ML [hepatitis b vaccine (recomb)]	102	escitalopram oxalate tabs 10 mg	61
ENGERIX-B SUSY 20 MCG/ML [hepatitis b vaccine (recomb)]	102	escitalopram oxalate tabs 20 mg	62
ENHERTU SOLR 100 MG [fam-trastuzumab			

escitalopram oxalate tabs 5 mg	62
ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	41
estradiol pttw 0.025 mg/24hr	87
estradiol pttw 0.0375 mg/24hr	87
estradiol pttw 0.05 mg/24hr	87
estradiol pttw 0.075 mg/24hr	87
estradiol pttw 0.1 mg/24hr	87
estradiol ptwk 0.05 mg/24hr	87
estradiol ptwk 0.075 mg/24hr	87
estradiol ptwk 0.1 mg/24hr	87
estradiol tabs 0.5 mg	87
estradiol tabs 1 mg	87
estradiol tabs 10 mcg	87
estradiol tabs 2 mg	88
estradiol valerate oil 10 mg/ml	88
estradiol valerate oil 20 mg/ml	88
estradiol valerate oil 40 mg/ml	88
ESTRING RING 2 MG [estradiol vaginal]	88
ethacrynic acid tabs 25 mg	72
ethambutol hcl tabs 100 mg	20
ethambutol hcl tabs 400 mg	20
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	46
ethosuximide caps 250 mg	54
ethosuximide soln 250 mg/5ml	54
etodolac caps 200 mg	48
etodolac caps 300 mg	48
etodolac tabs 400 mg	48
etodolac tabs 500 mg	48
etomidate soln 2 mg/ml	60
etoposide caps 50 mg	25
etravirine tabs 100 mg	12
etravirine tabs 200 mg	12
everolimus tabs 10 mg	25
everolimus tabs 2.5 mg	25
everolimus tabs 5 mg	25
everolimus tabs 7.5 mg	25
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	12
exemestane tabs 25 mg	25
EXJADE TBSO 125 MG [deferasirox]	82
EXJADE TBSO 250 MG [deferasirox]	82
EXJADE TBSO 500 MG [deferasirox]	82
EXTAVIA KIT 0.3 MG [interferon beta-1b]	93
EYLEA SOLN 2 MG/0.05ML [aflibercept]	78
EYLEA SOSY 2 MG/0.05ML [aflibercept]	78
ezetimibe tabs 10 mg	40

F

FABRAZYME SOLR 35 MG [agalsidase beta]	76
FABRAZYME SOLR 5 MG [agalsidase beta]	76
famciclovir tabs 500 mg	21
famotidine (pf) soln 20 mg/2ml	80
famotidine premixed soln 20-0.9 mg/50ml-%	80
famotidine soln 40 mg/4ml	80
famotidine susr 40 mg/5ml	80
famotidine tabs 40 mg	80
felbamate susp 600 mg/5ml	54
felbamate tabs 400 mg	54
felbamate tabs 600 mg	54
fenofibrate tabs 160 mg	40
fenofibrate tabs 54 mg	41
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	48
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [fentanyl citrate]	48
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	48
fentanyl pt72 100 mcg/hr	48
fentanyl pt72 12 mcg/hr	48
fentanyl pt72 25 mcg/hr	48
fentanyl pt72 50 mcg/hr	48
fentanyl pt72 75 mcg/hr	48
FERREX 150 CAPS 150 MG [polysaccharide iron complex]	35
finasteride tabs 5 mg	93
fingolimod hcl caps 0.5 mg	61
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	16
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	16
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	99
flecainide acetate tabs 100 mg	44
flecainide acetate tabs 150 mg	44
flecainide acetate tabs 50 mg	44
fluconazole in dextrose inj dex 200	19
fluconazole in nacl inj nacl 200	19
fluconazole in nacl inj nacl 400	19
fluconazole in sodium chloride soln 100-0.9 mg/50ml-%	16
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	19
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	19
fluconazole susr 10 mg/ml	19

fluconazole susr 40 mg/ml	19
fluconazole tabs 100 mg	19
fluconazole tabs 150 mg	19
fluconazole tabs 200 mg	19
fluconazole tabs 50 mg	19
flucytosine caps 250 mg	19
flucytosine caps 500 mg	19
fludarabine phosphate solr 50 mg	25
fludrocortisone acetate tabs 0.1 mg	83
flumazenil soln 0.5 mg/5ml	60
flunisolide soln 25 mcg/act (0.025%)	77
fluocinolone acetonide body oil 0.01 %	105
fluocinolone acetonide scalp oil 0.01 %	105
fluocinolone acetonide soln 0.01 %	105
fluocinonide crea 0.05 %	105
fluocinonide gel 0.05 %	105
fluocinonide oint 0.05 %	105
fluocinonide soln 0.05 %	105
fluorometholone susp 0.1 %	77
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	108
fluorouracil crea 5 %	108
fluorouracil soln 1 gm/20ml	25
fluorouracil soln 2 %	108
fluorouracil soln 2.5 gm/50ml	25
fluorouracil soln 5 %	108
fluorouracil soln 5 gm/100ml	25
fluorouracil soln 500 mg/10ml	25
fluoxetine hcl caps 10 mg	62
fluoxetine hcl caps 20 mg	62
fluoxetine hcl caps 40 mg	62
fluoxetine hcl soln 20 mg/5ml	63
fluphenazine decanoate soln 25 mg/ml	63
fluphenazine hcl conc 5 mg/ml	63
fluphenazine hcl tabs 1 mg	63
fluphenazine hcl tabs 10 mg	63
fluphenazine hcl tabs 2.5 mg	63
fluphenazine hcl tabs 5 mg	63
flurbiprofen sodium soln 0.03 %	77
flutamide caps 125 mg	25
fluticasone propionate crea 0.05 %	105
fluticasone propionate hfa aero 44 mcg/act	83
fluticasone propionate oint 0.005 %	105
fluvoxamine maleate tabs 100 mg	63
fluvoxamine maleate tabs 25 mg	63
fluvoxamine maleate tabs 50 mg	63
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	102
FLUZONE SUSP [influenza virus vaccine	

split]	102
FLUZONE SUSY 0.5 ML [influenza virus vaccine split preservative free]	102
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	77
folic acid soln 5 mg/ml	110
FORANE SOLN [isoflurane]	60
FORTEO SOPN 560 MCG/2.24ML [teriparatide]	88
fosamprenavir calcium tabs 700 mg	12
fosaprepitant dimeglumine solr 150 mg	80
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	21
fosphenytoin sodium soln 100 mg pe/2ml ...	54
fosphenytoin sodium soln 500 mg pe/10ml	54
fulvestrant sosy 250 mg/5ml	25
furosemide soln 10 mg/ml	72
furosemide soln 8 mg/ml	72
FUROSEMIDE TABS 20 MG [furosemide]	72
FUROSEMIDE TABS 40 MG [furosemide]	72
furosemide tabs 80 mg	72

G

gabapentin caps 100 mg	54
gabapentin caps 300 mg	54
gabapentin caps 400 mg	54
GABAPENTIN POWD [gabapentin (bulk)]	96
gabapentin soln 250 mg/5ml	54
gabapentin tabs 600 mg	54
gabapentin tabs 800 mg	54
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	33
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	33
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	33
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	33
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	33
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	33
GABLOFEN SOSY 50 MCG/ML [baclofen]	33
GADAVIST SOLN 1 MMOL/ML [gadobutrol] ..	70
galantamine hydrobromide er cp24 16 mg ..	32
galantamine hydrobromide er cp24 24 mg ..	32
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	32
galantamine hydrobromide tabs 12 mg	32
galantamine hydrobromide tabs 4 mg	32

galantamine hydrobromide tabs 8 mg	32
GAMASTAN INJ [immune globulin (human) im]	99
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	99
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	99
GAMMAGARD SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous]	99
GAMMAKED SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous]	99
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	99
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	99
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	99
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	99
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	99
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous] ...	100
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous] ...	100
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous] ...	100
ganciclovir sodium solr 500 mg	21
GARDASIL 9 SUSP 0.5 ML [human papillomavirus (hvp) 9-valent recombinant vaccine]	102
GARDASIL 9 SUSY 0.5 ML [human papillomavirus (hvp) 9-valent recombinant vaccine]	102
GASTROGRAFIN SOLN 66-10 % [diatrizoate meglumine & sodium]	70
gatifloxacin soln 0.5 %	77
GAZYVA SOLN 1000 MG/40ML [obinutuzumab]	25
GELUSIL CHEW 200-200-25 MG [alum & mag hydrox-simethicone]	79
gemcitabine hcl solr 200 mg	25
gemfibrozil tabs 600 mg	41
gentamicin in saline soln 0.8-0.9 mg/ml-% ...	16
gentamicin in saline soln 1.2-0.9 mg/ml-% ...	16
gentamicin in saline soln 1.6-0.9 mg/ml-% ...	16
gentamicin in saline soln 1-0.9 mg/ml-%	16
gentamicin in saline soln 2-0.9 mg/ml-%	16
gentamicin sulfate crea 0.1 %	104
gentamicin sulfate oint 0.1 %	104
gentamicin sulfate soln 0.3 %	77
gentamicin sulfate soln 10 mg/ml	17
gentamicin sulfate soln 40 mg/ml	17
GENTIAN VIOLET SOLN 1 % [gentian violet]	104
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	12
GLEOSTINE CAPS 10 MG [lomustine]	25
GLEOSTINE CAPS 100 MG [lomustine]	25
GLEOSTINE CAPS 40 MG [lomustine]	25
glimepiride tabs 1 mg	84
glimepiride tabs 2 mg	84
glimepiride tabs 4 mg	84
glipizide tabs 10 mg	84
glipizide tabs 5 mg	84
glipizide tb24 10 mg	85
glipizide tb24 2.5 mg	85
glipizide tb24 5 mg	85
glipizide-metformin hcl tabs 2.5-250 mg	85
glipizide-metformin hcl tabs 2.5-500 mg	85
glipizide-metformin hcl tabs 5-500 mg	85
GLUCAGEN HYPOKIT SOLR 1 MG [glucagon hcl (rdna)]	86
GLUCAGEN INJ 1MG [glucagon hcl (rdna)]	86
glucagon emergency kit 1 mg	86
glyburide tabs 1.25 mg	85
glyburide tabs 2.5 mg	85
glyburide tabs 5 mg	85
GLYCERIN LIQD [glycerin (bulk)]	96
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	96
glycopyrrolate soln 0.2 mg/ml	31
glycopyrrolate soln 0.4 mg/2ml	31
glycopyrrolate soln 1 mg/5ml	31
glycopyrrolate tabs 1 mg	31
glycopyrrolate tabs 2 mg	31
GONAL-F RFF REDIRECT SOPN 300 UNT/0.48ML [follitropin alfa]	88

GONAL-F RFF REDIJECT SOPN 450 UNT/0.72ML [follitropin alfa]	88
GONAL-F RFF REDIJECT SOPN 900 UNT/1.44ML [follitropin alfa]	88
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	88
GONAL-F SOLR 1050 UNIT [follitropin alfa]	88
GONAL-F SOLR 450 UNIT [follitropin alfa] ...	88
granisetron hcl tabs 1 mg	80
GRANIX SOLN 300 MCG/ML [tbo-filgrastim]	39
GRANIX SOLN 480 MCG/1.6ML [tbo-filgrastim]	40
GRANIX SOSY 300 MCG/0.5ML [tbo- filgrastim]	40
GRANIX SOSY 480 MCG/0.8ML [tbo- filgrastim]	40
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	93
griseofulvin microsize susp 125 mg/5ml	19
griseofulvin microsize tabs 500 mg	19
griseofulvin ultramicrosize tabs 125 mg	19
griseofulvin ultramicrosize tabs 250 mg	19
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [guaifenesin-codeine]	97
guanfacine hcl er tb24 1 mg	60
guanfacine hcl er tb24 2 mg	60
guanfacine hcl er tb24 3 mg	60
guanfacine hcl er tb24 4 mg	60
guanfacine hcl tabs 1 mg	33
guanfacine hcl tabs 2 mg	33

H

HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	93
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	93
HALAVEN SOLN 1 MG/2ML [eribulin mesylate]	25
halobetasol propionate crea 0.05 %	105
halobetasol propionate oint 0.05 %	105
haloperidol decanoate soln 100 mg/ml	63
haloperidol decanoate soln 50 mg/ml	63
haloperidol lactate conc 2 mg/ml	63
haloperidol lactate soln 5 mg/ml	63
HALOPERIDOL POWD [haloperidol (bulk)]	96
haloperidol tabs 0.5 mg	63
haloperidol tabs 1 mg	63
haloperidol tabs 10 mg	63
haloperidol tabs 2 mg	63
haloperidol tabs 20 mg	63

haloperidol tabs 5 mg	63
HARVONI TABS 45-200 MG [ledipasvir- sofosbuvir]	19
HARVONI TABS 90-400 MG [ledipasvir- sofosbuvir]	19
HAVRIX SUSP 1440 EL U/ML [hepatitis a vaccine]	102
HAVRIX SUSY 720 EL U/0.5ML [hepatitis a vaccine]	102
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	95
HEMLIBRA SOLN 105 MG/0.7ML [emicizumab- kxwh]	36
HEMLIBRA SOLN 12 MG/0.4ML [emicizumab- kxwh]	36
HEMLIBRA SOLN 150 MG/ML [emicizumab- kxwh]	36
HEMLIBRA SOLN 30 MG/ML [emicizumab- kxwh]	36
HEMLIBRA SOLN 60 MG/0.4ML [emicizumab- kxwh]	36
HEMOFIL M INJ 220-400 [antihemophilic factor (human)]	36
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	38
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	38
HEPARIN (PORCINE) IN NACL SOLN 25000- 0.45 UT/250ML-% [heparin (porcine) in sodium chloride]	38
HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML [heparin sodium (porcine) lock flush]	38
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	38
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	38
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [heparin sod (porcine) in d5w] ...	38
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	39
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	39
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10	

UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	39
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	39
<i>heparin sodium (porcine) lock flush soln</i>	38
HEPARIN SODIUM (PORCINE) PF SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	39
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [<i>heparin sodium (porcine)</i>]	39
<i>heparin sodium (porcine) soln 1000 unit/ml</i>	39
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	39
<i>heparin sodium (porcine) soln 20000 unit/ml</i>	39
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	39
HERCESSI SOLR 150 MG [<i>trastuzumab-strf</i>]	25
HERCESSI SOLR 420 MG [<i>trastuzumab-strf</i>]	25
<i>hetastarch-nacl soln 6-0.9 %</i>	74
HEXTEND SOLN 6 % [<i>hetastarch (hes /0.7 or /0.75) in electrolytes</i>]	74
HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>]	102
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOSY 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOSY 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOSY 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	100
HIZENTRA SOSY 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	100
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	79
HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>]	85
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>]	85
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	85
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	36
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	36
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	36
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	85
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	85
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	85
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	85
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	85
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	85
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	85
HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	25
HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	25
<i>hydralazine hcl soln 20 mg/ml</i>	45
<i>hydralazine hcl tabs 10 mg</i>	45
<i>hydralazine hcl tabs 100 mg</i>	45
<i>hydralazine hcl tabs 25 mg</i>	45
<i>hydralazine hcl tabs 50 mg</i>	45
<i>hydrochlorothiazide tabs 12.5 mg</i>	72
<i>hydrochlorothiazide tabs 25 mg</i>	72
<i>hydrochlorothiazide tabs 50 mg</i>	72
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	97
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	98
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	48
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	48
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	48
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	48
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	106
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>]	105

hydrocortisone crea 2.5 %	106
hydrocortisone enem 100 mg/60ml	106
hydrocortisone lotn 2.5 %	106
hydrocortisone oint 2.5 %	106
HYDROCORTISONE POWD [hydrocortisone (bulk)]	96
hydrocortisone tabs 10 mg	83
hydrocortisone tabs 20 mg	83
hydrocortisone tabs 5 mg	83
HYDROCORTISONE-iodoquinol CREA 1-1 % [iodoquinol-hc]	104
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	106
hydromorphone hcl liqd 1 mg/ml	48
hydromorphone hcl pf soln 500 mg/50ml	48
HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	49
HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	49
hydromorphone hcl tabs 2 mg	49
hydromorphone hcl tabs 4 mg	49
hydromorphone hcl tabs 8 mg	49
HYDROPHILIC OINT [hydrophilic ointment] 96	
HYDROXOCOBALAMIN POW [hydroxocobalamin (bulk)]	96
hydroxychloroquine sulfate tabs 200 mg	20
HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	96
hydroxyurea caps 500 mg	25
hydroxyzine hcl soln 50 mg/ml	58
hydroxyzine hcl syrp 10 mg/5ml	59
hydroxyzine hcl tabs 10 mg	59
hydroxyzine hcl tabs 25 mg	59
hydroxyzine hcl tabs 50 mg	59
hydroxyzine pamoate caps 100 mg	59
hydroxyzine pamoate caps 25 mg	59
hydroxyzine pamoate caps 50 mg	59
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	76
HYOSCYAMINE SULFATE ER TB12 0.375 MG [hyoscyamine sulfate]	31
HYOSCYAMINE SULFATE SUBL 0.125 MG [hyoscyamine sulfate]	31
HYOSCYAMINE SULFATE TABS 0.125 MG	

[hyoscyamine sulfate]	31
HYOSCYAMINE SULFATE TBDP 0.125 MG [hyoscyamine sulfate]	31
HYOSYNE ELIX 0.125 MG/5ML [hyoscyamine sulfate]	31
HYOSYNE SOLN 0.125 MG/ML [hyoscyamine sulfate]	31
HYPERRAB SOLN 300 UNIT/ML [rabies immune globulin (human)]	100
HYPERTET SOSY 250 UNIT/ML [tetanus immune globulin (human)]	100
HYQVIA KIT 10 GM/100ML [immune globulin (human)-hyaluronidase (human recombinant)]	100
HYQVIA KIT 2.5 GM/25ML [immune globulin (human)-hyaluronidase (human recombinant)]	100
HYQVIA KIT 20 GM/200ML [immune globulin (human)-hyaluronidase (human recombinant)]	100
HYQVIA KIT 30 GM/300ML [immune globulin (human)-hyaluronidase (human recombinant)]	100
HYQVIA KIT 5 GM/50ML [immune globulin (human)-hyaluronidase (human recombinant)]	100
HYSEPT 25 SOLN 0.25 % [sodium hypochlorite]	104

I

IBRANCE CAPS 100 MG [palbociclib]	25
IBRANCE CAPS 125 MG [palbociclib]	25
IBRANCE CAPS 75 MG [palbociclib]	25
IBRANCE TABS 100 MG [palbociclib]	25
IBRANCE TABS 125 MG [palbociclib]	25
IBRANCE TABS 75 MG [palbociclib]	25
ibuprofen susp 100 mg/5ml	49
ibutilide fumarate soln 1 mg/10ml	44
icatibant acetate sosy 30 mg/3ml	93
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin hcl]	25
IDELVION SOLR 1000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	36
IDELVION SOLR 2000 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)]	36
IDELVION SOLR 250 UNIT [coagulation factor ix recomb albumin fusion protein (rix-fp)] 36	
IDELVION SOLR 500 UNIT [coagulation factor	

ix recomb albumin fusion protein (rix-fp)] 36	
IFOSFAMIDE SOLR 1 GM [ifosfamide]	25
imatinib mesylate tabs 100 mg	25
imatinib mesylate tabs 400 mg	25
IMBRUVICA CAPS 140 MG [ibrutinib]	25
IMBRUVICA CAPS 70 MG [ibrutinib]	25
IMBRUVICA TABS 140 MG [ibrutinib]	25
IMBRUVICA TABS 280 MG [ibrutinib]	25
IMBRUVICA TABS 420 MG [ibrutinib]	25
IMBRUVICA TABS 560 MG [ibrutinib]	26
imipramine hcl tabs 10 mg	63
imipramine hcl tabs 25 mg	63
imipramine hcl tabs 50 mg	63
imiquimod crea 5 %	108
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	
[rabies immune globulin (human)]	100
IMOVAX RABIES SUSR 2.5 UNIT/ML [rabies virus vaccine, hdc]	102
indapamide tabs 1.25 mg	72
indapamide tabs 2.5 mg	72
indomethacin caps 25 mg	49
indomethacin caps 50 mg	49
indomethacin er cpcr 75 mg	49
INDOMETHACIN POWD [indomethacin]	96
INDOMETHACIN SODIUM SOLR 1 MG	
[indomethacin sodium]	49
INFANRIX SUSP 25-58-10 [diphtheria, acellular pertussis & tetanus toxoids]	101
INFED SOLN 50 MG/ML [iron dextran]	35
INFLECTRA SOLR 100 MG [infliximab-dyyb]	93
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	49
INFUMORPH 500 SOLN 500 MG/20ML (25 MG/ML) [morphine sulfate for continuous microinfusion]	49
INFUVITE ADULT SOLN [multiple vitamin]	109
INFUVITE PEDIATRIC SOLN [pediatric multiple vitamins]	109
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [insulin glargine-yfgn]	85
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [insulin glargine-yfgn]	85
INTELENCE TABS 25 MG [etravirine]	12
INTRALIPID EMUL 20 % [fat emulsion plant based (soy)]	72
INTRALIPID EMUL 30 % [fat emulsion plant based (soy)]	72
INTRON A SOLR 10000000 UNIT [interferon alfa-2b]	26
INTRON A SOLR 18000000 UNIT [interferon alfa-2b]	26
INTRON A SOLR 50000000 UNIT [interferon alfa-2b]	26
INVANZ SOLR 1 GM [ertapenem sodium]	17
INVEGA SUSTENNA SUSY 117 MG/0.75ML [paliperidone palmitate]	63
INVEGA SUSTENNA SUSY 156 MG/ML [paliperidone palmitate]	63
INVEGA SUSTENNA SUSY 234 MG/1.5ML [paliperidone palmitate]	63
INVEGA SUSTENNA SUSY 39 MG/0.25ML [paliperidone palmitate]	63
INVEGA SUSTENNA SUSY 78 MG/0.5ML [paliperidone palmitate]	63
IOPIDINE SOLN 1 % [apraclonidine hcl]	78
IPOL INJ [poliovirus vaccine, ipv]	102
ipratropium bromide soln 0.02 %	31
ipratropium bromide soln 0.03 %	31
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	34
IRESSA TABS 250 MG [gefitinib]	26
irinotecan hcl soln 500 mg/25ml	26
ISENTRESS CHEW 100 MG [raltegravir potassium]	12
ISENTRESS CHEW 25 MG [raltegravir potassium]	12
ISENTRESS HD TABS 600 MG [raltegravir potassium]	12
ISENTRESS TABS 400 MG [raltegravir potassium]	12
isoniazid soln 100 mg/ml	20
isoniazid syrp 50 mg/5ml	20
isoniazid tabs 100 mg	20
isoniazid tabs 300 mg	20
isoproterenol hcl soln 0.2 mg/ml	34
isosorbide dinitrate tabs 10 mg	46
isosorbide dinitrate tabs 20 mg	46
isosorbide dinitrate tabs 30 mg	46
isosorbide dinitrate tabs 5 mg	46
isosorbide mononitrate er tb24 120 mg	46
isosorbide mononitrate er tb24 30 mg	46
isosorbide mononitrate er tb24 60 mg	46
ISOSORBIDE POWD [isosorbide (bulk)]	96
itraconazole caps 100 mg	19
ivermectin tabs 3 mg	11
IXEMPRA KIT SOLR 15 MG [ixabepilone]	26
IXEMPRA KIT SOLR 45 MG [ixabepilone]	26
IXIARO SUSP [japanese encephalitis vaccine inactivated adsorbed]	102

J

JADENU SPRINKLE PACK 180 MG [deferasirox]	82
JADENU SPRINKLE PACK 360 MG [deferasirox]	82
JADENU SPRINKLE PACK 90 MG [deferasirox]	82
JADENU TABS 180 MG [deferasirox]	82
JAKAFI TABS 10 MG [ruxolitinib phosphate]	26
JAKAFI TABS 15 MG [ruxolitinib phosphate]	26
JAKAFI TABS 20 MG [ruxolitinib phosphate]	26
JAKAFI TABS 25 MG [ruxolitinib phosphate]	26
JAKAFI TABS 5 MG [ruxolitinib phosphate]	26
JARDIANCE TABS 10 MG [empagliflozin]	85
JARDIANCE TABS 25 MG [empagliflozin]	85
JEVTANA SOLN 60 MG/1.5ML [cabazitaxel]	26
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	12

K

KADCYLA SOLR 100 MG [ado-trastuzumab emtansine]	26
KADCYLA SOLR 160 MG [ado-trastuzumab emtansine]	26
KALYDECO PACK 13.4 MG [ivacaftor]	98
KALYDECO PACK 25 MG [ivacaftor]	98
KALYDECO PACK 5.8 MG [ivacaftor]	98
KALYDECO PACK 50 MG [ivacaftor]	98
KALYDECO PACK 75 MG [ivacaftor]	98
KALYDECO TABS 150 MG [ivacaftor]	98
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	36
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in	

dextrose & sodium chloride]	74
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	74
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	74
KEDRAB SOLN 1500 UNIT/10ML [rabies immune globulin (human)]	100
KEDRAB SOLN 300 UNIT/2ML [rabies immune globulin (human)]	100
KENALOG-10 SUSP 10 MG/ML [triamcinolone acetonide]	83
KENALOG-40 SUSP 40 MG/ML [triamcinolone acetonide]	83
KEPIVANCE SOLR 6.25 MG [palifermin]	107
KETAMINE HCL POWD [ketamine hcl (bulk)]	96
ketamine hcl soln 10 mg/ml	60
ketamine hcl soln 100 mg/ml	60
ketamine hcl soln 50 mg/ml	60
ketoconazole crea 2 %	104
ketoconazole sham 2 %	104
ketoconazole tabs 200 mg	19
KETO-DIASTIX STRP [urine glucose-ketones test]	70
KETOPROFEN POWD [ketoprofen (bulk)]	96
ketorolac tromethamine soln 0.4 %	77
ketorolac tromethamine soln 0.5 %	77
ketorolac tromethamine soln 15 mg/ml	49
ketorolac tromethamine soln 30 mg/ml	49
ketorolac tromethamine soln 60 mg/2ml	49
KETOSTIX STRP [acetone (urine) test]	70
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	26
KINERET INJ [anakinra]	90
KINRIX SUSY 0.5 ML [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	102
KISQALI (200 MG DOSE) TBPK 200 MG [ribociclib succinate]	26
KISQALI (400 MG DOSE) TBPK 200 MG [ribociclib succinate]	26
KISQALI (600 MG DOSE) TBPK 200 MG [ribociclib succinate]	26
KLOR-CON TBCR 8 MEQ [potassium chloride]	74
KOATE SOLR 1000 UNIT [antihemophilic factor (human)]	36
KOATE-DVI SOLR 500 UNIT [antihemophilic factor (human)]	36

KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	36
KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	37
KOGENATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	37
KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant) (rfviii)</i>]	37
KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KOVALTRY SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KOVALTRY SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	37
K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	74
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	26
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	26
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	26

L

<i>labetalol hcl soln 5 mg/ml</i>	41
<i>labetalol hcl tabs 100 mg</i>	41
<i>labetalol hcl tabs 200 mg</i>	41
<i>labetalol hcl tabs 300 mg</i>	42
<i>lacosamide soln 10 mg/ml</i>	54
<i>lacosamide soln 200 mg/20ml</i>	54
<i>lacosamide tabs 100 mg</i>	54
<i>lacosamide tabs 150 mg</i>	54
<i>lacosamide tabs 200 mg</i>	54
<i>lacosamide tabs 50 mg</i>	54
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	78
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	73
LACTATED RINGERS SOLN [<i>lactated ringer's</i>]	75
LACTIC ACID SOLN [<i>lactic acid (bulk)</i>]	96
LACTOSE MONOHYDRATE POWD [<i>lactose monohydrate</i>]	96
LACTOSE POWD [<i>lactose</i>]	96

<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	71
<i>lactulose soln 10 gm/15ml</i>	71
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	54
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	54
<i>lamivudine soln 10 mg/ml</i>	12
<i>lamivudine tabs 100 mg</i>	21
<i>lamivudine tabs 150 mg</i>	12
<i>lamivudine tabs 300 mg</i>	12
<i>lamivudine-zidovudine tabs 150-300 mg</i>	12
<i>lamotrigine chew 25 mg</i>	54
<i>lamotrigine chew 5 mg</i>	54
<i>lamotrigine tabs 100 mg</i>	54
<i>lamotrigine tabs 150 mg</i>	54
<i>lamotrigine tabs 200 mg</i>	54
<i>lamotrigine tabs 25 mg</i>	54
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	44
L-ARGININE POWD [<i>arginine</i>]	96
<i>latanoprost soln 0.005 %</i>	78
L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	96
<i>leflunomide tabs 10 mg</i>	93
<i>leflunomide tabs 20 mg</i>	90
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	26
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [<i>lenvatinib mesylate</i>]	26
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	26
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	26
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	26
<i>letrozole tabs 2.5 mg</i>	26
<i>leucovorin calcium solr 100 mg</i>	93
<i>leucovorin calcium solr 350 mg</i>	93
<i>leucovorin calcium solr 50 mg</i>	93
<i>leucovorin calcium tabs 25 mg</i>	93
<i>leucovorin calcium tabs 5 mg</i>	93
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	26
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	40
<i>leuprolide acetate kit 1 mg/0.2ml</i>	26
<i>levetiracetam er tb24 500 mg</i>	54
<i>levetiracetam er tb24 750 mg</i>	54
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML [<i>levetiracetam in sodium chloride</i>]	55
LEVETIRACETAM IN NACL SOLN 1500	

MG/100ML [<i>levetiracetam in sodium chloride</i>]	55	LIDOCAINE HCL (CARDIAC) PF SOLN 100	
LEVETIRACETAM IN NACL SOLN 500		MG/5ML [<i>lidocaine hcl (cardiac)</i>]	91
MG/100ML [<i>levetiracetam in sodium chloride</i>]	55	<i>lidocaine hcl (pf) soln 0.5 %</i>	91
<i>levetiracetam soln 100 mg/ml</i>	55	<i>lidocaine hcl (pf) soln 1 %</i>	91
<i>levetiracetam soln 500 mg/5ml</i>	55	<i>lidocaine hcl (pf) soln 2 %</i>	91
<i>levetiracetam tabs 1000 mg</i>	55	<i>lidocaine hcl (pf) soln 4 %</i>	91
<i>levetiracetam tabs 250 mg</i>	55	LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	96
<i>levetiracetam tabs 500 mg</i>	55		
<i>levetiracetam tabs 750 mg</i>	55	<i>lidocaine hcl soln 0.5 %</i>	91
<i>levobunolol hcl soln 0.5 %</i>	78	<i>lidocaine hcl soln 1 %</i>	91
<i>levocarnitine inj 200mg/ml</i>	93	<i>lidocaine hcl soln 2 %</i>	91
LEVOCARNITINE SOLN 1 GM/10ML		<i>lidocaine hcl soln 4 %</i>	106
[<i>levocarnitine (metabolic modifiers)</i>]	93	<i>lidocaine hcl urethral/mucosal gel 2 %</i>	106
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	93	<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	106
<i>levofloxacin in d5w soln 250 mg/50ml</i>	17	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	17	[<i>lidocaine in d5w</i>]	44
<i>levofloxacin in d5w soln 750 mg/150ml</i>	17	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
<i>levofloxacin soln 25 mg/ml</i>	17	[<i>lidocaine in d5w</i>]	44
<i>levofloxacin tabs 250 mg</i>	17	<i>lidocaine oint 5 %</i>	106
<i>levofloxacin tabs 500 mg</i>	17	<i>lidocaine ptch 5 %</i>	106
<i>levofloxacin tabs 750 mg</i>	17	<i>lidocaine viscous hcl soln 2 %</i>	79
<i>levonorgestrel-ethinyl estrad tabs 0.1-20 mcg</i>	86	<i>lidocaine-epinephrine (pf) soln 1.5 %-1 200000</i>	91
LEVOTHYROXINE SODIUM SOLR 200 MCG		<i>lidocaine-epinephrine (pf) soln 2 %-1 200000</i>	91
[<i>levothyroxine sodium</i>]	89	<i>lidocaine-epinephrine soln 0.5 %-1 200000</i>	91
LEVOTHYROXINE SODIUM SOLR 500 MCG		<i>lidocaine-epinephrine soln 1 %-1 100000</i>	91
[<i>levothyroxine sodium</i>]	89	<i>lidocaine-epinephrine soln 2 %-1 100000</i>	91
<i>levothyroxine sodium tabs 100 mcg</i>	89	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	106
<i>levothyroxine sodium tabs 112 mcg</i>	89	<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	106
<i>levothyroxine sodium tabs 125 mcg</i>	89	LIKMEZ SUSP 500 MG/5ML [<i>metronidazole</i>]	21
<i>levothyroxine sodium tabs 137 mcg</i>	89	<i>linezolid soln 600 mg/300ml</i>	17
<i>levothyroxine sodium tabs 150 mcg</i>	89	<i>linezolid susr 100 mg/5ml</i>	17
<i>levothyroxine sodium tabs 175 mcg</i>	89	<i>linezolid tabs 600 mg</i>	17
<i>levothyroxine sodium tabs 200 mcg</i>	89	<i>liothyronine sodium tabs 25 mcg</i>	89
<i>levothyroxine sodium tabs 25 mcg</i>	89	<i>liothyronine sodium tabs 5 mcg</i>	89
<i>levothyroxine sodium tabs 300 mcg</i>	89	<i>liothyronine sodium tabs 50 mcg</i>	89
<i>levothyroxine sodium tabs 50 mcg</i>	89	<i>liraglutide sopn 18 mg/3ml</i>	85
<i>levothyroxine sodium tabs 75 mcg</i>	89	<i>lisdexamfetamine dimesylate caps 10 mg</i>	52
<i>levothyroxine sodium tabs 88 mcg</i>	89	<i>lisdexamfetamine dimesylate caps 20 mg</i>	52
LEVSIN SOLN 0.5 MG/ML [<i>hyoscyamine sulfate</i>]	31	<i>lisdexamfetamine dimesylate caps 30 mg</i>	52
LEVULAN KERASTICK SOLR 20 %		<i>lisdexamfetamine dimesylate caps 40 mg</i>	52
[<i>aminolevulinic acid hcl</i>]	108	<i>lisdexamfetamine dimesylate caps 50 mg</i>	52
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	70	<i>lisdexamfetamine dimesylate caps 60 mg</i>	52
		<i>lisdexamfetamine dimesylate caps 70 mg</i>	52
LIBTAYO SOLN 350 MG/7ML [<i>cemiplimab-rwlc</i>]	26	<i>lisinopril tabs 10 mg</i>	45
		<i>lisinopril tabs 2.5 mg</i>	45

lisinopril tabs 20 mg	45	sodium]	39
lisinopril tabs 30 mg	45	LOVENOX SOSY 150 MG/ML [enoxaparin	
lisinopril tabs 40 mg	45	sodium]	39
lisinopril tabs 5 mg	45	LOVENOX SOSY 30 MG/0.3ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 10-12.5		sodium]	39
mg	45	LOVENOX SOSY 40 MG/0.4ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-12.5		sodium]	39
mg	45	LOVENOX SOSY 60 MG/0.6ML [enoxaparin	
lisinopril-hydrochlorothiazide tabs 20-25 mg		sodium]	39
.....	45	LOVENOX SOSY 80 MG/0.8ML [enoxaparin	
L-ISOLEUCINE POWD [isoleucine]	96	sodium]	39
lithium carbonate caps 150 mg	56	loxapine succinate caps 10 mg	63
LITHIUM CARBONATE CAPS 300 MG [lithium		loxapine succinate caps 25 mg	63
carbonate]	56	loxapine succinate caps 5 mg	63
lithium carbonate caps 600 mg	56	loxapine succinate caps 50 mg	63
lithium carbonate er tbc 300 mg	56	L-PROLINE POWD [proline]	96
lithium carbonate er tbc 450 mg	56	LUCENTIS SOSY 0.3 MG/0.05ML	
LITHIUM CARBONATE TABS 300 MG [lithium		[ranibizumab]	79
carbonate]	56	LUCENTIS SOSY 0.5 MG/0.05ML	
LITHOSTAT TABS 250 MG [acetohydroxamic		[ranibizumab]	79
acid]	71	LUMASON SUSR 60.7-25 MG [sulfur	
LIVTENCITY TABS 200 MG [maribavir]	21	hexafluoride lipid-type a microspheres] ...70	
LONSURF TABS 15-6.14 MG [trifluridine-		LUMIZYME SOLR 50 MG [alglucosidase alfa]	
tipiracil]	26	.....	76
LONSURF TABS 20-8.19 MG [trifluridine-		LUPRON DEPOT (1-MONTH) KIT 3.75 MG	
tipiracil]	26	[leuprolide acetate]	27
lopinavir-ritonavir soln 400-100 mg/5ml	12	LUPRON DEPOT (1-MONTH) KIT 7.5 MG	
lopinavir-ritonavir tabs 100-25 mg	12	[leuprolide acetate]	27
lopinavir-ritonavir tabs 200-50 mg	12	LUPRON DEPOT (3-MONTH) KIT 11.25 MG	
lorazepam soln 2 mg/ml	59	[leuprolide acetate (3 month)]	27
LORAZEPAM SOLN 4 MG/ML [lorazepam] ...	59	LUPRON DEPOT (3-MONTH) KIT 22.5 MG	
lorazepam tabs 0.5 mg	59	[leuprolide acetate (3 month)]	27
lorazepam tabs 1 mg	59	LUPRON DEPOT (4-MONTH) KIT 30 MG	
lorazepam tabs 2 mg	59	[leuprolide acetate (4 month)]	27
LORBRENA TABS 100 MG [lorlatinib]	27	LUPRON DEPOT (6-MONTH) KIT 45 MG	
LORBRENA TABS 25 MG [lorlatinib]	27	[leuprolide acetate (6 month)]	27
losartan potassium tabs 100 mg	45	LUPRON DEPOT-PED (1-MONTH) KIT 11.25	
losartan potassium tabs 25 mg	45	MG [leuprolide acetate (cpp)]	27
losartan potassium tabs 50 mg	45	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	
losartan potassium-hctz tabs 100-12.5 mg ..	45	[leuprolide acetate (cpp)]	27
losartan potassium-hctz tabs 100-25 mg	45	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	
losartan potassium-hctz tabs 50-12.5 mg	45	[leuprolide acetate (cpp)]	27
lovastatin tabs 10 mg	41	LUPRON DEPOT-PED (3-MONTH) KIT 11.25	
lovastatin tabs 20 mg	41	MG [leuprolide acetate (cpp) (3 month)] ...27	
lovastatin tabs 40 mg	41	LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	
LOVENOX SOLN 300 MG/3ML [enoxaparin		[leuprolide acetate (cpp) (3 month)]	27
sodium]	39	lurasidone hcl tabs 120 mg	63
LOVENOX SOSY 100 MG/ML [enoxaparin		lurasidone hcl tabs 20 mg	63
sodium]	39	lurasidone hcl tabs 40 mg	63
LOVENOX SOSY 120 MG/0.8ML [enoxaparin		lurasidone hcl tabs 60 mg	63

lurasidone hcl tabs 80 mg	63
L-VALINE POWD [valine].....	96
LYNPARZA TABS 100 MG [olaparib]	27
LYNPARZA TABS 150 MG [olaparib]	27
LYSODREN TABS 500 MG [mitotane].....	27

M

MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose].....	75
MAGNESIUM SULFATE SOLN 4 GM/100ML [magnesium sulfate].....	55
MAGNESIUM SULFATE SOLN 40 GM/1000ML [magnesium sulfate].....	55
MAGNESIUM SULFATE SOLN 50 % [magnesium sulfate].....	55
malathion lotn 0.5 %	104
MANNITOL SOLN 25 % [mannitol].....	72
MATULANE CAPS 50 MG [procarbazine hcl]27	
meclizine hcl tabs 25 mg	80
meclofenamate sodium caps 100 mg	49
meclofenamate sodium caps 50 mg	49
MEDROL TABS 2 MG [methylprednisolone] 83	
medroxyprogesterone acetate susp 150 mg/ml	88
medroxyprogesterone acetate susy 150 mg/ml	88
medroxyprogesterone acetate tabs 10 mg ..	89
medroxyprogesterone acetate tabs 2.5 mg ..	89
medroxyprogesterone acetate tabs 5 mg	89
MEDSAVER SYRINGE/NEEDLE/ 25G X 5/8 ..	68
mefenamic acid caps 250 mg	49
mefloquine hcl tabs 250 mg	21
megestrol acetate susp 40 mg/ml	27
megestrol acetate susp 400 mg/10ml	27
megestrol acetate tabs 20 mg	27
megestrol acetate tabs 40 mg	27
MEKINIST SOLR 0.05 MG/ML [trametinib dimethyl sulfoxide].....	27
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide].....	27
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide].....	27
meloxicam tabs 15 mg	49
meloxicam tabs 7.5 mg	49
melphalan hcl solr 50 mg	27
memantine hcl tabs 10 mg	60
memantine hcl tabs 5 mg	60
MENOPUR SOLR 75 UNIT [menotropins]	88
MENVEO SOLN [meningococcal (a,c,y&w-	

135) oligosaccharide conjugate vac]	103
MENVEO SOLR [meningococcal (a,c,y&w- 135) oligosaccharide conjugate vac]	103
meperidine hcl soln 100 mg/ml	49
meperidine hcl soln 25 mg/ml	49
meperidine hcl soln 50 mg/ml	49
MEPHYTON TABS 5 MG [phytonadione]....	110
mercaptapurine tabs 50 mg	27
meropenem solr 1 gm	17
meropenem solr 500 mg	17
mesalamine enem 4 gm	79
mesalamine supp 1000 mg	79
mesalamine tbec 1.2 gm	79
MESNA SOLN 100 MG/ML [mesna]	93
MESNEX TABS 400 MG [mesna]	94
MESTINON SOLN 60 MG/5ML [pyridostigmine bromide].....	32
metformin hcl er tb24 500 mg	85
metformin hcl er tb24 750 mg	85
metformin hcl tabs 1000 mg	85
metformin hcl tabs 500 mg	85
metformin hcl tabs 850 mg	85
methadone hcl soln 10 mg/5ml	49
METHADONE HCL SOLN 10 MG/ML [methadone hcl].....	49
methadone hcl soln 5 mg/5ml	49
methadone hcl tabs 10 mg	49
methadone hcl tabs 5 mg	49
methazolamide tabs 25 mg	78
methazolamide tabs 50 mg	78
methenamine hippurate tabs 1 gm	22
methimazole tabs 10 mg	89
methimazole tabs 5 mg	89
methocarbamol tabs 500 mg	33
methocarbamol tabs 750 mg	33
methotrexate sodium (pf) soln 50 mg/2ml ...	27
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium].....	27
methotrexate sodium solr 1 gm	27
methotrexate sodium tabs 2.5 mg	27
methoxsalen rapid caps 10 mg	107
methyl dopa tabs 250 mg	45
methyl dopa tabs 500 mg	45
METHYLENE BLUE (ANTIDOTE) SOLN 1 % [methylene blue (antidote)].....	94
methylergonovine maleate soln 0.2 mg/ml ..	95
methylergonovine maleate tabs 0.2 mg	95
methylphenidate hcl er (cd) cpcr 10 mg	52
methylphenidate hcl er (cd) cpcr 20 mg	52
methylphenidate hcl er (cd) cpcr 30 mg	52

methylphenidate hcl er (cd) cpcr 40 mg	52	metronidazole tabs 250 mg	21
methylphenidate hcl er (cd) cpcr 50 mg	52	metronidazole tabs 500 mg	21
methylphenidate hcl er (cd) cpcr 60 mg	52	mexiletine hcl caps 150 mg	44
methylphenidate hcl er (osm) tbcR 18 mg	52	mexiletine hcl caps 200 mg	44
methylphenidate hcl er (osm) tbcR 27 mg	52	mexiletine hcl caps 250 mg	44
methylphenidate hcl er (osm) tbcR 36 mg	52	MICRHOGAM ULTRA-FILTERED PLUS SOSY	
methylphenidate hcl er (osm) tbcR 54 mg	52	250 UNIT [rho d immune globulin (human)]	
methylphenidate hcl er tbcR 10 mg	52	.....	100
methylphenidate hcl er tbcR 20 mg	52	midazolam hcl (pf) soln 10 mg/2ml	59
methylphenidate hcl tabs 10 mg	52	midazolam hcl (pf) soln 2 mg/2ml	59
methylphenidate hcl tabs 20 mg	52	midazolam hcl (pf) soln 5 mg/ml	59
methylphenidate hcl tabs 5 mg	52	midazolam hcl soln 10 mg/2ml	59
methylprednisolone acetate susp 40 mg/ml	83	midazolam hcl soln 2 mg/2ml	59
methylprednisolone acetate susp 80 mg/ml	83	midazolam hcl syrp 2 mg/ml	59
methylprednisolone sodium succ solr 1000		midodrine hcl tabs 10 mg	34
mg	83	midodrine hcl tabs 2.5 mg	34
methylprednisolone sodium succ solr 125 mg		midodrine hcl tabs 5 mg	34
.....	83	MIFEPREX TABS 200 MG [mifepristone]	95
methylprednisolone sodium succ solr 40 mg		milrinone lactate in dextrose soln 20-5	
.....	83	mg/100ml-%	44
methylprednisolone tabs 16 mg	83	milrinone lactate in dextrose soln 40-5	
methylprednisolone tabs 32 mg	83	mg/200ml-%	44
methylprednisolone tabs 4 mg	83	milrinone lactate inj 1mg/ml	44
methylprednisolone tabs 8 mg	83	milrinone lactate soln 10 mg/10ml	44
methylprednisolone tbpk 4 mg	83	MINOCIN SOLR 100 MG [minocycline hcl]	17
methyltestosterone caps 10 mg	84	minocycline hcl caps 100 mg	17
methyltestosterone tabs 10 mg	84	minocycline hcl caps 50 mg	17
metoclopramide hcl soln 10 mg/10ml	81	minocycline hcl caps 75 mg	17
metoclopramide hcl soln 5 mg/ml	81	minoxidil tabs 10 mg	45
metoclopramide hcl tabs 10 mg	81	minoxidil tabs 2.5 mg	45
metoclopramide hcl tabs 5 mg	81	MIOCHOL-E SOLR 20 MG [acetylcholine	
metolazone tabs 10 mg	72	chloride]	78
metolazone tabs 2.5 mg	72	MIOSTAT SOLN 0.01 % [carbachol (ophth)]	78
metolazone tabs 5 mg	72	mirabegron er tb24 25 mg	109
METOPIRON CAPS 250 MG [metyrapone]	70	MIRENA (52 MG) IUD 20 MCG/DAY	
metoprolol succinate er tb24 100 mg	42	[levonorgestrel (iud)]	86
metoprolol succinate er tb24 200 mg	42	mirtazapine tabs 15 mg	64
metoprolol succinate er tb24 25 mg	42	mirtazapine tabs 30 mg	64
metoprolol succinate er tb24 50 mg	42	mirtazapine tabs 45 mg	64
metoprolol tartrate soln 5 mg/5ml	42	misoprostol tabs 100 mcg	80
metoprolol tartrate tabs 100 mg	42	misoprostol tabs 200 mcg	80
metoprolol tartrate tabs 25 mg	42	mitomycin solr 20 mg	27
metoprolol tartrate tabs 50 mg	42	mitomycin solr 40 mg	28
metronidazole crea 0.75 %	104	mitomycin solr 5 mg	28
metronidazole gel 0.75 %	104	MITOSOL KIT 0.2 MG [mitomycin	
metronidazole lotn 0.75 %	104	(ophthalmic)]	77
METRONIDAZOLE POWD [metronidazole		mitoxantrone hcl conc 25 mg/12.5ml	28
(bulk)]	96	modafinil tabs 100 mg	52
METRONIDAZOLE SOLN 500 MG/100ML		modafinil tabs 200 mg	53
[metronidazole]	21	MODERNA COVID-19 VAC 6M-11Y SUSY 25	

MCG/0.25ML [<i>covid-19 (sars-cov-2) mrna virus vaccine</i>]	103
<i>mometasone furoate crea 0.1 %</i>	106
<i>mometasone furoate oint 0.1 %</i>	106
<i>mometasone furoate soln 0.1 %</i>	106
MONOJECT INSULIN SYRINGE MISC 27G X 1/2	68
MONOJECT INSULIN SYRINGE MISC 29G X 1/2	68
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [<i>syringe (disposable)</i>]	68
MONOJECT TB SYRINGE MISC 1 ML [<i>syringe (disposable)</i>]	68
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2	68
<i>montelukast sodium chew 4 mg</i>	97
<i>montelukast sodium chew 5 mg</i>	97
<i>montelukast sodium pack 4 mg</i>	97
<i>montelukast sodium tabs 10 mg</i>	97
<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	50
<i>morphine sulfate (pf) soln 0.5 mg/ml</i>	50
<i>morphine sulfate (pf) soln 1 mg/ml</i>	50
MORPHINE SULFATE (PF) SOLN 10 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE (PF) SOLN 2 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE (PF) SOLN 4 MG/ML [<i>morphine sulfate</i>]	50
<i>morphine sulfate er tbc 100 mg</i>	50
<i>morphine sulfate er tbc 15 mg</i>	50
<i>morphine sulfate er tbc 200 mg</i>	50
<i>morphine sulfate er tbc 30 mg</i>	50
<i>morphine sulfate er tbc 60 mg</i>	50
MORPHINE SULFATE POWD [<i>morphine sulfate</i>]	96
MORPHINE SULFATE SOLN 1 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 10 MG/5ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 2 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 20 MG/5ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 4 MG/ML [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SOLN 50 MG/ML [<i>morphine sulfate</i>]	50

MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>]	50
MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>]	50
MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>]	50
MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>]	50
<i>moxifloxacin hcl in nacl soln 400 mg/250ml</i>	17
<i>moxifloxacin hcl soln 0.5 %</i>	77
<i>moxifloxacin hcl tabs 400 mg</i>	17
MULTIHANCE SOLN 529 MG/ML [<i>gadobenate dimeglumine</i>]	70
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [<i>ped multivitamins w/fl & iron</i>]	109
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [<i>pediatric multivitamins w/fl</i>]	109
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [<i>pediatric multivitamins w/fl</i>]	109
MULTIVITAMIN/FLUORIDE CHEW 1 MG [<i>pediatric multivitamins w/fl</i>]	109
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [<i>pediatric multivitamins w/fl</i>]	110
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric multivitamins w/fl</i>]	110
<i>mupirocin oint 2 %</i>	104
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	28
<i>mycophenolate mofetil caps 250 mg</i>	90
<i>mycophenolate mofetil susr 200 mg/ml</i>	90
<i>mycophenolate mofetil tabs 500 mg</i>	94
<i>mycophenolate sodium tbec 180 mg</i>	90
<i>mycophenolate sodium tbec 360 mg</i>	90
MYLERAN TABS 2 MG [<i>busulfan</i>]	28
MYOBLOC SOLN 10000 UNIT/2ML [<i>rimabotulinumtoxinb</i>]	94
MYOBLOC SOLN 2500 UNIT/0.5ML [<i>rimabotulinumtoxinb</i>]	94
MYOBLOC SOLN 5000 UNIT/ML [<i>rimabotulinumtoxinb</i>]	94
MYRBETRIQ SRER 8 MG/ML [<i>mirabegron</i>]	109
MYRBETRIQ TB24 50 MG [<i>mirabegron</i>]	109

N

NABI-HB SOLN 312 UNIT/ML [<i>hepatitis b immune globulin (human)</i>]	100
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nabumetone tabs 500 mg	50	neomycin-polymyxin b gu soln 40-200000	104
nabumetone tabs 750 mg	50	neomycin-polymyxin-dexameth oint 3.5-10000-0.1	77
nadolol tabs 20 mg	42	neomycin-polymyxin-dexameth susp 3.5-10000-0.1	77
nadolol tabs 40 mg	42	neomycin-polymyxin-gramicidin soln 1.75-10000-.025	77
nadolol tabs 80 mg	42	neomycin-polymyxin-hc soln 1 %	77
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]...	17	neomycin-polymyxin-hc susp 3.5-10000-1	77
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose].....	17	NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine].....	51
nafcillin sodium solr 1 gm	17	NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)].....	90
nafcillin sodium solr 10 gm	17	NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate].....	32
nafcillin sodium solr 2 gm	17	NESACAINE SOLN 1 % [chloroprocaine hcl].....	91
NAGLAZYME SOLN 1 MG/ML [galsulfase].....	76	NESACAINE SOLN 2 % [chloroprocaine hcl].....	92
nalbuphine hcl soln 10 mg/ml	50	NEULUMEX SUSP 0.1 % [barium sulfate].....	70
nalbuphine hcl soln 20 mg/ml	50	nevirapine er tb24 400 mg	12
naloxone hcl liqd 4 mg/0.1ml	61	nevirapine susp 50 mg/5ml	12
naloxone hcl soct 0.4 mg/ml	61	nevirapine tabs 200 mg	12
naloxone hcl soln 0.4 mg/ml	61	NEXPLANON IMPL 68 MG [etonogestrel].....	86
naloxone hcl sosy 2 mg/2ml	61	NIACIN ER CPR 250 MG [niacin].....	110
NALTREXONE HCL POWD [naltrexone hcl (bulk)].....	61	NIACIN ER TBCR 250 MG [niacin].....	110
naltrexone hcl tabs 50 mg	61	NIACIN TABS 100 MG [niacin].....	110
NAMENDA SOL 10MG/5ML [memantine hcl].....	60	NIACIN TABS 250 MG [niacin].....	110
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl].....	60	NIACIN TABS 50 MG [niacin].....	110
naproxen sodium tabs 275 mg	50	NIACIN TABS 500 MG [niacin].....	110
naproxen sodium tabs 550 mg	50	niacin td cap 500mg td	110
naproxen susp 125 mg/5ml	51	NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl].....	43
naproxen tabs 250 mg	51	nicotine polacrilex gum 2 mg	31
naproxen tabs 375 mg	51	nicotine polacrilex gum 4 mg	32
naproxen tabs 500 mg	51	nicotine polacrilex lozg 2 mg	32
naproxen tbec 375 mg	51	nicotine polacrilex lozg 4 mg	31
naratriptan hcl tabs 1 mg	56	nicotine pt24 14 mg/24hr	32
naratriptan hcl tabs 2.5 mg	56	NICOTINE PT24 21 MG/24HR [nicotine].....	32
NAROPIN SOLN 2 MG/ML [ropivacaine hcl].....	91	nicotine pt24 7 mg/24hr	32
NAROPIN SOLN 5 MG/ML [ropivacaine hcl].....	91	nifedipine caps 10 mg	43
NAROPIN SOLN 7.5 MG/ML [ropivacaine hcl].....	91	nifedipine caps 20 mg	43
NATACYN SUSP 5 % [natamycin].....	77	nifedipine er osmotic release tb24 30 mg	43
NEBUPENT SOLR 300 MG [pentamidine isethionate].....	21	nifedipine er osmotic release tb24 60 mg	43
nefazodone hcl tabs 100 mg	64	nifedipine er osmotic release tb24 90 mg	43
nefazodone hcl tabs 150 mg	64	nifedipine er tb24 30 mg	43
nefazodone hcl tabs 200 mg	64	nifedipine er tb24 60 mg	43
nefazodone hcl tabs 250 mg	64	nimodipine caps 30 mg	43
nefazodone hcl tabs 50 mg	64	NINLARO CAPS 2.3 MG [ixazomib citrate].....	28
nelarabine soln 5 mg/ml	28	NINLARO CAPS 3 MG [ixazomib citrate].....	28
neomycin sulfate tabs 500 mg	17	NINLARO CAPS 4 MG [ixazomib citrate].....	28
neomycin-bacitracin zn-polymyx oint 5-400-10000	77	NITRO-DUR PT24 0.3 MG/HR [nitroglycerin].....	47

NITRO-DUR PT24 0.8 MG/HR <i>[nitroglycerin]</i>	47
NITROFURANTOIN MACROCRYSTAL CAPS	
100 MG <i>[nitrofurantoin macrocrystal]</i>	22
<i>nitrofurantoin macrocrystal caps 25 mg</i>	22
NITROFURANTOIN MACROCRYSTAL CAPS	
50 MG <i>[nitrofurantoin macrocrystal]</i>	22
<i>nitrofurantoin monohyd macro caps 100 mg</i>	22
<i>nitrofurantoin susp 25 mg/5ml</i>	22
NITROGLYCERIN IN D5W SOLN 100-5	
MCG/ML-% <i>[nitroglycerin in d5w]</i>	47
NITROGLYCERIN IN D5W SOLN 200-5	
MCG/ML-% <i>[nitroglycerin in d5w]</i>	47
<i>nitroglycerin pt24 0.1 mg/hr</i>	47
<i>nitroglycerin pt24 0.2 mg/hr</i>	47
<i>nitroglycerin pt24 0.4 mg/hr</i>	47
<i>nitroglycerin pt24 0.6 mg/hr</i>	47
<i>nitroglycerin soln 5 mg/ml</i>	47
<i>nitroprusside sodium soln 25 mg/ml</i>	45
NITROSTAT SUBL 0.3 MG <i>[nitroglycerin]</i>	47
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	47
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	47
NITRO-TIME CPR 2.5 MG <i>[nitroglycerin]</i>	47
NITRO-TIME CPR 6.5 MG <i>[nitroglycerin]</i>	47
NITRO-TIME CPR 9 MG <i>[nitroglycerin]</i>	47
NORDITROPIN FLEXPOR SOPN 15 MG/1.5ML	
<i>[somatropin]</i>	89
<i>norepinephrine bitartrate soln 1 mg/ml</i>	34
<i>norethindrone acetate tabs 5 mg</i>	89
<i>norethindrone tabs 0.35 mg</i>	86
<i>norgestimate-eth estradiol tabs 0.25-35 mg-mcg</i>	87
NORMAL SALINE FLUSH SOLN 0.9 % <i>[sodium chloride flush]</i>	75
NORPACE CR CP12 100 MG <i>[disopyramide phosphate]</i>	44
NORPACE CR CP12 150 MG <i>[disopyramide phosphate]</i>	44
<i>nortriptyline hcl caps 10 mg</i>	64
<i>nortriptyline hcl caps 25 mg</i>	64
<i>nortriptyline hcl caps 50 mg</i>	64
<i>nortriptyline hcl caps 75 mg</i>	64
<i>nortriptyline hcl soln 10 mg/5ml</i>	64
NORVIR SOLN 80 MG/ML <i>[ritonavir]</i>	12
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	37
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	37
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	37

NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	37
NUBEQA TABS 300 MG <i>[darolutamide]</i>	28
<i>nystatin crea 100000 unit/gm</i>	104
<i>nystatin susp 100000 unit/ml</i>	19
<i>nystatin tabs 500000 unit</i>	19
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	106
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	106

O

OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	101
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	101
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	101
<i>octreotide acetate soln 100 mcg/ml</i>	94
<i>octreotide acetate soln 1000 mcg/ml</i>	94
<i>octreotide acetate soln 200 mcg/ml</i>	94
<i>octreotide acetate soln 50 mcg/ml</i>	94
<i>octreotide acetate soln 500 mcg/ml</i>	94
<i>octreotide acetate sosy 50 mcg/ml</i>	94
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	101
ODEFSEY TABS 200-25-25 MG <i>[emtricitabine- rilpivirine-tenofovir alafenamide fumarate]</i>	12
ODOMZO CAPS 200 MG <i>[sonidegib phosphate]</i>	28
OFEV CAPS 100 MG <i>[nintedanib esylate]</i>	98
OFEV CAPS 150 MG <i>[nintedanib esylate]</i>	98
<i>ofloxacin soln 0.3 %</i>	77
<i>olanzapine solr 10 mg</i>	64
<i>olanzapine tabs 10 mg</i>	64
<i>olanzapine tabs 15 mg</i>	64
<i>olanzapine tabs 2.5 mg</i>	64
<i>olanzapine tabs 20 mg</i>	64
<i>olanzapine tabs 5 mg</i>	64
<i>olanzapine tabs 7.5 mg</i>	64
<i>omeprazole cpdr 10 mg</i>	80
<i>omeprazole cpdr 40 mg</i>	80
OMNIPAQUE SOLN 180 MG/ML <i>[iohexol]</i>	70
OMNIPAQUE SOLN 240 MG/ML <i>[iohexol]</i>	70
OMNIPAQUE SOLN 300 MG/ML <i>[iohexol]</i>	70
OMNIPAQUE SOLN 350 MG/ML <i>[iohexol]</i>	70
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection device]</i>	68
OMNITROPE SOCT 10 MG/1.5ML	

[somatropin]	89
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	
.....	89
OMNITROPE SOLR 5.8 MG [somatropin]	89
ONCASPAR SOLN 750 UNIT/ML	
[pegaspargase]	28
ondansetron hcl soln 4 mg/2ml	80
ondansetron hcl soln 4 mg/5ml	80
ondansetron hcl soln 40 mg/20ml	80
ondansetron hcl tabs 4 mg	80
ondansetron hcl tabs 8 mg	80
ondansetron tbdp 4 mg	80
ondansetron tbdp 8 mg	80
ONETOUCH DELICA PLUS LANCET33G MISC	
[lancets]	68
ONETOUCH SURESOFT LANCING DEV MISC	
[lancets misc.]	68
ONETOUCH ULTRA CONTROL LIQD [blood	
glucose calibration]	69
ONETOUCH ULTRA TEST STRP [glucose	
blood]	70
ONETOUCH ULTRASOFT 2 LANCETS MISC	
[lancets]	69
ONETOUCH ULTRASOFT LANCETS MISC	
[lancets]	69
ONETOUCH VERIO FLEX SYSTEM DEVI	
[blood glucose monitoring supplies]	69
ONETOUCH VERIO FLEX SYSTEM KIT	
W/DEVICE [blood glucose monitoring	
supplies]	69
ONETOUCH VERIO LIQD HIGH [blood	
glucose calibration]	69
OPDIVO SOLN 100 MG/10ML [nivolumab] ...	28
OPDIVO SOLN 40 MG/4ML [nivolumab]	28
ORENCIA CLICKJECT SOAJ 125 MG/ML	
[abatacept]	90
ORENCIA SOLR 250 MG [abatacept]	94
ORENCIA SOSY 125 MG/ML [abatacept]	90
ORENCIA SOSY 50 MG/0.4ML [abatacept] ...	90
ORENCIA SOSY 87.5 MG/0.7ML [abatacept] 90	
ORKAMBI PACK 100-125 MG [lumacaftor-	
ivacaftor]	98
ORKAMBI PACK 150-188 MG [lumacaftor-	
ivacaftor]	98
ORKAMBI PACK 75-94 MG [lumacaftor-	
ivacaftor]	98
ORKAMBI TABS 100-125 MG [lumacaftor-	
ivacaftor]	98
ORKAMBI TABS 200-125 MG [lumacaftor-	
ivacaftor]	98

oseltamivir phosphate caps 30 mg	21
oseltamivir phosphate caps 45 mg	21
oseltamivir phosphate caps 75 mg	21
oseltamivir phosphate susr 6 mg/ml	21
OSMITROL SOLN 20 % [mannitol]	72
OTEZLA TABS 30 MG [apremilast]	90
OTEZLA TBPK 10 & 20 & 30 MG [apremilast] 90	
OVIDREL SOSY 250 MCG/0.5ML	
[choriogonadotropin alfa]	88
OXACILLIN SODIUM IN DEXTROSE SOLN 1	
GM/50ML [oxacillin sodium in dextrose] ..	17
OXACILLIN SODIUM IN DEXTROSE SOLN 2	
GM/50ML [oxacillin sodium in dextrose] ..	17
oxacillin sodium solr 1 gm	17
oxacillin sodium solr 2 gm	17
oxaliplatin soln 100 mg/20ml	28
oxaliplatin soln 50 mg/10ml	28
oxandrolone tabs 10 mg	84
oxandrolone tabs 2.5 mg	84
oxazepam caps 10 mg	59
oxazepam caps 15 mg	59
oxazepam caps 30 mg	59
oxcarbazepine susp 300 mg/5ml	55
oxcarbazepine tabs 150 mg	55
oxcarbazepine tabs 300 mg	55
oxcarbazepine tabs 600 mg	55
oxybutynin chloride er tb24 10 mg	109
oxybutynin chloride er tb24 15 mg	109
oxybutynin chloride er tb24 5 mg	109
oxybutynin chloride soln 5 mg/5ml	109
oxybutynin chloride tabs 5 mg	109
oxycodone hcl soln 5 mg/5ml	51
oxycodone hcl tabs 5 mg	51
oxycodone-acetaminophen tabs 10-325 mg 51	
oxycodone-acetaminophen tabs 5-325 mg ..51	
oxycodone-acetaminophen tabs 7.5-325 mg	
.....	51
OXYTOCIN SOLN 10 UNIT/ML [oxytocin]	95
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2	
MG/3ML [semaglutide]	85
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	
[semaglutide]	85
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	
[semaglutide]	86
OZURDEX IMPL 0.7 MG [dexamethasone	
(ophth)]	77

P

paclitaxel conc 300 mg/50ml	28
paclitaxel protein-bound part susr 100 mg ..28	

PADCEV SOLR 20 MG [enfortumab vedotin-ejfv]	28
PADCEV SOLR 30 MG [enfortumab vedotin-ejfv]	28
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (300 MG TITRATION) PACK 300 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	101
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG [peanut (arachis hypogaea) allergen powder-dnfp]	102
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG [peanut (arachis hypogaea) allergen powder-dnfp]	102
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG [peanut (arachis hypogaea) allergen powder-dnfp]	102
paliperidone er tb24 1.5 mg	64
paliperidone er tb24 3 mg	64
paliperidone er tb24 6 mg	64
paliperidone er tb24 9 mg	64
pamidronate disodium soln 30 mg/10ml	94
pamidronate disodium soln 6 mg/ml	94
pamidronate disodium soln 90 mg/10ml	94
pantoprazole sodium tbec 20 mg	80
pantoprazole sodium tbec 40 mg	80
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	47
PARAGARD INTRAUTERINE COPPER IUD [copper (iud)]	87
paroxetine hcl tabs 10 mg	64
paroxetine hcl tabs 20 mg	64
paroxetine hcl tabs 30 mg	64
paroxetine hcl tabs 40 mg	64
PAVBLU SOLN 2 MG/0.05ML [aflibercept-ayyh]	79
PAVBLU SOSY 2 MG/0.05ML [aflibercept-ayyh]	79
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	22
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG [nirmatrelvir-ritonavir]	22
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG [nirmatrelvir-ritonavir]	22
PEDIARIX SUSY [diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]	103
PEDIATRIC SMALL MASK MISC [masks]	69
peg 3350-kcl-na bicarb-nacl solr 420 gm	81
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	20
PEGASYS SOSY 180 MCG/0.5ML [peginterferon alfa-2a]	20
PEG-INTRON REDIPEN KIT 120 RP [peginterferon alfa-2b]	20
PEG-INTRON REDIPEN KIT 150 RP [peginterferon alfa-2b]	20
PEMETREXED DISODIUM SOLN 100 MG/4ML [pemetrexed disodium]	28
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	28
penicillamine caps 250 mg	82
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	17
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	17
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	17
penicillin g potassium solr 20000000 unit	17
penicillin g potassium solr 5000000 unit	17
penicillin g procaine susp 600000 unit/ml	18
penicillin g sodium solr 5000000 unit	18

penicillin v potassium solr 125 mg/5ml	18
penicillin v potassium solr 250 mg/5ml	18
penicillin v potassium tabs 250 mg	18
penicillin v potassium tabs 500 mg	18
PENTAM SOLR 300 MG [pentamidine isethionate]	21
PENTASA CPCR 250 MG [mesalamine]	79
PENTASA CPCR 500 MG [mesalamine]	80
pentazocine-naloxone hcl tabs 50-0.5 mg ...	51
pentobarbital sodium soln 50 mg/ml	59
pentoxifylline er tbc 400 mg	40
PERJETA SOLN 420 MG/14ML [pertuzumab]	28
permethrin crea 5 %	104
permethrin liqd 1 %	104
perphenazine tabs 16 mg	64
perphenazine tabs 2 mg	64
perphenazine tabs 4 mg	64
perphenazine tabs 8 mg	64
phenelzine sulfate tabs 15 mg	64
PHENEX-1 POWD [nutritional supplements]	72
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	59
PHENOBARBITAL POWD [phenobarbital]	96
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	59
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	59
PHENOBARBITAL TABS 100 MG [phenobarbital]	59
PHENOBARBITAL TABS 15 MG [phenobarbital]	59
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	59
PHENOBARBITAL TABS 30 MG [phenobarbital]	59
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	59
PHENOBARBITAL TABS 60 MG [phenobarbital]	59
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	59
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	59
PHENOL LIQD [phenol]	106
PHENOL LIQD 89 % [phenol]	37
phenoxybenzamine hcl caps 10 mg	33
phentermine hcl caps 15 mg	53
phentermine hcl caps 30 mg	53
phentermine hcl caps 37.5 mg	53
phentermine hcl tabs 37.5 mg	53
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	96
phentolamine mesylate solr 5 mg	33
PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	79
PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	79
phenytoin sodium extended caps 100 mg ...	55
phenytoin sodium soln 50 mg/ml	55
phenytoin susp 125 mg/5ml	55
PHLEXY-10 PACK [nutritional supplements]	72
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	75
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	78
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran] ..	79
phytonadione soln 1 mg/0.5ml	110
pilocarpine hcl soln 1 %	78
pilocarpine hcl soln 2 %	78
pilocarpine hcl soln 4 %	78
pilocarpine hcl tabs 5 mg	32
pimecrolimus crea 1 %	108
pimozide tabs 1 mg	64
pimozide tabs 2 mg	64
pioglitazone hcl tabs 15 mg	86
pioglitazone hcl tabs 30 mg	86
pioglitazone hcl tabs 45 mg	86
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	18
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	18
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	18
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	18
PLASMA-LYTE A SOLN [electrolyte-a]	75
PNEUMOVAX 23 SOSY 25 MCG/0.5ML [pneumococcal vac polyvalent]	103
PODOCON-25 SOLN 25 % [podophyllum resin]	108
podofilox soln 0.5 %	108
POLYETHYLENE GLYCOL 400 LIQD [polyethylene glycol 400]	96
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	77

POLY-VI-SOL SOLN [<i>pediatric multiple vitamins</i>]	110
POLY-VI-SOL/IRON SOLN 11 MG/ML [<i>pediatric multiple vitamins w/ iron</i>]	110
POMALYST CAPS 1 MG [<i>pomalidomide</i>]	28
POMALYST CAPS 2 MG [<i>pomalidomide</i>]	28
POMALYST CAPS 3 MG [<i>pomalidomide</i>]	28
POMALYST CAPS 4 MG [<i>pomalidomide</i>]	28
POTASSIUM ACETATE SOLN 2 MEQ/ML [<i>potassium acetate</i>]	75
<i>potassium chloride crys er tbc</i> 10 meq	75
<i>potassium chloride crys er tbc</i> 20 meq	75
<i>potassium chloride er cpcr</i> 10 meq	75
<i>potassium chloride er cpcr</i> 8 meq	75
<i>potassium chloride er tbc</i> 10 meq	75
POTASSIUM CHLORIDE IN NA CL SOLN 20-0.45 MEQ/L-% [<i>potassium chloride in nacl</i>]	75
POTASSIUM CHLORIDE IN NA CL SOLN 20-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	75
POTASSIUM CHLORIDE IN NA CL SOLN 40-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	75
POTASSIUM CHLORIDE PACK 20 MEQ [<i>potassium chloride</i>]	75
<i>potassium chloride sol 10% sf</i>	75
<i>potassium chloride soln 10 meq/100ml</i>	75
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [<i>potassium chloride</i>]	75
<i>potassium chloride soln 2 meq/ml</i>	75
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [<i>potassium chloride</i>]	75
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [<i>potassium chloride</i>]	75
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	71
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	71
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML [<i>potassium citrate-citric acid</i>]	71
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [<i>potassium chloride in dextrose</i>]	75
<i>potassium phosphate inj 3mm/ml</i>	75
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	75
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	57
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	57
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	57
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	57
<i>pramipexole dihydrochloride tabs 1 mg</i>	57
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	57
PRAMOSONE OINT 1-1 % [<i>pramoxine-hc</i>]	106
<i>pravastatin sodium tabs 10 mg</i>	41
<i>pravastatin sodium tabs 20 mg</i>	41
<i>pravastatin sodium tabs 40 mg</i>	41
<i>pravastatin sodium tabs 80 mg</i>	41
PRAXBIND SOLN 2.5 GM/50ML [<i>idarucizumab</i>]	37
<i>prazosin hcl caps 1 mg</i>	40
<i>prazosin hcl caps 2 mg</i>	40
<i>prazosin hcl caps 5 mg</i>	40
PRECEDEX SOLN 200 MCG/2ML [<i>dexmedetomidine hcl</i>]	59
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	77
<i>prednisolone acetate susp 1 %</i>	77
<i>prednisolone sodium phosphate soln 1 %</i>	77
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	83
<i>prednisolone sodium phosphate soln 5 mg/5ml</i>	83
<i>prednisolone soln 15 mg/5ml</i>	83
<i>prednisone soln 5 mg/5ml</i>	83
<i>prednisone tabs 1 mg</i>	83
<i>prednisone tabs 10 mg</i>	83
<i>prednisone tabs 2.5 mg</i>	83
<i>prednisone tabs 20 mg</i>	83
<i>prednisone tabs 5 mg</i>	83
<i>prednisone tabs 50 mg</i>	83
<i>prednisone tbpk 10 mg (21)</i>	83
<i>prednisone tbpk 5 mg (21)</i>	83
<i>pregabalin caps 100 mg</i>	55
<i>pregabalin caps 150 mg</i>	55
<i>pregabalin caps 200 mg</i>	55
<i>pregabalin caps 225 mg</i>	55
<i>pregabalin caps 25 mg</i>	55
<i>pregabalin caps 300 mg</i>	55
<i>pregabalin caps 50 mg</i>	55
<i>pregabalin caps 75 mg</i>	55
<i>pregabalin soln 20 mg/ml</i>	55
PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	88
PREPIDIL GEL 0.5 MG/3GM [<i>dinoprostone</i>]	95
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	20
PREVIDENT GEL 1.1 % [<i>sodium fluoride (dental)</i>]	94
PREVIDENT SOLN 0.2 % [<i>sodium fluoride (dental)</i>]	94

PREVNAR 20 SUSY 0.5 ML <i>[pneumococcal 20-valent conjugate vaccine]</i>	103
PREVYMIS SOLN 240 MG/12ML <i>[letermovir]</i> 22	
PREVYMIS SOLN 480 MG/24ML <i>[letermovir]</i> 22	
PREVYMIS TABS 240 MG <i>[letermovir]</i>	22
PREVYMIS TABS 480 MG <i>[letermovir]</i>	22
PREZCOBIX TABS 800-150 MG <i>[darunavir-cobicistat]</i>	12
PREZISTA TABS 75 MG <i>[darunavir]</i>	12
PRIFTIN TABS 150 MG <i>[rifapentine]</i>	20
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG <i>[primaquine phosphate]</i>	21
PRIMAXIN IV SOLR 500-500 MG <i>[imipenem-cilastatin]</i>	18
<i>primidone tab 50mg</i>	55
<i>primidone tabs 250 mg</i>	55
PRIORIX SUSR <i>[measles, mumps & rubella virus vaccines]</i>	103
PRIVIGEN SOLN 10 GM/100ML <i>[immune globulin (human) iv]</i>	101
PRIVIGEN SOLN 20 GM/200ML <i>[immune globulin (human) iv]</i>	101
PRIVIGEN SOLN 5 GM/50ML <i>[immune globulin (human) iv]</i>	101
<i>probenecid tabs 500 mg</i>	76
<i>procainamide hcl soln 100 mg/ml</i>	44
<i>procainamide hcl soln 500 mg/ml</i>	44
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	64
<i>prochlorperazine maleate tabs 10 mg</i>	64
<i>prochlorperazine maleate tabs 5 mg</i>	64
PROCRIT SOLN 10000 UNIT/ML <i>[epoetin alfa]</i>	40
PROCRIT SOLN 2000 UNIT/ML <i>[epoetin alfa]</i>	40
PROCRIT SOLN 20000 UNIT/ML <i>[epoetin alfa]</i>	40
PROCRIT SOLN 3000 UNIT/ML <i>[epoetin alfa]</i>	40
PROCRIT SOLN 4000 UNIT/ML <i>[epoetin alfa]</i>	40
PROCRIT SOLN 40000 UNIT/ML <i>[epoetin alfa]</i>	40
PRODIGY CONTROL SOLUTION SOLN LOW <i>[blood glucose calibration]</i>	69
PROFERRIN ES TABS 12 MG <i>[iron heme polypeptide]</i>	35
PROFERRIN-FORTE TABS 12-1 MG <i>[iron heme polypeptide-folic acid]</i>	35
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	37
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	37
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	37
<i>progesterone caps 100 mg</i>	89
<i>progesterone caps 200 mg</i>	89
PROGESTERONE MICRONIZED POWD <i>[progesterone micronized (bulk)]</i>	96
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	89
PROGESTERONE WETTABLE POWD <i>[progesterone (bulk)]</i>	96
PROGLYCEM SUSP 50 MG/ML <i>[diazoxide]</i> ..	45
PROGRAF SOLN 5 MG/ML <i>[tacrolimus]</i>	91
PROLEUKIN SOLR 22000000 UNIT <i>[aldesleukin]</i>	28
PROMACTA PACK 25 MG <i>[eltrombopag olamine]</i>	40
<i>promethazine hcl soln 25 mg/ml</i>	23
<i>promethazine hcl tabs 12.5 mg</i>	23
<i>promethazine hcl tabs 25 mg</i>	23
<i>promethazine-codeine soln 6.25-10 mg/5ml</i>	98
<i>promethazine-dm syrp 6.25-15 mg/5ml</i>	98
<i>propafenone hcl tabs 150 mg</i>	44
<i>propafenone hcl tabs 225 mg</i>	44
<i>propafenone hcl tabs 300 mg</i>	44
<i>proparacaine hcl soln 0.5 %</i>	79
<i>propofol emul 1000 mg/100ml</i>	60
<i>propofol emul 200 mg/20ml</i>	60
<i>propranolol hcl er cp24 120 mg</i>	42
<i>propranolol hcl er cp24 160 mg</i>	42
<i>propranolol hcl er cp24 60 mg</i>	42
<i>propranolol hcl er cp24 80 mg</i>	42
<i>propranolol hcl soln 1 mg/ml</i>	42
<i>propranolol hcl soln 20 mg/5ml</i>	42
<i>propranolol hcl tabs 10 mg</i>	42
<i>propranolol hcl tabs 20 mg</i>	42
<i>propranolol hcl tabs 40 mg</i>	42
<i>propranolol hcl tabs 60 mg</i>	42
<i>propranolol hcl tabs 80 mg</i>	42
PROPYLENE GLYCOL LIQD <i>[propylene glycol (bulk)]</i>	96
<i>propylthiouracil tabs 50 mg</i>	89
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	103
<i>protamine sulfate soln 10 mg/ml</i>	37
PROTONIX SOLR 40 MG <i>[pantoprazole sodium]</i>	80
<i>protriptyline hcl tabs 10 mg</i>	64
<i>protriptyline hcl tabs 5 mg</i>	64

PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	84
PULMOZYME SOLN 2.5 MG/2.5ML [dornase alfa]	76
PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	28
pyrazinamide tabs 500 mg	20
pyridostigmine bromide er tbc 180 mg	32
pyridostigmine bromide tabs 60 mg	32
pyridoxine hcl soln 100 mg/ml	110

Q

QSYMIA CP24 11.25-69 MG [phentermine hcl- topiramate]	53
QSYMIA CP24 15-92 MG [phentermine hcl- topiramate]	53
QSYMIA CP24 3.75-23 MG [phentermine hcl- topiramate]	53
QSYMIA CP24 7.5-46 MG [phentermine hcl- topiramate]	53
QUADRACEL SUSP [diph-tetanus tox ad- acell pertussis & polio virus, ipv vac]	103
QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	33
quetiapine fumarate tabs 100 mg	64
quetiapine fumarate tabs 200 mg	65
quetiapine fumarate tabs 25 mg	65
quetiapine fumarate tabs 300 mg	65
quetiapine fumarate tabs 400 mg	65
quetiapine fumarate tabs 50 mg	65
QUINACRINE HCL POWD [quinacrine hcl]	97
quinidine gluconate er tbc 324 mg	44
quinidine sulfate tab 300mg	44
quinidine sulfate tabs 200 mg	44

R

RABAVERT SUSP [rabies vaccine, pcec]	103
raloxifene hcl tabs 60 mg	88
ramipril caps 10 mg	46
ramipril caps 2.5 mg	46
ramipril caps 5 mg	46
rasagiline mesylate tabs 0.5 mg	57
rasagiline mesylate tabs 1 mg	57
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	90

RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	90
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	90
READI-CAT 2 SUSP 2 % [barium sulfate]	71
RECOMBIMATE SOLR 1241-1800 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIMATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIMATE SOLR 220-400 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIMATE SOLR 401-800 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIMATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
RECOMBIVAX HB SUSP 10 MCG/ML [hepatitis b vaccine (recomb)]	103
RECOMBIVAX HB SUSP 40 MCG/ML [hepatitis b vaccine (recomb)]	103
RECOMBIVAX HB SUSP 5 MCG/0.5ML [hepatitis b vaccine (recomb)]	103
RECOMBIVAX HB SUSY 5 MCG/0.5ML [hepatitis b vaccine (recomb)]	103
RECOTHROM SOLR 20000 UNIT [thrombin (recombinant)]	37
RECOTHROM SOLR 5000 UNIT [thrombin (recombinant)]	37
REGONOL SOLN 10 MG/2ML [pyridostigmine bromide]	32
RELENZA DISKHALER AEPB 5 MG/ACT [zanamivir]	22
RENAL CAPS 1 MG [b-complex w/ c & folic acid]	110
reserpine tab 0.1mg	45
reserpine tab 0.25mg	45
RETIN-A CREA 0.025 % [tretinoin]	107
RETIN-A CREA 0.05 % [tretinoin]	107

RETIN-A CREA 0.1 % [tretinoin]	107
RETIN-A GEL 0.01 % [tretinoin]	107
RETIN-A GEL 0.025 % [tretinoin]	107
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere]	107
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere]	107
RETISERT IMPL 0.59 MG [fluocinolone acetonide (ophth)]	77
RETROVIR SOLN 10 MG/ML [zidovudine]	12
REVLIMID CAPS 10 MG [lenalidomide]	28
REVLIMID CAPS 15 MG [lenalidomide]	28
REVLIMID CAPS 2.5 MG [lenalidomide]	28
REVLIMID CAPS 20 MG [lenalidomide]	28
REVLIMID CAPS 25 MG [lenalidomide]	28
REVLIMID CAPS 5 MG [lenalidomide]	28
RHOGAM ULTRA-FILTERED PLUS SOSY 1500 UNIT [rho d immune globulin (human)] ..	101
RHOPHYLAC SOSY 1500 UNIT/2ML [rho d immune globulin (human)]	101
RIABNI SOLN 100 MG/10ML [rituximab-arrx] 28	
RIABNI SOLN 500 MG/50ML [rituximab-arrx] 28	
RIASTAP SOLR [fibrinogen concentrate (human)]	37
ribavirin caps 200 mg	22
RIDAURA CAPS 3 MG [auranofin]	81
rifabutin caps 150 mg	20
rifampin caps 150 mg	20
rifampin caps 300 mg	20
rifampin solr 600 mg	20
riluzole tabs 50 mg	60
rimantadine hcl tabs 100 mg	22
RIMSO-50 SOLN 50 % [dimethyl sulfoxide] .94	
RINGERS SOLN [ringer's]	75
RISPERDAL CONSTA SRER 12.5 MG [risperidone microspheres]	65
RISPERDAL CONSTA SRER 25 MG [risperidone microspheres]	65
RISPERDAL CONSTA SRER 37.5 MG [risperidone microspheres]	65
RISPERDAL CONSTA SRER 50 MG [risperidone microspheres]	65
RISPERIDONE SOLN 1 MG/ML [risperidone] 65	
risperidone tabs 0.25 mg	65
risperidone tabs 0.5 mg	65
risperidone tabs 1 mg	65
risperidone tabs 2 mg	65
risperidone tabs 3 mg	65
risperidone tabs 4 mg	65
ritonavir tabs 100 mg	12

RITUXAN SOLN 100 MG/10ML [rituximab]	28
RITUXAN SOLN 500 MG/50ML [rituximab]	28
rizatriptan benzoate tabs 10 mg	56
rizatriptan benzoate tabs 5 mg	56
rizatriptan benzoate tbdp 10 mg	56
rizatriptan benzoate tbdp 5 mg	56
rocuronium bromide soln 100 mg/10ml	33
rocuronium bromide soln 50 mg/5ml	33
romidepsin solr 10 mg	29
ropinirole hcl er tb24 12 mg	57
ropinirole hcl er tb24 2 mg	57
ropinirole hcl er tb24 4 mg	57
ropinirole hcl er tb24 6 mg	57
ropinirole hcl er tb24 8 mg	57
ropinirole hcl tabs 0.25 mg	57
ropinirole hcl tabs 0.5 mg	58
ropinirole hcl tabs 1 mg	58
ropinirole hcl tabs 2 mg	58
ropinirole hcl tabs 3 mg	58
ropinirole hcl tabs 4 mg	58
ropinirole hcl tabs 5 mg	58
rosuvastatin calcium tabs 10 mg	41
rosuvastatin calcium tabs 20 mg	41
rosuvastatin calcium tabs 40 mg	41
rosuvastatin calcium tabs 5 mg	41
ROTARIX SUSP [rotavirus vaccine, live oral]	103
ROTATEQ SOLN [rotavirus vaccine, live oral pentavalent]	103
ROZLYTREK CAPS 100 MG [entrectinib]	29
ROZLYTREK CAPS 200 MG [entrectinib]	29
rufinamide susp 40 mg/ml	55
rufinamide tabs 200 mg	55
rufinamide tabs 400 mg	55
RYANODEX SUSR 250 MG [dantrolene sodium]	33
RYDAPT CAPS 25 MG [midostaurin]	29

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	34
SABRIL PACK 500 MG [vigabatrin]	55
SALICYLIC ACID POWD [salicylic acid (bulk)]	97
SALSALATE TABS 500 MG [salsalate]	51
SALSALATE TABS 750 MG [salsalate]	51
SANDIMMUNE CAPS 100 MG [cyclosporine]	91
SANDIMMUNE CAPS 25 MG [cyclosporine] .91	
SANDIMMUNE SOLN 100 MG/ML	

[cyclosporine]	91	SILENOR TABS 6 MG [doxepin hcl (sleep)] ..	59
SANDIMMUNE SOLN 50 MG/ML		SILVER SULFADIAZINE CREA 1 % [silver	
[cyclosporine]	91	sulfadiazine]	104
SANDOSTATIN LAR DEPOT KIT 10 MG		simvastatin tabs 10 mg	41
[octreotide acetate]	94	simvastatin tabs 20 mg	41
SANDOSTATIN LAR DEPOT KIT 20 MG		simvastatin tabs 40 mg	41
[octreotide acetate]	94	simvastatin tabs 5 mg	41
SANDOSTATIN LAR DEPOT KIT 30 MG		simvastatin tabs 80 mg	41
[octreotide acetate]	94	sirolimus soln 1 mg/ml	94
SANTYL OINT 250 UNIT/GM [collagenase]	108	sirolimus tabs 0.5 mg	91
SARCLISA SOLN 100 MG/5ML [isatuximab-		sirolimus tabs 1 mg	91
irfc]	29	sirolimus tabs 2 mg	91
SARCLISA SOLN 500 MG/25ML [isatuximab-		sitagliptin tabs 100 mg	86
irfc]	29	sitagliptin tabs 25 mg	86
SARNA LOTN 0.5-0.5 % [camphor & menthol]		sitagliptin tabs 50 mg	86
.....	106	SKYRIZI PEN SOAJ 150 MG/ML	
scopolamine pt72 1 mg/3days	80	[risankizumab-rzaa]	108
selegiline hcl caps 5 mg	60	SKYRIZI SOCT 180 MG/1.2ML [risankizumab-	
selegiline hcl tabs 5 mg	58	rzaa (crohn's)]	108
SELENIOUS ACID SOLN 40 MCG/ML		SKYRIZI SOCT 360 MG/2.4ML [risankizumab-	
[selenious acid]	75	rzaa (crohn's)]	108
selenium sulfide lotn 2.5 %	104	SKYRIZI SOSY 150 MG/ML [risankizumab-	
SELZENTRY TABS 150 MG [maraviroc]	12	rzaa]	108
SELZENTRY TABS 25 MG [maraviroc]	12	SLO-NIACIN TBCR 500 MG [niacin]	110
SELZENTRY TABS 300 MG [maraviroc]	12	SLO-NIACIN TBCR 750 MG [niacin]	110
SELZENTRY TABS 75 MG [maraviroc]	12	SOD CITRATE-CITRIC ACID SOLN 500-334	
SENSORCAINE-MPF/EPINEPHRINE SOLN		MG/5ML [sodium citrate & citric acid]	71
0.75-1		SODIUM ACETATE SOLN 2 MEQ/ML [sodium	
200000 % [bupivacaine w/ epinephrine] ...	92	acetate]	71
SEREVENT DISKUS AEPB 50 MCG/ACT		SODIUM BENZOATE POWD [sodium	
[salmeterol xinafoate]	34	benzoate]	97
SEROSTIM SOLR 4 MG [somatropin (non-		sodium bicarbonate soln 4.2 %	71
refrigerated)]	89	sodium bicarbonate soln 8.4 %	71
SEROSTIM SOLR 5 MG [somatropin (non-		SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium	
refrigerated)]	89	chloride]	75
SEROSTIM SOLR 6 MG [somatropin (non-		SODIUM CHLORIDE BACTERIOSTATIC SOLN	
refrigerated)]	89	0.9 % [bacteriostatic sodium chloride]	75
sertraline hcl tabs 100 mg	65	SODIUM CHLORIDE NEBU 0.9 % [sodium	
sertraline hcl tabs 25 mg	65	chloride (inhalant)]	98
sertraline hcl tabs 50 mg	65	SODIUM CHLORIDE NEBU 10 % [sodium	
sevelamer carbonate pack 2.4 gm	73	chloride (inhalant)]	98
sevelamer carbonate tabs 800 mg	73	SODIUM CHLORIDE NEBU 3 % [sodium	
SF 5000 PLUS CREA 1.1 % [sodium fluoride		chloride (inhalant)]	98
(dental)]	94	SODIUM CHLORIDE NEBU 7 % [sodium	
SHINGRIX SUSR 50 MCG/0.5ML [zoster		chloride (inhalant)]	98
vaccine recombinant adjuvanted]	103	SODIUM CHLORIDE SOLN 0.45 % [sodium	
sildenafil citrate tabs 100 mg	47	chloride]	75
sildenafil citrate tabs 20 mg	47	SODIUM CHLORIDE SOLN 0.9 % [sodium	
sildenafil citrate tabs 50 mg	47	chloride (gu irrigant)]	73
SILENOR TABS 3 MG [doxepin hcl (sleep)] .	59	SODIUM CHLORIDE SOLN 0.9 % [sodium	

chloride]	76	SOVALDI PACK 150 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 3 % [sodium		SOVALDI PACK 200 MG [sofosbuvir]	20
chloride]	76	SOVALDI TABS 200 MG [sofosbuvir]	20
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium		SOVALDI TABS 400 MG [sofosbuvir]	20
chloride]	76	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	
SODIUM CHLORIDE SOLN 5 % [sodium		[tiotropium bromide monohydrate]	31
chloride]	76	spironolactone tabs 100 mg	46
SODIUM CHLORIDE TABS 1 GM [sodium		spironolactone tabs 25 mg	46
chloride]	108	spironolactone tabs 50 mg	46
SODIUM EDECRIN SOLR 50 MG [ethacrynate		spironolactone-hctz tabs 25-25 mg	46
sodium]	73	SPORANOX SOLN 10 MG/ML [itraconazole]	19
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG		SPRYCEL TABS 100 MG [dasatinib]	29
[sodium fluoride]	94	SPRYCEL TABS 140 MG [dasatinib]	29
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG		SPRYCEL TABS 20 MG [dasatinib]	29
[sodium fluoride]	94	SPRYCEL TABS 50 MG [dasatinib]	29
SODIUM FLUORIDE CHEW 2.2 (1 F) MG		SPRYCEL TABS 70 MG [dasatinib]	29
[sodium fluoride]	94	SPRYCEL TABS 80 MG [dasatinib]	29
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML		SQUARIC ACID DIBUTYLESTER POW	
[sodium fluoride]	94	DIBUTYLS [squaric acid dibutylester]	97
sodium phenylbutyrate powd 3 gm/tsp	71	SSKI SOLN 1 GM/ML [potassium iodide	
SODIUM PHOSPHATES SOLN 45		(expectorant)]	90
MMOLE/15ML [sodium phosphates (sodium		stavudine caps 30 mg	22
phosphate dibasic & monobasic)]	76	stavudine caps 40 mg	22
sodium polystyrene sulfonate powd	73	sterile water for injection soln	94
solifenacin succinate tabs 10 mg	109	STERILE WATER FOR INJECTION SOLN	
solifenacin succinate tabs 5 mg	109	[water for injection, sterile]	97
SOLU-CORTEF SOLR 100 MG		STERILE WATER FOR IRRIGATION SOLN	
[hydrocortisone sod succinate]	84	[water for irrigation, sterile]	73
SOLU-CORTEF SOLR 1000 MG		STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	
[hydrocortisone sod succinate]	84	[tiotropium bromide-olodaterol hcl]	31
SOLU-CORTEF SOLR 250 MG		STIVARGA TABS 40 MG [regorafenib]	29
[hydrocortisone sod succinate]	84	STRENSIQ SOLN 18 MG/0.45ML [asfotase	
SOLU-CORTEF SOLR 500 MG		alfa]	76
[hydrocortisone sod succinate]	84	STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	
SOLU-MEDROL (PF) SOLR 125 MG		.....	76
[methylprednisolone sod succ]	84	STRENSIQ SOLN 40 MG/ML [asfotase alfa]	76
SOLU-MEDROL (PF) SOLR 500 MG		STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	
[methylprednisolone sod succ]	84	.....	76
SOLU-MEDROL SOLR 500 MG		streptomycin sulfate solr 1 gm	18
[methylprednisolone sod succ]	84	STRIBILD TABS 150-150-200-300 MG	
sorafenib tosylate tabs 200 mg	29	[elvitegravir-cobicistat-emtricitabine-	
SORBITOL SOLN 70 % [sorbitol (laxative)] ..	81	tenofovir df]	12
SORBITOL SOLN 70 % [sorbitol]	97	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	
sotalol hcl (af) tabs 120 mg	42	[olodaterol hcl]	34
sotalol hcl (af) tabs 160 mg	42	sucalfate tabs 1 gm	80
sotalol hcl (af) tabs 80 mg	42	sufentanil citrate soln 50 mcg/ml	51
sotalol hcl tabs 120 mg	42	sulfacetamide sodium soln 10 %	77
sotalol hcl tabs 160 mg	42	SULFACETAMIDE SODIUM-SULFUR LIQD 10-	
sotalol hcl tabs 240 mg	42	5 % [sulfacetamide sodium w/ sulfur]	107
sotalol hcl tabs 80 mg	42	SULFACETAMIDE SODIUM-SULFUR LOTN 10-	

5 % [sulfacetamide sodium w/ sulfur]	107
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	107
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	107
sulfacetamide-prednisolone soln 10-0.23 %	78
sulfadiazine tabs 500 mg	18
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	18
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	18
sulfamethoxazole-trimethoprim tabs 400-80 mg	18
sulfamethoxazole-trimethoprim tabs 800-160 mg	18
SULFAMYLON CREA 85 MG/GM [mafenide acetate]	104
sulfasalazine tabs 500 mg	18
sulfasalazine tbec 500 mg	18
SULFUR PRECIPITATED (BULK) POWD [sulfur (bulk)]	97
sulindac tabs 150 mg	51
sulindac tabs 200 mg	51
sumatriptan soln 20 mg/act	56
sumatriptan succinate refill soct 6 mg/0.5ml	56
sumatriptan succinate soaj 6 mg/0.5ml	56
sumatriptan succinate tabs 100 mg	56
sumatriptan succinate tabs 25 mg	56
sumatriptan succinate tabs 50 mg	56
sunitinib malate caps 12.5 mg	29
sunitinib malate caps 25 mg	29
sunitinib malate caps 37.5 mg	29
sunitinib malate caps 50 mg	29
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	69
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	69
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	69
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	69
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	69
SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	98
SYLVANT SOLR 100 MG [siltuximab]	29
SYLVANT SOLR 400 MG [siltuximab]	29
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	98

SYMDEKO TBPK 50-75 & 75 MG [tezacaftor-ivacaftor]	98
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	12
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	13
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	13
SYNAGIS SOLN 100 MG/ML [palivizumab] ...	22
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	22
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	88

T

TABLOID TABS 40 MG [thioguanine]	29
tacrolimus caps 0.5 mg	91
tacrolimus caps 1 mg	91
tacrolimus caps 5 mg	91
TACROLIMUS OINT 0.03 % [tacrolimus (topical)]	108
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	108
tadalafil (pah) tabs 20 mg	47
tadalafil tabs 10 mg	47
tadalafil tabs 2.5 mg	47
tadalafil tabs 20 mg	47
tadalafil tabs 5 mg	47
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	29
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	29
TAFINLAR TBSO 10 MG [dabrafenib mesylate]	29
TAGRISSO TABS 40 MG [osimertinib mesylate]	29
TAGRISSO TABS 80 MG [osimertinib mesylate]	29
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	94
TAKHZYRO SOSY 150 MG/ML [lanadelumab-flyo]	94
TAKHZYRO SOSY 300 MG/2ML [lanadelumab-flyo]	94
TAMIFLU CAPS 75 MG [oseltamivir phosphate]	22
tamoxifen citrate tabs 10 mg	29
tamoxifen citrate tabs 20 mg	29

tamsulosin hcl caps 0.4 mg	40	theophylline er tb12 450 mg	109
TARGRETIN CAPS 75 MG [bexarotene]	29	theophylline er tb24 400 mg	109
TASIGNA CAPS 150 MG [nilotinib hcl]	29	thiamine hcl soln 100 mg/ml	110
TASIGNA CAPS 200 MG [nilotinib hcl]	29	THIOLA TABS 100 MG [tiopronin]	95
TAXOTERE INJ 80MG/2ML [docetaxel]	29	thioridazine hcl tabs 10 mg	65
tazarotene crea 0.05 %	108	thioridazine hcl tabs 100 mg	65
tazarotene crea 0.1 %	108	thioridazine hcl tabs 25 mg	65
tazarotene gel 0.05 %	108	thioridazine hcl tabs 50 mg	65
tazarotene gel 0.1 %	108	thiotepa solr 15 mg	29
TECENTRIQ SOLN 1200 MG/20ML		thiothixene caps 1 mg	65
[atezolizumab]	29	thiothixene caps 10 mg	65
temazepam caps 15 mg	59	thiothixene caps 2 mg	65
temazepam caps 30 mg	59	thiothixene caps 5 mg	65
temozolomide caps 100 mg	29	THROMBATE III SOLR 500 UNIT [antithrombin	
temozolomide caps 140 mg	29	iii (human)]	39
temozolomide caps 180 mg	29	THROMBIN-JMI KIT 20000 UNIT [thrombin]	37
temozolomide caps 20 mg	29	THROMBIN-JMI SOLR 20000 UNIT [thrombin]	
temozolomide caps 250 mg	29	.....	38
temozolomide caps 5 mg	29	THROMBIN-JMI SOLR 5000 UNIT [thrombin]	38
TENIVAC INJ 5-2 LFU [tetanus-diphtheria		THYMOL CRYST [thymol]	97
toxoids (td)]	102	THYROGEN SOLR 0.9 MG [thyrotropin alfa]	71
tenofovir disoproxil fumarate tabs 300 mg ..	13	ticagrelor tabs 90 mg	39
terazosin hcl caps 1 mg	40	TICE BCG SUSR 50 MG [bcg live intravesical]	
terazosin hcl caps 10 mg	40	.....	103
terazosin hcl caps 2 mg	40	TICOVAC SUSY 1.2 MCG/0.25ML [tick-borne	
terazosin hcl caps 5 mg	40	encephalitis virus vaccine, inactivated] ..	103
terbinafine hcl tabs 250 mg	19	TICOVAC SUSY 2.4 MCG/0.5ML [tick-borne	
terbutaline sulfate inj 1mg/ml	34	encephalitis virus vaccine, inactivated] ..	103
terbutaline sulfate soln 1 mg/ml	34	timolol maleate soln 0.25 %	78
terbutaline sulfate tabs 2.5 mg	34	timolol maleate soln 0.5 %	78
terbutaline sulfate tabs 5 mg	34	TISSUEBLUE SOSY 0.025 % [brilliant blue g]	
testosterone cypionate soln 200 mg/ml	84	.....	71
testosterone gel 1.62 %	84	TIVICAY PD TBSO 5 MG [dolutegravir	
testosterone gel 12.5 mg/act (1%)	84	sodium]	13
testosterone gel 25 mg/2.5gm (1%)	84	TIVICAY TABS 50 MG [dolutegravir sodium] ..	13
testosterone gel 50 mg/5gm (1%)	84	tizanidine hcl tabs 2 mg	33
TESTOSTERONE PROPIONATE POWD		tizanidine hcl tabs 4 mg	33
[testosterone propionate (bulk)]	97	TNKASE KIT 50 MG [tenecteplase]	39
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		TOBI PODHALER CAPS 28 MG [tobramycin]	
(ophth)]	79	.....	18
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		TOBRADEX OINT 0.3-0.1 % [tobramycin-	
.....	92	dexamethasone]	78
tetracycline hcl caps 250 mg	18	tobramycin nebu 300 mg/5ml	18
tetracycline hcl caps 500 mg	18	tobramycin soln 0.3 %	77
THALOMID CAPS 100 MG [thalidomide]	94	tobramycin sulfate soln 10 mg/ml	18
THALOMID CAPS 50 MG [thalidomide]	95	tobramycin sulfate soln 80 mg/2ml	18
THAM SOLN 30 MEQ/100ML [tromethamine] ..	71	tobramycin sulfate solr 1.2 gm	18
theophylline er tb12 100 mg	109	TOBREX OINT 0.3 % [tobramycin (ophth)] ..	77
theophylline er tb12 200 mg	109	topiramate csp 15 mg	55
theophylline er tb12 300 mg	109	topiramate csp 25 mg	55

topiramate tabs 100 mg	56	triamcinolone acetonide oint 0.5 %	106
topiramate tabs 200 mg	56	TRIAMCINOLONE ACETONIDE POWD	
topiramate tabs 25 mg	56	[triamcinolone acetonide (topical)]	97
topiramate tabs 50 mg	56	triamcinolone acetonide pste 0.1 %	106
topotecan hcl solr 4 mg	30	triamterene caps 100 mg	73
TORISEL SOLN 25 MG/ML [temsirolimus] ...	30	triamterene-hctz caps 37.5-25 mg	73
torsemide tabs 10 mg	73	TRIAMTERENE-HCTZ TABS 37.5-25 MG	
torsemide tabs 100 mg	73	[triamterene & hydrochlorothiazide]	73
torsemide tabs 20 mg	73	TRIAMTERENE-HCTZ TABS 75-50 MG	
torsemide tabs 5 mg	73	[triamterene & hydrochlorothiazide]	73
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [trace minerals (cr-cu-mn-zn)]	76	TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	71
TRACLEER TABS 125 MG [bosentan]	47	trifluoperazine hcl tabs 1 mg	65
TRACLEER TABS 62.5 MG [bosentan]	47	trifluoperazine hcl tabs 10 mg	65
TRACLEER TBSO 32 MG [bosentan]	99	trifluoperazine hcl tabs 2 mg	65
tramadol hcl tabs 50 mg	51	trifluoperazine hcl tabs 5 mg	65
tramadol-acetaminophen tabs 37.5-325 mg 51		trifluridine soln 1 %	77
TRANEXAMIC ACID POWD [tranexamic acid (bulk)]	97	trihexyphenidyl hcl soln 0.4 mg/ml	58
tranexamic acid soln 1000 mg/10ml	38	trihexyphenidyl hcl tabs 2 mg	58
tranexamic acid tabs 650 mg	38	trihexyphenidyl hcl tabs 5 mg	58
tranylcypromine sulfate tabs 10 mg	65	TRIKAFTA TBP 100-50-75 & 150 MG	
TRAVASOL SOLN 10 % [amino acid infusion]	72	[elexacafter-tezacafter-ivacafter]	98
trazodone hcl tabs 100 mg	65	TRIKAFTA TBP 50-25-37.5 & 75 MG	
trazodone hcl tabs 150 mg	65	[elexacafter-tezacafter-ivacafter]	98
trazodone hcl tabs 50 mg	65	TRIKAFTA THPK 100-50-75 & 75 MG	
TRECTOR TABS 250 MG [ethionamide]	20	[elexacafter-tezacafter-ivacafter]	98
TREMFYA ONE-PRESS SOAJ 100 MG/ML [guselkumab]	108	TRIKAFTA THPK 80-40-60 & 59.5 MG	
TREMFYA PEN SOAJ 100 MG/ML [guselkumab]	108	[elexacafter-tezacafter-ivacafter]	99
TREMFYA PEN SOAJ 200 MG/2ML [guselkumab (gastrointestinal)]	108	trimethoprim tabs 100 mg	22
TREMFYA SOLN 200 MG/20ML [guselkumab (gastrointestinal)]	108	trimipramine maleate caps 100 mg	65
TREMFYA SOSY 100 MG/ML [guselkumab]	109	trimipramine maleate caps 25 mg	65
TREMFYA SOSY 200 MG/2ML [guselkumab (gastrointestinal)]	109	trimipramine maleate caps 50 mg	65
treprostinil soln 100 mg/20ml	47	TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	30
treprostinil soln 20 mg/20ml	47	TRIUMEQ PD TBSO 60-5-30 MG [abacavir-dolutegravir-lamivudine]	13
treprostinil soln 50 mg/20ml	47	TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	13
tretinoin caps 10 mg	30	TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric vitamins adc]	110
triamcinolone acetonide crea 0.025 %	106	TRI-VITE/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acd w/ fluoride]	110
triamcinolone acetonide crea 0.1 %	106	TROPHAMINE SOLN 10 % [amino acid infusion]	72
triamcinolone acetonide crea 0.5 %	106	tropicamide soln 0.5 %	79
triamcinolone acetonide lotn 0.1 %	106	tropicamide soln 1 %	79
triamcinolone acetonide oint 0.025 %	106	trospium chloride er cp24 60 mg	109
triamcinolone acetonide oint 0.1 %	106	trospium chloride tabs 20 mg	109
		TRUZONE PEAK FLOW METER DEVI [peak flow meter]	69

TUBERCULIN SYRINGE MISC 25G X 5/8.....	69
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	71
TUKYSA TABS 150 MG [tucatinib]	30
TUKYSA TABS 50 MG [tucatinib]	30
TWINRIX SUSY 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	103
TYKERB TABS 250 MG [lapatinib ditosylate]	30
TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	103
TYPHIM VI SOSY 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	103
TYSABRI CONC 300 MG/15ML [natalizumab]	95
TYVASO SOLN 0.6 MG/ML [treprostinil]	47

U

UBRELVY TABS 100 MG [ubrogepant]	56
UBRELVY TABS 50 MG [ubrogepant]	56
ULTIVA SOLR 1 MG [remifentanil hcl]	51
ULTIVA SOLR 2 MG [remifentanil hcl]	51
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	95
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab- cwvz]	95
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [peritoneal dialysis solutions]	73
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	30
UREA POWD [urea (bulk)]	97
URSO FORTE TABS 500 MG [ursodiol]	81
ursodiol tabs 250 mg	81
UZEDY SUSY 100 MG/0.28ML [risperidone]	66
UZEDY SUSY 125 MG/0.35ML [risperidone]	66
UZEDY SUSY 150 MG/0.42ML [risperidone]	66
UZEDY SUSY 200 MG/0.56ML [risperidone]	66
UZEDY SUSY 250 MG/0.7ML [risperidone]	66
UZEDY SUSY 50 MG/0.14ML [risperidone]	66
UZEDY SUSY 75 MG/0.21ML [risperidone]	66

V

valacyclovir hcl tabs 1 gm	22
valacyclovir hcl tabs 500 mg	22
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	22
valganciclovir hcl tabs 450 mg	22

valproate sodium soln 100 mg/ml	56
valproic acid caps 250 mg	56
valproic acid soln 250 mg/5ml	56
valsartan tabs 160 mg	46
valsartan tabs 320 mg	46
valsartan tabs 40 mg	46
valsartan tabs 80 mg	46
valsartan-hydrochlorothiazide tabs 160-12.5 mg	46
valsartan-hydrochlorothiazide tabs 160-25 mg	46
valsartan-hydrochlorothiazide tabs 320-12.5 mg	46
valsartan-hydrochlorothiazide tabs 320-25 mg	46
valsartan-hydrochlorothiazide tabs 80-12.5 mg	46
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML [diazepam (anticonvulsant)]	60
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML [diazepam (anticonvulsant)]	60
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML [diazepam (anticonvulsant)]	60
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML [diazepam (anticonvulsant)]	60
vancomycin hcl caps 125 mg	18
vancomycin hcl caps 250 mg	18
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	18
VANCOMYCIN HCL IN DEXTROSE SOLN 500- 5 MG/100ML-% [vancomycin hcl-dextrose]	18
vancomycin hcl solr 1 gm	18
vancomycin hcl solr 10 gm	18
vancomycin hcl solr 5 gm	18
vancomycin hcl solr 500 mg	18
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	103
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	103
varenicline tartrate tabs 0.5 mg	32
varenicline tartrate tabs 1 mg	32
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	46
VARIVAX SUSR 1350 PFU/0.5ML [varicella virus vaccine live]	104
VAXCHORA SUSR [cholera vaccine live attenuated]	104
vecuronium bromide solr 10 mg	33
vecuronium bromide solr 20 mg	33

VEKLURY SOLN 100 MG/20ML [<i>remdesivir</i>]	22
VEKLURY SOLR 100 MG [<i>remdesivir</i>]	22
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	30
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [<i>venetoclax</i>]	30
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	30
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	30
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	30
<i>venlafaxine hcl er cp24 150 mg</i>	66
<i>venlafaxine hcl er cp24 37.5 mg</i>	66
<i>venlafaxine hcl er cp24 75 mg</i>	66
<i>venlafaxine hcl tabs 100 mg</i>	66
<i>venlafaxine hcl tabs 25 mg</i>	66
<i>venlafaxine hcl tabs 37.5 mg</i>	66
<i>venlafaxine hcl tabs 50 mg</i>	66
<i>venlafaxine hcl tabs 75 mg</i>	66
VENOFER SOLN 20 MG/ML [<i>iron sucrose</i>]	35
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	47
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	47
<i>verapamil hcl er tbc 120 mg</i>	43
<i>verapamil hcl er tbc 180 mg</i>	43
<i>verapamil hcl er tbc 240 mg</i>	43
<i>verapamil hcl soln 2.5 mg/ml</i>	43
<i>verapamil hcl tabs 120 mg</i>	43
<i>verapamil hcl tabs 40 mg</i>	43
<i>verapamil hcl tabs 80 mg</i>	43
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	76
<i>vinblastine sulfate soln 1 mg/ml</i>	30
<i>vincristine sulfate soln 1 mg/ml</i>	30
<i>vincristine sulfate soln 2 mg/2ml</i>	30
<i>vinorelbine tartrate soln 10 mg/ml</i>	30
<i>vinorelbine tartrate soln 50 mg/5ml</i>	30
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	13
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	13
VIRAZOLE SOLR 6 GM [<i>ribavirin</i>]	22
VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	79
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	110
<i>vitamin k1 soln 1 mg/0.5ml</i>	111
<i>vitamin k1 soln 10 mg/ml</i>	111
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [<i>pediatric vitamins acd w/ fluoride</i>]	110
VIVITROL SUSR 380 MG [<i>naltrexone</i>]	61
VIVOTIF CPDR [<i>typhoid vaccine</i>]	104
VOCABRIA TABS 30 MG [<i>cabotegravir sodium</i>]	13
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	76
<i>voriconazole solr 200 mg</i>	22

<i>voriconazole tabs 200 mg</i>	19
<i>voriconazole tabs 50 mg</i>	19
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir- velpatasvir-voxilaprevir</i>]	22
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	30
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	53
VYVGART SOLN 400 MG/20ML [<i>efgartigimod alfa-fcab</i>]	95
VYXEOS SUSR 44-100 MG [<i>daunorubicin- cytarabine liposome</i>]	30

W

<i>warfarin sodium tabs 1 mg</i>	39
<i>warfarin sodium tabs 10 mg</i>	39
<i>warfarin sodium tabs 2 mg</i>	39
<i>warfarin sodium tabs 2.5 mg</i>	39
<i>warfarin sodium tabs 3 mg</i>	39
<i>warfarin sodium tabs 4 mg</i>	39
<i>warfarin sodium tabs 5 mg</i>	39
<i>warfarin sodium tabs 6 mg</i>	39
<i>warfarin sodium tabs 7.5 mg</i>	39
WES-PHOS 250 NEUTRAL TABS 155-852-130 MG [<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>]	76
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [<i>diaphragm wide seal</i>]	66
WIDE-SEAL DIAPHRAGM 90 DPRH 2 %	

[diaphragm wide seal]	66
WIDE-SEAL DIAPHRAGM 95 DPRH 2 %	
[diaphragm wide seal]	66
WILATE KIT 1000-1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	38

X

XALKORI CAPS 200 MG [crizotinib]	30
XALKORI CAPS 250 MG [crizotinib]	30
XELJANZ TABS 10 MG [tofacitinib citrate] ...	95
XELJANZ TABS 5 MG [tofacitinib citrate]	95
XELJANZ XR TB24 11 MG [tofacitinib citrate]	95
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	107
XIFAXAN TABS 550 MG [rifaximin]	18
XTANDI CAPS 40 MG [enzalutamide]	30
XTANDI TABS 40 MG [enzalutamide]	30
XTANDI TABS 80 MG [enzalutamide]	30
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1 200000 [lidocaine w/ epinephrine]	92

Y

YERVOY SOLN 200 MG/40ML [ipilimumab] .	30
YERVOY SOLN 50 MG/10ML [ipilimumab] ...	30
YESCARTA SUSP 200000000 CELLS [axicabtagene ciloleucel]	95
YESINTEK SOLN 130 MG/26ML [ustekinumab-kfce (iv)]	109
YESINTEK SOLN 45 MG/0.5ML [ustekinumab-kfce]	109
YESINTEK SOSY 45 MG/0.5ML [ustekinumab-kfce]	109
YESINTEK SOSY 90 MG/ML [ustekinumab-kfce]	109
YF-VAX INJ [yellow fever vaccine]	104
YONDELIS SOLR 1 MG [trabectedin]	30

Z

ZEJULA TABS 100 MG [niraparib tosylate] ..	30
ZEJULA TABS 200 MG [niraparib tosylate] ..	30
ZEJULA TABS 300 MG [niraparib tosylate] ..	30

ZELBORAF TABS 240 MG [vemurafenib]	30
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 3000-10000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 40000-126000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 5000-24000 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZENPEP CPEP 60000-189600 UNIT [pancrelipase (lipase-protease-amylase)] 81	
ZIAGEN SOLN 20 MG/ML [abacavir sulfate] .	13
zidovudine caps 100 mg	13
zidovudine syrp 50 mg/5ml	13
zidovudine tabs 300 mg	13
ZINC SULFATE HEPTAHYDRATE POWD [zinc sulfate heptahydrate]	97
ZINC SULFATE MONOHYDRATE POWD [zinc sulfate monohydrate]	97
ziprasidone hcl caps 20 mg	66
ziprasidone hcl caps 40 mg	66
ziprasidone hcl caps 60 mg	66
ziprasidone hcl caps 80 mg	66
ZITHROMAX PACK 1 GM [azithromycin]	19
zoledronic acid conc 4 mg/5ml	95
zoledronic acid soln 5 mg/100ml	95
zolpidem tartrate tabs 5 mg	60
zonisamide caps 100 mg	56
zonisamide caps 25 mg	56
zonisamide caps 50 mg	56
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] .	19
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose] .	19
ZYDELIG TABS 100 MG [idelalisib]	30
ZYDELIG TABS 150 MG [idelalisib]	30
ZYKADIA TABS 150 MG [ceritinib]	30
ZYTIGA TABS 500 MG [abiraterone acetate] 30	

Language Assistance Services

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

Arabic

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

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

Farsi

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

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

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

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

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

អ្នកប្រើ TTY ហៅលេខ 711 ។

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

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

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

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

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

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

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

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง

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

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

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

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

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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

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

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

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



California Member Services
24 hours a day, seven days a week (closed
holidays) 1-800-464-4000 English
1- 800-788-0616 Spanish
1-800-757-7585 Chinese dialects
711 TTY for the hearing/speech impaired

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

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