



KAISER PERMANENTE: 2020 SOUTHERN CALIFORNIA COMMERCIAL HMO FORMULARY

[THIS FORMULARY WAS UPDATED ON: 09/01/2020]



2020 Southern California Commercial HMO Formulary

(List of Covered Drugs)

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

This prescription drug formulary is effective as of 09/01/2020. This formulary document may vary depending on your health plan. This formulary is subject to change and all previous versions of the formulary no longer apply. All previously effective versions of the formulary no longer apply, and copies should be discarded to avoid misinterpretation.

For an electronic version of the formulary, or questions about which drug formulary applies to your plan, visit kp.org/formulary or call our Member Service Contact Center 24 hours a day, seven days a week (closed holidays). 1-800-464-4000 English (and over 150 languages), 1-800-788-0616 Spanish, 1-800-757-7585 Chinese dialects, and 711 TTY for the deaf or hard of hearing.

This is not an all-inclusive list and does not provide information regarding specific coverage, exclusions, copays, or coinsurances. That information can be found by referring to your *Evidence of Coverage* (EOC). To locate an EOC that includes cost sharing applicable to prescription drugs for health plan products which this formulary applies follow the instructions below:

Small Group: <https://www.coveredca.com/forsmallbusiness/>

Individual plans: <https://www.coveredca.com/>

For Large Group plans (covered through your employer, and employer has 101 or more employees): Contact Member Services at 844-554-9181 to request your *Evidence of Coverage* (EOC). Please have your employer's group number available, and if your group offers more than one plan, the name of the plan. (Your employer's group number can only be obtained from your employer.)

A drug benefit description for your outpatient prescription coverage for drugs, devices, and FDA approved products can be found in your EOC.

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

If changes occur to the drug formulary or restrictions are added to a drug, and you are taking the drug affected by the change, you may be permitted to continue receiving that drug according to your drug

benefit, if your doctor deems it medically necessary.

Formulary Changes

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

These formulary changes may include:

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

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

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

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Informational

Definitions

Term
Brand name drug is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug Tier is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below
Exception request is a request for coverage of a prescription drug. If an enrollee, his or her

<p>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.</p>
<p>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."</p>
<p>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.</p>
<p>Generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold</i> and <i>italicized</i> lowercase letters.</p>
<p>Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.</p>
<p>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.</p>
<p>Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>
<p>Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</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 \$200 per 30-day supply.

Drugs and Supplies Related to the Treatment of Diabetes

Kaiser Permanente covers medications, equipment, and supplies for the management and treatment of diabetes. The following items are included on the formulary and are covered under the terms of your

drug benefit: insulin, ketone test strips and sugar or acetone test tablets or tapes for diabetes urine testing, pen delivery devices, disposable needles and syringes, and visual aids required to ensure proper dosage. Other equipment and supplies, such as insulin pumps, blood glucose monitors, blood glucose test strips, and lancets and lancet devices, are covered under the terms of your Durable Medical Equipment (DME) benefit. Please refer to your EOC for more information on coverage.

Preventive Drugs

Preventive health drugs are select drugs required by law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of "A" or "B". You can find preventive health drugs on the formulary by locating drugs with "PREV" listed in column 3. Please refer to your EOC for more information on coverage.

Contraceptives

Contraceptives are drugs or devices, such as diaphragms, sponges, or cervical caps, that help prevent pregnancy. Kaiser Permanente covers select FDA-approved contraceptive drugs, devices and other products, including prescribed over-the-counter items, at no charge to members in select plans.* Please refer to your EOC for more information on coverage.

*This does not apply to religious employers who have requested a health care service plan contract without coverage for FDA-approved contraceptive methods that are contrary to the religious employer's religious tenets.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at kp.org/refill or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Your prescription drug benefit may have a lower cost share if you use the mail order pharmacy. Please refer to your *Evidence of Coverage* for complete details of your prescription drug benefit.

How to locate a pharmacy and refill your prescriptions?

Please refer to your electronic member guidebook at kp.org/eguidebook for a complete listing of network pharmacies available to you or contact Member Services.

Refill online

Visit kp.org/refill to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting kp.org/register.

Refill by phone

Call the pharmacy refill number on your prescription label. Have your medical record number, prescription number, home phone number, and credit or debit card information ready when you call.

How do I use the formulary?

The drugs are listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by: Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or searching the alphabetical index of drugs by the name of the drug.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

Medical condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 102. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Formulary Legend

Column 1:

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

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

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

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

Example	
Generic drug	<i>atorvastatin calcium</i>
Generic drug marketed with a brand name	[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR DISKUS AEPB 250-50 MCG/DOSE <i>[fluticasone-salmeterol]</i>

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

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

Column 2:

The second column, “Drug Tier,” will indicate what tier number the drug is in. Drugs on the California Commercial Formulary are categorized:

Tier 1 – Generic Tier
Tier 2 – Brand Tier

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

What are generic drugs?

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

What are brand-name drugs?

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

What are Specialty drugs

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

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

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

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

Column 3:

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

Key to Formulary Abbreviations
QL = Quantity Limits for certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.
LD = Limited Distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, refer to your electronic member guidebook at

kp.org/eguidebook (under the facility directory) or contact Member Services.

OC = There is a maximum limit on the copayment/ coinsurance amount for orally administered anti-cancer drugs of no more than \$200 per 30-day supply. Please see your Summary of Benefits for more detailed information.

PREV = Preventive health drugs are select drugs required by federal law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of "A" or "B."

MB = A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA TABS 200 MG [<i>albendazole</i>]	2	
<i>ivermectin tabs 3 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 500 mg/2ml</i>	1	MB
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	1	
<i>amoxicillin chew 250 mg</i>	2	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	1	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>amp-sulbacta inj 1.5gm</i>	1	MB
<i>ampicillin caps 250 mg</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium solr 1 gm</i>	1	MB
<i>ampicillin sodium solr 125 mg</i>	2	MB
<i>ampicillin sodium solr 2 gm</i>	1	MB
<i>ampicillin sodium solr 250 mg</i>	1	MB
<i>ampicillin sodium solr 500 mg</i>	1	MB
<i>ampicillin susr 125 mg/5ml</i>	2	
<i>ampicillin susr 250 mg/5ml</i>	2	
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1	MB
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	2	MB
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [<i>aztreonam-dextrose</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AZACTAM IN DEXTROSE SOLN 2 GM/50ML <i>[aztreonam-dextrose]</i>	2	MB
<i>azithromycin solr 500 mg</i>	1	MB
<i>azithromycin susr 100 mg/5ml</i>	1	
<i>azithromycin susr 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	
<i>azithromycin tabs 500 mg</i>	1	
<i>azithromycin tabs 600 mg</i>	1	
<i>aztreonam solr 1 gm</i>	1	MB
<i>aztreonam solr 2 gm</i>	1	MB
<i>bacitracin solr 50000 unit</i>	1	MB
BICILLIN L-A SUSP 1200000 UNIT/2ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML <i>[penicillin g benzathine]</i>	2	MB
BICILLIN L-A SUSP 600000 UNIT/ML <i>[penicillin g benzathine]</i>	2	MB
<i>cefaclor caps 250 mg</i>	1	
<i>cefaclor caps 500 mg</i>	1	
<i>cefadroxil caps 500 mg</i>	1	
<i>cefazolin sodium solr 1 gm</i>	1	MB
<i>cefazolin sodium solr 500 mg</i>	1	MB
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	2	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) <i>[cefazolin sodium-dextrose]</i>	2	MB
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	MB
<i>cefepime hcl solr 2 gm</i>	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) <i>[cefepime hcl-dextrose]</i>	2	MB
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium inj 10gm</i>	1	MB
<i>cefotaxime sodium solr 2 gm</i>	1	MB
<i>cefotetan disodium solr 1 gm</i>	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	MB
<i>cefoxitin sodium inj 1gm</i>	1	MB
<i>cefoxitin sodium solr 10 gm</i>	1	MB
<i>cefoxitin sodium solr 2 gm</i>	1	MB
<i>cefpodoxime proxetil tabs 100 mg</i>	1	
<i>cefpodoxime proxetil tabs 200 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ceftazidime solr 6 gm	1	MB
CEFTIN SUSR 125 MG/5ML [cefuroxime axetil]	2	
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 10 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) [ceftriaxone sodium and dextrose]	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
chloramphenicol sod succinate solr 1 gm	2	MB
CIPRO SUSR 250 MG/5ML (5%) [ciprofloxacin]	2	
CIPRO SUSR 500 MG/5ML (10%) [ciprofloxacin]	2	
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
CLARITHROMYCIN TABS 500 MG [clarithromycin]	1	
CLEOCIN IN D5W SOLN 900 MG/50ML [clindamycin phosphate in d5w]	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	1	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate soln 9000 mg/60ml	1	MB
CUBICIN SOLR 500 MG [daptomycin]	2	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate susr 25 mg/5ml	1	
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	2	
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	2	
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	2	MB
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	2	MB
FORTAZ SOLR 500 MG [ceftazidime]	2	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 0.9-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.4-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	2	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM [ertapenem sodium]	2	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
MINOCIN SOLR 100 MG [minocycline hcl]	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	2	MB
neomycin sulfate tabs 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML <i>[oxacillin sodium in dextrose]</i>	2	MB
<i>oxacillin sodium solr 1 gm</i>	1	MB
<i>oxacillin sodium solr 2 gm</i>	1	MB
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML <i>[penicillin g pot in dextrose]</i>	2	MB
<i>penicillin g potassium solr 20000000 unit</i>	1	MB
<i>penicillin g procaine susp 600000 unit/ml</i>	2	MB
<i>penicillin v potassium solr 125 mg/5ml</i>	1	
<i>penicillin v potassium solr 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	MB
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	MB
PRIMSOL SOLN 50 MG/5ML <i>[trimethoprim hcl]</i>	2	
<i>streptomycin sulfate solr 1 gm</i>	2	MB
<i>sulfadiazine tabs 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MB
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	
<i>sulfasalazine tabs 500 mg</i>	1	
<i>sulfasalazine tbec 500 mg</i>	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG <i>[tetracycline hcl]</i>	1	
TETRACYCLINE HCL CAPS 500 MG <i>[tetracycline hcl]</i>	1	
TOBI PODHALER CAPS 28 MG <i>[tobramycin]</i>	2	
<i>tobramycin nebu 300 mg/5ml</i>	1	
<i>tobramycin sulfate soln 10 mg/ml</i>	1	MB
<i>tobramycin sulfate soln 80 mg/2ml</i>	1	MB
<i>vancomycin hcl caps 125 mg</i>	1	
<i>vancomycin hcl caps 250 mg</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GM/200ML-% [<i>vancomycin hcl-dextrose</i>]		
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	2	MB
<i>vancomycin hcl solr 1 gm</i>	1	MB
<i>vancomycin hcl solr 10 gm</i>	1	MB
<i>vancomycin hcl solr 5 gm</i>	1	MB
<i>vancomycin hcl solr 500 mg</i>	1	MB
XIFAXAN TABS 550 MG [<i>rifaximin</i>]	2	QL - 30 day(s)
ZINACEF IN STERILE WATER SOLN 1.5 GM [<i>cefuroxime in sterile water</i>]	2	MB
ZINACEF SOLR 750 MG [<i>cefuroxime sodium</i>]	2	MB
ZITHROMAX PACK 1 GM [<i>azithromycin</i>]	2	
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	MB
ANTIFUNGALS		
AMBISOME SUSR 50 MG [<i>amphotericin b liposome</i>]	2	MB
<i>amphotericin b solr 50 mg</i>	2	MB
<i>fluconazole in dextrose soln 200 mg/100ml</i>	1	MB
<i>fluconazole in dextrose soln 400 mg/200ml</i>	1	MB
<i>fluconazole in nacl inj nacl 200</i>	1	MB
<i>fluconazole in nacl inj nacl 400</i>	1	MB
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	MB
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	MB
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	1	
<i>flucytosine caps 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>itraconazole caps 100 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
SPORANOX SOLN 10 MG/ML [<i>itraconazole</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
terbinafine hcl tabs 250 mg	1	
VFEND IV SOLR 200 MG [<i>voriconazole</i>]	2	MB
voriconazole tabs 200 mg	1	
voriconazole tabs 50 mg	1	
ANTIMYCOBACTERIALS		
cycloserine caps 250 mg	1	
dapsone tabs 100 mg	1	
dapsone tabs 25 mg	1	
ethambutol hcl tabs 100 mg	1	
ethambutol hcl tabs 400 mg	1	
isoniazid soln 100 mg/ml	2	MB
isoniazid syrp 50 mg/5ml	2	
isoniazid tabs 100 mg	1	
isoniazid tabs 300 mg	1	
PRETOMANID TABS 200 MG [<i>pretomanid</i>]	2	
PRIFTIN TABS 150 MG [<i>rifapentine</i>]	2	
pyrazinamide tabs 500 mg	1	
RIFABUTIN CAPS 150 MG [<i>rifabutin</i>]	1	
[Isoniazid & Rifampin] RIFAMATE CAPS 150-300 MG	2	
rifampin caps 150 mg	1	
rifampin caps 300 mg	1	
rifampin solr 600 mg	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	
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 [<i>artemether-lumefantrine</i>]	2	
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	2	QL - 30 day(s)
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE IN NAACL SOLN 5-0.79 MG/ML-% [<i>metronidazole in nacl</i>]	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	
paromomycin sulfate caps 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PENTAM SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<i>abacavir sulfate tabs 300 mg</i>	1	
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	1	
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir sodium soln 50 mg/ml</i>	1	MB
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	
<i>adefovir dipivoxil tabs 10 mg</i>	1	
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
<i>atazanavir sulfate caps 150 mg</i>	1	
<i>atazanavir sulfate caps 200 mg</i>	1	
<i>atazanavir sulfate caps 300 mg</i>	1	
ATRIPLA TABS 600-200-300 MG [<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>]	2	
BARACLUDE SOLN 0.05 MG/ML [<i>entecavir</i>]	2	
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	
<i>cidofovir soln 75 mg/ml</i>	1	MB
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	1	
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	2	
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	2	
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	2	
DAKLINZA TABS 30 MG [<i>daclatasvir dihydrochloride</i>]	2	QL - 30 day(s)
DAKLINZA TABS 60 MG [<i>daclatasvir dihydrochloride</i>]	2	QL - 30 day(s)
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	2	PREV
<i>didanosine cap 125mg</i>	1	
<i>didanosine cpdr 200 mg</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	
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
EMTRIVA SOLN 10 MG/ML <i>[emtricitabine]</i>	2	
<i>entecavir tabs 0.5 mg</i>	1	
<i>entecavir tabs 1 mg</i>	1	
EPCLUSA TABS 400-100 MG <i>[sofosbuvir-velpatasvir]</i>	2	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML <i>[lamivudine (hbv)]</i>	2	
EPIVIR HBV TABS 100 MG <i>[lamivudine (hbv)]</i>	2	
EVOTAZ TABS 300-150 MG <i>[atazanavir sulfate-cobicistat]</i>	2	
<i>fosamprenavir calcium tabs 700 mg</i>	1	
FOSCAVIR SOLN 6000 MG/250ML <i>[foscarnet sodium]</i>	2	MB
<i>ganciclovir sodium solr 500 mg</i>	1	MB
GENVOYA TABS 150-150-200-10 MG <i>[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]</i>	2	
HARVONI TABS 45-200 MG <i>[ledipasvir-sofosbuvir]</i>	2	QL - 30 day(s)
HARVONI TABS 90-400 MG <i>[ledipasvir-sofosbuvir]</i>	2	QL - 30 day(s)
INTELENCE TABS 100 MG <i>[etravirine]</i>	2	
INTELENCE TABS 200 MG <i>[etravirine]</i>	2	
INTELENCE TABS 25 MG <i>[etravirine]</i>	2	
INVIRASE TABS 500 MG <i>[saquinavir mesylate]</i>	2	
ISENTRESS CHEW 100 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS CHEW 25 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS HD TABS 600 MG <i>[raltegravir potassium]</i>	2	
ISENTRESS TABS 400 MG <i>[raltegravir potassium]</i>	2	
JULUCA TABS 50-25 MG <i>[dolutegravir sodium-rilpivirine hcl]</i>	2	
KALETRA SOLN 400-100 MG/5ML <i>[lopinavir-ritonavir]</i>	2	
KALETRA TABS 100-25 MG <i>[lopinavir-ritonavir]</i>	2	
KALETRA TABS 200-50 MG <i>[lopinavir-ritonavir]</i>	2	
<i>lamivudine soln 10 mg/ml</i>	1	
<i>lamivudine tabs 150 mg</i>	1	
<i>lamivudine tabs 300 mg</i>	1	
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	
LEXIVA TABS 700 MG <i>[fosamprenavir calcium]</i>	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tabs 200 mg</i>	1	
NORVIR SOLN 80 MG/ML <i>[ritonavir]</i>	2	
ODEFSEY TABS 200-25-25 MG <i>[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]</i>	2	
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS PROCLICK SOLN 135 MCG/0.5ML	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[peginterferon alfa-2a]		
PEGASYS PROCLICK SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML [letermovir]	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML [letermovir]	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG [letermovir]	2	QL - 30 day(s)
PREVYMIS TABS 480 MG [letermovir]	2	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG [darunavir-cobicistat]	2	
PREZISTA TABS 150 MG [darunavir ethanolate]	2	
PREZISTA TABS 600 MG [darunavir ethanolate]	2	
PREZISTA TABS 75 MG [darunavir ethanolate]	2	
PREZISTA TABS 800 MG [darunavir ethanolate]	2	
RELENZA DISKHALER AEPB 5 MG/BLISTER [zanamivir]	2	
RESCRIPTOR TABS 100 MG [delavirdine mesylate]	2	
RETROVIR SOLN 10 MG/ML [zidovudine]	2	MB
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG [maraviroc]	2	
SELZENTRY TABS 25 MG [maraviroc]	2	
SELZENTRY TABS 300 MG [maraviroc]	2	
SELZENTRY TABS 75 MG [maraviroc]	2	
SOVALDI PACK 150 MG [sofosbuvir]	2	QL - 30 day(s)
SOVALDI PACK 200 MG [sofosbuvir]	2	QL - 30 day(s)
SOVALDI TABS 200 MG [sofosbuvir]	2	QL - 30 day(s)
SOVALDI TABS 400 MG [sofosbuvir]	2	QL - 30 day(s)
stavudine caps 15 mg	1	
stavudine caps 20 mg	1	
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	2	
SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	1	
SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate]	1	
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine-tenofovir alafenamide]	2	
SYNAGIS SOLN 100 MG/ML [palivizumab]	2	MB
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TAMIFLU SUSR 6 MG/ML [<i>oseltamivir phosphate</i>]	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
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 TABS 600-50-300 MG [<i>abacavir-dolutegravir-lamivudine</i>]	2	
TRUVADA TABS 100-150 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
TRUVADA TABS 133-200 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
TRUVADA TABS 167-250 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	
TRUVADA TABS 200-300 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	2	PREV
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML [<i>valganciclovir hcl</i>]	2	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VIDEX SOLR 2 GM [<i>didanosine</i>]	2	
VIDEX SOLR 4 GM [<i>didanosine</i>]	2	
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	2	
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	2	
VIRAMUNE SUSP 50 MG/5ML [<i>nevirapine</i>]	2	
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML [<i>abacavir sulfate</i>]	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	2	
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG [<i>nitrofurantoin macrocrystal</i>]	1	
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	
ANTIHISTAMINE DRUGS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl syrpf 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
DIPHENHYDRAMINE HCL CAPS 25 MG <i>[diphenhydramine hcl]</i>	1	
DIPHENHYDRAMINE HCL CAPS 50 MG <i>[diphenhydramine hcl]</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	QL - 30 day(s),OC
ADCETRIS SOLR 50 MG <i>[brentuximab vedotin]</i>	2	MB
AFINITOR TABS 10 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 2.5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
AFINITOR TABS 7.5 MG <i>[everolimus]</i>	2	QL - 30 day(s),OC
ALECENSA CAPS 150 MG <i>[alectinib hcl]</i>	2	QL - 30 day(s),OC
ALIMTA SOLR 500 MG <i>[pemetrexed disodium]</i>	2	MB
ALKERAN TABS 2 MG <i>[melphalan]</i>	2	OC
ALUNBRIG TABS 180 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TABS 30 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG <i>[brigatinib]</i>	2	QL - 30 day(s),OC
<i>anastrozole tabs 1 mg</i>	1	OC,PREV
AVASTIN SOLN 100 MG/4ML <i>[bevacizumab]</i>	2	MB
BENDEKA SOLN 100 MG/4ML <i>[bendamustine hcl]</i>	2	QL - 30 day(s),MB
<i>bicalutamide tabs 50 mg</i>	1	OC
BICNU SOLR 100 MG <i>[carmustine]</i>	2	MB
<i>bleomycin sulfate solr 15 unit</i>	1	MB
CABOMETYX TABS 20 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML <i>[irinotecan hcl]</i>	1	MB
CAMPTOSAR SOLN 40 MG/2ML <i>[irinotecan hcl]</i>	1	MB
<i>capecitabine tabs 150 mg</i>	1	QL - 30 day(s),OC
<i>capecitabine tabs 500 mg</i>	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG <i>[vandetanib]</i>	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG <i>[vandetanib]</i>	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>carmustine solr 100 mg</i>	1	MB
<i>cisplatin soln 100 mg/100ml</i>	1	MB
<i>cladribine soln 10 mg/10ml</i>	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG <i>[cabozantinib s-malate]</i>	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG <i>[duvelisib]</i>	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG <i>[duvelisib]</i>	2	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG <i>[dactinomycin]</i>	2	MB
COTELLIC TABS 20 MG <i>[cobimetinib fumarate]</i>	2	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG <i>[cyclophosphamide]</i>	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG <i>[cyclophosphamide]</i>	1	OC
<i>cyclophosphamide solr 1 gm</i>	1	MB
<i>cyclophosphamide solr 2 gm</i>	1	MB
<i>cyclophosphamide solr 500 mg</i>	1	MB
CYRAMZA SOLN 100 MG/10ML <i>[ramucirumab]</i>	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML <i>[ramucirumab]</i>	2	QL - 30 day(s),MB
<i>dacarbazine solr 100 mg</i>	2	MB
<i>dacarbazine solr 200 mg</i>	1	MB
<i>dactinomycin inj 0.5mg</i>	1	MB
DARZALEX SOLN 100 MG/5ML <i>[daratumumab]</i>	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML <i>[daratumumab]</i>	2	QL - 30 day(s),MB
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	MB
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML <i>[docetaxel]</i>	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML <i>[docetaxel]</i>	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML <i>[docetaxel]</i>	2	QL - 30 day(s),MB
<i>docetaxel conc 80 mg/4ml</i>	2	MB
<i>doxorubicin hcl liposomal inj 2 mg/ml</i>	1	MB
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MB
EMCYT CAPS 140 MG <i>[estramustine phosphate sodium]</i>	2	QL - 30 day(s),OC
ERBITUX SOLN 100 MG/50ML <i>[cetuximab]</i>	2	MB
ERBITUX SOLN 200 MG/100ML <i>[cetuximab]</i>	2	MB
ERIVEDGE CAPS 150 MG <i>[vismodegib]</i>	2	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT [<i>asparaginase erwinia chrysanthemi</i>]	2	MB
etoposide caps 50 mg	1	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant soln 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GEMZAR SOLR 1 GM [<i>gemcitabine hcl</i>]	2	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
GLEOSTINE CAPS 5 MG [<i>lomustine</i>]	2	OC
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	2	MB
HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	2	QL - 30 day(s),MB
HEXALEN CAPS 50 MG [<i>altretamine</i>]	2	QL - 30 day(s),OC
HYCANTIN CAPS 0.25 MG [<i>topotecan hcl</i>]	2	QL - 30 day(s),OC
HYCANTIN CAPS 1 MG [<i>topotecan hcl</i>]	2	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	2	QL - 30 day(s),OC
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	2	QL - 30 day(s),OC
IBRANCE TABS 100 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IBRANCE TABS 125 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IBRANCE TABS 75 MG [<i>palbociclib</i>]	2	QL - 30 day(s)
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	1	MB
imatinib mesylate tabs 100 mg	1	QL - 30 day(s),OC
imatinib mesylate tabs 400 mg	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s),MB
IRESSA TABS 250 MG [<i>gefitinib</i>]	2	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	2	MB
KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	2	MB
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	2	QL - 30 day(s),OC
<i>letrozole tabs 2.5 mg</i>	1	OC
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	2	OC
<i>leuprolide acetate kit 1 mg/0.2ml</i>	1	MB
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	2	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	2	MB
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
acetate (6 month)]		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [leuprolide acetate (cpp)]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) [leuprolide acetate (cpp) (3 month)]	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [leuprolide acetate (cpp) (3 month)]	2	MB
LYNPARZA TABS 100 MG [olaparib]	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG [olaparib]	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG [mitotane]	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG [procarbazine hcl]	2	QL - 30 day(s),OC
megestrol acetate susp 40 mg/ml	1	OC
megestrol acetate susp 400 mg/10ml	1	OC
megestrol acetate tabs 20 mg	1	OC
megestrol acetate tabs 40 mg	1	OC
MEKINIST TABS 0.5 MG [trametinib dimethyl sulfoxide]	2	QL - 30 day(s),OC
MEKINIST TABS 2 MG [trametinib dimethyl sulfoxide]	2	QL - 30 day(s),OC
mercaptopurine tabs 50 mg	1	OC
methotrexate sodium (pf) soln 50 mg/2ml	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML [methotrexate sodium]	1	MB
methotrexate tabs 2.5 mg	1	OC
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
MUSTARGEN SOLR 10 MG [mechlorethamine hcl]	2	MB
MVASI SOLN 100 MG/4ML [bevacizumab-awwb]	2	MB
MYLERAN TABS 2 MG [busulfan]	2	OC
NEXAVAR TABS 200 MG [sorafenib tosylate]	2	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG [ixazomib citrate]	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG [ixazomib citrate]	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG [ixazomib citrate]	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG [sonidegib phosphate]	2	QL - 30 day(s),OC
ONCASPAR SOLN 750 UNIT/ML [pegaspargase]	2	MB
OPDIVO SOLN 100 MG/10ML [nivolumab]	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML [nivolumab]	2	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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PERJETA SOLN 420 MG/14ML [<i>pertuzumab</i>]	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG [<i>pomalidomide</i>]	2	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT [<i>aldesleukin</i>]	2	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	2	QL - 30 day(s),LD,OC
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	2	MB
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	2	MB
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	2	QL - 30 day(s)
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG [<i>regorafenib</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 12.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 25 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 37.5 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SUTENT CAPS 50 MG [<i>sunitinib malate</i>]	2	QL - 30 day(s),OC
SYLVANT SOLR 100 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG [<i>siltuximab</i>]	2	QL - 30 day(s),MB
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	OC
TAFINLAR CAPS 50 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG [<i>dabrafenib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSO TABS 40 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
TAGRISSO TABS 80 MG [<i>osimertinib mesylate</i>]	2	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARCEVA TABS 100 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARCEVA TABS 150 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARCEVA TABS 25 MG [<i>erlotinib hcl</i>]	2	QL - 30 day(s),OC
TARGRETIN CAPS 75 MG [<i>bexarotene</i>]	2	OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	2	MB
TECENTRIQ SOLN 1200 MG/20ML [<i>atezolizumab</i>]	2	QL - 30 day(s),MB
<i>temozolomide caps 100 mg</i>	1	OC
<i>temozolomide caps 140 mg</i>	1	OC
<i>temozolomide caps 180 mg</i>	1	OC
<i>temozolomide caps 20 mg</i>	1	OC
<i>temozolomide caps 250 mg</i>	1	OC
<i>temozolomide caps 5 mg</i>	1	OC
<i>thiotepa solr 15 mg</i>	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
<i>topotecan hcl solr 4 mg</i>	1	MB
TORISEL SOLN 25 MG/ML [<i>temsirolimus</i>]	2	MB
TREANDA SOLR 100 MG [<i>bendamustine hcl</i>]	2	MB
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML [<i>arsenic trioxide</i>]	2	QL - 30 day(s),MB
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	2	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML [<i>dinutuximab</i>]	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	2	QL - 30 day(s),OC
<i>vinblastine sulfate soln 1 mg/ml</i>	2	MB
<i>vincristine sulfate soln 1 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	MB
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	MB
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	2	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG [<i>crizotinib</i>]	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	2	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML [<i>ipilimumab</i>]	2	MB
YERVOY SOLN 50 MG/10ML [<i>ipilimumab</i>]	2	MB
YONDELIS SOLR 1 MG [<i>trabectedin</i>]	2	QL - 30 day(s),MB
ZEJULA CAPS 100 MG [<i>niraparib tosylate</i>]	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	2	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZYKADIA TABS 150 MG [<i>ceritinib</i>]	2	QL - 30 day(s),OC
ZYTIGA TABS 500 MG [<i>abiraterone acetate</i>]	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE SOLN 1 MG/ML [<i>atropine sulfate</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
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	1	
CUVPOSA SOLN 1 MG/5ML [<i>glycopyrrolate</i>]	2	
<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>]	1	
<i>glycopyrrolate soln 0.4 mg/2ml</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	
<i>propantheline bromide tabs 15 mg</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT <i>[tiotropium bromide-olodaterol hcl]</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS 1 MG <i>[varenicline tartrate]</i>	2	PREV
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 <i>[varenicline tartrate]</i>	2	PREV
CHANTIX TABS 0.5 MG <i>[varenicline tartrate]</i>	2	PREV
CHANTIX TABS 1 MG <i>[varenicline tartrate]</i>	2	PREV
<i>nicotine polacrilex lozg 4 mg</i>	1	PREV
NICORETTE GUM 2 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE LOZG 2 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE LOZG 4 MG <i>[nicotine polacrilex]</i>	2	PREV
NICORETTE MINI LOZG 2 MG <i>[nicotine polacrilex]</i>	2	PREV
<i>nicotine polacrilex gum 2 mg</i>	1	PREV
<i>nicotine polacrilex gum 4 mg</i>	1	PREV
<i>nicotine polacrilex lozg 2 mg</i>	1	PREV
<i>nicotine pt24 14 mg/24hr</i>	1	PREV
<i>nicotine pt24 21 mg/24hr</i>	1	PREV
<i>nicotine pt24 7 mg/24hr</i>	1	
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	
DONEPEZIL HCL TABS 5 MG <i>[donepezil hydrochloride]</i>	1	
<i>donepezil hcl tbdp 10 mg</i>	1	
<i>donepezil hcl tbdp 5 mg</i>	1	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	
<i>galantamine hydrobromide er cp24 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG <i>[galantamine hydrobromide]</i>	1	
<i>galantamine hydrobromide tabs 12 mg</i>	1	
<i>galantamine hydrobromide tabs 4 mg</i>	1	
<i>galantamine hydrobromide tabs 8 mg</i>	1	
GUANIDINE HCL TABS 125 MG <i>[guanidine hcl]</i>	2	
MESTINON SOLN 60 MG/5ML <i>[pyridostigmine bromide]</i>	2	
<i>pilocarpine hcl tabs 5 mg</i>	1	
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>atracurium besylate soln 100 mg/10ml</i>	1	MB
<i>baclofen tabs 10 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	
<i>cisatracurium besylate (pf) soln 10 mg/5ml</i>	1	MB
<i>cisatracurium besylate (pf) soln 200 mg/20ml</i>	1	MB
<i>cisatracurium besylate soln 20 mg/10ml</i>	1	MB
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	
<i>dantrolene sodium caps 25 mg</i>	1	
<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	
QUELICIN SOLN 20 MG/ML [<i>succinylcholine chloride</i>]	2	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	QL - 30 day(s),MB
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
MIGRANAL SOLN 4 MG/ML [<i>dihydroergotamine mesylate</i>]	2	
<i>phentolamine mesylate solr 5 mg</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	1	
ADVAIR HFA AERO 115-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	
ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>salmeterol]</i>		
ADVAIR HFA AERO 45-21 MCG/ACT <i>[fluticasone-salmeterol]</i>	2	
<i>albuterol sulfate hfa aers 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	1	
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	1	
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	1	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT <i>[ipratropium-albuterol]</i>	2	
<i>dobutamine hcl soln 250 mg/20ml</i>	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% <i>[dobutamine in d5w]</i>	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML <i>[dobutamine in d5w]</i>	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% <i>[dopamine in d5w]</i>	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% <i>[dopamine in d5w]</i>	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% <i>[dopamine in d5w]</i>	1	MB
EPINEPHRINE PF SOLN 1 MG/ML <i>[epinephrine]</i>	2	
<i>epinephrine soaj 0.15 mg/0.15ml</i>	1	MB
<i>epinephrine soaj 0.3 mg/0.3ml</i>	1	MB
EPINEPHRINE SOLN 30 MG/30ML <i>[epinephrine]</i>	1	
EPINEPHRINE SOSY 1 MG/10ML <i>[epinephrine]</i>	1	MB
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML <i>[epinephrine (anaphylaxis)]</i>	2	
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	
<i>isoproterenol hcl soln 0.2 mg/ml</i>	1	MB
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	2	
<i>metaproterenol sulfate tabs 10 mg</i>	2	
<i>metaproterenol sulfate tabs 20 mg</i>	2	
<i>midodrine hcl tabs 10 mg</i>	1	
<i>midodrine hcl tabs 2.5 mg</i>	1	
<i>midodrine hcl tabs 5 mg</i>	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % <i>[racepinephrine hcl]</i>	2	
SEREVENT DISKUS AEPB 50 MCG/DOSE <i>[salmeterol xinafoate]</i>	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT <i>[olodaterol hcl]</i>	2	
<i>terbutaline sulfate soln 1 mg/ml</i>	1	MB
<i>terbutaline sulfate tabs 2.5 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
terbutaline sulfate tabs 5 mg	1	
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [albuterol sulfate]	2	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % [albumin, human]	1	MB
ALBUTEIN SOLN 25 % [albumin, human]	1	MB
BUMINATE SOLN 5 % [albumin, human]	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIEMIA DRUGS		
INFED SOLN 50 MG/ML [iron dextran]	2	MB
VENOFER SOLN 20 MG/ML [iron sucrose]	2	MB
ANTHEMORRHAGIC AGENTS		
ADVATE SOLR 4000 UNIT [antihemophilic factor rahf-pfm]	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT [antihemophilic factor (recombinant) single chain]	2	QL - 30 day(s),MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT [antihemophilic factor/von willebrand factor complex (human)]	2	MB
aminocaproic acid soln 250 mg/ml	1	MB
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	2	MB
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	2	MB
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	2	MB
ELOCTATE SOLR 1000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
GELFILM FILM <i>[gelatin adsorbable (ophth)]</i>	2	
GELFOAM SPONGE MISC 12-7 MM <i>[gelatin absorbable]</i>	2	
GELFOAM SPONGE SIZE 50 MISC <i>[gelatin absorbable]</i>	2	
HELIXATE FS KIT 250 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
HEMLIBRA SOLN 105 MG/0.7ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML <i>[emicizumab-kxwh]</i>	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML <i>[emicizumab-kxwh]</i>	2	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
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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KCENTRA KIT 500 UNIT <i>[prothrombin complex concentrate human]</i>	2	MB
KOGENATE FS KIT 1000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 250 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT <i>[antihemophilic factor rahf-pfm]</i>	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 5 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	2	MB
PRAXBIND SOLN 2.5 GM/50ML <i>[idarucizumab]</i>	2	MB
PROFILNINE SOLR 1000 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 1500 UNIT <i>[factor ix complex]</i>	2	MB
PROFILNINE SOLR 500 UNIT <i>[factor ix complex]</i>	2	MB
RECOMBINATE SOLR 1241-1800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT <i>[antihemophilic factor (recombinant)]</i>	2	QL - 30 day(s),MB
THROMBIN-JMI KIT 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 20000 UNIT <i>[thrombin]</i>	2	
THROMBIN-JMI SOLR 5000 UNIT <i>[thrombin]</i>	2	
<i>tranexamic acid soln 1000 mg/10ml</i>	1	MB
<i>tranexamic acid tabs 650 mg</i>	1	
ANTITHROMBOTIC AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
AGGRENOX CP12 25-200 MG [aspirin-dipyridamole]	2	
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	2	MB
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [argatroban in sodium chloride]	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG [ticagrelor]	2	
CATHFLO ACTIVASE SOLR 2 MG [alteplase]	2	MB
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG [prasugrel hcl]	2	
EFFIENT TABS 5 MG [prasugrel hcl]	2	
HEPARIN (PORCINE) IN NAACL SOLN 1000-0.9 UT/500ML-% [heparin (porcine) in sodium chloride]	2	MB
HEPARIN (PORCINE) IN NAACL SOLN 2000-0.9 UNIT/L-% [heparin (porcine) in sodium chloride]	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [heparin sod (porcine) in d5w]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [heparin sodium (porcine)]	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	1	MB
INTEGRILIN SOLN 20 MG/10ML [eptifibatide]	2	MB
INTEGRILIN SOLN 75 MG/100ML [eptifibatide]	2	MB
LOVENOX SOLN 100 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML [enoxaparin sodium]	2	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML [enoxaparin sodium]	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LOVENOX SOLN 60 MG/0.6ML [<i>enoxaparin sodium</i>]	2	QL - 30 day(s)
LOVENOX SOLN 80 MG/0.8ML [<i>enoxaparin sodium</i>]	2	QL - 30 day(s)
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	2	
PRADAXA CAPS 75 MG [<i>dabigatran etexilate mesylate</i>]	2	
TNKASE KIT 50 MG [<i>tenecteplase</i>]	2	MB
<i>warfarin sodium tabs 1 mg</i>	1	
<i>warfarin sodium tabs 10 mg</i>	1	
<i>warfarin sodium tabs 2 mg</i>	1	
<i>warfarin sodium tabs 2.5 mg</i>	1	
<i>warfarin sodium tabs 3 mg</i>	1	
<i>warfarin sodium tabs 4 mg</i>	1	
<i>warfarin sodium tabs 5 mg</i>	1	
<i>warfarin sodium tabs 6 mg</i>	1	
<i>warfarin sodium tabs 7.5 mg</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO SOLN 100 MG/10ML [<i>crizanlizumab-tmca</i>]	2	
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	2	QL - 30 day(s),MB
NEUPOGEN SOLN 300 MCG/ML [<i>filgrastim</i>]	2	QL - 30 day(s),MB
NEUPOGEN SOLN 480 MCG/1.6ML [<i>filgrastim</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	2	QL - 30 day(s),MB
PROMACTA PACK 25 MG [<i>eltrombopag olamine</i>]	2	
PROMACTA TABS 25 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 50 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
PROMACTA TABS 75 MG [<i>eltrombopag olamine</i>]	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	2	QL - 30 day(s),MB
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline er tbcr 400 mg</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate tabs 1 mg</i>	1	
<i>doxazosin mesylate tabs 2 mg</i>	1	
<i>doxazosin mesylate tabs 4 mg</i>	1	
<i>doxazosin mesylate tabs 8 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>prazosin hcl caps 1 mg</i>	1	
<i>prazosin hcl caps 2 mg</i>	1	
<i>prazosin hcl caps 5 mg</i>	1	
<i>tamsulosin hcl caps 0.4 mg</i>	1	
<i>terazosin hcl caps 1 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	
<i>terazosin hcl caps 2 mg</i>	1	
<i>terazosin hcl caps 5 mg</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	PREV
<i>atorvastatin calcium tabs 20 mg</i>	1	PREV
<i>atorvastatin calcium tabs 40 mg</i>	1	PREV
<i>atorvastatin calcium tabs 80 mg</i>	1	PREV
<i>cholestyramine light pack 4 gm</i>	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	1	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>ezetimibe tabs 10 mg</i>	1	
<i>fenofibrate tabs 160 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	
<i>gemfibrozil tabs 600 mg</i>	1	
<i>lovastatin tabs 10 mg</i>	1	PREV
<i>lovastatin tabs 20 mg</i>	1	PREV
<i>lovastatin tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 10 mg</i>	1	PREV
<i>pravastatin sodium tabs 20 mg</i>	1	PREV
<i>pravastatin sodium tabs 40 mg</i>	1	PREV
<i>pravastatin sodium tabs 80 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 10 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 20 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 40 mg</i>	1	PREV
<i>rosuvastatin calcium tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 10 mg</i>	1	PREV
<i>simvastatin tabs 20 mg</i>	1	PREV
<i>simvastatin tabs 40 mg</i>	1	PREV
<i>simvastatin tabs 5 mg</i>	1	PREV
<i>simvastatin tabs 80 mg</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol tabs 100 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>atenolol tabs 25 mg</i>	1	
<i>atenolol tabs 50 mg</i>	1	
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	
<i>bisoprolol fumarate tabs 10 mg</i>	1	
<i>bisoprolol fumarate tabs 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	
<i>carvedilol tabs 12.5 mg</i>	1	
<i>carvedilol tabs 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	
<i>carvedilol tabs 6.25 mg</i>	1	
ESMOLOL HCL SOLN 100 MG/10ML [<i>esmolol hcl</i>]	1	MB
<i>labetalol hcl soln 5 mg/ml</i>	1	MB
<i>labetalol hcl tabs 100 mg</i>	1	
<i>labetalol hcl tabs 200 mg</i>	1	
<i>labetalol hcl tabs 300 mg</i>	1	
<i>metoprolol succinate er tb24 100 mg</i>	1	
<i>metoprolol succinate er tb24 200 mg</i>	1	
<i>metoprolol succinate er tb24 25 mg</i>	1	
<i>metoprolol succinate er tb24 50 mg</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	
<i>metoprolol tartrate tabs 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide tabs 100-50 mg</i>	1	
<i>nadolol tabs 20 mg</i>	1	
<i>nadolol tabs 40 mg</i>	1	
<i>nadolol tabs 80 mg</i>	1	
<i>propranolol hcl soln 1 mg/ml</i>	1	MB
<i>propranolol hcl soln 20 mg/5ml</i>	1	
<i>propranolol hcl tabs 10 mg</i>	1	
<i>propranolol hcl tabs 20 mg</i>	1	
<i>propranolol hcl tabs 40 mg</i>	1	
<i>propranolol hcl tabs 60 mg</i>	1	
<i>propranolol hcl tabs 80 mg</i>	1	
<i>sotalol hcl (af) tabs 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg</i>	1	
<i>sotalol hcl tabs 160 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
amlodipine besylate tabs 10 mg	1	
amlodipine besylate tabs 2.5 mg	1	
amlodipine besylate tabs 5 mg	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% [nicardipine hcl in sodium chloride]	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% [nicardipine hcl in dextrose]	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% [nicardipine hcl in sodium chloride]	2	MB
CARDENE IV SOLN 40-5 MG/200ML-% [nicardipine hcl in dextrose]	2	MB
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML [clevidipine]	2	MB
CLEVIPREX EMUL 50 MG/100ML [clevidipine]	2	MB
diltiazem hcl er coated beads cp24 180 mg	1	
diltiazem hcl er cp12 120 mg	1	
diltiazem hcl er cp12 60 mg	1	
diltiazem hcl er cp12 90 mg	1	
diltiazem hcl er cp24 120 mg	1	
diltiazem hcl er cp24 180 mg	1	
diltiazem hcl er cp24 240 mg	1	
diltiazem hcl tabs 120 mg	1	
diltiazem hcl tabs 30 mg	1	
diltiazem hcl tabs 60 mg	1	
diltiazem hcl tabs 90 mg	1	
NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	1	MB
nifedipine caps 10 mg	1	
nifedipine caps 20 mg	1	
nifedipine er osmotic release tb24 30 mg	1	
nifedipine er osmotic release tb24 60 mg	1	
nifedipine er osmotic release tb24 90 mg	1	
nifedipine er tb24 30 mg	1	
nifedipine er tb24 60 mg	1	
nimodipine caps 30 mg	1	
verapamil hcl er tbc 120 mg	1	
verapamil hcl er tbc 180 mg	1	
verapamil hcl er tbc 240 mg	1	
verapamil hcl soln 2.5 mg/ml	1	MB
verapamil hcl tabs 120 mg	1	
verapamil hcl tabs 40 mg	1	
verapamil hcl tabs 80 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CARDIAC DRUGS		
<i>adenosine soln 12 mg/4ml</i>	1	MB
<i>adenosine soln 6 mg/2ml</i>	1	MB
<i>amiodarone hcl soln 900 mg/18ml</i>	1	MB
<i>amiodarone hcl tabs 200 mg</i>	1	
DIGOXIN SOLN 0.05 MG/ML [<i>digoxin</i>]	2	
<i>digoxin tabs 125 mcg</i>	1	
<i>digoxin tabs 250 mcg</i>	1	
<i>disopyramide phosphate caps 100 mg</i>	1	
<i>disopyramide phosphate caps 150 mg</i>	1	
<i>dofetilide caps 125 mcg</i>	1	
<i>dofetilide caps 250 mcg</i>	1	
<i>dofetilide caps 500 mcg</i>	1	
<i>flecainide acetate tabs 100 mg</i>	1	
<i>flecainide acetate tabs 150 mg</i>	1	
<i>flecainide acetate tabs 50 mg</i>	1	
<i>ibutilide fumarate soln 1 mg/10ml</i>	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	MB
<i>mexiletine hcl caps 150 mg</i>	1	
<i>mexiletine hcl caps 200 mg</i>	1	
<i>mexiletine hcl caps 250 mg</i>	1	
<i>milrinone lactate in dextrose soln 20-5 mg/100ml-%</i>	1	MB
<i>milrinone lactate in dextrose soln 40-5 mg/200ml-%</i>	1	MB
<i>milrinone lactate inj 1mg/ml</i>	1	MB
<i>milrinone lactate soln 10 mg/10ml</i>	1	MB
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	
<i>procainamide hcl soln 100 mg/ml</i>	1	MB
<i>procainamide hcl soln 500 mg/ml</i>	1	MB
<i>propafenone hcl tabs 150 mg</i>	1	
<i>propafenone hcl tabs 225 mg</i>	1	
<i>propafenone hcl tabs 300 mg</i>	1	
<i>quinidine gluconate er tbc 324 mg</i>	1	
QUINIDINE GLUCONATE SOLN 80 MG/ML [<i>quinidine gluconate</i>]	2	MB
<i>quinidine sulfate tabs 200 mg</i>	1	
<i>quinidine sulfate tabs 300 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYPOTENSIVE AGENTS		
<i>clonidine hcl tabs 0.1 mg</i>	1	
<i>clonidine hcl tabs 0.2 mg</i>	1	
<i>clonidine hcl tabs 0.3 mg</i>	1	
<i>clonidine ptwk 0.1 mg/24hr</i>	1	
<i>clonidine ptwk 0.2 mg/24hr</i>	1	
<i>clonidine ptwk 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tabs 1 mg</i>	1	
<i>guanfacine hcl tabs 2 mg</i>	1	
<i>hydralazine hcl soln 20 mg/ml</i>	1	MB
<i>hydralazine hcl tabs 10 mg</i>	1	
<i>hydralazine hcl tabs 100 mg</i>	1	
<i>hydralazine hcl tabs 25 mg</i>	1	
<i>hydralazine hcl tabs 50 mg</i>	1	
<i>methyldopa tabs 250 mg</i>	1	
<i>methyldopa tabs 500 mg</i>	1	
<i>methyldopate hcl soln 250 mg/5ml</i>	2	MB
<i>minoxidil tabs 10 mg</i>	1	
<i>minoxidil tabs 2.5 mg</i>	1	
PROGLYCEM SUSP 50 MG/ML [<i>diazoxide</i>]	2	
<i>reserpine tab 0.1mg</i>	2	
<i>reserpine tab 0.25mg</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	
<i>benazepril hcl tabs 20 mg</i>	1	
<i>benazepril hcl tabs 40 mg</i>	1	
<i>benazepril hcl tabs 5 mg</i>	1	
ENTRESTO TABS 24-26 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 49-51 MG [<i>sacubitril-valsartan</i>]	2	
ENTRESTO TABS 97-103 MG [<i>sacubitril-valsartan</i>]	2	
<i>lisinopril tabs 10 mg</i>	1	
<i>lisinopril tabs 2.5 mg</i>	1	
<i>lisinopril tabs 20 mg</i>	1	
<i>lisinopril tabs 30 mg</i>	1	
<i>lisinopril tabs 40 mg</i>	1	
<i>lisinopril tabs 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	
<i>losartan potassium tabs 100 mg</i>	1	
<i>losartan potassium tabs 25 mg</i>	1	
<i>losartan potassium tabs 50 mg</i>	1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LETAIRIS TABS 5 MG <i>[ambrisentan]</i>	2	QL - 30 day(s),LD
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR <i>[nitroglycerin]</i>	2	
NITRO-DUR PT24 0.8 MG/HR <i>[nitroglycerin]</i>	2	
NITROGLYCERIN ER CPCR 2.5 MG <i>[nitroglycerin]</i>	1	
NITROGLYCERIN ER CPCR 6.5 MG <i>[nitroglycerin]</i>	1	
NITROGLYCERIN ER CPCR 9 MG <i>[nitroglycerin]</i>	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
<i>nitroglycerin in d5w soln 200-5 mcg/ml-%</i>	1	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	2	MB
<i>nitroglycerin pt24 0.1 mg/hr</i>	1	
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	
<i>nitroglycerin soln 5 mg/ml</i>	2	MB
NITROSTAT SUBL 0.3 MG <i>[nitroglycerin]</i>	2	
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	2	
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	2	
PAPAVERINE HCL SOLN 30 MG/ML <i>[papaverine hcl]</i>	2	MB
<i>sildenafil citrate tabs 100 mg</i>	1	QL - 8/30/day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 30 day(s)
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>tadalafil tabs 5 mg</i>	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG <i>[bosentan]</i>	2	QL - 30 day(s),LD
TYVASO REFILL SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
TYVASO STARTER SOLN 0.6 MG/ML <i>[treprostinil]</i>	2	QL - 30 day(s)
<i>ildenafil hcl tabs 10 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 2.5 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 20 mg</i>	1	QL - 8/30/day(s)
<i>ildenafil hcl tabs 5 mg</i>	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML <i>[iloprost]</i>	2	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML <i>[iloprost]</i>	2	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	
<i>buprenorphine hcl soln 0.3 mg/ml</i>	1	MB
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	1	MB
<i>butorphanol tartrate soln 2 mg/ml</i>	1	MB
CODEINE SULFATE TABS 15 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 30 MG <i>[codeine sulfate]</i>	1	
CODEINE SULFATE TABS 60 MG <i>[codeine sulfate]</i>	1	
DURAMORPH SOLN 1 MG/ML <i>[morphine sulfate]</i>	1	MB
<i>etodolac caps 200 mg</i>	1	
<i>etodolac caps 300 mg</i>	1	
<i>etodolac tabs 400 mg</i>	1	
<i>etodolac tabs 500 mg</i>	1	
<i>fentanyl citrate (pf) soct 100 mcg/2ml</i>	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML <i>[fentanyl citrate]</i>	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML <i>[fentanyl citrate]</i>	1	MB
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<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 5-325 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl pf soln 50 mg/5ml</i>	1	MB
<i>hydromorphone hcl pf soln 500 mg/50ml</i>	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML <i>[hydromorphone hcl]</i>	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML <i>[hydromorphone hcl]</i>	1	MB
HYDROMORPHONE HCL SOLN 4 MG/ML <i>[hydromorphone hcl]</i>	2	MB
HYDROMORPHONE HCL SUPP 3 MG <i>[hydromorphone hcl]</i>	2	
<i>hydromorphone hcl tabs 2 mg</i>	1	
<i>hydromorphone hcl tabs 4 mg</i>	1	
<i>hydromorphone hcl tabs 8 mg</i>	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[Indomethacin] INDOCIN SUPP 50 MG	2	
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG [indomethacin sodium]	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [morphine sulfate for continuous microinfusion]	2	MB
ketorolac tromethamine inj 15mg/ml	1	MB
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORCET HD TABS 10-325 MG	1	
[Hydrocodone-acetaminophen] LORCET PLUS TABS 7.5-325 MG	1	
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	1	
meclofenamate sodium caps 100 mg	2	
meclofenamate sodium caps 50 mg	2	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
methadone hcl soln 10 mg/5ml	1	
METHADONE HCL SOLN 10 MG/ML [methadone hcl]	2	MB
methadone hcl soln 5 mg/5ml	1	
METHADONE HCL TABS 10 MG [methadone hcl]	1	
METHADONE HCL TABS 5 MG [methadone hcl]	1	
morphine sulfate (concentrate) soln 100 mg/5ml	1	
morphine sulfate (pf) soln 0.5 mg/ml	1	MB
morphine sulfate (pf) soln 1 mg/ml	1	MB
morphine sulfate er tbcr 100 mg	1	
morphine sulfate er tbcr 15 mg	1	
morphine sulfate er tbcr 200 mg	1	
morphine sulfate er tbcr 30 mg	1	
morphine sulfate er tbcr 60 mg	1	
MORPHINE SULFATE SOLN 1 MG/ML [morphine sulfate]	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML [morphine sulfate]	1	
MORPHINE SULFATE SOLN 10 MG/ML [morphine]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
sulfate]		
MORPHINE SULFATE SOLN 15 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 2 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML <i>[morphine sulfate]</i>	1	
MORPHINE SULFATE SOLN 50 MG/ML <i>[morphine sulfate]</i>	2	MB
MORPHINE SULFATE SUPP 10 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 20 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 30 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE SUPP 5 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 15 MG <i>[morphine sulfate]</i>	2	
MORPHINE SULFATE TABS 30 MG <i>[morphine sulfate]</i>	2	
nabumetone tabs 500 mg	1	
nabumetone tabs 750 mg	1	
nalbuphine hcl soln 10 mg/ml	1	MB
nalbuphine hcl soln 20 mg/ml	1	MB
naproxen tbec 375 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg	1	
naproxen tabs 375 mg	1	
naproxen tabs 500 mg	1	
NEOPROFEN SOLN 10 MG/ML <i>[ibuprofen lysine]</i>	2	MB
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	2	MB
oxycodone hcl tabs 5 mg	1	
oxycodone-acetaminophen tabs 10-325 mg	1	
oxycodone-acetaminophen tabs 5-325 mg	1	
oxycodone-acetaminophen tabs 7.5-325 mg	1	
pentazocine-naloxone hcl tabs 50-0.5 mg	1	
SALSALATE TABS 500 MG <i>[salsalate]</i>	1	
SALSALATE TABS 750 MG <i>[salsalate]</i>	1	
sulindac tabs 150 mg	1	
sulindac tabs 200 mg	1	
tramadol hcl tabs 50 mg	1	
tramadol-acetaminophen tabs 37.5-325 mg	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR CP24 10 MG <i>[amphetamine-</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>dextroamphetamine]</i>		
ADDERALL XR CP24 15 MG <i>[amphetamine-dextroamphetamine]</i>	2	
ADDERALL XR CP24 20 MG <i>[amphetamine-dextroamphetamine]</i>	2	
ADDERALL XR CP24 25 MG <i>[amphetamine-dextroamphetamine]</i>	2	
ADDERALL XR CP24 30 MG <i>[amphetamine-dextroamphetamine]</i>	2	
ADDERALL XR CP24 5 MG <i>[amphetamine-dextroamphetamine]</i>	2	
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	
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
CONCERTA TBCR 18 MG <i>[methylphenidate hcl]</i>	2	
CONCERTA TBCR 27 MG <i>[methylphenidate hcl]</i>	2	
CONCERTA TBCR 36 MG <i>[methylphenidate hcl]</i>	2	
CONCERTA TBCR 54 MG <i>[methylphenidate hcl]</i>	2	
<i>dexmethylphenidate hcl er cp24 10 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 15 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 20 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 25 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 30 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 35 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 40 mg</i>	1	
<i>dexmethylphenidate hcl er cp24 5 mg</i>	1	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	
<i>methylphenidate hcl er tbc 10 mg</i>	1	
<i>methylphenidate hcl er tbc 18 mg</i>	1	
<i>methylphenidate hcl er tbc 20 mg</i>	1	
<i>methylphenidate hcl er tbc 27 mg</i>	1	
<i>methylphenidate hcl er tbc 36 mg</i>	1	
<i>methylphenidate hcl er tbc 54 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	
VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	2	
VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	2	
ANTICONVULSANTS		
BANZEL SUSP 40 MG/ML [<i>rufinamide</i>]	2	
BANZEL TABS 200 MG [<i>rufinamide</i>]	2	
BANZEL TABS 400 MG [<i>rufinamide</i>]	2	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
carbamazepine tabs 200 mg	1	
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	
clonazepam tabs 0.5 mg	1	
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
divalproex sodium csdr 125 mg	1	
divalproex sodium er tb24 250 mg	1	
divalproex sodium er tb24 500 mg	1	
divalproex sodium tbec 125 mg	1	
divalproex sodium tbec 250 mg	1	
divalproex sodium tbec 500 mg	1	
ethosuximide caps 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	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	
lamotrigine chew 25 mg	1	
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
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
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>levetiracetam tabs 500 mg</i>	1	
<i>levetiracetam tabs 750 mg</i>	1	
<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	
<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	
SABRIL PACK 500 MG [<i>vigabatrin</i>]	2	QL - 30 day(s)
<i>topiramate cpsp 15 mg</i>	1	
<i>topiramate cpsp 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>valproic acid caps 250 mg</i>	1	
<i>valproic acid soln 250 mg/5ml</i>	1	
[Ethosuximide] ZARONTIN SOLN 250 MG/5ML	2	
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150 mg</i>	1	
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	
<i>lithium carbonate caps 600 mg</i>	1	
<i>lithium carbonate er tbc 300 mg</i>	1	
<i>lithium carbonate er tbc 450 mg</i>	1	
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	2	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ergotamine-caffeine tabs 1-100 mg	1	
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [isometheptene-dichloralphenazone-acetaminophen]	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
naratriptan hcl tabs 1 mg	1	
naratriptan hcl tabs 2.5 mg	1	
rizatriptan benzoate tabs 10 mg	1	
rizatriptan benzoate tabs 5 mg	1	
rizatriptan benzoate tbdp 10 mg	1	
rizatriptan benzoate tbdp 5 mg	1	
sumatriptan soln 20 mg/act	1	
sumatriptan succinate refill soct 6 mg/0.5ml	1	
sumatriptan succinate soaj 6 mg/0.5ml	1	
sumatriptan succinate soln 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	1	
amantadine hcl syrp 50 mg/5ml	1	
APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	2	QL - 30 day(s),LD
benztropine mesylate soln 1 mg/ml	1	MB
benztropine mesylate tabs 0.5 mg	1	
benztropine mesylate tabs 1 mg	1	
benztropine mesylate tabs 2 mg	1	
bromocriptine mesylate caps 5 mg	1	
bromocriptine mesylate tabs 2.5 mg	1	
cabergoline tabs 0.5 mg	1	
carbidopa tabs 25 mg	1	
carbidopa-levodopa er tbcr 25-100 mg	1	
carbidopa-levodopa er tbcr 50-200 mg	1	
carbidopa-levodopa tabs 10-100 mg	1	
carbidopa-levodopa tabs 25-100 mg	1	
carbidopa-levodopa tabs 25-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mg		
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
DUOPA SUSP 4.63-20 MG/ML [carbidopa-levodopa]	2	MB
entacapone tabs 200 mg	1	
LODOSYN TABS 25 MG [carbidopa]	2	
pramipexole dihydrochloride tabs 0.125 mg	1	
pramipexole dihydrochloride tabs 0.25 mg	1	
pramipexole dihydrochloride tabs 0.5 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	
pramipexole dihydrochloride tabs 1.5 mg	1	
ropinirole hcl er tb24 12 mg	1	
ropinirole hcl er tb24 2 mg	1	
ropinirole hcl er tb24 4 mg	1	
ropinirole hcl er tb24 6 mg	1	
ropinirole hcl er tb24 8 mg	1	
ropinirole hcl tabs 0.25 mg	1	
ropinirole hcl tabs 0.5 mg	1	
ropinirole hcl tabs 1 mg	1	
ropinirole hcl tabs 2 mg	1	
ropinirole hcl tabs 3 mg	1	
ropinirole hcl tabs 4 mg	1	
ropinirole hcl tabs 5 mg	1	
selegiline hcl caps 5 mg	1	
selegiline hcl tabs 5 mg	1	
trihexyphenidyl hcl soln 0.4 mg/ml	1	
trihexyphenidyl hcl tabs 2 mg	1	
trihexyphenidyl hcl tabs 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	1	QL - 30 day(s)
alprazolam tabs 0.5 mg	1	QL - 30 day(s)
alprazolam tabs 1 mg	1	QL - 30 day(s)
alprazolam tabs 2 mg	1	QL - 30 day(s)
bupirone hcl tabs 10 mg	1	
bupirone hcl tabs 15 mg	1	
bupirone hcl tabs 30 mg	1	
bupirone hcl tabs 5 mg	1	
chlordiazepoxide hcl caps 10 mg	1	
chlordiazepoxide hcl caps 25 mg	1	
chlordiazepoxide hcl caps 5 mg	1	
clorazepate dipotassium tabs 15 mg	1	
clorazepate dipotassium tabs 3.75 mg	1	
clorazepate dipotassium tabs 7.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam soln 5 mg/ml</i>	1	MB
<i>diazepam tabs 10 mg</i>	1	
<i>diazepam tabs 2 mg</i>	1	
<i>diazepam tabs 5 mg</i>	1	
<i>droperidol soln 2.5 mg/ml</i>	1	MB
<i>hydroxyzine hcl soln 50 mg/ml</i>	1	MB
<i>hydroxyzine hcl syrpf 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>	2	
<i>hydroxyzine pamoate caps 25 mg</i>	1	
<i>hydroxyzine pamoate caps 50 mg</i>	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam soln 2 mg/ml</i>	1	MB
<i>lorazepam soln 4 mg/ml</i>	1	MB
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl syrpf 2 mg/ml</i>	1	
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML [<i>phenobarbital sodium</i>]	2	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML [<i>phenobarbital sodium</i>]	2	MB
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 15 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PHENOBARBITAL TABS 97.2 MG <i>[phenobarbital]</i>	1	
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium tbec 333 mg</i>	1	
<i>guanfacine hcl er tb24 1 mg</i>	1	
<i>guanfacine hcl er tb24 2 mg</i>	1	
<i>guanfacine hcl er tb24 3 mg</i>	1	
<i>guanfacine hcl er tb24 4 mg</i>	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML <i>[paliperidone palmitate]</i>	2	MB
<i>memantine hcl tabs 10 mg</i>	1	
<i>memantine hcl tabs 5 mg</i>	1	
NAMENDA SOLN 10 MG/5ML <i>[memantine hcl]</i>	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG <i>[memantine hcl]</i>	2	
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	
<i>riluzole tabs 50 mg</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl soln 10 mg/ml</i>	1	MB
<i>ketamine hcl soln 50 mg/ml</i>	1	MB
<i>propofol emul 1000 mg/100ml</i>	1	MB
OPIATE ANTAGONISTS		
<i>naloxone hcl soln 0.4 mg/ml</i>	1	MB
<i>naloxone hcl sosy 2 mg/2ml</i>	1	MB
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML <i>[naloxone hcl]</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>	2	
<i>amoxapine tabs 25 mg</i>	2	
<i>amoxapine tabs 50 mg</i>	2	
<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	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[paliperidone palmitate]		
INVEGA SUSTENNA SUSY 78 MG/0.5ML [paliperidone palmitate]	2	MB
loxapine succinate caps 10 mg	1	
loxapine succinate caps 25 mg	1	
loxapine succinate caps 5 mg	1	
maprotiline hcl tabs 25 mg	2	
maprotiline hcl tabs 50 mg	2	
maprotiline hcl tabs 75 mg	2	
mirtazapine tabs 15 mg	1	
mirtazapine tabs 30 mg	1	
mirtazapine tabs 45 mg	1	
nefazodone hcl tabs 100 mg	2	
nefazodone hcl tabs 150 mg	2	
nefazodone hcl tabs 200 mg	2	
nefazodone hcl tabs 250 mg	1	
nefazodone hcl tabs 50 mg	1	
nortriptyline hcl caps 10 mg	1	
nortriptyline hcl caps 25 mg	1	
nortriptyline hcl caps 50 mg	1	
nortriptyline hcl caps 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
olanzapine tabs 10 mg	1	
olanzapine tabs 15 mg	1	
olanzapine tabs 2.5 mg	1	
olanzapine tabs 20 mg	1	
olanzapine tabs 5 mg	1	
olanzapine tabs 7.5 mg	1	
ORAP TABS 1 MG [pimozide]	2	
ORAP TABS 2 MG [pimozide]	2	
paroxetine hcl tabs 10 mg	1	
paroxetine hcl tabs 20 mg	1	
paroxetine hcl tabs 30 mg	1	
paroxetine hcl tabs 40 mg	1	
perphenazine tab 16mg	1	
perphenazine tabs 2 mg	1	
perphenazine tabs 4 mg	1	
perphenazine tabs 8 mg	1	
phenelzine sulfate tabs 15 mg	1	
pimozide tabs 2 mg	1	
prochlorperazine edisylate soln 10 mg/2ml	1	MB
prochlorperazine maleate tabs 10 mg	1	
prochlorperazine maleate tabs 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>protriptyline hcl tabs 10 mg</i>	1	
<i>protriptyline hcl tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg</i>	1	
<i>quetiapine fumarate tabs 400 mg</i>	1	
<i>quetiapine fumarate tabs 50 mg</i>	1	
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	2	QL - 30 day(s),MB
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	2	MB
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	2	MB
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 3 MG [<i>risperidone</i>]	1	
RISPERIDONE TABS 4 MG [<i>risperidone</i>]	1	
<i>sertraline hcl tabs 100 mg</i>	1	
<i>sertraline hcl tabs 25 mg</i>	1	
<i>sertraline hcl tabs 50 mg</i>	1	
<i>thioridazine hcl tabs 10 mg</i>	1	
<i>thioridazine hcl tabs 100 mg</i>	1	
<i>thioridazine hcl tabs 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	
<i>thiothixene caps 1 mg</i>	1	
<i>thiothixene caps 10 mg</i>	1	
<i>thiothixene caps 2 mg</i>	1	
<i>thiothixene caps 5 mg</i>	1	
<i>tranylcypromine sulfate tabs 10 mg</i>	1	
<i>trazodone hcl tabs 100 mg</i>	1	
<i>trazodone hcl tabs 150 mg</i>	1	
<i>trazodone hcl tabs 50 mg</i>	1	
<i>trifluoperazine hcl tabs 1 mg</i>	1	
<i>trifluoperazine hcl tabs 10 mg</i>	1	
<i>trifluoperazine hcl tabs 2 mg</i>	1	
<i>trifluoperazine hcl tabs 5 mg</i>	1	
<i>venlafaxine hcl er cp24 150 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
venlafaxine hcl er cp24 37.5 mg	1	
venlafaxine hcl er cp24 75 mg	1	
venlafaxine hcl tabs 100 mg	1	
venlafaxine hcl tabs 25 mg	1	
venlafaxine hcl tabs 37.5 mg	1	
venlafaxine hcl tabs 50 mg	1	
venlafaxine hcl tabs 75 mg	1	
ziprasidone hcl caps 20 mg	1	
ziprasidone hcl caps 40 mg	1	
ziprasidone hcl caps 60 mg	1	
ziprasidone hcl caps 80 mg	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % [diaphragm wide seal]	2	
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % [diaphragm wide seal]	2	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC [spacer/aerosol-holding chambers]	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC [spacer/aerosol-holding chambers]	2	
ASSESS FULL RANGE PEAK METER DEVI [peak flow meter]	2	MB
BAYER BREEZE 2 CONTROL LIQD NORMAL [blood glucose calibration]	2	
BAYER MICROLET 2 LANCING DEVIC MISC [lancet devices]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
BD DISP NEEDLES MISC 18G X 1-1/2" <i>[needle (disp) 18 g]</i>	2	
BD DISP NEEDLES MISC 19G X 1" <i>[needle (disp) 19 g]</i>	2	
BD DISP NEEDLES MISC 20G X 1" <i>[needle (disp) 20 g]</i>	2	
BD DISP NEEDLES MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" <i>[needle (disp) 18 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" <i>[needle (disp) 22 g]</i>	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" <i>[needle (disp) 25 g]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML <i>[insulin syringe/needle u-500]</i>	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
0.3 ML <i>[insulin syringe/needle u-100]</i>		
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LANCET ULTRAFINE 33G MISC <i>[lancets]</i>	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML <i>[syringe/needle (disp) 5 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD LUER-LOK SYRINGE MISC 2G X 1-1/4" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM <i>[insulin pen needle]</i>	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
BD SYRINGE LUER-LOK MISC 1 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 10 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 20 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 3 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE LUER-LOK MISC 60 ML <i>[syringe (disposable)]</i>	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[syringe/needle (disp) 3 ml]		
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML [syringe/needle (disp) 3 ml]	2	
BD TB SYRINGE MISC 25G X 5/8" 1 ML [tuberculin/allergy syringes]	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML [insulin syringe/needle u-100]	2	
BD VEO INSULIN 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]	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
HYPODERMIC NEEDLE MISC 18G X 1-1/2" [needle (disp) 18 g]	2	
HYPODERMIC NEEDLE MISC 19G X 1" [needle (disp) 19 g]	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" [needle (disp) 25 g]	2	
MEDSAVER SYRINGE MISC 25G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML [insulin syringe/needle u-100]	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" 0.3 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
MONOJECT PHARMACY TRAY MISC 1 ML [syringe (disposable)]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1-1/2" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 23G X 1" 3 ML [syringe/needle (disp) 3 ml]	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	
NOVOFINE AUTOCOVER MISC 30G X 8 MM [insulin pen needle]	2	
NOVOFINE MISC 30G X 8 MM [insulin pen needle]	2	
OMNITROPE SOLR 5.8 MG [somatropin]	2	QL - 30 day(s)
ONETOUCH DELICA LANCETS 33G MISC [lancets]	2	
ONETOUCH FINEPOINT LANCETS MISC [lancets]	2	
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	2	
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	2	
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	2	
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	2	
PENLET II BLOOD SAMPLER KIT [lancets misc.]	2	
POLY HUB NEEDLE MISC 18G X 1" [needle (disp) 18 g]	2	
SAFETY-LOK SYRINGE MISC 5 ML [syringe (disposable)]	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML [tuberculin/allergy syringes]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 1 ML [insulin syringe/needle u-100]	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML [insulin syringe/needle u-100]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	
SYRINGE DISPOSABLE MISC 10 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 20 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 3 ML <i>[syringe (disposable)]</i>	2	
SYRINGE DISPOSABLE MISC 5 ML <i>[syringe (disposable)]</i>	2	
SYRINGE MISC 20G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
SYRINGE MISC 21G X 1-1/2" 3 ML <i>[syringe/needle (disp) 3 ml]</i>	2	
TRUZONE PEAK FLOW METER DEVI <i>[peak flow meter]</i>	2	MB
TUBERCULIN SYRINGE MISC 1 ML <i>[syringe (disposable)]</i>	2	
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
ULTRA THIN LANCETS 30G MISC <i>[lancets]</i>	2	
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[tuberculin/allergy syringes]</i>	2	
YALE DISP NEEDLES MISC 21G X 1" <i>[needle (disp) 21 g]</i>	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	
<i>adenosine (diagnostic) soln 3 mg/ml</i>	1	MB
ALTAFLUOR BENOX SOLN 0.25-0.4 % <i>[fluorescein w/ benoxinate]</i>	1	
BIO GLO STRP 1 MG <i>[fluorescein sodium topical]</i>	1	
CANDIN SOLN <i>[candida albicans skin test antigen]</i>	2	MB
CONRAY SOLN 60 % <i>[iothalamate meglumine]</i>	2	MB
D-XYLOSE POWD <i>[d-xylose]</i>	2	
DIASTIX STRP <i>[glucose urine test-(glucose oxidase)]</i>	2	
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	1	MB
EOVIST SOLN 0.25 MOL/L <i>[gadoxetate disodium]</i>	2	MB
GDAVIST SOLN 1 MMOL/ML <i>[gadobutrol]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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
MAGNEVIST SOLN 469.01 MG/ML <i>[gadopentetate dimeglumine]</i>	2	MB
METHYLENE BLUE SOLN 1 % <i>[methylene blue (antidote)]</i>	1	MB
MULTIHANCE SOLN 529 MG/ML <i>[gadobenate dimeglumine]</i>	2	MB
ONETOUCH ULTRA STRP <i>[glucose blood]</i>	2	
THYROGEN SOLR 1.1 MG <i>[thyrotropin alfa]</i>	2	MB
TUBERSOL SOLN 5 UNIT/0.1ML <i>[tuberculin ppd]</i>	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG <i>[potassium citrate-citric acid]</i>	1	
CYTRA-K SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	
NEUT SOLN 4 % <i>[sodium bicarbonate]</i>	2	MB
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) <i>[potassium citrate (alkalinizer)]</i>	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) <i>[potassium citrate (alkalinizer)]</i>	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML <i>[potassium citrate-citric acid]</i>	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML <i>[sodium citrate & citric acid]</i>	1	
SODIUM ACETATE SOLN 2 MEQ/ML <i>[sodium acetate]</i>	2	MB
SODIUM BICARBONATE SOLN 8.4 % <i>[sodium bicarbonate]</i>	1	MB
THAM SOLN 30 MEQ/100ML <i>[tromethamine]</i>	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML <i>[pot & sod citrates w/citric ac]</i>	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG <i>[sodium phenylbutyrate]</i>	2	QL - 30 day(s)
<i>lactulose encephalopathy soln 10 gm/15ml</i>	1	
<i>lactulose soln 10 gm/15ml</i>	1	
LITHOSTAT TABS 250 MG <i>[acetohydroxamic acid]</i>	2	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN/ELECTROLYTES SOLN 8.5 % <i>[amino acid electrolyte infusion]</i>	2	MB
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>[amino acid electrolyte w/ calcium infusion in d10w]</i>		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d10w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d25w]</i>	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % <i>[amino acid electrolyte w/ calcium infusion in d5w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d15w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d20w]</i>	2	MB
CLINIMIX E/DEXTROSE (5/25) SOLN 5 % <i>[amino acid electrolyte w/ calcium infusion in d25w]</i>	2	MB
CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 % <i>[amino acid infusion in d5w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % <i>[amino acid infusion in d10w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 % <i>[amino acid infusion in d20w]</i>	2	MB
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % <i>[amino acid infusion in d25w]</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
CLINIMIX/DEXTROSE (5/25) SOLN 5 % <i>[amino acid infusion in d25w]</i>	2	MB
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 20 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 40 % <i>[dextrose]</i>	2	MB
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 50 % <i>[dextrose]</i>	1	MB
DEXTROSE SOLN 70 % <i>[dextrose]</i>	1	MB
INTRALIPID EMUL 20 % <i>[fat emulsion plant based]</i>	2	MB
INTRALIPID EMUL 30 % <i>[fat emulsion plant based]</i>	2	MB
PHENYLADE DRINK MIX POWD <i>[nutritional supplements]</i>	2	
PHLEXY-10 PACK <i>[nutritional supplements]</i>	2	
PKU EXPRESS PACK <i>[nutritional supplements]</i>	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW <i>[nutritional supplements]</i>	2	
PROCALAMINE SOLN 3 % <i>[amino acid electrolyte]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>infusion]</i>		
TRAVASOL SOLN 10 % [<i>amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 10 % [<i>amino acid infusion]</i>	2	MB
TROPHAMINE SOLN 6 % [<i>amino acid infusion]</i>	2	MB
DIURETICS		
<i>chlorthalidone tabs 25 mg</i>	1	
<i>chlorthalidone tabs 50 mg</i>	1	
DYRENIUM CAPS 100 MG [<i>triamterene]</i>	2	
DYRENIUM CAPS 50 MG [<i>triamterene]</i>	2	
EDECRIN TABS 25 MG [<i>ethacrynic acid]</i>	2	
<i>ethacrynic acid tabs 25 mg</i>	1	
FUROSEMIDE SOLN 10 MG/ML [<i>furosemide]</i>	1	MB
<i>furosemide soln 10 mg/ml</i>	1	MB
<i>furosemide soln 8 mg/ml</i>	1	
FUROSEMIDE TABS 20 MG [<i>furosemide]</i>	1	
FUROSEMIDE TABS 40 MG [<i>furosemide]</i>	1	
<i>furosemide tabs 80 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 25 mg</i>	1	
<i>hydrochlorothiazide tabs 50 mg</i>	1	
<i>indapamide tabs 1.25 mg</i>	1	
<i>indapamide tabs 2.5 mg</i>	1	
<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		
RENVELA PACK 2.4 GM [<i>sevelamer carbonate]</i>	2	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
sodium polystyrene sulfonate susp 30 gm/120ml	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	2	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % [acetic acid]	1	MB
LACTATED RINGERS SOLN [lactated ringer's (irrigation)]	2	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride (gu irrigant)]	1	MB
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	1	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	1	MB
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML [chromic chloride]	2	MB
CUPRIC CHLORIDE SOLN 0.4 MG/ML [cupric chloride]	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN [electrolyte-48 in dextrose]	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers]	1	MB
DEXTROSE-NACL SOLN 10-0.45 % [dextrose w/ sodium chloride]	2	MB
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.33 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride]	1	MB
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride]	1	MB
[Calcium Acetate (phosphate Binder)] ELIPHOS TABS 667 MG	2	
HETASTARCH-NACL SOLN 6-0.9 % [hetastarch in sodium chloride]	1	MB
HEXTEND SOLN 6 % [hetastarch in lactated electrolyte]	2	MB
HYPERLYTE-CR CONC [parenteral electrolytes]	2	MB

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

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% [potassium chloride in nacl]	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ [potassium chloride]	1	
potassium chloride sol 10% sf	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML [potassium chloride]	2	MB
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML [potassium chloride]	1	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML [potassium chloride]	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) [potassium chloride]	1	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [potassium phosphates]	1	MB
RINGERS SOLN [ringer's]	1	MB
SELENIUM SOLN 40 MCG/ML [selenious acid]	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [bacteriostatic sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.45 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 0.9 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 3 % [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML [sodium chloride]	1	MB
SODIUM CHLORIDE SOLN 5 % [sodium chloride]	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [sodium phosphates (sodium phosphate dibasic & monobasic)]	1	MB
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate]	2	MB
URICOSURIC AGENTS		
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML [aronidase]	2	MB
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML [idursulfase]	2	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG [agalsidase beta]	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG [agalsidase beta]	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	2	QL - 30 day(s),MB
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML [<i>asfotase alfa</i>]	2	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	2	QL - 30 day(s),MB
VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT [<i>velaglycerase alfa</i>]	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
<i>gentamicin sulfate soln 0.3 %</i>	1	
MITOSOL KIT 0.2 MG [<i>mitomycin (ophthalmic)</i>]	2	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
NATACYN SUSP 5 % [<i>natamycin</i>]	2	
<i>neomycin-bacitracin zn-polymyx oint 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin soln 1.75-10000-.025</i>	1	
[Neomycin-polymyxin-gramicidin] NEOSPORIN SOLN 1.75-10000-.025	2	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>trifluridine soln 1 %</i>	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	1	
CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-dexamethasone</i>]	2	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	2	
<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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
fluticasone propionate susp 50 mcg/act	1	
FML OINT 0.1 % [fluorometholone (ophth)]	2	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	2	MB
PRED MILD SUSP 0.12 % [prednisolone acetate (ophth)]	2	
prednisolone acetate susp 1 %	1	
prednisolone sodium phosphate soln 1 %	2	
RESTASIS EMUL 0.05 % [cyclosporine (ophth)]	2	
RESTASIS MULTIDOSE EMUL 0.05 % [cyclosporine (ophth)]	2	
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % [tobramycin-dexamethasone]	2	
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
olopatadine hcl soln 0.1 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
LUMIGAN SOLN 0.01 % [bimatoprost]	2	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG [acetylcholine chloride]	2	MB
MIOSTAT SOLN 0.01 % [carbachol (ophth)]	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	2	
pilocarpine hcl soln 1 %	1	
pilocarpine hcl soln 2 %	1	
pilocarpine hcl soln 4 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<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>acetic acid-aluminum acetate soln 2 %</i>	2	
<i>apraclonidine hcl soln 0.5 %</i>	1	
BEOVU SOLN 6 MG/0.05ML [<i>brolucizumab-dbll</i>]	2	QL - 30 day(s)
BSS SOLN [<i>ophthalmic irrigation solution - intraocular</i>]	2	MB
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	2	MB
EYLEA SOSY 2 MG/0.05ML [<i>aflibercept</i>]	2	
JETREA SOLN 0.5 MG/0.2ML [<i>ocriplasmin</i>]	2	MB
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	2	
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	2	QL - 30 day(s),MB
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	2	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	
TETRACaine HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	1	
TETRAVISC SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	2	
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	
HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
<i>naphazoline hcl soln</i>	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine</i>]	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>hcl (mydriatic)</i>		
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML [<i>alum & mag hydrox-simethicone</i>]	1	
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	
CANASA SUPP 1000 MG [<i>mesalamine</i>]	2	
LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	2	
<i>mesalamine enem 4 gm</i>	1	
<i>mesalamine tbec 1.2 gm</i>	1	
PENTASA CPCR 250 MG [<i>mesalamine</i>]	2	
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
PAREGORIC TINC 2 MG/5ML [<i>paregoric</i>]	2	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	2	QL - 30 day(s)
<i>fosaprepitant dimeglumine solr 150 mg</i>	1	MB
<i>ondansetron hcl soln 4 mg/2ml</i>	1	MB
<i>ondansetron hcl soln 40 mg/20ml</i>	1	MB
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [<i>scopolamine</i>]	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML [<i>sucralfate</i>]	2	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>famotidine inj 10mg/ml</i>	1	MB
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	1	MB
<i>famotidine soln 20 mg/2ml</i>	1	MB
<i>famotidine soln 40 mg/4ml</i>	1	MB
<i>famotidine susr 40 mg/5ml</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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 solr 40 mg	1	MB
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		
CASCARA SAGRADA EXTR 1 GM/ML [cascara sagrada]	2	
DOCUSATE SODIUM LIQD 50 MG/5ML [docusate sodium]	1	
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	2	
MILK OF MAGNESIA SUSP 7.75 % [magnesium hydroxide]	1	
peg 3350/electrolytes solr 240 gm	1	PREV
SORBITOL SOLN 70 % [sorbitol (laxative)]	2	
CHOLELITHOLYTIC AGENTS		
ursodiol tabs 250 mg	1	
ursodiol tabs 500 mg	1	
DIGESTANTS		
CREON CPEP 12000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 24000-76000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 3000-9500 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 36000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
CREON CPEP 6000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)]	2	
ZENPEP CPEP 25000-79000 UNIT [pancrelipase]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(lipase-protease-amylase)</i>		
ZENPEP CPEP 3000-14000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 40000-126000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
ZENPEP CPEP 5000-24000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	MB
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG <i>[auranofin]</i>	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG <i>[succimer]</i>	2	
<i>deferasirox tabs 360 mg</i>	1	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	1	QL - 30 day(s)
<i>deferoxamine mesylate inj 2gm</i>	1	MB
<i>deferoxamine mesylate solr 500 mg</i>	1	MB
DEPEN TITRATABS TABS 250 MG <i>[penicillamine]</i>	2	
EXJADE TBSO 125 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
EXJADE TBSO 250 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
EXJADE TBSO 500 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 180 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 360 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
JADENU TABS 90 MG <i>[deferasirox]</i>	2	QL - 30 day(s)
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH <i>[mometasone furoate (inhalation)]</i>	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH <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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
betamethasone sod phos & acet susp 6 (3-3) mg/ml	1	MB
budesonide susp 0.25 mg/2ml	1	
budesonide susp 0.5 mg/2ml	1	
cortisone acetate tabs 25 mg	1	
dexamethasone elix 0.5 mg/5ml	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	1	
dexamethasone sodium phosphate soln 10 mg/ml	1	MB
dexamethasone sodium phosphate soln 4 mg/ml	1	MB
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 0.5 mg	1	
dexamethasone tabs 0.75 mg	1	
dexamethasone tabs 1 mg	1	
dexamethasone tabs 1.5 mg	1	
dexamethasone tabs 2 mg	1	
dexamethasone tabs 4 mg	1	
dexamethasone tabs 6 mg	1	
FLOVENT HFA AERO 44 MCG/ACT [fluticasone propionate hfa]	2	
fludrocortisone acetate tabs 0.1 mg	1	
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG SUSP 10 MG/ML [triamcinolone acetonide]	2	MB
KENALOG SUSP 40 MG/ML [triamcinolone acetonide]	2	MB
MEDROL TABS 2 MG [methylprednisolone]	2	
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	1	
prednisone soln 5 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>prednisone tabs 1 mg</i>	1	
<i>prednisone tabs 10 mg</i>	1	
<i>prednisone tabs 2.5 mg</i>	1	
<i>prednisone tabs 20 mg</i>	1	
<i>prednisone tabs 5 mg</i>	1	
<i>prednisone tabs 50 mg</i>	1	
<i>prednisone tbpk 5 mg (21)</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT <i>[budesonide (inhalation)]</i>	2	
SOLU-CORTEF SOLR 100 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 1000 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 250 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-CORTEF SOLR 500 MG <i>[hydrocortisone sod succinate]</i>	2	MB
SOLU-MEDROL SOLR 500 MG <i>[methylprednisolone sod succ]</i>	2	MB
ANDROGENS		
ANDRODERM PT24 2 MG/24HR <i>[testosterone]</i>	2	
ANDRODERM PT24 4 MG/24HR <i>[testosterone]</i>	2	
[Methyltestosterone] ANDROID CAPS 10 MG	2	
[Fluoxymesterone] ANDROXY TABS 10 MG	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	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
<i>methyltestosterone tabs 10 mg</i>	2	
<i>oxandrolone tabs 2.5 mg</i>	1	
<i>testosterone cypionate soln 200 mg/ml</i>	1	
<i>testosterone enanthate soln 200 mg/ml</i>	1	
<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	
BYDUREON BCISE AUIJ 2 MG/0.85ML <i>[exenatide]</i>	2	
BYDUREON PEN 2 MG <i>[exenatide]</i>	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
glimepiride tabs 1 mg	1	
glimepiride tabs 2 mg	1	
glimepiride tabs 4 mg	1	
glipizide tabs 10 mg	1	
glipizide tabs 5 mg	1	
glipizide tb24 10 mg	1	
glipizide tb24 2.5 mg	1	
glipizide tb24 5 mg	1	
glipizide-metformin hcl tabs 2.5-250 mg	1	
glipizide-metformin hcl tabs 2.5-500 mg	1	
glipizide-metformin hcl tabs 5-500 mg	1	
glyburide tabs 1.25 mg	1	
glyburide tabs 2.5 mg	1	
glyburide tabs 5 mg	1	
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	2	
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	2	
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	2	
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	2	
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	2	
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	
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	
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
tolbutamide tabs 500 mg	2	
TRADJENTA TABS 5 MG [<i>linagliptin</i>]	2	
VICTOZA SOPN 18 MG/3ML [<i>liraglutide</i>]	2	
ANTIHYPOGLYCEMIC AGENTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BAQSIMI TWO PACK POWD 3 MG/DOSE <i>[glucagon]</i>	2	
GLUCAGEN HYPOKIT SOLR 1 MG <i>[glucagon hcl (rdna)]</i>	2	MB
GLUCAGEN INJ 1MG <i>[glucagon hcl (rdna)]</i>	2	MB
GLUCAGON EMERGENCY KIT 1 MG <i>[glucagon (rdna)]</i>	2	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	
JOLIVETTE TABS 0.35 MG <i>[norethindrone (contraceptive)]</i>	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/24HR <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) TABS 35 MCG	2	PREV
NEXPLANON IMPL 68 MG <i>[etonogestrel]</i>	2	MB
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
NUVARING RING 0.12-0.015 MG/24HR <i>[etonogestrel-ethinyl estradiol]</i>	2	PREV
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	2	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
30 MG-MCG		
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	2	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	
clomiphene citrate tabs 50 mg	1	
DELESTROGEN OIL 10 MG/ML <i>[estradiol valerate]</i>	2	
DELESTROGEN OIL 20 MG/ML <i>[estradiol valerate]</i>	2	
DELESTROGEN OIL 40 MG/ML <i>[estradiol valerate]</i>	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	1	
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	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	
estradiol pttw 0.1 mg/24hr	1	
estradiol ptwk 0.05 mg/24hr	1	
estradiol ptwk 0.075 mg/24hr	1	
estradiol tabs 0.5 mg	1	
estradiol tabs 1 mg	1	
estradiol tabs 2 mg	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ESTRING RING 2 MG <i>[estradiol vaginal]</i>	2	
PREMARIN CREA 0.625 MG/GM <i>[estrogens, conjugated vaginal]</i>	2	
PREMARIN SOLR 25 MG <i>[estrogens, conjugated]</i>	2	MB
<i>raloxifene hcl tabs 60 mg</i>	1	PREV
GONADOTROPINS		
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML <i>[follitropin alfa]</i>	2	
GONAL-F RFF REDIJECT SOLN 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>	1	MB
OVIDREL INJ 250 MCG/0.5ML <i>[choriogonadotropin alfa]</i>	2	
SYNAREL SOLN 2 MG/ML <i>[nafarelin acetate]</i>	2	
PARATHYROID		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	
FORTEO SOPN 600 MCG/2.4ML <i>[teriparatide (recombinant)]</i>	2	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML <i>[corticotropin]</i>	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % <i>[desmopressin acetate refrigerated]</i>	2	
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
<i>desmopressin acetate soln 4 mcg/ml</i>	1	MB
<i>desmopressin acetate spray soln 0.01 %</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML <i>[medroxyprogesterone acetate (antineoplastic)]</i>	2	MB
ENDOMETRIN INST 100 MG <i>[progesterone (vaginal)]</i>	2	
<i>hydroxyprogesterone caproate soln 1.25 gm/5ml</i>	1	QL - 30 day(s),MB
MAKENA OIL 250 MG/ML <i>[hydroxyprogesterone caproate]</i>	2	QL - 30 day(s),MB
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	1	MB
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	
<i>norethindrone acetate tabs 5 mg</i>	1	
PROGESTERONE OIL 50 MG/ML [<i>progesterone</i>]	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOLN 10 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
OMNITROPE SOLN 5 MG/1.5ML [<i>somatropin</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 4 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 5 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG [<i>somatropin (non-refrigerated)</i>]	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium tabs 100 mcg</i>	1	
<i>levothyroxine sodium tabs 112 mcg</i>	1	
<i>levothyroxine sodium tabs 125 mcg</i>	1	
<i>levothyroxine sodium tabs 150 mcg</i>	1	
<i>levothyroxine sodium tabs 175 mcg</i>	1	
<i>levothyroxine sodium tabs 200 mcg</i>	1	
<i>levothyroxine sodium tabs 25 mcg</i>	1	
<i>levothyroxine sodium tabs 300 mcg</i>	1	
<i>levothyroxine sodium tabs 50 mcg</i>	1	
<i>levothyroxine sodium tabs 75 mcg</i>	1	
<i>levothyroxine sodium tabs 88 mcg</i>	1	
LEVOXYL TABS 137 MCG [<i>levothyroxine sodium</i>]	1	
<i>liothyronine sodium tabs 25 mcg</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1	
<i>liothyronine sodium tabs 50 mcg</i>	1	
<i>methimazole tabs 10 mg</i>	1	
<i>methimazole tabs 5 mg</i>	1	
<i>propylthiouracil tabs 50 mg</i>	1	
SSKI SOLN 1 GM/ML [<i>potassium iodide (expectorant)</i>]	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML [<i>bupivacaine hcl</i>]	2	MB
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	MB
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	MB
<i>bupivacaine hcl soln 0.25 %</i>	1	MB
<i>bupivacaine hcl soln 0.5 %</i>	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>bupivacaine in dextrose soln 0.75-8.25 %</i>	1	MB
<i>chloroprocaine hcl (pf) soln 2 %</i>	1	MB
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	MB
<i>lidocaine hcl (pf) soln 0.5 %</i>	1	MB
<i>lidocaine hcl (pf) soln 1 %</i>	1	MB
<i>lidocaine hcl soln 0.5 %</i>	1	MB
<i>lidocaine hcl soln 1 %</i>	1	MB
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	MB
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	MB
<i>lidocaine-epinephrine soln 2 %-1:200000</i>	1	MB
NAROPIN INJ 10MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 2 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NAROPIN SOLN 5 MG/ML [<i>ropivacaine hcl</i>]	2	MB
NESACAINE SOLN 1 % [<i>chloroprocaine hcl</i>]	2	MB
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
TETRACAINE HCL SOLN 1 % [<i>tetracaine hcl</i>]	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
<i>acitretin caps 10 mg</i>	1	QL - 30 day(s)
<i>acitretin caps 25 mg</i>	1	QL - 30 day(s)
ACTIMMUNE SOLN 2000000 UNIT/0.5ML [<i>interferon gamma-1b</i>]	2	QL - 30 day(s)
<i>alendronate sodium tabs 10 mg</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	
<i>alendronate sodium tabs 40 mg</i>	2	
<i>alendronate sodium tabs 70 mg</i>	1	
<i>allopurinol tabs 100 mg</i>	1	
<i>allopurinol tabs 300 mg</i>	1	
[Disulfiram] ANTABUSE TABS 250 MG	2	
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	2	MB
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	2	QL - 30 day(s),MB
<i>azathioprine tabs 50 mg</i>	1	
BOTOX SOLR 200 UNIT [<i>onabotulinumtoxin</i>]	2	MB
BRIDION SOLN 200 MG/2ML [<i>sugammadex sodium</i>]	2	MB
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s),MB
COLCHICINE CAPS 0.6 MG [colchicine]	2	
colchicine tabs 0.6 mg	1	
CYSTADANE POWD [betaine]	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	2	QL - 30 day(s)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG [pentosan polysulfate sodium]	2	
ENBREL SOLR 25 MG [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [etanercept]	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [etanercept]	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	2	QL - 30 day(s)
etidronate disodium tabs 200 mg	2	
etidronate disodium tabs 400 mg	2	
EXTAVIA KIT 0.3 MG [interferon beta-1b]	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	1	PREV
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
GRASTEK SUBL 2800 BAU [timothy grass pollen allergen extract]	2	
HAEGARDA SOLR 2000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT [c1 esterase inhibitor (human)]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [adalimumab]	2	QL - 30 day(s)
HUMIRA PEN-PS/UV/ADOL HS START PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HUMIRA PSKT 10 MG/0.1ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.2ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML <i>[adalimumab]</i>	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML <i>[adalimumab]</i>	2	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	1	QL - 30 day(s)
INFLECTRA SOLR 100 MG <i>[infliximab-dyyb]</i>	2	MB
KALYDECO TABS 150 MG <i>[ivacaftor]</i>	2	QL - 30 day(s)
KINERET INJ <i>[anakinra]</i>	2	QL - 30 day(s)
LEFLUNOMIDE TABS 10 MG <i>[leflunomide]</i>	1	
<i>leflunomide tabs 20 mg</i>	1	
<i>leucovorin calcium solr 100 mg</i>	1	MB
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	
<i>levocarnitine inj 200mg/ml</i>	1	MB
LEVOCARNITINE SOLN 1 GM/10ML <i>[levocarnitine (metabolic modifiers)]</i>	1	
LEVOCARNITINE TABS 330 MG <i>[levocarnitine (metabolic modifiers)]</i>	1	
LUDENT CHEW 0.55 (0.25 F) MG <i>[sodium fluoride]</i>	1	PREV
<i>mesna soln 100 mg/ml</i>	1	MB
MESNEX TABS 400 MG <i>[mesna]</i>	2	QL - 30 day(s)
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil susr 200 mg/ml</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
MYOBLOC SOLN 10000 UNIT/2ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML <i>[rimabotulinumtoxinb]</i>	2	MB
MYOBLOC SOLN 5000 UNIT/ML <i>[rimabotulinumtoxinb]</i>	2	MB
NEORAL SOLN 100 MG/ML <i>[cyclosporine modified (for microemulsion)]</i>	2	
<i>octreotide acetate soln 100 mcg/ml</i>	1	MB
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MB
<i>octreotide acetate soln 200 mcg/ml</i>	1	MB
<i>octreotide acetate soln 50 mcg/ml</i>	1	MB
<i>octreotide acetate soln 500 mcg/ml</i>	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOLR 250 MG <i>[abatacept]</i>	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML <i>[abatacept]</i>	2	
ORENCIA SOSY 50 MG/0.4ML <i>[abatacept]</i>	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML <i>[abatacept]</i>	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
OTEZLA TAB 10/20/30 [apremilast]	2	QL - 30 day(s)
OTEZLA TABS 30 MG [apremilast]	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	2	QL - 30 day(s)
pamidronate disodium solr 30 mg	1	MB
pamidronate disodium solr 90 mg	1	MB
PREVIDENT 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT GEL 1.1 % [sodium fluoride (dental)]	2	
PREVIDENT SOLN 0.2 % [sodium fluoride (dental)]	2	
PROGRAF SOLN 5 MG/ML [tacrolimus]	2	MB
RAPAMUNE SOLN 1 MG/ML [sirolimus]	2	
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 27.5 MG/0.55ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)]	2	
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)]	2	
REMICADE SOLR 100 MG [infliximab]	2	MB
RIMSO-50 SOLN 50 % [dimethyl sulfoxide]	2	MB
SANDIMMUNE CAPS 100 MG [cyclosporine]	2	
SANDIMMUNE CAPS 25 MG [cyclosporine]	2	
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	2	
SANDIMMUNE SOLN 50 MG/ML [cyclosporine]	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % [sodium fluoride (dental)]	1	
sirolimus soln 1 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>sirolimus tabs 0.5 mg</i>	1	
<i>sirolimus tabs 1 mg</i>	1	
<i>sirolimus tabs 2 mg</i>	1	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	1	
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	1	PREV
SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	2	MB
<i>tacrolimus caps 0.5 mg</i>	1	
<i>tacrolimus caps 1 mg</i>	1	
<i>tacrolimus caps 5 mg</i>	1	
TAKHZYRO SOLN 300 MG/2ML [<i>lanadelumab-flyo</i>]	2	QL - 30 day(s)
THALOMID CAPS 100 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 150 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 200 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 50 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THIOLA TABS 100 MG [<i>tiopronin</i>]	2	
TRI-CHLOR LIQD 80 % [<i>trichloroacetic acid</i>]	2	
TYSABRI CONC 300 MG/15ML [<i>natalizumab</i>]	2	QL - 30 day(s),LD,MB
ULTOMIRIS SOLN 300 MG/30ML [<i>ravulizumab-cwvz</i>]	2	
XELJANZ TABS 10 MG [<i>tofacitinib citrate</i>]	2	QL - 30 day(s)
XELJANZ TABS 5 MG [<i>tofacitinib citrate</i>]	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG [<i>tofacitinib citrate</i>]	2	QL - 30 day(s)
<i>zoledronic acid conc 4 mg/5ml</i>	1	MB
<i>zoledronic acid soln 5 mg/100ml</i>	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	2	
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	2	MB
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	MB
<i>methylergonovine maleate tabs 0.2 mg</i>	1	
MIFEPREX TABS 200 MG [<i>mifepristone</i>]	2	PREV
PROSTIN E2 SUPP 20 MG [<i>dinoprostone</i>]	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD [<i>alprostadil (bulk)</i>]	2	
BACLOFEN POWD [<i>baclofen</i>]	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN [<i>water for inject, bacteriostatic benzyl alcohol</i>]	2	MB
BIOTIN-D POWD [<i>biotin (bulk)</i>]	2	
BORIC ACID POWD [<i>boric acid (bulk)</i>]	2	
CHLOROFORM SOL [<i>chloroform</i>]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CLOBETASOL PROPIONATE POW PROPIONA [clobetasol propionate]	2	
CLONIDINE HCL POWD [clonidine hcl]	2	
CLOTRIMAZOLE CRYST [clotrimazole (topical)]	2	
COAL TAR EXTRACT SOLN 20 % [coal tar (crude)]	2	
COLLODION FLEXIBLE LIQD [collodion flexible]	2	
DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	2	
GABAPENTIN POWD [gabapentin (bulk)]	2	
GLYCERIN LIQD [glycerin (bulk)]	2	
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	2	
HYDROCORTISONE POWD [hydrocortisone (topical)]	2	
HYDROPHILIC OINT [hydrophilic ointment]	2	
HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	2	
ISOSORBIDE POWD [isosorbide (bulk)]	2	
KETAMINE HCL POWD [ketamine hcl (bulk)]	2	
KETOPROFEN POWD [ketoprofen (bulk)]	2	
L-CITRULLINE POWD [citrulline (bulk)]	2	
L-ISOLEUCINE POWD [isoleucine]	2	
L-PROLINE POWD [proline]	2	
LIDOCAINE HCL POWD [lidocaine hcl (bulk)]	2	
METRONIDAZOLE POWD [metronidazole (bulk)]	2	
PAPAVERINE HCL POWD [papaverine hcl]	2	
PHENTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	2	
POLYETHYLENE GLYCOL 8000 POWD [polyethylene glycol 8000]	2	
PROGESTERONE MICRONIZED POWD [progesterone micronized (bulk)]	2	
QUINACRINE HCL POW DIHYDRAT [quinacrine hcl]	2	
SALICYLIC ACID POWD [salicylic acid (bulk)]	2	
SORBITOL SOLN 70 % [sorbitol]	2	
STERILE WATER FOR INJECTION SOLN [water for injection, sterile]	1	MB
SULFUR PRECIPITATED POWD [sulfur (bulk)]	2	
TESTOSTERONE PROPIONATE POWD [testosterone propionate (bulk)]	2	
THYMOL CRYST [thymol]	2	
TRIAMCINOLONE ACETONIDE POWD [triamcinolone acetonide (topical)]	2	
VERAPAMIL HCL POWD [verapamil hcl]	2	
ZINC SULFATE HEPTAHYDRATE POWD [zinc sulfate]	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZINC SULFATE MONOHYDRATE POWD [<i>zinc sulfate</i>]	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	2	
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	2	
<i>cromolyn sodium conc 100 mg/5ml</i>	1	
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	
<i>montelukast sodium chew 4 mg</i>	1	
<i>montelukast sodium chew 5 mg</i>	1	
<i>montelukast sodium pack 4 mg</i>	1	
<i>montelukast sodium tabs 10 mg</i>	1	
ANTITUSSIVES		
<i>benzonatate caps 100 mg</i>	1	
CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	
<i>hydrocodone-homatropine syrp 5-1.5 mg/5ml</i>	1	
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML [<i>pseudoeph-chlorphen w/ cod</i>]	2	
[Hydrocodone W/ Homatropine] TUSSIGON TABS 5-1.5 MG	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 3 % [<i>sodium chloride (inhalant)</i>]	1	
SODIUM CHLORIDE NEBU 7 % [<i>sodium chloride (inhalant)</i>]	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>]	2	MB
CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>]	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% [<i>beractant in nacl</i>]	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s),MB
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	2	QL - 30 day(s)
OPSUMIT TABS 10 MG [<i>macitentan</i>]	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ORKAMBI TABS 200-125 MG [<i>lumacaftor-ivacaftor</i>]	2	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG [<i>tezacaftor-ivacaftor</i>]	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG [<i>tezacaftor-ivacaftor</i>]	2	
TRIKAFTA TBPK 100-50-75 & 150 MG [<i>elexacaftor-tezacaftor-ivacaftor</i>]	2	QL - 30 day(s)
XOLAIR SOLR 150 MG [<i>omalizumab</i>]	2	QL - 30 day(s)
XOLAIR SOSY 150 MG/ML [<i>omalizumab</i>]	2	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML [<i>omalizumab</i>]	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG [<i>bosentan</i>]	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF SOLR 12 GM [<i>immune globulin (human) iv</i>]	2	MB
CARIMUNE NF SOLR 6 GM [<i>immune globulin (human) iv</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 30 GM/300ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	MB
GAMMAPLEX SOLN 10 GM/200ML [<i>immune globulin (human) iv</i>]	2	MB
GAMMAPLEX SOLN 20 GM/400ML [<i>immune globulin (human) iv</i>]	2	MB
GAMMAPLEX SOLN 5 GM/100ML [<i>immune globulin (human) iv</i>]	2	MB
GAMUNEX-C SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	MB
GAMUNEX-C SOLN 10 GM/100ML [<i>immune globulin</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>(human) iv or subcutaneous]</i>		
GAMUNEX-C SOLN 2.5 GM/25ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 20 GM/200ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
GAMUNEX-C SOLN 5 GM/50ML <i>[immune globulin (human) iv or subcutaneous]</i>	2	MB
HIZENTRA SOLN 1 GM/5ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML <i>[immune globulin (human) subcutaneous]</i>	2	QL - 30 day(s)
HYPERRAB SOLN 300 UNIT/ML <i>[rabies immune globulin (human)]</i>	2	MB
NABI-HB SOLN <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
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	2	
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
RHOPHYLAC SOSY 1500 UNIT/2ML <i>[rho d immune globulin (human)]</i>	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 <i>[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]</i>	2	MB
DIPHtheria-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML <i>[diphtheria-tetanus toxoids (dt)]</i>	2	
INFANRIX SUSP 25-58-10 <i>[diphtheria, acellular pertussis & tetanus toxoids]</i>	2	MB
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 SUSP <i>[influenza virus vaccine split]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BEXSERO SUSY <i>[meningococcal vac group b (recombant omv adjuvanted)]</i>	2	MB
ENGERIX-B SUSP 10 MCG/0.5ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
ENGERIX-B SUSP 20 MCG/ML <i>[hepatitis b vaccine (recomb)]</i>	2	MB
FLUAD SUSY 0.5 ML <i>[influenza virus vaccine types a & b surface antigen adjuvant]</i>	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML <i>[influenza virus vaccine split high-dose preservative free]</i>	2	MB
FLUZONE SUSP <i>[influenza virus vaccine split]</i>	2	MB
GARDASIL 9 SUSP <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL 9 SUSY <i>[human papillomavirus (hpv) 9-valent recombinant vaccine]</i>	2	MB
GARDASIL SUSP <i>[human papillomavirus (hpv) quadrivalent recombinant vaccine]</i>	2	MB
HAVRIX SUSP 1440 EL U/ML <i>[hepatitis a vaccine]</i>	2	MB
HAVRIX SUSP 720 EL U/0.5ML <i>[hepatitis a vaccine]</i>	2	MB
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
M-M-R II SOLR <i>[measles, mumps & rubella virus vaccines]</i>	2	MB
MENVEO SOLR <i>[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]</i>	2	MB
PEDIARIX SUSP <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
PROQUAD SUSR <i>[measles-mumps-rubella-varicella virus vaccines]</i>	2	MB
ROTARIX SUSR <i>[rotavirus vaccine, live oral]</i>	2	MB
ROTATEQ SOLN <i>[rotavirus vaccine, live oral pentavalent]</i>	2	MB
SHINGRIX SUSR 50 MCG/0.5ML <i>[zoster vaccine recombinant adjuvanted]</i>	2	MB
TICE BCG SUSR 50 MG <i>[bcg live intravesical]</i>	2	MB
TWINRIX SUSP 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
VAQTA SUSP 25 UNIT/0.5ML <i>[hepatitis a vaccine]</i>	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	2	MB
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	2	MB
VIVOTIF CPDR [<i>typhoid vaccine</i>]	2	MB
ZOSTAVAX SUSR 19400 UNT/0.65ML [<i>zoster vaccine live</i>]	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate crea 0.05 %</i>	1	
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	1	
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	1	
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate gel 1 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	
<i>clindamycin phosphate soln 1 %</i>	1	
CLOBEX LOTN 0.05 % [<i>clobetasol propionate</i>]	2	
CLOBEX SPRAY LIQD 0.05 % [<i>clobetasol propionate</i>]	2	
<i>clotrimazole troc 10 mg</i>	1	
<i>erythromycin soln 2 %</i>	1	
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	2	
<i>ketoconazole sham 2 %</i>	1	
<i>malathion lotn 0.5 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>neomycin-polymyxin b gu soln 40-200000</i>	2	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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>betamethasone dipropionate aug gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	
BETAMETHASONE VALERATE CREA 0.1 % <i>[betamethasone valerate]</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	
BETAMETHASONE VALERATE OINT 0.1 % <i>[betamethasone valerate]</i>	1	
<i>clobetasol propionate crea 0.05 %</i>	1	
<i>clobetasol propionate gel 0.05 %</i>	1	
<i>clobetasol propionate lotn 0.05 %</i>	1	
<i>clobetasol propionate oint 0.05 %</i>	1	
<i>clobetasol propionate soln 0.05 %</i>	1	
CORDRAN TAPE 4 MCG/SQCM <i>[flurandrenolide]</i>	2	
CORTISPORIN OINT 1 % <i>[bacitracin-polymyxin-neomycin hc]</i>	2	
<i>desonide oint 0.05 %</i>	1	
<i>desoximetasone crea 0.25 %</i>	1	
<i>fluocinolone acetonide body oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % <i>[pramoxine-hc]</i>	1	
<i>hydrocortisone crea 2.5 %</i>	1	
<i>hydrocortisone enem 100 mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5 %</i>	1	
<i>hydrocortisone oint 2.5 %</i>	1	
<i>mometasone furoate crea 0.1 %</i>	1	
<i>mometasone furoate oint 0.1 %</i>	1	
<i>mometasone furoate soln 0.1 %</i>	1	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % <i>[pramoxine-hc]</i>	2	
PRAMOSONE OINT 1-2.5 % <i>[pramoxine-hc]</i>	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	
<i>triamcinolone acetonide crea 0.025 %</i>	1	
<i>triamcinolone acetonide crea 0.1 %</i>	1	
<i>triamcinolone acetonide crea 0.5 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>triamcinolone acetonide oint 0.025 %</i>	1	
<i>triamcinolone acetonide oint 0.1 %</i>	1	
<i>triamcinolone acetonide oint 0.5 %</i>	1	
<i>triamcinolone acetonide pste 0.1 %</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % <i>[hydrocortisone acetate w/ pramoxine]</i>	1	
<i>hydrocortisone ace-pramoxine crea 1-1 %</i>	1	
<i>lidocaine hcl soln 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	1	
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	
ZINC OXIDE OINT 20 % <i>[zinc oxide (topical)]</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA 0.025 % <i>[tretinoin]</i>	1	
KEPIVANCE SOLR 6.25 MG <i>[palifermin]</i>	2	QL - 30 day(s),MB
RETIN-A CREA 0.025 % <i>[tretinoin]</i>	1	
RETIN-A CREA 0.05 % <i>[tretinoin]</i>	2	
RETIN-A CREA 0.1 % <i>[tretinoin]</i>	1	
RETIN-A GEL 0.01 % <i>[tretinoin]</i>	1	
RETIN-A GEL 0.025 % <i>[tretinoin]</i>	2	
RETIN-A MICRO GEL 0.04 % <i>[tretinoin microsphere]</i>	1	
RETIN-A MICRO GEL 0.1 % <i>[tretinoin microsphere]</i>	1	
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen rapid caps 10 mg</i>	1	
OXSORALEN ULTRA CAPS 10 MG <i>[methoxsalen rapid]</i>	2	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % <i>[salicylic acid]</i>	2	
SULFACETAMIDE SODIUM-SULFUR EMUL 10-5 % <i>[sulfacetamide sodium w/ sulfur]</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
KERATOPLASTIC AGENTS		
ELTA TAR CREA 2 % <i>[coal tar extract]</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>adapalene gel 0.1 %</i>	1	
<i>adapalene gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5 %</i>	1	
AQUAPHOR OINT <i>[emollient]</i>	2	
BENZOIN TINC <i>[benzoin]</i>	2	
<i>calcipotriene crea 0.005 %</i>	1	
<i>calcipotriene soln 0.005 %</i>	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % <i>[podofilox]</i>	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML <i>[secukinumab]</i>	2	QL - 30 day(s)
<i>diclofenac sodium gel 1 %</i>	1	
<i>diclofenac sodium soln 1.5 %</i>	1	
DIFFERIN CREA 0.1 % <i>[adapalene]</i>	2	
DIFFERIN GEL 0.1 % <i>[adapalene]</i>	2	
DIFFERIN GEL 0.3 % <i>[adapalene]</i>	2	
DRITHO-CREME HP CREA 1 % <i>[anthralin]</i>	2	
ELIDEL CREA 1 % <i>[pimecrolimus]</i>	2	
EPIDUO FORTE GEL 0.3-2.5 % <i>[adapalene-benzoyl peroxide]</i>	2	
<i>fluocinonide gel 0.05 %</i>	1	
FLUOROPLEX CREA 1 % <i>[fluorouracil (topical)]</i>	2	
<i>fluorouracil crea 5 %</i>	1	
<i>fluorouracil soln 2 %</i>	1	
<i>fluorouracil soln 5 %</i>	1	
<i>imiquimod crea 5 %</i>	1	
LEVULAN KERASTICK SOLR 20 % <i>[aminolevulinic acid hcl]</i>	2	
<i>pimecrolimus crea 1 %</i>	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	2	
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [<i>risankizumab-rzaa</i>]	2	
SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride</i>]	1	
STELARA SOLN 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 45 MG/0.5ML [<i>ustekinumab</i>]	2	
STELARA SOSY 90 MG/ML [<i>ustekinumab</i>]	2	
tacrolimus oint 0.03 %	1	
tacrolimus oint 0.1 %	1	
TARGRETIN GEL 1 % [<i>bexarotene (topical)</i>]	2	
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	2	
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	2	
TREMFYA SOPN 100 MG/ML [<i>guselkumab</i>]	2	
TREMFYA SOSY 100 MG/ML [<i>guselkumab</i>]	2	
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	
oxybutynin chloride syrp 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
OXYTROL PTTW 3.9 MG/24HR [<i>oxybutynin</i>]	2	
solifenacin succinate tabs 10 mg	1	
solifenacin succinate tabs 5 mg	1	
trospium chloride er cp24 60 mg	1	
trospium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% [<i>theophylline in dextrose</i>]	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	2	MB
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
<i>pediatric multivitamins w/fl chew</i>	1	
<i>pediatric multivitamins w/fl chew</i>	1	
MULTI-VIT/FLUORIDE/IRON 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	
MVC-FLUORIDE CHEW 0.25 MG <i>[pediatric multivitamins w/fl]</i>	1	
MVC-FLUORIDE CHEW 0.5 MG <i>[pediatric multivitamins w/fl]</i>	1	
MVC-FLUORIDE CHEW 1 MG <i>[pediatric multivitamins w/fl]</i>	1	
POLY-VI-SOL SOLN 50 MG/ML <i>[pediatric multiple vitamin w/ c]</i>	2	
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric multiple vitamins w/ iron]</i>	2	
POLY-VITA SOLN 35 MG/ML <i>[pediatric multiple vitamin w/ c]</i>	1	
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-VIT/FLUORIDE SOLN 0.5 MG/ML <i>[pediatric vitamins acd w/ fluoride]</i>	1	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML <i>[pediatric vitamins acd 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>	2	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	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
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	
<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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<i>palonosetron]</i>	75	<i>amantadine hcl syrps 50 mg/5ml</i>	52
ALBENZA TABS 200 MG <i>[albendazole]</i>	11	AMBISOME SUSR 50 MG <i>[amphotericin b</i>	
ALBUMIN HUMAN SOLN 25 % <i>[albumin,</i>		<i>liposome]</i>	16
<i>human]</i>	33	<i>ambrisentan tabs 10 mg</i>	43
ALBUTEIN SOLN 25 % <i>[albumin, human]</i>	33	<i>ambrisentan tabs 5 mg</i>	43
<i>albuterol sulfate hfa aers 108 (90 base)</i>		<i>amikacin sulfate soln 500 mg/2ml</i>	11
<i>mcg/act</i>	32	<i>aminocaproic acid soln 250 mg/ml</i>	33
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	32	<i>aminophylline soln 25 mg/ml</i>	99
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	32	AMINOSYN/ELECTROLYTES SOLN 8.5 %	
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	32	<i>[amino acid electrolyte infusion]</i>	66
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	32	<i>amiodarone hcl soln 900 mg/18ml</i>	41
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	32	<i>amiodarone hcl tabs 200 mg</i>	41
<i>alclometasone dipropionate crea 0.05 %</i>	95	<i>amitriptyline hcl tabs 10 mg</i>	55
<i>alclometasone dipropionate oint 0.05 %</i>	95	<i>amitriptyline hcl tabs 100 mg</i>	55
ALDURAZYME SOLN 2.9 MG/5ML <i>[aronidase]</i>		<i>amitriptyline hcl tabs 150 mg</i>	55
.....	71	<i>amitriptyline hcl tabs 25 mg</i>	55
ALECENSA CAPS 150 MG <i>[alectinib hcl]</i>	22	<i>amitriptyline hcl tabs 50 mg</i>	55
<i>alendronate sodium tabs 10 mg</i>	85	<i>amitriptyline hcl tabs 75 mg</i>	55
<i>alendronate sodium tabs 35 mg</i>	85	<i>amlodipine besylate tabs 10 mg</i>	40
<i>alendronate sodium tabs 40 mg</i>	85	<i>amlodipine besylate tabs 2.5 mg</i>	40
<i>alendronate sodium tabs 70 mg</i>	85	<i>amlodipine besylate tabs 5 mg</i>	40
ALIMTA SOLR 500 MG <i>[pemetrexed disodium]</i>		<i>amoxapine tabs 100 mg</i>	55
.....	22	<i>amoxapine tabs 150 mg</i>	55
ALINIA SUSR 100 MG/5ML <i>[nitazoxanide]</i>	17	<i>amoxapine tabs 25 mg</i>	55
ALINIA TABS 500 MG <i>[nitazoxanide]</i>	17	<i>amoxapine tabs 50 mg</i>	55
ALKERAN TABS 2 MG <i>[melphalan]</i>	22	<i>amoxicillin caps 250 mg</i>	11

amoxicillin caps 500 mg	11	anagrelide hcl caps 0.5 mg	36
amoxicillin chew 125 mg	11	anagrelide hcl caps 1 mg	36
amoxicillin chew 250 mg	11	anastrozole tabs 1 mg	22
amoxicillin susr 125 mg/5ml	11	ANDRODERM PT24 2 MG/24HR [testosterone]	79
amoxicillin susr 200 mg/5ml	11	ANDRODERM PT24 4 MG/24HR [testosterone]	79
amoxicillin susr 250 mg/5ml	11	ANGIOMAX SOLR 250 MG [bivalirudin trifluoroacetate]	36
amoxicillin susr 400 mg/5ml	11	ANTACID PLUS ANTI-GAS RELIEF SUSP 200- 200-20 MG/5ML [alum & mag hydrox- simethicone]	75
amoxicillin-pot clavulanate chew 200-28.5 mg	11	ANTACID PLUS ANTI-GAS RELIEF SUSP 400- 400-40 MG/5ML [alum & mag hydrox- simethicone]	75
amoxicillin-pot clavulanate chew 400-57 mg	11	ANUCORT-HC SUPP 25 MG [hydrocortisone acetate (rectal)]	95
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	11	APOKYN SOCT 30 MG/3ML [apomorphine hydrochloride]	52
amoxicillin-pot clavulanate susr 400-57 mg/5ml	11	apraclonidine hcl soln 0.5 %	74
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	11	APTENSIO XR CP24 10 MG [methylphenidate hcl]	48
amoxicillin-pot clavulanate tabs 500-125 mg	11	APTENSIO XR CP24 15 MG [methylphenidate hcl]	48
amoxicillin-pot clavulanate tabs 875-125 mg	11	APTENSIO XR CP24 20 MG [methylphenidate hcl]	48
amphetamine-dextroamphetamine tabs 10 mg	48	APTENSIO XR CP24 30 MG [methylphenidate hcl]	48
amphetamine-dextroamphetamine tabs 12.5 mg	48	APTENSIO XR CP24 40 MG [methylphenidate hcl]	48
amphetamine-dextroamphetamine tabs 15 mg	48	APTENSIO XR CP24 50 MG [methylphenidate hcl]	48
amphetamine-dextroamphetamine tabs 20 mg	48	APTENSIO XR CP24 60 MG [methylphenidate hcl]	48
amphetamine-dextroamphetamine tabs 30 mg	48	APTIVUS CAPS 250 MG [tipranavir]	18
amphetamine-dextroamphetamine tabs 5 mg	48	AQUAPHOR OINT [emollient]	98
amphetamine-dextroamphetamine tabs 7.5 mg	48	AQUASOL A SOLN 15 MG/ML [vitamin a] ...	100
amphotericin b solr 50 mg	16	ARALAST NP SOLR 1000 MG [alpha1- proteinase inhibitor (human)]	71
ampicillin caps 250 mg	11	ARALAST NP SOLR 500 MG [alpha1- proteinase inhibitor (human)]	91
ampicillin caps 500 mg	11	ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% [argatroban in sodium chloride]	36
ampicillin sodium solr 1 gm	11	aripiprazole tabs 10 mg	55
ampicillin sodium solr 125 mg	11	aripiprazole tabs 15 mg	55
ampicillin sodium solr 2 gm	11	aripiprazole tabs 2 mg	55
ampicillin sodium solr 250 mg	11	aripiprazole tabs 20 mg	55
ampicillin sodium solr 500 mg	11	aripiprazole tabs 30 mg	56
ampicillin susr 125 mg/5ml	11	aripiprazole tabs 5 mg	56
ampicillin susr 250 mg/5ml	11		
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	11		
ampicillin-sulbactam sodium solr 3 (2-1) gm	11		
amp-sulbacta inj 1.5gm	11		

ARISTADA PRSY 1064 MG/3.9ML [<i>aripiprazole lauroxil</i>]	56
ARISTADA PRSY 441 MG/1.6ML [<i>aripiprazole lauroxil</i>]	56
ARISTADA PRSY 662 MG/2.4ML [<i>aripiprazole lauroxil</i>]	56
ARISTADA PRSY 882 MG/3.2ML [<i>aripiprazole lauroxil</i>]	56
ASCORBIC ACID SOLN 500 MG/ML [<i>ascorbic acid</i>]	101
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	77
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	77
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	36
ASSESS FULL RANGE PEAK METER DEVI [<i>peak flow meter</i>]	60
<i>atazanavir sulfate caps 150 mg</i>	18
<i>atazanavir sulfate caps 200 mg</i>	18
<i>atazanavir sulfate caps 300 mg</i>	18
<i>atenolol tabs 100 mg</i>	38
<i>atenolol tabs 25 mg</i>	39
<i>atenolol tabs 50 mg</i>	39
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	39
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	39
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>]	85
<i>atorvastatin calcium tabs 10 mg</i>	38
<i>atorvastatin calcium tabs 20 mg</i>	38
<i>atorvastatin calcium tabs 40 mg</i>	38
<i>atorvastatin calcium tabs 80 mg</i>	38
<i>atovaquone susp 750 mg/5ml</i>	17
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	17
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	17
<i>atracurium besylate soln 100 mg/10ml</i>	31
ATRIPLA TABS 600-200-300 MG [<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>]	18
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	74

ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</i>]	74
ATROPINE SULFATE SOLN 1 MG/ML [<i>atropine sulfate</i>]	29
ATROPINE SULFATE SOLN 8 MG/20ML [<i>atropine sulfate</i>]	29
ATROPINE SULFATE SOSY 0.5 MG/5ML [<i>atropine sulfate</i>]	29
ATROVENT HFA AERS 17 MCG/ACT [<i>ipratropium bromide hfa</i>]	29
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	11
AVASTIN SOLN 100 MG/4ML [<i>bevacizumab</i>]	22
AVELOX SOLN 400 MG/250ML [<i>moxifloxacin hcl in sodium chloride</i>]	11
AVITA CREA 0.025 % [<i>tretinoin</i>]	97
AVONEX KIT 30MCG [<i>interferon beta-1a</i>]	85
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	85
AZACTAM IN DEXTROSE SOLN 1 GM/50ML [<i>aztreonam-dextrose</i>]	11
AZACTAM IN DEXTROSE SOLN 2 GM/50ML [<i>aztreonam-dextrose</i>]	12
<i>azathioprine tabs 50 mg</i>	85
<i>azelastine hcl soln 0.1 %</i>	73
<i>azithromycin solr 500 mg</i>	12
<i>azithromycin susr 100 mg/5ml</i>	12
<i>azithromycin susr 200 mg/5ml</i>	12
<i>azithromycin tabs 250 mg</i>	12
<i>azithromycin tabs 500 mg</i>	12
<i>azithromycin tabs 600 mg</i>	12
<i>aztreonam solr 1 gm</i>	12
<i>aztreonam solr 2 gm</i>	12

B

<i>bacitracin oint 500 unit/gm</i>	72
BACITRACIN OINT 500 UNIT/GM [<i>bacitracin (topical)</i>]	95
<i>bacitracin solr 50000 unit</i>	12
BACITRACIN ZINC OINT 500 UNIT/GM [<i>bacitracin zinc</i>]	95
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	72
BACLOFEN POWD [<i>baclofen</i>]	89
<i>baclofen tabs 10 mg</i>	31
<i>baclofen tabs 20 mg</i>	31
BACTERIOSTATIC WATER(BENZ ALC) SOLN [<i>water for inject, bacteriostatic benzyl alcohol</i>]	89
<i>balsalazide disodium caps 750 mg</i>	75

BANZEL SUSP 40 MG/ML [rufinamide]	49
BANZEL TABS 200 MG [rufinamide]	49
BANZEL TABS 400 MG [rufinamide]	49
BAQSIMI TWO PACK POWD 3 MG/DOSE [glucagon]	81
BARACLUDE SOLN 0.05 MG/ML [entecavir] 18	
BAYER BREEZE 2 CONTROL LIQD NORMAL [blood glucose calibration]	60
BAYER MICROLET 2 LANCING DEVIC MISC [lancet devices]	60
BD ALLERGY SYRINGE MISC 28G X 1/2.....	61
BD DISP NEEDLES MISC 18G X 1-1/2.....	61
BD DISP NEEDLES MISC 19G X 1.....	61
BD DISP NEEDLES MISC 20G X 1.....	61
BD DISP NEEDLES MISC 22G X 1-1/2.....	61
BD HYPODERMIC NEEDLE MISC 18G X 1... 61	
BD HYPODERMIC NEEDLE MISC 21G X 1... 61	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2	61
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2	61
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	61
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2.....	61
BD INSULIN SYRINGE MISC 25G X 1.....	61
BD INSULIN SYRINGE MISC 27G X 1/2.....	61
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	61
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	61
BD INSULIN SYRINGE U/F MISC 30G X 1/2.. 61	
BD INSULIN SYRINGE U/F MISC 31G X 5/16 61	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML [insulin syringe/needle u-500]	61
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2.....	61
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64.....	61
BD INTEGRA SYRINGE MISC 25G X 5/8.....	62
BD LANCET ULTRAFINE 33G MISC [lancets]	62
BD LUER-LOK SYRINGE MISC 18G X 1-1/2.. 62	
BD LUER-LOK SYRINGE MISC 20G X 1..... 62	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2.. 62	
BD LUER-LOK SYRINGE MISC 21G X 1..... 62	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2.. 62	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4.. 62	
BD LUER-LOK SYRINGE MISC 22G X 1..... 62	
BD LUER-LOK SYRINGE MISC 25G X 1..... 62	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2.. 62	
BD LUER-LOK SYRINGE MISC 25G X 5/8..... 62	
BD LUER-LOK SYRINGE MISC 2G X 1-1/4.... 62	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM [insulin pen needle]	62
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	62
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM [insulin pen needle]	62
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	62
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2.....	62
BD SYRINGE LUER-LOK MISC 1 ML [syringe (disposable)]	62
BD SYRINGE LUER-LOK MISC 10 ML [syringe (disposable)]	62
BD SYRINGE LUER-LOK MISC 20 ML [syringe (disposable)]	62
BD SYRINGE LUER-LOK MISC 3 ML [syringe (disposable)]	62
BD SYRINGE LUER-LOK MISC 60 ML [syringe (disposable)]	62
BD SYRINGE/NEEDLE MISC 22G X 1-1/2..... 62	
BD SYRINGE/NEEDLE MISC 23G X 1..... 63	
BD SYRINGE/NEEDLE MISC 25G X 5/8..... 63	
BD TB SYRINGE MISC 25G X 5/8..... 63	
BD TB SYRINGE MISC 27G X 1/2..... 63	
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	63
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	63
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2- 30 MG [belladonna alkaloids & opium]	29
BELLADONNA ALKALOIDS-OPIMUM SUPP 16.2- 60 MG [belladonna alkaloids & opium]	29
benazepril hcl tabs 10 mg	42
benazepril hcl tabs 20 mg	42
benazepril hcl tabs 40 mg	42
benazepril hcl tabs 5 mg	42
BENDEKA SOLN 100 MG/4ML [bendamustine hcl]	22
BENEFIX KIT 1000 UNIT [coagulation factor ix (recombinant)]	33
BENEFIX KIT 250 UNIT [coagulation factor ix (recombinant)]	33
BENEFIX KIT 500 UNIT [coagulation factor ix (recombinant)]	33
BENTYL SOLN 10 MG/ML [dicyclomine hcl] .. 29	
BENZOIN TINC [benzoin]	98

<i>malate]</i>	22	125-200 mg	52
CABOMETYX TABS 40 MG [<i>cabozantinib s-</i>		carbidopa-levodopa-entacapone tabs 37.5-	
malate]	22	150-200 mg	52
CABOMETYX TABS 60 MG [<i>cabozantinib s-</i>		carbidopa-levodopa-entacapone tabs 50-200-	
malate]	22	200 mg	53
caffeine citrate soln 60 mg/3ml	48	CARDENE IV SOLN 20-0.86 MG/200ML-%	
calcipotriene crea 0.005 %	98	[nicardipine hcl in sodium chloride]	40
calcipotriene soln 0.005 %	98	CARDENE IV SOLN 20-4.8 MG/200ML-%	
calcitonin (salmon) soln 200 unit/act	83	[nicardipine hcl in dextrose]	40
calcitriol caps 0.25 mcg	101	CARDENE IV SOLN 40-0.83 MG/200ML-%	
calcitriol caps 0.5 mcg	101	[nicardipine hcl in sodium chloride]	40
calcium acetate (phos binder) caps 667 mg	69	CARDENE IV SOLN 40-5 MG/200ML-%	
CALCIUM CHLORIDE SOLN 10 % [calcium		[nicardipine hcl in dextrose]	40
chloride (dihydrate)]	69	CARIMUNE NF SOLR 12 GM [immune	
CALCIUM GLUCONATE SOLN 10 % [calcium		globulin (human) iv]	92
gluconate]	69	CARIMUNE NF SOLR 6 GM [immune globulin	
CAMPTOSAR SOLN 100 MG/5ML [irinotecan		(human) iv]	92
hcl]	22	carmustine solr 100 mg	23
CAMPTOSAR SOLN 40 MG/2ML [irinotecan		carvedilol tabs 12.5 mg	39
hcl]	22	carvedilol tabs 25 mg	39
CANASA SUPP 1000 MG [mesalamine]	75	carvedilol tabs 3.125 mg	39
CANDIN SOLN [candida albicans skin test		carvedilol tabs 6.25 mg	39
antigen]	65	CASCARA SAGRADA EXTR 1 GM/ML [caspara	
capecitabine tabs 150 mg	22	sagrada]	76
capecitabine tabs 500 mg	22	CATHFLO ACTIVASE SOLR 2 MG [alteplase]	
CAPRELSA TABS 100 MG [vandetanib]	22	.....	36
CAPRELSA TABS 300 MG [vandetanib]	22	CAVERJECT IMPULSE KIT 10 MCG	
CARAFATE SUSP 1 GM/10ML [sucralfate] ... 75		[alprostadil (vasodilator)]	43
carbamazepine chew 100 mg	49	CAVERJECT IMPULSE KIT 20 MCG	
carbamazepine er cp12 100 mg	49	[alprostadil (vasodilator)]	43
carbamazepine er cp12 200 mg	49	CAVERJECT SOLR 20 MCG [alprostadil	
carbamazepine er cp12 300 mg	49	(vasodilator)]	43
carbamazepine er tb12 100 mg	49	CAVERJECT SOLR 40 MCG [alprostadil	
carbamazepine er tb12 200 mg	49	(vasodilator)]	43
carbamazepine er tb12 400 mg	49	cefaclor caps 250 mg	12
carbamazepine susp 100 mg/5ml	49	cefaclor caps 500 mg	12
carbamazepine tabs 200 mg	50	cefadroxil caps 500 mg	12
carbidopa tabs 25 mg	52	cefazolin sodium solr 1 gm	12
carbidopa-levodopa er tbcr 25-100 mg	52	cefazolin sodium solr 500 mg	12
carbidopa-levodopa er tbcr 50-200 mg	52	cefazolin sodium-dextrose soln 1-4 gm/50ml-	
carbidopa-levodopa tabs 10-100 mg	52	%	12
carbidopa-levodopa tabs 25-100 mg	52	CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4	
carbidopa-levodopa tabs 25-250 mg	52	GM-%(50ML) [cefazolin sodium-dextrose] 12	
carbidopa-levodopa-entacapone tabs 12.5-50-		cefdinir susr 125 mg/5ml	12
200 mg	52	cefdinir susr 250 mg/5ml	12
carbidopa-levodopa-entacapone tabs 18.75-		cefepime hcl solr 1 gm	12
75-200 mg	52	cefepime hcl solr 2 gm	12
carbidopa-levodopa-entacapone tabs 25-100-		CEFEPIME-DEXTROSE SOLR 1-5 GM-	
200 mg	52	%(50ML) [cefepime hcl-dextrose]	12
carbidopa-levodopa-entacapone tabs 31.25-		CEFEPIME-DEXTROSE SOLR 2-5 GM-	

% (50ML) [<i>cefepime hcl-dextrose</i>]	12	CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	30
<i>cefixime susr 100 mg/5ml</i>	12	CHEMET CAPS 100 MG [<i>succimer</i>]	77
<i>cefotaxime sodium inj 10gm</i>	12	CHERATUSSIN AC SYRP 100-10 MG/5ML	
<i>cefotaxime sodium solr 2 gm</i>	12	[<i>guaifenesin-codeine</i>]	91
<i>cefotetan disodium solr 1 gm</i>	12	<i>chloramphenicol sod succinate solr 1 gm</i>	13
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-		<i>chlordiazepoxide hcl caps 10 mg</i>	53
2.08 GM-% (50ML) [<i>cefotetan disodium and</i>		<i>chlordiazepoxide hcl caps 25 mg</i>	53
<i>dextrose</i>]	12	<i>chlordiazepoxide hcl caps 5 mg</i>	53
<i>cefoxitin sodium inj 1gm</i>	12	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5	
<i>cefoxitin sodium solr 10 gm</i>	12	MG [<i>chlordiazepoxide hcl-clidinium</i>	
<i>cefoxitin sodium solr 2 gm</i>	12	<i>bromide</i>]	29
<i>cefpodoxime proxetil tabs 100 mg</i>	12	<i>chlorhexidine gluconate soln 0.12 %</i>	72
<i>cefpodoxime proxetil tabs 200 mg</i>	12	CHLOROFORM SOL	[<i>chloroform</i>]
<i>ceftazidime solr 6 gm</i>	13	<i>chloroprocaine hcl (pf) soln 2 %</i>	85
CEFTIN SUSR 125 MG/5ML [<i>cefuroxime</i>		<i>chloroquine phosphate tabs 250 mg</i>	17
<i>axetil</i>]	13	<i>chloroquine phosphate tabs 500 mg</i>	17
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	13	<i>chlorpromazine hcl soln 25 mg/ml</i>	56
.....	13	<i>chlorpromazine hcl tabs 10 mg</i>	56
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	13	<i>chlorpromazine hcl tabs 100 mg</i>	56
.....	13	<i>chlorpromazine hcl tabs 200 mg</i>	56
<i>ceftriaxone sodium solr 1 gm</i>	13	<i>chlorpromazine hcl tabs 25 mg</i>	56
<i>ceftriaxone sodium solr 10 gm</i>	13	<i>chlorpromazine hcl tabs 50 mg</i>	56
<i>ceftriaxone sodium solr 2 gm</i>	13	<i>chlorthalidone tabs 25 mg</i>	68
<i>ceftriaxone sodium solr 250 mg</i>	13	<i>chlorthalidone tabs 50 mg</i>	68
<i>ceftriaxone sodium solr 500 mg</i>	13	<i>cholestyramine light pack 4 gm</i>	38
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 1-		<i>cholestyramine light powd 4 gm/dose</i>	38
3.74 GM-% (50ML) [<i>ceftriaxone sodium and</i>		<i>cholestyramine pack 4 gm</i>	38
<i>dextrose</i>]	13	<i>cholestyramine powd 4 gm/dose</i>	38
CEFTRIAOXONE SODIUM-DEXTROSE SOLR 2-		CHROMIC CHLORIDE SOLN 40 MCG/10ML	
2.22 GM-% (50ML) [<i>ceftriaxone sodium and</i>		[<i>chromic chloride</i>]	69
<i>dextrose</i>]	13	<i>cidofovir soln 75 mg/ml</i>	18
<i>cefuroxime axetil tabs 250 mg</i>	13	CIMDUO TABS 300-300 MG [<i>lamivudine-</i>	
<i>cefuroxime axetil tabs 500 mg</i>	13	<i>tenofovir disoproxil fumarate</i>]	18
<i>cefuroxime sodium solr 1.5 gm</i>	13	<i>cimetidine hcl soln 300 mg/5ml</i>	75
<i>cefuroxime sodium solr 750 mg</i>	13	<i>cinacalcet hcl tabs 30 mg</i>	86
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	50	<i>cinacalcet hcl tabs 60 mg</i>	86
<i>cephalexin caps 250 mg</i>	13	<i>cinacalcet hcl tabs 90 mg</i>	86
<i>cephalexin caps 500 mg</i>	13	CINRYZE SOLR 500 UNIT [<i>c1 esterase</i>	
<i>cephalexin susr 125 mg/5ml</i>	13	<i>inhibitor (human)</i>]	86
<i>cephalexin susr 250 mg/5ml</i>	13	CIPRO SUSR 250 MG/5ML (5%)	
CERDELGA CAPS 84 MG [<i>eliglustat tartrate</i>]	85	[<i>ciprofloxacin</i>]	13
.....	85	CIPRO SUSR 500 MG/5ML (10%)	
CERVIDIL INST 10 MG [<i>dinoprostone</i>]	89	[<i>ciprofloxacin</i>]	13
CHANTIX CONTINUING MONTH PAK TABS 1		CIPRODEX SUSP 0.3-0.1 % [<i>ciprofloxacin-</i>	
MG [<i>varenicline tartrate</i>]	30	<i>dexamethasone</i>]	72
CHANTIX STARTING MONTH PAK TABS 0.5		<i>ciprofloxacin hcl soln 0.3 %</i>	72
MG X 11 & 1 MG X 42 [<i>varenicline tartrate</i>]	30	<i>ciprofloxacin hcl tabs 250 mg</i>	13
.....	30	<i>ciprofloxacin hcl tabs 500 mg</i>	13
CHANTIX TABS 0.5 MG [<i>varenicline tartrate</i>]	30	<i>ciprofloxacin hcl tabs 750 mg</i>	13
.....	30	<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	13

cisatracurium besylate (pf) soln 10 mg/5ml	31	CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	
cisatracurium besylate (pf) soln 200 mg/20ml		[amino acid electrolyte w/ calcium infusion in d5w]	67
.....	31	CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	
cisatracurium besylate soln 20 mg/10ml	31	[amino acid electrolyte w/ calcium infusion in d15w]	67
cisplatin soln 100 mg/100ml	23	CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	
citalopram hydrobromide soln 10 mg/5ml	56	[amino acid electrolyte w/ calcium infusion in d20w]	67
citalopram hydrobromide tabs 10 mg	56	CLINIMIX E/DEXTROSE (5/25) SOLN 5 %	
citalopram hydrobromide tabs 20 mg	56	[amino acid electrolyte w/ calcium infusion in d25w]	67
citalopram hydrobromide tabs 40 mg	56	CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 %	
cladribine soln 10 mg/10ml	23	[amino acid infusion in d5w]	67
clarithromycin susr 125 mg/5ml	13	CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	
clarithromycin susr 250 mg/5ml	13	[amino acid infusion in d10w]	67
clarithromycin tabs 250 mg	13	CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 %	
CLARITHROMYCIN TABS 500 MG		[amino acid infusion in d20w]	67
[clarithromycin]	13	CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 %	
CLEOCIN IN D5W SOLN 900 MG/50ML		[amino acid infusion in d25w]	67
[clindamycin phosphate in d5w]	13	CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
CLEVIPREX EMUL 25 MG/50ML [clevidipine]		[amino acid infusion in d5w]	67
.....	40	CLINIMIX/DEXTROSE (5/15) SOLN 5 %	
CLEVIPREX EMUL 50 MG/100ML [clevidipine]		[amino acid infusion in d15w]	67
.....	40	CLINIMIX/DEXTROSE (5/20) SOLN 5 %	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM		[amino acid infusion in d20w]	67
[insulin pen needle]	63	CLINIMIX/DEXTROSE (5/25) SOLN 5 %	
CLIMARA PTWK 0.025 MG/24HR [estradiol]	82	[amino acid infusion in d25w]	67
CLIMARA PTWK 0.0375 MG/24HR [estradiol]		CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	
.....	82	[amino acid infusion in d5w]	67
CLIMARA PTWK 0.05 MG/24HR [estradiol]	82	CLINIMIX/DEXTROSE (5/15) SOLN 5 %	
CLIMARA PTWK 0.06 MG/24HR [estradiol]	82	[amino acid infusion in d15w]	67
CLIMARA PTWK 0.075 MG/24HR [estradiol]	82	CLINIMIX/DEXTROSE (5/20) SOLN 5 %	
CLIMARA PTWK 0.1 MG/24HR [estradiol]	82	[amino acid infusion in d20w]	67
clindamycin hcl caps 150 mg	13	CLINIMIX/DEXTROSE (5/25) SOLN 5 %	
clindamycin hcl caps 300 mg	13	[amino acid infusion in d25w]	67
clindamycin palmitate hcl solr 75 mg/5ml	13	clobetasol propionate crea 0.05 %	96
clindamycin phosphate crea 2 %	95	clobetasol propionate gel 0.05 %	96
clindamycin phosphate gel 1 %	95	clobetasol propionate lotn 0.05 %	96
clindamycin phosphate lotn 1 %	95	clobetasol propionate oint 0.05 %	96
clindamycin phosphate soln 1 %	95	CLOBETASOL PROPIONATE POW PROPIONA	
clindamycin phosphate soln 9000 mg/60ml	13	[clobetasol propionate]	90
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 %		clobetasol propionate soln 0.05 %	96
[amino acid electrolyte w/ calcium infusion in d10w]	66	CLOBEX LOTN 0.05 % [clobetasol propionate]	
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %		.....	95
[amino acid electrolyte w/ calcium infusion in d5w]	67	CLOBEX SPRAY LIQD 0.05 % [clobetasol propionate]	
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %		.....	95
[amino acid electrolyte w/ calcium infusion in d10w]	67	clomiphene citrate tabs 50 mg	82
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 %		clomipramine hcl caps 25 mg	56
[amino acid electrolyte w/ calcium infusion in d25w]	67	clomipramine hcl caps 50 mg	56
		clomipramine hcl caps 75 mg	56
		clonazepam tabs 0.5 mg	50
		clonazepam tabs 1 mg	50
		clonazepam tabs 2 mg	50
		CLONIDINE HCL POWD [clonidine hcl]	90
		clonidine hcl tabs 0.1 mg	42
		clonidine hcl tabs 0.2 mg	42
		clonidine hcl tabs 0.3 mg	42

<i>clonidine ptwk 0.1 mg/24hr</i>	42	CONCERTA TBCR 54 MG [<i>methylphenidate hcl</i>].....	48
<i>clonidine ptwk 0.2 mg/24hr</i>	42	CONDYLOX GEL 0.5 % [<i>podofilox</i>]	98
<i>clonidine ptwk 0.3 mg/24hr</i>	42	CONRAY SOLN 60 % [<i>iothalamate meglumine</i>].....	65
<i>clopidogrel bisulfate tabs 75 mg</i>	36	COPIKTRA CAPS 15 MG [<i>duvelisib</i>]	23
<i>clorazepate dipotassium tabs 15 mg</i>	53	COPIKTRA CAPS 25 MG [<i>duvelisib</i>]	23
<i>clorazepate dipotassium tabs 3.75 mg</i>	53	CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>].....	96
<i>clorazepate dipotassium tabs 7.5 mg</i>	53	<i>cortisone acetate tabs 25 mg</i>	78
CLOTRIMAZOLE CRYSTALS [<i>clotrimazole (topical)</i>]	90	CORTISPORIN OINT 1 % [<i>bacitracin-polymyxin-neomycin hc</i>]	96
<i>clotrimazole troc 10 mg</i>	95	COSENTYX (300 MG DOSE) SOA 150 MG/ML [<i>secukinumab</i>].....	98
<i>clozapine tabs 100 mg</i>	56	COSENTYX SENSOREADY (300 MG) SOA 150 MG/ML [<i>secukinumab</i>]	98
<i>clozapine tabs 200 mg</i>	56	COSENTYX SENSOREADY PEN SOA 150 MG/ML [<i>secukinumab</i>]	98
<i>clozapine tabs 25 mg</i>	56	COSENTYX SOSY 150 MG/ML [<i>secukinumab</i>]	98
<i>clozapine tabs 50 mg</i>	56	COSMEGEN SOLR 0.5 MG [<i>dactinomycin</i>] ..	23
COAL TAR EXTRACT SOLN 20 % [<i>coal tar (crude)</i>]	90	COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>].....	23
COARTEM TABS 20-120 MG [<i>artemether-lumefantrine</i>].....	17	CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
CODEINE SULFATE TABS 15 MG [<i>codeine sulfate</i>].....	45	CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>] ..	76
CODEINE SULFATE TABS 30 MG [<i>codeine sulfate</i>].....	45	CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
CODEINE SULFATE TABS 60 MG [<i>codeine sulfate</i>].....	45	CREON CPEP 36000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
COLCHICINE CAPS 0.6 MG [<i>colchicine</i>]	86	CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	76
<i>colchicine tabs 0.6 mg</i>	86	CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>] ..	18
<i>colestipol hcl gran 5 gm</i>	38	CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>] ..	18
<i>colestipol hcl pack 5 gm</i>	38	CROFAB SOLR [<i>crotalidae polyvalent immune fab (ovine)</i>]	92
<i>colestipol hcl tabs 1 gm</i>	38	<i>cromolyn sodium conc 100 mg/5ml</i>	91
COLLODION FLEXIBLE LIQD [<i>collodion flexible</i>].....	90	<i>cromolyn sodium nebu 20 mg/2ml</i>	91
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	72	<i>cromolyn sodium soln 4 %</i>	73
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>].....	32	C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	74
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG [<i>cabozantinib s-malate</i>]	23	CUBICIN SOLR 500 MG [<i>daptomycin</i>]	13
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG [<i>cabozantinib s-malate</i>]	23	CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>].....	69
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG [<i>cabozantinib s-malate</i>]	23	CUROSURF SUSP 120 MG/1.5ML [<i>poractant alfa</i>].....	91
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>].....	18	CUROSURF SUSP 240 MG/3ML [<i>poractant alfa</i>].....	91
CONCERTA TBCR 18 MG [<i>methylphenidate hcl</i>].....	48	CUVPOSA SOLN 1 MG/5ML [<i>glycopyrrolate</i>]29	
CONCERTA TBCR 27 MG [<i>methylphenidate hcl</i>].....	48	<i>cyanocobalamin soln 1000 mcg/ml</i>	100
CONCERTA TBCR 36 MG [<i>methylphenidate hcl</i>].....	48		

cyclobenzaprine hcl tabs 10 mg	31
cyclobenzaprine hcl tabs 5 mg	31
cyclopentolate hcl soln 1 %	74
CYCLOPHOSPHAMIDE CAPS 25 MG [cyclophosphamide]	23
CYCLOPHOSPHAMIDE CAPS 50 MG [cyclophosphamide]	23
cyclophosphamide solr 1 gm	23
cyclophosphamide solr 2 gm	23
cyclophosphamide solr 500 mg	23
cycloserine caps 250 mg	17
cyproheptadine hcl syrp 2 mg/5ml	22
cyproheptadine hcl tabs 4 mg	22
CYRAMZA SOLN 100 MG/10ML [ramucirumab]	23
CYRAMZA SOLN 500 MG/50ML [ramucirumab]	23
CYSTADANE POWD [betaine]	86
CYSTAGON CAPS 150 MG [cysteamine bitartrate]	86
CYSTAGON CAPS 50 MG [cysteamine bitartrate]	86
CYTOGAM INJ 50 MG/ML [cytomegalovirus immune globulin (human)]	92
CYTRA K CRYSTALS PACK 3300-1002 MG [potassium citrate-citric acid]	66
CYTRA-K SOLN 1100-334 MG/5ML [potassium citrate-citric acid]	66

D

dacarbazine solr 100 mg	23
dacarbazine solr 200 mg	23
dactinomycin inj 0.5mg	23
DAKLINZA TABS 30 MG [daclatasvir dihydrochloride]	18
DAKLINZA TABS 60 MG [daclatasvir dihydrochloride]	18
danazol caps 100 mg	79
danazol caps 200 mg	79
danazol caps 50 mg	79
dantrolene sodium caps 100 mg	31
dantrolene sodium caps 25 mg	31
dantrolene sodium caps 50 mg	31
dapsone tabs 100 mg	17
dapsone tabs 25 mg	17
DARAPRIM TABS 25 MG [pyrimethamine] ... 17	
DARZALEX SOLN 100 MG/5ML [daratumumab]	23
DARZALEX SOLN 400 MG/20ML [daratumumab]	23

daunorubicin hcl soln 20 mg/4ml	23
DDAVP RHINAL TUBE SOLN 0.01 % [desmopressin acetate refrigerated]	83
deferasirox tabs 360 mg	77
deferasirox tabs 90 mg	77
deferoxamine mesylate inj 2gm	77
deferoxamine mesylate solr 500 mg	77
DELESTROGEN OIL 10 MG/ML [estradiol valerate]	82
DELESTROGEN OIL 20 MG/ML [estradiol valerate]	82
DELESTROGEN OIL 40 MG/ML [estradiol valerate]	82
DEPEN TITRATABS TABS 250 MG [penicillamine]	77
DEPO-PROVERA SUSP 400 MG/ML [medroxyprogesterone acetate (antineoplastic)]	83
DESCOVY TABS 200-25 MG [emtricitabine- tenofovir alafenamide fumarate]	18
desipramine hcl tabs 10 mg	56
desipramine hcl tabs 100 mg	56
desipramine hcl tabs 150 mg	56
desipramine hcl tabs 25 mg	56
desipramine hcl tabs 50 mg	56
desipramine hcl tabs 75 mg	56
desmopressin ace spray refig soln 0.01 %	83
desmopressin acetate soln 4 mcg/ml	83
desmopressin acetate spray soln 0.01 %	83
desmopressin acetate tabs 0.1 mg	83
desmopressin acetate tabs 0.2 mg	83
desonide oint 0.05 %	96
desoximetasone crea 0.25 %	96
dexamethasone elix 0.5 mg/5ml	78
dexamethasone sodium phosphate soln 0.1 %	72
dexamethasone sodium phosphate soln 10 mg/ml	78
dexamethasone sodium phosphate soln 4 mg/ml	78
dexamethasone soln 0.5 mg/5ml	78
dexamethasone tabs 0.5 mg	78
dexamethasone tabs 0.75 mg	78
dexamethasone tabs 1 mg	78
dexamethasone tabs 1.5 mg	78
dexamethasone tabs 2 mg	78
dexamethasone tabs 4 mg	78
dexamethasone tabs 6 mg	78
dexmethylphenidate hcl er cp24 10 mg	48
dexmethylphenidate hcl er cp24 15 mg	48

dexmethylphenidate hcl er cp24 20 mg	48	diclofenac sodium soln 0.1 %	72
dexmethylphenidate hcl er cp24 25 mg	48	diclofenac sodium soln 1.5 %	98
dexmethylphenidate hcl er cp24 30 mg	48	dicloxacillin sodium caps 250 mg	13
dexmethylphenidate hcl er cp24 35 mg	48	dicloxacillin sodium caps 500 mg	13
dexmethylphenidate hcl er cp24 40 mg	48	dicyclomine hcl caps 10 mg	29
dexmethylphenidate hcl er cp24 5 mg	48	dicyclomine hcl soln 10 mg/5ml	29
dexmethylphenidate hcl tabs 10 mg	48	dicyclomine hcl tabs 20 mg	29
dexmethylphenidate hcl tabs 2.5 mg	48	didanosine cap 125mg	18
dexmethylphenidate hcl tabs 5 mg	48	didanosine cpdr 200 mg	18
dextroamphetamine sulfate er cp24 10 mg ..	48	didanosine cpdr 250 mg	18
dextroamphetamine sulfate er cp24 15 mg ..	48	didanosine cpdr 400 mg	18
dextroamphetamine sulfate er cp24 5 mg ...	49	DIFFERIN CREA 0.1 % [adapalene]	98
dextroamphetamine sulfate tabs 10 mg	49	DIFFERIN GEL 0.1 % [adapalene]	98
dextroamphetamine sulfate tabs 5 mg	49	DIFFERIN GEL 0.3 % [adapalene]	98
DEXTROSE 5%/ELECTROLYTE #48 SOLN		DIGIFAB SOLR 40 MG [digoxin immune fab] ..	92
[electrolyte-48 in dextrose]	69	DIGOXIN SOLN 0.05 MG/ML [digoxin]	41
DEXTROSE IN LACTATED RINGERS SOLN 5		digoxin tabs 125 mcg	41
% [dextrose in lactated ringers]	69	digoxin tabs 250 mcg	41
DEXTROSE SOLN 10 % [dextrose]	67	dihydroergotamine mesylate soln 1 mg/ml ..	31
DEXTROSE SOLN 20 % [dextrose]	67	diltiazem hcl er coated beads cp24 180 mg ..	40
DEXTROSE SOLN 40 % [dextrose]	67	diltiazem hcl er cp12 120 mg	40
DEXTROSE SOLN 5 % [dextrose]	67	diltiazem hcl er cp12 60 mg	40
DEXTROSE SOLN 50 % [dextrose]	67	diltiazem hcl er cp12 90 mg	40
DEXTROSE SOLN 70 % [dextrose]	67	diltiazem hcl er cp24 120 mg	40
DEXTROSE-NACL SOLN 10-0.45 % [dextrose		diltiazem hcl er cp24 180 mg	40
w/ sodium chloride]	69	diltiazem hcl er cp24 240 mg	40
DEXTROSE-NACL SOLN 2.5-0.45 % [dextrose		DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	
w/ sodium chloride]	69	.....	90
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/		diltiazem hcl tabs 120 mg	40
sodium chloride]	69	diltiazem hcl tabs 30 mg	40
DEXTROSE-NACL SOLN 5-0.33 % [dextrose		diltiazem hcl tabs 60 mg	40
w/ sodium chloride]	69	diltiazem hcl tabs 90 mg	40
DEXTROSE-NACL SOLN 5-0.45 % [dextrose		DIPHENHYDRAMINE HCL CAPS 25 MG	
w/ sodium chloride]	69	[diphenhydramine hcl]	22
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/		DIPHENHYDRAMINE HCL CAPS 50 MG	
sodium chloride]	69	[diphenhydramine hcl]	22
DIASTAT ACUDIAL GEL 10 MG [diazepam		diphenhydramine hcl soln 50 mg/ml	22
(anticonvulsant)]	54	diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	
DIASTAT ACUDIAL GEL 20 MG [diazepam		.....	75
(anticonvulsant)]	54	diphenoxylate-atropine tabs 2.5-0.025 mg ..	75
DIASTAT PEDIATRIC GEL 2.5 MG [diazepam		DIPHThERIA-TETANUS TOXOIDS DT SUSP	
(anticonvulsant)]	54	25-5 LFU/0.5ML [diphtheria-tetanus toxoids	
DIASTIX STRP [glucose urine test-(glucose		(dt)]	93
oxidase)]	65	dipyridamole tabs 25 mg	43
diazepam soln 5 mg/5ml	54	dipyridamole tabs 50 mg	43
diazepam soln 5 mg/ml	54	dipyridamole tabs 75 mg	43
diazepam tabs 10 mg	54	disopyramide phosphate caps 100 mg	41
diazepam tabs 2 mg	54	disopyramide phosphate caps 150 mg	41
diazepam tabs 5 mg	54	disulfiram tabs 250 mg	86
diclofenac sodium gel 1 %	98	disulfiram tabs 500 mg	86

factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	ENTRESTO TABS 49-51 MG [sacubitril-valsartan]	42
ELOCTATE SOLR 1500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	33	ENTRESTO TABS 97-103 MG [sacubitril-valsartan]	42
ELOCTATE SOLR 2000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EOVIST SOLN 0.25 MOL/L [gadoxetate disodium]	65
ELOCTATE SOLR 250 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir]	19
ELOCTATE SOLR 3000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EPIDUO FORTE GEL 0.3-2.5 % [adapalene-benzoyl peroxide]	98
ELOCTATE SOLR 4000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EPINEPHRINE PF SOLN 1 MG/ML [epinephrine]	32
ELOCTATE SOLR 500 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	epinephrine soaj 0.15 mg/0.15ml	32
ELOCTATE SOLR 5000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	epinephrine soaj 0.3 mg/0.3ml	32
ELOCTATE SOLR 6000 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EPINEPHRINE SOLN 30 MG/30ML [epinephrine]	32
ELOCTATE SOLR 750 UNIT [antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)]	34	EPINEPHRINE SOSY 1 MG/10ML [epinephrine]	32
ELTA TAR CREA 2 % [coal tar extract]	98	EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [epinephrine (anaphylaxis)]	32
EMCYT CAPS 140 MG [estramustine phosphate sodium]	23	EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)]	19
EMTRIVA CAPS 200 MG [emtricitabine]	18	EPIVIR HBV TABS 100 MG [lamivudine (hbv)]	19
EMTRIVA SOLN 10 MG/ML [emtricitabine]	19	ERBITUX SOLN 100 MG/50ML [cetuximab]	23
ENBREL SOLR 25 MG [etanercept]	86	ERBITUX SOLN 200 MG/100ML [cetuximab]	23
ENBREL SOSY 25 MG/0.5ML [etanercept]	86	ergotamine-caffeine tabs 1-100 mg	52
ENBREL SOSY 50 MG/ML [etanercept]	86	ERIVEDGE CAPS 150 MG [vismodegib]	23
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept]	86	erlotinib hcl tabs 100 mg	23
ENDOMETRIN INST 100 MG [progesterone (vaginal)]	83	erlotinib hcl tabs 150 mg	23
ENGERIX-B SUSP 10 MCG/0.5ML [hepatitis b vaccine (recomb)]	94	erlotinib hcl tabs 25 mg	24
ENGERIX-B SUSP 20 MCG/ML [hepatitis b vaccine (recomb)]	94	ERWINAZE SOLR 10000 UNIT [asparaginase erwinia chrysanthemi]	24
entacapone tabs 200 mg	53	erythromycin oint 5 mg/gm	72
entecavir tabs 0.5 mg	19	erythromycin soln 2 %	95
entecavir tabs 1 mg	19	escitalopram oxalate soln 5 mg/5ml	57
ENTRESTO TABS 24-26 MG [sacubitril-valsartan]	42	escitalopram oxalate tabs 10 mg	57
		escitalopram oxalate tabs 20 mg	57
		escitalopram oxalate tabs 5 mg	57
		ESMOLOL HCL SOLN 100 MG/10ML [esmolol hcl]	39
		estradiol pttw 0.025 mg/24hr	82
		estradiol pttw 0.0375 mg/24hr	82
		estradiol pttw 0.05 mg/24hr	82
		estradiol pttw 0.075 mg/24hr	82
		estradiol pttw 0.1 mg/24hr	82
		estradiol ptwk 0.05 mg/24hr	82
		estradiol ptwk 0.075 mg/24hr	82
		estradiol tabs 0.5 mg	82
		estradiol tabs 1 mg	82

estradiol tabs 2 mg	82
estradiol valerate oil 20 mg/ml	82
estradiol valerate oil 40 mg/ml	82
ESTRING RING 2 MG [estradiol vaginal]	83
ethacrynic acid tabs 25 mg	68
ethambutol hcl tabs 100 mg	17
ethambutol hcl tabs 400 mg	17
ETHAMOLIN SOLN 5 % [ethanolamine oleate]	43
ethosuximide caps 250 mg	50
ethosuximide soln 250 mg/5ml	50
etidronate disodium tabs 200 mg	86
etidronate disodium tabs 400 mg	86
etodolac caps 200 mg	45
etodolac caps 300 mg	45
etodolac tabs 400 mg	45
etodolac tabs 500 mg	45
etoposide caps 50 mg	24
EVOTAZ TABS 300-150 MG [atazanavir sulfate-cobicistat]	19
exemestane tabs 25 mg	24
EXJADE TBSO 125 MG [deferasirox]	77
EXJADE TBSO 250 MG [deferasirox]	77
EXJADE TBSO 500 MG [deferasirox]	77
EXTAVIA KIT 0.3 MG [interferon beta-1b]	86
EYLEA SOLN 2 MG/0.05ML [aflibercept]	74
EYLEA SOSY 2 MG/0.05ML [aflibercept]	74
ezetimibe tabs 10 mg	38

F

FABRAZYME SOLR 35 MG [agalsidase beta]	71
FABRAZYME SOLR 5 MG [agalsidase beta] 71	
famotidine inj 10mg/ml	75
famotidine premixed soln 20-0.9 mg/50ml-%	75
famotidine soln 20 mg/2ml	75
famotidine soln 40 mg/4ml	75
famotidine susr 40 mg/5ml	75
famotidine tabs 20 mg	76
famotidine tabs 40 mg	76
fenofibrate tabs 160 mg	38
fenofibrate tabs 54 mg	38
fentanyl citrate (pf) soct 100 mcg/2ml	45
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML [fentanyl citrate]	45
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML [fentanyl citrate]	45
fentanyl pt72 100 mcg/hr	45
fentanyl pt72 12 mcg/hr	45

fentanyl pt72 25 mcg/hr	45
fentanyl pt72 50 mcg/hr	45
fentanyl pt72 75 mcg/hr	45
finasteride tabs 5 mg	86
FIRAZYR SOLN 30 MG/3ML [icatibant acetate]	86
FIRVANQ SOLR 25 MG/ML [vancomycin hcl]	14
FIRVANQ SOLR 50 MG/ML [vancomycin hcl]	14
FLEBOGAMMA DIF SOLN 0.5 GM/10ML [immune globulin (human) iv]	92
FLEBOGAMMA DIF SOLN 2.5 GM/50ML [immune globulin (human) iv]	92
FLEBOGAMMA DIF SOLN 20 GM/400ML [immune globulin (human) iv]	92
FLEBOGAMMA DIF SOLN 5 GM/50ML [immune globulin (human) iv]	92
flecainide acetate tabs 100 mg	41
flecainide acetate tabs 150 mg	41
flecainide acetate tabs 50 mg	41
FLOVENT HFA AERO 44 MCG/ACT [fluticasone propionate hfa]	78
FLUAD SUSY 0.5 ML [influenza virus vaccine types a & b surface antigen adjuvant]	94
fluconazole in dextrose soln 200 mg/100ml	16
fluconazole in dextrose soln 400 mg/200ml	16
fluconazole in nacl inj nacl 200	16
fluconazole in nacl inj nacl 400	16
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	16
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	16
fluconazole susr 10 mg/ml	16
fluconazole susr 40 mg/ml	16
fluconazole tabs 100 mg	16
fluconazole tabs 150 mg	16
fluconazole tabs 200 mg	16
fluconazole tabs 50 mg	16
flucytosine caps 250 mg	16
flucytosine caps 500 mg	16
fludarabine phosphate solr 50 mg	24
fludrocortisone acetate tabs 0.1 mg	78
flunisolide soln 25 mcg/act (0.025%)	72
fluocinolone acetonide body oil 0.01 %	96
fluocinolone acetonide scalp oil 0.01 %	96
fluocinolone acetonide soln 0.01 %	96
fluocinonide gel 0.05 %	98
fluocinonide oint 0.05 %	96
fluocinonide soln 0.05 %	96

FLUORITAB CHEW 2.2 (1 F) MG [sodium fluoride]	86
fluorometholone susp 0.1 %	72
FLUOROPLEX CREA 1 % [fluorouracil (topical)]	98
fluorouracil crea 5 %	98
fluorouracil soln 2 %	98
fluorouracil soln 5 %	98
fluorouracil soln 500 mg/10ml	24
fluoxetine hcl caps 10 mg	57
fluoxetine hcl caps 20 mg	57
fluoxetine hcl caps 40 mg	57
fluoxetine hcl soln 20 mg/5ml	57
fluphenazine decanoate soln 25 mg/ml	57
fluphenazine hcl conc 5 mg/ml	57
fluphenazine hcl tabs 1 mg	57
fluphenazine hcl tabs 10 mg	57
fluphenazine hcl tabs 2.5 mg	57
fluphenazine hcl tabs 5 mg	57
flurbiprofen sodium soln 0.03 %	72
flutamide caps 125 mg	24
fluticasone propionate crea 0.05 %	96
fluticasone propionate oint 0.005 %	96
fluticasone propionate susp 50 mcg/act	73
fluvoxamine maleate tabs 100 mg	57
fluvoxamine maleate tabs 25 mg	57
fluvoxamine maleate tabs 50 mg	57
FLUZONE HIGH-DOSE SUSY 0.5 ML [influenza virus vaccine split high-dose preservative free]	94
FLUZONE SUSP [influenza virus vaccine split]	94
FML OINT 0.1 % [fluorometholone (ophth)]	73
folic acid soln 5 mg/ml	100
FORTAZ IN D5W SOLN 1-5 GM/50ML-% [ceftazidime sodium in d5w]	14
FORTAZ IN D5W SOLN 2-5 GM/50ML-% [ceftazidime sodium in d5w]	14
FORTAZ SOLR 500 MG [ceftazidime]	14
FORTEO SOPN 600 MCG/2.4ML [teriparatide (recombinant)]	83
fosamprenavir calcium tabs 700 mg	19
fosaprepitant dimeglumine solr 150 mg	75
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	19
fulvestrant soln 250 mg/5ml	24
furosemide soln 10 mg/ml	68
FUROSEMIDE SOLN 10 MG/ML [furosemide]	68
furosemide soln 8 mg/ml	68

FUROSEMIDE TABS 20 MG [furosemide]	68
FUROSEMIDE TABS 40 MG [furosemide]	68
furosemide tabs 80 mg	68

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gabapentin caps 100 mg	50
gabapentin caps 300 mg	50
gabapentin caps 400 mg	50
GABAPENTIN POWD [gabapentin (bulk)]	90
gabapentin tabs 600 mg	50
gabapentin tabs 800 mg	50
GABLOFEN SOLN 10000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 20000 MCG/20ML [baclofen]	31
GABLOFEN SOLN 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 10000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 20000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 40000 MCG/20ML [baclofen]	31
GABLOFEN SOSY 50 MCG/ML [baclofen]	31
GADAVIST SOLN 1 MMOL/ML [gadobutrol]	65
galantamine hydrobromide er cp24 16 mg	30
galantamine hydrobromide er cp24 24 mg	30
GALANTAMINE HYDROBROMIDE ER CP24 8 MG [galantamine hydrobromide]	30
galantamine hydrobromide tabs 12 mg	30
galantamine hydrobromide tabs 4 mg	30
galantamine hydrobromide tabs 8 mg	30
GAMASTAN INJ [immune globulin (human) im]	92
GAMMAGARD S/D LESS IGA SOLR 10 GM [immune globulin (human) iv]	92
GAMMAGARD S/D LESS IGA SOLR 5 GM [immune globulin (human) iv]	92
GAMMAGARD SOLN 30 GM/300ML [immune globulin (human) iv or subcutaneous]	92
GAMMAPLEX SOLN 10 GM/200ML [immune globulin (human) iv]	92
GAMMAPLEX SOLN 20 GM/400ML [immune globulin (human) iv]	92
GAMMAPLEX SOLN 5 GM/100ML [immune globulin (human) iv]	92
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous]	92
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous]	92

GAMUNEX-C SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	93	<i>glipizide tb24 2.5 mg</i>	80
GAMUNEX-C SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	93	<i>glipizide tb24 5 mg</i>	80
GAMUNEX-C SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	93	<i>glipizide-metformin hcl tabs 2.5-250 mg</i>	80
<i>ganciclovir sodium solr 500 mg</i>	19	<i>glipizide-metformin hcl tabs 2.5-500 mg</i>	80
GARDASIL 9 SUSP [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	94	<i>glipizide-metformin hcl tabs 5-500 mg</i>	80
GARDASIL 9 SUSY [<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>]	94	GLUCAGEN HYPOKIT SOLR 1 MG [<i>glucagon hcl (rdna)</i>]	81
GARDASIL SUSP [<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>]	94	GLUCAGEN INJ 1MG [<i>glucagon hcl (rdna)</i>]	81
<i>gatifloxacin soln 0.5 %</i>	72	GLUCAGON EMERGENCY KIT 1 MG [<i>glucagon (rdna)</i>]	81
GAZYVA SOLN 1000 MG/40ML [<i>obinutuzumab</i>]	24	<i>glyburide tabs 1.25 mg</i>	80
GELFILM FILM [<i>gelatin adsorbable (ophth)</i>]	34	<i>glyburide tabs 2.5 mg</i>	80
GELFOAM SPONGE MISC 12-7 MM [<i>gelatin absorbable</i>]	34	<i>glyburide tabs 5 mg</i>	80
GELFOAM SPONGE SIZE 50 MISC [<i>gelatin absorbable</i>]	34	GLYCERIN LIQD [<i>glycerin (bulk)</i>]	90
GELUSIL CHEW 200-200-25 MG [<i>alum & mag hydrox-simethicone</i>]	75	GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	90
<i>gemcitabine hcl solr 200 mg</i>	24	<i>glycopyrrolate soln 0.4 mg/2ml</i>	29
<i>gemfibrozil tabs 600 mg</i>	38	<i>glycopyrrolate tabs 1 mg</i>	29
GEMZAR SOLR 1 GM [<i>gemcitabine hcl</i>]	24	<i>glycopyrrolate tabs 2 mg</i>	29
<i>gentamicin in saline soln 0.8-0.9 mg/ml-%</i>	14	GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	76
<i>gentamicin in saline soln 0.9-0.9 mg/ml-%</i>	14	GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [<i>folllitropin alfa</i>]	83
<i>gentamicin in saline soln 1.2-0.9 mg/ml-%</i>	14	GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [<i>folllitropin alfa</i>]	83
<i>gentamicin in saline soln 1.4-0.9 mg/ml-%</i>	14	GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [<i>folllitropin alfa</i>]	83
<i>gentamicin in saline soln 1.6-0.9 mg/ml-%</i>	14	GONAL-F RFF SOLR 75 UNIT [<i>folllitropin alfa</i>]	83
<i>gentamicin in saline soln 1-0.9 mg/ml-%</i>	14	GONAL-F SOLR 1050 UNIT [<i>folllitropin alfa</i>]	83
<i>gentamicin in saline soln 2-0.9 mg/ml-%</i>	14	GONAL-F SOLR 450 UNIT [<i>folllitropin alfa</i>]	83
<i>gentamicin sulfate crea 0.1 %</i>	95	GRASTEK SUBL 2800 BAU [<i>timothy grass pollen allergen extract</i>]	86
<i>gentamicin sulfate oint 0.1 %</i>	95	<i>griseofulvin microsize susp 125 mg/5ml</i>	16
<i>gentamicin sulfate soln 0.3 %</i>	72	<i>griseofulvin microsize tabs 500 mg</i>	16
<i>gentamicin sulfate soln 40 mg/ml</i>	14	<i>griseofulvin ultramicrosize tabs 125 mg</i>	16
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	19	<i>griseofulvin ultramicrosize tabs 250 mg</i>	16
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	24	<i>guanfacine hcl er tb24 1 mg</i>	55
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	24	<i>guanfacine hcl er tb24 2 mg</i>	55
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	24	<i>guanfacine hcl er tb24 3 mg</i>	55
GLEOSTINE CAPS 5 MG [<i>lomustine</i>]	24	<i>guanfacine hcl er tb24 4 mg</i>	55
<i>glimepiride tabs 1 mg</i>	80	<i>guanfacine hcl tabs 1 mg</i>	42
<i>glimepiride tabs 2 mg</i>	80	<i>guanfacine hcl tabs 2 mg</i>	42
<i>glimepiride tabs 4 mg</i>	80	GUANIDINE HCL TABS 125 MG [<i>guanidine hcl</i>]	30
<i>glipizide tabs 10 mg</i>	80		
<i>glipizide tabs 5 mg</i>	80	H	
<i>glipizide tb24 10 mg</i>	80	HAEGARDA SOLR 2000 UNIT [<i>c1 esterase inhibitor (human)</i>]	86

HAEGARDA SOLR 3000 UNIT [<i>c1 esterase inhibitor (human)</i>]	86	<i>in d5w]</i>	36
HALAVEN SOLN 1 MG/2ML [<i>eribulin mesylate</i>]	24	HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% [<i>heparin sod (porcine) in d5w]</i>	36
<i>haloperidol decanoate soln 100 mg/ml</i>	57	HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	36
<i>haloperidol decanoate soln 50 mg/ml</i>	57	HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [<i>heparin sodium (porcine)</i>]	36
<i>haloperidol lactate conc 2 mg/ml</i>	57	HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [<i>heparin sodium (porcine)</i>]	36
<i>haloperidol lactate soln 5 mg/ml</i>	57	HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [<i>heparin sodium (porcine)</i>]	36
<i>haloperidol tabs 0.5 mg</i>	57	HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush]</i>	36
<i>haloperidol tabs 1 mg</i>	57	HERCEPTIN SOLR 150 MG [<i>trastuzumab</i>]	24
<i>haloperidol tabs 10 mg</i>	57	HETASTARCH-NACL SOLN 6-0.9 % [<i>hetastarch in sodium chloride]</i>	69
<i>haloperidol tabs 2 mg</i>	57	HEXALEN CAPS 50 MG [<i>altretamine</i>]	24
<i>haloperidol tabs 20 mg</i>	57	HEXTEND SOLN 6 % [<i>hetastarch in lactated electrolyte</i>]	69
<i>haloperidol tabs 5 mg</i>	57	HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	93
HARVONI TABS 45-200 MG [<i>ledipasvir-sofosbuvir</i>]	19	HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	93
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	19	HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	93
HAVRIX SUSP 1440 EL U/ML [<i>hepatitis a vaccine</i>]	94	HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	93
HAVRIX SUSP 720 EL U/0.5ML [<i>hepatitis a vaccine</i>]	94	HOMATROPAIRE SOLN 5 % [<i>homatropine hbr</i>]	74
HELIXATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant)</i>]	34	HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	80
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	89	HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HEMLIBRA SOLN 105 MG/0.7ML [<i>emicizumab-kxwh</i>]	34	HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HEMLIBRA SOLN 150 MG/ML [<i>emicizumab-kxwh</i>]	34	HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	34
HEMLIBRA SOLN 30 MG/ML [<i>emicizumab-kxwh</i>]	34	HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	86
HEMLIBRA SOLN 60 MG/0.4ML [<i>emicizumab-kxwh</i>]	34	HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>]	86
HEMOFIL M INJ 220-400 [<i>antihemophilic factor (human)</i>]	34	HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>]	86
HEMOFIL M SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	34	HUMIRA PEN PNKT 40 MG/0.8ML	
HEMOFIL M SOLR 1700 UNIT [<i>antihemophilic factor (human)</i>]	34		
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% [<i>heparin (porcine) in sodium chloride</i>]	36		
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% [<i>heparin (porcine) in sodium chloride</i>]	36		
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	36		
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine)</i>]			

[adalimumab]	86	HYDROCORTISONE POWD [hydrocortisone (topical)]	90
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [adalimumab]	86	hydrocortisone tabs 10 mg	78
HUMIRA PEN-PS/UV/ADOL HS START PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	86	hydrocortisone tabs 20 mg	78
HUMIRA PSKT 10 MG/0.1ML [adalimumab] .	87	hydrocortisone tabs 5 mg	78
HUMIRA PSKT 10 MG/0.2ML [adalimumab] .	87	HYDROCORTISONE-IODOQUINOL CREA 1-1 % [iodoquinol-hc]	95
HUMIRA PSKT 20 MG/0.2ML [adalimumab] .	87	HYDROCORT-PRAMOXINE (PERIANAL) CREA 2.5-1 % [hydrocortisone acetate w/ pramoxine]	97
HUMIRA PSKT 20 MG/0.4ML [adalimumab] .	87	hydromorphone hcl liqd 1 mg/ml	45
HUMIRA PSKT 40 MG/0.4ML [adalimumab] .	87	hydromorphone hcl pf soln 50 mg/5ml	45
HUMIRA PSKT 40 MG/0.8ML [adalimumab] .	87	hydromorphone hcl pf soln 500 mg/50ml	45
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	80	HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	45
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [insulin nph isophane & reg (human)]	80	HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	45
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [insulin nph (human) (isophane)]	80	HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	45
HUMULIN N SUSP 100 UNIT/ML [insulin nph (human) (isophane)]	80	HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	45
HUMULIN R SOLN 100 UNIT/ML [insulin regular (human)]	80	hydromorphone hcl tabs 2 mg	45
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [insulin regular (human)]	80	hydromorphone hcl tabs 4 mg	45
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [insulin regular (human)]	80	hydromorphone hcl tabs 8 mg	45
HYCANTIN CAPS 0.25 MG [topotecan hcl] ..	24	HYDROPHILIC OINT [hydrophilic ointment]	90
HYCANTIN CAPS 1 MG [topotecan hcl]	24	hydroxychloroquine sulfate tabs 200 mg	17
hydralazine hcl soln 20 mg/ml	42	HYDROXYPROGESTERONE CAPROATE POWD [hydroxyprogesterone caproate (bulk)]	90
hydralazine hcl tabs 10 mg	42	hydroxyprogesterone caproate soln 1.25 gm/5ml	83
hydralazine hcl tabs 100 mg	42	hydroxyurea caps 500 mg	24
hydralazine hcl tabs 25 mg	42	hydroxyzine hcl soln 50 mg/ml	54
hydralazine hcl tabs 50 mg	42	hydroxyzine hcl syrpf 10 mg/5ml	54
hydrochlorothiazide tabs 12.5 mg	68	hydroxyzine hcl tabs 10 mg	54
hydrochlorothiazide tabs 25 mg	68	hydroxyzine hcl tabs 25 mg	54
hydrochlorothiazide tabs 50 mg	68	hydroxyzine hcl tabs 50 mg	54
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	45	hydroxyzine pamoate caps 100 mg	54
hydrocodone-acetaminophen tabs 5-325 mg	45	hydroxyzine pamoate caps 25 mg	54
hydrocodone-homatropine syrpf 5-1.5 mg/5ml	91	hydroxyzine pamoate caps 50 mg	54
hydrocortisone ace-pramoxine crea 1-1 % ..	97	HYLENEX SOLN 150 UNIT/ML [hyaluronidase human]	71
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % [pramoxine-hc]	96	HYOSCYAMINE SULFATE ER TB12 0.375 MG [hyoscyamine sulfate]	29
hydrocortisone crea 2.5 %	96	HYOSCYAMINE SULFATE SUBL 0.125 MG [hyoscyamine sulfate]	29
hydrocortisone enem 100 mg/60ml	96	HYOSCYAMINE SULFATE TABS 0.125 MG [hyoscyamine sulfate]	29
hydrocortisone lotn 2.5 %	96	HYOSCYAMINE SULFATE TBDP 0.125 MG [hyoscyamine sulfate]	29
hydrocortisone oint 2.5 %	96		

HYOSYNE ELIX 0.125 MG/5ML [<i>hyoscyamine sulfate</i>]	29
HYOSYNE SOLN 0.125 MG/ML [<i>hyoscyamine sulfate</i>]	29
HYPERLYTE-CR CONC [<i>parenteral electrolytes</i>]	69
HYPERRAB SOLN 300 UNIT/ML [<i>rabies immune globulin (human)</i>]	93
HYPODERMIC NEEDLE MISC 18G X 1-1/2	63
HYPODERMIC NEEDLE MISC 19G X 1	63
HYPODERMIC NEEDLE MISC 25G X 1-1/2	63

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IBRANCE CAPS 100 MG [<i>palbociclib</i>]	24
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	24
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	24
IBRANCE TABS 100 MG [<i>palbociclib</i>]	24
IBRANCE TABS 125 MG [<i>palbociclib</i>]	24
IBRANCE TABS 75 MG [<i>palbociclib</i>]	24
<i>ibuprofen susp 100 mg/5ml</i>	45
<i>ibutilide fumarate soln 1 mg/10ml</i>	41
<i>icatibant acetate soln 30 mg/3ml</i>	87
IDAMYCIN PFS SOLN 20 MG/20ML [<i>idarubicin hcl</i>]	24
IDELVION SOLR 1000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 2000 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 250 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
IDELVION SOLR 500 UNIT [<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>]	34
<i>imatinib mesylate tabs 100 mg</i>	24
<i>imatinib mesylate tabs 400 mg</i>	24
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	24
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	24
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	24
<i>imipramine hcl tabs 10 mg</i>	57
<i>imipramine hcl tabs 25 mg</i>	57
<i>imipramine hcl tabs 50 mg</i>	57
<i>imiqumod crea 5 %</i>	98
<i>indapamide tabs 1.25 mg</i>	68
<i>indapamide tabs 2.5 mg</i>	68
<i>indomethacin caps 25 mg</i>	46
<i>indomethacin caps 50 mg</i>	46

<i>indomethacin er cpcr 75 mg</i>	46
INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	46
INFANRIX SUSP 25-58-10 [<i>diphtheria, acellular pertussis & tetanus toxoids</i>]	93
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	33
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	87
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) [<i>morphine sulfate for continuous microinfusion</i>]	46
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	99
INFUVITE PEDIATRIC SOLN [<i>pediatric multiple vitamins</i>]	99
INTEGRILIN SOLN 20 MG/10ML [<i>eptifibatide</i>]	36
INTEGRILIN SOLN 75 MG/100ML [<i>eptifibatide</i>]	36
INTELENCE TABS 100 MG [<i>etravirine</i>]	19
INTELENCE TABS 200 MG [<i>etravirine</i>]	19
INTELENCE TABS 25 MG [<i>etravirine</i>]	19
INTRALIPID EMUL 20 % [<i>fat emulsion plant based</i>]	67
INTRALIPID EMUL 30 % [<i>fat emulsion plant based</i>]	67
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	24
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	24
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	25
INVANZ SOLR 1 GM [<i>ertapenem sodium</i>]	14
INVEGA SUSTENNA SUSY 117 MG/0.75ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 156 MG/ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 234 MG/1.5ML [<i>paliperidone palmitate</i>]	57
INVEGA SUSTENNA SUSY 39 MG/0.25ML [<i>paliperidone palmitate</i>]	55
INVEGA SUSTENNA SUSY 78 MG/0.5ML [<i>paliperidone palmitate</i>]	58
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	19
<i>ipratropium bromide soln 0.02 %</i>	29
<i>ipratropium bromide soln 0.03 %</i>	29
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	

.....	32
IRESSA TABS 250 MG [<i>gefitinib</i>]	25
ISAGEL GEL 60 % [<i>antiseptic products, misc.</i>]	95
ISENTRESS CHEW 100 MG [<i>raltegravir potassium</i>]	19
ISENTRESS CHEW 25 MG [<i>raltegravir potassium</i>]	19
ISENTRESS HD TABS 600 MG [<i>raltegravir potassium</i>]	19
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	19
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG [<i>isometheptene-dichloralphenazone-acetaminophen</i>]	52
<i>isoniazid soln 100 mg/ml</i>	17
<i>isoniazid syrp 50 mg/5ml</i>	17
<i>isoniazid tabs 100 mg</i>	17
<i>isoniazid tabs 300 mg</i>	17
<i>isoproterenol hcl soln 0.2 mg/ml</i>	32
<i>isosorbide dinitrate er tbc 40 mg</i>	43
<i>isosorbide dinitrate tabs 10 mg</i>	43
<i>isosorbide dinitrate tabs 20 mg</i>	43
<i>isosorbide dinitrate tabs 30 mg</i>	43
<i>isosorbide dinitrate tabs 5 mg</i>	43
<i>isosorbide mononitrate er tb24 120 mg</i>	43
<i>isosorbide mononitrate er tb24 30 mg</i>	43
<i>isosorbide mononitrate er tb24 60 mg</i>	43
ISOSORBIDE POWD [<i>isosorbide (bulk)</i>]	90
<i>itraconazole caps 100 mg</i>	16
<i>ivermectin tabs 3 mg</i>	11
IXEMPRA KIT SOLR 15 MG [<i>ixabepilone</i>]	25
IXEMPRA KIT SOLR 45 MG [<i>ixabepilone</i>]	25
IXIARO SUSP [<i>japanese encephalitis vaccine inactivated adsorbed</i>]	94

J

JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	77
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	77
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	77
JADENU TABS 180 MG [<i>deferasirox</i>]	77
JADENU TABS 360 MG [<i>deferasirox</i>]	77
JADENU TABS 90 MG [<i>deferasirox</i>]	77
JAKAFI TABS 10 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 15 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 20 MG [<i>ruxolitinib phosphate</i>]	25
JAKAFI TABS 25 MG [<i>ruxolitinib phosphate</i>]	25

JAKAFI TABS 5 MG [<i>ruxolitinib phosphate</i>]	25
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	80
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	80
JETREA SOLN 0.5 MG/0.2ML [<i>ocriplasmin</i>]	74
JEVTANA SOLN 60 MG/1.5ML [<i>cabazitaxel</i>]	25
JOLIVETTE TABS 0.35 MG [<i>norethindrone (contraceptive)</i>]	81
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	19

K

KADCYLA SOLR 100 MG [<i>ado-trastuzumab emtansine</i>]	25
KADCYLA SOLR 160 MG [<i>ado-trastuzumab emtansine</i>]	25
KALETRA SOLN 400-100 MG/5ML [<i>lopinavir-ritonavir</i>]	19
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	19
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	19
KALYDECO PACK 25 MG [<i>ivacaftor</i>]	91
KALYDECO PACK 50 MG [<i>ivacaftor</i>]	91
KALYDECO PACK 75 MG [<i>ivacaftor</i>]	91
KALYDECO TABS 150 MG [<i>ivacaftor</i>]	87
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	25
KCENTRA KIT 500 UNIT [<i>prothrombin complex concentrate human</i>]	35
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	70

KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L [<i>potassium chloride in d5w lactated ringers</i>]	70
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	78
KENALOG SUSP 40 MG/ML [<i>triamcinolone acetonide</i>]	78
KEPIVANCE SOLR 6.25 MG [<i>palifermin</i>]	97
KERALYT GEL 6 % [<i>salicylic acid</i>]	97
KETAMINE HCL POWD [<i>ketamine hcl (bulk)</i>]	90
<i>ketamine hcl soln 10 mg/ml</i>	55
<i>ketamine hcl soln 50 mg/ml</i>	55
<i>ketoconazole sham 2 %</i>	95
<i>ketoconazole tabs 200 mg</i>	16
KETO-DIASTIX STRP [<i>urine glucose-ketones test</i>]	66
KETOPROFEN POWD [<i>ketoprofen (bulk)</i>]	90
<i>ketorolac tromethamine inj 15mg/ml</i>	46
<i>ketorolac tromethamine soln 0.5 %</i>	73
<i>ketorolac tromethamine soln 15 mg/ml</i>	46
<i>ketorolac tromethamine soln 30 mg/ml</i>	46
<i>ketorolac tromethamine soln 60 mg/2ml</i>	46
KETOSTIX STRP [<i>acetone (urine) test</i>]	66
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	25
KINERET INJ [<i>anakinra</i>]	87
KINRIX SUSP [<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>]	94
KLOR-CON TBCR 8 MEQ [<i>potassium chloride</i>]	70
KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	35
KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor rahf-pfm</i>]	35
KOVALTRY SOLR 2000 UNIT [<i>antihemophilic factor rahf-pfm</i>]	35
KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor rahf-pfm</i>]	35
KOVALTRY SOLR 3000 UNIT [<i>antihemophilic factor rahf-pfm</i>]	35
KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor rahf-pfm</i>]	35
KRINTAFEL TABS 150 MG [<i>tafenoquine succinate</i>]	17
K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	70

KYPROLIS SOLR 10 MG [<i>carfilzomib</i>]	25
KYPROLIS SOLR 30 MG [<i>carfilzomib</i>]	25
KYPROLIS SOLR 60 MG [<i>carfilzomib</i>]	25

L

<i>labetalol hcl soln 5 mg/ml</i>	39
<i>labetalol hcl tabs 100 mg</i>	39
<i>labetalol hcl tabs 200 mg</i>	39
<i>labetalol hcl tabs 300 mg</i>	39
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	74
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	69
LACTATED RINGERS SOLN [<i>lactated ringer's</i>]	70
<i>lactulose encephalopathy soln 10 gm/15ml</i>	66
<i>lactulose soln 10 gm/15ml</i>	66
LAMICTAL STARTER KIT 35 x 25 MG [<i>lamotrigine</i>]	50
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG [<i>lamotrigine</i>]	50
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG [<i>lamotrigine</i>]	50
<i>lamivudine soln 10 mg/ml</i>	19
<i>lamivudine tabs 150 mg</i>	19
<i>lamivudine tabs 300 mg</i>	19
<i>lamivudine-zidovudine tabs 150-300 mg</i>	19
<i>lamotrigine chew 25 mg</i>	50
<i>lamotrigine chew 5 mg</i>	50
<i>lamotrigine tabs 100 mg</i>	50
<i>lamotrigine tabs 150 mg</i>	50
<i>lamotrigine tabs 200 mg</i>	50
<i>lamotrigine tabs 25 mg</i>	50
LANOXIN PEDIATRIC SOLN 0.1 MG/ML [<i>digoxin</i>]	41
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	80
<i>latanoprost soln 0.005 %</i>	73
L-CITRULLINE POWD [<i>citrulline (bulk)</i>]	90
LEFLUNOMIDE TABS 10 MG [<i>leflunomide</i>]	87
<i>leflunomide tabs 20 mg</i>	87
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG [<i>lenvatinib mesylate</i>]	25
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG [<i>lenvatinib mesylate</i>]	25
LETAIRIS TABS 10 MG [<i>ambrisentan</i>]	43

LETAIRIS TABS 5 MG [<i>ambrisentan</i>]	44	<i>sodium</i>]	84
<i>letrozole tabs 2.5 mg</i>	25	LEVULAN KERASTICK SOLR 20 %	
<i>leucovorin calcium solr 100 mg</i>	87	[<i>aminolevulinic acid hcl</i>]	98
<i>leucovorin calcium tabs 25 mg</i>	87	LEXISCAN SOLN 0.4 MG/5ML [<i>regadenoson</i>]	
<i>leucovorin calcium tabs 5 mg</i>	87	.....	66
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	25	LEXIVA TABS 700 MG [<i>fosamprenavir</i>	
LEUKINE SOLR 250 MCG [<i>sargramostim</i>]	37	<i>calcium</i>]	19
<i>leuprolide acetate kit 1 mg/0.2ml</i>	25	LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	75
<i>levetiracetam er tb24 500 mg</i>	50	<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	85
<i>levetiracetam er tb24 750 mg</i>	50	<i>lidocaine hcl (pf) soln 0.5 %</i>	85
LEVETIRACETAM IN NAACL SOLN 1000		<i>lidocaine hcl (pf) soln 1 %</i>	85
MG/100ML [<i>levetiracetam in sodium</i>		LIDOCAINE HCL POWD [<i>lidocaine hcl (bulk)</i>]	
<i>chloride</i>]	50	.....	90
LEVETIRACETAM IN NAACL SOLN 1500		<i>lidocaine hcl soln 0.5 %</i>	85
MG/100ML [<i>levetiracetam in sodium</i>		<i>lidocaine hcl soln 1 %</i>	85
<i>chloride</i>]	50	<i>lidocaine hcl soln 4 %</i>	97
LEVETIRACETAM IN NAACL SOLN 500		<i>lidocaine hcl urethral/mucosal gel 2 %</i>	97
MG/100ML [<i>levetiracetam in sodium</i>		<i>lidocaine hcl urethral/mucosal prsy 2 %</i>	97
<i>chloride</i>]	50	LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	
<i>levetiracetam soln 100 mg/ml</i>	50	[<i>lidocaine in d5w</i>]	41
<i>levetiracetam soln 500 mg/5ml</i>	50	LIDOCAINE IN D5W SOLN 8-5 MG/ML-%	
<i>levetiracetam tabs 1000 mg</i>	50	[<i>lidocaine in d5w</i>]	41
<i>levetiracetam tabs 250 mg</i>	50	<i>lidocaine oint 5 %</i>	97
<i>levetiracetam tabs 500 mg</i>	51	<i>lidocaine viscous hcl soln 2 %</i>	74
<i>levetiracetam tabs 750 mg</i>	51	<i>lidocaine-epinephrine soln 0.5 %-1</i>	
<i>levobunolol hcl soln 0.5 %</i>	73	200000	85
<i>levocarnitine inj 200mg/ml</i>	87	<i>lidocaine-epinephrine soln 1 %-1</i>	
LEVOCARNITINE SOLN 1 GM/10ML		100000	85
[<i>levocarnitine (metabolic modifiers)</i>]	87	<i>lidocaine-epinephrine soln 2 %-1</i>	
LEVOCARNITINE TABS 330 MG [<i>levocarnitine</i>		100000	85
(<i>metabolic modifiers</i>)]	87	200000	85
<i>levofloxacin in d5w soln 250 mg/50ml</i>	14	<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	97
<i>levofloxacin in d5w soln 500 mg/100ml</i>	14	<i>lidocaine-prilocaine kit 2.5-2.5 %</i>	97
<i>levofloxacin in d5w soln 750 mg/150ml</i>	14	<i>linezolid soln 600 mg/300ml</i>	14
<i>levofloxacin soln 25 mg/ml</i>	14	<i>linezolid susr 100 mg/5ml</i>	14
<i>levofloxacin tabs 250 mg</i>	14	<i>linezolid tabs 600 mg</i>	14
<i>levofloxacin tabs 500 mg</i>	14	<i>liothyronine sodium tabs 25 mcg</i>	84
<i>levofloxacin tabs 750 mg</i>	14	<i>liothyronine sodium tabs 5 mcg</i>	84
<i>levothyroxine sodium tabs 100 mcg</i>	84	<i>liothyronine sodium tabs 50 mcg</i>	84
<i>levothyroxine sodium tabs 112 mcg</i>	84	<i>lisinopril tabs 10 mg</i>	42
<i>levothyroxine sodium tabs 125 mcg</i>	84	<i>lisinopril tabs 2.5 mg</i>	42
<i>levothyroxine sodium tabs 150 mcg</i>	84	<i>lisinopril tabs 20 mg</i>	42
<i>levothyroxine sodium tabs 175 mcg</i>	84	<i>lisinopril tabs 30 mg</i>	42
<i>levothyroxine sodium tabs 200 mcg</i>	84	<i>lisinopril tabs 40 mg</i>	42
<i>levothyroxine sodium tabs 25 mcg</i>	84	<i>lisinopril tabs 5 mg</i>	42
<i>levothyroxine sodium tabs 300 mcg</i>	84	<i>lisinopril-hydrochlorothiazide tabs 10-12.5</i>	
<i>levothyroxine sodium tabs 50 mcg</i>	84	<i>mg</i>	42
<i>levothyroxine sodium tabs 75 mcg</i>	84	<i>lisinopril-hydrochlorothiazide tabs 20-12.5</i>	
<i>levothyroxine sodium tabs 88 mcg</i>	84	<i>mg</i>	42
LEVOXYL TABS 137 MCG [<i>levothyroxine</i>		<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	
		.....	42

L-ISOLEUCINE POWD [<i>isoleucine</i>]	90
<i>lithium carbonate caps 150 mg</i>	51
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	51
<i>lithium carbonate caps 600 mg</i>	51
<i>lithium carbonate er tbcr 300 mg</i>	51
<i>lithium carbonate er tbcr 450 mg</i>	51
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	51
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	51
LITHOSTAT TABS 250 MG [<i>acetohydroxamic acid</i>]	66
LMD IN NAACL SOLN 10-0.9 % [<i>dextran 40 in saline</i>]	70
LODOSYN TABS 25 MG [<i>carbidopa</i>]	53
LONSURF TABS 15-6.14 MG [<i>trifluridine-tipiracil</i>]	25
LONSURF TABS 20-8.19 MG [<i>trifluridine-tipiracil</i>]	25
<i>lorazepam soln 2 mg/ml</i>	54
<i>lorazepam soln 4 mg/ml</i>	54
<i>lorazepam tabs 0.5 mg</i>	54
<i>lorazepam tabs 1 mg</i>	54
<i>lorazepam tabs 2 mg</i>	54
LORBRENA TABS 100 MG [<i>lorlatinib</i>]	25
LORBRENA TABS 25 MG [<i>lorlatinib</i>]	25
<i>losartan potassium tabs 100 mg</i>	42
<i>losartan potassium tabs 25 mg</i>	42
<i>losartan potassium tabs 50 mg</i>	42
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	43
<i>losartan potassium-hctz tabs 100-25 mg</i>	43
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	43
<i>lovastatin tabs 10 mg</i>	38
<i>lovastatin tabs 20 mg</i>	38
<i>lovastatin tabs 40 mg</i>	38
LOVENOX SOLN 100 MG/ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 120 MG/0.8ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 150 MG/ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 30 MG/0.3ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 300 MG/3ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 40 MG/0.4ML [<i>enoxaparin sodium</i>]	36
LOVENOX SOLN 60 MG/0.6ML [<i>enoxaparin sodium</i>]	37
LOVENOX SOLN 80 MG/0.8ML [<i>enoxaparin sodium</i>]	37

<i>sodium</i>	37
<i>loxapine succinate caps 10 mg</i>	58
<i>loxapine succinate caps 25 mg</i>	58
<i>loxapine succinate caps 5 mg</i>	58
L-PROLINE POWD [<i>proline</i>]	90
LUCENTIS SOLN 0.3 MG/0.05ML [<i>ranibizumab</i>]	74
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	74
LUCENTIS SOSY 0.3 MG/0.05ML [<i>ranibizumab</i>]	74
LUCENTIS SOSY 0.5 MG/0.05ML [<i>ranibizumab</i>]	74
LUDENT CHEW 0.55 (0.25 F) MG [<i>sodium fluoride</i>]	87
LUMASON SUSR 60.7-25 MG [<i>sulfur hexafluoride lipid-type a microspheres</i>]	66
LUMIGAN SOLN 0.01 % [<i>bimatoprost</i>]	73
LUMIZYME SOLR 50 MG [<i>alglucosidase alfa</i>]	72
LUPRON DEPOT (1-MONTH) KIT 3.75 MG [<i>leuprolide acetate</i>]	25
LUPRON DEPOT (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate</i>]	25
LUPRON DEPOT (3-MONTH) KIT 11.25 MG [<i>leuprolide acetate (3 month)</i>]	25
LUPRON DEPOT (3-MONTH) KIT 22.5 MG [<i>leuprolide acetate (3 month)</i>]	25
LUPRON DEPOT (4-MONTH) KIT 30 MG [<i>leuprolide acetate (4 month)</i>]	25
LUPRON DEPOT (6-MONTH) KIT 45 MG [<i>leuprolide acetate (6 month)</i>]	25
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG [<i>leuprolide acetate (cpp)</i>]	26
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	26
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) [<i>leuprolide acetate (cpp) (3 month)</i>]	26
LYNPARZA TABS 100 MG [<i>olaparib</i>]	26
LYNPARZA TABS 150 MG [<i>olaparib</i>]	26
LYSODREN TABS 500 MG [<i>mitotane</i>]	26

M

M.T.E.-5 CONCENTRATE INJ CONC [*trace*]

<i>minerals (cr-cu-mn-se-zn)]</i>	70	<i>mercaptapurine tabs 50 mg</i>	26
MACRODANTIN CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	21	<i>meropenem solr 1 gm</i>	14
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% [<i>magnesium sulfate in dextrose</i>]	70	<i>meropenem solr 500 mg</i>	14
<i>magnesium sulfate soln 50 %</i>	51	<i>mesalamine enem 4 gm</i>	75
MAGNEVIST SOLN 469.01 MG/ML [<i>gadopentetate dimeglumine</i>]	66	<i>mesalamine tbec 1.2 gm</i>	75
MAKENA OIL 250 MG/ML [<i>hydroxyprogesterone caproate</i>]	83	<i>mesna soln 100 mg/ml</i>	87
<i>malathion lotn 0.5 %</i>	95	MESNEX TABS 400 MG [<i>mesna</i>]	87
MANGANESE CHLORIDE SOLN 0.1 MG/ML [<i>manganese chloride</i>]	70	MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	30
<i>maprotiline hcl tabs 25 mg</i>	58	<i>metaproterenol sulfate syrp 10 mg/5ml</i>	32
<i>maprotiline hcl tabs 50 mg</i>	58	<i>metaproterenol sulfate tabs 10 mg</i>	32
<i>maprotiline hcl tabs 75 mg</i>	58	<i>metaproterenol sulfate tabs 20 mg</i>	32
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	26	<i>metformin hcl er tb24 500 mg</i>	80
<i>meclofenamate sodium caps 100 mg</i>	46	<i>metformin hcl er tb24 750 mg</i>	80
<i>meclofenamate sodium caps 50 mg</i>	46	<i>metformin hcl tabs 1000 mg</i>	80
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	78	<i>metformin hcl tabs 500 mg</i>	80
<i>medroxyprogesterone acetate susp 150 mg/ml</i>	83	<i>metformin hcl tabs 850 mg</i>	80
<i>medroxyprogesterone acetate susy 150 mg/ml</i>	83	<i>methadone hcl soln 10 mg/5ml</i>	46
<i>medroxyprogesterone acetate tabs 10 mg</i> ..	83	METHADONE HCL SOLN 10 MG/ML [<i>methadone hcl</i>]	46
<i>medroxyprogesterone acetate tabs 2.5 mg</i> ..	84	<i>methadone hcl soln 5 mg/5ml</i>	46
<i>medroxyprogesterone acetate tabs 5 mg</i> ...	84	METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	46
MEDSAVER SYRINGE MISC 25G X 1	63	METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	46
<i>mefenamic acid caps 250 mg</i>	46	<i>methazolamide tabs 25 mg</i>	73
<i>mefloquine hcl tabs 250 mg</i>	17	<i>methazolamide tabs 50 mg</i>	73
<i>megestrol acetate susp 40 mg/ml</i>	26	<i>methenamine hippurate tabs 1 gm</i>	21
<i>megestrol acetate susp 400 mg/10ml</i>	26	<i>methimazole tabs 10 mg</i>	84
<i>megestrol acetate tabs 20 mg</i>	26	<i>methimazole tabs 5 mg</i>	84
<i>megestrol acetate tabs 40 mg</i>	26	<i>methocarbamol tabs 500 mg</i>	31
MEKINIST TABS 0.5 MG [<i>trametinib dimethyl sulfoxide</i>]	26	<i>methocarbamol tabs 750 mg</i>	31
MEKINIST TABS 2 MG [<i>trametinib dimethyl sulfoxide</i>]	26	<i>methotrexate sodium (pf) soln 50 mg/2ml</i> ...	26
<i>meloxicam tabs 15 mg</i>	46	METHOTREXATE SODIUM SOLN 50 MG/2ML [<i>methotrexate sodium</i>]	26
<i>meloxicam tabs 7.5 mg</i>	46	<i>methotrexate tabs 2.5 mg</i>	26
<i>memantine hcl tabs 10 mg</i>	55	<i>methoxsalen rapid caps 10 mg</i>	97
<i>memantine hcl tabs 5 mg</i>	55	<i>methyl dopa tabs 250 mg</i>	42
MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	83	<i>methyl dopa tabs 500 mg</i>	42
MENVEO SOLR [<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>]	94	<i>methyldopate hcl soln 250 mg/5ml</i>	42
<i>meperidine hcl soln 100 mg/ml</i>	46	METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	66
<i>meperidine hcl soln 25 mg/ml</i>	46	<i>methylergonovine maleate soln 0.2 mg/ml</i> ..	89
<i>meperidine hcl soln 50 mg/ml</i>	46	<i>methylergonovine maleate tabs 0.2 mg</i>	89
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	101	<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	49
		<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	49
		<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	49
		<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	49
		<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	49
		<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	49

<i>methylphenidate hcl er tbc</i> 10 mg.....	49	<i>midazolam hcl syrp</i> 2 mg/ml	54
<i>methylphenidate hcl er tbc</i> 18 mg.....	49	<i>midodrine hcl tabs</i> 10 mg	32
<i>methylphenidate hcl er tbc</i> 20 mg.....	49	<i>midodrine hcl tabs</i> 2.5 mg	32
<i>methylphenidate hcl er tbc</i> 27 mg.....	49	<i>midodrine hcl tabs</i> 5 mg	32
<i>methylphenidate hcl er tbc</i> 36 mg.....	49	MIFEPREX TABS 200 MG [<i>mifepristone</i>]	89
<i>methylphenidate hcl er tbc</i> 54 mg.....	49	MIGRANAL SOLN 4 MG/ML	
<i>methylphenidate hcl tabs</i> 10 mg	49	[<i>dihydroergotamine mesylate</i>]	31
<i>methylphenidate hcl tabs</i> 20 mg	49	MILK OF MAGNESIA SUSP 7.75 %	
<i>methylphenidate hcl tabs</i> 5 mg	49	[<i>magnesium hydroxide</i>]	76
<i>methylprednisolone acetate susp</i> 40 mg/ml	78	<i>milrinone lactate in dextrose soln</i> 20-5	
<i>methylprednisolone acetate susp</i> 80 mg/ml	78	mg/100ml-%	41
<i>methylprednisolone sodium succ solr</i> 1000		<i>milrinone lactate in dextrose soln</i> 40-5	
mg	78	mg/200ml-%	41
<i>methylprednisolone sodium succ solr</i> 125 mg		<i>milrinone lactate inj</i> 1mg/ml	41
.....	78	<i>milrinone lactate soln</i> 10 mg/10ml	41
<i>methylprednisolone sodium succ solr</i> 40 mg		MINOCIN SOLR 100 MG [<i>minocycline hcl</i>] ...	14
.....	78	<i>minocycline hcl caps</i> 100 mg	14
<i>methylprednisolone tabs</i> 16 mg	78	<i>minocycline hcl caps</i> 50 mg	14
<i>methylprednisolone tabs</i> 32 mg	78	<i>minocycline hcl caps</i> 75 mg	14
<i>methylprednisolone tabs</i> 4 mg	78	<i>minoxidil tabs</i> 10 mg	42
<i>methylprednisolone tabs</i> 8 mg	78	<i>minoxidil tabs</i> 2.5 mg	42
<i>methylprednisolone tabs</i> 8 mg	78	MIOCHOL-E SOLR 20 MG [<i>acetylcholine</i>	
<i>methylprednisolone tbpk</i> 4 mg	78	<i>chloride</i>]	73
<i>methyltestosterone tabs</i> 10 mg	79	MIOSTAT SOLN 0.01 % [<i>carbachol (ophth)</i>]	73
<i>metoclopramide hcl soln</i> 10 mg/10ml	77	MIRENA (52 MG) IUD 20 MCG/24HR	
<i>metoclopramide hcl soln</i> 5 mg/ml	77	[<i>levonorgestrel (iud)</i>]	81
<i>metoclopramide hcl tabs</i> 10 mg	77	<i>mirtazapine tabs</i> 15 mg	58
<i>metoclopramide hcl tabs</i> 5 mg	77	<i>mirtazapine tabs</i> 30 mg	58
<i>metolazone tabs</i> 10 mg	68	<i>mirtazapine tabs</i> 45 mg	58
<i>metolazone tabs</i> 2.5 mg	68	<i>misoprostol tabs</i> 100 mcg	76
<i>metolazone tabs</i> 5 mg	68	<i>misoprostol tabs</i> 200 mcg	76
<i>metoprolol succinate er tb</i> 24 100 mg.....	39	<i>mitomycin solr</i> 20 mg	26
<i>metoprolol succinate er tb</i> 24 200 mg.....	39	<i>mitomycin solr</i> 40 mg	26
<i>metoprolol succinate er tb</i> 24 25 mg.....	39	<i>mitomycin solr</i> 5 mg	26
<i>metoprolol succinate er tb</i> 24 50 mg.....	39	MITOSOL KIT 0.2 MG [<i>mitomycin</i>	
<i>metoprolol tartrate tabs</i> 100 mg	39	(<i>ophthalmic</i>)]	72
<i>metoprolol tartrate tabs</i> 25 mg	39	M-M-R II SOLR [<i>measles, mumps & rubella</i>	
<i>metoprolol tartrate tabs</i> 50 mg	39	<i>virus vaccines</i>]	94
<i>metoprolol-hydrochlorothiazide tabs</i> 100-50		<i>mometasone furoate crea</i> 0.1 %	96
mg	39	<i>mometasone furoate oint</i> 0.1 %	96
<i>metronidazole crea</i> 0.75 %	95	<i>mometasone furoate soln</i> 0.1 %	96
<i>metronidazole gel</i> 0.75 %	95	MONOJECT INSULIN SYRINGE MISC 25G X	
METRONIDAZOLE IN NACL SOLN 5-0.79		5/8	63
MG/ML-% [<i>metronidazole in nacl</i>]	17	MONOJECT INSULIN SYRINGE MISC 27G X	
METRONIDAZOLE POWD [<i>metronidazole</i>		1/2	63
(<i>bulk</i>)]	90	MONOJECT INSULIN SYRINGE MISC 29G X	
<i>metronidazole tabs</i> 250 mg	17	1/2	63
<i>metronidazole tabs</i> 500 mg	17	MONOJECT PHARMACY TRAY MISC 1 ML	
<i>mexiletine hcl caps</i> 150 mg	41	[<i>syringe (disposable)</i>]	63
<i>mexiletine hcl caps</i> 200 mg	41	MONOJECT SAFETY SYRINGE/SHIELD MISC	
<i>mexiletine hcl caps</i> 250 mg	41		

21G X 1	63	sulfate]	47
MONOJECT SAFETY SYRINGE/SHIELD MISC		MORPHINE SULFATE TABS 15 MG [morphine	
21G X 1-1/2	63	sulfate]	47
MONOJECT SAFETY SYRINGE/SHIELD MISC		MORPHINE SULFATE TABS 30 MG [morphine	
22G X 1	63	sulfate]	47
MONOJECT SAFETY SYRINGE/SHIELD MISC		moxifloxacin hcl soln 0.5 %	72
22G X 1-1/2	64	moxifloxacin hcl tabs 400 mg	14
MONOJECT SAFETY SYRINGE/SHIELD MISC		MULTIHANCE SOLN 529 MG/ML [gadobenate	
23G X 1	64	dimeglumine]	66
MONOJECT TB SYRINGE MISC 28G X 1/2 ...	64	MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10	
MONOJECT ULTRA COMFORT SYRINGE		MG/ML [ped multivitamins w/fl & iron]	100
MISC 28G X 1/2.....	64	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	
MONOJECT ULTRA COMFORT SYRINGE		[pediatric multivitamins w/fl]	100
MISC 29G X 1/2.....	64	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG	
MONOJECT ULTRA COMFORT SYRINGE		[pediatric multivitamins w/fl]	100
MISC 30G X 5/16.....	64	MULTIVITAMIN/FLUORIDE CHEW 1 MG	
montelukast sodium chew 4 mg	91	[pediatric multivitamins w/fl]	100
montelukast sodium chew 5 mg	91	MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML	
montelukast sodium pack 4 mg	91	[pediatric multivitamins w/fl]	100
montelukast sodium tabs 10 mg	91	MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML	
morphine sulfate (concentrate) soln 100		[pediatric multivitamins w/fl]	100
mg/5ml	46	mupirocin oint 2 %	95
morphine sulfate (pf) soln 0.5 mg/ml	46	MUSTARGEN SOLR 10 MG [mechlorethamine	
morphine sulfate (pf) soln 1 mg/ml	46	hcl]	26
morphine sulfate er tbc 100 mg	46	MVASI SOLN 100 MG/4ML [bevacizumab-	
morphine sulfate er tbc 15 mg	46	awwb]	26
morphine sulfate er tbc 200 mg	46	MVC-FLUORIDE CHEW 0.25 MG [pediatric	
morphine sulfate er tbc 30 mg	46	multivitamins w/fl]	100
morphine sulfate er tbc 60 mg	46	MVC-FLUORIDE CHEW 0.5 MG [pediatric	
MORPHINE SULFATE SOLN 1 MG/ML		multivitamins w/fl]	100
[morphine sulfate]	46	MVC-FLUORIDE CHEW 1 MG [pediatric	
MORPHINE SULFATE SOLN 10 MG/5ML		multivitamins w/fl]	100
[morphine sulfate]	46	mycophenolate mofetil caps 250 mg	87
MORPHINE SULFATE SOLN 10 MG/ML		mycophenolate mofetil susr 200 mg/ml	87
[morphine sulfate]	46	mycophenolate mofetil tabs 500 mg	87
MORPHINE SULFATE SOLN 15 MG/ML		MYLERAN TABS 2 MG [busulfan]	26
[morphine sulfate]	47	MYOBLOC SOLN 10000 UNIT/2ML	
MORPHINE SULFATE SOLN 2 MG/ML		[rimabotulinumtoxinb]	87
[morphine sulfate]	47	MYOBLOC SOLN 2500 UNIT/0.5ML	
MORPHINE SULFATE SOLN 20 MG/5ML		[rimabotulinumtoxinb]	87
[morphine sulfate]	47	MYOBLOC SOLN 5000 UNIT/ML	
MORPHINE SULFATE SOLN 50 MG/ML		[rimabotulinumtoxinb]	87
[morphine sulfate]	47		
MORPHINE SULFATE SUPP 10 MG [morphine			
sulfate]	47		
MORPHINE SULFATE SUPP 20 MG [morphine			
sulfate]	47		
MORPHINE SULFATE SUPP 30 MG [morphine			
sulfate]	47		
MORPHINE SULFATE SUPP 5 MG [morphine			

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NABI-HB SOLN [hepatitis b immune globulin	
(human)]	93
nabumetone tabs 500 mg	47
nabumetone tabs 750 mg	47
nadolol tabs 20 mg	39
nadolol tabs 40 mg	39

nadolol tabs 80 mg	39	NESACAINE SOLN 1 % [chloroprocaine hcl]	85
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [nafcillin sodium in dextrose]	14	NESACAINE SOLN 2 % [chloroprocaine hcl]	85
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML [nafcillin sodium in dextrose]	14	NEUPOGEN SOLN 300 MCG/ML [filgrastim]	37
nalbuphine hcl soln 10 mg/ml	47	NEUPOGEN SOLN 480 MCG/1.6ML [filgrastim]	37
nalbuphine hcl soln 20 mg/ml	47	NEUT SOLN 4 % [sodium bicarbonate]	66
naloxone hcl soln 0.4 mg/ml	55	nevirapine susp 50 mg/5ml	19
naloxone hcl sosy 2 mg/2ml	55	nevirapine tabs 200 mg	19
naltrexone hcl tabs 50 mg	55	NEXAVAR TABS 200 MG [sorafenib tosylate]	26
NAMENDA SOLN 10 MG/5ML [memantine hcl]	55	NEXPLANON IMPL 68 MG [etonogestrel]	81
.....	55	NIACIN ER CPR 250 MG [niacin]	100
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG [memantine hcl]	55	NIACIN ER CPR 500 MG [niacin]	100
naphazoline hcl soln	74	NIACIN ER TBCR 250 MG [niacin]	100
naproxen susp 125 mg/5ml	47	NIACIN TABS 100 MG [niacin]	100
naproxen tabs 250 mg	47	NIACIN TABS 250 MG [niacin]	100
naproxen tabs 375 mg	47	NIACIN TABS 50 MG [niacin]	100
naproxen tabs 500 mg	47	NIACIN TABS 500 MG [niacin]	100
naproxen tbec 375 mg	47	NICARDIPINE HCL SOLN 2.5 MG/ML [nicardipine hcl]	40
naratriptan hcl tabs 1 mg	52	NICORETTE GUM 2 MG [nicotine polacrilex]	30
naratriptan hcl tabs 2.5 mg	52	.....	30
NARCAN LIQD 4 MG/0.1ML [naloxone hcl]	55	NICORETTE LOZG 2 MG [nicotine polacrilex]	30
NAROPIN INJ 10MG/ML [ropivacaine hcl]	85	.....	30
NAROPIN SOLN 2 MG/ML [ropivacaine hcl]	85	NICORETTE LOZG 4 MG [nicotine polacrilex]	30
NAROPIN SOLN 5 MG/ML [ropivacaine hcl]	85	.....	30
NATACYN SUSP 5 % [natamycin]	72	NICORETTE MINI LOZG 2 MG [nicotine polacrilex]	30
NEBUPENT SOLR 300 MG [pentamidine isethionate]	17	nicotine polacrilex gum 2 mg	30
nefazodone hcl tabs 100 mg	58	nicotine polacrilex gum 4 mg	30
nefazodone hcl tabs 150 mg	58	nicotine polacrilex lozg 2 mg	30
nefazodone hcl tabs 200 mg	58	nicotine polacrilex lozg 4 mg	30
nefazodone hcl tabs 250 mg	58	nicotine pt24 14 mg/24hr	30
nefazodone hcl tabs 50 mg	58	nicotine pt24 21 mg/24hr	30
neomycin sulfate tabs 500 mg	14	nicotine pt24 7 mg/24hr	30
neomycin-bacitracin zn-polymyx oint 5-400-10000	72	nifedipine caps 10 mg	40
neomycin-polymyxin b gu soln 40-200000 ..	95	nifedipine caps 20 mg	40
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	73	nifedipine er osmotic release tb24 30 mg ...	40
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	73	nifedipine er osmotic release tb24 60 mg ...	40
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	72	nifedipine er osmotic release tb24 90 mg ...	40
neomycin-polymyxin-hc soln 1 %	73	nifedipine er tb24 30 mg	40
neomycin-polymyxin-hc susp 3.5-10000-1 ..	73	nifedipine er tb24 60 mg	40
NEOPROFEN SOLN 10 MG/ML [ibuprofen lysine]	47	nimodipine caps 30 mg	40
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	87	NINLARO CAPS 2.3 MG [ixazomib citrate]	26
		NINLARO CAPS 3 MG [ixazomib citrate]	26
		NINLARO CAPS 4 MG [ixazomib citrate]	26
		NITRO-DUR PT24 0.3 MG/HR [nitroglycerin]	44
		NITRO-DUR PT24 0.8 MG/HR [nitroglycerin]	44
		NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [nitrofurantoin macrocrystal]	21

NITROFURANTOIN MACROCRYSTAL CAPS 25 MG <i>[nitrofurantoin macrocrystal]</i>	21
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG <i>[nitrofurantoin macrocrystal]</i>	21
<i>nitrofurantoin monohyd macro caps 100 mg</i>	21
<i>nitrofurantoin susp 25 mg/5ml</i>	21
NITROGLYCERIN ER CPCR 2.5 MG <i>[nitroglycerin]</i>	44
NITROGLYCERIN ER CPCR 6.5 MG <i>[nitroglycerin]</i>	44
NITROGLYCERIN ER CPCR 9 MG <i>[nitroglycerin]</i>	44
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	44
<i>nitroglycerin in d5w soln 200-5 mcg/ml-%</i>	44
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% <i>[nitroglycerin in d5w]</i>	44
<i>nitroglycerin pt24 0.1 mg/hr</i>	44
<i>nitroglycerin pt24 0.2 mg/hr</i>	44
<i>nitroglycerin pt24 0.4 mg/hr</i>	44
<i>nitroglycerin pt24 0.6 mg/hr</i>	44
<i>nitroglycerin soln 5 mg/ml</i>	44
NITROSTAT SUBL 0.3 MG <i>[nitroglycerin]</i>	44
NITROSTAT SUBL 0.4 MG <i>[nitroglycerin]</i>	44
NITROSTAT SUBL 0.6 MG <i>[nitroglycerin]</i>	44
<i>norethindrone acetate tabs 5 mg</i>	84
NORMAL SALINE FLUSH SOLN 0.9 % <i>[sodium chloride flush]</i>	70
NORPACE CR CP12 100 MG <i>[disopyramide phosphate]</i>	41
NORPACE CR CP12 150 MG <i>[disopyramide phosphate]</i>	41
<i>nortriptyline hcl caps 10 mg</i>	58
<i>nortriptyline hcl caps 25 mg</i>	58
<i>nortriptyline hcl caps 50 mg</i>	58
<i>nortriptyline hcl caps 75 mg</i>	58
<i>nortriptyline hcl soln 10 mg/5ml</i>	58
NORVIR SOLN 80 MG/ML <i>[ritonavir]</i>	19
NOVAREL SOLR 10000 UNIT <i>[chorionic gonadotropin]</i>	83
NOVOFINE AUTOCOVER MISC 30G X 8 MM <i>[insulin pen needle]</i>	64
NOVOFINE MISC 30G X 8 MM <i>[insulin pen needle]</i>	64
NOVOSEVEN RT SOLR 1 MG <i>[coagulation factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 2 MG <i>[coagulation factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 5 MG <i>[coagulation</i>	

<i>factor viia (recombinant)]</i>	35
NOVOSEVEN RT SOLR 8 MG <i>[coagulation factor viia (recombinant)]</i>	35
NUVARING RING 0.12-0.015 MG/24HR <i>[etonogestrel-ethinyl estradiol]</i>	81
<i>nystatin crea 100000 unit/gm</i>	95
<i>nystatin susp 100000 unit/ml</i>	16
<i>nystatin tabs 500000 unit</i>	16

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OCTAGAM SOLN 1 GM/20ML <i>[immune globulin (human) iv]</i>	93
OCTAGAM SOLN 2.5 GM/50ML <i>[immune globulin (human) iv]</i>	93
OCTAGAM SOLN 25 GM/500ML <i>[immune globulin (human) iv]</i>	93
<i>octreotide acetate soln 100 mcg/ml</i>	87
<i>octreotide acetate soln 1000 mcg/ml</i>	87
<i>octreotide acetate soln 200 mcg/ml</i>	87
<i>octreotide acetate soln 50 mcg/ml</i>	87
<i>octreotide acetate soln 500 mcg/ml</i>	87
ODACTRA SUBL 12 SQ-HDM <i>[dust mite mixed allergen extract]</i>	93
ODEFSEY TABS 200-25-25 MG <i>[emtricitabine- rilpivirine-tenofovir alafenamide fumarate]</i>	19
ODOMZO CAPS 200 MG <i>[sonidegib phosphate]</i>	26
OFIRMEV SOLN 10 MG/ML <i>[acetaminophen]</i>	47
<i>ofloxacin soln 0.3 %</i>	72
<i>olanzapine tabs 10 mg</i>	58
<i>olanzapine tabs 15 mg</i>	58
<i>olanzapine tabs 2.5 mg</i>	58
<i>olanzapine tabs 20 mg</i>	58
<i>olanzapine tabs 5 mg</i>	58
<i>olanzapine tabs 7.5 mg</i>	58
<i>olopatadine hcl soln 0.1 %</i>	73
<i>omeprazole cpdr 10 mg</i>	76
<i>omeprazole cpdr 20 mg</i>	76
<i>omeprazole cpdr 40 mg</i>	76
OMNITROPE SOLN 10 MG/1.5ML <i>[somatropin]</i>	84
OMNITROPE SOLN 5 MG/1.5ML <i>[somatropin]</i>	84
OMNITROPE SOLR 5.8 MG <i>[somatropin]</i>	64
ONCASPAR SOLN 750 UNIT/ML <i>[pegaspargase]</i>	26
<i>ondansetron hcl soln 4 mg/2ml</i>	75
<i>ondansetron hcl soln 40 mg/20ml</i>	75

ondansetron hcl tabs 4 mg	75
ondansetron hcl tabs 8 mg	75
ondansetron tbdp 4 mg	75
ondansetron tbdp 8 mg	75
ONETOUCH DELICA LANCETS 33G MISC [lancets]	64
ONETOUCH FINEPOINT LANCETS MISC [lancets]	64
ONETOUCH SURESOFT LANCING DEV MISC [lancets misc.]	64
ONETOUCH ULTRA CONTROL SOLN [blood glucose calibration]	64
ONETOUCH ULTRA MINI KIT W/DEVICE [blood glucose monitoring supplies]	64
ONETOUCH ULTRA STRP [glucose blood]	66
ONETOUCH VERIO SOLN HIGH [blood glucose calibration]	64
OPDIVO SOLN 100 MG/10ML [nivolumab] ..	26
OPDIVO SOLN 40 MG/4ML [nivolumab] ..	26
OPSUMIT TABS 10 MG [macitentan]	91
ORAP TABS 1 MG [pimozide]	58
ORAP TABS 2 MG [pimozide]	58
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	87
ORENCIA SOLR 250 MG [abatacept]	87
ORENCIA SOSY 125 MG/ML [abatacept]	87
ORENCIA SOSY 50 MG/0.4ML [abatacept] ..	87
ORENCIA SOSY 87.5 MG/0.7ML [abatacept]	87
ORKAMBI PACK 100-125 MG [lumacaftor- ivacaftor]	91
ORKAMBI PACK 150-188 MG [lumacaftor- ivacaftor]	91
ORKAMBI TABS 100-125 MG [lumacaftor- ivacaftor]	91
ORKAMBI TABS 200-125 MG [lumacaftor- ivacaftor]	92
oseltamivir phosphate caps 30 mg	19
oseltamivir phosphate caps 45 mg	19
oseltamivir phosphate caps 75 mg	19
oseltamivir phosphate susr 6 mg/ml	19
OSMITROL SOLN 20 % [mannitol]	68
OTEZLA TAB 10/20/30 [apremilast]	88
OTEZLA TABS 30 MG [apremilast]	88
OTEZLA TBPK 10 & 20 & 30 MG [apremilast]	88
OVIDREL INJ 250 MCG/0.5ML [choriogonadotropin alfa]	83
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML [oxacillin sodium in dextrose] ..	15
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose] ..	15

oxacillin sodium solr 1 gm	15
oxacillin sodium solr 2 gm	15
oxaliplatin soln 100 mg/20ml	26
oxaliplatin soln 50 mg/10ml	26
oxandrolone tabs 2.5 mg	79
oxazepam caps 10 mg	54
oxazepam caps 15 mg	54
oxazepam caps 30 mg	54
oxcarbazepine susp 300 mg/5ml	51
oxcarbazepine tabs 150 mg	51
oxcarbazepine tabs 300 mg	51
oxcarbazepine tabs 600 mg	51
OXSORALEN ULTRA CAPS 10 MG [methoxsalen rapid]	97
oxybutynin chloride er tb24 10 mg	99
oxybutynin chloride er tb24 15 mg	99
oxybutynin chloride er tb24 5 mg	99
oxybutynin chloride syrp 5 mg/5ml	99
oxybutynin chloride tabs 5 mg	99
oxycodone hcl tabs 5 mg	47
oxycodone-acetaminophen tabs 10-325 mg	47
oxycodone-acetaminophen tabs 5-325 mg ..	47
oxycodone-acetaminophen tabs 7.5-325 mg	47
OXYTROL PTTW 3.9 MG/24HR [oxybutynin]	99
OZURDEX IMPL 0.7 MG [dexamethasone (ophth)]	73

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paclitaxel conc 300 mg/50ml	26
pamidronate disodium solr 30 mg	88
pamidronate disodium solr 90 mg	88
pantoprazole sodium solr 40 mg	76
pantoprazole sodium tbec 20 mg	76
pantoprazole sodium tbec 40 mg	76
PAPAVERINE HCL POWD [papaverine hcl] .	90
PAPAVERINE HCL SOLN 30 MG/ML [papaverine hcl]	44
PAREGORIC TINC 2 MG/5ML [paregoric]	75
paromomycin sulfate caps 250 mg	17
paroxetine hcl tabs 10 mg	58
paroxetine hcl tabs 20 mg	58
paroxetine hcl tabs 30 mg	58
paroxetine hcl tabs 40 mg	58
PEDIARIX SUSP [diph-tetanus tox-acell pert- hepatitis b recomb-polio ipv vac]	94
pediatric multivitamins w/fl chew	100
peg 3350/electrolytes solr 240 gm	76
PEGASYS PROCLICK SOLN 135 MCG/0.5ML [peginterferon alfa-2a]	19

PEGASYS PROCLICK SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20	[phenobarbital]	54
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	20	PHENOBARBITAL TABS 32.4 MG [phenobarbital]	54
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	20	PHENOBARBITAL TABS 60 MG [phenobarbital]	54
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML [penicillin g pot in dextrose]	15	PHENOBARBITAL TABS 64.8 MG [phenobarbital]	54
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML [penicillin g pot in dextrose]	15	PHENOBARBITAL TABS 97.2 MG [phenobarbital]	55
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML [penicillin g pot in dextrose]	15	PHEHTOLAMINE MESYLATE POWD [phentolamine mesylate (bulk)]	90
penicillin g potassium solr 20000000 unit ...	15	phentolamine mesylate solr 5 mg	31
penicillin g procaine susp 600000 unit/ml ...	15	PHENYLADE DRINK MIX POWD [nutritional supplements]	67
penicillin v potassium solr 125 mg/5ml	15	PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	74
penicillin v potassium solr 250 mg/5ml	15	PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	75
penicillin v potassium tabs 250 mg	15	PHENYLHISTINE DH LIQD 30-2-10 MG/5ML [pseudoeph-chlorphen w/ cod]	91
penicillin v potassium tabs 500 mg	15	phenytoin sodium extended caps 100 mg ...	51
PENLET II BLOOD SAMPLER KIT [lancets misc.]	64	phenytoin sodium soln 50 mg/ml	51
PENTAM SOLR 300 MG [pentamidine isethionate]	18	phenytoin susp 125 mg/5ml	51
PENTASA CPCR 250 MG [mesalamine]	75	PHLEXY-10 PACK [nutritional supplements]	67
PENTASA CPCR 500 MG [mesalamine]	75	PHOSLYRA SOLN 667 MG/5ML [calcium acetate (phosphate binder)]	70
pentazocine-naloxone hcl tabs 50-0.5 mg ...	47	PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	73
pentoxifylline er tbcr 400 mg	37	PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 & 0.146-20 % [riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran] ..	74
PERJETA SOLN 420 MG/14ML [pertuzumab]	27	phytonadione soln 1 mg/0.5ml	101
permethrin crea 5 %	95	pilocarpine hcl soln 1 %	73
perphenazine tab 16mg	58	pilocarpine hcl soln 2 %	73
perphenazine tabs 2 mg	58	pilocarpine hcl soln 4 %	73
perphenazine tabs 4 mg	58	pilocarpine hcl tabs 5 mg	30
perphenazine tabs 8 mg	58	pimecrolimus crea 1 %	98
phenelzine sulfate tabs 15 mg	58	pimozide tabs 2 mg	58
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	54	pioglitazone hcl tabs 15 mg	80
PHENOBARBITAL SODIUM SOLN 130 MG/ML [phenobarbital sodium]	54	pioglitazone hcl tabs 30 mg	80
PHENOBARBITAL SODIUM SOLN 65 MG/ML [phenobarbital sodium]	54	pioglitazone hcl tabs 45 mg	80
PHENOBARBITAL TABS 100 MG [phenobarbital]	54	piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	15
PHENOBARBITAL TABS 15 MG [phenobarbital]	54	piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	15
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	54	piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	15
PHENOBARBITAL TABS 30 MG		PKU EXPRESS PACK [nutritional supplements]	67

PLASMA-LYTE A SOLN <i>[electrolyte-a]</i>	70	(20%) <i>[potassium chloride]</i>	71
PNEUMOVAX 23 INJ 25 MCG/0.5ML		POTASSIUM CITRATE ER TBCR 10 MEQ	
<i>[pneumococcal vac polyvalent]</i>	94	(1080 MG) <i>[potassium citrate (alkalinizer)]</i>	66
<i>podofilox soln 0.5 %</i>	99	POTASSIUM CITRATE ER TBCR 5 MEQ (540	
POLY HUB NEEDLE MISC 18G X 1	64	MG) <i>[potassium citrate (alkalinizer)]</i>	66
POLYETHYLENE GLYCOL 8000 POWD		POTASSIUM CITRATE-CITRIC ACID SOLN	
<i>[polyethylene glycol 8000]</i>	90	1100-334 MG/5ML <i>[potassium citrate-citric</i>	
<i>polymyxin b-trimethoprim soln 10000-0.1</i>		<i>acid]</i>	66
<i>unit/ml-%</i>	72	POTASSIUM PHOSPHATES SOLN 45	
POLY-VI-SOL SOLN 50 MG/ML <i>[pediatric</i>		MMOLE/15ML <i>[potassium phosphates]</i>	71
<i>multiple vitamin w/ c]</i>	100	PRADAXA CAPS 110 MG <i>[dabigatran etexilate</i>	
POLY-VI-SOL/IRON SOLN 11 MG/ML <i>[pediatric</i>		<i>mesylate]</i>	37
<i>multiple vitamins w/ iron]</i>	100	PRADAXA CAPS 150 MG <i>[dabigatran etexilate</i>	
POLY-VITA SOLN 35 MG/ML <i>[pediatric</i>		<i>mesylate]</i>	37
<i>multiple vitamin w/ c]</i>	100	PRADAXA CAPS 75 MG <i>[dabigatran etexilate</i>	
POMALYST CAPS 1 MG <i>[pomalidomide]</i>	27	<i>mesylate]</i>	37
POMALYST CAPS 2 MG <i>[pomalidomide]</i>	27	<i>pramipexole dihydrochloride tabs 0.125 mg</i>	53
POMALYST CAPS 3 MG <i>[pomalidomide]</i>	27	<i>pramipexole dihydrochloride tabs 0.25 mg</i> ..	53
POMALYST CAPS 4 MG <i>[pomalidomide]</i>	27	<i>pramipexole dihydrochloride tabs 0.5 mg</i> ...	53
PORTAGEN POW <i>[nutritional</i>		<i>pramipexole dihydrochloride tabs 0.75 mg</i> ..	55
<i>supplements]</i>	67	<i>pramipexole dihydrochloride tabs 1 mg</i>	53
POTABA CAPS 500 MG <i>[potassium</i>		<i>pramipexole dihydrochloride tabs 1.5 mg</i> ...	53
<i>aminobenzoate]</i>	101	PRAMOSONE OINT 1-1 % <i>[pramoxine-hc]</i> ...	96
POTASSIUM ACETATE SOLN 2 MEQ/ML		PRAMOSONE OINT 1-2.5 % <i>[pramoxine-hc]</i>	96
<i>[potassium acetate]</i>	70	<i>pravastatin sodium tabs 10 mg</i>	38
<i>potassium chloride crys er tbcr 10 meq</i>	70	<i>pravastatin sodium tabs 20 mg</i>	38
<i>potassium chloride crys er tbcr 20 meq</i>	70	<i>pravastatin sodium tabs 40 mg</i>	38
<i>potassium chloride er cpcr 10 meq</i>	70	<i>pravastatin sodium tabs 80 mg</i>	38
<i>potassium chloride er cpcr 8 meq</i>	70	PRAXBIND SOLN 2.5 GM/50ML	
POTASSIUM CHLORIDE IN DEXTROSE SOLN		<i>[idarucizumab]</i>	35
20-5 MEQ/L-% <i>[potassium chloride in</i>		<i>prazosin hcl caps 1 mg</i>	38
<i>dextrose]</i>	70	<i>prazosin hcl caps 2 mg</i>	38
POTASSIUM CHLORIDE IN DEXTROSE SOLN		<i>prazosin hcl caps 5 mg</i>	38
40-5 MEQ/L-% <i>[potassium chloride in</i>		PRED MILD SUSP 0.12 % <i>[prednisolone</i>	
<i>dextrose]</i>	70	<i>acetate (ophth)]</i>	73
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9		<i>prednisolone acetate susp 1 %</i>	73
MEQ/L-% <i>[potassium chloride in nacl]</i>	71	<i>prednisolone sodium phosphate soln 1 %</i> ..	73
POTASSIUM CHLORIDE PACK 20 MEQ		<i>prednisolone sodium phosphate soln 15</i>	
<i>[potassium chloride]</i>	71	<i>mg/5ml</i>	78
<i>potassium chloride sol 10% sf</i>	71	<i>prednisolone sodium phosphate soln 6.7 (5</i>	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML		<i>base) mg/5ml</i>	78
<i>[potassium chloride]</i>	71	<i>prednisone soln 5 mg/5ml</i>	78
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML		<i>prednisone tabs 1 mg</i>	79
<i>[potassium chloride]</i>	71	<i>prednisone tabs 10 mg</i>	79
<i>potassium chloride soln 2 meq/ml</i>	71	<i>prednisone tabs 2.5 mg</i>	79
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML		<i>prednisone tabs 20 mg</i>	79
<i>[potassium chloride]</i>	71	<i>prednisone tabs 5 mg</i>	79
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML		<i>prednisone tabs 50 mg</i>	79
<i>[potassium chloride]</i>	71	<i>prednisone tbpk 5 mg (21)</i>	79
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML			

pregabalin caps 100 mg	51	procainamide hcl soln 100 mg/ml	41
pregabalin caps 150 mg	51	procainamide hcl soln 500 mg/ml	41
pregabalin caps 200 mg	51	PROCALAMINE SOLN 3 % [amino acid	
pregabalin caps 225 mg	51	electrolyte infusion].....	67
pregabalin caps 25 mg	51	prochlorperazine edisylate soln 10 mg/2ml	58
pregabalin caps 300 mg	51	prochlorperazine maleate tabs 10 mg	58
pregabalin caps 50 mg	51	prochlorperazine maleate tabs 5 mg	58
pregabalin caps 75 mg	51	PROCRIT SOLN 10000 UNIT/ML [epoetin alfa	
pregabalin soln 20 mg/ml	51	.....	37
PREMARIN CREA 0.625 MG/GM [estrogens,		PROCRIT SOLN 2000 UNIT/ML [epoetin alfa	
conjugated vaginal].....	83	.....	37
PREMARIN SOLR 25 MG [estrogens,		PROCRIT SOLN 20000 UNIT/ML [epoetin alfa	
conjugated].....	83	.....	37
PRETOMANID TABS 200 MG [pretomanid]..	17	PROCRIT SOLN 3000 UNIT/ML [epoetin alfa	
PREVIDENT 5000 PLUS CREA 1.1 % [sodium		.....	37
fluoride (dental)].....	88	PROCRIT SOLN 4000 UNIT/ML [epoetin alfa	
PREVIDENT GEL 1.1 % [sodium fluoride		.....	37
(dental)].....	88	PROCRIT SOLN 40000 UNIT/ML [epoetin alfa	
PREVIDENT SOLN 0.2 % [sodium fluoride		.....	37
(dental)].....	88	PROFILNINE SOLR 1000 UNIT [factor ix	
PREVNAR 13 SUSP [pneumococcal 13-valent		complex].....	35
conjugate vaccine].....	94	PROFILNINE SOLR 1500 UNIT [factor ix	
PREVYMIS SOLN 240 MG/12ML [letermovir]20		complex].....	35
PREVYMIS SOLN 480 MG/24ML [letermovir]20		PROFILNINE SOLR 500 UNIT [factor ix	
PREVYMIS TABS 240 MG [letermovir].....	20	complex].....	35
PREVYMIS TABS 480 MG [letermovir].....	20	PROGESTERONE MICRONIZED POWD	
PREZCOBIX TABS 800-150 MG [darunavir-		progesterone micronized (bulk)].....	90
cobicistat].....	20	PROGESTERONE OIL 50 MG/ML	
PREZISTA TABS 150 MG [darunavir		progesterone].....	84
ethanolate].....	20	PROGLYCEM SUSP 50 MG/ML [diazoxide]..	42
PREZISTA TABS 600 MG [darunavir		PROGRAF SOLN 5 MG/ML [tacrolimus].....	88
ethanolate].....	20	PROLEUKIN SOLR 22000000 UNIT	
PREZISTA TABS 75 MG [darunavir		aldesleukin].....	27
ethanolate].....	20	PROMACTA PACK 25 MG [eltrombopag	
PREZISTA TABS 800 MG [darunavir		olamine].....	37
ethanolate].....	20	PROMACTA TABS 25 MG [eltrombopag	
PRIFTIN TABS 150 MG [rifapentine].....	17	olamine].....	37
PRIMAQUINE PHOSPHATE TABS 26.3 MG		PROMACTA TABS 50 MG [eltrombopag	
primaquine phosphate].....	18	olamine].....	37
primidone tab 50mg	51	PROMACTA TABS 75 MG [eltrombopag	
primidone tabs 250 mg	51	olamine].....	37
PRIMSOL SOLN 50 MG/5ML [trimethoprim		promethazine hcl soln 25 mg/ml	22
hcl].....	15	promethazine hcl tabs 12.5 mg	22
PRIVIGEN SOLN 10 GM/100ML [immune		promethazine hcl tabs 25 mg	22
globulin (human) iv].....	93	propafenone hcl tabs 150 mg	41
PRIVIGEN SOLN 20 GM/200ML [immune		propafenone hcl tabs 225 mg	41
globulin (human) iv].....	93	propafenone hcl tabs 300 mg	41
PRIVIGEN SOLN 5 GM/50ML [immune		propantheline bromide tabs 15 mg	29
globulin (human) iv].....	93	proparacaine hcl soln 0.5 %	74
probenecid tabs 500 mg	71	propofol emul 1000 mg/100ml	55

propranolol hcl soln 1 mg/ml	39
propranolol hcl soln 20 mg/5ml	39
propranolol hcl tabs 10 mg	39
propranolol hcl tabs 20 mg	39
propranolol hcl tabs 40 mg	39
propranolol hcl tabs 60 mg	39
propranolol hcl tabs 80 mg	39
propylthiouracil tabs 50 mg	84
PROQUAD SUSR [measles-mumps-rubella- varicella virus vaccines].....	94
PROSTIN E2 SUPP 20 MG [dinoprostone]...	89
protriptyline hcl tabs 10 mg	59
protriptyline hcl tabs 5 mg	59
PULMICORT FLEXHALER AEPB 180 MCG/ACT [budesonide (inhalation)].....	79
PULMOZYME SOLN 1 MG/ML [dornase alfa]72	
PURIXAN SUSP 2000 MG/100ML [mercaptopurine].....	27
pyrazinamide tabs 500 mg	17
pyridostigmine bromide er tbcr 180 mg	30
pyridostigmine bromide tabs 60 mg	30
pyridoxine hcl soln 100 mg/ml	101

Q

QUELICIN SOLN 20 MG/ML [succinylcholine chloride].....	31
quetiapine fumarate tabs 100 mg	59
quetiapine fumarate tabs 200 mg	59
quetiapine fumarate tabs 25 mg	59
quetiapine fumarate tabs 300 mg	59
quetiapine fumarate tabs 400 mg	59
quetiapine fumarate tabs 50 mg	59
QUINACRINE HCL POW DIHYDRAT [quinacrine hcl].....	90
quinidine gluconate er tbcr 324 mg	41
QUINIDINE GLUCONATE SOLN 80 MG/ML [quinidine gluconate].....	41
quinidine sulfate tabs 200 mg	41
quinidine sulfate tabs 300 mg	41

R

raloxifene hcl tabs 60 mg	83
RAPAMUNE SOLN 1 MG/ML [sirolimus].....	88
RASUVO SOAJ 10 MG/0.2ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 12.5 MG/0.25ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 15 MG/0.3ML [methotrexate (antirheumatic)].....	88

RASUVO SOAJ 17.5 MG/0.35ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 20 MG/0.4ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 22.5 MG/0.45ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 25 MG/0.5ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 27.5 MG/0.55ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 30 MG/0.6ML [methotrexate (antirheumatic)].....	88
RASUVO SOAJ 7.5 MG/0.15ML [methotrexate (antirheumatic)].....	88
RECOMBIMATE SOLR 1241-1800 UNIT [antihemophilic factor (recombinant)].....	35
RECOMBIMATE SOLR 1801-2400 UNIT [antihemophilic factor (recombinant)].....	35
RECOMBIMATE SOLR 220-400 UNIT [antihemophilic factor (recombinant)].....	35
RECOMBIMATE SOLR 401-800 UNIT [antihemophilic factor (recombinant)].....	35
RECOMBIMATE SOLR 801-1240 UNIT [antihemophilic factor (recombinant)].....	35
RELENZA DISKHALER AEPB 5 MG/BLISTER [zanamivir].....	20
REMICADE SOLR 100 MG [infliximab].....	88
RENAL CAPS 1 MG [b-complex w/ c & folic acid].....	100
REVELA PACK 2.4 GM [sevelamer carbonate].....	68
RESCRIPTOR TABS 100 MG [delavirdine mesylate].....	20
reserpine tab 0.1mg	42
reserpine tab 0.25mg	42
RESTASIS EMUL 0.05 % [cyclosporine (ophth)].....	73
RESTASIS MULTIDOSE EMUL 0.05 % [cyclosporine (ophth)].....	73
RETIN-A CREA 0.025 % [tretinoin].....	97
RETIN-A CREA 0.05 % [tretinoin].....	97
RETIN-A CREA 0.1 % [tretinoin].....	97
RETIN-A GEL 0.01 % [tretinoin].....	97
RETIN-A GEL 0.025 % [tretinoin].....	97
RETIN-A MICRO GEL 0.04 % [tretinoin microsphere].....	97
RETIN-A MICRO GEL 0.1 % [tretinoin microsphere].....	97
RETROVIR SOLN 10 MG/ML [zidovudine].....	20
REVLIMID CAPS 10 MG [lenalidomide].....	27

REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	27
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	27
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	27
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	27
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	27
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	93
<i>ribavirin caps 200 mg</i>	20
RIDAURA CAPS 3 MG [<i>auranofin</i>]	77
RIFABUTIN CAPS 150 MG [<i>rifabutin</i>]	17
<i>rifampin caps 150 mg</i>	17
<i>rifampin caps 300 mg</i>	17
<i>rifampin solr 600 mg</i>	17
<i>riluzole tabs 50 mg</i>	55
<i>rimantadine hcl tabs 100 mg</i>	20
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	88
RINGERS SOLN [<i>ringer's</i>]	71
RISPERDAL CONSTA SRER 12.5 MG [<i>risperidone microspheres</i>]	59
RISPERDAL CONSTA SRER 25 MG [<i>risperidone microspheres</i>]	59
RISPERDAL CONSTA SRER 37.5 MG [<i>risperidone microspheres</i>]	59
RISPERDAL CONSTA SRER 50 MG [<i>risperidone microspheres</i>]	59
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	59
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	59
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	59
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	59
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	59
RISPERIDONE TABS 3 MG [<i>risperidone</i>]	59
RISPERIDONE TABS 4 MG [<i>risperidone</i>]	59
<i>ritonavir tabs 100 mg</i>	20
RITUXAN SOLN 100 MG/10ML [<i>rituximab</i>]	27
RITUXAN SOLN 500 MG/50ML [<i>rituximab</i>]	27
<i>rizatriptan benzoate tabs 10 mg</i>	52
<i>rizatriptan benzoate tabs 5 mg</i>	52
<i>rizatriptan benzoate tbdp 10 mg</i>	52
<i>rizatriptan benzoate tbdp 5 mg</i>	52
<i>rocuronium bromide soln 50 mg/5ml</i>	31
<i>ropinirole hcl er tb24 12 mg</i>	53
<i>ropinirole hcl er tb24 2 mg</i>	53
<i>ropinirole hcl er tb24 4 mg</i>	53
<i>ropinirole hcl er tb24 6 mg</i>	53
<i>ropinirole hcl er tb24 8 mg</i>	53
<i>ropinirole hcl tabs 0.25 mg</i>	53
<i>ropinirole hcl tabs 0.5 mg</i>	53
<i>ropinirole hcl tabs 1 mg</i>	53
<i>ropinirole hcl tabs 2 mg</i>	53
<i>ropinirole hcl tabs 3 mg</i>	53

<i>ropinirole hcl tabs 4 mg</i>	53
<i>ropinirole hcl tabs 5 mg</i>	53
<i>rosuvastatin calcium tabs 10 mg</i>	38
<i>rosuvastatin calcium tabs 20 mg</i>	38
<i>rosuvastatin calcium tabs 40 mg</i>	38
<i>rosuvastatin calcium tabs 5 mg</i>	38
ROTARIX SUSR [<i>rotavirus vaccine, live oral</i>]	94
ROTATEQ SOLN [<i>rotavirus vaccine, live oral pentavalent</i>]	94
ROZLYTREK CAPS 100 MG [<i>entrectinib</i>]	27
ROZLYTREK CAPS 200 MG [<i>entrectinib</i>]	27
RYANODEX SUSR 250 MG [<i>dantrolene sodium</i>]	31
RYDAPT CAPS 25 MG [<i>midostaurin</i>]	27

S

S2 (RACEPINEPHRINE) NEBU 2.25 % [<i>racepinephrine hcl</i>]	32
SABRIL PACK 500 MG [<i>vigabatrin</i>]	51
SAFETY-LOK SYRINGE MISC 5 ML [<i>syringe (disposable)</i>]	64
SAFETY-LOK TB SYRINGE MISC 27G X 1/2	64
SALICYLIC ACID POWD [<i>salicylic acid (bulk)</i>]	90
SALSALATE TABS 500 MG [<i>salsalate</i>]	47
SALSALATE TABS 750 MG [<i>salsalate</i>]	47
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>]	88
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>]	88
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>]	88
SANDIMMUNE SOLN 50 MG/ML [<i>cyclosporine</i>]	88
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	88
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	88
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	88
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	99
SARNA LOTN 0.5-0.5 % [<i>camphor & menthol</i>]	97
<i>scopolamine pt72 1 mg/3days</i>	75
<i>selegiline hcl caps 5 mg</i>	53
<i>selegiline hcl tabs 5 mg</i>	53
SELENIUM SOLN 40 MCG/ML [<i>selenious acid</i>]	71
<i>selenium sulfide lotn 2.5 %</i>	95
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	20

SELZENTRY TABS 25 MG [<i>maraviroc</i>]	20	<i>chloride (inhalant)</i>	91
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	20	SODIUM CHLORIDE NEBU 7 % [<i>sodium chloride (inhalant)</i>]	91
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	20	<i>sodium chloride soln</i>	70
SEREVENT DISKUS AEPB 50 MCG/DOSE [<i>salmeterol xinafoate</i>]	32	SODIUM CHLORIDE SOLN 0.45 % [<i>sodium chloride</i>]	71
SEROSTIM SOLR 4 MG [<i>somatropin (non-refrigerated)</i>]	84	SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	69
SEROSTIM SOLR 5 MG [<i>somatropin (non-refrigerated)</i>]	84	SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride</i>]	71
SEROSTIM SOLR 6 MG [<i>somatropin (non-refrigerated)</i>]	84	SODIUM CHLORIDE SOLN 3 % [<i>sodium chloride</i>]	71
<i>sertraline hcl tabs 100 mg</i>	59	SODIUM CHLORIDE SOLN 4 MEQ/ML [<i>sodium chloride</i>]	71
<i>sertraline hcl tabs 25 mg</i>	59	SODIUM CHLORIDE SOLN 5 % [<i>sodium chloride</i>]	71
<i>sertraline hcl tabs 50 mg</i>	59	SODIUM CHLORIDE TABS 1 GM [<i>sodium chloride</i>]	99
<i>sevelamer carbonate pack 2.4 gm</i>	68	SODIUM EDECRIN SOLR 50 MG [<i>ethacrynate sodium</i>]	68
<i>sevelamer carbonate tabs 800 mg</i>	68	SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG [<i>sodium fluoride</i>]	89
SF 5000 PLUS CREA 1.1 % [<i>sodium fluoride (dental)</i>]	88	SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML [<i>sodium fluoride</i>]	89
SHINGRIX SUSR 50 MCG/0.5ML [<i>zoster vaccine recombinant adjuvanted</i>]	94	<i>sodium phenylbutyrate powd 3 gm/tsp</i>	66
<i>sildenafil citrate tabs 100 mg</i>	44	SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>]	71
<i>sildenafil citrate tabs 20 mg</i>	44	<i>sodium polystyrene sulfonate powd</i>	68
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	95	<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	68
<i>simvastatin tabs 10 mg</i>	38	<i>sodium polystyrene sulfonate susp 30 gm/120ml</i>	69
<i>simvastatin tabs 20 mg</i>	38	<i>solifenacin succinate tabs 10 mg</i>	99
<i>simvastatin tabs 40 mg</i>	38	<i>solifenacin succinate tabs 5 mg</i>	99
<i>simvastatin tabs 5 mg</i>	38	SOLIRIS SOLN 300 MG/30ML [<i>eculizumab</i>]	89
<i>simvastatin tabs 80 mg</i>	38	SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate</i>]	79
<i>sirolimus soln 1 mg/ml</i>	88	SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate</i>]	79
<i>sirolimus tabs 0.5 mg</i>	89	SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate</i>]	79
<i>sirolimus tabs 1 mg</i>	89	SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate</i>]	79
<i>sirolimus tabs 2 mg</i>	89	SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ</i>]	79
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML [<i>risankizumab-rzaa</i>]	99	SORBITOL SOLN 70 % [<i>sorbitol (laxative)</i>]	76
SLO-NIACIN TBCR 500 MG [<i>niacin</i>]	101	SORBITOL SOLN 70 % [<i>sorbitol</i>]	90
SLO-NIACIN TBCR 750 MG [<i>niacin</i>]	101	<i>sotalol hcl (af) tabs 80 mg</i>	39
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML [<i>sodium citrate & citric acid</i>]	66	<i>sotalol hcl tabs 120 mg</i>	39
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	66		
SODIUM BICARBONATE SOLN 8.4 % [<i>sodium bicarbonate</i>]	66		
SODIUM CHLORIDE (PF) SOLN 0.9 % [<i>sodium chloride</i>]	71		
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [<i>bacteriostatic sodium chloride</i>]	71		
SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>]	91		
SODIUM CHLORIDE NEBU 3 % [<i>sodium chloride (inhalant)</i>]	91		

sotalol hcl tabs 160 mg	39	[olodaterol hcl]	32
sotalol hcl tabs 240 mg	39	sucralfate tabs 1 gm	76
sotalol hcl tabs 80 mg	39	sulfacetamide sodium soln 10 %	72
SOVALDI PACK 150 MG [sofosbuvir]	20	SULFACETAMIDE SODIUM-SULFUR EMUL 10-5 % [sulfacetamide sodium w/ sulfur]	97
SOVALDI PACK 200 MG [sofosbuvir]	20	SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % [sulfacetamide sodium w/ sulfur]	98
SOVALDI TABS 200 MG [sofosbuvir]	20	SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % [sulfacetamide sodium w/ sulfur]	98
SOVALDI TABS 400 MG [sofosbuvir]	20	sulfacetamide-prednisolone soln 10-0.23 %	73
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate]	29	sulfadiazine tabs 500 mg	15
spironolactone tabs 100 mg	43	sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	15
spironolactone tabs 25 mg	43	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	15
spironolactone tabs 50 mg	43	sulfamethoxazole-trimethoprim tabs 400-80 mg	15
spironolactone-hctz tabs 25-25 mg	43	sulfamethoxazole-trimethoprim tabs 800-160 mg	15
SPORANOX SOLN 10 MG/ML [itraconazole]	16	SULFAMYLON CREA 85 MG/GM [mafenide acetate]	95
SPRYCEL TABS 100 MG [dasatinib]	27	sulfasalazine tabs 500 mg	15
SPRYCEL TABS 140 MG [dasatinib]	27	sulfasalazine tbec 500 mg	15
SPRYCEL TABS 20 MG [dasatinib]	27	SULFUR PRECIPITATED POWD [sulfur (bulk)]	90
SPRYCEL TABS 50 MG [dasatinib]	27	sulindac tabs 150 mg	47
SPRYCEL TABS 70 MG [dasatinib]	27	sulindac tabs 200 mg	47
SPRYCEL TABS 80 MG [dasatinib]	27	sumatriptan soln 20 mg/act	52
SSKI SOLN 1 GM/ML [potassium iodide (expectorant)]	84	sumatriptan succinate refill soct 6 mg/0.5ml	52
stavudine caps 15 mg	20	sumatriptan succinate soaj 6 mg/0.5ml	52
stavudine caps 20 mg	20	sumatriptan succinate soln 6 mg/0.5ml	52
stavudine caps 30 mg	20	sumatriptan succinate tabs 100 mg	52
stavudine caps 40 mg	20	sumatriptan succinate tabs 25 mg	52
STELARA SOLN 45 MG/0.5ML [ustekinumab]	99	sumatriptan succinate tabs 50 mg	52
STELARA SOSY 45 MG/0.5ML [ustekinumab]	99	SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2	64
STELARA SOSY 90 MG/ML [ustekinumab] ..	99	SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2	64
STERILE WATER FOR INJECTION SOLN [water for injection, sterile]	90	SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2	64
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile]	69	SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	64
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	30	SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16	65
STIVARGA TABS 40 MG [regorafenib]	27	SURVANTA SUSP 25-0.9 MG/ML-% [beractant in nacl]	91
STRENSIQ SOLN 18 MG/0.45ML [asfotase alfa]	72	SUTENT CAPS 12.5 MG [sunitinib malate] ..	27
STRENSIQ SOLN 28 MG/0.7ML [asfotase alfa]	72	SUTENT CAPS 25 MG [sunitinib malate] ..	27
STRENSIQ SOLN 40 MG/ML [asfotase alfa] ..	72	SUTENT CAPS 37.5 MG [sunitinib malate] ..	27
STRENSIQ SOLN 80 MG/0.8ML [asfotase alfa]	72		
streptomycin sulfate solr 1 gm	15		
STRIBILD TABS 150-150-200-300 MG [elvitegravir-cobicistat-emtricitabine-tenofovir df]	20		
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT			

SUTENT CAPS 50 MG [sunitinib malate]	27
SYLVANT SOLR 100 MG [siltuximab].....	27
SYLVANT SOLR 400 MG [siltuximab].....	27
SYMDEKO TBPK 100-150 & 150 MG [tezacaftor-ivacaftor]	92
SYMDEKO TBPK 50-75 & 75 MG [tezacaftor- ivacaftor].....	92
SYMFI LO TABS 400-300-300 MG [efavirenz- lamivudine-tenofovir disoproxil fumarate]	20
SYMFI TABS 600-300-300 MG [efavirenz- lamivudine-tenofovir disoproxil fumarate]	20
SYMTUZA TABS 800-150-200-10 MG [darunavir-cobicistat-emtricitabine- tenofovir alafenamide].....	20
SYNAGIS SOLN 100 MG/ML [palivizumab]..	20
SYNAGIS SOLN 50 MG/0.5ML [palivizumab]	20
SYNAREL SOLN 2 MG/ML [nafarelin acetate]	83
SYRINGE DISPOSABLE MISC 10 ML [syringe (disposable)]	65
SYRINGE DISPOSABLE MISC 20 ML [syringe (disposable)]	65
SYRINGE DISPOSABLE MISC 3 ML [syringe (disposable)]	65
SYRINGE DISPOSABLE MISC 5 ML [syringe (disposable)]	65
SYRINGE MISC 20G X 1-1/2	65
SYRINGE MISC 21G X 1-1/2	65

T

TABLOID TABS 40 MG [thioguanine].....	27
tacrolimus caps 0.5 mg	89
tacrolimus caps 1 mg	89
tacrolimus caps 5 mg	89
tacrolimus oint 0.03 %.....	99
tacrolimus oint 0.1 %.....	99
tadalafil tabs 10 mg	44
tadalafil tabs 2.5 mg	44
tadalafil tabs 20 mg	44
tadalafil tabs 5 mg	44
TAFINLAR CAPS 50 MG [dabrafenib mesylate]	27
TAFINLAR CAPS 75 MG [dabrafenib mesylate]	27
TAGRISSE TABS 40 MG [osimertinib mesylate]	27
TAGRISSE TABS 80 MG [osimertinib mesylate]	27

TAKHZYRO SOLN 300 MG/2ML [lanadelumab- flyo]	89
TAMIFLU SUSR 6 MG/ML [oseltamivir phosphate].....	21
tamoxifen citrate tabs 10 mg.....	27
tamoxifen citrate tabs 20 mg.....	27
tamsulosin hcl caps 0.4 mg	38
TARCEVA TABS 100 MG [erlotinib hcl].....	27
TARCEVA TABS 150 MG [erlotinib hcl].....	27
TARCEVA TABS 25 MG [erlotinib hcl].....	27
TARGRETIN CAPS 75 MG [bexarotene].....	27
TARGRETIN GEL 1 % [bexarotene (topical)]	99
TASIGNA CAPS 150 MG [nilotinib hcl].....	28
TASIGNA CAPS 200 MG [nilotinib hcl].....	28
TAXOTERE INJ 80MG/2ML [docetaxel].....	28
tazarotene crea 0.1 %.....	99
TAZORAC CREA 0.05 % [tazarotene].....	99
TAZORAC GEL 0.05 % [tazarotene]	99
TAZORAC GEL 0.1 % [tazarotene]	99
TDVAX SUSP 2-2 LF/0.5ML [tetanus- diphtheria toxoids (td)]	93
TECENTRIQ SOLN 1200 MG/20ML [atezolizumab]	28
temazepam caps 15 mg	55
temazepam caps 30 mg	55
temozolomide caps 100 mg	28
temozolomide caps 140 mg	28
temozolomide caps 180 mg	28
temozolomide caps 20 mg	28
temozolomide caps 250 mg	28
temozolomide caps 5 mg	28
tenofovir disoproxil fumarate tabs 300 mg ..	21
terazosin hcl caps 1 mg.....	38
terazosin hcl caps 10 mg.....	38
terazosin hcl caps 2 mg.....	38
terazosin hcl caps 5 mg.....	38
terbinafine hcl tabs 250 mg.....	17
terbutaline sulfate soln 1 mg/ml	32
terbutaline sulfate tabs 2.5 mg.....	32
terbutaline sulfate tabs 5 mg	33
testosterone cypionate soln 200 mg/ml	79
testosterone enanthate soln 200 mg/ml	79
testosterone gel 12.5 mg/act (1%)	79
testosterone gel 25 mg/2.5gm (1%)	79
testosterone gel 50 mg/5gm (1%)	79
TESTOSTERONE PROPIONATE POWD [testosterone propionate (bulk)]	90
TETRACAINE HCL SOLN 0.5 % [tetracaine hcl (ophth)].....	74
TETRACAINE HCL SOLN 1 % [tetracaine hcl]	

.....	85	tobramycin sulfate soln 10 mg/ml	15
TETRACYCLINE HCL CAPS 250 MG		tobramycin sulfate soln 80 mg/2ml	15
[tetracycline hcl]	15	tolbutamide tabs 500 mg	80
TETRACYCLINE HCL CAPS 500 MG		topiramate csp 15 mg	51
[tetracycline hcl]	15	topiramate csp 25 mg	51
TETRAVISC SOLN 0.5 % [tetracaine hcl		topiramate tabs 100 mg	51
(ophth)]	74	topiramate tabs 200 mg	51
THALOMID CAPS 100 MG [thalidomide]	89	topiramate tabs 25 mg	51
THALOMID CAPS 150 MG [thalidomide]	89	topiramate tabs 50 mg	51
THALOMID CAPS 200 MG [thalidomide]	89	topotecan hcl solr 4 mg	28
THALOMID CAPS 50 MG [thalidomide]	89	TORISEL SOLN 25 MG/ML [temsirolimus]	28
THAM SOLN 30 MEQ/100ML [tromethamine]	66	torseamide tabs 10 mg	68
theophylline er tb12 100 mg	99	torseamide tabs 100 mg	68
theophylline er tb12 200 mg	99	torseamide tabs 20 mg	68
theophylline er tb12 300 mg	99	torseamide tabs 5 mg	68
theophylline er tb12 450 mg	99	TRACLEER TABS 125 MG [bosentan]	44
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-%		TRACLEER TABS 62.5 MG [bosentan]	44
[theophylline in dextrose]	99	TRACLEER TBSO 32 MG [bosentan]	92
thiamine hcl soln 100 mg/ml	101	TRADJENTA TABS 5 MG [linagliptin]	80
THIOLA TABS 100 MG [tiopronin]	89	tramadol hcl tabs 50 mg	47
thioridazine hcl tabs 10 mg	59	tramadol-acetaminophen tabs 37.5-325 mg	47
thioridazine hcl tabs 100 mg	59	tranexamic acid soln 1000 mg/10ml	35
thioridazine hcl tabs 25 mg	59	tranexamic acid tabs 650 mg	35
thioridazine hcl tabs 50 mg	59	TRANSDERM-SCOP (1.5 MG) PT72 1	
thiotepa solr 15 mg	28	MG/3DAYS [scopolamine]	75
thiothixene caps 1 mg	59	tranylcypromine sulfate tabs 10 mg	59
thiothixene caps 10 mg	59	TRAVASOL SOLN 10 % [amino acid infusion]	
thiothixene caps 2 mg	59	.....	68
thiothixene caps 5 mg	59	trazodone hcl tabs 100 mg	59
THROMBIN-JMI KIT 20000 UNIT [thrombin]	35	trazodone hcl tabs 150 mg	59
THROMBIN-JMI SOLR 20000 UNIT [thrombin]		trazodone hcl tabs 50 mg	59
.....	35	TREANDA SOLR 100 MG [bendamustine hcl]	
THROMBIN-JMI SOLR 5000 UNIT [thrombin]	35	.....	28
THYMOL CRYST [thymol]	90	TRECATOR TABS 250 MG [ethionamide]	17
THYROGEN SOLR 1.1 MG [thyrotropin alfa]	66	TREMFYA SOPN 100 MG/ML [guselkumab]	99
TICE BCG SUSR 50 MG [bcg live intravesical]		TREMFYA SOSY 100 MG/ML [guselkumab]	99
.....	94	tretinoin caps 10 mg	28
timolol maleate soln 0.25 %	74	triamcinolone acetonide crea 0.025 %	96
timolol maleate soln 0.5 %	74	triamcinolone acetonide crea 0.1 %	96
TIVICAY TABS 10 MG [dolutegravir sodium]	21	triamcinolone acetonide crea 0.5 %	96
TIVICAY TABS 25 MG [dolutegravir sodium]	21	triamcinolone acetonide oint 0.025 %	97
TIVICAY TABS 50 MG [dolutegravir sodium]	21	triamcinolone acetonide oint 0.1 %	97
tizanidine hcl tabs 2 mg	31	triamcinolone acetonide oint 0.5 %	97
tizanidine hcl tabs 4 mg	31	TRIAMCINOLONE ACETONIDE POWD	
TNKASE KIT 50 MG [tenecteplase]	37	[triamcinolone acetonide (topical)]	90
TOBI PODHALER CAPS 28 MG [tobramycin]		triamcinolone acetonide pste 0.1 %	97
.....	15	triamterene-hctz caps 37.5-25 mg	68
TOBRADEX OINT 0.3-0.1 % [tobramycin-		TRIAMTERENE-HCTZ TABS 37.5-25 MG	
dexamethasone]	73	[triamterene & hydrochlorothiazide]	68
tobramycin nebu 300 mg/5ml	15	TRIAMTERENE-HCTZ TABS 75-50 MG	

[triamterene & hydrochlorothiazide]	68
TRI-CHLOR LIQD 80 % [trichloroacetic acid]	
.....	89
TRICITRATES SOLN 550-500-334 MG/5ML [pot & sod citrates w/citric ac]	66
trifluoperazine hcl tabs 1 mg	59
trifluoperazine hcl tabs 10 mg	59
trifluoperazine hcl tabs 2 mg	59
trifluoperazine hcl tabs 5 mg	59
trifluridine soln 1 %	72
trihexyphenidyl hcl soln 0.4 mg/ml	53
trihexyphenidyl hcl tabs 2 mg	53
trihexyphenidyl hcl tabs 5 mg	53
TRIKAFTA TBPK 100-50-75 & 150 MG [elexacaftor-tezacaftor-ivacaftor]	92
trimethoprim tabs 100 mg	21
TRISENOX SOLN 12 MG/6ML [arsenic trioxide]	28
TRIUMEQ TABS 600-50-300 MG [abacavir-dolutegravir-lamivudine]	21
TRI-VI-SOL A/C/D SOLN 250-50-10 [pediatric vitamins adc]	100
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML [pediatric vitamins acid w/ fluoride]	100
TROPHAMINE SOLN 10 % [amino acid infusion]	68
TROPHAMINE SOLN 6 % [amino acid infusion]	68
tropicamide soln 1 %	74
trospium chloride er cp24 60 mg	99
trospium chloride tabs 20 mg	99
TRUVADA TABS 100-150 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TRUVADA TABS 133-200 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TRUVADA TABS 167-250 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	21
TRUZONE PEAK FLOW METER DEVI [peak flow meter]	65
TUBERCULIN SYRINGE MISC 1 ML [syringe (disposable)]	65
TUBERSOL SOLN 5 UNIT/0.1ML [tuberculin ppd]	66
TWINRIX SUSP 720-20 ELU-MCG/ML [hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]	94
TYKERB TABS 250 MG [lapatinib ditosylate]	28

TYPHIM VI SOLN 25 MCG/0.5ML [typhoid vi polysaccharide vaccine]	94
TYSABRI CONC 300 MG/15ML [natalizumab]	89
TYVASO REFILL SOLN 0.6 MG/ML [treprostinil]	44
TYVASO SOLN 0.6 MG/ML [treprostinil]	44
TYVASO STARTER SOLN 0.6 MG/ML [treprostinil]	44

U

ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8	65
ULTOMIRIS SOLN 300 MG/30ML [ravulizumab-cwvz]	89
ULTRA THIN LANCETS 30G MISC [lancets]	65
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16	65
UNITUXIN SOLN 17.5 MG/5ML [dinutuximab]	28
ursodiol tabs 250 mg	76
ursodiol tabs 500 mg	76

V

valacyclovir hcl tabs 1 gm	21
valacyclovir hcl tabs 500 mg	21
VALCYTE SOLR 50 MG/ML [valganciclovir hcl]	21
valganciclovir hcl tabs 450 mg	21
valproic acid caps 250 mg	51
valproic acid soln 250 mg/5ml	51
valsartan tabs 160 mg	43
valsartan tabs 320 mg	43
valsartan tabs 40 mg	43
valsartan tabs 80 mg	43
valsartan-hydrochlorothiazide tabs 160-12.5 mg	43
valsartan-hydrochlorothiazide tabs 160-25 mg	43
valsartan-hydrochlorothiazide tabs 320-12.5 mg	43
valsartan-hydrochlorothiazide tabs 320-25 mg	43
valsartan-hydrochlorothiazide tabs 80-12.5 mg	43
vancomycin hcl caps 125 mg	15
vancomycin hcl caps 250 mg	15
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose] .	15

VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	16	<i>verapamil hcl tabs 40 mg</i>	40
<i>vancomycin hcl solr 1 gm</i>	16	<i>verapamil hcl tabs 80 mg</i>	40
<i>vancomycin hcl solr 10 gm</i>	16	VFEND IV SOLR 200 MG [<i>voriconazole</i>]	17
<i>vancomycin hcl solr 5 gm</i>	16	VICTOZA SOPN 18 MG/3ML [<i>liraglutide</i>]	80
<i>vancomycin hcl solr 500 mg</i>	16	VIDEX SOLR 2 GM [<i>didanosine</i>]	21
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2	65	VIDEX SOLR 4 GM [<i>didanosine</i>]	21
VAQTA SUSP 25 UNIT/0.5ML [<i>hepatitis a vaccine</i>]	94	VIMIZIM SOLN 5 MG/5ML [<i>elosulfase alfa</i>]	72
VAQTA SUSP 50 UNIT/ML [<i>hepatitis a vaccine</i>]	95	<i>vinblastine sulfate soln 1 mg/ml</i>	28
<i>vardefafil hcl tabs 10 mg</i>	44	<i>vincristine sulfate soln 1 mg/ml</i>	28
<i>vardefafil hcl tabs 2.5 mg</i>	44	<i>vinorelbine tartrate soln 10 mg/ml</i>	28
<i>vardefafil hcl tabs 20 mg</i>	44	<i>vinorelbine tartrate soln 50 mg/5ml</i>	28
<i>vardefafil hcl tabs 5 mg</i>	44	VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	21
VARITHENA FOAM 180 MG/18ML [<i>polidocanol (laureth-9)</i>]	43	VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	21
VAXCHORA SUSR [<i>cholera vaccine live attenuated</i>]	95	VIRAMUNE SUSP 50 MG/5ML [<i>nevirapine</i>]	21
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	99	VIRTUSSIN DAC SOLN 30-10-100 MG/5ML [<i>pseudoephedrine w/ codeine-gg</i>]	91
<i>vecuronium bromide solr 10 mg</i>	31	VISUDYNE SOLR 15 MG [<i>verteporfin</i>]	74
<i>vecuronium bromide solr 20 mg</i>	31	<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	101
VELCADE SOLR 3.5 MG [<i>bortezomib</i>]	28	<i>vitamin k1 soln 1 mg/0.5ml</i>	101
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG [<i>venetoclax</i>]	28	<i>vitamin k1 soln 10 mg/ml</i>	101
VENCLEXTA TABS 10 MG [<i>venetoclax</i>]	28	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML [<i>pediatric vitamins acd w/ fluoride</i>]	100
VENCLEXTA TABS 100 MG [<i>venetoclax</i>]	28	VIVOTIF CPDR [<i>typhoid vaccine</i>]	95
VENCLEXTA TABS 50 MG [<i>venetoclax</i>]	28	VORAXAZE SOLR 1000 UNIT [<i>glucarpidase</i>]	72
<i>venlafaxine hcl er cp24 150 mg</i>	59	<i>voriconazole tabs 200 mg</i>	17
<i>venlafaxine hcl er cp24 37.5 mg</i>	60	<i>voriconazole tabs 50 mg</i>	17
<i>venlafaxine hcl er cp24 75 mg</i>	60	VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	21
<i>venlafaxine hcl tabs 100 mg</i>	60	VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	28
<i>venlafaxine hcl tabs 25 mg</i>	60	VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	72
<i>venlafaxine hcl tabs 37.5 mg</i>	60	VYVANSE CAPS 10 MG [<i>lisdexamfetamine dimesylate</i>]	49
<i>venlafaxine hcl tabs 50 mg</i>	60	VYVANSE CAPS 20 MG [<i>lisdexamfetamine dimesylate</i>]	49
<i>venlafaxine hcl tabs 75 mg</i>	60	VYVANSE CAPS 30 MG [<i>lisdexamfetamine dimesylate</i>]	49
VENOFER SOLN 20 MG/ML [<i>iron sucrose</i>]	33	VYVANSE CAPS 40 MG [<i>lisdexamfetamine dimesylate</i>]	49
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	44	VYVANSE CAPS 50 MG [<i>lisdexamfetamine dimesylate</i>]	49
VENTAVIS SOLN 20 MCG/ML [<i>iloprost</i>]	44	VYVANSE CAPS 60 MG [<i>lisdexamfetamine dimesylate</i>]	49
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	33	VYVANSE CAPS 70 MG [<i>lisdexamfetamine dimesylate</i>]	49
<i>verapamil hcl er tbc 120 mg</i>	40	VYXEOS SUSR 44-100 MG [<i>daunorubicin-cytarabine liposome</i>]	28
<i>verapamil hcl er tbc 180 mg</i>	40		
<i>verapamil hcl er tbc 240 mg</i>	40		
VERAPAMIL HCL POWD [<i>verapamil hcl</i>]	90		
<i>verapamil hcl soln 2.5 mg/ml</i>	40		
<i>verapamil hcl tabs 120 mg</i>	40		

W

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

X

XALKORI CAPS 200 MG [*crizotinib*] 28
XALKORI CAPS 250 MG [*crizotinib*] 28
XELJANZ TABS 10 MG [*tofacitinib citrate*]... 89
XELJANZ TABS 5 MG [*tofacitinib citrate*]..... 89
XELJANZ XR TB24 11 MG [*tofacitinib citrate*]
..... 89
XERAC AC SOLN 6.25 % [*aluminum chloride
in alcohol*]..... 97
XIFAXAN TABS 550 MG [*rifaximin*] 16
XOLAIR SOLR 150 MG [*omalizumab*] 92
XOLAIR SOSY 150 MG/ML [*omalizumab*] 92
XOLAIR SOSY 75 MG/0.5ML [*omalizumab*] .. 92
XTANDI CAPS 40 MG [*enzalutamide*] 28

Y

YALE DISP NEEDLES MISC 21G X 1 65
YERVOY SOLN 200 MG/40ML [*ipilimumab*] .. 28
YERVOY SOLN 50 MG/10ML [*ipilimumab*] ... 28
YONDELIS SOLR 1 MG [*trabectedin*] 28

Z

ZARXIO SOSY 300 MCG/0.5ML [*filgrastim-
sndz*]..... 37
ZARXIO SOSY 480 MCG/0.8ML [*filgrastim-
sndz*]..... 37
ZEJULA CAPS 100 MG [*niraparib tosylate*] ..28
ZELBORAF TABS 240 MG [*vemurafenib*]..... 28
ZENPEP CPEP 10000-32000 UNIT
 [pancrelipase (lipase-protease-amylase)] 76
ZENPEP CPEP 15000-47000 UNIT
 [pancrelipase (lipase-protease-amylase)] 76
ZENPEP CPEP 20000-63000 UNIT
 [pancrelipase (lipase-protease-amylase)] 76
ZENPEP CPEP 25000-79000 UNIT
 [pancrelipase (lipase-protease-amylase)] 76
ZENPEP CPEP 3000-14000 UNIT
 [pancrelipase (lipase-protease-amylase)] 77
ZENPEP CPEP 40000-126000 UNIT
 [pancrelipase (lipase-protease-amylase)] 77
ZENPEP CPEP 5000-24000 UNIT
 [pancrelipase (lipase-protease-amylase)] 77
ZIAGEN SOLN 20 MG/ML [*abacavir sulfate*] .21
zidovudine caps 100 mg 21
zidovudine syrp 50 mg/5ml 21
zidovudine tabs 300 mg 21
ZINACEF IN STERILE WATER SOLN 1.5 GM
 [cefuroxime in sterile water]..... 16
ZINACEF SOLR 750 MG [*cefuroxime sodium*]
..... 16
ZINC OXIDE OINT 20 % [*zinc oxide (topical)*]
..... 97
ZINC SULFATE HEPTAHYDRATE POWD [*zinc
sulfate*] 90
ZINC SULFATE MONOHYDRATE POWD [*zinc
sulfate*] 91
ZINC SULFATE SOLN 1 MG/ML [*zinc sulfate*]
..... 71
ziprasidone hcl caps 20 mg 60
ziprasidone hcl caps 40 mg 60
ziprasidone hcl caps 60 mg 60
ziprasidone hcl caps 80 mg 60
ZITHROMAX PACK 1 GM [*azithromycin*] 16
zoledronic acid conc 4 mg/5ml 89
zoledronic acid soln 5 mg/100ml 89
zolpidem tartrate tabs 5 mg 55
ZOSTAVAX SUSR 19400 UNT/0.65ML [*zoster
vaccine live*]..... 95
ZOSYN SOLN 2-0.25 GM/50ML [*piperacillin
sodium-tazobactam sodium in dextrose*] .16

ZOSYN SOLN 3-0.375 GM/50ML [*piperacillin sodium-tazobactam sodium in dextrose*] 16
ZYDELIG TABS 100 MG [*idelalisib*]..... 28
ZYDELIG TABS 150 MG [*idelalisib*]..... 28

ZYKADIA CAPS 150 MG [*ceritinib*]28
ZYKADIA TABS 150 MG [*ceritinib*]29
ZYTIGA TABS 500 MG [*abiraterone acetate*] 29

Language Assistance Services

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

Arabic

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

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

Farsi

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

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

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

Japanese: 当院では、全診療時間を通じて、通訳サービスを無料で、年中無休、終日ご利用いただけます。当院の医療内容についてのご質問および回答には、通訳がお手伝いいたします。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 អំពីការរាប់រងថែទាំ សុខភាព របស់យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជា សាឌ្ឍ ដោយឥតគិតថ្លៃដល់អ្នកដែរ។ តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។

සුභසම්ප්‍රදාය TTY හෝ ෆැක්ස් 711 ට

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

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

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

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

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

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

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

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

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

Nondiscrimination Notice

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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

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

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

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

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