



KAISER PERMANENTE: 2024 COMMERCIAL MARKETPLACE FORMULARY



[THIS FORMULARY WAS UPDATED ON: 12/21/2023]

2024 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 01/01/2024. 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 bold and italicized lowercase letters.
Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug,

<p>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.</p>
<p>Prescription drug is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

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 \$200 per 30-day supply. Please see your Summary of Benefits for more detailed information.
PREV = Preventive health drugs are select drugs required by federal law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of “A” or “B.”
MB = A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<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	
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 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	
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
emtricitabine caps 200 mg	1	
emtricitabine-tenofovir df tabs 100-150 mg	1	
emtricitabine-tenofovir df tabs 133-200 mg	1	
emtricitabine-tenofovir df tabs 167-250 mg	1	
emtricitabine-tenofovir df tabs 200-300 mg	1	PREV
EMTRIVA SOLN 10 MG/ML [emtricitabine]	2	
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	
FUZEON SOLR 90 MG [enfuvirtide]	2	QL - 30 day(s),MB
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
INTELENCE TABS 25 MG [etravirine]	2	
INVIRASE TABS 500 MG [saquinavir mesylate]	2	
ISENTRESS CHEW 100 MG [raltegravir potassium]	2	
ISENTRESS CHEW 25 MG [raltegravir potassium]	2	
ISENTRESS HD TABS 600 MG [raltegravir potassium]	2	
ISENTRESS TABS 400 MG [raltegravir potassium]	2	
JULUCA TABS 50-25 MG [dolutegravir sodium-rilpivirine hcl]	2	
lamivudine soln 10 mg/ml	1	
lamivudine tabs 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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
STRIBILD TABS 150-150-200-300 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>]	2	
SYMFI LO TABS 400-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	
SYMTUZA TABS 800-150-200-10 MG [<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	
TIVICAY PD TBSO 5 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 10 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 25 MG [<i>dolutegravir sodium</i>]	2	
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	2	
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
amoxicillin-pot clavulanate tabs 875-125 mg	1	
amp-sulbacta inj 1.5gm	1	MB
ampicillin cap 250mg	1	
ampicillin caps 500 mg	1	
ampicillin sodium solr 1 gm	1	MB
ampicillin sodium solr 10 gm	1	MB
ampicillin sodium solr 125 mg	1	MB
ampicillin sodium solr 2 gm	1	MB
ampicillin sodium solr 250 mg	1	MB
ampicillin sodium solr 500 mg	1	MB
ampicillin sus 125/5ml	1	
ampicillin sus 250/5ml	1	
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	1	MB
ampicillin-sulbactam sodium solr 15 (10-5) gm	1	MB
ampicillin-sulbactam sodium solr 3 (2-1) gm	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	2	
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	2	MB
azithromycin solr 500 mg	1	MB
azithromycin susr 100 mg/5ml	1	
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
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
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 10 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	1	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
cefotaxime sodium inj 10gm	1	MB
cefotaxime sodium solr 1 gm	1	MB
cefotetan disodium solr 1 gm	1	MB
cefotetan disodium solr 2 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [cefotetan disodium and dextrose]	2	MB
cefoxitin sodium solr 1 gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [cefoxitin sodium and dextrose]	2	MB
cefpodoxime proxetil susr 100 mg/5ml	1	
cefpodoxime proxetil susr 50 mg/5ml	1	
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>cephalexin caps 250 mg</i>	1	
<i>cephalexin caps 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml</i>	1	
<i>cephalexin susr 250 mg/5ml</i>	1	
<i>cephalexin tabs 500 mg</i>	1	
<i>chloramphenicol sod succinate solr 1 gm</i>	1	MB
CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	2	
CIPRO SUSR 500 MG/5ML (10%) [<i>ciprofloxacin</i>]	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	1	
<i>ciprofloxacin hcl tabs 500 mg</i>	1	
<i>ciprofloxacin hcl tabs 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	1	MB
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	MB
<i>clarithromycin susr 125 mg/5ml</i>	1	
<i>clarithromycin susr 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg</i>	1	
<i>clarithromycin tabs 500 mg</i>	1	
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 300 MG/2ML	2	MB
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 900 MG/6ML	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	2	
<i>clindamycin hcl caps 150 mg</i>	1	
<i>clindamycin hcl caps 300 mg</i>	1	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w soln 600 mg/50ml</i>	1	MB
<i>clindamycin phosphate in d5w soln 900 mg/50ml</i>	1	MB
CLINDAMYCIN PHOSPHATE SOLN 300 MG/2ML [<i>clindamycin phosphate</i>]	1	MB
<i>clindamycin phosphate soln 9000 mg/60ml</i>	1	MB
<i>daptomycin solr 500 mg</i>	1	MB
<i>demeclocycline hcl tabs 150 mg</i>	1	
<i>demeclocycline hcl tabs 300 mg</i>	1	
<i>dicloxacillin sodium caps 250 mg</i>	1	
<i>dicloxacillin sodium caps 500 mg</i>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
<i>doxycycline hyclate caps 100 mg</i>	1	
<i>doxycycline hyclate caps 50 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg</i>	1	
<i>doxycycline monohydrate susr 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tabs 100 mg</i>	1	
<i>doxycycline monohydrate tabs 50 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
FORTAZ SOLR 500 MG <i>[ceftazidime]</i>	2	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
<i>gentamicin sulfate soln 10 mg/ml</i>	1	MB
<i>gentamicin sulfate soln 40 mg/ml</i>	1	MB
INVANZ SOLR 1 GM <i>[ertapenem sodium]</i>	4	MB
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	MB
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	MB
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	MB
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	MB
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	
<i>meropenem solr 1 gm</i>	1	MB
<i>meropenem solr 500 mg</i>	1	MB
MINOCIN SOLR 100 MG <i>[minocycline hcl]</i>	2	MB
<i>minocycline hcl caps 100 mg</i>	1	
<i>minocycline hcl caps 50 mg</i>	1	
<i>minocycline hcl caps 75 mg</i>	1	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[nafcillin sodium in dextrose]</i>	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML <i>[nafcillin sodium in dextrose]</i>	2	MB
<i>nafcillin sodium solr 1 gm</i>	1	MB
<i>nafcillin sodium solr 10 gm</i>	1	MB
<i>nafcillin sodium solr 2 gm</i>	1	MB
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
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
PRIMSOL SOLN 50 MG/5ML [trimethoprim hcl]	2	
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	
[Cefixime] SUPRAX SUSR 100 MG/5ML	2	
SYNERCID SOLR 150-350 MG [quinupristin-dalfopristin]	4	MB
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG [tetracycline hcl]	1	
TETRACYCLINE HCL CAPS 500 MG [tetracycline hcl]	1	
TOBI PODHALER CAPS 28 MG [tobramycin]	4	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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)
ZITHROMAX PACK 1 GM [azithromycin]	2	
ZOSYN SOLN 2-0.25 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [piperacillin sodium-tazobactam sodium in dextrose]	2	MB
ANTIFUNGALS		
ABELCET SUSP 5 MG/ML [amphotericin b lipid]	2	MB
AMBISOME SUSR 50 MG [amphotericin b liposome]	4	MB
amphotericin b solr 50 mg	1	MB
CANCIDAS SOLR 50 MG [caspofungin acetate]	4	MB
CANCIDAS SOLR 70 MG [caspofungin acetate]	4	MB
fluconazole in dextrose inj dex 200	1	MB
fluconazole in nacl inj nacl 200	1	MB
fluconazole in nacl inj nacl 400	1	MB
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	1	MB
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	1	MB
fluconazole susr 10 mg/ml	1	
fluconazole susr 40 mg/ml	1	
fluconazole tabs 100 mg	1	
fluconazole tabs 150 mg	1	
fluconazole tabs 200 mg	1	
fluconazole tabs 50 mg	1	
flucytosine caps 250 mg	1	
flucytosine caps 500 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs 125 mg	1	
griseofulvin ultramicrosize tabs 250 mg	1	
itraconazole caps 100 mg	1	
ketoconazole tabs 200 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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)
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		
CAPASTAT SULFATE SOLR 1 GM [<i>capreomycin sulfate</i>]	2	MB
<i>cycloserine caps 250 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	
<i>dapsone tabs 25 mg</i>	1	
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid soln 100 mg/ml</i>	1	MB
<i>isoniazid syrp 50 mg/5ml</i>	1	
<i>isoniazid tabs 100 mg</i>	1	
<i>isoniazid tabs 300 mg</i>	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifabutin caps 150 mg</i>	1	
[<i>Isoniazid & Rifampin</i>] RIFAMATE CAPS 150-300 MG	2	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
atovaquone susp 750 mg/5ml	1	
atovaquone-proguanil hcl tabs 250-100 mg	1	
atovaquone-proguanil hcl tabs 62.5-25 mg	1	
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG [artemether-lumefantrine]	2	
DARAPRIM TABS 25 MG [pyrimethamine]	2	
[Paromomycin Sulfate] HUMATIN CAPS 250 MG	1	
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG [tafenoquine succinate]	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE SOLN 500 MG/100ML [metronidazole]	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG [pentamidine isethionate]	2	
paromomycin sulfate caps 250 mg	1	
PENTAM SOLR 300 MG [pentamidine isethionate]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG [primaquine phosphate]	2	
ANTIVIRALS		
acyclovir caps 200 mg	1	
acyclovir sodium inj 1000mg	1	MB
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	
adefovir dipivoxil tabs 10 mg	1	
atazanavir sulfate caps 300 mg	1	
BARACLUDE SOLN 0.05 MG/ML [entecavir]	4	
BEYFORTUS SOSY 100 MG/ML [nirsevimab-alip]	2	MB
BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab-alip]	2	MB
cidofovir soln 75 mg/ml	1	MB
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA PACK 150-37.5 MG [sofosbuvir-velpatasvir]	4	
EPCLUSA PACK 200-50 MG [sofosbuvir-velpatasvir]	4	
EPCLUSA TABS 200-50 MG [sofosbuvir-velpatasvir]	4	QL - 30 day(s)
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	4	
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	2	
famciclovir tabs 500 mg	1	
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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	
PAXLOVID (150/100) TBPk 10 x 150 MG & 10 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>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [<i>letermovir</i>]	4	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [<i>letermovir</i>]	4	QL - 30 day(s)
PREVYMIS TABS 480 MG [<i>letermovir</i>]	4	QL - 30 day(s)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
<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>alectinib 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 TBP 90 & 180 MG [<i>brigatinib</i>]	4	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
ARRANON SOLN 5 MG/ML [<i>nelarabine</i>]	4	MB
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
BENDEKA SOLN 100 MG/4ML [<i>bendamustine hcl</i>]	4	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	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
<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
DACOGEN SOLR 50 MG [<i>decitabine</i>]	4	MB
DARZALEX SOLN 100 MG/5ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML [<i>daratumumab</i>]	4	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
<i>docetaxel conc 80 mg/4ml</i>	1	MB
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
<i>doxorubicin hcl solr 10 mg</i>	1	MB
<i>doxorubicin hcl solr 50 mg</i>	1	MB
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	4	QL - 30 day(s),OC
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	4	MB
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	4	MB
ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	4	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	4	QL - 30 day(s),OC
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	2	MB
<i>etoposide caps 50 mg</i>	1	OC
<i>everolimus tabs 10 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 2.5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 5 mg</i>	1	QL - 30 day(s),OC
<i>everolimus tabs 7.5 mg</i>	1	QL - 30 day(s),OC
<i>exemestane tabs 25 mg</i>	1	OC,PREV
<i>fludarabine phosphate solr 50 mg</i>	1	MB
<i>fluorouracil soln 1 gm/20ml</i>	1	MB
<i>fluorouracil soln 2.5 gm/50ml</i>	1	MB
<i>fluorouracil soln 5 gm/100ml</i>	1	MB
<i>fluorouracil soln 500 mg/10ml</i>	1	MB
<i>flutamide caps 125 mg</i>	1	OC
<i>fulvestrant sosy 250 mg/5ml</i>	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	4	QL - 30 day(s),MB
<i>gemcitabine hcl solr 200 mg</i>	1	MB
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	2	OC
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	2	OC
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	2	OC
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	4	MB
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	4	QL - 30 day(s),MB
HYCAMTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG [<i>topotecan hcl</i>]	4	QL - 30 day(s),OC
<i>hydroxyurea caps 500 mg</i>	1	OC
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IBRANCE TABS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	2	MB
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	1	MB
<i>imatinib mesylate tabs 100 mg</i>	1	OC
<i>imatinib mesylate tabs 400 mg</i>	1	OC
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	4	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
IMBRUVICA TABS 420 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG <i>[ibrutinib]</i>	4	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT <i>[interferon alfa-2b]</i>	4	QL - 30 day(s),MB
IRESSA TABS 250 MG <i>[gefitinib]</i>	4	QL - 30 day(s),OC
<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
KANJINTI SOLR 420 MG <i>[trastuzumab-anns]</i>	4	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	4	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	4	QL - 30 day(s),OC
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	4	QL - 30 day(s),OC
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	4	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp)</i>]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [<i>leuprolide acetate (cpp)</i>]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate (cpp)</i>]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	1	MB
methotrexate sodium solr 1 gm	1	MB
methotrexate sodium tabs 2.5 mg	1	OC
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
mitoxantrone hcl conc 25 mg/12.5ml	1	MB
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	4	MB
MYLERAN TABS 2 MG [busulfan]	4	OC
NINLARO CAPS 2.3 MG [ixazomib citrate]	4	QL - 30 day(s),OC
NINLARO CAPS 3 MG [ixazomib citrate]	4	QL - 30 day(s),OC
NINLARO CAPS 4 MG [ixazomib citrate]	4	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [sonidegib phosphate]	4	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML [pegaspargase]	4	MB
OPDIVO SOLN 100 MG/10ML [nivolumab]	4	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [nivolumab]	4	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
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
pentostatin inj 10mg	1	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 [mercaptapurine]	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
TENIPOSIDE SOLN 10 MG/ML [<i>teniposide</i>]	2	MB
thiotepa solr 15 mg	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
topotecan hcl solr 4 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	4	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	4	QL - 30 day(s),MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s),MB
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</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 TBPK 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
<i>vinblastine sulfate soln 1 mg/ml</i>	1	MB
<i>vincristine sulfate soln 1 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	MB
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	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
XGEVA SOLN 120 MG/1.7ML [<i>denosumab</i>]	4	QL - 30 day(s)
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
ZANOSAR SOLR 1 GM [<i>streptozocin</i>]	4	MB
ZEJULA CAPS 100 MG [<i>niraparib tosylate</i>]	4	QL - 30 day(s),OC
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE (PF) SOLN 0.4 MG/ML <i>[atropine sulfate]</i>	2	MB
<i>atropine sulfate inj 1mg/ml</i>	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML <i>[atropine sulfate]</i>	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML <i>[atropine sulfate]</i>	2	MB
ATROVENT HFA AERS 17 MCG/ACT <i>[ipratropium bromide hfa]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG <i>[belladonna alkaloids & opium]</i>	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG <i>[belladonna alkaloids & opium]</i>	2	
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 soln 4 mg/20ml</i>	1	MB
<i>glycopyrrolate tabs 1 mg</i>	1	
<i>glycopyrrolate tabs 2 mg</i>	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TABS 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE ELIX 0.125 MG/5ML <i>[hyoscyamine sulfate]</i>	1	
HYOSYNE SOLN 0.125 MG/ML <i>[hyoscyamine sulfate]</i>	1	
<i>ipratropium bromide 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
<i>propantheline bromide tabs 15 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	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	
GUANIDINE HCL TABS 125 MG [<i>guanidine hcl</i>]	2	
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [<i>neostigmine methylsulfate</i>]	2	MB
<i>neostigmine methylsulfate soln 5 mg/10ml</i>	1	MB
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [<i>physostigmine salicylate</i>]	2	MB
<i>pilocarpine hcl tabs 5 mg</i>	1	
<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		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	
<i>dantrolene sodium caps 50 mg</i>	1	
GABLOFEN SOLN 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOLN 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 10000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 20000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 40000 MCG/20ML [<i>baclofen</i>]	2	MB
GABLOFEN SOSY 50 MCG/ML [<i>baclofen</i>]	2	MB
<i>methocarbamol tabs 500 mg</i>	1	
<i>methocarbamol tabs 750 mg</i>	1	
<i>pancuronium bromide soln 1 mg/ml</i>	1	MB
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	MB
<i>rocuronium bromide soln 100 mg/10ml</i>	1	MB
<i>rocuronium bromide soln 50 mg/5ml</i>	1	MB
RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	2	MB
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	
<i>vecuronium bromide solr 10 mg</i>	1	MB
<i>vecuronium bromide solr 20 mg</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	MB
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	1	
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
dobutamine hcl soln 250 mg/20ml	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [dobutamine in d5w]	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML [dobutamine in d5w]	1	MB
dopamine hcl inj 160mg/ml	1	MB
DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl]	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [dopamine in d5w]	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [dopamine in d5w]	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [dopamine in d5w]	1	MB
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [ephedrine sulfate (pressors)]	1	MB
epinephrine hcl inj 1mg/ml	1	MB
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	2	
epinephrine soaj 0.15 mg/0.15ml	1	MB
epinephrine soaj 0.3 mg/0.3ml	1	MB
EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	1	MB
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	1	
isoproterenol hcl soln 0.2 mg/ml	1	MB
midodrine hcl tabs 10 mg	1	
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
norepinephrine bitartrate soln 1 mg/ml	1	MB
S2 (RACEPINEPHRINE) NEBU 2.25 % [racepinephrine hcl]	2	
SEREVENT DISKUS AEPB 50 MCG/ACT [salmeterol xinafoate]	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl]	2	
terbutaline sulfate inj 1mg/ml	1	
terbutaline sulfate soln 1 mg/ml	1	MB
terbutaline sulfate tabs 2.5 mg	1	
terbutaline sulfate tabs 5 mg	1	
[Fluticasone-salmeterol] WIXELA INHUB AEPB 100-50 MCG/ACT	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AFSTYLA KIT 3000 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT <i>[antihemophilic factor (recombinant) single chain]</i>	2	QL - 30 day(s),MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	MB
ALPHANINE SD SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 1500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
ALPHANINE SD SOLR 500 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
<i>aminocaproic acid soln 250 mg/ml</i>	1	MB
BENEFIX KIT 1000 UNIT <i>[coagulation factor ix (recombinant)]</i>	2	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
ELOCTATE SOLR 1000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 5000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT <i>[antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 100 MISC <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</i>	2	
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	4	QL - 30 day(s)
HEMOFIL M INJ 220-400 <i>[antihemophilic factor (human)]</i>	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 1700 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 250 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HEMOFIL M SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
HUMATE-P SOLR 1000-2400 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT <i>[antihemophilic factor/von willebrand factor complex (human)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT <i>[coagulation factor ix recomb albumin fusion protein (rix-fp)]</i>	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOATE SOLR 1000 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOATE-DVI SOLR 500 UNIT <i>[antihemophilic factor (human)]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
MONONINE SOLR 1000 UNIT <i>[coagulation factor ix]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
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	QL - 30 day(s),MB
<i>protamine sulfate soln 10 mg/ml</i>	1	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant) (rfviii)]</i>	2	QL - 30 day(s),MB
RECOTHROM SOLR 20000 UNIT <i>[thrombin (recombinant)]</i>	2	
RECOTHROM SOLR 5000 UNIT <i>[thrombin (recombinant)]</i>	2	
RIASTAP SOLR <i>[fibrinogen concentrate (human)]</i>	2	QL - 30 day(s)
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
tranexamic acid tabs 650 mg	1	
WILATE KIT 1000-1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
WILATE KIT 500-500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
XYNTHA KIT 1000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	2	QL - 30 day(s),MB
XYNTHA KIT 2000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	2	MB
XYNTHA KIT 250 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	2	QL - 30 day(s),MB
XYNTHA KIT 500 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	2	QL - 30 day(s),MB
XYNTHA SOLOFUSE KIT 3000 UNIT [antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)]	2	QL - 30 day(s),MB
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML [anticoagulant citrate dextrose solution a]	2	
ACTIVASE SOLR 100 MG [alteplase]	2	MB
ACTIVASE SOLR 50 MG [alteplase]	2	MB
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	2	MB
ARGATROBAN SOLN 250 MG/2.5ML [argatroban]	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG [ticagrelor]	2	
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	2	MB
cilostazol tabs 100 mg	1	
cilostazol tabs 50 mg	1	
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG [prasugrel hcl]	2	
EFFIENT TABS 5 MG [prasugrel hcl]	2	
heparin sodium (porcine) lock flush soln	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [heparin (porcine) in sodium chloride]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% <i>[heparin sod (porcine) in d5w]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML <i>[heparin sodium (porcine) lock flush]</i>	1	MB
HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML <i>[heparin sodium (porcine)]</i>	1	MB
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</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
INTEGRILIN SOLN 20 MG/10ML <i>[eptifibatide]</i>	4	MB
INTEGRILIN SOLN 75 MG/100ML <i>[eptifibatide]</i>	4	MB
LOVENOX SOLN 300 MG/3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 100 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 120 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 150 MG/ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 30 MG/0.3ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 40 MG/0.4ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 60 MG/0.6ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
LOVENOX SOSY 80 MG/0.8ML <i>[enoxaparin sodium]</i>	2	QL - 30 day(s)
PRADAXA CAPS 110 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 150 MG <i>[dabigatran etexilate mesylate]</i>	2	
PRADAXA CAPS 75 MG <i>[dabigatran etexilate mesylate]</i>	2	
THROMBATE III SOLR 500 UNIT <i>[antithrombin iii (human)]</i>	2	MB
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	4	
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	4	QL - 30 day(s),MB
NIVESTYM SOLN 300 MCG/ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOLN 480 MCG/1.6ML [<i>filgrastim-aafi</i>]	4	QL - 30 day(s)
NIVESTYM SOSY 300 MCG/0.5ML [<i>filgrastim-aafi</i>]	4	
NIVESTYM SOSY 480 MCG/0.8ML [<i>filgrastim-aafi</i>]	4	
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	
PROMACTA TABS 12.5 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	4	QL - 30 day(s)
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline er tbc</i> 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs</i> 1 mg	1	
<i>doxazosin mesylate tabs</i> 2 mg	1	
<i>doxazosin mesylate tabs</i> 4 mg	1	
<i>doxazosin mesylate tabs</i> 8 mg	1	
<i>prazosin hcl caps</i> 1 mg	1	
<i>prazosin hcl caps</i> 2 mg	1	
<i>prazosin hcl caps</i> 5 mg	1	
<i>tamsulosin hcl caps</i> 0.4 mg	1	
<i>terazosin hcl caps</i> 1 mg	1	
<i>terazosin hcl caps</i> 10 mg	1	
<i>terazosin hcl caps</i> 2 mg	1	
<i>terazosin hcl caps</i> 5 mg	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs</i> 10 mg	1	PREV
<i>atorvastatin calcium tabs</i> 20 mg	1	PREV
<i>atorvastatin calcium tabs</i> 40 mg	1	PREV
<i>atorvastatin calcium tabs</i> 80 mg	1	PREV
<i>cholestyramine light 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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
BREVIBLOC IN NAACL SOLN 2000 MG/100ML [<i>esmolol hcl-sodium chloride</i>]	2	MB
BREVIBLOC IN NAACL 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	MB
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML [<i>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 tbcR 120 mg</i>	1	
<i>verapamil hcl er tbcR 180 mg</i>	1	
<i>verapamil hcl er tbcR 240 mg</i>	1	
<i>verapamil hcl soln 2.5 mg/ml</i>	1	MB
<i>verapamil hcl tabs 120 mg</i>	1	
<i>verapamil hcl tabs 40 mg</i>	1	
<i>verapamil hcl tabs 80 mg</i>	1	
CARDIAC DRUGS		
<i>adenosine inj 6mg/2ml</i>	1	MB
<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	
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>digoxin soln 0.25 mg/ml</i>	1	MB
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	1	MB
<i>lidocaine hcl (cardiac) sosy 50 mg/5ml</i>	1	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>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 inj 1.25 mg/ml</i>	1	MB
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	
<i>ramipril caps 10 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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 1 %	2	MB
[Sodium Tetradecyl Sulfate] SOTRADECOL SOLN 3 %	1	MB
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	2	MB
VASODILATING AGENTS		
<i>alprostadil soln 500 mcg/ml</i>	1	MB
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s),LD
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s),LD
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	
[Nitroglycerin] MINITRAN PT24 0.1 MG/HR	1	
[Nitroglycerin] MINITRAN PT24 0.2 MG/HR	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Nitroglycerin] MINITRAN PT24 0.6 MG/HR	1	
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR <i>[nitroglycerin]</i>	2	
NITRO-DUR PT24 0.8 MG/HR <i>[nitroglycerin]</i>	2	
NITRO-TIME CPR 2.5 MG <i>[nitroglycerin]</i>	1	
NITRO-TIME CPR 6.5 MG <i>[nitroglycerin]</i>	1	
NITRO-TIME CPR 9 MG <i>[nitroglycerin]</i>	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
<i>nitroglycerin pt24 0.4 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 200 mg/20ml</i>	1	MB
<i>treprostinil soln 50 mg/20ml</i>	1	LD,MB
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s),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-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	
<i>alfentanil hcl soln 1000 mcg/2ml</i>	1	MB

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	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [<i>fentanyl citrate</i>]	1	MB
FENTANYL CITRATE (PF) SOLN 500 MCG/10ML [<i>fentanyl citrate</i>]	2	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<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
HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>]	1	QL - 30 day(s),MB

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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</i> 100 mg	1	
<i>morphine sulfate er tbc</i> 15 mg	1	
<i>morphine sulfate er tbc</i> 200 mg	1	
<i>morphine sulfate er tbc</i> 30 mg	1	
<i>morphine sulfate er tbc</i> 60 mg	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 5 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</i> 500 mg	1	
<i>nabumetone tabs</i> 750 mg	1	
<i>nalbuphine hcl soln</i> 10 mg/ml	1	MB
<i>nalbuphine hcl soln</i> 20 mg/ml	1	MB
<i>naproxen sodium tabs</i> 275 mg	1	
<i>naproxen sodium tabs</i> 550 mg	1	
<i>naproxen susp</i> 125 mg/5ml	1	
<i>naproxen tabs</i> 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>naproxen tabs 375 mg</i>	1	
<i>naproxen tabs 500 mg</i>	1	
<i>naproxen tbec 375 mg</i>	1	
NEOPROFEN SOLN 10 MG/ML [<i>ibuprofen lysine</i>]	2	MB
OFIRMEV SOLN 10 MG/ML [<i>acetaminophen</i>]	2	MB
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 5 mg</i>	1	
<i>oxycodone-acetaminophen tabs 10-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	
<i>oxycodone-acetaminophen tabs 7.5-325 mg</i>	1	
<i>pentazocine-naloxone hcl tabs 50-0.5 mg</i>	1	
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sufentanil citrate soln 50 mcg/ml</i>	1	MB
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	1	
ULTIVA SOLR 1 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 2 MG [<i>remifentanil hcl</i>]	2	MB
ULTIVA SOLR 5 MG [<i>remifentanil hcl</i>]	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphet er cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)
APTENSIO XR CP24 10 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 15 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 20 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 30 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 40 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 50 MG [<i>methylphenidate hcl</i>]	2	
APTENSIO XR CP24 60 MG [<i>methylphenidate hcl</i>]	2	
<i>caffeine citrate soln 60 mg/3ml</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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>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) tbcrr 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcrr 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcrr 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (osm) tbcrr 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcrr 10 mg</i>	1	
<i>methylphenidate hcl er tbcrr 20 mg</i>	1	
<i>methylphenidate hcl tabs 10 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	
<i>methylphenidate hcl tabs 5 mg</i>	1	
<i>modafinil tabs 100 mg</i>	1	
<i>modafinil tabs 200 mg</i>	1	
<i>phentermine hcl caps 15 mg</i>	1	
<i>phentermine hcl caps 30 mg</i>	1	
<i>phentermine hcl caps 37.5 mg</i>	1	
<i>phentermine hcl tabs 37.5 mg</i>	1	
QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	2	
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	2	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	QL - 30 day(s)
ANTICONVULSANTS		
BRIVIACT TABS 10 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 100 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 25 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 50 MG [<i>brivaracetam</i>]	4	
BRIVIACT TABS 75 MG [<i>brivaracetam</i>]	4	
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine er cp12 100 mg</i>	1	
<i>carbamazepine er cp12 200 mg</i>	1	
<i>carbamazepine er cp12 300 mg</i>	1	
<i>carbamazepine er tb12 100 mg</i>	1	
<i>carbamazepine er tb12 200 mg</i>	1	
<i>carbamazepine er tb12 400 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
<i>clonazepam tabs 0.5 mg</i>	1	
<i>clonazepam tabs 1 mg</i>	1	
<i>clonazepam tabs 2 mg</i>	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium er tb24 250 mg</i>	1	
<i>divalproex sodium er tb24 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg</i>	1	
<i>divalproex sodium tbec 250 mg</i>	1	
<i>divalproex sodium tbec 500 mg</i>	1	
EQUETRO CP12 200 MG [<i>carbamazepine (mood)</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>ethosuximide caps 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tabs 400 mg</i>	1	
<i>felbamate tabs 600 mg</i>	1	
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	1	MB
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	1	MB
<i>gabapentin caps 100 mg</i>	1	
<i>gabapentin caps 300 mg</i>	1	
<i>gabapentin caps 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg</i>	1	
<i>gabapentin tabs 800 mg</i>	1	
<i>lacosamide soln 10 mg/ml</i>	1	
<i>lacosamide soln 200 mg/20ml</i>	1	
<i>lacosamide tabs 100 mg</i>	1	
<i>lacosamide tabs 150 mg</i>	1	
<i>lacosamide tabs 200 mg</i>	1	
<i>lacosamide tabs 50 mg</i>	1	
LAMICTAL STARTER KIT 35 x 25 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG <i>[lamotrigine]</i>	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG <i>[lamotrigine]</i>	2	
<i>lamotrigine chew 25 mg</i>	1	
<i>lamotrigine chew 5 mg</i>	1	
<i>lamotrigine tabs 100 mg</i>	1	
<i>lamotrigine tabs 150 mg</i>	1	
<i>lamotrigine tabs 200 mg</i>	1	
<i>lamotrigine tabs 25 mg</i>	1	
<i>levetiracetam er tb24 500 mg</i>	1	
<i>levetiracetam er tb24 750 mg</i>	1	
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML <i>[levetiracetam in sodium chloride]</i>	2	MB
<i>levetiracetam soln 100 mg/ml</i>	1	
<i>levetiracetam soln 500 mg/5ml</i>	1	MB
<i>levetiracetam tabs 1000 mg</i>	1	
<i>levetiracetam tabs 250 mg</i>	1	
<i>levetiracetam tabs 500 mg</i>	1	
<i>levetiracetam tabs 750 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MAGNESIUM SULFATE SOLN 20 GM/500ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 4 GM/100ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 4 GM/50ML <i>[magnesium sulfate]</i>	2	MB
MAGNESIUM SULFATE SOLN 40 GM/1000ML <i>[magnesium sulfate]</i>	2	MB
<i>magnesium sulfate soln 50 %</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 csp 15 mg</i>	1	
<i>topiramate csp 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	
<i>topiramate tabs 200 mg</i>	1	
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	
<i>valproate sodium soln 100 mg/ml</i>	1	MB
<i>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
<i>zonisamide caps 100 mg</i>	1	
<i>zonisamide caps 25 mg</i>	1	
<i>zonisamide caps 50 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 tbcr 300 mg</i>	1	
<i>lithium carbonate er tbcr 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
ANTIMIGRAINE AGENTS		
<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 soln 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100 mg</i>	1	
<i>sumatriptan succinate tabs 25 mg</i>	1	
<i>sumatriptan succinate tabs 50 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
APOKYN SOCT 30 MG/3ML [<i>apomorphine hydrochloride</i>]	4	QL - 30 day(s)
<i>benztropine mesylate soln 1 mg/ml</i>	1	MB
<i>benztropine mesylate tabs 0.5 mg</i>	1	
<i>benztropine mesylate tabs 1 mg</i>	1	
<i>benztropine mesylate tabs 2 mg</i>	1	
<i>bromocriptine mesylate caps 5 mg</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	
<i>cabergoline tabs 0.5 mg</i>	1	
<i>carbidopa tabs 25 mg</i>	1	
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>carbidopa-levodopa er tbc</i> 50-200 mg	1	
<i>carbidopa-levodopa tabs</i> 10-100 mg	1	
<i>carbidopa-levodopa tabs</i> 25-100 mg	1	
<i>carbidopa-levodopa tabs</i> 25-250 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	4	MB
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	1	
<i>pramipexole dihydrochloride tabs</i> 0.125 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.25 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.5 mg	1	
<i>pramipexole dihydrochloride tabs</i> 0.75 mg	1	
<i>pramipexole dihydrochloride tabs</i> 1 mg	1	
<i>pramipexole dihydrochloride tabs</i> 1.5 mg	1	
<i>rasagiline mesylate tabs</i> 0.5 mg	1	
<i>rasagiline mesylate tabs</i> 1 mg	1	
<i>ropinirole hcl er tb</i> 24 12 mg	1	
<i>ropinirole hcl er tb</i> 24 2 mg	1	
<i>ropinirole hcl er tb</i> 24 4 mg	1	
<i>ropinirole hcl er tb</i> 24 6 mg	1	
<i>ropinirole hcl er tb</i> 24 8 mg	1	
<i>ropinirole hcl tabs</i> 0.25 mg	1	
<i>ropinirole hcl tabs</i> 0.5 mg	1	
<i>ropinirole hcl tabs</i> 1 mg	1	
<i>ropinirole hcl tabs</i> 2 mg	1	
<i>ropinirole hcl tabs</i> 3 mg	1	
<i>ropinirole hcl tabs</i> 4 mg	1	
<i>ropinirole hcl tabs</i> 5 mg	1	
<i>selegiline hcl tabs</i> 5 mg	1	
<i>trihexyphenidyl hcl soln</i> 0.4 mg/ml	1	
<i>trihexyphenidyl hcl tabs</i> 2 mg	1	
<i>trihexyphenidyl hcl tabs</i> 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs</i> 0.25 mg	1	QL - 30 day(s)
<i>alprazolam tabs</i> 0.5 mg	1	QL - 30 day(s)
<i>alprazolam tabs</i> 1 mg	1	QL - 30 day(s)
<i>alprazolam tabs</i> 2 mg	1	QL - 30 day(s)

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
midazolam hcl syrp 2 mg/ml	1	
[Pentobarbital Sodium] NEMBUTAL SOLN 50 MG/ML	2	MB
oxazepam caps 10 mg	1	QL - 30 day(s)
oxazepam caps 15 mg	1	QL - 30 day(s)
oxazepam caps 30 mg	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	1	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	1	MB
PHENOBARBITAL TABS 100 MG [phenobarbital]	1	
PHENOBARBITAL TABS 15 MG [phenobarbital]	1	
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	1	
PHENOBARBITAL TABS 30 MG [phenobarbital]	1	
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	1	
PHENOBARBITAL TABS 60 MG [phenobarbital]	1	
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	1	
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	1	
PRECEDEX SOLN 200 MCG/2ML [dexmedetomidine hcl]	2	MB
SILENOR TABS 3 MG [doxepin hcl (sleep)]	2	
SILENOR TABS 6 MG [doxepin hcl (sleep)]	2	
temazepam caps 15 mg	1	QL - 30 day(s)
temazepam caps 30 mg	1	QL - 30 day(s)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML [diazepam (anticonvulsant)]	2	QL - 30 day(s)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML [diazepam (anticonvulsant)]	2	QL - 30 day(s)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML [diazepam (anticonvulsant)]	2	QL - 30 day(s)
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML [diazepam (anticonvulsant)]	2	QL - 30 day(s)
zolpidem tartrate tabs 5 mg	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acamprosate calcium tbec 333 mg	1	
atomoxetine hcl caps 10 mg	1	
atomoxetine hcl caps 100 mg	1	
atomoxetine hcl caps 18 mg	1	
atomoxetine hcl caps 25 mg	1	
atomoxetine hcl caps 40 mg	1	
atomoxetine hcl caps 60 mg	1	
atomoxetine hcl caps 80 mg	1	
flumazenil soln 0.5 mg/5ml	1	MB
guanfacine hcl er tb24 1 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOL 10MG/5ML [<i>memantine hcl</i>]	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	2	
<i>riluzole tabs 50 mg</i>	1	
<i>selegiline hcl caps 5 mg</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	2	MB
<i>etomidate soln 2 mg/ml</i>	1	MB
FORANE SOLN [<i>isoflurane</i>]	2	
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 100 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
<i>propofol emul 200 mg/20ml</i>	1	MB
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	4	QL - 30 day(s),MB
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
OPIATE ANTAGONISTS		
<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>amoxapine tabs 100 mg</i>	2	
<i>amoxapine tabs 150 mg</i>	1	
<i>amoxapine tabs 25 mg</i>	1	
<i>amoxapine tabs 50 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>aripiprazole tabs 10 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	
<i>aripiprazole tabs 2 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	
<i>aripiprazole tabs 30 mg</i>	1	
<i>aripiprazole tabs 5 mg</i>	1	
ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	4	MB
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	4	MB
<i>bupropion hcl er (sr) tb12 100 mg</i>	1	
<i>bupropion hcl er (sr) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (sr) tb12 200 mg</i>	1	
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	
<i>bupropion hcl tabs 100 mg</i>	1	
<i>bupropion hcl tabs 75 mg</i>	1	
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	MB
<i>chlorpromazine hcl tabs 10 mg</i>	1	
<i>chlorpromazine hcl tabs 100 mg</i>	1	
<i>chlorpromazine hcl tabs 200 mg</i>	1	
<i>chlorpromazine hcl tabs 25 mg</i>	1	
<i>chlorpromazine hcl tabs 50 mg</i>	1	
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10 mg</i>	1	
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>desipramine hcl tabs 75 mg</i>	1	
<i>doxepin hcl caps 10 mg</i>	1	
<i>doxepin hcl caps 100 mg</i>	1	
<i>doxepin hcl caps 150 mg</i>	1	
<i>doxepin hcl caps 25 mg</i>	1	
<i>doxepin hcl caps 50 mg</i>	1	
<i>doxepin hcl caps 75 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>duloxetine hcl cpep 20 mg</i>	1	
<i>duloxetine hcl cpep 30 mg</i>	1	
<i>duloxetine hcl cpep 60 mg</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	
<i>fluoxetine hcl caps 10 mg</i>	1	
<i>fluoxetine hcl caps 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MB
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tabs 1 mg</i>	1	
<i>fluphenazine hcl tabs 10 mg</i>	1	
<i>fluphenazine hcl tabs 2.5 mg</i>	1	
<i>fluphenazine hcl tabs 5 mg</i>	1	
<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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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>perphenazine-amitriptyline tabs 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tabs 4-50 mg</i>	1	
<i>phenelzine sulfate tabs 15 mg</i>	1	
<i>pimozide tabs 1 mg</i>	1	
<i>pimozide tabs 2 mg</i>	1	
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	MB
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>trimipramine maleate caps 100 mg</i>	1	
<i>trimipramine maleate caps 25 mg</i>	1	
<i>trimipramine maleate caps 50 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	
<i>venlafaxine hcl er cp24 75 mg</i>	1	
<i>venlafaxine hcl tabs 100 mg</i>	1	
<i>venlafaxine hcl tabs 25 mg</i>	1	
<i>venlafaxine hcl tabs 37.5 mg</i>	1	
<i>venlafaxine hcl tabs 50 mg</i>	1	
<i>venlafaxine hcl tabs 75 mg</i>	1	
<i>ziprasidone hcl caps 20 mg</i>	1	
<i>ziprasidone hcl caps 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg</i>	1	
<i>ziprasidone hcl caps 80 mg</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	2	PREV
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	2	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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		
AEROCHAMBER PLUS FLO-VU SMALL MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC <i>[spacer/aerosol-holding chambers]</i>	2	
AEROTRACH PLUS MISC <i>[respiratory therapy supplies]</i>	2	
BD 3ML LUER-LOK SYRINGE/22G X 1-1/4" MIS 22GX1.25 <i>[syringe/needle (disp) 3 ml]</i>	2	
BD DISP NEEDLE MISC 25G X 1" <i>[needle (disp) 25 g]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 21G X 1-1/2" <i>[needle (disp) 21 g]</i>	2	
BD DISP NEEDLES MISC 25G X 5/8" <i>[needle (disp) 25 g]</i>	2	
[Insulin Syringe/needle U-100] BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MIS 0.3/28G	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	
[Insulin Syringe/needle U-100] BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MIS 1ML/29G	2	
BD INTEGRA SYRINGE MISC 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 U/F MISC 31G X 5 MM [insulin pen needle]	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	2	
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8" 1 ML [syringe/needle (disp) 1 ml]	2	
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	2	
BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML [insulin syringe/needle u-100]	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM [insulin pen needle]	1	
CONTOUR NEXT CONTROL SOLN NORMAL [blood glucose calibration]	2	
DISPOSABLE POWER KIT [misc. devices]	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MONOJECT TB SYRINGE MISC 1 ML <i>[syringe (disposable)]</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	
ONETOUCH ULTRA 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 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	
PENLET II BLOOD SAMPLER KIT <i>[lancets misc.]</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 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
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine 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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CANDIN SOLN [<i>candida albicans skin test antigen</i>]	2	MB
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 43 INJ 43% [<i>iothalamate meglumine</i>]	2	MB
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 MOL/L [<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	
<i>indigotindisulfonate sodium soln</i>	2	MB
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
OMNIPAQUE INJ 300MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE INJ 350MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 180 MG/ML [<i>iohexol</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OMNIPAQUE SOLN 240 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 300 MG/ML [<i>iohexol</i>]	2	MB
OMNIPAQUE SOLN 350 MG/ML [<i>iohexol</i>]	2	MB
ONETOUCH ULTRA STRP [<i>glucose blood</i>]	2	
READI-CAT 2 SUSP 2 % [<i>barium sulfate</i>]	2	
THYROGEN SOLR 0.9 MG [<i>thyrotropin alfa</i>]	2	MB
TISSUEBLUE SOSY 0.025 % [<i>brilliant blue g</i>]	2	
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	2	MB
VOLUMEN SUSP 0.1 % [<i>barium sulfate</i>]	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG [<i>potassium citrate-citric acid</i>]	1	
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
SODIUM BICARBONATE SOLN 4.2 % [<i>sodium bicarbonate</i>]	1	MB
SODIUM BICARBONATE SOLN 7.5 % [<i>sodium bicarbonate</i>]	2	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d15w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d20w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid infusion in d10w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid infusion in d5w]</i>	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % <i>[amino acid infusion in d15w]</i>	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % <i>[amino acid infusion in d20w]</i>	2	MB
[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 40 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based (soy)]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based (soy)]</i>	2	MB
PHENEX-1 POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte infusion]</i>	2	MB
PROSOL SOLN 20 % <i>[amino acid infusion]</i>	2	MB
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 100 MG <i>[triamterene]</i>	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
SODIUM EDECRIN SOLR 50 MG <i>[ethacrynate sodium]</i>	2	MB
<i>toremide tabs 10 mg</i>	1	
<i>toremide tabs 100 mg</i>	1	
<i>toremide tabs 20 mg</i>	1	
<i>toremide tabs 5 mg</i>	1	
<i>triamterene-hctz caps 37.5-25 mg</i>	1	
TRIAMTERENE-HCTZ TABS 37.5-25 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
TRIAMTERENE-HCTZ TABS 75-50 MG <i>[triamterene & hydrochlorothiazide]</i>	1	
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % <i>[acetic acid]</i>	1	MB
DIANEAL LOW CALCIUM/4.25% DEX SOLN 483 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL PD-2/1.5% DEXTROSE SOLN 346 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
DIANEAL PD-2/2.5% 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RINGERS IRRIGATION SOLN <i>[ringer's irrigation]</i>	1	MB
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride (gu irrigant)]</i>	1	MB
STERILE WATER FOR IRRIGATION SOLN <i>[water for irrigation, sterile]</i>	1	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L <i>[peritoneal dialysis solutions]</i>	2	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps 667 mg</i>	1	
<i>calcium acetate tabs 667 mg</i>	1	
CALCIUM CHLORIDE SOLN 10 % <i>[calcium chloride (dihydrate)]</i>	1	MB
CALCIUM GLUCONATE SOLN 10 % <i>[calcium gluconate]</i>	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML <i>[chromic chloride]</i>	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML <i>[cupric chloride]</i>	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN <i>[electrolyte-48 in dextrose]</i>	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % <i>[dextrose in lactated ringers]</i>	1	MB
<i>dextrose in ringers soln 5 %</i>	1	MB
DEXTROSE-NACL SOLN 10-0.45 % <i>[dextrose w/ sodium chloride]</i>	2	MB
DEXTROSE-NACL SOLN 2.5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.2 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.33 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.45 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-NACL SOLN 5-0.9 % <i>[dextrose w/ sodium chloride]</i>	1	MB
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.225 % <i>[dextrose w/ sodium chloride]</i>	2	MB
EFFER-K TBEF 25 MEQ <i>[potassium bicarbonate]</i>	1	
<i>hetastarch-nacl soln 6-0.9 %</i>	1	MB
HEXTEND SOLN 6 % <i>[hetastarch in lactated electrolyte]</i>	2	MB
HYPERLYTE-CR CONC <i>[parenteral electrolytes]</i>	2	MB
K-PHOS TABS 500 MG <i>[potassium phosphate monobasic]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated ringers]	2	MB
KLOR-CON TBCR 8 MEQ [potassium chloride]	1	
LACTATED RINGERS SOLN [lactated ringer's]	2	MB
[Dextran 40 In D5w] LMD IN D5W SOLN 10-5 %	2	MB
[Dextran 40 In Saline] LMD IN NACL SOLN 10-0.9 %	2	MB
M.T.E.-5 CONCENTRATE INJ CONC [trace minerals (cr-cu-mn-se-zn)]	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [magnesium sulfate in dextrose]	2	MB
MANGANESE CHLORIDE SOLN 0.1 MG/ML [manganese chloride]	2	MB
NORMAL SALINE FLUSH SOLN 0.9 % [sodium chloride flush]	1	MB
PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	2	
PLASMA-LYTE A SOLN [electrolyte-a]	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	1	MB
potassium chloride crys er tbc 10 meq	1	
potassium chloride crys er tbc 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
potassium chloride er tbc 10 meq	1	
POTASSIUM CHLORIDE IN NACL SOLN 20-0.45 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
potassium chloride sol 10% sf	1	
potassium chloride soln 10 meq/100ml	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	2	MB
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [potassium chloride]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [potassium chloride]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	1	
POTASSIUM CL IN DEXTROSE 5% SOLN 20 MEQ/L [potassium chloride in dextrose]	1	MB
potassium phosphate inj 3mm/ml	1	MB
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [potassium phosphates]	1	MB
RINGERS SOLN [ringer's]	1	MB
SELENIUM SOLN 40 MCG/ML [selenious acid]	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	1	MB
TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-30-500 MCG/ML [trace minerals (cr-cu-mn-zn)]	2	MB
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride]	2	MB
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate]	2	MB
URICOSURIC AGENTS		
colchicine-probenecid tabs 0.5-500 mg	1	
probenecid tabs 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [<i>laronidase</i>]	4	MB
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>]	4	MB
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	4	QL - 30 day(s),MB
ELITEK SOLR 1.5 MG [<i>rasburicase</i>]	4	MB
ELITEK SOLR 7.5 MG [<i>rasburicase</i>]	4	MB
FABRAZYME SOLR 35 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [<i>agalsidase beta</i>]	4	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [<i>hyaluronidase human</i>]	2	MB
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	4	QL - 30 day(s),MB
NAGLAZYME SOLN 1 MG/ML [<i>galsulfase</i>]	4	QL - 30 day(s),MB
PULMOZYME SOLN 2.5 MG/2.5ML [<i>dornase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	4	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	4	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	4	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
<i>BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod-prednisolone]</i>	2	
<i>CEQUA SOLN 0.09 % [cyclosporine (ophth)]</i>	2	
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
<i>CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [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	
<i>fluticasone propionate susp 50 mcg/act</i>	1	
<i>FML FORTE SUSP 0.25 % [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	
<i>OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]</i>	4	MB
<i>PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]</i>	2	
<i>prednisolone acetate susp 1 %</i>	1	
<i>prednisolone sodium phosphate soln 1 %</i>	2	
<i>RETISERT IMPL 0.59 MG [fluocinolone acetonide (ophth)]</i>	4	MB
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	1	
<i>TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]</i>	2	
ANTIALLERGIC AGENTS		
<i>ALOCRI SOLN 2 % [nedocromil sodium (ophth)]</i>	2	
<i>azelastine hcl soln 0.1 %</i>	1	
<i>cromolyn sodium soln 4 %</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12 500 mg</i>	1	
<i>acetazolamide sodium solr 500 mg</i>	1	MB
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	
<i>bimatoprost soln 0.03 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>brimonidine tartrate soln 0.2 %</i>	1	
<i>dorzolamide hcl soln 2 %</i>	1	
<i>dorzolamide hcl-timolol mal soln 2-0.5 %</i>	1	
<i>latanoprost soln 0.005 %</i>	1	
<i>levobunolol hcl soln 0.5 %</i>	1	
<i>methazolamide tabs 25 mg</i>	1	
<i>methazolamide tabs 50 mg</i>	1	
MIOCHOL-E SOLR 20 MG [<i>acetylcholine chloride</i>]	2	MB
MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	
<i>pilocarpine hcl soln 1 %</i>	1	
<i>pilocarpine hcl soln 2 %</i>	1	
<i>pilocarpine hcl soln 4 %</i>	1	
<i>timolol maleate soln 0.25 %</i>	1	
<i>timolol maleate soln 0.5 %</i>	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % [<i>acetic acid (otic)</i>]	1	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BSS PLUS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
BYOOVIZ SOLN 0.5 MG/0.05ML [<i>ranibizumab-nuna</i>]	2	MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	4	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	4	
HEALON5 INJ 23MG/ML [<i>sodium hyaluronate</i>]	2	MB
IOPIDINE SOLN 1 % [<i>apraclonidine hcl</i>]	2	
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	4	QL - 30 day(s),MB
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	
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	
<i>proparacaine hcl soln 0.5 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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		
<i>naphazoline hcl soln</i>	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
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	
PENTASA CPR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
PEPTIC RELIEF CHEW 262 MG [<i>bismuth subsalicylate</i>]	1	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<i>aprepitant caps 125 mg</i>	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
dronabinol caps 2.5 mg	1	
dronabinol caps 5 mg	1	
EMEND TRI-PACK CAPS 80 & 125 MG [aprepitant]	2	QL - 30 day(s)
fosaprepitant dimeglumine solr 150 mg	1	MB
granisetron hcl tabs 1 mg	1	
meclizine hcl tabs 25 mg	1	
ondansetron hcl soln 4 mg/2ml	1	MB
ondansetron hcl soln 4 mg/5ml	1	
ondansetron hcl soln 40 mg/20ml	1	MB
ondansetron hcl tabs 4 mg	1	
ondansetron hcl tabs 8 mg	1	
ondansetron tbdp 4 mg	1	
ondansetron tbdp 8 mg	1	
scopolamine pt72 1 mg/3days	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [sucralfate]	2	
cimetidine hcl soln 300 mg/5ml	1	
famotidine (pf) soln 20 mg/2ml	1	MB
famotidine premixed soln 20-0.9 mg/50ml-%	1	MB
famotidine soln 40 mg/4ml	1	MB
famotidine susr 40 mg/5ml	1	
famotidine tabs 20 mg	1	
famotidine tabs 40 mg	1	
misoprostol tabs 100 mcg	1	
misoprostol tabs 200 mcg	1	
omeprazole cpdr 10 mg	1	
omeprazole cpdr 20 mg	1	
omeprazole cpdr 40 mg	1	
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
PROTONIX SOLR 40 MG [pantoprazole sodium]	2	MB
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		
AMITIZA CAPS 24 MCG [lubiprostone]	2	
AMITIZA CAPS 8 MCG [lubiprostone]	2	
CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	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 % [sorbitol (laxative)]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CHOLELITHOLYTIC AGENTS		
URSO FORTE TABS 500 MG [<i>ursodiol</i>]	2	
<i>ursodiol tabs 250 mg</i>	1	
DIGESTANTS		
CREON CPEP 12000-38000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 36000-114000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
CREON CPEP 6000-19000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (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	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
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)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	QL - 30 day(s)
<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	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	1	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	1	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
FLOVENT HFA AERO 44 MCG/ACT <i>[fluticasone propionate hfa]</i>	2	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG SUSP 10 MG/ML [triamcinolone acetate]	2	MB
KENALOG SUSP 40 MG/ML [triamcinolone acetate]	2	MB
MEDROL TABS 2 MG [methylprednisolone]	2	
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml	1	
prednisolone soln 15 mg/5ml	1	
[Prednisone] PREDNISON INTENSOL CONC 5 MG/ML	2	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 10 mg (21)	1	
prednisone tbpk 5 mg (21)	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	2	
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	2	MB
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate]	2	MB
SOLU-MEDROL (PF) SOLR 125 MG [methylprednisolone sod succ]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SOLU-MEDROL (PF) SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
<i>danazol caps 100 mg</i>	1	
<i>danazol caps 200 mg</i>	1	
<i>danazol caps 50 mg</i>	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	MB
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
<i>methyltestosterone tabs 10 mg</i>	1	
<i>methyltestosterone caps 10 mg</i>	1	
<i>oxandrolone tabs 10 mg</i>	1	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	MB
<i>testosterone enanthate soln 200 mg/ml</i>	1	MB
<i>testosterone gel 1.62 %</i>	1	
<i>testosterone gel 12.5 mg/act (1%)</i>	1	
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone gel 50 mg/5gm (1%)</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	
<i>acarbose tabs 25 mg</i>	1	
<i>acarbose tabs 50 mg</i>	1	
<i>glimepiride tabs 1 mg</i>	1	
<i>glimepiride tabs 2 mg</i>	1	
<i>glimepiride tabs 4 mg</i>	1	
<i>glipizide tabs 10 mg</i>	1	
<i>glipizide tabs 5 mg</i>	1	
<i>glipizide tb24 10 mg</i>	1	
<i>glipizide tb24 2.5 mg</i>	1	
<i>glipizide tb24 5 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tabs 5-500 mg</i>	1	
<i>glyburide tabs 1.25 mg</i>	1	
<i>glyburide tabs 2.5 mg</i>	1	
<i>glyburide tabs 5 mg</i>	1	
HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML <i>[insulin lispro protamine & lispro]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [insulin lispro protamine & lispro]	2	
HUMALOG SOLN 100 UNIT/ML [insulin lispro]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	2	
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	2	
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	2	
INSULIN GLARGINE SOLN 100 UNIT/ML [insulin glargine]	2	
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML [insulin glargine-yfgn]	2	
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML [insulin glargine-yfgn]	2	
JARDIANCE TABS 10 MG [empagliflozin]	2	
JARDIANCE TABS 25 MG [empagliflozin]	2	
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML [semaglutide]	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML [semaglutide]	2	QL - 30 day(s)
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML [semaglutide]	2	QL - 30 day(s)
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
SYMLINPEN 120 SOPN 2700 MCG/2.7ML [pramlintide acetate]	2	
TRADJENTA TABS 5 MG [linagliptin]	2	
VICTOZA SOPN 18 MG/3ML [liraglutide]	2	QL - 30 day(s)
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GLUCAGEN HYPOKIT SOLR 1 MG <i>[glucagon hcl (rdna)]</i>	2	MB
GLUCAGEN INJ 1MG <i>[glucagon hcl (rdna)]</i>	2	MB
<i>glucagon emergency kit 1 mg</i>	1	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG <i>[ulipristal acetate]</i>	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
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-50 MG-MCG	1	PREV
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/DAY <i>[levonorgestrel (iud)]</i>	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 <i>[etonogestrel]</i>	2	PREV,MB
<i>norethindrone tabs 0.35 mg</i>	1	PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	1	PREV
[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.0375 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.05 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.06 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.075 MG/24HR <i>[estradiol]</i>	2	
CLIMARA PTWK 0.1 MG/24HR <i>[estradiol]</i>	2	
<i>clomiphene citrate tabs 50 mg</i>	1	
[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	
<i>estradiol tabs 2 mg</i>	1	
<i>estradiol valerate oil 10 mg/ml</i>	1	
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	
ESTRING RING 2 MG <i>[estradiol vaginal]</i>	2	
PREMARIN SOLR 25 MG <i>[estrogens, conjugated]</i>	2	
<i>raloxifene hcl tabs 60 mg</i>	1	OC,PREV
GONADOTROPINS		
ELIGARD KIT 22.5 MG <i>[leuprolide acetate (3 month)]</i>	2	
ELIGARD KIT 30 MG <i>[leuprolide acetate (4 month)]</i>	2	
ELIGARD KIT 45 MG <i>[leuprolide acetate (6 month)]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ELIGARD KIT 7.5 MG <i>[leuprolide acetate]</i>	2	
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF SOLR 75 UNIT <i>[follitropin alfa]</i>	2	
GONAL-F SOLR 1050 UNIT <i>[follitropin alfa]</i>	2	MB
GONAL-F SOLR 450 UNIT <i>[follitropin alfa]</i>	2	MB
MENOPUR SOLR 75 UNIT <i>[menotropins]</i>	2	
NOVAREL SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	2	MB
OVIDREL INJ 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	2	
SYNAREL SOLN 2 MG/ML <i>[nafarelin acetate]</i>	4	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML <i>[teriparatide (recombinant)]</i>	4	QL - 30 day(s),MB
PITUITARY		
ACTHAR GEL 80 UNIT/ML <i>[corticotropin]</i>	4	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % <i>[desmopressin acetate refrigerated]</i>	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML <i>[desmopressin acetate]</i>	2	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	PREV,MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	PREV,MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	OC
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	OC
<i>norethindrone acetate tabs 5 mg</i>	1	
<i>progesterone caps 100 mg</i>	1	OC
<i>progesterone caps 200 mg</i>	1	OC
PROGESTERONE OIL 50 MG/ML <i>[progesterone]</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG <i>[levothyroxine sodium]</i>	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML <i>[potassium iodide (expectorant)]</i>	2	
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
leflunomide tabs 10 mg	1	
leflunomide tabs 20 mg	1	
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	4	QL - 30 day(s)
ORENCIA SOSY 125 MG/ML [abatacept]	4	
ORENCIA SOSY 50 MG/0.4ML [abatacept]	4	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	4	QL - 30 day(s)
OTEZLA TAB 10/20/30 [apremilast]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [apremilast]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	4	QL - 30 day(s)
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	2	
IMMUNE SUPPRESSANTS		
ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	2	MB
azathioprine tabs 50 mg	1	
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate sodium tbec 180 mg	1	
mycophenolate sodium tbec 360 mg	1	
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	2	
PROGRAF SOLN 5 MG/ML [tacrolimus]	2	MB
SANDIMMUNE CAPS 100 MG [cyclosporine]	2	
SANDIMMUNE CAPS 25 MG [cyclosporine]	2	
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	2	
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	2	MB
sirolimus tabs 0.5 mg	1	
sirolimus tabs 1 mg	1	
sirolimus tabs 2 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
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
<i>chloroprocaine hcl inj 3%</i>	1	MB
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML <i>[lidocaine hcl (cardiac)]</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (pf) soln 4 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine hcl soln 2 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 1.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN SOLN 10 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 2 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 5 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NAROPIN SOLN 7.5 MG/ML <i>[ropivacaine hcl]</i>	2	MB
NESACAINE SOLN 1 % <i>[chloroprocaine hcl]</i>	2	MB
NESACAINE SOLN 2 % <i>[chloroprocaine hcl]</i>	2	MB
[Mepivacaine Hcl] POLOCAINE 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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1:200000 % <i>[bupivacaine w/ epinephrine]</i>	2	MB
TETRACAINE HCL SOLN 1 % <i>[tetracaine hcl]</i>	1	MB
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 %-1:200000 <i>[lidocaine w/ epinephrine]</i>	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>acetylcysteine soln 200 mg/ml</i>	1	MB
ACTIMMUNE SOLN 2000000 UNIT/0.5ML <i>[interferon gamma-1b]</i>	4	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
AMJEVITA SOAJ 40 MG/0.8ML <i>[adalimumab-atto]</i>	2	
AMJEVITA SOSY 10 MG/0.2ML <i>[adalimumab-atto]</i>	2	
AMJEVITA SOSY 20 MG/0.4ML <i>[adalimumab-atto]</i>	2	
AMJEVITA SOSY 40 MG/0.8ML <i>[adalimumab-atto]</i>	2	
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)
BOTOX COSMETIC SOLR 100 UNIT <i>[onabotulinumtoxina (cosmetic)]</i>	2	MB
BOTOX SOLR 100 UNIT <i>[onabotulinumtoxina]</i>	2	MB
BOTOX SOLR 200 UNIT <i>[onabotulinumtoxina]</i>	2	MB
BRIDION SOLN 200 MG/2ML <i>[sugammadex sodium]</i>	2	MB
CERDELGA CAPS 84 MG <i>[eliglustat tartrate]</i>	4	QL - 30 day(s)
<i>cinacalcet hcl tabs 30 mg</i>	1	
<i>cinacalcet hcl tabs 60 mg</i>	1	
<i>cinacalcet hcl tabs 90 mg</i>	1	
CINRYZE SOLR 500 UNIT <i>[c1 esterase inhibitor (human)]</i>	4	QL - 30 day(s),MB
<i>colchicine tabs 0.6 mg</i>	1	
CYSTADANE POWD <i>[betaine]</i>	4	QL - 30 day(s)
CYSTAGON CAPS 150 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
CYSTAGON CAPS 50 MG <i>[cysteamine bitartrate]</i>	2	QL - 30 day(s),LD
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
finasteride tabs 5 mg	1	
FUSILEV SOLR 50 MG [levoleucovorin calcium]	2	MB
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 40 MG/ML	1	
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	4	QL - 30 day(s)
icatibant acetate sosy 30 mg/3ml	1	QL - 30 day(s),MB
INFLECTRA SOLR 100 MG [infliximab-dyyb]	4	MB
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)
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium solr 350 mg	1	MB
leucovorin calcium solr 50 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	1	
LEVOCARNITINE TABS 330 MG [levocarnitine (metabolic modifiers)]	1	
MESNA SOLN 100 MG/ML [mesna]	1	MB
MESNEX TABS 400 MG [mesna]	2	QL - 30 day(s)
METHYLENE BLUE SOLN 1 % [methylene blue (antidote)]	1	MB
mycophenolate mofetil tabs 500 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	2	MB
MYOBLOC SOLN 5000 UNIT/ML [rimabotulinumtoxinb]	2	MB
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
octreotide acetate sosy 50 mcg/ml	1	MB
ORENCIA SOLR 250 MG [abatacept]	4	QL - 30 day(s),MB
pamidronate disodium soln 30 mg/10ml	1	MB
pamidronate disodium soln 6 mg/ml	1	MB
pamidronate disodium soln 90 mg/10ml	1	MB
pamidronate disodium solr 30 mg	1	MB
pamidronate disodium solr 90 mg	1	MB
PREVIDENT GEL 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT SOLN 0.2 % [sodium fluoride (dental)]	2	
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	4	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	4	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	1	
sirolimus soln 1 mg/ml	1	
SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [sodium fluoride]	1	PREV
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	1	PREV
SODIUM FLUORIDE CHEW 2.2 (1 F) MG [sodium fluoride]	1	PREV
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	1	PREV
SOLIRIS SOLN 300 MG/30ML [eculizumab]	4	MB
sterile water for injection soln	1	MB
TAKHZYRO SOLN 300 MG/2ML [lanadelumab-flyo]	4	QL - 30 day(s)
TAKHZYRO SOSY 150 MG/ML [lanadelumab-flyo]	4	QL - 30 day(s)
TAKHZYRO SOSY 300 MG/2ML [lanadelumab-flyo]	4	QL - 30 day(s)
THALOMID CAPS 100 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 150 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 200 MG [thalidomide]	4	QL - 30 day(s)
THALOMID CAPS 50 MG [thalidomide]	4	QL - 30 day(s)
THIOLA TABS 100 MG [tiopronin]	2	LD
TRI-CHLOR LIQD 80 % [trichloroacetic acid]	2	
TYSABRI CONC 300 MG/15ML [natalizumab]	4	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 1100 MG/11ML [ravulizumab-cwvz]	4	
ULTOMIRIS SOLN 300 MG/30ML [ravulizumab-cwvz]	4	
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	4	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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)
zoledronic acid conc 4 mg/5ml	1	MB
zoledronic acid soln 5 mg/100ml	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	2	
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	2	MB
methylergonovine maleate soln 0.2 mg/ml	1	MB
methylergonovine maleate tabs 0.2 mg	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	
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA POWD [<i>aloe vera (bulk)</i>]	2	
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
ATROPINE SULFATE MONOHYDRATE POW MONOHYDT [<i>atropine sulfate monohydrate</i>]	2	
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	
CHLOROFORM SOL [<i>chloroform</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	
CLONIDINE HCL POWD [<i>clonidine hcl</i>]	2	
CLOTRIMAZOLE CRYST [<i>clotrimazole (topical)</i>]	2	
CLOTRIMAZOLE POWD [<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DEXAMETHASONE POWD [<i>dexamethasone (bulk)</i>]	2	
DILTIAZEM HCL POWD [<i>diltiazem hcl (bulk)</i>]	2	
ESTRADIOL POW [<i>estradiol</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 (topical)</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	
METHADONE HCL POWD [<i>methadone hcl</i>]	2	
METOCLOPRAMIDE HCL MONOHYDRATE POWD [<i>metoclopramide hcl monohydrate</i>]	2	
METRONIDAZOLE POWD [<i>metronidazole (bulk)</i>]	2	
MORPHINE SULFATE POWD [<i>morphine sulfate</i>]	2	
NEOMYCIN SULFATE POWD [<i>neomycin sulfate (topical)</i>]	2	
PAPAVERINE HCL POWD [<i>papaverine hcl</i>]	2	
PHENOBARBITAL POWD [<i>phenobarbital</i>]	2	
PHENTOLAMINE MESYLATE POWD [<i>phentolamine mesylate (bulk)</i>]	2	
PLURONIC F127 GEL 20 % [<i>pluronic f127 base</i>]	2	
PODOPHYLLUM RESIN POWD [<i>podophyllum resin</i>]	2	
POLYETHYLENE GLYCOL 400 LIQD [<i>polyethylene glycol 400</i>]	2	
POLYETHYLENE GLYCOL 8000 POWD [<i>polyethylene glycol 8000</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
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 POWD <i>[sulfur (bulk)]</i>	2	
TESTOSTERONE PROPIONATE POWD <i>[testosterone propionate (bulk)]</i>	2	
THYMOL CRYST <i>[thymol]</i>	2	
TRANEXAMIC ACID POWD <i>[tranexamic acid (bulk)]</i>	2	
TRIAMCINOLONE ACETONIDE POWD <i>[triamcinolone acetonide (topical)]</i>	2	
UREA POWD <i>[urea (bulk)]</i>	2	
VERAPAMIL HCL POWD <i>[verapamil hcl]</i>	2	
ZINC SULFATE GRAN <i>[zinc sulfate]</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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML <i>[guaifenesin-codeine]</i>	1	
<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	1	
PHENYLHISTINE DH LIQ DH <i>[pseudoeph-chlorphen w/ cod]</i>	2	
<i>promethazine-codeine soln 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML <i>[pseudoephedrine w/ codeine-gg]</i>	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 10 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 3 % <i>[sodium chloride (inhalant)]</i>	1	
SODIUM CHLORIDE NEBU 7 % <i>[sodium chloride (inhalant)]</i>	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML <i>[poractant alfa]</i>	2	MB
CUROSURF SUSP 240 MG/3ML <i>[poractant alfa]</i>	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% <i>[beractant in nacl]</i>	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG <i>[alpha1-proteinase inhibitor (human)]</i>	2	QL - 30 day(s),MB
DALIRESP TABS 500 MCG <i>[roflumilast]</i>	2	
KALYDECO PACK 13.4 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
KALYDECO PACK 25 MG <i>[ivacaftor]</i>	4	QL - 30 day(s)
OFEV CAPS 100 MG <i>[nintedanib esylate]</i>	4	
OFEV CAPS 150 MG <i>[nintedanib esylate]</i>	4	
ORKAMBI PACK 100-125 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI PACK 150-188 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI PACK 75-94 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI TABS 100-125 MG <i>[lumacaftor-ivacaftor]</i>	4	QL - 30 day(s)
ORKAMBI TABS 200-125 MG <i>[lumacaftor-ivacaftor]</i>	4	
SYMDEKO TBPK 100-150 & 150 MG <i>[tezacaftor-ivacaftor]</i>	4	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG <i>[tezacaftor-ivacaftor]</i>	4	
TRIKAFTA TBPK 100-50-75 & 150 MG <i>[elexacaftor-tezacaftor-ivacaftor]</i>	4	QL - 30 day(s)
TRIKAFTA TBPK 50-25-37.5 & 75 MG <i>[elexacaftor-tezacaftor-ivacaftor]</i>	4	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TRIKAFTA THPK 100-50-75 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	
TRIKAFTA THPK 80-40-60 & 59.5 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	4	QL - 30 day(s)
XOLAIR SOLR 150 MG [<i>omalizumab</i>]	4	QL - 30 day(s),LD
XOLAIR SOSY 150 MG/ML [<i>omalizumab</i>]	4	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML [<i>omalizumab</i>]	4	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	4	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANAVIP SOLR [<i>crotalidae immune f(ab)'2 (equine)</i>]	2	
ANTIVENIN LATRODECTUS MACTANS KIT [<i>antivenin latrodectus mactans</i>]	2	MB
CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	2	MB
CYTOGAM INJ 50 MG/ML [<i>cytomegalovirus immune globulin (human)</i>]	2	MB
DIGIFAB SOLR 40 MG [<i>digoxin immune fab</i>]	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML [<i>immune globulin (human) iv</i>]	2	MB
GAMASTAN INJ [<i>immune globulin (human) im</i>]	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM [<i>immune globulin (human) iv</i>]	2	MB
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
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
DIPHTHERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML <i>[diphtheria-tetanus toxoids (dt)]</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)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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)
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)
TDVAX SUSP 2-2 LF/0.5ML <i>[tetanus-diphtheria toxoids (td)]</i>	2	MB
VACCINES		
ACTHIB SOLR <i>[haemophilus b polysac conj vac]</i>	2	MB
AFLURIA QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
AREXVY SUSR 120 MCG/0.5ML <i>[rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted]</i>	2	MB
BEXSERO SUSY <i>[meningococcal vac group b (recombinant omv adjuvanted)]</i>	2	MB
ENGERIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSY 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML <i>[influenza virus vac split high-dose quad preservative free]</i>	2	MB
FLUZONE QUADRIVALENT SUSP <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
FLUZONE QUADRIVALENT SUSP 0.5 ML <i>[influenza virus vaccine split quadrivalent]</i>	2	MB
GARDASIL 9 SUSP <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
VARIVAX INJ 1350 PFU/0.5ML [<i>varicella virus vaccine live</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
YF-VAX INJ [<i>yellow fever vaccine</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1-5 %</i>	1	
<i>clindamycin phos-benzoyl perox gel 1.2-5 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
<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 SOLN 0.25 % [<i>sodium hypochlorite</i>]	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>permethrin lotn 1 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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	
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	
CORTISPORIN CRE 0.5% [<i>neomycin-polymyxin-hc</i>]	2	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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	
<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 % <i>[pramoxine-hc]</i>	2	
PRAMOSONE OINT 1-2.5 % <i>[pramoxine-hc]</i>	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	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % <i>[hydrocortisone acetate w/ pramoxine]</i>	1	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<i>lidocaine hcl soln 4 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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 [<i>phenol</i>]	2	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	2	
SARNA LOTN 0.5-0.5 % [<i>camphor & menthol</i>]	2	
ASTRINGENTS		
DRYSOL SOLN 20 % [<i>aluminum chloride</i>]	2	
XERAC AC SOLN 6.25 % [<i>aluminum chloride in alcohol</i>]	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % [<i>tretinoin</i>]	1	
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	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		
KERALYT GEL 6 % [<i>salicylic acid</i>]	2	
SULFACETAMIDE SODIUM-SULFUR LIQD 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SULFACETAMIDE SODIUM-SULFUR LOTN 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [<i>sulfacetamide sodium w/ sulfur</i>]	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [<i>sulfacetamide sodium w/ sulfur</i>]	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
BENZOIN COMPOUND TINC [<i>benzoin compound</i>]	1	
BENZOIN TINC [<i>benzoin</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
bexarotene gel 1 %	1	
calcipotriene crea 0.005 %	1	
calcipotriene soln 0.005 %	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % [podofilox]	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	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 gel 1 %	1	
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 SOSY 150 MG/ML [risankizumab-rzaa]	4	
SODIUM CHLORIDE TABS 1 GM [sodium chloride]	1	
STELARA SOLN 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 45 MG/0.5ML [ustekinumab]	4	
STELARA SOSY 90 MG/ML [ustekinumab]	4	
TACROLIMUS OINT 0.03 % [tacrolimus (topical)]	1	
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	1	
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % [tazarotene]	2	
TAZORAC GEL 0.05 % [tazarotene]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	2	
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	4	
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	4	
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ SRER 8 MG/ML [<i>mirabegron</i>]	2	
MYRBETRIQ TB24 25 MG [<i>mirabegron</i>]	2	
MYRBETRIQ TB24 50 MG [<i>mirabegron</i>]	2	
<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 INJ [<i>multiple vitamin</i>]	2	MB
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	2	MB
MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [<i>ped multivitamins w/fl & iron</i>]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [<i>pediatric multivitamins w/fl</i>]	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [<i>pediatric multivitamins w/fl</i>]	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG [<i>pediatric multivitamins w/fl</i>]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [<i>pediatric multivitamins w/fl</i>]	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric multivitamins w/fl</i>]	1	
[Pediatric Multivitamins W/fl] MVC-FLUORIDE CHEW 0.5 MG	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POLY-VI-SOL SOLN [<i>pediatric multiple vitamins</i>]	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML [<i>pediatric multiple vitamins w/ iron</i>]	2	
RENAL CAPS 1 MG [<i>b-complex w/ c & folic acid</i>]	1	
TRI-VI-SOL A/C/D SOLN 250-50-10 [<i>pediatric vitamins adc</i>]	2	
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric vitamins acid w/ fluoride</i>]	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [<i>pediatric vitamins acid w/ fluoride</i>]	1	
VITAMIN A		
AQUASOL A SOLN 15 MG/ML [<i>vitamin a</i>]	2	MB
VITAMIN B COMPLEX		
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MB
<i>folic acid soln 5 mg/ml</i>	1	MB
NIACIN ER CPR 250 MG [<i>niacin</i>]	1	
NIACIN ER CPR 500 MG [<i>niacin</i>]	1	
NIACIN ER TBCR 250 MG [<i>niacin</i>]	1	
NIACIN TABS 100 MG [<i>niacin</i>]	1	
NIACIN TABS 250 MG [<i>niacin</i>]	1	
NIACIN TABS 50 MG [<i>niacin</i>]	1	
NIACIN TABS 500 MG [<i>niacin</i>]	1	
POTABA CAPS 500 MG [<i>potassium aminobenzoate</i>]	2	
<i>pyridoxine hcl soln 100 mg/ml</i>	1	MB
SLO-NIACIN TBCR 500 MG [<i>niacin</i>]	2	
SLO-NIACIN TBCR 750 MG [<i>niacin</i>]	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	MB
VITAMIN C		
ASCORBIC ACID SOLN 500 MG/ML [<i>ascorbic acid</i>]	1	MB
VITAMIN D		
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	
ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol</i>]	1	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	2	
<i>phytonadione soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 1 mg/0.5ml</i>	1	MB
<i>vitamin k1 soln 10 mg/ml</i>	1	MB

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ATROPINE SULFATE SOSY 0.5 MG/5ML [atropine sulfate]	31	BD DISP NEEDLES MISC 21G X 1-1/2.....	67
ATROVENT HFA AERS 17 MCG/ACT [ipratropium bromide hfa]	31	BD DISP NEEDLES MISC 25G X 5/8.....	67
AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	14	BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	67
AVASTIN SOLN 100 MG/4ML [bevacizumab]	23	BD INSULIN SYRINGE MISC 25G X 1.....	67
AVASTIN SOLN 400 MG/16ML [bevacizumab]	23	BD INSULIN SYRINGE MISC 27G X 1/2.....	67
AVELOX SOLN 400 MG/250ML [moxifloxacin hcl in sodium chloride]	14	BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	67
AVITA CREA 0.025 % [tretinoin]	108	BD INSULIN SYRINGE U/F MISC 30G X 1/2 ..	67
AVONEX KIT 30MCG [interferon beta-1a]	61	BD INSULIN SYRINGE U/F MISC 31G X 5/1667, 68	
AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	93	BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	67
azacitidine susr 100 mg	23	BD INTEGRA SYRINGE MISC 25G X 5/8.....	68
azathioprine tabs 50 mg	91	BD LANCET DEVICE MIS DEVICE [lancet devices]	68
azelastine hcl soln 0.1 %	78	BD LUER-LOK SYRINGE MISC 10 ML [syringe (disposable)]	68
azithromycin solr 500 mg	14	BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	68
azithromycin susr 100 mg/5ml	14	BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	68
azithromycin susr 200 mg/5ml	14	BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	68
azithromycin tabs 250 mg	14	BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	68
azithromycin tabs 500 mg	14	BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2.....	68
azithromycin tabs 600 mg	14	BD SAFETYGLIDE SYRINGE/NEEDLE MISC 27G X 5/8.....	68
aztreonam solr 1 gm	14	BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	68
aztreonam solr 2 gm	14	BD SYRINGE LUER-LOK MISC 30 ML [syringe (disposable)]	68
B			
bacitracin oint 500 unit/gm	77	BD SYRINGE LUER-LOK MISC 5 ML [syringe (disposable)]	68
bacitracin-polymyxin b oint 500-10000 unit/gm	77	BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	68
BACLOFEN POWD [baclofen]	96	BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	68
baclofen tabs 10 mg	33	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 30 MG [belladonna alkaloids & opium]	31
baclofen tabs 20 mg	33	BELLADONNA ALKALOIDS-OPIUM SUPP 16.2- 60 MG [belladonna alkaloids & opium]	31
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol]	96	benazepril hcl tabs 10 mg	46
BAL IN OIL SOLN 100 MG/ML [dimercaprol]	82		
balsalazide disodium caps 750 mg	80		
BAQSIMI TWO PACK POWD 3 MG/DOSE			

benazepril hcl tabs 20 mg	46	bethanechol chloride tabs 5 mg	32
benazepril hcl tabs 40 mg	46	bethanechol chloride tabs 50 mg	32
benazepril hcl tabs 5 mg	46	bexarotene gel 1 %	109
BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	23	BEXSERO SUSY [meningococcal vac group b (recombinant omv adjuvanted)]	103
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	36	BEYFORTUS SOSY 100 MG/ML [nirsevimab-alip]	21
BENEFIX KIT 2000 UNIT [coagulation factor ix (recombinant)]	36	BEYFORTUS SOSY 50 MG/0.5ML [nirsevimab-alip]	21
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	36	bicalutamide tabs 50 mg	23
BENEFIX KIT 3000 UNIT [coagulation factor ix (recombinant)]	36	BICILLIN L-A SUSY 1200000 UNIT/2ML [penicillin g benzathine]	14
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	36	BICILLIN L-A SUSY 2400000 UNIT/4ML [penicillin g benzathine]	14
BENTYL SOLN 10 MG/ML [dicyclomine hcl]	31	BICILLIN L-A SUSY 600000 UNIT/ML [penicillin g benzathine]	14
BENZOIN COMPOUND TINC [benzoin compound]	108	BIKTARVY TABS 30-120-15 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	11
BENZOIN TINC [benzoin]	108	BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate]	11
benzonatate caps 100 mg	99	BILTRICIDE TABS 600 MG [praziquantel]	11
benzoyl peroxide-erythromycin gel 5-3 %	105	bimatoprost soln 0.03 %	78
benztropine mesylate soln 1 mg/ml	57	BIO GLO STRP 1 MG [fluorescein sodium topical]	69
benztropine mesylate tabs 0.5 mg	57	BIOTIN-D POWD [biotin (bulk)]	96
benztropine mesylate tabs 1 mg	57	bisoprolol fumarate tabs 10 mg	42
benztropine mesylate tabs 2 mg	57	bisoprolol fumarate tabs 5 mg	42
betamethasone dipropionate aug crea 0.05 %	106	bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	42
betamethasone dipropionate aug gel 0.05 %	106	bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	42
betamethasone dipropionate aug lotn 0.05 %	106	bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	42
betamethasone dipropionate aug oint 0.05 %	106	bleomycin sulfate solr 15 unit	23
BETAMETHASONE DIPROPIONATE CREA 0.05 % [betamethasone dipropionate (topical)]	106	bleomycin sulfate solr 30 unit	23
betamethasone sod phos & acet susp 6 (3-3) mg/ml	83	BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod-prednisolone]	78
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate]	106	BLINCYTO SOLR 35 MCG [blinatumomab]	23
betamethasone valerate foam 0.12 %	106	BORIC ACID POWD [boric acid (bulk)]	96
BETAMETHASONE VALERATE LOTN 0.1 % [betamethasone valerate]	106	BOTOX COSMETIC SOLR 100 UNIT [onabotulinumtoxin (cosmetic)]	93
BETAMETHASONE VALERATE OINT 0.1 % [betamethasone valerate]	106	BOTOX SOLR 100 UNIT [onabotulinumtoxin]	93
BETASERON KIT 0.3 MG [interferon beta-1b]	93	BOTOX SOLR 200 UNIT [onabotulinumtoxin]	93
betaxolol hcl soln 0.5 %	78	BREVIBLOC IN NAACL SOLN 2000 MG/100ML [esmolol hcl-sodium chloride]	42
bethanechol chloride tabs 10 mg	32	BREVIBLOC IN NAACL SOLN 2500 MG/250ML	
bethanechol chloride tabs 25 mg	32		

[esmolol hcl-sodium chloride]	42
BREVITAL SODIUM SOLR 500 MG [methohexital sodium]	61
BRIDION SOLN 200 MG/2ML [sugammadex sodium]	93
BRILINTA TABS 90 MG [ticagrelor]	39
brimonidine tartrate soln 0.2 %	79
BRIVIACT TABS 10 MG [brivaracetam]	54
BRIVIACT TABS 100 MG [brivaracetam]	54
BRIVIACT TABS 25 MG [brivaracetam]	54
BRIVIACT TABS 50 MG [brivaracetam]	54
BRIVIACT TABS 75 MG [brivaracetam]	54
bromocriptine mesylate caps 5 mg	57
bromocriptine mesylate tabs 2.5 mg	57
BRUKINSA CAPS 80 MG [zanubrutinib]	23
BSS PLUS SOLN [ophthalmic irrigation solution - intraocular]	79
BSS SOLN [ophthalmic irrigation solution - intraocular]	79
budesonide cpep 3 mg	83
budesonide susp 0.25 mg/2ml	83
budesonide susp 0.5 mg/2ml	83
bumetanide soln 0.25 mg/ml	72
bumetanide tabs 0.5 mg	72
bumetanide tabs 1 mg	72
bumetanide tabs 2 mg	72
BUPHENYL TABS 500 MG [sodium phenylbutyrate]	71
bupivacaine hcl (pf) soln 0.5 %	92
bupivacaine hcl (pf) soln 0.75 %	92
bupivacaine hcl soln 0.25 %	92
bupivacaine hcl soln 0.5 %	92
bupivacaine in dextrose soln 0.75-8.25 %	92
bupivacaine-epinephrine (pf) soln 0.25% -1 200000	92
bupivacaine-epinephrine (pf) soln 0.5% -1 200000	92
bupivacaine-epinephrine soln 0.25% -1 200000	92
bupivacaine-epinephrine soln 0.5% -1 200000	92
buprenorphine hcl soln 0.3 mg/ml	49
buprenorphine hcl subl 2 mg	49
buprenorphine hcl subl 8 mg	49
buprenorphine hcl-naloxone hcl film 12-3 mg	49
buprenorphine hcl-naloxone hcl film 2-0.5 mg	49
buprenorphine hcl-naloxone hcl film 4-1 mg	49

buprenorphine hcl-naloxone hcl film 8-2 mg	49
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	49
buprenorphine hcl-naloxone hcl subl 8-2 mg	49
buprenorphine ptwk 10 mcg/hr	49
buprenorphine ptwk 15 mcg/hr	49
buprenorphine ptwk 20 mcg/hr	49
buprenorphine ptwk 5 mcg/hr	49
buprenorphine ptwk 7.5 mcg/hr	49
bupropion hcl er (sr) tb12 100 mg	62
bupropion hcl er (sr) tb12 150 mg	62
bupropion hcl er (sr) tb12 200 mg	62
bupropion hcl er (xl) tb24 150 mg	62
bupropion hcl er (xl) tb24 300 mg	62
bupropion hcl tabs 100 mg	62
bupropion hcl tabs 75 mg	62
buspironone hcl tabs 10 mg	59
buspironone hcl tabs 15 mg	59
buspironone hcl tabs 30 mg	59
buspironone hcl tabs 5 mg	59
buspironone hcl tabs 7.5 mg	59
butorphanol tartrate soln 1 mg/ml	49
butorphanol tartrate soln 2 mg/ml	49
BYOOVIZ SOLN 0.5 MG/0.05ML [ranibizumab-nuna]	79

C

CABENUVA SUER 400 & 600 MG/2ML [cabotegravir & rilpivirine]	11
CABENUVA SUER 600 & 900 MG/3ML [cabotegravir & rilpivirine]	11
cabergoline tabs 0.5 mg	57
CABOMETYX TABS 20 MG [cabozantinib s-malate]	23
CABOMETYX TABS 40 MG [cabozantinib s-malate]	23
CABOMETYX TABS 60 MG [cabozantinib s-malate]	23
caffeine citrate soln 60 mg/3ml	52
calcipotriene crea 0.005 %	109
calcipotriene soln 0.005 %	109
calcitonin (salmon) soln 200 unit/act	89
calcitriol caps 0.25 mcg	111
calcitriol caps 0.5 mcg	111
calcium acetate (phos binder) caps 667 mg	74
calcium acetate tabs 667 mg	74
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	74

CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	74	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	58
CALQUENCE TABS 100 MG [acalabrutinib maleate]	23	carbidopa-levodopa-entacapone tabs 50-200-200 mg	58
CAMPTOSAR SOLN 100 MG/5ML [irinotecan hcl]	23	CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	43
CAMPTOSAR SOLN 40 MG/2ML [irinotecan hcl]	23	CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	43
CANCIDAS SOLR 50 MG [casprofungin acetate]	19	CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	43
CANCIDAS SOLR 70 MG [casprofungin acetate]	19	carmustine solr 100 mg	24
CANDIN SOLN [candida albicans skin test antigen]	70	carvedilol tabs 12.5 mg	42
CANTHARIDIN POW [cantharidin]	96	carvedilol tabs 25 mg	42
CAPASTAT SULFATE SOLR 1 GM [capreomycin sulfate]	20	carvedilol tabs 3.125 mg	42
capecitabine tabs 150 mg	23	carvedilol tabs 6.25 mg	42
capecitabine tabs 500 mg	23	CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	81
CAPRELSA TABS 100 MG [vandetanib]	24	CATHFLO ACTIVASE SOLR 2 MG [alteplase]	39
CAPRELSA TABS 300 MG [vandetanib]	24	CAVERJECT SOLR 20 MCG [alprostadil (vasodilator)]	47
captopril tabs 100 mg	46	CAVERJECT SOLR 40 MCG [alprostadil (vasodilator)]	47
captopril tabs 12.5 mg	46	CAYSTON SOLR 75 MG [aztreonam lysine]	14
captopril tabs 25 mg	46	cefaclor caps 250 mg	14
captopril tabs 50 mg	46	cefaclor caps 500 mg	14
CARAFATE SUSP 1 GM/10ML [sucralfate]	81	cefadroxil caps 500 mg	14
carbamazepine chew 100 mg	54	cefazolin sodium solr 1 gm	14
carbamazepine er cp12 100 mg	54	cefazolin sodium solr 10 gm	14
carbamazepine er cp12 200 mg	54	cefazolin sodium solr 500 mg	14
carbamazepine er cp12 300 mg	54	CEFAZOLIN SODIUM-DEXTROSE SOLN 1-4 GM/50ML-% [cefazolin sodium-dextrose]	14
carbamazepine er tb12 100 mg	54	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [cefazolin sodium-dextrose]	14
carbamazepine er tb12 200 mg	54	cefdinir susr 125 mg/5ml	15
carbamazepine er tb12 400 mg	54	cefdinir susr 250 mg/5ml	15
CARBAMAZEPINE POWD [carbamazepine]	96	cefepime hcl solr 1 gm	15
carbamazepine susp 100 mg/5ml	54	cefepime hcl solr 2 gm	15
carbamazepine tabs 200 mg	54	CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) [cefepime hcl-dextrose]	15
carbidopa tabs 25 mg	57	CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) [cefepime hcl-dextrose]	15
carbidopa-levodopa er tbc 25-100 mg	57	cefixime caps 400 mg	15
carbidopa-levodopa er tbc 50-200 mg	58	cefotaxime sodium inj 10gm	15
carbidopa-levodopa tabs 10-100 mg	58	cefotaxime sodium solr 1 gm	15
carbidopa-levodopa tabs 25-100 mg	58	cefotetan disodium solr 1 gm	15
carbidopa-levodopa tabs 25-250 mg	58	cefotetan disodium solr 2 gm	15
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	58	CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [cefotetan disodium and dextrose]	15
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	58		
carbidopa-levodopa-entacapone tabs 25-100-200 mg	58		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	58		

CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [<i>cefotetan disodium and dextrose</i>]	15	CHIRHOSTIM SOLR 16 MCG [<i>secretin acetate (human)</i>]	70
<i>cefoxitin sodium solr 1 gm</i>	15	<i>chloramphenicol sod succinate solr 1 gm</i>	16
<i>cefoxitin sodium solr 10 gm</i>	15	<i>chlordiazepoxide hcl caps 10 mg</i>	59
<i>cefoxitin sodium solr 2 gm</i>	15	<i>chlordiazepoxide hcl caps 25 mg</i>	59
CEFOXITIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) [<i>cefoxitin sodium and dextrose</i>]	15	<i>chlordiazepoxide hcl caps 5 mg</i>	59
CEFOXITIN SODIUM-DEXTROSE SOLR 2-2.2 GM-%(50ML) [<i>cefoxitin sodium and dextrose</i>]	15	<i>chlordiazepoxide-clidinium caps 5-2.5 mg</i>	31
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	15	<i>chlorhexidine gluconate soln 0.12 %</i>	77
<i>cefpodoxime proxetil susr 50 mg/5ml</i>	15	CHLOROFORM SOL [<i>chloroform</i>]	96
<i>cefpodoxime proxetil tabs 100 mg</i>	15	<i>chloroprocaine hcl (pf) soln 2 %</i>	92
<i>cefpodoxime proxetil tabs 200 mg</i>	15	<i>chloroprocaine hcl inj 3%</i>	92
<i>ceftazidime solr 6 gm</i>	15	<i>chloroquine phosphate tabs 250 mg</i>	21
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	15	<i>chloroquine phosphate tabs 500 mg</i>	21
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	15	CHLORPROMAZINE HCL POW HCL [<i>chlorpromazine hcl</i>]	96
<i>ceftriaxone sodium solr 1 gm</i>	15	<i>chlorpromazine hcl soln 25 mg/ml</i>	62
<i>ceftriaxone sodium solr 10 gm</i>	15	<i>chlorpromazine hcl tabs 10 mg</i>	62
<i>ceftriaxone sodium solr 2 gm</i>	15	<i>chlorpromazine hcl tabs 100 mg</i>	62
<i>ceftriaxone sodium solr 250 mg</i>	15	<i>chlorpromazine hcl tabs 200 mg</i>	62
<i>ceftriaxone sodium solr 500 mg</i>	15	<i>chlorpromazine hcl tabs 25 mg</i>	62
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	15	<i>chlorpromazine hcl tabs 50 mg</i>	62
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [<i>ceftriaxone sodium and dextrose</i>]	15	<i>chlorthalidone tabs 25 mg</i>	72
<i>cefuroxime axetil tabs 250 mg</i>	15	<i>chlorthalidone tabs 50 mg</i>	72
<i>cefuroxime axetil tabs 500 mg</i>	15	CHOLESTEROL POWD [<i>cholesterol</i>]	96
<i>cefuroxime sodium solr 1.5 gm</i>	15	<i>cholestyramine light pack 4 gm</i>	41
<i>cefuroxime sodium solr 750 mg</i>	15	<i>cholestyramine light powd 4 gm/dose</i>	41
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	54	<i>cholestyramine pack 4 gm</i>	41
<i>cephalexin caps 250 mg</i>	16	<i>cholestyramine powd 4 gm/dose</i>	41
<i>cephalexin caps 500 mg</i>	16	CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	74
<i>cephalexin susr 125 mg/5ml</i>	16	<i>cidofovir soln 75 mg/ml</i>	21
<i>cephalexin susr 250 mg/5ml</i>	16	<i>cilostazol tabs 100 mg</i>	39
<i>cephalexin tabs 500 mg</i>	16	<i>cilostazol tabs 50 mg</i>	39
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	78	CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	11
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	93	<i>cimetidine hcl soln 300 mg/5ml</i>	81
CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>]	77	<i>cinacalcet hcl tabs 30 mg</i>	93
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	96	<i>cinacalcet hcl tabs 60 mg</i>	93
CHEMET CAPS 100 MG [<i>succimer</i>]	82	<i>cinacalcet hcl tabs 90 mg</i>	93
CHEMSTRIP 9 STRP [<i>multiple urine tests</i>]	70	CINRYZE SOLR 500 UNIT [<i>c1 esterase inhibitor (human)</i>]	93
		CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	16
		CIPRO SUSR 500 MG/5ML (10%) [<i>ciprofloxacin</i>]	16
		<i>ciprofloxacin hcl soln 0.3 %</i>	77
		<i>ciprofloxacin hcl tabs 250 mg</i>	16
		<i>ciprofloxacin hcl tabs 500 mg</i>	16
		<i>ciprofloxacin hcl tabs 750 mg</i>	16
		<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	16

ciprofloxacin in d5w soln 400 mg/200ml	16	CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	
ciprofloxacin-dexamethasone susp 0.3-0.1 %		[amino acid electrolyte w/ calcium infusion in d5w]	71
.....	78	CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	
cisatracurium besylate (pf) soln 10 mg/5ml	33	[amino acid electrolyte w/ calcium infusion in d10w]	71
cisatracurium besylate (pf) soln 200 mg/20ml		CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
.....	33	[amino acid electrolyte w/ calcium infusion in d5w]	72
cisatracurium besylate soln 20 mg/10ml	33	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cisplatin soln 100 mg/100ml	24	[amino acid electrolyte w/ calcium infusion in d15w]	72
cisplatin soln 50 mg/50ml	24	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
citalopram hydrobromide soln 10 mg/5ml ...	62	[amino acid electrolyte w/ calcium infusion in d20w]	72
citalopram hydrobromide tabs 10 mg	62	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
citalopram hydrobromide tabs 20 mg	62	[amino acid infusion in d10w]	72
citalopram hydrobromide tabs 40 mg	62	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
cladribine soln 10 mg/10ml	24	[amino acid infusion in d5w]	72
clarithromycin susr 125 mg/5ml	16	CLINIMIX/DEXTROSE (5/15) SOLN 5 % [amino acid infusion in d15w]	72
clarithromycin susr 250 mg/5ml	16	CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d15w]	72
clarithromycin tabs 250 mg	16	CLINIMIX/DEXTROSE (5/20) SOLN 5 % [amino acid infusion in d20w]	72
clarithromycin tabs 500 mg	16	clobetasol propionate crea 0.05 %	106
CLEVIPREX EMUL 25 MG/50ML [clevidipine]		clobetasol propionate foam 0.05 %	106
.....	44	clobetasol propionate gel 0.05 %	106
CLEVIPREX EMUL 50 MG/100ML [clevidipine]		clobetasol propionate lotn 0.05 %	106
.....	44	clobetasol propionate oint 0.05 %	106
CLICKFINE PEN NEEDLES MISC 31G X 6 MM		CLOBETASOL PROPIONATE POW PROPIONA	
[insulin pen needle]	68	[clobetasol propionate]	96
CLIMARA PTWK 0.025 MG/24HR [estradiol]	88	clobetasol propionate soln 0.05 %	106
CLIMARA PTWK 0.0375 MG/24HR [estradiol]		CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	106
.....	88	clomiphene citrate tabs 50 mg	88
CLIMARA PTWK 0.05 MG/24HR [estradiol] ..	88	clomipramine hcl caps 25 mg	62
CLIMARA PTWK 0.06 MG/24HR [estradiol] ..	88	clomipramine hcl caps 50 mg	62
CLIMARA PTWK 0.075 MG/24HR [estradiol]	88	clomipramine hcl caps 75 mg	62
CLIMARA PTWK 0.1 MG/24HR [estradiol]	88	clonazepam tabs 0.5 mg	54
clindamycin hcl caps 150 mg	16	clonazepam tabs 1 mg	54
clindamycin hcl caps 300 mg	16	clonazepam tabs 2 mg	54
CLINDAMYCIN HCL POWD [clindamycin hcl (bulk)]	96	CLONIDINE HCL POWD [clonidine hcl]	96
clindamycin palmitate hcl solr 75 mg/5ml ...	16	clonidine hcl tabs 0.1 mg	45
clindamycin phos-benzoyl perox gel 1.2-5 %		clonidine hcl tabs 0.2 mg	45
.....	105	clonidine hcl tabs 0.3 mg	45
clindamycin phos-benzoyl perox gel 1-5 %	105	clonidine ptwk 0.1 mg/24hr	45
clindamycin phosphate crea 2 %	105	clonidine ptwk 0.2 mg/24hr	45
clindamycin phosphate gel 1 %	105	clonidine ptwk 0.3 mg/24hr	46
clindamycin phosphate in d5w soln 600 mg/50ml	16	clopidogrel bisulfate tabs 75 mg	39
clindamycin phosphate in d5w soln 900 mg/50ml	16	clorazepate dipotassium tabs 15 mg	59
clindamycin phosphate lotn 1 %	105	clorazepate dipotassium tabs 3.75 mg	59
clindamycin phosphate soln 1 %	105		
CLINDAMYCIN PHOSPHATE SOLN 300			
MG/2ML [clindamycin phosphate]	16		
clindamycin phosphate soln 9000 mg/60ml	16		

clorazepate dipotassium tabs 7.5 mg	59	CORTISPORIN CRE 0.5% [neomycin-polymyxin-hc]	106
CLOTRIMAZOLE CRYSTALS [clotrimazole (topical)]	96	CORTISPORIN-TC SUSP 3.3-3-10-0.5 MG/ML [neomycin-colistin-hc-thonzonium]	78
CLOTRIMAZOLE POWDER [clotrimazole (topical)]	96	CORTROSYN SOLR 0.25 MG [cosyntropin]	70
clotrimazole troc 10 mg	105	COSENTYX (300 MG DOSE) SOSY 150 MG/ML [secukinumab]	109
clozapine tabs 100 mg	62	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [secukinumab]	109
clozapine tabs 200 mg	62	COSENTYX SENSOREADY PEN SOAJ 150 MG/ML [secukinumab]	109
clozapine tabs 25 mg	62	COSENTYX SOSY 150 MG/ML [secukinumab]	109
clozapine tabs 50 mg	62	COTELLIC TABS 20 MG [cobimetinib fumarate]	24
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	96	CREON CPEP 12000-38000 UNIT [pancrelipase (lipase-protease-amylase)]	82
COARTEM TABS 20-120 MG [artemether-lumefantrine]	21	CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	82
CODEINE SULFATE TABS 15 MG [codeine sulfate]	49	CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	82
CODEINE SULFATE TABS 30 MG [codeine sulfate]	49	CREON CPEP 36000-114000 UNIT [pancrelipase (lipase-protease-amylase)]	82
CODEINE SULFATE TABS 60 MG [codeine sulfate]	49	CREON CPEP 6000-19000 UNIT [pancrelipase (lipase-protease-amylase)]	82
colchicine tabs 0.6 mg	93	CRIVAN CAPS 200 MG [indinavir sulfate]	11
colchicine-probenecid tabs 0.5-500 mg	76	CROFAB SOLR [crotalidae polyvalent immune fab (ovine)]	100
colestipol hcl gran 5 gm	42	cromolyn sodium conc 100 mg/5ml	98
colestipol hcl pack 5 gm	42	cromolyn sodium nebu 20 mg/2ml	98
colestipol hcl tabs 1 gm	42	cromolyn sodium soln 4 %	78
COLLODION FLEXIBLE LIQD [collodion flexible]	96	C-TOPICAL SOLN 4 % [cocaine hcl]	79
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ipratropium-albuterol]	98	CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	74
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [cabozantinib s-malate]	24	CUROSURF SUSP 120 MG/1.5ML [poractant alfa]	99
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [cabozantinib s-malate]	24	CUROSURF SUSP 240 MG/3ML [poractant alfa]	99
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [cabozantinib s-malate]	24	cyanocobalamin soln 1000 mcg/ml	111
COMPLERA TABS 200-25-300 MG [emtricitabine- rilpivirine-tenofovir disoproxil fumarate]	11	cyclobenzaprine hcl tabs 10 mg	33
CONDYLOX GEL 0.5 % [podofilox]	109	cyclobenzaprine hcl tabs 5 mg	33
CONRAY 43 INJ 43% [iothalamate meglumine]	70	cyclopentolate hcl soln 1 %	80
CONRAY SOLN 60 % [iothalamate meglumine]	70	cyclopentolate hcl soln 2 %	80
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]	106	cyclophosphamide solr 2 gm	24
cortisone acetate tabs 25 mg	83	cyclophosphamide solr 500 mg	24

cycloserine caps 250 mg	20
cyclosporine emul 0.05 %	78
cyproheptadine hcl syr 2 mg/5ml	23
cyproheptadine hcl tabs 4 mg	23
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	24
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	24
CYSTADANE POWD [betaine]	93
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	93
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	93
CYSTEAMINE HCL POWD [cysteamine hcl (bulk)]	96
CYTO-CONRAY II SOLN 17.2 % [iothalamate meglumine]	70
CYSTOGRAFIN SOLN 30 % [diatrizoate meglumine]	70
CYSTOGRAFIN-DILUTE SOLN 18 % [diatrizoate meglumine]	70
cytarabine (pf) soln 100 mg/ml	24
cytarabine (pf) soln 20 mg/ml	24
cytarabine soln 20 mg/ml	24
CYTOGAM INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	100
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	71
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	71

D

dacarbazine solr 100 mg	24
dacarbazine solr 200 mg	24
DACOGEN SOLR 50 MG [decitabine]	24
DAKINS (1/4 STRENGTH) SOLN 0.125 % [sodium hypochlorite]	105
DAKINS (FULL STRENGTH) SOLN 0.5 % [sodium hypochlorite]	105
DALIRESP TABS 500 MCG [roflumilast]	99
danazol caps 100 mg	85
danazol caps 200 mg	85
danazol caps 50 mg	85
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 [pyrimethamine]	21

darunavir tabs 600 mg	11
darunavir tabs 800 mg	11
DARZALEX SOLN 100 MG/5ML [daratumumab]	24
DARZALEX SOLN 400 MG/20ML [daratumumab]	24
daunorubicin hcl soln 20 mg/4ml	24
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	89
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
demeclocycline hcl tabs 300 mg	16
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	89
DESCOVY TABS 120-15 MG [emtricitabine- tenofovir alafenamide fumarate]	11
DESCOVY TABS 200-25 MG [emtricitabine- tenofovir alafenamide fumarate]	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	63
desmopressin ace spray refrig soln 0.01 %	89
DESMOPRESSIN ACETATE SOLN 1.5 MG/ML [desmopressin acetate]	89
desmopressin acetate soln 4 mcg/ml	89
desmopressin acetate spray soln 0.01 %	89
desmopressin acetate tabs 0.1 mg	89
desmopressin acetate tabs 0.2 mg	89
desonide lotn 0.05 %	106
desonide oint 0.05 %	106
desoximetasone crea 0.25 %	106
dexamethasone elix 0.5 mg/5ml	83
DEXAMETHASONE POWD [dexamethasone (bulk)]	97
dexamethasone sodium phosphate soln 0.1 %	78
dexamethasone sodium phosphate soln 10 mg/ml	83
dexamethasone sodium phosphate soln 20 mg/5ml	83
dexamethasone soln 0.5 mg/5ml	83
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	53		
dexmethylphenidate hcl er cp24 15 mg	53		
dexmethylphenidate hcl er cp24 20 mg	53		
dexmethylphenidate hcl er cp24 25 mg	53		
dexmethylphenidate hcl er cp24 30 mg	53		
dexmethylphenidate hcl er cp24 35 mg	53		
dexmethylphenidate hcl er cp24 40 mg	53		
dexmethylphenidate hcl er cp24 5 mg	53		
dexmethylphenidate hcl tabs 10 mg	53		
dexmethylphenidate hcl tabs 2.5 mg	53		
dexmethylphenidate hcl tabs 5 mg	53		
dexrazoxane hcl solr 250 mg	93		
dexrazoxane hcl solr 500 mg	93		
dextroamphetamine sulfate er cp24 10 mg	53		
dextroamphetamine sulfate er cp24 15 mg	53		
dextroamphetamine sulfate er cp24 5 mg	53		
dextroamphetamine sulfate tabs 10 mg	53		
dextroamphetamine sulfate tabs 5 mg	53		
DEXTROSE 5%/ELECTROLYTE #48 SOLN			
[electrolyte-48 in dextrose]	74		
DEXTROSE IN LACTATED RINGERS SOLN 5			
% [dextrose in lactated ringers]	74		
dextrose in ringers soln 5 %	74		
DEXTROSE SOLN 10 % [dextrose]	72		
DEXTROSE SOLN 20 % [dextrose]	72		
DEXTROSE SOLN 40 % [dextrose]	72		
DEXTROSE SOLN 5 % [dextrose]	72		
DEXTROSE SOLN 50 % [dextrose]	72		
DEXTROSE SOLN 70 % [dextrose]	72		
DEXTROSE-NACL SOLN 10-0.45 % [dextrose			
w/ sodium chloride]	74		
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose			
w/ sodium chloride]	74		
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/			
sodium chloride]	74		
DEXTROSE-NACL SOLN 5-0.33 % [dextrose			
w/ sodium chloride]	74		
DEXTROSE-NACL SOLN 5-0.45 % [dextrose			
w/ sodium chloride]	74		
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/			
sodium chloride]	74		
DEXTROSE-SODIUM CHLORIDE SOLN 5-			
0.225 % [dextrose w/ sodium chloride]	74		
DIANEAL LOW CALCIUM/4.25% DEX SOLN			
483 MOSM/L [peritoneal dialysis solutions]			73
DIANEAL PD-2/1.5% DEXTROSE SOLN 346			
MOSM/L [peritoneal dialysis solutions]	73		
DIANEAL PD-2/2.5% DEXTROSE SOLN 396			
MOSM/L [peritoneal dialysis solutions]	73		
DIANEAL PD-2/4.25% DEXTROSE SOLN 485			
MOSM/L [peritoneal dialysis solutions]	73		
DIASTAT ACUDIAL GEL 10 MG [diazepam			
(anticonvulsant)]	59		
DIASTAT ACUDIAL GEL 20 MG [diazepam			
(anticonvulsant)]	59		
DIASTAT PEDIATRIC GEL 2.5 MG [diazepam			
(anticonvulsant)]	59		
DIASTIX STRP [glucose urine test-(glucose			
oxidase)]	70		
diazepam soln 5 mg/5ml	59		
diazepam soln 5 mg/ml	59		
diazepam tabs 10 mg	59		
diazepam tabs 2 mg	59		
diazepam tabs 5 mg	59		
diclofenac sodium gel 1 %	109		
diclofenac sodium soln 0.1 %	78		
diclofenac sodium soln 1.5 %	109		
dicloxacillin sodium caps 250 mg	16		
dicloxacillin sodium caps 500 mg	16		
dicyclomine hcl caps 10 mg	31		
dicyclomine hcl soln 10 mg/5ml	31		
dicyclomine hcl tabs 20 mg	31		
didanosine cap 125mg	11		
didanosine cpdr 250 mg	11		
didanosine cpdr 400 mg	11		
DIFFERIN CREA 0.1 % [adapalene]	109		
DIFFERIN GEL 0.3 % [adapalene]	109		
DIGIFAB SOLR 40 MG [digoxin immune fab]			
.....	100		
DIGOXIN SOLN 0.05 MG/ML [digoxin]	44		
digoxin soln 0.25 mg/ml	45		
digoxin tabs 125 mcg	45		
digoxin tabs 250 mcg	45		
dihydroergotamine mesylate soln 1 mg/ml	33		
dihydroergotamine mesylate soln 4 mg/ml	33		
diltiazem hcl er coated beads cp24 180 mg	44		
diltiazem hcl er cp12 120 mg	44		
diltiazem hcl er cp12 60 mg	44		
diltiazem hcl er cp12 90 mg	44		
diltiazem hcl er cp24 120 mg	44		
diltiazem hcl er cp24 180 mg	44		
diltiazem hcl er cp24 240 mg	44		
DILTIAZEM HCL POWD [diltiazem hcl (bulk)]			
.....	97		

<i>diltiazem hcl soln 125 mg/25ml</i>	44	<i>dopamine hcl inj 160mg/ml</i>	34
<i>diltiazem hcl soln 25 mg/5ml</i>	44	DOPAMINE HCL SOLN 40 MG/ML [<i>dopamine hcl</i>].....	34
<i>diltiazem hcl soln 50 mg/10ml</i>	44	DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% [<i>dopamine in d5w</i>].....	34
<i>diltiazem hcl tabs 120 mg</i>	44	DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% [<i>dopamine in d5w</i>].....	34
<i>diltiazem hcl tabs 30 mg</i>	44	DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% [<i>dopamine in d5w</i>].....	34
<i>diltiazem hcl tabs 60 mg</i>	44	<i>doxazosin mesylate hcl soln 2 %</i>	79
<i>diltiazem hcl tabs 90 mg</i>	44	<i>doxazosin hcl-timolol mal soln 2-0.5 %</i>	79
<i>dimethyl fumarate cpdr 120 mg</i>	93	DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	11
<i>dimethyl fumarate cpdr 240 mg</i>	93	<i>doxazosin mesylate tabs 1 mg</i>	41
<i>dimethyl fumarate starter pack cdpk 120 & 240 mg</i>	93	<i>doxazosin mesylate tabs 2 mg</i>	41
<i>diphenhydramine hcl soln 50 mg/ml</i>	23	<i>doxazosin mesylate tabs 4 mg</i>	41
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	80	<i>doxazosin mesylate tabs 8 mg</i>	41
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i> ... 80		<i>doxepin hcl caps 10 mg</i>	63
DIPHThERIA-TETANUS TOXOIDS DT SUSP		<i>doxepin hcl caps 100 mg</i>	63
25-5 LFU/0.5ML [<i>diphtheria-tetanus toxoids (dt)</i>].....	102	<i>doxepin hcl caps 150 mg</i>	63
<i>dipyridamole soln 5 mg/ml</i>	47	<i>doxepin hcl caps 25 mg</i>	63
<i>dipyridamole tabs 25 mg</i>	47	<i>doxepin hcl caps 50 mg</i>	63
<i>dipyridamole tabs 50 mg</i>	47	<i>doxepin hcl caps 75 mg</i>	63
<i>dipyridamole tabs 75 mg</i>	47	<i>doxepin hcl conc 10 mg/ml</i>	63
<i>disopyramide phosphate caps 100 mg</i>	45	<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	24
<i>disopyramide phosphate caps 150 mg</i>	45	<i>doxorubicin hcl soln 2 mg/ml</i>	24
DISPOSABLE POWER KIT [<i>misc. devices</i>] ..	68	<i>doxorubicin hcl solr 10 mg</i>	24
<i>disulfiram tabs 250 mg</i>	94	<i>doxorubicin hcl solr 50 mg</i>	24
<i>disulfiram tabs 500 mg</i>	94	<i>doxycycline hyclate caps 100 mg</i>	16
<i>divalproex sodium csdr 125 mg</i>	54	<i>doxycycline hyclate caps 50 mg</i>	16
<i>divalproex sodium er tb24 250 mg</i>	54	<i>doxycycline hyclate tabs 100 mg</i>	16
<i>divalproex sodium er tb24 500 mg</i>	54	<i>doxycycline hyclate tabs 20 mg</i>	16
<i>divalproex sodium tbec 125 mg</i>	54	<i>doxycycline monohydrate susr 25 mg/5ml</i> ..	16
<i>divalproex sodium tbec 250 mg</i>	54	<i>doxycycline monohydrate tabs 100 mg</i>	16
<i>divalproex sodium tbec 500 mg</i>	54	<i>doxycycline monohydrate tabs 50 mg</i>	16
<i>dobutamine hcl soln 250 mg/20ml</i>	34	DRITHO-CREME HP CREA 1 % [<i>anthralin</i>].....	109
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% [<i>dobutamine in d5w</i>].....	34	<i>dronabinol caps 10 mg</i>	80
DOBUTAMINE IN D5W SOLN 2 MG/ML [<i>dobutamine in d5w</i>].....	34	<i>dronabinol caps 2.5 mg</i>	81
<i>docetaxel conc 80 mg/4ml</i>	24	<i>dronabinol caps 5 mg</i>	81
<i>dofetilide caps 125 mcg</i>	45	<i>droperidol soln 2.5 mg/ml</i>	59
<i>dofetilide caps 250 mcg</i>	45	<i>drospirenone-ethinyl estradiol tabs 3-0.02 mg</i>	87
<i>dofetilide caps 500 mcg</i>	45	<i>drospirenone-ethinyl estradiol tabs 3-0.03 mg</i>	87
<i>donepezil hcl tabs 10 mg</i>	32	DRYSOL SOLN 20 % [<i>aluminum chloride</i>] ..	108
<i>donepezil hcl tabs 5 mg</i>	32	<i>duloxetine hcl cpep 20 mg</i>	63
<i>donepezil hcl tbdp 10 mg</i>	32	<i>duloxetine hcl cpep 30 mg</i>	63
<i>donepezil hcl tbdp 5 mg</i>	32	<i>duloxetine hcl cpep 60 mg</i>	63
DONNATAL ELIX 16.2 MG/5ML [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>].....	31	DUOPA SUSP 4.63-20 MG/ML [<i>carbidopa-levodopa</i>]	58
DONNATAL TABS 16.2 MG [<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>].....	31		

DURAMORPH SOLN 0.5 MG/ML [<i>morphine sulfate</i>]	49
DURAMORPH SOLN 1 MG/ML [<i>morphine sulfate</i>]	49
D-XYLOSE POWD [<i>d-xylose</i>]	70
DYRENIUM CAPS 100 MG [<i>triamterene</i>]	72
DYRENIUM CAPS 50 MG [<i>triamterene</i>]	72

E

EDEX KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	47
EDEX KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	47
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	47
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	11
EEMT HS TABS 0.625-1.25 MG [<i>esterified estrogens & methyltestosterone</i>]	88
EEMT TABS 1.25-2.5 MG [<i>esterified estrogens & methyltestosterone</i>]	88
efavirenz caps 200 mg	11
efavirenz caps 50 mg	11
efavirenz tabs 600 mg	11
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	11
EFFER-K TBEF 25 MEQ [<i>potassium bicarbonate</i>]	74
EFFIENT TABS 10 MG [<i>prasugrel hcl</i>]	39
EFFIENT TABS 5 MG [<i>prasugrel hcl</i>]	39
ELAPRASE SOLN 6 MG/3ML [<i>idursulfase</i>]	77
eletriptan hydrobromide tabs 20 mg	57
eletriptan hydrobromide tabs 40 mg	57
ELIGARD KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	88
ELIGARD KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	88
ELIGARD KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	88
ELIGARD KIT 7.5 MG [<i>leuprolide acetate</i>]	89
ELITEK SOLR 1.5 MG [<i>rasburicase</i>]	77
ELITEK SOLR 7.5 MG [<i>rasburicase</i>]	77
ELLA TABS 30 MG [<i>ulipristal acetate</i>]	87
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	94
ELOCTATE SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 1500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36

ELOCTATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 3000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 4000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 5000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 6000 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
ELOCTATE SOLR 750 UNIT [<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>]	36
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	24
EMEND TRI-PACK CAPS 80 & 125 MG [<i>aprepitant</i>]	81
emtricitabine caps 200 mg	12
emtricitabine-tenofovir df tabs 100-150 mg	12
emtricitabine-tenofovir df tabs 133-200 mg	12
emtricitabine-tenofovir df tabs 167-250 mg	12
emtricitabine-tenofovir df tabs 200-300 mg	12
EMTRIVA SOLN 10 MG/ML [<i>emtricitabine</i>]	12
enalaprilat inj 1.25 mg/ml	46
ENBREL SOLR 25 MG [<i>etanercept</i>]	90
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	90
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	90
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	90
ENDOMETRIN INST 100 MG [<i>progesterone (vaginal)</i>]	89
ENGERIX-B SUSP 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	103
ENGERIX-B SUSY 10 MCG/0.5ML [<i>hepatitis b vaccine (recomb)</i>]	103
ENGERIX-B SUSY 20 MCG/ML [<i>hepatitis b vaccine (recomb)</i>]	103
ENHERTU SOLR 100 MG [<i>fam-trastuzumab deruxtecan-nxki</i>]	24

ENTACAPONE TABS 200 MG [<i>entacapone</i>]	58	<i>escitalopram oxalate soln 5 mg/5ml</i>	63
<i>entecavir tabs 0.5 mg</i>	21	<i>escitalopram oxalate tabs 10 mg</i>	63
<i>entecavir tabs 1 mg</i>	21	<i>escitalopram oxalate tabs 20 mg</i>	63
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	46	<i>escitalopram oxalate tabs 5 mg</i>	63
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	46	ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	42
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	46	ESTRADIOL POW [<i>estradiol</i>]	97
EOVIST SOLN 0.25 MOL/L [<i>gadoxetate disodium</i>]	70	<i>estradiol pttw 0.025 mg/24hr</i>	88
EPCLUSA PACK 150-37.5 MG [<i>sofosbuvir-velpatasvir</i>]	21	<i>estradiol pttw 0.0375 mg/24hr</i>	88
EPCLUSA PACK 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	21	<i>estradiol pttw 0.05 mg/24hr</i>	88
EPCLUSA TABS 200-50 MG [<i>sofosbuvir-velpatasvir</i>]	21	<i>estradiol pttw 0.075 mg/24hr</i>	88
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	21	<i>estradiol pttw 0.1 mg/24hr</i>	88
EPHEDRINE SULFATE (PRESSORS) SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	34	<i>estradiol ptwk 0.05 mg/24hr</i>	88
EPIDUO FORTE GEL 0.3-2.5 % [<i>adapalene-benzoyl peroxide</i>]	109	<i>estradiol ptwk 0.075 mg/24hr</i>	88
<i>epinephrine hcl inj 1mg/ml</i>	34	<i>estradiol ptwk 0.1 mg/24hr</i>	88
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	34	<i>estradiol tabs 0.05 mg</i>	88
<i>epinephrine soaj 0.15 mg/0.15ml</i>	34	<i>estradiol tabs 0.075 mg</i>	88
<i>epinephrine soaj 0.3 mg/0.3ml</i>	34	<i>estradiol tabs 0.1 mg</i>	88
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	34	<i>estradiol tabs 10 mcg</i>	88
EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	21	<i>estradiol tabs 2 mg</i>	88
EQUETRO CP12 200 MG [<i>carbamazepine (mood)</i>]	54	<i>estradiol valerate oil 10 mg/ml</i>	88
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	24	<i>estradiol valerate oil 20 mg/ml</i>	88
ERBITUX SOLN 200 MG/100ML [<i>cetuximab</i>]	24	<i>estradiol valerate oil 40 mg/ml</i>	88
ERGOCALCIFEROL SOLN 200 MCG/ML [<i>ergocalciferol</i>]	111	ESTRING RING 2 MG [<i>estradiol vaginal</i>]	88
<i>ergoloid mesylates tabs 1 mg</i>	57	<i>ethacrynic acid tabs 25 mg</i>	72
<i>ergotamine-caffeine tabs 1-100 mg</i>	57	<i>ethambutol hcl tabs 100 mg</i>	20
ERIVEDGE CAPS 150 MG [<i>vismodegib</i>]	25	<i>ethambutol hcl tabs 400 mg</i>	20
<i>erlotinib hcl tabs 100 mg</i>	25	ETHAMOLIN SOLN 5 % [<i>ethanolamine oleate</i>]	47
<i>erlotinib hcl tabs 150 mg</i>	25	<i>ethosuximide caps 250 mg</i>	55
<i>erlotinib hcl tabs 25 mg</i>	25	<i>ethosuximide soln 250 mg/5ml</i>	55
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	25	<i>etodolac caps 200 mg</i>	49
ERYTHROCIN LACTOBIONATE SOLR 500 MG [<i>erythromycin lactobionate</i>]	17	<i>etodolac caps 300 mg</i>	49
<i>erythromycin oint 5 mg/gm</i>	77	<i>etodolac tabs 400 mg</i>	49
<i>erythromycin soln 2 %</i>	105	<i>etodolac tabs 500 mg</i>	49
		<i>etomidate soln 2 mg/ml</i>	61
		<i>etoposide caps 50 mg</i>	25
		<i>etravirine tabs 100 mg</i>	12
		<i>etravirine tabs 200 mg</i>	12
		<i>everolimus tabs 10 mg</i>	25
		<i>everolimus tabs 2.5 mg</i>	25
		<i>everolimus tabs 5 mg</i>	25
		<i>everolimus tabs 7.5 mg</i>	25
		EVOTAZ TABS 300-150 MG [<i>atazanavir sulfate-cobicistat</i>]	12
		<i>exemestane tabs 25 mg</i>	25
		EXJADE TBSO 125 MG [<i>deferasirox</i>]	82
		EXJADE TBSO 250 MG [<i>deferasirox</i>]	83
		EXJADE TBSO 500 MG [<i>deferasirox</i>]	83
		EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	61
		EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	79

EYLEA SOSY 2 MG/0.05ML [*aflibercept*] 79
 ezetimibe tabs 10 mg 42

F

FABRAZYME SOLR 35 MG [*agalsidase beta*]
 77
 FABRAZYME SOLR 5 MG [*agalsidase beta*] 77
famciclovir tabs 500 mg 21
famotidine (pf) soln 20 mg/2ml 81
famotidine premixed soln 20-0.9 mg/50ml-%
 81
famotidine soln 40 mg/4ml 81
famotidine susr 40 mg/5ml 81
famotidine tabs 20 mg 81
famotidine tabs 40 mg 81
felbamate susp 600 mg/5ml 55
felbamate tabs 400 mg 55
felbamate tabs 600 mg 55
fenofibrate tabs 160 mg 42
fenofibrate tabs 54 mg 42
fentanyl citrate (pf) soct 100 mcg/2ml 49
 FENTANYL CITRATE (PF) SOLN 100 MCG/2ML
 [*fentanyl citrate*] 49
 FENTANYL CITRATE (PF) SOLN 500
 MCG/10ML [*fentanyl citrate*] 49
fentanyl pt72 100 mcg/hr 49
fentanyl pt72 12 mcg/hr 49
fentanyl pt72 25 mcg/hr 49
fentanyl pt72 50 mcg/hr 49
fentanyl pt72 75 mcg/hr 49
 FERREX 150 CAPS 150 MG [*polysaccharide
 iron complex*] 35
finasteride tabs 5 mg 94
 FIRVANQ SOLR 25 MG/ML [*vancomycin hcl*]
 17
 FIRVANQ SOLR 50 MG/ML [*vancomycin hcl*]
 17
 FLEBOGAMMA DIF SOLN 0.5 GM/10ML
 [*immune globulin (human) iv*] 100
 FLEBOGAMMA DIF SOLN 2.5 GM/50ML
 [*immune globulin (human) iv*] 100
 FLEBOGAMMA DIF SOLN 20 GM/400ML
 [*immune globulin (human) iv*] 100
 FLEBOGAMMA DIF SOLN 5 GM/50ML
 [*immune globulin (human) iv*] 100
flecainide acetate tabs 100 mg 45
flecainide acetate tabs 150 mg 45
flecainide acetate tabs 50 mg 45
 FLOVENT HFA AERO 44 MCG/ACT
 [*fluticasone propionate hfa*] 83

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-%* 17
*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%) 78
fluocinolone acetonide body oil 0.01 % 106
fluocinolone acetonide scalp oil 0.01 % 107
fluocinolone acetonide soln 0.01 % 107
fluocinonide crea 0.05 % 107
fluocinonide gel 0.05 % 107
fluocinonide oint 0.05 % 107
fluocinonide soln 0.05 % 107
fluorometholone susp 0.1 % 78
 FLUOROPLEX CREA 1 % [*fluorouracil
 (topical)*] 109
fluorouracil crea 5 % 109
fluorouracil soln 1 gm/20ml 25
fluorouracil soln 2 % 109
fluorouracil soln 2.5 gm/50ml 25
fluorouracil soln 5 % 109
fluorouracil soln 5 gm/100ml 25
fluorouracil soln 500 mg/10ml 25
fluoxetine hcl caps 10 mg 63
fluoxetine hcl caps 20 mg 63
fluoxetine hcl caps 40 mg 63
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 % 78
flutamide caps 125 mg 25

fluticasone propionate crea 0.05 %	107
fluticasone propionate oint 0.005 %	107
fluticasone propionate susp 50 mcg/act	78
fluvoxamine maleate tabs 100 mg	63
fluvoxamine maleate tabs 25 mg	63
fluvoxamine maleate tabs 50 mg	63
FLUZONE HIGH-DOSE QUADRIVALENT SUSY 0.7 ML [influenza virus vac split high-dose quad preservative free]	103
FLUZONE QUADRIVALENT SUSP [influenza virus vaccine split quadrivalent]	103
FLUZONE QUADRIVALENT SUSP 0.5 ML [influenza virus vaccine split quadrivalent]	103
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	78
folic acid soln 5 mg/ml	111
FORANE SOLN [isoflurane]	61
FORTAZ SOLR 500 MG [ceftazidime]	17
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	89
fosamprenavir calcium tabs 700 mg	12
fosaprepitant dimeglumine solr 150 mg	81
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	21
fosphenytoin sodium soln 100 mg pe/2ml ...	55
fosphenytoin sodium soln 500 mg pe/10ml ...	55
fulvestrant sosy 250 mg/5ml	25
furosemide soln 10 mg/ml	72
furosemide soln 8 mg/ml	72
FUROSEMIDE TABS 20 MG [furosemide]	73
FUROSEMIDE TABS 40 MG [furosemide]	73
furosemide tabs 80 mg	73
FUSILEV SOLR 50 MG [levoleucovorin calcium]	94
FUZEON SOLR 90 MG [enfuvirtide]	12

G

gabapentin caps 100 mg	55
gabapentin caps 300 mg	55
gabapentin caps 400 mg	55
GABAPENTIN POWD [gabapentin (bulk)] ...	97
gabapentin soln 250 mg/5ml	55
gabapentin tabs 600 mg	55
gabapentin tabs 800 mg	55
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]	100
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	100
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	100
GAMMAGARD SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAKED SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAKED SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAKED SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAKED SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAKED SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous] ...	100
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	101
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	101
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	101
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous] ...	101
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous] ...	101
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous] ...	101
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous] ...	101

GAMUNEX-C SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>] ...	101	<i>glipizide tabs 10 mg</i>	85
<i>ganciclovir sodium solr 500 mg</i>	22	<i>glipizide tabs 5 mg</i>	85
GARDASIL 9 SUSP [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>].....	103	<i>glipizide tb24 10 mg</i>	85
GARDASIL 9 SUSY [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>].....	103	<i>glipizide tb24 2.5 mg</i>	85
GARDASIL INJ [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	104	<i>glipizide tb24 5 mg</i>	85
GARDASIL SUSP [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	104	<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	85
GASTROGRAFIN SOLN 66-10 % [<i>diatrizoate meglumine & sodium</i>]	70	<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	85
<i>gatifloxacin soln 0.5 %</i>	77	<i>glipizide-metformin hcl tabs 5-500 mg</i>	85
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>].....	25	GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>].....	87
GELFILM FILM [<i>gelatin adsorbable (ophth)</i>]	37	GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	87
GELFOAM SPONGE MISC 12-7 MM [<i>gelatin absorbable</i>]	37	<i>glucagon emergency kit 1 mg</i>	87
GELFOAM SPONGE SIZE 100 MISC [<i>gelatin absorbable</i>]	37	<i>glyburide tabs 1.25 mg</i>	85
GELFOAM SPONGE SIZE 50 MISC [<i>gelatin absorbable</i>]	37	<i>glyburide tabs 2.5 mg</i>	85
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>].....	80	<i>glyburide tabs 5 mg</i>	85
<i>gemcitabine hcl solr 200 mg</i>	25	GLYCERIN LIQD [<i>glycerin (bulk)</i>].....	97
<i>gemfibrozil tabs 600 mg</i>	42	GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	97
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i> ..	17	<i>glycopyrrolate soln 0.2 mg/ml</i>	31
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i> ..	17	<i>glycopyrrolate soln 0.4 mg/2ml</i>	31
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i> ..	17	<i>glycopyrrolate soln 1 mg/5ml</i>	31
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	17	<i>glycopyrrolate soln 4 mg/20ml</i>	31
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	17	<i>glycopyrrolate tabs 1 mg</i>	31
<i>gentamicin sulfate crea 0.1 %</i>	105	<i>glycopyrrolate tabs 2 mg</i>	31
<i>gentamicin sulfate oint 0.1 %</i>	105	GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML [<i>follitropin alfa</i>].....	89
<i>gentamicin sulfate soln 0.3 %</i>	77	GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML [<i>follitropin alfa</i>].....	89
<i>gentamicin sulfate soln 10 mg/ml</i>	17	GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML [<i>follitropin alfa</i>].....	89
<i>gentamicin sulfate soln 40 mg/ml</i>	17	GONAL-F RFF SOLR 75 UNIT [<i>follitropin alfa</i>]	89
GENTIAN VIOLET SOLN 1 % [<i>gentian violet</i>]	105	GONAL-F SOLR 1050 UNIT [<i>follitropin alfa</i>] ..	89
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>].....	12	GONAL-F SOLR 450 UNIT [<i>follitropin alfa</i>] ..	89
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	25	<i>granisetron hcl tabs 1 mg</i>	81
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	25	GRASTEK SUBL 2800 BAU [<i>timothy grass pollen allergen extract</i>]	94
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	25	<i>griseofulvin microsize susp 125 mg/5ml</i>	19
<i>glimepiride tabs 1 mg</i>	85	<i>griseofulvin microsize tabs 500 mg</i>	19
<i>glimepiride tabs 2 mg</i>	85	<i>griseofulvin ultramicrosize tabs 125 mg</i>	19
<i>glimepiride tabs 4 mg</i>	85	<i>griseofulvin ultramicrosize tabs 250 mg</i>	19
		GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML [<i>guaifenesin-codeine</i>].....	99
		<i>guanfacine hcl er tb24 1 mg</i>	60
		<i>guanfacine hcl er tb24 2 mg</i>	61
		<i>guanfacine hcl er tb24 3 mg</i>	61
		<i>guanfacine hcl er tb24 4 mg</i>	61
		<i>guanfacine hcl tabs 1 mg</i>	33
		<i>guanfacine hcl tabs 2 mg</i>	33

GUANIDINE HCL TABS 125 MG [*guanidine hcl*] 32

H

HAEGARDA SOLR 2000 UNIT [*c1 esterase inhibitor (human)*] 94
 HAEGARDA SOLR 3000 UNIT [*c1 esterase inhibitor (human)*] 94
 HALAVEN SOLN 1 MG/2ML [*eribulin mesylate*] 25
halobetasol propionate crea 0.05 % 107
halobetasol propionate oint 0.05 % 107
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)*] 97
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*] 20
 HARVONI TABS 90-400 MG [*ledipasvir-sofosbuvir*] 20
 HAVRIX SUSP 1440 EL U/ML [*hepatitis a vaccine*] 104
 HAVRIX SUSP 720 EL U/0.5ML [*hepatitis a vaccine*] 104
 HEALON5 INJ 23MG/ML [*sodium hyaluronate*] 79
 HEMABATE SOLN 250 MCG/ML [*carboprost tromethamine*] 96
 HEMLIBRA SOLN 105 MG/0.7ML [*emicizumab-kxwh*] 37
 HEMLIBRA SOLN 150 MG/ML [*emicizumab-kxwh*] 37
 HEMLIBRA SOLN 30 MG/ML [*emicizumab-kxwh*] 37
 HEMLIBRA SOLN 60 MG/0.4ML [*emicizumab-kxwh*] 37
 HEMOFIL M INJ 220-400 [*antihemophilic factor (human)*] 37
 HEMOFIL M SOLR 1000 UNIT [*antihemophilic factor (human)*] 37
 HEMOFIL M SOLR 1700 UNIT [*antihemophilic factor (human)*] 37
 HEMOFIL M SOLR 250 UNIT [*antihemophilic*

factor (human)] 37
 HEMOFIL M SOLR 500 UNIT [*antihemophilic factor (human)*] 37
 HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [*heparin (porcine) in sodium chloride*] 39
 HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [*heparin (porcine) in sodium chloride*] 39
 HEPARIN (PORCINE) IN NAACL SOLN 25000-0.45 UT/250ML-% [*heparin (porcine) in sodium chloride*] 39
 HEPARIN NA (PORK) LOCK FLSH PF SOLN 1 UNIT/ML [*heparin sodium (porcine) lock flush*] 39
 HEPARIN NA (PORK) LOCK FLSH PF SOLN 10 UNIT/ML [*heparin sodium (porcine) lock flush*] 39
 HEPARIN NA (PORK) LOCK FLSH PF SOLN 100 UNIT/ML [*heparin sodium (porcine) lock flush*] 39
 HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML [*heparin sod (porcine) in d5w*] ... 40
 HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [*heparin sod (porcine) in d5w*] 40
 HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [*heparin sod (porcine) in d5w*] 40
 HEPARIN SOD (PORK) LOCK FLUSH SOLN 10 UNIT/ML [*heparin sodium (porcine) lock flush*] 40
 HEPARIN SOD (PORK) LOCK FLUSH SOLN 100 UNIT/ML [*heparin sodium (porcine) lock flush*] 40
heparin sodium (porcine) lock flush soln 39
heparin sodium (porcine) pf soln 5000 unit/0.5ml 40
 HEPARIN SODIUM (PORCINE) PF SOLN 5000 UNIT/0.5ML [*heparin sodium (porcine)*] 40
heparin sodium (porcine) soln 1000 unit/ml 40
heparin sodium (porcine) soln 10000 unit/ml 40
heparin sodium (porcine) soln 20000 unit/ml 40
heparin sodium (porcine) soln 5000 unit/ml 40
 HERCEPTIN SOLR 150 MG [*trastuzumab*] ... 25
hetastarch-nacl soln 6-0.9 % 74
 HEXTEND SOLN 6 % [*hetastarch in lactated electrolyte*] 74

HIBERIX SOLR 10 MCG [<i>haemophilus b polysac conj vac</i>].....	104	HYCAMTIN CAPS 0.25 MG [<i>topotecan hcl</i>] ..25	25
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>].....	101	HYCAMTIN CAPS 1 MG [<i>topotecan hcl</i>]	25
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydralazine hcl soln 20 mg/ml</i>	46
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydralazine hcl tabs 10 mg</i>	46
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydralazine hcl tabs 100 mg</i>	46
HIZENTRA SOSY 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydralazine hcl tabs 25 mg</i>	46
HIZENTRA SOSY 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydralazine hcl tabs 50 mg</i>	46
HIZENTRA SOSY 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>].....	101	<i>hydrochlorothiazide tabs 12.5 mg</i>	73
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>].....	80	<i>hydrochlorothiazide tabs 25 mg</i>	73
HUMALOG MIX 50/50 KWIKPEN SUPN (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>].....	85	<i>hydrochlorothiazide tabs 50 mg</i>	73
HUMALOG MIX 50/50 SUSP (50-50) 100 UNIT/ML [<i>insulin lispro protamine & lispro</i>].....	86	<i>hydrocodone bit-homatrop mbr soln 5-1.5 mg/5ml</i>	99
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>].....	86	<i>hydrocodone bit-homatrop mbr tabs 5-1.5 mg</i>	99
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	37	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	49
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	37	<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	49
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>].....	37	<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	49
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>].....	86	<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	49
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>].....	86	<i>hydrocortisone ace-pramoxine crea 1-1 %</i> 107	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>].....	86	HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [<i>pramoxine-hc</i>].....	107
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>].....	86	<i>hydrocortisone crea 2.5 %</i>	107
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>].....	86	<i>hydrocortisone enem 100 mg/60ml</i>	107
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>].....	86	<i>hydrocortisone lotn 2.5 %</i>	107
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>].....	86	<i>hydrocortisone oint 2.5 %</i>	107
		HYDROCORTISONE POWD [<i>hydrocortisone (topical)</i>].....	97
		<i>hydrocortisone tabs 10 mg</i>	84
		<i>hydrocortisone tabs 20 mg</i>	84
		<i>hydrocortisone tabs 5 mg</i>	84
		HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>].....	105
		HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [<i>hydrocortisone acetate w/ pramoxine</i>].....	107
		<i>hydromorphone hcl liqd 1 mg/ml</i>	49
		<i>hydromorphone hcl pf soln 500 mg/50ml</i>	49
		HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>].....	49
		HYDROMORPHONE HCL SOLN 2 MG/ML [<i>hydromorphone hcl</i>].....	50
		HYDROMORPHONE HCL SOLN 4 MG/ML [<i>hydromorphone hcl</i>].....	50
		HYDROMORPHONE HCL SUPP 3 MG [<i>hydromorphone hcl</i>].....	50
		<i>hydromorphone hcl tabs 2 mg</i>	50

hydromorphone hcl tabs 4 mg	50
hydromorphone hcl tabs 8 mg	50
HYDROPHILIC OINT [hydrophilic ointment] 97	
HYDROXOCOBALAMIN POW	
[hydroxocobalamin (bulk)]	97
hydroxychloroquine sulfate tabs 200 mg	21
HYDROXYPROGESTERONE CAPROATE	
POWD [hydroxyprogesterone caproate	
(bulk)]	97
hydroxyurea caps 500 mg	25
hydroxyzine hcl soln 25 mg/ml	59
hydroxyzine hcl soln 50 mg/ml	59
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]	77
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
HYPERLYTE-CR CONC [parenteral	
electrolytes]	74
HYPERRAB S/D SOLN 300 UNIT/2ML [rabies	
immune globulin (human)]	101
HYPERRAB SOLN 300 UNIT/ML [rabies	
immune globulin (human)]	101
HYPERTET SOSY 250 UNIT/ML [tetanus	
immune globulin (human)]	101
HYQVIA KIT 10 GM/100ML [immune globulin	
(human)-hyaluronidase (human	
recombinant)]	101
HYQVIA KIT 2.5 GM/25ML [immune globulin	
(human)-hyaluronidase (human	
recombinant)]	101
HYQVIA KIT 20 GM/200ML [immune globulin	
(human)-hyaluronidase (human	
recombinant)]	101

HYQVIA KIT 30 GM/300ML [immune globulin	
(human)-hyaluronidase (human	
recombinant)]	101
HYQVIA KIT 5 GM/50ML [immune globulin	
(human)-hyaluronidase (human	
recombinant)]	101
HYSEPT SOLN 0.25 % [sodium hypochlorite]	
.....	105

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	50
ibutilide fumarate soln 1 mg/10ml	45
icatibant acetate sosy 30 mg/3ml	94
IDAMYCIN PFS SOLN 20 MG/20ML [idarubicin	
hcl]	25
IDELVION SOLR 1000 UNIT [coagulation	
factor ix recomb albumin fusion protein	
(rix-fp)]	37
IDELVION SOLR 2000 UNIT [coagulation	
factor ix recomb albumin fusion protein	
(rix-fp)]	37
IDELVION SOLR 250 UNIT [coagulation factor	
ix recomb albumin fusion protein (rix-fp)] 37	
IDELVION SOLR 500 UNIT [coagulation factor	
ix recomb albumin fusion protein (rix-fp)] 37	
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]	26
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 %	109
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	
[rabies immune globulin (human)]	102
IMOVAX RABIES SUSR 2.5 UNIT/ML [rabies	
virus vaccine, hdc]	104
indapamide tabs 1.25 mg	73
indapamide tabs 2.5 mg	73

[deferasirox]	83
JADENU TABS 180 MG [deferasirox]	83
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]	86
JARDIANCE TABS 25 MG [empagliflozin]	86
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]	99
KALYDECO PACK 25 MG [ivacaftor]	99
KALYDECO PACK 50 MG [ivacaftor]	94
KALYDECO PACK 75 MG [ivacaftor]	94
KALYDECO TABS 150 MG [ivacaftor]	94
KANJINTI SOLR 420 MG [trastuzumab-anns]	26
KCENTRA KIT 500 UNIT [prothrombin complex concentrate human]	37
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [potassium chloride in dextrose & sodium chloride]	75
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [potassium chloride in d5w lactated	

ringers]	75
KEDRAB SOLN 1500 UNIT/10ML [rabies immune globulin (human)]	102
KEDRAB SOLN 300 UNIT/2ML [rabies immune globulin (human)]	102
KENALOG SUSP 10 MG/ML [triamcinolone acetonide]	84
KENALOG SUSP 40 MG/ML [triamcinolone acetonide]	84
KEPIVANCE SOLR 6.25 MG [palifermin]	108
KERALYT GEL 6 % [salicylic acid]	108
KETAMINE HCL POWD [ketamine hcl (bulk)]	97
ketamine hcl soln 10 mg/ml	61
ketamine hcl soln 100 mg/ml	61
ketamine hcl soln 50 mg/ml	61
ketoconazole crea 2 %	105
ketoconazole sham 2 %	105
ketoconazole tabs 200 mg	19
KETO-DIASTIX STRP [urine glucose-ketones test]	70
KETOPROFEN POWD [ketoprofen (bulk)]	97
ketorolac tromethamine soln 0.4 %	78
ketorolac tromethamine soln 0.5 %	78
ketorolac tromethamine soln 15 mg/ml	50
ketorolac tromethamine soln 30 mg/ml	50
ketorolac tromethamine soln 60 mg/2ml	50
KETOSTIX STRP [acetone (urine) test]	70
KEYTRUDA SOLN 100 MG/4ML [pembrolizumab]	26
KINERET INJ [anakinra]	90
KINRIX SUSP [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	104
KINRIX SUSY 0.5 ML [diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]	104
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]	75
KOATE SOLR 1000 UNIT [antihemophilic factor (human)]	37
KOATE-DVI SOLR 500 UNIT [antihemophilic factor (human)]	37
KOGENATE FS KIT 1000 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
KOGENATE FS KIT 2000 UNIT [antihemophilic	

factor (recombinant) (rfviii)]	37
KOGENATE FS KIT 250 UNIT [antihemophilic factor (recombinant) (rfviii)]	37
KOGENATE FS KIT 500 UNIT [antihemophilic factor (recombinant) (rfviii)]	38
KOVALTRY SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 3000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
KOVALTRY SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	38
K-PHOS TABS 500 MG [potassium phosphate monobasic]	74
KRINTAFEL TABS 150 MG [tafenoquine succinate]	21
KYPROLIS SOLR 10 MG [carfilzomib]	26
KYPROLIS SOLR 30 MG [carfilzomib]	26
KYPROLIS SOLR 60 MG [carfilzomib]	26

L

labetalol hcl soln 5 mg/ml	43
labetalol hcl tabs 100 mg	43
labetalol hcl tabs 200 mg	43
labetalol hcl tabs 300 mg	43
lacosamide soln 10 mg/ml	55
lacosamide soln 200 mg/20ml	55
lacosamide tabs 100 mg	55
lacosamide tabs 150 mg	55
lacosamide tabs 200 mg	55
lacosamide tabs 50 mg	55
LACRISERT INST 5 MG [artificial tear insert]	79
LACTATED RINGERS SOLN [lactated ringer's (irrigation)]	73
LACTATED RINGERS SOLN [lactated ringer's]	75
LACTIC ACID SOLN [lactic acid (bulk)]	97
LACTOSE MONOHYDRATE POWD [lactose monohydrate]	97
LACTOSE POWD [lactose]	97
lactulose (encephalopathy) soln 10 gm/15ml	71

lactulose soln 10 gm/15ml	71
LAMICTAL STARTER KIT 35 x 25 MG [lamotrigine]	55
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [lamotrigine]	55
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [lamotrigine]	55
lamivudine soln 10 mg/ml	12
lamivudine tabs 100 mg	22
lamivudine tabs 150 mg	12
lamivudine tabs 300 mg	12
lamivudine-zidovudine tabs 150-300 mg	12
lamotrigine chew 25 mg	55
lamotrigine chew 5 mg	55
lamotrigine tabs 100 mg	55
lamotrigine tabs 150 mg	55
lamotrigine tabs 200 mg	55
lamotrigine tabs 25 mg	55
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [digoxin]	45
L-ARGININE POWD [arginine]	97
latanoprost soln 0.005 %	79
L-CITRULLINE POWD [citrulline (bulk)]	97
leflunomide tabs 10 mg	91
leflunomide tabs 20 mg	91
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [lenvatinib mesylate]	26
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG [lenvatinib mesylate]	26
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [lenvatinib mesylate]	26
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [lenvatinib mesylate]	26
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [lenvatinib mesylate]	26
letrozole tabs 2.5 mg	26
leucovorin calcium solr 100 mg	94
leucovorin calcium solr 350 mg	94
leucovorin calcium solr 50 mg	94
leucovorin calcium tabs 25 mg	94
leucovorin calcium tabs 5 mg	94
LEUKERAN TABS 2 MG [chlorambucil]	27
LEUKINE SOLR 250 MCG [sargramostim]	41
leuprolide acetate kit 1 mg/0.2ml	27
levetiracetam er tb24 500 mg	55
levetiracetam er tb24 750 mg	55
LEVETIRACETAM IN NAACL SOLN 1000 MG/100ML [levetiracetam in sodium chloride]	55

LEVETIRACETAM IN NAACL SOLN 1500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	55	<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i> ..	45
LEVETIRACETAM IN NAACL SOLN 500 MG/100ML [<i>levetiracetam in sodium chloride</i>]	55	<i>lidocaine hcl (cardiac) sosy 50 mg/5ml</i>	45
<i>levetiracetam soln 100 mg/ml</i>	55	<i>lidocaine hcl (pf) soln 0.5 %</i>	92
<i>levetiracetam soln 500 mg/5ml</i>	55	<i>lidocaine hcl (pf) soln 1 %</i>	92
<i>levetiracetam tabs 1000 mg</i>	55	<i>lidocaine hcl (pf) soln 2 %</i>	92
<i>levetiracetam tabs 250 mg</i>	55	<i>lidocaine hcl (pf) soln 4 %</i>	92
<i>levetiracetam tabs 500 mg</i>	55	LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	97
<i>levetiracetam tabs 750 mg</i>	55	.....	97
<i>levobunolol hcl soln 0.5 %</i>	79	<i>lidocaine hcl soln 0.5 %</i>	92
<i>levocarnitine inj 200mg/ml</i>	94	<i>lidocaine hcl soln 1 %</i>	92
LEVOCARNITINE SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	94	<i>lidocaine hcl soln 2 %</i>	92
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	94	<i>lidocaine hcl soln 4 %</i>	107
<i>levofloxacin in d5w soln 250 mg/50ml</i>	17	<i>lidocaine hcl urethral/mucosal gel 2 %</i>	108
<i>levofloxacin in d5w soln 500 mg/100ml</i>	17	<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	108
<i>levofloxacin in d5w soln 750 mg/150ml</i>	17	LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	45
<i>levofloxacin soln 25 mg/ml</i>	17	.....	45
<i>levofloxacin tabs 250 mg</i>	17	<i>lidocaine oint 5 %</i>	108
<i>levofloxacin tabs 500 mg</i>	17	<i>lidocaine ptch 5 %</i>	108
<i>levofloxacin tabs 750 mg</i>	17	<i>lidocaine viscous hcl soln 2 %</i>	79
LEVOTHYROXINE SODIUM SOLR 200 MCG [<i>levothyroxine sodium</i>]	90	<i>lidocaine-epinephrine soln 0.5 %-1 200000</i>	92
LEVOTHYROXINE SODIUM SOLR 500 MCG [<i>levothyroxine sodium</i>]	90	<i>lidocaine-epinephrine soln 1 %-1 100000</i>	92
<i>levothyroxine sodium tabs 100 mcg</i>	90	<i>lidocaine-epinephrine soln 1.5 %-1 200000</i>	92
<i>levothyroxine sodium tabs 112 mcg</i>	90	<i>lidocaine-epinephrine soln 2 %-1 100000</i>	92
<i>levothyroxine sodium tabs 125 mcg</i>	90	.....	92
<i>levothyroxine sodium tabs 150 mcg</i>	90	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	108
<i>levothyroxine sodium tabs 175 mcg</i>	90	<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	108
<i>levothyroxine sodium tabs 200 mcg</i>	90	<i>linezolid soln 600 mg/300ml</i>	17
<i>levothyroxine sodium tabs 25 mcg</i>	90	<i>linezolid susr 100 mg/5ml</i>	17
<i>levothyroxine sodium tabs 300 mcg</i>	90	<i>linezolid tabs 600 mg</i>	17
<i>levothyroxine sodium tabs 50 mcg</i>	90	<i>liothyronine sodium tabs 25 mcg</i>	90
<i>levothyroxine sodium tabs 75 mcg</i>	90	<i>liothyronine sodium tabs 5 mcg</i>	90
<i>levothyroxine sodium tabs 88 mcg</i>	90	<i>liothyronine sodium tabs 50 mcg</i>	90
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	90	<i>lisinopril tabs 10 mg</i>	46
LEVSIN SOLN 0.5 MG/ML [<i>hyoscyamine sulfate</i>]	31	<i>lisinopril tabs 2.5 mg</i>	46
LEVULAN KERASTICK SOLR 20 % [<i>aminolevulinic acid hcl</i>]	109	<i>lisinopril tabs 20 mg</i>	46
LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	70	<i>lisinopril tabs 30 mg</i>	46
LIDOCAINE HCL (CARDIAC) PF SOLN 100 MG/5ML [<i>lidocaine hcl (cardiac)</i>]	92	<i>lisinopril tabs 40 mg</i>	46
		<i>lisinopril tabs 5 mg</i>	46
		<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	46
		<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	46
		<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	46

L-ISOLEUCINE POWD [<i>isoleucine</i>]	97	<i>sodium</i>]	40
<i>lithium carbonate caps 150 mg</i>	57	<i>loxapine succinate caps 10 mg</i>	64
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	57	<i>loxapine succinate caps 25 mg</i>	64
<i>lithium carbonate caps 600 mg</i>	57	<i>loxapine succinate caps 5 mg</i>	64
<i>lithium carbonate er tbc 300 mg</i>	57	<i>loxapine succinate caps 50 mg</i>	64
<i>lithium carbonate er tbc 450 mg</i>	57	L-PROLINE POWD [<i>proline</i>]	97
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	57	LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	79
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	71	LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	79
LIVTENCITY TABS 200 MG [<i>maribavir</i>]	22	LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	79
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	27	LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	79
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	27	LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	70
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	12	LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	77
<i>lopinavir-ritonavir tabs 100-25 mg</i>	12	LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	27
<i>lopinavir-ritonavir tabs 200-50 mg</i>	12	LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	27
<i>lorazepam soln 2 mg/ml</i>	59	LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	27
LORAZEPAM SOLN 4 MG/ML [<i>lorazepam</i>]	59	LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	27
<i>lorazepam tabs 0.5 mg</i>	59	LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	27
<i>lorazepam tabs 1 mg</i>	59	LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	27
<i>lorazepam tabs 2 mg</i>	59	LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp)</i>]	27
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	27	LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [<i>leuprolide acetate (cpp)</i>]	27
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	27	LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate (cpp)</i>]	27
<i>losartan potassium tabs 100 mg</i>	46	LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp) (3 month)</i>]	27
<i>losartan potassium tabs 25 mg</i>	46	LUPRON DEPOT-PED (3-MONTH) KIT 30 MG [<i>leuprolide acetate (cpp) (3 month)</i>]	27
<i>losartan potassium tabs 50 mg</i>	46	<i>lurasidone hcl tabs 120 mg</i>	64
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	46	<i>lurasidone hcl tabs 20 mg</i>	64
<i>losartan potassium-hctz tabs 100-25 mg</i>	46	<i>lurasidone hcl tabs 40 mg</i>	64
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	46	<i>lurasidone hcl tabs 60 mg</i>	64
<i>lovastatin tabs 10 mg</i>	42	<i>lurasidone hcl tabs 80 mg</i>	64
<i>lovastatin tabs 20 mg</i>	42	L-VALINE POWD [<i>valine</i>]	97
<i>lovastatin tabs 40 mg</i>	42	LYNPARZA TABS 100 MG [<i>olaparib</i>]	27
LOVENOX SOLN 300 MG/3ML [<i>enoxaparin sodium</i>]	40	LYNPARZA TABS 150 MG [<i>olaparib</i>]	27
LOVENOX SOSY 100 MG/ML [<i>enoxaparin sodium</i>]	40	LYSODREN TABS 500 MG [<i>mitotane</i>]	27
LOVENOX SOSY 120 MG/0.8ML [<i>enoxaparin sodium</i>]	40		
LOVENOX SOSY 150 MG/ML [<i>enoxaparin sodium</i>]	40		
LOVENOX SOSY 30 MG/0.3ML [<i>enoxaparin sodium</i>]	40		
LOVENOX SOSY 40 MG/0.4ML [<i>enoxaparin sodium</i>]	40		
LOVENOX SOSY 60 MG/0.6ML [<i>enoxaparin sodium</i>]	40		
LOVENOX SOSY 80 MG/0.8ML [<i>enoxaparin sodium</i>]	40		

M

M.T.E.-5 CONCENTRATE INJ CONC **[trace minerals (cr-cu-mn-se-zn)]**..... 75

MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% **[magnesium sulfate in dextrose]**..... 75

MAGNESIUM SULFATE SOLN 20 GM/500ML **[magnesium sulfate]**..... 56

MAGNESIUM SULFATE SOLN 4 GM/100ML **[magnesium sulfate]**..... 56

MAGNESIUM SULFATE SOLN 4 GM/50ML **[magnesium sulfate]**..... 56

MAGNESIUM SULFATE SOLN 40 GM/1000ML **[magnesium sulfate]**..... 56

magnesium sulfate soln 50 %..... 56

malathion lotn 0.5 %..... 105

MANGANESE CHLORIDE SOLN 0.1 MG/ML **[manganese chloride]**..... 75

MANNITOL SOLN 25 % **[mannitol]**..... 73

MATULANE CAPS 50 MG **[procarbazine hcl]**27

meclizine hcl tabs 25 mg..... 81

meclofenamate sodium caps 100 mg 50

meclofenamate sodium caps 50 mg 50

MEDROL TABS 2 MG **[methylprednisolone]** 84

medroxyprogesterone acetate susp 150 mg/ml..... 89

medroxyprogesterone acetate susy 150 mg/ml..... 89

medroxyprogesterone acetate tabs 10 mg .. 89

medroxyprogesterone acetate tabs 2.5 mg .. 89

medroxyprogesterone acetate tabs 5 mg 89

mefenamic acid caps 250 mg 50

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 50

meloxicam tabs 7.5 mg 50

melphalan hcl solr 50 mg..... 27

memantine hcl tabs 10 mg..... 61

memantine hcl tabs 5 mg..... 61

MENOPUR SOLR 75 UNIT **[menotropins]** 89

MENVEO SOLN **[meningococcal (a,c,y&w-**

135) oligosaccharide conjugate vac]..... 104

MENVEO SOLR **[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]**..... 104

meperidine hcl soln 100 mg/ml..... 50

meperidine hcl soln 25 mg/ml..... 50

meperidine hcl soln 50 mg/ml..... 50

MEPHYTON TABS 5 MG **[phytonadione]**.... 111

mercaptapurine tabs 50 mg 27

meropenem solr 1 gm..... 17

meropenem solr 500 mg..... 17

mesalamine enem 4 gm..... 80

mesalamine supp 1000 mg..... 80

mesalamine tbec 1.2 gm..... 80

MESNA SOLN 100 MG/ML **[mesna]** 94

MESNEX TABS 400 MG **[mesna]**..... 94

MESTINON SOLN 60 MG/5ML **[pyridostigmine bromide]**..... 32

metformin hcl er tb24 500 mg 86

metformin hcl er tb24 750 mg 86

metformin hcl tabs 1000 mg..... 86

metformin hcl tabs 500 mg..... 86

metformin hcl tabs 850 mg..... 86

METHADONE HCL POWD **[methadone hcl]** 97

methadone hcl soln 10 mg/5ml..... 50

METHADONE HCL SOLN 10 MG/ML **[methadone hcl]**..... 50

methadone hcl soln 5 mg/5ml..... 50

METHADONE HCL TABS 10 MG **[methadone hcl]**..... 50

METHADONE HCL TABS 5 MG **[methadone hcl]**..... 50

methazolamide tabs 25 mg 79

methazolamide tabs 50 mg 79

methenamine hippurate tabs 1 gm 22

methimazole tabs 10 mg..... 90

methimazole tabs 5 mg..... 90

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]**..... 28

methotrexate sodium solr 1 gm..... 28

methotrexate sodium tabs 2.5 mg 28

methoxsalen rapid caps 10 mg..... 108

methyl dopa tabs 250 mg 46

methyl dopa tabs 500 mg 46

METHYLENE BLUE SOLN 1 % **[methylene blue (antidote)]** 94

methylergonovine maleate soln 0.2 mg/ml .. 96

methylergonovine maleate tabs 0.2 mg 96

methylphenidate hcl er (cd) cpcr 10 mg	53	mg	43
methylphenidate hcl er (cd) cpcr 20 mg	53	metronidazole crea 0.75 %	106
methylphenidate hcl er (cd) cpcr 30 mg	53	metronidazole gel 0.75 %	106
methylphenidate hcl er (cd) cpcr 40 mg	53	metronidazole lotn 0.75 %	106
methylphenidate hcl er (cd) cpcr 50 mg	53	METRONIDAZOLE POWD [metronidazole	
methylphenidate hcl er (cd) cpcr 60 mg	53	(bulk)]	97
methylphenidate hcl er (osm) tbcr 18 mg	53	METRONIDAZOLE SOLN 500 MG/100ML	
methylphenidate hcl er (osm) tbcr 27 mg	53	[metronidazole]	21
methylphenidate hcl er (osm) tbcr 36 mg	53	metronidazole tabs 250 mg	21
methylphenidate hcl er (osm) tbcr 54 mg	53	metronidazole tabs 500 mg	21
methylphenidate hcl er tbcr 10 mg	53	mexiletine hcl caps 150 mg	45
methylphenidate hcl er tbcr 20 mg	53	mexiletine hcl caps 200 mg	45
methylphenidate hcl tabs 10 mg	53	mexiletine hcl caps 250 mg	45
methylphenidate hcl tabs 20 mg	53	MICRHOGAM ULTRA-FILTERED PLUS SOSY	
methylphenidate hcl tabs 5 mg	53	250 UNIT [rho d immune globulin (human)]	
methylprednisolone acetate susp 40 mg/ml	84	.....	102
methylprednisolone acetate susp 80 mg/ml	84	midazolam hcl (pf) soln 10 mg/2ml	59
methylprednisolone sodium succ solr 1000		midazolam hcl (pf) soln 2 mg/2ml	59
mg	84	midazolam hcl (pf) soln 5 mg/ml	59
methylprednisolone sodium succ solr 125 mg		midazolam hcl soln 10 mg/2ml	59
.....	84	midazolam hcl soln 2 mg/2ml	59
methylprednisolone sodium succ solr 40 mg		midazolam hcl syrj 2 mg/ml	60
.....	84	midodrine hcl tabs 10 mg	34
methylprednisolone tabs 16 mg	84	midodrine hcl tabs 2.5 mg	34
methylprednisolone tabs 32 mg	84	midodrine hcl tabs 5 mg	34
methylprednisolone tabs 4 mg	84	MIFEPREX TABS 200 MG [mifepristone]	96
methylprednisolone tabs 8 mg	84	milrinone lactate in dextrose soln 20-5	
methylprednisolone tabs 8 mg	84	mg/100ml-%	45
methylprednisolone tbpk 4 mg	84	milrinone lactate in dextrose soln 40-5	
methyltestosterone caps 10 mg	85	mg/200ml-%	45
methyltestosterone tabs 10 mg	85	milrinone lactate inj 1mg/ml	45
METOCLOPRAMIDE HCL MONOHYDRATE		milrinone lactate soln 10 mg/10ml	45
POWD [metoclopramide hcl monohydrate]		MINOCIN SOLR 100 MG [minocycline hcl]	17
.....	97	minocycline hcl caps 100 mg	17
metoclopramide hcl soln 10 mg/10ml	82	minocycline hcl caps 50 mg	17
metoclopramide hcl soln 5 mg/ml	82	minocycline hcl caps 75 mg	17
metoclopramide hcl tabs 10 mg	82	minoxidil tabs 10 mg	46
metoclopramide hcl tabs 5 mg	82	minoxidil tabs 2.5 mg	46
metolazone tabs 10 mg	73	MIOCHOL-E SOLR 20 MG [acetylcholine	
metolazone tabs 2.5 mg	73	chloride]	79
metolazone tabs 5 mg	73	MIOSTAT SOLN 0.01 % [carbachol (ophth)]	79
METOPIRONE CAPS 250 MG [metyrapone]	70	MIRENA (52 MG) IUD 20 MCG/DAY	
metoprolol succinate er tb24 100 mg	43	[levonorgestrel (iud)]	87
metoprolol succinate er tb24 200 mg	43	mirtazapine tabs 15 mg	64
metoprolol succinate er tb24 25 mg	43	mirtazapine tabs 30 mg	64
metoprolol succinate er tb24 50 mg	43	mirtazapine tabs 45 mg	64
metoprolol tartrate soln 5 mg/5ml	43	misoprostol tabs 100 mcg	81
metoprolol tartrate tabs 100 mg	43	misoprostol tabs 200 mcg	81
metoprolol tartrate tabs 25 mg	43	mitomycin solr 20 mg	28
metoprolol tartrate tabs 50 mg	43	mitomycin solr 40 mg	28
metoprolol-hydrochlorothiazide tabs 100-50			

mitomycin solr 5 mg	28	MORPHINE SULFATE SOLN 20 MG/5ML	
MITOSOL KIT 0.2 MG [mitomycin (ophthalmic)]	77	[morphine sulfate]	51
mitoxantrone hcl conc 25 mg/12.5ml	28	MORPHINE SULFATE SOLN 4 MG/ML	
M-M-R II SOLR [measles, mumps & rubella virus vaccines]	104	[morphine sulfate]	51
modafinil tabs 100 mg	53	MORPHINE SULFATE SOLN 5 MG/ML	
modafinil tabs 200 mg	53	[morphine sulfate]	51
mometasone furoate crea 0.1 %	107	MORPHINE SULFATE SOLN 50 MG/ML	
mometasone furoate oint 0.1 %	107	[morphine sulfate]	51
mometasone furoate soln 0.1 %	107	MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	51
MONOJECT INSULIN SYRINGE MISC 27G X 1/2	68	MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	51
MONOJECT INSULIN SYRINGE MISC 29G X 1/2	68	MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	51
MONOJECT SYRINGE LUER-LOCK TIP MISC 60 ML [syringe (disposable)]	68	MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	51
MONOJECT TB SYRINGE MISC 1 ML [syringe (disposable)]	69	MORPHINE SULFATE TABS 15 MG [morphine sulfate]	51
MONONINE SOLR 1000 UNIT [coagulation factor ix]	38	MORPHINE SULFATE TABS 30 MG [morphine sulfate]	51
montelukast sodium chew 4 mg	98	moxifloxacin hcl soln 0.5 %	77
montelukast sodium chew 5 mg	98	moxifloxacin hcl tabs 400 mg	17
montelukast sodium pack 4 mg	98	MULTIHANCE SOLN 529 MG/ML [gadobenate dimeglumine]	70
montelukast sodium tabs 10 mg	98	MULTI-VIT/IRON/FLUORIDE SOLN 0.25-10 MG/ML [ped multivitamins w/fl & iron]	110
morphine sulfate (concentrate) soln 100 mg/5ml	50	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG [pediatric multivitamins w/fl]	110
morphine sulfate (pf) soln 0.5 mg/ml	50	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG [pediatric multivitamins w/fl]	110
morphine sulfate (pf) soln 1 mg/ml	50	MULTIVITAMIN/FLUORIDE CHEW 1 MG [pediatric multivitamins w/fl]	110
MORPHINE SULFATE (PF) SOLN 10 MG/ML [morphine sulfate]	51	MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML [pediatric multivitamins w/fl]	110
MORPHINE SULFATE (PF) SOLN 2 MG/ML [morphine sulfate]	51	MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML [pediatric multivitamins w/fl]	110
MORPHINE SULFATE (PF) SOLN 4 MG/ML [morphine sulfate]	51	mupirocin oint 2 %	106
morphine sulfate er tbc 100 mg	51	MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	28
morphine sulfate er tbc 15 mg	51	mycophenolate mofetil caps 250 mg	91
morphine sulfate er tbc 200 mg	51	mycophenolate mofetil susr 200 mg/ml	91
morphine sulfate er tbc 30 mg	51	mycophenolate mofetil tabs 500 mg	94
morphine sulfate er tbc 60 mg	51	mycophenolate sodium tbec 180 mg	91
MORPHINE SULFATE POWD [morphine sulfate]	97	mycophenolate sodium tbec 360 mg	91
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	51	MYLERAN TABS 2 MG [busulfan]	28
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	51	MYOBLOC SOLN 10000 UNIT/2ML [rimabotulinumtoxinb]	94
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	51	MYOBLOC SOLN 2500 UNIT/0.5ML [rimabotulinumtoxinb]	94
MORPHINE SULFATE SOLN 2 MG/ML [morphine sulfate]	51	MYOBLOC SOLN 5000 UNIT/ML	

[rimabotulinumtoxinb]	94
MYRBETRIQ SRER 8 MG/ML [mirabegron]	110
MYRBETRIQ TB24 25 MG [mirabegron]	110
MYRBETRIQ TB24 50 MG [mirabegron]	110

N

NABI-HB SOLN 312 UNIT/ML [hepatitis b immune globulin (human)]	102
nabumetone tabs 500 mg	51
nabumetone tabs 750 mg	51
nadolol tabs 20 mg	43
nadolol tabs 40 mg	43
nadolol tabs 80 mg	43
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	17
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	17
nafcillin sodium solr 1 gm	17
nafcillin sodium solr 10 gm	17
nafcillin sodium solr 2 gm	17
NAGLAZYME SOLN 1 MG/ML [galsulfase]	77
nalbuphine hcl soln 10 mg/ml	51
nalbuphine hcl soln 20 mg/ml	51
naloxone hcl liqd 4 mg/0.1ml	61
naloxone hcl soct 0.4 mg/ml	61
naloxone hcl soln 0.4 mg/ml	61
naloxone hcl sosy 2 mg/2ml	61
NALTREXONE HCL POWD [naltrexone hcl (bulk)]	61
naltrexone hcl tabs 50 mg	61
NAMENDA SOL 10MG/5ML [memantine hcl]	61
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	61
naphazoline hcl soln	80
naproxen sodium tabs 275 mg	51
naproxen sodium tabs 550 mg	51
naproxen susp 125 mg/5ml	51
naproxen tabs 250 mg	51
naproxen tabs 375 mg	52
naproxen tabs 500 mg	52
naproxen tbec 375 mg	52
naratriptan hcl tabs 1 mg	57
naratriptan hcl tabs 2.5 mg	57
NAROPIN SOLN 10 MG/ML [ropivacaine hcl]	92
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	92
NAROPIN SOLN 5 MG/ML [ropivacaine hcl]	92
NAROPIN SOLN 7.5 MG/ML [ropivacaine hcl]	92
NATACYN SUSP 5 % [natamycin]	77

NEBUPENT SOLR 300 MG [pentamidine isethionate]	21
nefazodone hcl tabs 100 mg	64
nefazodone hcl tabs 150 mg	64
nefazodone hcl tabs 200 mg	64
nefazodone hcl tabs 250 mg	64
nefazodone hcl tabs 50 mg	64
NEOMYCIN SULFATE POWD [neomycin sulfate (topical)]	97
neomycin sulfate tabs 500 mg	17
neomycin-bacitracin zn-polymyx oint 5-400-10000	77
neomycin-polymyxin b gu soln 40-200000	106
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	78
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	78
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	77
neomycin-polymyxin-hc soln 1 %	78
neomycin-polymyxin-hc susp 3.5-10000-1	78
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	52
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	91
NEOSTIGMINE METHYLSULFATE SOLN 10 MG/10ML [neostigmine methylsulfate]	32
neostigmine methylsulfate soln 5 mg/10ml	32
NESACAINE SOLN 1 % [chloroprocaine hcl]	92
NESACAINE SOLN 2 % [chloroprocaine hcl]	92
nevirapine er tb24 400 mg	12
nevirapine susp 50 mg/5ml	12
nevirapine tabs 200 mg	12
NEXPLANON IMPL 68 MG [etonogestrel]	87
NIACIN ER CPR 250 MG [niacin]	111
NIACIN ER CPR 500 MG [niacin]	111
NIACIN ER TBCR 250 MG [niacin]	111
NIACIN TABS 100 MG [niacin]	111
NIACIN TABS 250 MG [niacin]	111
NIACIN TABS 50 MG [niacin]	111
NIACIN TABS 500 MG [niacin]	111
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	44
nicotine polacrilex gum 2 mg	32
nicotine polacrilex gum 4 mg	32
nicotine polacrilex lozg 2 mg	32
nicotine polacrilex lozg 4 mg	32
nicotine pt24 14 mg/24hr	32
nicotine pt24 21 mg/24hr	32
nicotine pt24 7 mg/24hr	32

nifedipine caps 10 mg	44
nifedipine caps 20 mg	44
nifedipine er osmotic release tb24 30 mg	44
nifedipine er osmotic release tb24 60 mg	44
nifedipine er osmotic release tb24 90 mg	44
nifedipine er tb24 30 mg	44
nifedipine er tb24 60 mg	44
nimodipine caps 30 mg	44
NINLARO CAPS 2.3 MG [ixazomib citrate]....	28
NINLARO CAPS 3 MG [ixazomib citrate].....	28
NINLARO CAPS 4 MG [ixazomib citrate].....	28
NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	48
NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	48
NITROFURANTOIN MACROCRYSTAL CAPS	
100 MG [nitrofurantoin macrocrystal].....	22
nitrofurantoin macrocrystal caps 25 mg	22
NITROFURANTOIN MACROCRYSTAL CAPS	
50 MG [nitrofurantoin macrocrystal].....	22
nitrofurantoin monohyd macro caps 100 mg	
.....	22
nitrofurantoin susp 25 mg/5ml	22
NITROGLYCERIN IN D5W SOLN 100-5	
MCG/ML-% [nitroglycerin in d5w].....	48
NITROGLYCERIN IN D5W SOLN 200-5	
MCG/ML-% [nitroglycerin in d5w].....	48
NITROGLYCERIN IN D5W SOLN 400-5	
MCG/ML-% [nitroglycerin in d5w].....	48
nitroglycerin pt24 0.4 mg/hr	48
nitroglycerin soln 5 mg/ml	48
nitroprusside sodium soln 25 mg/ml	46
NITROSTAT SUBL 0.3 MG [nitroglycerin]	48
NITROSTAT SUBL 0.4 MG [nitroglycerin]	48
NITROSTAT SUBL 0.6 MG [nitroglycerin]	48
NITRO-TIME CPR 2.5 MG [nitroglycerin] ...	48
NITRO-TIME CPR 6.5 MG [nitroglycerin] ...	48
NITRO-TIME CPR 9 MG [nitroglycerin].....	48
NIVESTYM SOLN 300 MCG/ML [filgrastim-	
aafi]	41
NIVESTYM SOLN 480 MCG/1.6ML [filgrastim-	
aafi]	41
NIVESTYM SOSY 300 MCG/0.5ML [filgrastim-	
aafi]	41
NIVESTYM SOSY 480 MCG/0.8ML [filgrastim-	
aafi]	41
NORDITROPIN FLEXPOR SOPN 15 MG/1.5ML	
[somatropin].....	90
norepinephrine bitartrate soln 1 mg/ml	34
norethindrone acetate tabs 5 mg	89
norethindrone tabs 0.35 mg	87
NORMAL SALINE FLUSH SOLN 0.9 % [sodium	
chloride flush]	75
NORPACE CR CP12 100 MG [disopyramide	
phosphate].....	45
NORPACE CR CP12 150 MG [disopyramide	
phosphate].....	45
nortriptyline hcl caps 10 mg	64
nortriptyline hcl caps 25 mg	64
nortriptyline hcl caps 50 mg	64
nortriptyline hcl caps 75 mg	64
nortriptyline hcl soln 10 mg/5ml	64
NORVIR SOLN 80 MG/ML [ritonavir]	12
NOVAREL SOLR 10000 UNIT [chorionic	
gonadotropin].....	89
NOVOSEVEN RT SOLR 1 MG [coagulation	
factor viia (recombinant)]	38
NOVOSEVEN RT SOLR 2 MG [coagulation	
factor viia (recombinant)]	38
NOVOSEVEN RT SOLR 5 MG [coagulation	
factor viia (recombinant)]	38
NOVOSEVEN RT SOLR 8 MG [coagulation	
factor viia (recombinant)]	38
nystatin crea 100000 unit/gm	106
nystatin susp 100000 unit/ml	20
nystatin tabs 500000 unit	20
nystatin-triamcinolone crea 100000-0.1	
unit/gm-%	107
nystatin-triamcinolone oint 100000-0.1	
unit/gm-%	107
O	
OCTAGAM SOLN 1 GM/20ML [immune	
globulin (human) iv].....	102
OCTAGAM SOLN 2.5 GM/50ML [immune	
globulin (human) iv].....	102
OCTAGAM SOLN 25 GM/500ML [immune	
globulin (human) iv].....	102
octreotide acetate soln 100 mcg/ml	94
octreotide acetate soln 1000 mcg/ml	94
octreotide acetate soln 200 mcg/ml	95
octreotide acetate soln 50 mcg/ml	95
octreotide acetate soln 500 mcg/ml	95
octreotide acetate sosy 50 mcg/ml	95
ODACTRA SUBL 12 SQ-HDM [dust mite mixed	
allergen extract].....	102
ODEFSEY TABS 200-25-25 MG [emtricitabine-	
rilpivirine-tenofovir alafenamide fumarate]	
.....	12
ODOMZO CAPS 200 MG [sonidegib	
phosphate].....	28
OFEV CAPS 100 MG [nintedanib esylate]	99

OFEV CAPS 150 MG <i>[nintedanib esylate]</i>	99
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	52
<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>olopatadine hcl soln 0.1 %</i>	78
<i>omeprazole cpdr 10 mg</i>	81
<i>omeprazole cpdr 20 mg</i>	81
<i>omeprazole cpdr 40 mg</i>	81
OMNIPAQUE INJ 300MG/ML <i>[iohexol]</i>	70
OMNIPAQUE INJ 350MG/ML <i>[iohexol]</i>	70
OMNIPAQUE SOLN 180 MG/ML <i>[iohexol]</i>	70
OMNIPAQUE SOLN 240 MG/ML <i>[iohexol]</i>	71
OMNIPAQUE SOLN 300 MG/ML <i>[iohexol]</i>	71
OMNIPAQUE SOLN 350 MG/ML <i>[iohexol]</i>	71
OMNITROPE PEN 5 INJ DEVICE MISC <i>[injection device]</i>	69
OMNITROPE SOCT 10 MG/1.5ML <i>[somatropin]</i>	90
OMNITROPE SOCT 5 MG/1.5ML <i>[somatropin]</i>	90
OMNITROPE SOLR 5.8 MG <i>[somatropin]</i>	90
ONCASPAR SOLN 750 UNIT/ML <i>[pegaspargase]</i>	28
<i>ondansetron hcl soln 4 mg/2ml</i>	81
<i>ondansetron hcl soln 4 mg/5ml</i>	81
<i>ondansetron hcl soln 40 mg/20ml</i>	81
<i>ondansetron hcl tabs 4 mg</i>	81
<i>ondansetron hcl tabs 8 mg</i>	81
<i>ondansetron tbdp 4 mg</i>	81
<i>ondansetron tbdp 8 mg</i>	81
ONETOUCH DELICA PLUS LANCET33G MISC <i>[lancets]</i>	69
ONETOUCH SURESOFT LANCING DEV MISC <i>[lancets misc.]</i>	69
ONETOUCH ULTRA LIQD <i>[blood glucose calibration]</i>	69
ONETOUCH ULTRA STRP <i>[glucose blood]</i> 71	
ONETOUCH ULTRASOFT 2 LANCETS MISC <i>[lancets]</i>	69
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	69
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	69
ONETOUCH VERIO LIQD HIGH <i>[blood glucose calibration]</i>	69
OPDIVO SOLN 100 MG/10ML <i>[nivolumab]</i>	28
OPDIVO SOLN 40 MG/4ML <i>[nivolumab]</i>	28
ORENCIA CLICKJECT SOAJ 125 MG/ML <i>[abatacept]</i>	91
ORENCIA SOLR 250 MG <i>[abatacept]</i>	95
ORENCIA SOSY 125 MG/ML <i>[abatacept]</i>	91
ORENCIA SOSY 50 MG/0.4ML <i>[abatacept]</i> ..	91
ORENCIA SOSY 87.5 MG/0.7ML <i>[abatacept]</i> 91	
ORKAMBI PACK 100-125 MG <i>[lumacaftor-ivacaftor]</i>	99
ORKAMBI PACK 150-188 MG <i>[lumacaftor-ivacaftor]</i>	99
ORKAMBI PACK 75-94 MG <i>[lumacaftor-ivacaftor]</i>	99
ORKAMBI TABS 100-125 MG <i>[lumacaftor-ivacaftor]</i>	99
ORKAMBI TABS 200-125 MG <i>[lumacaftor-ivacaftor]</i>	99
<i>oseltamivir phosphate caps 30 mg</i>	22
<i>oseltamivir phosphate caps 45 mg</i>	22
<i>oseltamivir phosphate caps 75 mg</i>	22
<i>oseltamivir phosphate susr 6 mg/ml</i>	22
OSMITROL SOLN 20 % <i>[mannitol]</i>	73
OTEZLA TAB 10/20/30 <i>[apremilast]</i>	91
OTEZLA TABS 30 MG <i>[apremilast]</i>	91
OTEZLA TBPK 10 & 20 & 30 MG <i>[apremilast]</i> 91	
OVIDREL INJ 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	89
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i> ..	17
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i> ..	17
<i>oxacillin sodium solr 1 gm</i>	18
<i>oxacillin sodium solr 2 gm</i>	18
<i>oxaliplatin soln 100 mg/20ml</i>	28
<i>oxaliplatin soln 50 mg/10ml</i>	28
<i>oxandrolone tabs 10 mg</i>	85
<i>oxandrolone tabs 2.5 mg</i>	85
<i>oxazepam caps 10 mg</i>	60
<i>oxazepam caps 15 mg</i>	60
<i>oxazepam caps 30 mg</i>	60
<i>oxcarbazepine susp 300 mg/5ml</i>	56
<i>oxcarbazepine tabs 150 mg</i>	56
<i>oxcarbazepine tabs 300 mg</i>	56
<i>oxcarbazepine tabs 600 mg</i>	56
<i>oxybutynin chloride er tb24 10 mg</i>	110
<i>oxybutynin chloride er tb24 15 mg</i>	110

oxybutynin chloride er tb24 5 mg	110
oxybutynin chloride soln 5 mg/5ml	110
oxybutynin chloride tabs 5 mg	110
oxycodone hcl soln 5 mg/5ml	52
oxycodone hcl tabs 5 mg	52
oxycodone-acetaminophen tabs 10-325 mg	52
oxycodone-acetaminophen tabs 5-325 mg..	52
oxycodone-acetaminophen tabs 7.5-325 mg	52
OXYTOCIN SOLN 10 UNIT/ML [oxytocin].....	96
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2	
MG/3ML [semaglutide].....	86
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	
[semaglutide].....	86
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	
[semaglutide].....	86
OZURDEX IMPL 0.7 MG [dexamethasone	
(ophth)].....	78

P

paclitaxel conc 300 mg/50ml	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].....	102
PALFORZIA (120 MG DAILY DOSE) CSPK 20	
MG & 100 MG [peanut (arachis hypogaea)	
allergen powder-dnfp].....	102
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x	
20 MG & 100 MG [peanut (arachis	
hypogaea) allergen powder-dnfp].....	102
PALFORZIA (20 MG DAILY DOSE) CSPK 20	
MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	102
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x	
100 MG [peanut (arachis hypogaea)	
allergen powder-dnfp].....	103
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x	
20 MG & 2 X 100 MG [peanut (arachis	
hypogaea) allergen powder-dnfp].....	103
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1	
MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	103
PALFORZIA (300 MG MAINTENANCE) PACK	
300 MG [peanut (arachis hypogaea)	
allergen powder-dnfp].....	103
PALFORZIA (300 MG TITRATION) PACK 300	

MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	103
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20	
MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	103
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1	
MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	103
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20	
MG [peanut (arachis hypogaea) allergen	
powder-dnfp].....	103
PALFORZIA INITIAL ESCALATION CSPK 0.5 &	
1 & 1.5 & 3 & 6 MG [peanut (arachis	
hypogaea) allergen powder-dnfp].....	103
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	95
pamidronate disodium soln 6 mg/ml	95
pamidronate disodium soln 90 mg/10ml	95
pamidronate disodium solr 30 mg	95
pamidronate disodium solr 90 mg	95
pancuronium bromide soln 1 mg/ml	33
pantoprazole sodium tbec 20 mg	81
pantoprazole sodium tbec 40 mg	81
PAPAVERINE HCL POWD [papaverine hcl].....	97
PAPAVERINE HCL SOLN 30 MG/ML	
[papaverine hcl].....	48
paromomycin sulfate caps 250 mg	21
paroxetine hcl tabs 10 mg	64
paroxetine hcl tabs 20 mg	64
paroxetine hcl tabs 30 mg	64
paroxetine hcl tabs 40 mg	65
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 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].....	104
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	[phenobarbital]	60
PEMETREXED DISODIUM SOLN 500 MG/20ML [pemetrexed disodium]	28	PHENOBARBITAL POWD [phenobarbital] ...	97
penicillamine caps 250 mg	83	PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	60
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	18	PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	60
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	18	PHENOBARBITAL TABS 100 MG [phenobarbital]	60
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	18	PHENOBARBITAL TABS 15 MG [phenobarbital]	60
penicillin g potassium solr 20000000 unit ...	18	PHENOBARBITAL TABS 16.2 MG [phenobarbital]	60
penicillin g potassium solr 5000000 unit	18	PHENOBARBITAL TABS 30 MG [phenobarbital]	60
penicillin g procaine susp 600000 unit/ml ...	18	PHENOBARBITAL TABS 32.4 MG [phenobarbital]	60
penicillin g sodium solr 5000000 unit	18	PHENOBARBITAL TABS 60 MG [phenobarbital]	60
penicillin v potassium solr 125 mg/5ml	18	PHENOBARBITAL TABS 64.8 MG [phenobarbital]	60
penicillin v potassium solr 250 mg/5ml	18	PHENOBARBITAL TABS 97.2 MG [phenobarbital]	60
penicillin v potassium tabs 250 mg	18	PHENOL LIQD [phenol]	108
penicillin v potassium tabs 500 mg	18	PHENOL LIQD 89 % [phenol]	38
PENLET II BLOOD SAMPLER KIT [lancets misc.]	69	phenoxybenzamine hcl caps 10 mg	33
PENTAM SOLR 300 MG [pentamidine isethionate]	21	phentermine hcl caps 15 mg	53
PENTASA CPCR 250 MG [mesalamine]	80	phentermine hcl caps 30 mg	53
PENTASA CPCR 500 MG [mesalamine]	80	phentermine hcl caps 37.5 mg	53
pentazocine-naloxone hcl tabs 50-0.5 mg ...	52	phentermine hcl tabs 37.5 mg	53
pentostatin inj 10mg	28	PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	97
pentoxifylline er tbcr 400 mg	41	phentolamine mesylate solr 5 mg	33
PEPTIC RELIEF CHEW 262 MG [bismuth subsalicylate]	80	PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	80
PERJETA SOLN 420 MG/14ML [pertuzumab]	28	PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	80
permethrin crea 5 %	106	PHENYLHISTINE DH LIQ DH [pseudoeph- chlorphen w/ cod]	99
permethrin lotn 1 %	105	phenytoin sodium extended caps 100 mg ...	56
perphenazine tabs 16 mg	65	phenytoin sodium soln 50 mg/ml	56
perphenazine tabs 2 mg	65	phenytoin susp 125 mg/5ml	56
perphenazine tabs 4 mg	65	PHLEXY-10 PACK [nutritional supplements]	72
perphenazine tabs 8 mg	65	PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	75
perphenazine-amitriptyline tabs 2-10 mg ...	65	PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	79
perphenazine-amitriptyline tabs 2-25 mg ...	65	PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran] ..	79
perphenazine-amitriptyline tabs 4-10 mg ...	65		
perphenazine-amitriptyline tabs 4-25 mg ...	65		
perphenazine-amitriptyline tabs 4-50 mg ...	65		
phenelzine sulfate tabs 15 mg	65		
PHENEX-1 POWD [nutritional supplements]	72		
PHENOBARBITAL ELIX 20 MG/5ML			

PHYSOSTIGMINE SALICYLATE SOLN 1	
MG/ML [<i>physostigmine salicylate</i>]	32
<i>phytonadione soln 1 mg/0.5ml</i>	111
<i>pilocarpine hcl soln 1 %</i>	79
<i>pilocarpine hcl soln 2 %</i>	79
<i>pilocarpine hcl soln 4 %</i>	79
<i>pilocarpine hcl tabs 5 mg</i>	32
<i>pimecrolimus crea 1 %</i>	109
<i>pimozide tabs 1 mg</i>	65
<i>pimozide tabs 2 mg</i>	65
<i>pioglitazone hcl tabs 15 mg</i>	86
<i>pioglitazone hcl tabs 30 mg</i>	86
<i>pioglitazone hcl tabs 45 mg</i>	86
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	18
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	18
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	18
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	18
PLASMA-LYTE A SOLN [<i>electrolyte-a</i>]	75
PLASMANATE SOLN 5 % [<i>plasma protein fraction</i>]	35
PLURONIC F127 GEL 20 % [<i>pluronic f127 base</i>]	97
PNEUMOVAX 23 INJ 25 MCG/0.5ML [<i>pneumococcal vac polyvalent</i>]	104
PODOCON-25 SOLN 25 % [<i>podophyllum resin</i>]	109
<i>podofilox soln 0.5 %</i>	109
PODOPHYLLUM RESIN POWD [<i>podophyllum resin</i>]	97
POLYETHYLENE GLYCOL 400 LIQD [<i>polyethylene glycol 400</i>]	97
POLYETHYLENE GLYCOL 8000 POWD [<i>polyethylene glycol 8000</i>]	97
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	77
POLY-VI-SOL SOLN [<i>pediatric multiple vitamins</i>]	111
POLY-VI-SOL/IRON SOLN 11 MG/ML [<i>pediatric multiple vitamins w/ iron</i>]	111
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
POTABA CAPS 500 MG [<i>potassium aminobenzoate</i>]	111
POTASSIUM ACETATE SOLN 2 MEQ/ML [<i>potassium acetate</i>]	75
<i>potassium chloride crys er tbcr 10 meq</i>	75
<i>potassium chloride crys er tbcr 20 meq</i>	75
<i>potassium chloride er cpcr 10 meq</i>	75
<i>potassium chloride er cpcr 8 meq</i>	75
<i>potassium chloride er tbcr 10 meq</i>	75
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.45 MEQ/L-% [<i>potassium chloride in nacl</i>]	75
POTASSIUM CHLORIDE IN NAACL SOLN 20-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	75
POTASSIUM CHLORIDE IN NAACL SOLN 40-0.9 MEQ/L-% [<i>potassium chloride in nacl</i>]	76
POTASSIUM CHLORIDE PACK 20 MEQ [<i>potassium chloride</i>]	76
<i>potassium chloride sol 10% sf</i>	76
<i>potassium chloride soln 10 meq/100ml</i>	76
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [<i>potassium chloride</i>]	76
<i>potassium chloride soln 2 meq/ml</i>	76
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [<i>potassium chloride</i>]	76
POTASSIUM CHLORIDE SOLN 20 MEQ/50ML [<i>potassium chloride</i>]	76
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [<i>potassium chloride</i>]	76
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [<i>potassium chloride</i>]	76
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	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>]	76
<i>potassium phosphate inj 3mm/ml</i>	76
POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	76
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	40
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	40
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	40
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	58
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	58

pramipexole dihydrochloride tabs 0.5 mg ...	58	(dental)]	95
pramipexole dihydrochloride tabs 0.75 mg ..	58	PREVIDENT SOLN 0.2 % [sodium fluoride	
pramipexole dihydrochloride tabs 1 mg	58	(dental)]	95
pramipexole dihydrochloride tabs 1.5 mg ...	58	PREVNAR 13 SUSP [pneumococcal 13-valent	
PRAMOSONE OINT 1-1 % [pramoxine-hc].	107	conjugate vaccine]	104
PRAMOSONE OINT 1-2.5 % [pramoxine-hc]		PREVNAR 20 SUSY 0.5 ML [pneumococcal	
.....	107	20-valent conjugate vaccine]	104
pravastatin sodium tabs 10 mg	42	PREVYMIS SOLN 240 MG/12ML [letermovir]	22
pravastatin sodium tabs 20 mg	42	PREVYMIS SOLN 480 MG/24ML [letermovir]	22
pravastatin sodium tabs 40 mg	42	PREVYMIS TABS 240 MG [letermovir]	22
pravastatin sodium tabs 80 mg	42	PREVYMIS TABS 480 MG [letermovir]	22
PRAXBIND SOLN 2.5 GM/50ML		PREZCOBIX TABS 800-150 MG [darunavir-	
[idarucizumab]	38	cobicistat]	12
prazosin hcl caps 1 mg	41	PREZISTA TABS 75 MG [darunavir]	12
prazosin hcl caps 2 mg	41	PRIFTIN TABS 150 MG [rifapentine]	20
prazosin hcl caps 5 mg	41	PRIMAQUINE PHOSPHATE TABS 26.3 (15	
PRECEDEX SOLN 200 MCG/2ML		Base) MG [primaquine phosphate]	21
[dexmedetomidine hcl]	60	PRIMAXIN IV SOLR 500-500 MG [imipenem-	
PRED MILD SUSP 0.12 % [prednisolone		cilastatin]	18
acetate (ophth)]	78	primidone tab 50mg	56
prednisolone acetate susp 1 %	78	primidone tabs 250 mg	56
prednisolone sodium phosphate soln 1 % ..	78	PRIMSOL SOLN 50 MG/5ML [trimethoprim	
prednisolone sodium phosphate soln 15		hcl]	18
mg/5ml	84	PRIVIGEN SOLN 10 GM/100ML [immune	
prednisolone sodium phosphate soln 6.7 (5		globulin (human) iv]	102
base) mg/5ml	84	PRIVIGEN SOLN 20 GM/200ML [immune	
prednisolone soln 15 mg/5ml	84	globulin (human) iv]	102
prednisone soln 5 mg/5ml	84	PRIVIGEN SOLN 5 GM/50ML [immune	
prednisone tabs 1 mg	84	globulin (human) iv]	102
prednisone tabs 10 mg	84	probenecid tabs 500 mg	76
prednisone tabs 2.5 mg	84	procainamide hcl soln 100 mg/ml	45
prednisone tabs 20 mg	84	procainamide hcl soln 500 mg/ml	45
prednisone tabs 5 mg	84	PROCALAMINE SOLN 3 % [amino acid	
prednisone tabs 50 mg	84	electrolyte infusion]	72
prednisone tbpk 10 mg (21)	84	prochlorperazine edisylate soln 10 mg/2ml ..	65
prednisone tbpk 5 mg (21)	84	prochlorperazine maleate tabs 10 mg	65
pregabalin caps 100 mg	56	prochlorperazine maleate tabs 5 mg	65
pregabalin caps 150 mg	56	PROCRIT SOLN 10000 UNIT/ML [epoetin alfa]	
pregabalin caps 200 mg	56	.....	41
pregabalin caps 225 mg	56	PROCRIT SOLN 2000 UNIT/ML [epoetin alfa]	
pregabalin caps 25 mg	56	.....	41
pregabalin caps 300 mg	56	PROCRIT SOLN 20000 UNIT/ML [epoetin alfa]	
pregabalin caps 50 mg	56	.....	41
pregabalin caps 75 mg	56	PROCRIT SOLN 3000 UNIT/ML [epoetin alfa]	
pregabalin soln 20 mg/ml	56	.....	41
PREMARIN SOLR 25 MG [estrogens,		PROCRIT SOLN 4000 UNIT/ML [epoetin alfa]	
conjugated]	88	.....	41
PREPIDIL GEL 0.5 MG/3GM [dinoprostone] ..	96	PROCRIT SOLN 40000 UNIT/ML [epoetin alfa]	
PRETOMANID TABS 200 MG [pretomanid] ..	20	.....	41
PREVIDENT GEL 1.1 % [sodium fluoride		PRODIGY CONTROL SOLUTION SOLN LOW	

[blood glucose calibration]	69
PROFERRIN ES TABS 12 MG [iron heme polypeptide]	35
PROFERRIN-FORTE TABS 12-1 MG [iron heme polypeptide-folic acid]	35
PROFILNINE SOLR 1000 UNIT [factor ix complex]	38
PROFILNINE SOLR 1500 UNIT [factor ix complex]	38
PROFILNINE SOLR 500 UNIT [factor ix complex]	38
progesterone caps 100 mg	89
progesterone caps 200 mg	89
PROGESTERONE MICRONIZED POWD [progesterone micronized (bulk)]	98
PROGESTERONE OIL 50 MG/ML [progesterone]	89
PROGESTERONE WETTABLE POWD [progesterone (bulk)]	98
PROGLYCEM SUSP 50 MG/ML [diazoxide] ..	46
PROGRAF SOLN 5 MG/ML [tacrolimus]	91
PROLEUKIN SOLR 22000000 UNIT [aldesleukin]	28
PROMACTA PACK 25 MG [eltrombopag olamine]	41
PROMACTA TABS 12.5 MG [eltrombopag olamine]	41
PROMACTA TABS 25 MG [eltrombopag olamine]	41
PROMACTA TABS 50 MG [eltrombopag olamine]	41
PROMACTA TABS 75 MG [eltrombopag olamine]	41
promethazine hcl soln 25 mg/ml	23
promethazine hcl tabs 12.5 mg	23
promethazine hcl tabs 25 mg	23
promethazine-codeine soln 6.25-10 mg/5ml	99
promethazine-dm syrup 6.25-15 mg/5ml	99
propafenone hcl tabs 150 mg	45
propafenone hcl tabs 225 mg	45
propafenone hcl tabs 300 mg	45
propranolol hcl er cp24 120 mg	43
propranolol hcl er cp24 160 mg	43
propranolol hcl er cp24 60 mg	43
propranolol hcl er cp24 80 mg	43
propranolol hcl soln 1 mg/ml	43

propranolol hcl soln 20 mg/5ml	43
propranolol hcl tabs 10 mg	43
propranolol hcl tabs 20 mg	43
propranolol hcl tabs 40 mg	43
propranolol hcl tabs 60 mg	43
propranolol hcl tabs 80 mg	43
PROPYLENE GLYCOL LIQD [propylene glycol (bulk)]	98
propylthiouracil tabs 50 mg	90
PROQUAD SUSR [measles-mumps-rubella-varicella virus vaccines]	104
PROSOL SOLN 20 % [amino acid infusion]	72
PROSTIN E2 SUPP 20 MG [dinoprostone]	96
protamine sulfate soln 10 mg/ml	38
PROTONIX SOLR 40 MG [pantoprazole sodium]	81
protriptyline hcl tabs 10 mg	65
protriptyline hcl tabs 5 mg	65
PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)]	84
PULMOZYME SOLN 2.5 MG/2.5ML [dornase alfa]	77
PURIXAN SUSP 2000 MG/100ML [mercaptopurine]	28
pyrazinamide tabs 500 mg	20
pyridostigmine bromide er tbc 180 mg	32
pyridostigmine bromide tabs 60 mg	32
pyridoxine hcl soln 100 mg/ml	111

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]	54
QUELICIN SOLN 20 MG/ML [succinylcholine chloride]	33
quetiapine fumarate tabs 100 mg	65
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]	98
quinidine gluconate er tbc 324 mg	45
quinidine sulfate tabs 200 mg	45
quinidine sulfate tabs 300 mg	45

R

RABAVERT SUSR [*rabies vaccine, pcec*] . 104
raloxifene hcl tabs 60 mg..... 88
ramipril caps 10 mg..... 46
ramipril caps 2.5 mg..... 47
ramipril caps 5 mg..... 47
rasagiline mesylate tabs 0.5 mg..... 58
rasagiline mesylate tabs 1 mg..... 58
RASUVO SOAJ 10 MG/0.2ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 12.5 MG/0.25ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 15 MG/0.3ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 17.5 MG/0.35ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 20 MG/0.4ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 22.5 MG/0.45ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 25 MG/0.5ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 30 MG/0.6ML [*methotrexate (antirheumatic)*]..... 91
RASUVO SOAJ 7.5 MG/0.15ML [*methotrexate (antirheumatic)*]..... 91
READI-CAT 2 SUSP 2 % [*barium sulfate*]..... 71
RECOMBIMATE SOLR 1241-1800 UNIT [*antihemophilic factor (recombinant) (rfviii)*] 38
RECOMBIMATE SOLR 1801-2400 UNIT [*antihemophilic factor (recombinant) (rfviii)*] 38
RECOMBIMATE SOLR 220-400 UNIT [*antihemophilic factor (recombinant) (rfviii)*] 38
RECOMBIMATE SOLR 401-800 UNIT [*antihemophilic factor (recombinant) (rfviii)*] 38
RECOMBIMATE SOLR 801-1240 UNIT [*antihemophilic factor (recombinant) (rfviii)*] 38
RECOMBIVAX HB SUSP 10 MCG/ML [*hepatitis b vaccine (recomb)*]..... 104
RECOMBIVAX HB SUSP 40 MCG/ML [*hepatitis b vaccine (recomb)*]..... 104
RECOMBIVAX HB SUSP 5 MCG/0.5ML [*hepatitis b vaccine (recomb)*] 104
RECOMBIVAX HB SUSY 10 MCG/ML [*hepatitis b vaccine (recomb)*]..... 104

RECOMBIVAX HB SUSY 5 MCG/0.5ML [*hepatitis b vaccine (recomb)*]..... 104
RECOTHROM SOLR 20000 UNIT [*thrombin (recombinant)*] 38
RECOTHROM SOLR 5000 UNIT [*thrombin (recombinant)*] 38
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*]..... 111
reserpine tab 0.1mg 46
reserpine tab 0.25mg 46
RETIN-A CREA 0.025 % [*tretinoin*] 108
RETIN-A CREA 0.05 % [*tretinoin*] 108
RETIN-A CREA 0.1 % [*tretinoin*] 108
RETIN-A GEL 0.01 % [*tretinoin*]..... 108
RETIN-A GEL 0.025 % [*tretinoin*]..... 108
RETIN-A MICRO GEL 0.04 % [*tretinoin microsphere*] 108
RETIN-A MICRO GEL 0.1 % [*tretinoin microsphere*] 108
RETISERT IMPL 0.59 MG [*fluocinolone acetonide (ophth)*]..... 78
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)*] .. 102
RHOPHYLAC SOSY 1500 UNIT/2ML [*rho d immune globulin (human)*] 102
RIABNI SOLN 100 MG/10ML [*rituximab-arrx*]28
RIABNI SOLN 500 MG/50ML [*rituximab-arrx*]28
RIASTAP SOLR [*fibrinogen concentrate (human)*]..... 38
ribavirin caps 200 mg 22
RIDAURA CAPS 3 MG [*auranofin*]..... 82
rifabutin caps 150 mg 20
rifampin caps 150 mg 20
rifampin caps 300 mg 20
rifampin solr 600 mg..... 20
riluzole tabs 50 mg..... 61
rimantadine hcl tabs 100 mg..... 22
RIMSO-50 SOLN 50 % [*dimethyl sulfoxide*].. 95
RINGERS IRRIGATION SOLN [*ringer's*

<i>irrigation]</i>	74
RINGERS SOLN [<i>ringer's</i>]	76
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	65
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	65
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	65
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	65
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	65
<i>risperidone tabs 0.25 mg</i>	65
<i>risperidone tabs 0.5 mg</i>	65
<i>risperidone tabs 1 mg</i>	65
<i>risperidone tabs 2 mg</i>	65
<i>risperidone tabs 3 mg</i>	65
<i>risperidone tabs 4 mg</i>	65
<i>ritonavir tabs 100 mg</i>	12
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	28
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	28
<i>rizatriptan benzoate tabs 10 mg</i>	57
<i>rizatriptan benzoate tabs 5 mg</i>	57
<i>rizatriptan benzoate tbdp 10 mg</i>	57
<i>rizatriptan benzoate tbdp 5 mg</i>	57
<i>rocuronium bromide soln 100 mg/10ml</i>	33
<i>rocuronium bromide soln 50 mg/5ml</i>	33
<i>romidepsin solr 10 mg</i>	29
<i>ropinirole hcl er tb24 12 mg</i>	58
<i>ropinirole hcl er tb24 2 mg</i>	58
<i>ropinirole hcl er tb24 4 mg</i>	58
<i>ropinirole hcl er tb24 6 mg</i>	58
<i>ropinirole hcl er tb24 8 mg</i>	58
<i>ropinirole hcl tabs 0.25 mg</i>	58
<i>ropinirole hcl tabs 0.5 mg</i>	58
<i>ropinirole hcl tabs 1 mg</i>	58
<i>ropinirole hcl tabs 2 mg</i>	58
<i>ropinirole hcl tabs 3 mg</i>	58
<i>ropinirole hcl tabs 4 mg</i>	58
<i>ropinirole hcl tabs 5 mg</i>	58
<i>rosuvastatin calcium tabs 10 mg</i>	42
<i>rosuvastatin calcium tabs 20 mg</i>	42
<i>rosuvastatin calcium tabs 40 mg</i>	42
<i>rosuvastatin calcium tabs 5 mg</i>	42
ROTARIX SUSP [<i>rotavirus vaccine, live oral</i>]	104
ROTATEQ SOLN [<i>rotavirus vaccine, live oral</i> <i>pentavalent</i>]	104
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	29
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	29
<i>rufinamide susp 40 mg/ml</i>	56

<i>rufinamide tabs 200 mg</i>	56
<i>rufinamide tabs 400 mg</i>	56
RYANODEX SUSR 250 MG [<i>dantrolene</i> <i>sodium</i>]	33
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	29

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [<i>racepinephrine hcl</i>]	34
SABRIL PACK 500 MG [<i>vigabatrin</i>]	56
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	98
SALSALATE TABS 500 MG [<i>salsalate</i>]	52
SALSALATE TABS 750 MG [<i>salsalate</i>]	52
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	91
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	91
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	91
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	91
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	95
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	95
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	95
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	109
SARCLISA SOLN 100 MG/5ML [<i>isatuximab- irfc</i>]	29
SARCLISA SOLN 500 MG/25ML [<i>isatuximab- irfc</i>]	29
SARNA LOTN 0.5-0.5 % [<i>camphor & menthol</i>]	108
<i>scopolamine pt72 1 mg/3days</i>	81
<i>selegiline hcl caps 5 mg</i>	61
<i>selegiline hcl tabs 5 mg</i>	58
SELENIUM SOLN 40 MCG/ML [<i>selenious acid</i>]	76
<i>selenium sulfide lotn 2.5 %</i>	106
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	12
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	12
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	12
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	12
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.75-1 200000 % [<i>bupivacaine w/ epinephrine</i>]	93
SEREVENT DISKUS AEPB 50 MCG/ACT [<i>salmeterol xinafoate</i>]	34
SEROSTIM SOLR 4 MG [<i>somatropin (non-</i>	

refrigerated)]	90	0.9 % [bacteriostatic sodium chloride]	76
SEROSTIM SOLR 5 MG [somatropin (non-refrigerated)]	90	SODIUM CHLORIDE NEBU 0.9 % [sodium chloride (inhalant)]	99
SEROSTIM SOLR 6 MG [somatropin (non-refrigerated)]	90	SODIUM CHLORIDE NEBU 10 % [sodium chloride (inhalant)]	99
sertraline hcl tabs 100 mg	65	SODIUM CHLORIDE NEBU 3 % [sodium chloride (inhalant)]	99
sertraline hcl tabs 25 mg	65	SODIUM CHLORIDE NEBU 7 % [sodium chloride (inhalant)]	99
sertraline hcl tabs 50 mg	65	SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	76
sevelamer carbonate pack 2.4 gm	73	SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	74
sevelamer carbonate tabs 800 mg	73	SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	76
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	95	SODIUM CHLORIDE SOLN 3 % [sodium chloride]	76
SHINGRIX SUSR 50 MCG/0.5ML [zoster vaccine recombinant adjuvanted]	105	SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	76
sildenafil citrate tabs 100 mg	48	SODIUM CHLORIDE SOLN 5 % [sodium chloride]	76
sildenafil citrate tabs 20 mg	48	SODIUM CHLORIDE TABS 1 GM [sodium chloride]	109
sildenafil citrate tabs 50 mg	48	SODIUM EDECIN SOLR 50 MG [ethacrynate sodium]	73
SILENOR TABS 3 MG [doxepin hcl (sleep)]	60	SODIUM FLUORIDE CHEW 0.55 (0.25 F) MG [sodium fluoride]	95
SILENOR TABS 6 MG [doxepin hcl (sleep)]	60	SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [sodium fluoride]	95
SILVER SULFADIAZINE CREA 1 % [silver sulfadiazine]	106	SODIUM FLUORIDE CHEW 2.2 (1 F) MG [sodium fluoride]	95
simvastatin tabs 10 mg	42	SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [sodium fluoride]	95
simvastatin tabs 20 mg	42	sodium phenylbutyrate powd 3 gm/tsp	71
simvastatin tabs 40 mg	42	SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	76
simvastatin tabs 5 mg	42	sodium polystyrene sulfonate powd	73
simvastatin tabs 80 mg	42	sodium polystyrene sulfonate susp 15 gm/60ml	73
sirolimus soln 1 mg/ml	95	solifenacin succinate tabs 10 mg	110
sirolimus tabs 0.5 mg	91	solifenacin succinate tabs 5 mg	110
sirolimus tabs 1 mg	91	SOLIRIS SOLN 300 MG/30ML [eculizumab]	95
sirolimus tabs 2 mg	91	SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate]	84
SKYRIZI PEN SOAJ 150 MG/ML [risankizumab-rzaa]	109	SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate]	84
SKYRIZI SOSY 150 MG/ML [risankizumab-rzaa]	109	SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate]	84
SLO-NIACIN TBCR 500 MG [niacin]	111	SOLU-CORTEF SOLR 500 MG	
SLO-NIACIN TBCR 750 MG [niacin]	111		
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [sodium citrate & citric acid]	71		
SODIUM ACETATE SOLN 2 MEQ/ML [sodium acetate]	71		
SODIUM BENZOATE POWD [sodium benzoate]	98		
SODIUM BICARBONATE SOLN 4.2 % [sodium bicarbonate]	71		
SODIUM BICARBONATE SOLN 7.5 % [sodium bicarbonate]	71		
sodium bicarbonate soln 8.4 %	71		
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	76		
SODIUM CHLORIDE BACTERIOSTATIC SOLN			

[hydrocortisone sod succinate]	84	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	
SOLU-MEDROL (PF) SOLR 125 MG		[tiotropium bromide-olodaterol hcl]	32
[methylprednisolone sod succ]	84	STIVARGA TABS 40 MG [regorafenib]	29
SOLU-MEDROL (PF) SOLR 500 MG		STRENSIQ SOLN 18 MG/0.45ML [asfotase	
[methylprednisolone sod succ]	85	alfa]	77
SOLU-MEDROL SOLR 500 MG		STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	
[methylprednisolone sod succ]	85	.....	77
sorafenib tosylate tabs 200 mg	29	STRENSIQ SOLN 40 MG/ML [asfotase alfa] .	77
SORBITOL SOLN 70 % [sorbitol (laxative)] ..	81	STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	
SORBITOL SOLN 70 % [sorbitol]	98	.....	77
sotalol hcl (af) tabs 120 mg	43	streptomycin sulfate solr 1 gm	18
sotalol hcl (af) tabs 160 mg	43	STRIBILD TABS 150-150-200-300 MG	
sotalol hcl (af) tabs 80 mg	43	[elvitegravir-cobicistat-emtricitabine-	
sotalol hcl tabs 120 mg	43	tenofovir df]	13
sotalol hcl tabs 160 mg	43	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	
sotalol hcl tabs 240 mg	43	[olodaterol hcl]	34
sotalol hcl tabs 80 mg	43	sucralfate tabs 1 gm	81
SOVALDI PACK 150 MG [sofosbuvir]	20	sufentanil citrate soln 50 mcg/ml	52
SOVALDI PACK 200 MG [sofosbuvir]	20	sulfacetamide sodium soln 10 %	77
SOVALDI TABS 200 MG [sofosbuvir]	20	SULFACETAMIDE SODIUM-SULFUR LIQD 10-	
SOVALDI TABS 400 MG [sofosbuvir]	20	5 % [sulfacetamide sodium w/ sulfur]	108
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT		SULFACETAMIDE SODIUM-SULFUR LOTN 10-	
[tiotropium bromide monohydrate]	32	5 % [sulfacetamide sodium w/ sulfur]	108
spironolactone tabs 100 mg	47	SULFACETAMIDE SODIUM-SULFUR SUSP 10-	
spironolactone tabs 25 mg	47	5 % [sulfacetamide sodium w/ sulfur]	108
spironolactone tabs 50 mg	47	SULFACETAMIDE SODIUM-SULFUR SUSP 8-4	
spironolactone-hctz tabs 25-25 mg	47	% [sulfacetamide sodium w/ sulfur]	108
SPORANOX SOLN 10 MG/ML [itraconazole] 20		sulfacetamide-prednisolone soln 10-0.23 % 78	
SPRYCEL TABS 100 MG [dasatinib]	29	sulfadiazine tabs 500 mg	18
SPRYCEL TABS 140 MG [dasatinib]	29	sulfamethoxazole-trimethoprim soln 400-80	
SPRYCEL TABS 20 MG [dasatinib]	29	mg/5ml	18
SPRYCEL TABS 50 MG [dasatinib]	29	sulfamethoxazole-trimethoprim susp 200-40	
SPRYCEL TABS 70 MG [dasatinib]	29	mg/5ml	18
SPRYCEL TABS 80 MG [dasatinib]	29	sulfamethoxazole-trimethoprim tabs 400-80	
SQUARIC ACID DIBUTYLESTER POW		mg	18
DIBUTYLS [squaric acid dibutylester]	98	sulfamethoxazole-trimethoprim tabs 800-160	
SSKI SOLN 1 GM/ML [potassium iodide		mg	18
(expectorant)]	90	SULFAMYLON CREA 85 MG/GM [mafenide	
stavudine caps 30 mg	22	acetate]	106
stavudine caps 40 mg	22	sulfasalazine tabs 500 mg	18
STELARA SOLN 45 MG/0.5ML [ustekinumab]		sulfasalazine tbec 500 mg	18
.....	109	SULFUR PRECIPITATED POWD [sulfur	
STELARA SOSY 45 MG/0.5ML [ustekinumab]		(bulk)]	98
.....	109	sulindac tabs 150 mg	52
STELARA SOSY 90 MG/ML [ustekinumab] 109		sulindac tabs 200 mg	52
sterile water for injection soln	95	sumatriptan soln 20 mg/act	57
STERILE WATER FOR INJECTION SOLN		sumatriptan succinate refill soct 6 mg/0.5ml	
[water for injection, sterile]	98	.....	57
STERILE WATER FOR IRRIGATION SOLN		sumatriptan succinate soaj 6 mg/0.5ml	57
[water for irrigation, sterile]	74	sumatriptan succinate soln 6 mg/0.5ml	57

tenofovir disoproxil fumarate tabs 300 mg ..	13	THROMBIN-JMI SOLR 20000 UNIT [thrombin]	38
terazosin hcl caps 1 mg	41	.....	38
terazosin hcl caps 10 mg	41	THROMBIN-JMI SOLR 5000 UNIT [thrombin]	38
terazosin hcl caps 2 mg	41	THYMOL CRYST [thymol]	98
terazosin hcl caps 5 mg	41	THYROGEN SOLR 0.9 MG [thyrotropin alfa]	71
terbinafine hcl tabs 250 mg	20	TICE BCG SUSR 50 MG [bcg live intravesical]	105
terbutaline sulfate inj 1mg/ml	34	.....	105
terbutaline sulfate soln 1 mg/ml	34	TICOVAC SUSY 1.2 MCG/0.25ML [tick-borne	105
terbutaline sulfate tabs 2.5 mg	34	encephalitis virus vaccine, inactivated]	105
terbutaline sulfate tabs 5 mg	34	TICOVAC SUSY 2.4 MCG/0.5ML [tick-borne	105
testosterone cypionate soln 200 mg/ml	85	encephalitis virus vaccine, inactivated]	105
testosterone enanthate soln 200 mg/ml	85	timolol maleate soln 0.25 %	79
testosterone gel 1.62 %	85	timolol maleate soln 0.5 %	79
testosterone gel 12.5 mg/act (1%)	85	TISSUEBLUE SOSY 0.025 % [brilliant blue g]	71
testosterone gel 25 mg/2.5gm (1%)	85	.....	71
testosterone gel 50 mg/5gm (1%)	85	TIVICAY PD TBSO 5 MG [dolutegravir	13
TESTOSTERONE PROPIONATE POWD		sodium]	13
[testosterone propionate (bulk)]	98	TIVICAY TABS 10 MG [dolutegravir sodium]	13
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl		TIVICAY TABS 25 MG [dolutegravir sodium]	13
(ophth)]	80	TIVICAY TABS 50 MG [dolutegravir sodium]	13
TETRACAINE HCL SOLN 1 % [tetracaine hcl]		tizanidine hcl tabs 2 mg	33
.....	93	tizanidine hcl tabs 4 mg	33
TETRACYCLINE HCL CAPS 250 MG		TNKASE KIT 50 MG [tenecteplase]	40
[tetracycline hcl]	18	TOBI PODHALER CAPS 28 MG [tobramycin]	18
TETRACYCLINE HCL CAPS 500 MG		.....	18
[tetracycline hcl]	18	TOBRADEX OINT 0.3-0.1 % [tobramycin-	78
THALOMID CAPS 100 MG [thalidomide]	95	dexamethasone]	78
THALOMID CAPS 150 MG [thalidomide]	95	tobramycin nebu 300 mg/5ml	18
THALOMID CAPS 200 MG [thalidomide]	95	tobramycin soln 0.3 %	77
THALOMID CAPS 50 MG [thalidomide]	95	tobramycin sulfate soln 10 mg/ml	18
THAM SOLN 30 MEQ/100ML [tromethamine]	71	tobramycin sulfate soln 80 mg/2ml	18
theophylline er tb12 100 mg	110	tobramycin sulfate solr 1.2 gm	19
theophylline er tb12 200 mg	110	TOBREX OINT 0.3 % [tobramycin (ophth)] ...	77
theophylline er tb12 300 mg	110	topiramate csp 15 mg	56
theophylline er tb12 450 mg	110	topiramate csp 25 mg	56
theophylline er tb24 400 mg	110	topiramate tabs 100 mg	56
thiamine hcl soln 100 mg/ml	111	topiramate tabs 200 mg	56
THIOLA TABS 100 MG [tiopronin]	95	topiramate tabs 25 mg	56
thioridazine hcl tabs 10 mg	65	topiramate tabs 50 mg	56
thioridazine hcl tabs 100 mg	65	topotecan hcl solr 4 mg	29
thioridazine hcl tabs 25 mg	66	TORISEL SOLN 25 MG/ML [temsirolimus]	30
thioridazine hcl tabs 50 mg	66	torseamide tabs 10 mg	73
thiotepa solr 15 mg	29	torseamide tabs 100 mg	73
thiothixene caps 1 mg	66	torseamide tabs 20 mg	73
thiothixene caps 10 mg	66	torseamide tabs 5 mg	73
thiothixene caps 2 mg	66	TRACE ELEMENTS 4/PEDIATRIC SOLN 1-100-	76
thiothixene caps 5 mg	66	30-500 MCG/ML [trace minerals (cr-cu-mn-	76
THROMBATE III SOLR 500 UNIT [antithrombin		zn)]	76
iii (human)]	40	TRACLEER TABS 125 MG [bosentan]	48
THROMBIN-JMI KIT 20000 UNIT [thrombin]	38	TRACLEER TABS 62.5 MG [bosentan]	48

TRACLEER TBSO 32 MG [<i>bosentan</i>]	100
TRADJENTA TABS 5 MG [<i>linagliptin</i>]	86
<i>tramadol hcl tabs 50 mg</i>	52
<i>tramadol-acetaminophen tabs 37.5-325 mg</i>	52
TRANEXAMIC ACID POWD [<i>tranexamic acid (bulk)</i>]	98
<i>tranexamic acid soln 1000 mg/10ml</i>	38
<i>tranexamic acid tabs 650 mg</i>	39
<i>tranylcypromine sulfate tabs 10 mg</i>	66
TRAVASOL SOLN 10 % [<i>amino acid infusion</i>]	72
<i>trazodone hcl tabs 100 mg</i>	66
<i>trazodone hcl tabs 150 mg</i>	66
<i>trazodone hcl tabs 50 mg</i>	66
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	30
TREATOR TABS 250 MG [<i>ethionamide</i>]	20
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	110
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	110
<i>treprostinil soln 100 mg/20ml</i>	48
<i>treprostinil soln 20 mg/20ml</i>	48
<i>treprostinil soln 200 mg/20ml</i>	48
<i>treprostinil soln 50 mg/20ml</i>	48
<i>tretinoin caps 10 mg</i>	30
<i>triamcinolone acetonide crea 0.025 %</i>	107
<i>triamcinolone acetonide crea 0.1 %</i>	107
<i>triamcinolone acetonide crea 0.5 %</i>	107
<i>triamcinolone acetonide lotn 0.1 %</i>	107
<i>triamcinolone acetonide oint 0.025 %</i>	107
<i>triamcinolone acetonide oint 0.1 %</i>	107
<i>triamcinolone acetonide oint 0.5 %</i>	107
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	98
<i>triamcinolone acetonide pste 0.1 %</i>	107
<i>triamterene-hctz caps 37.5-25 mg</i>	73
TRIAMTERENE-HCTZ TABS 37.5-25 MG [<i>triamterene & hydrochlorothiazide</i>]	73
TRIAMTERENE-HCTZ TABS 75-50 MG [<i>triamterene & hydrochlorothiazide</i>]	73
TRI-CHLOR LIQD 80 % [<i>trichloroacetic acid</i>]	95
TRICITRATES SOLN 550-500-334 MG/5ML [<i>pot & sod citrates w/citric ac</i>]	71
<i>trifluoperazine hcl tabs 1 mg</i>	66
<i>trifluoperazine hcl tabs 10 mg</i>	66
<i>trifluoperazine hcl tabs 2 mg</i>	66
<i>trifluoperazine hcl tabs 5 mg</i>	66
<i>trifluridine soln 1 %</i>	78
<i>trihexyphenidyl hcl soln 0.4 mg/ml</i>	58
<i>trihexyphenidyl hcl tabs 2 mg</i>	58
<i>trihexyphenidyl hcl tabs 5 mg</i>	58
TRIKAFTA TBPK 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	99
TRIKAFTA TBPK 50-25-37.5 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	99
TRIKAFTA THPK 100-50-75 & 75 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	100
TRIKAFTA THPK 80-40-60 & 59.5 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	100
<i>trimethoprim tabs 100 mg</i>	22
<i>trimipramine maleate caps 100 mg</i>	66
<i>trimipramine maleate caps 25 mg</i>	66
<i>trimipramine maleate caps 50 mg</i>	66
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	30
TRIUMEQ PD TBSO 60-5-30 MG [<i>abacavir-dolutegravir-lamivudine</i>]	13
TRIUMEQ TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	13
TRI-VI-SOL A/C/D SOLN 250-50-10 [<i>pediatric vitamins adc</i>]	111
TRI-VITE/FLUORIDE SOLN 0.5 MG/ML [<i>pediatric vitamins acd w/ fluoride</i>]	111
TRIZIVIR TABS 300-150-300 MG [<i>abacavir sulfate-lamivudine-zidovudine</i>]	13
TROPHAMINE SOLN 10 % [<i>amino acid infusion</i>]	72
<i>tropicamide soln 0.5 %</i>	80
<i>tropicamide soln 1 %</i>	80
<i>trospium chloride er cp24 60 mg</i>	110
<i>trospium chloride tabs 20 mg</i>	110
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	30
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</i>]	30
TRUZONE PEAK FLOW METER DEVI [<i>peak flow meter</i>]	69
TUBERSOL SOLN 5 UNIT/0.1ML [<i>tuberculin ppd</i>]	71
TUKYSA TABS 150 MG [<i>tucatinib</i>]	30
TUKYSA TABS 50 MG [<i>tucatinib</i>]	30
TWINRIX SUSY 720-20 ELU-MCG/ML [<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>]	105
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	30
TYPHIM VI SOLN 25 MCG/0.5ML [<i>typhoid vi polysaccharide vaccine</i>]	105
TYPHIM VI SOSY 25 MCG/0.5ML [<i>typhoid vi</i>]	

polysaccharide vaccine]	105
TYSABRI CONC 300 MG/15ML [natalizumab]	
.....	95
TYVASO SOLN 0.6 MG/ML [treprostinil]	48

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ULTIVA SOLR 1 MG [remifentanil hcl]	52
ULTIVA SOLR 2 MG [remifentanil hcl]	52
ULTIVA SOLR 5 MG [remifentanil hcl]	52
ULTOMIRIS SOLN 1100 MG/11ML	
[ravulizumab-cwvz]	95
ULTOMIRIS SOLN 300 MG/30ML	
[ravulizumab-cwvz]	95
ULTOMIRIS SOLN 300 MG/3ML [ravulizumab-cwvz]	95
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLN 344 MOSM/L [peritoneal dialysis solutions]	
.....	74
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLN 395 MOSM/L [peritoneal dialysis solutions]	
.....	74
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	
.....	30
UREA POWD [urea (bulk)]	98
URSO FORTE TABS 500 MG [ursodiol]	82
ursodiol tabs 250 mg	82

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	47
valsartan tabs 320 mg	47
valsartan tabs 40 mg	47
valsartan tabs 80 mg	47
valsartan-hydrochlorothiazide tabs 160-12.5 mg	47
.....	47
valsartan-hydrochlorothiazide tabs 160-25 mg	47
.....	47
valsartan-hydrochlorothiazide tabs 320-12.5 mg	47
.....	47
valsartan-hydrochlorothiazide tabs 320-25 mg	47
.....	47
valsartan-hydrochlorothiazide tabs 80-12.5	

mg	47
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	
[diazepam (anticonvulsant)]	60
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	
[diazepam (anticonvulsant)]	60
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	
[diazepam (anticonvulsant)]	60
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	
[diazepam (anticonvulsant)]	60
vancomycin hcl caps 125 mg	19
vancomycin hcl caps 250 mg	19
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	19
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [vancomycin hcl-dextrose]	19
.....	19
vancomycin hcl solr 1 gm	19
vancomycin hcl solr 10 gm	19
vancomycin hcl solr 5 gm	19
vancomycin hcl solr 500 mg	19
VAQTA SUSP 25 UNIT/0.5ML [hepatitis a vaccine]	105
VAQTA SUSP 50 UNIT/ML [hepatitis a vaccine]	105
varenicline tartrate tabs 0.5 mg	32
varenicline tartrate tabs 1 mg	32
VARITHENA FOAM 180 MG/18ML [polidocanol (laureth-9)]	47
VARIVAX INJ 1350 PFU/0.5ML [varicella virus vaccine live]	105
VAXCHORA SUSR [cholera vaccine live attenuated]	105
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	110
vecuronium bromide solr 10 mg	33
vecuronium bromide solr 20 mg	33
VEKLURY SOLN 100 MG/20ML [remdesivir]	22
VEKLURY SOLR 100 MG [remdesivir]	22
VELCADE SOLR 3.5 MG [bortezomib]	30
VENCLEXTA STARTING PACK TBP 10 & 50 & 100 MG [venetoclax]	30
VENCLEXTA TABS 10 MG [venetoclax]	30
VENCLEXTA TABS 100 MG [venetoclax]	30
VENCLEXTA TABS 50 MG [venetoclax]	30
venlafaxine hcl er cp24 150 mg	66
venlafaxine hcl er cp24 37.5 mg	66
venlafaxine hcl er cp24 75 mg	66
venlafaxine hcl tabs 100 mg	66
venlafaxine hcl tabs 25 mg	66
venlafaxine hcl tabs 37.5 mg	66

X

XALKORI CAPS 200 MG [*crizotinib*] 30
 XALKORI CAPS 250 MG [*crizotinib*] 30
 XELJANZ TABS 10 MG [*tofacitinib citrate*]... 96
 XELJANZ TABS 5 MG [*tofacitinib citrate*]..... 96
 XELJANZ XR TB24 11 MG [*tofacitinib citrate*]
 96
 XERAC AC SOLN 6.25 % [*aluminum chloride
 in alcohol*]..... 108
 XGEVA SOLN 120 MG/1.7ML [*denosumab*].. 30
 XIFAXAN TABS 550 MG [*rifaximin*] 19
 XOLAIR SOLR 150 MG [*omalizumab*] 100
 XOLAIR SOSY 150 MG/ML [*omalizumab*]... 100
 XOLAIR SOSY 75 MG/0.5ML [*omalizumab*] 100
 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*] 93
 XYNTHA KIT 1000 UNIT [*antihemophilic factor
 (rcmb) moroctocog alfa(bdd-rfviii,mor)*] .. 39
 XYNTHA KIT 2000 UNIT [*antihemophilic factor
 (rcmb) moroctocog alfa(bdd-rfviii,mor)*] .. 39
 XYNTHA KIT 250 UNIT [*antihemophilic factor
 (rcmb) moroctocog alfa(bdd-rfviii,mor)*] .. 39
 XYNTHA KIT 500 UNIT [*antihemophilic factor
 (rcmb) moroctocog alfa(bdd-rfviii,mor)*] .. 39
 XYNTHA SOLOFUSE KIT 3000 UNIT
 [*antihemophilic factor (rcmb) moroctocog
 alfa(bdd-rfviii,mor)*] 39

Y

YERVOY SOLN 200 MG/40ML [*ipilimumab*] . 30
 YERVOY SOLN 50 MG/10ML [*ipilimumab*] ... 30
 YF-VAX INJ [*yellow fever vaccine*] 105
 YONDELIS SOLR 1 MG [*trabectedin*] 30

Z

ZANOSAR SOLR 1 GM [*streptozocin*] 30
 ZEJULA CAPS 100 MG [*niraparib tosylate*].. 30
 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)*] 82
 ZENPEP CPEP 15000-47000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZENPEP CPEP 20000-63000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZENPEP CPEP 25000-79000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZENPEP CPEP 3000-10000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZENPEP CPEP 40000-126000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZENPEP CPEP 5000-24000 UNIT
 [*pancrelipase (lipase-protease-amylase)*] 82
 ZIAGEN SOLN 20 MG/ML [*abacavir sulfate*] . 13
 zidovudine caps 100 mg 13
 zidovudine syrp 50 mg/5ml 13
 zidovudine tabs 300 mg 13
 ZINC CHLORIDE SOLN 1 MG/ML [*zinc
 chloride*] 76
 ZINC SULFATE GRAN [*zinc sulfate*] 98
 ZINC SULFATE HEPTAHYDRATE POWD [*zinc
 sulfate heptahydrate*] 98
 ZINC SULFATE MONOHYDRATE POWD [*zinc
 sulfate monohydrate*] 98
 ZINC SULFATE SOLN 1 MG/ML [*zinc sulfate*]
 76
 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 96
 zoledronic acid soln 5 mg/100ml 96
 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 تقدمها. بالإضافة إلى ذلك، يمكنك طلب ترجمة الوثائق الطبية للغةك 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 պշխատանքի 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 կոնսուլտացիաների, 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 ដើម្បីជួយឆ្លើយសំណួររបស់អ្នក 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'4st'7g77 bin1'7di[kidgo. !1d00 a[d0' naaltsoos l1 t'11 n7 nizaad k'ehji 1ln4ehgo t'11 j77k'4 1dooln77[. Nih7ch'i' hod77lnih koj8' **1-800-464-4000** j98go d00 t[4e' nidi, tsosts'id yisk32j8' dimoo na'adleejh8' (Holidaysgo 47 da'deelkaal) doo da'diits'a'7g77 chodayoo[9n7g77 koj8' hod77lnih **711**

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

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

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

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

Thai: เรามีบริการสามฟรีสำหรับคุณตลอด 24 ชั่วโมง
ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้สามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและ
คุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่ต้องมีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **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. 

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